

**OHA - Drinking Water Services -Turbidity Monitoring Report Form
Conventional or Direct Filtration**

County: **Curry**
Month/Year: **Jul-24**

System Name: **Langlois Water District** ID#: **4100466** WTP : **TP - A**

Day	24:00 [NTU]	04:00 [NTU]	08:00 [NTU]	12:00 [NTU]	16:00 [NTU]	20:00 [NTU]	Highest Reading of the Day ¹ [NTU]
1	OFF	OFF	OFF	OFF	Off	OFF	OFF
2	OFF	OFF	OFF	OFF	0.10	0.07	0.10
3	0.10	OFF	OFF	0.04	0.04	OFF	0.10
4	OFF	OFF	OFF	0.05	0.04	OFF	0.05
5	OFF	OFF	OFF	0.05	0.06	OFF	0.06
6	OFF	OFF	OFF	0.04	0.10	OFF	0.10
7	OFF	OFF	OFF	OFF	OFF	OFF	OFF
8	OFF	OFF	OFF	0.04	0.04	OFF	0.04
9	OFF	OFF	OFF	0.07	OFF	OFF	0.07
10	OFF	OFF	OFF	0.09	0.10	OFF	0.10
11	OFF	OFF	OFF	0.08	OFF	OFF	0.08
12	OFF	OFF	OFF	0.04	OFF	OFF	0.04
13	OFF	OFF	0.04	0.04	OFF	OFF	0.04
14	OFF	OFF	OFF	OFF	0.06	OFF	0.06
15	OFF	OFF	OFF	0.08	OFF	OFF	0.08
16	OFF	OFF	OFF	OFF	0.04	0.04	0.04
17	OFF	OFF	OFF	OFF	OFF	OFF	OFF
18	OFF	OFF	OFF	0.05	0.06	0.07	0.07
19	OFF	OFF	OFF	0.10	OFF	OFF	0.10
20	OFF	OFF	OFF	0.04	0.05	OFF	0.05
21	OFF	OFF	OFF	0.05	OFF	OFF	0.05
22	OFF	OFF	OFF	0.09	0.10	OFF	0.10
23	OFF	OFF	OFF	0.05	0.05	OFF	0.05
24	OFF	OFF	0.05	0.08	OFF	OFF	0.08
25	OFF	OFF	OFF	0.10	OFF	OFF	0.10
26	OFF	OFF	OFF	0.06	0.05	OFF	0.06
27	OFF	OFF	OFF	OFF	0.10	OFF	0.10
28	OFF	OFF	0.07	0.10	0.05	OFF	0.10
29	OFF	OFF	OFF	0.05	OFF	OFF	0.05
30	OFF	OFF	0.07	0.07	OFF	OFF	0.07
31	OFF	OFF	0.06	0.10	0.05	OFF	0.10

Conventional or Direct Filtration		Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU?	<input checked="" type="checkbox"/> Yes	CT's met everyday? (see back)	<input checked="" type="checkbox"/> Yes
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="checkbox"/> Yes		
All turbidity readings < IFE ² triggers	<input checked="" type="checkbox"/> Yes		
revised July 1, @1600 changed to off		PRINTED NAME:	
		SIGNATURE: <i>Erin Lockard</i>	8/8/2024
		PHONE #: (541) 222-9997	CERT #: 2853

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values in columns 12 AM through 8 PM may not correspond to continuous readings' maximum. ² IFE = Individ. Filter Effl. (333-061-0040(1)(d)(B&C))

OHA - Drinking Water Program - Surface Water Quality Data Form

WTP - : A

System Name: Langlois Water District	ID#: 4100466	Month/Year: Jul-24	Disinfection Giardia Log Inactiv:	1
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Date / Time	Minimum Cl ₂ Residual at 1st User (C) ₃	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ³	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	OFF			OFF	OFF		OFF	0
2	0.51	207	105.6	18.6	6.68	17.9	YES	207
3	0.56	207	115.9	19.2	6.48	16.0	YES	207
4	0.53	207	109.7	19.9	6.44	15.0	YES	207
5	0.53	207	109.7	19.5	6.63	16.6	YES	207
6	0.52	207	107.6	21.1	6.76	15.6	YES	207
7	0			OFF	OFF		OFF	0
8	0.78	207	161.5	19.5	6.57	16.7	YES	207
9	0.4	207	115.9	20.0	6.56	15.4	YES	207
10	0.5	207	103.5	20.4	6.69	15.9	YES	207
11	0.76	207	157.3	20.2	6.70	16.7	YES	207
12	0.45	207	93.2	19.5	6.53	15.8	YES	207
13	0.44	207	91.1	20.6	6.80	16.2	YES	207
14	0.47	207	97.3	19.2	6.50	16.0	YES	207
15	0.57	207	118.0	19.6	6.83	17.8	YES	207
16	0.54	207	115.9	19.5	6.51	15.9	OFF	207
17	OFF		OFF	OFF	OFF		OFF	0
18	0.68	207	140.8	19.4	6.74	17.7	YES	207
19	0.48	207	99.4	19.5	6.70	16.9	YES	207
20	0.63	207	130.4	20.3	6.60	15.7	YES	207
21	0.55	207	113.9	19.2	6.48	16.0	YES	207
22	0.72	207	149.0	19.5	6.67	17.2	YES	207
23	0.72	207	109.7	19.4	6.68	17.4	YES	207
24	0.55	207	115.9	18.3	6.49	17.1	YES	207
25	0.5	207	103.5	19.3	6.61	16.6	YES	207
26	0.61	207	126.3	19.2	6.52	16.4	YES	207
27	0.49	207	101.4	18.5	6.42	16.3	YES	207
28	0.55	207	113.9	18.8	6.87	19.1	YES	207
29	0.57	207	118.0	19.6	6.47	15.6	YES	207
30	0.64	207	109.7	19.3	6.24	14.7	YES	207
31	0.52	207	107.6	19.4	6.26	14.5	YES	207

³ If Cl₂ at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised October 2016-8 PAX