

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

County: **Curry**
Month/Year: **Aug-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	0.05	OFF	OFF	0.05
2	OFF	OFF	OFF	0.09	OFF	OFF	0.09
3	OFF	OFF	0.05	0.10	OFF	OFF	0.10
4	OFF	OFF	OFF	0.06	OFF	OFF	0.06
5	OFF	OFF	OFF	0.06	OFF	OFF	0.06
6	OFF	OFF	OFF	0.09	OFF	OFF	0.09
7	OFF	OFF	OFF	0.05	0.06	OFF	0.06
8	OFF	OFF	OFF	0.07	OFF	OFF	0.07
9	OFF	OFF	OFF	0.10	OFF	OFF	0.10
10	0.06	OFF	0.05	OFF	OFF	OFF	0.06
11	OFF	OFF	OFF	0.06	OFF	OFF	0.06
12	OFF	OFF	OFF	0.10	0.06	OFF	0.10
13	OFF	OFF	OFF	0.06	OFF	OFF	0.06
14	OFF	OFF	OFF	0.09	OFF	OFF	0.09
15	OFF	OFF	OFF	0.06	OFF	OFF	0.06
16	OFF	OFF	OFF	0.07	OFF	OFF	0.07
17	OFF	OFF	OFF	0.08	OFF	OFF	0.08
18	OFF	OFF	OFF	0.07	OFF	OFF	0.07
19	OFF	OFF	0.07	0.06	OFF	OFF	0.07
20	OFF	OFF	OFF	0.07	OFF	OFF	0.07
21	OFF	OFF	OFF	0.10	OFF	OFF	0.10
22	OFF	OFF	OFF	0.06	OFF	OFF	0.06
23	OFF	OFF	OFF	0.07	OFF	OFF	0.07
24	OFF	OFF	OFF	0.10	OFF	OFF	0.10
25	OFF	OFF	OFF	0.10	OFF	OFF	0.10
26	OFF	OFF	OFF	0.08	OFF	OFF	0.08
27	OFF	OFF	OFF	0.09	OFF	OFF	0.09
28	OFF	OFF	0.07	0.09	OFF	OFF	0.09
29	OFF	OFF	0.08	0.10	OFF	OFF	0.10
30	OFF	OFF	0.10	0.06	OFF	OFF	0.10
31	OFF	OFF	OFF	0.05	OFF	OFF	0.05

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?	<input checked="" type="checkbox"/> Yes
All 4-hour turbidity readings ≤ 1 NTU?	<input checked="" type="checkbox"/> Yes		<input checked="" type="checkbox"/> Yes
All turbidity readings < IFE ² triggers	<input checked="" type="checkbox"/> Yes		
Notes:	PRINTED NAME: Darrel Lockard		
	SIGNATURE:		DATE: 9/10/2024
	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	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	0.61	207	126.3	20.0	6.36	14.6	YES	207
2	0.68	207	140.8	19.7	6.35	15.0	YES	207
3	0.59	207	122.1	19.5	6.73	17.3	YES	207
4	0.54	207	111.8	20.0	6.48	15.1	YES	207
5	0.74	207	153.2	19.4	6.49	16.2	YES	207
6	0.64	207	132.5	19.2	6.39	15.6	YES	207
7	0.52	207	107.6	19.4	6.41	15.3	YES	207
8	0.68	207	140.8	18.9	6.27	15.3	YES	207
9	0.57	207	122.1	19.0	6.61	17.1	YES	207
10	0.68	207	140.8	20.5	6.47	14.8	YES	207
11	0.66	207	136.6	19.1	6.48	16.3	YES	207
12	0.6	207	124.2	19.5	6.68	17.0	YES	207
13	0.72	207	149.0	19.4	6.40	15.6	YES	207
14	0.72	207	149.0	19.0	6.44	16.3	YES	207
15	0.63	207	130.4	19.5	6.45	15.7	YES	207
16	0.68	207	122.1	18.7	6.61	17.7	YES	207
17	0.48	207	99.4	18.7	6.49	16.5	YES	207
18	0.63	207	130.4	18.9	6.34	15.6	YES	207
19	0.6	207	124.2	18.7	6.34	15.8	YES	207
20	0.7	207	144.9	18.5	6.51	17.3	YES	207
21	0.57	207	118.0	19.1	6.60	16.9	YES	207
22	0.67	207	138.7	19.1	6.42	16.0	YES	207
23	0.75	207	153.2	18.5	6.71	18.8	YES	207
24	0.49	207	122.1	17.6	6.71	19.3	YES	207
25	0.54	207	111.8	18.2	6.54	17.5	YES	207
26	0.61	207	126.3	18.2	6.70	18.8	YES	207
27	0.5	207	103.5	18.2	6.43	16.7	YES	207
28	0.65	207	134.6	17.9	6.34	16.8	YES	207
29	0.69	207	142.8	18.4	6.42	16.8	YES	207
30	0.75	207	153.2	17.2	6.60	19.7	YES	207
31	0.63	207	107.6	17.1	6.47	18.6	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