OHA - Drinking Water Services -Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Curry

Month/Year: Jun-25

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	0.20	Off	0.30	0.30 ✓
2	Off	Off	Off	0.20	0.25	0.09	0.25
3	Off	Off	Off	0.20	0.05	Off	0.20
4	Off	Off	Off	0.25	Off	Off	0.25
5	Off	Off	Off	0.30	Off	Off	0.30 ✓
6	Off	Off	Off	0.06	0.12	Off	0.12
7	Off	Off	Off	0.09	Off	Off	0.09
8	Off	Off	Off	0.12	0.17	Off	0.17
9	Off	Off	Off	0.03	Off	Off	0.03
10	Off	Off	Off	0.05	Off	Off	0.05
11	Off	Off	Off	0.20	Off	Off	0.20
12	Off	Off	Off	0.04	Off	Off	0.04
13	Off	Off	Off	0.25	Off	Off	0.25
14	Off	Off	Off	0.12	Off	Off	0.12
15	Off	Off	Off	0.04	Off	Off	0.04
16	Off	Off	Off	0.06	Off	Off	0.06
17	Off	Off	Off	0.28	Off	Off	0.28
18	Off	Off	Off	0.04	0.04	Off	0.04
19	Off	Off	Off	0.06	Off	Off	0.06
20	Off	Off	Off	0.25	Off	Off	0.25
21	Off	Off	Off	0.09	Off	Off	0.09
22	Off	Off	Off	0.13	Off	Off	0.13
23	Off	Off	Off	0.25	Off	Off	0.25
24	Off	Off	Off	Off	0.04	Off	0.04
25	Off	Off	Off	0.07	Off	Off	0.07
26	Off	Off	Off	0.04	Off	Off	0.04
27	Off	Off	Off	0.20	Off	Off	0.20
28	Off	Off	Off	0.02	Off	Off	0.02
29	Off	Off	Off	0.20	Off	Off	0.20
30	Off	Off	Off	Off	Off	Off	~~0.00~~
31							~~0.00~~

Monthly Summary (Answer Yes or No)

95% of 4-hour turbidity readings ≤ 0.3 NTU?	CT's met everyday? (see back)	All Cl2 residual at entry point ≥ 0.2 mg/l?
Yes	Yes	Yes

All 4-hour turbidity readings ≤ 1 NTU? Yes

All turbidity readings < IFE[2] triggers Yes

Notes:

Printed Ryan Sherman

SIGNATURE: Ryan A Sherman 7/3/2025

Phone# (541) 260-2436 **CERT#** 9184

[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	OFF	Month/Year:	06/01/25	Disinfection *Giardia* Log Inactiv:	1

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	0.78	207	161.5	15.0	6.53	22.3	YES	207
2	0.78	207	161.5	16.3	8.01	35.4	YES	207
3	0.71	207	147.0	16.1	6.55	20.7	YES	207
4	0.72	207	149.0	16.4	6.36	18.9	YES	207
5	0.71	207	147.0	15.6	6.50	21.0	YES	207
6	0.79	207	163.5	16.7	6.49	19.6	YES	207
7	0.92	207	190.4	18.0	7.18	23.6	YES	207
8	1.14	207	236.0	16.8	7.59	30.5	YES	207
9	0.77	207	159.4	17.7	6.67	19.6	YES	207
10	0.75	207	155.3	17.2	6.45	18.6	YES	207
11	0.95	207	196.7	17.1	6.38	18.6	YES	207
12	0.76	207	157.3	17.5	6.94	21.9	YES	207
13	0.66	207	136.6	16.3	6.77	22.0	YES	207
14	0.96	207	198.7	17.6	7.40	26.4	YES	207
15	0.58	207	120.1	12.0	6.99	32.3	YES	207
16	0.36	207	74.5	15.6	8.02	35.5	YES	207
17	0.51	207	105.6	17.6	6.92	21.0	YES	207
18	0.26	207	53.8	17.0	6.35	17.1	YES	207
19	0.76	207	157.3	17.4	6.92	21.9	YES	207
20	0.9	207	186.3	17.1	6.80	21.7	YES	207
21	0.69	207	142.8	16.8	7.44	27.4	YES	207
22	0.73	207	151.1	16.5	7.20	25.7	YES	207
23	0.74	207	153.2	16.5	6.80	22.2	YES	207
24	0.78	207	161.5	17.2	7.49	27.5	YES	207
25	0.47	207	97.3	16.7	7.27	25.3	YES	207
26	1.11	207	229.8	17.4	7.34	26.7	YES	207
27	0.69	207	142.8	17.4	6.69	19.9	YES	207
28	0.77	207	159.4	17.7	6.63	19.3	YES	207
29	0.95	207	196.7	17.6	7.10	23.6	YES	207
30		207						207
31		207						207

[3] If Cl_2 at entry point < 0.2 mg/l or CT not met, not