

OHA - Drinking Water Services - Turbidity Monitoring Report Form

Conventional or Direct Filtration

County: Curry

Month/Year: December 2025

System Name: Langlois Water District ID#: 41 00 4 66 WTP: TP - A

Day	12 AM [NTU]	4 AM [NTU]	8 AM [NTU]	NOON [NTU]	4 PM [NTU]	8 PM [NTU]	Highest Reading of the Day <sup>1</sup> [NTU]
1				0.26			0.26
2				0.22			0.22
3				0.11			0.11
4				0.21			0.21
5				0.20			0.20
6				0.12	0.16		0.16
7				0.21			0.21
8				0.15	0.20		0.20
9				0.21	0.14		0.21
10				1			
11				0.24			0.24
12				0.13			0.13
13				0.17			0.17
14				0.07			0.07
15				0.16			0.16
16				0.27			0.27
17				0.19			0.19
18							
19				0.05			0.05
20				0.19			0.19
21				0.19			0.19
22				0.21	0.18		0.21
23				0.12	0.14		0.14
24				0.12			0.12
25				0.13			0.13
26				0.14			0.14
27				0.15			0.15
28				0.21			0.21
29				0.22			0.22
30				0.08			0.08
31				0.26			0.26

Conventional or Direct Filtration	Monthly Summary (Answer Yes or No)	
95% of 4-hour turbidity readings ≤ 0.3 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No	CT's met everyday? (see back) <input checked="" type="radio"/> Yes <input type="radio"/> No	All Cl2 residual at entry point ≥ 0.2 mg/l? <input checked="" type="radio"/> Yes <input type="radio"/> No
All 4-hour turbidity readings ≤ 1 NTU? <input checked="" type="radio"/> Yes <input type="radio"/> No		
All turbidity readings < IFE <sup>2</sup> triggers <input checked="" type="radio"/> Yes <input type="radio"/> No		

Notes:	PRINTED NAME: <u>Ryan A. Sherman</u>	DATE:
	SIGNATURE: <u>[Signature]</u>	CERT #: <u>9184</u>
	PHONE #: <u>(541) 260-2436</u>	

<sup>1</sup> 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. <sup>2</sup> 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: **December 2025**

Disinfection *Giardia* Log Inactive:

1

Date / Time	Minimum Cl <sub>2</sub> Residual at 1st User (C) <sup>3</sup>	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? <sup>3</sup>	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		formula	Yes / No	[GPM]
1	0.71	207	147.0	11.3	8.60	60.4	YES	
2	0.9	207	186.3	11.3	8.15	52.5	YES	
3	0.57	207	118.0	11.5	7.37	37.9	YES	
4	1.02	207	211.1	11.0	8.19	55.1	YES	
5	1.04	207	215.3	11.5	7.50	41.8	YES	
6	0.59	207	122.1	11.4	8.25	52.2	YES	
7	0.69	207	142.8	11.3	8.17	51.6	YES	
8	0.71	207	147.0	11.4	8.14	50.8	YES	
9	0.82	207	169.7	12.4	8.00	45.8	YES	
10		207						
11	0.87	207	180.1	12.1	8.00	47.0	YES	
12	0.93	207	192.5	12.4	7.81	43.4	YES	
13	0.99	207	204.9	11.9	7.81	45.2	YES	
14	0.94	207	194.6	11.7	7.87	46.5	YES	
15	0.76	207	157.3	12.3	7.71	41.4	YES	
16	0.81	207	167.7	12.4	7.81	42.8	YES	
17	0.57	207	118.0	12.8	7.58	37.2	YES	
18		207						
19	0.67	207	138.7	11.5	7.67	42.6	YES	
20	0.94	207	194.6	11.2	7.53	42.6	YES	
21	0.94	207	194.6	11.2	7.53	42.6	YES	
22	1.07	207	221.5	11.7	7.56	42.3	YES	
23	0.93	207	192.5	11.6	7.53	41.5	YES	
24	0.71	207	147.0	11.1	7.53	41.8	YES	
25	0.79	207	163.5	11.0	7.67	44.6	YES	
26	0.8	207	165.6	10.5	7.48	43.2	YES	
27	0.89	207	184.2	10.4	7.48	43.9	YES	
28	0.82	207	169.7	10.0	7.52	45.4	YES	
29	0.82	207	169.7	10.2	7.50	44.4	YES	
30	0.76	207	157.3	10.0	7.50	44.7	YES	
31	0.88	207	182.2	9.9	7.50	45.6	YES	

<sup>3</sup> If Cl<sub>2</sub> at entry point < 0.2 mg/l or CT not met, notify DWS within 24 hours.

Revised November 2022

Return by 10th of following month by email, fax, or mail to:

[dwp.dmce@oha.oregon.gov](mailto:dwp.dmce@oha.oregon.gov); 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350