

OHA - Drinking Water Services -Turbidity Monitoring Report Form

County: Curry

Conventional or Direct Filtration

Month/Year: 1/26

System Name: Langlois Water District

ID#: 41 00466

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 ¹ [NTU]
1				0.27			0.27
2				0.27			0.27
3				0.21			0.21
4				0.16			0.16
5				0.16			0.16
6				0.14	0.16		0.16
7				0.19			0.19
8				0.26	0.20		0.26
9				0.19	0.14		0.19
10				0.17			0.17
11				0.13			0.13
12				0.06			0.06
13				0.22			0.22
14				0.13			0.13
15				0.06			0.06
16				0.13			0.13
17				0.20			0.20
18				0.08			0.08
19				0.24			0.24
20				0.20			0.20
21				0.55			0.55
22				0.11	0.18		0.18
23				0.09	0.14		0.14
24				0.15			0.15
25				0.06			0.06
26				0.05			0.05
27				0.26			0.26
28				0.09			0.09
29				0.12			0.12
30				0.23			0.23
31				0.10			0.10

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 Cl ₂ 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 ² triggers <input checked="" type="radio"/> Yes / <input type="radio"/> No		
Notes: 35/36 4 hour Readings below 0.3 97.2%	PRINTED NAME: Ryan A. Sherman	DATE: 2/3/26
	SIGNATURE: Ryan A. Sherman	CERT #: 9189
	PHONE #: (541) 260-2456	

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#: *41 00466*

Month/Year: *1/2024*

Disinfection *Giardia*
Log Inactive:

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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	1.05	207	217.4	10.5	7.56	45.7	YES	
2	0.68	207	140.8	11.0	7.41	40.2	YES	
3	0.98	207	202.9	9.9	7.49	46.0	YES	
4	0.56	207	115.9	10.3	7.38	41.1	YES	
5	0.75	207	155.3	10.6	7.44	42.1	YES	
6	0.91	207	188.4	10.4	7.63	46.4	YES	
7	1.02	207	211.1	10.5	7.47	44.1	YES	
8	1.6	207	331.2	10.6	7.42	46.0	YES	
9	0.93	207	192.5	9.8	7.41	44.8	YES	
10	0.91	207	188.4	9.1	7.42	47.0	YES	
11	0.93	207	192.5	9.0	7.48	48.4	YES	
12	0.36	207	74.5	9.7	7.34	41.2	YES	
13	0.84	207	173.9	9.4	7.37	44.9	YES	
14	1.07	207	221.5	9.5	7.34	45.3	YES	
15	0.48	207	99.4	10.0	7.31	40.6	YES	
16	0.61	207	126.3	6.9	7.37	51.6	YES	
17	0.85	207	176.0	8.4	7.47	49.7	YES	
18	1.03	207	213.2	9.8	7.44	45.8	YES	
19	0.91	207	188.4	9.7	7.31	43.4	YES	
20	1.07	207	221.5	10.1	7.29	42.8	YES	
21	0.63	207	130.4	9.7	7.34	42.5	YES	
22	0.9	207	186.3	9.8	7.29	42.8	YES	
23	0.66	207	136.6	9.5	7.31	42.8	YES	
24	1.01	207	209.1	9.2	7.41	47.0	YES	
25	0.52	207	107.6	8.6	7.48	47.4	YES	
26	1.1	207	227.7	9.9	7.46	46.1	YES	
27	1.03	207	213.2	10.2	7.34	43.0	YES	
28	0.64	207	132.5	9.9	7.38	42.6	YES	
29	0.9	207	186.3	10.5	7.32	41.3	YES	
30	0.67	207	138.7	10.3	7.34	41.1	YES	
31	0.71	207	147.0	10.8	7.02	35.7	YES	

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

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Return by 10th of following month by email, fax, or mail to:
dwp.dmce@oha.oregon.gov; 971-673-0694; or Drinking Water Services, PO Box 14350, Portland, OR 97293-0350