

Submission ID: 162098 PWS / TX1930020 / MOR

## DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DLQOR)

FOR GROUNDWATER OR PURCHASED-WATER PUBLIC WATER SYSTEMS-ANY SIZE

Select Quarter: 2nd - Apr/May/Jun Select Year: 2024

PWS Name: CROWN MOUNTAIN WSC

PWS ID: TX1930020

Type of Disinfectant Used in Distribution System\*: Chlorine (Free)

\* If you used chloramines and free chlorine at any time during this quarter, select both.

## First Month of Quarter: Monthly Summary

Month: April

Was the PWS active this month?

 YES

NO

Average of all disinfectant residuals for this month	Number of residuals collected this month	Number below MIN for this month	Number with NO residual for this month
0.72mg/L	12 readings	0 readings 0 %	0 readings 0 %

## Second Month of Quarter: Monthly Summary

Month: May

Was the PWS active this month?

 YES

NO

Average of all disinfectant residuals for this month	Number of residuals collected this month	Number below MIN for this month	Number with NO residual for this month
0.56mg/L	9 readings	0 readings 0 %	0 readings 0 %

## Third Month of Quarter: Monthly Summary

Month: June

Was the PWS active this month?

 YES

NO

Average of all disinfectant residuals for this month	Number of residuals collected this month	Number below MIN for this month	Number with NO residual for this month
0.89mg/L	10 readings	0 readings 0 %	0 readings 0 %

## Quarterly Summary and Certification

Average of all disinfectant residuals for this quarter	Lowest residual for this quarter	Highest residual for this quarter
0.72mg/L	.29mg/L	1.22mg/L

I certify that I am familiar with the information contained in this report and that, to the best of my knowledge, the information is true, complete, and accurate.

Name: Ricardo A Garza ER091227

Ricardo A Garza (ER091227)

Submitted Date: 2024-06-30

Enter Name

Signature

Title:

Phone Number:

License#: 0049533

Email Address: wso.cmwsc@gmail.com

Complete this form for the previous quarter at the beginning of April, July, October, and January; and submit in time for it to be received

by the TCEQ by the 10th of the month. Always print and sign form, and keep a copy with your records for TCEQ review.

TCEQ-20067 (Revised 03/29/2011)

DLQOR