



## DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DLQOR)

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

Select Quarter: Select Year: 

<b>PWS Name:</b> <span style="color: blue;">Crown Mountain WSC</span>	<b>PWS ID:</b> <span style="color: blue;">1930020</span>
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Type of Disinfectant Used in Distribution System\*: 

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

### First Month of Quarter: Monthly Summary

Month: JanuaryWas 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
<span style="color: blue;">1.40</span> mg/L	<span style="color: blue;">5</span> readings	<span style="color: blue;">0</span> readings 0.0 %	<span style="color: blue;">0</span> readings 0.0 %

### Second Month of Quarter: Monthly Summary

Month: FebruaryWas 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
<span style="color: blue;">1.44</span> mg/L	<span style="color: blue;">4</span> readings	<span style="color: blue;">0</span> readings 0.0 %	<span style="color: blue;">0</span> readings 0.0 %

### Third Month of Quarter: Monthly Summary

Month: MarchWas 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
<span style="color: blue;">1.74</span> mg/L	<span style="color: blue;">4</span> readings	<span style="color: blue;">0</span> readings 0.0 %	<span style="color: blue;">0</span> readings 0.0 %

### Quarterly Summary and Certification

Average of all disinfectant residuals for this quarter	Lowest residual for this quarter	Highest residual for this quarter
<span style="color: blue;">1.52</span> mg/L	<span style="color: blue;">1.21</span> mg/L	<span style="color: blue;">2.17</span> mg/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: Cresenciano Falcon

Enter Name

Signature

Today's Date:

Title: Water Operator/Board Pres.Phone Number: (956) 533-7499License #: WO0043399

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

**Step 1:**

(For your own records)

**Step 2:****Sign and Mail to:**

TCEQ / PDW MC-155  
Attn: DLQOR  
PO Box 13087  
Austin, TX 78711-3087

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# DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DLQOR)

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

Select Quarter: **2nd - Apr/May/Jun**

Select Year: **2019**

<b>PWS Name:</b> <b>Crown Mountain WSC</b>	<b>PWS ID:</b> <b>1930020</b>
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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
<b>1.86</b> mg/L	<b>4</b> readings	<b>0</b> readings 0.0 %	<b>0</b> readings 0.0 %

### 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
<b>0.64</b> mg/L	<b>5</b> readings	<b>0</b> readings 0.0 %	<b>0</b> readings 0.0 %

### 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
<b>0.45</b> mg/L	<b>4</b> readings	<b>0</b> readings 0.0 %	<b>0</b> readings 0.0 %

### Quarterly Summary and Certification

Average of all disinfectant residuals for this quarter	Lowest residual for this quarter	Highest residual for this quarter
<b>0.96</b> mg/L	<b>0.25</b> mg/L	<b>2.36</b> mg/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: **Cresenciano Falcon**

Enter Name

Signature

Today's Date:

**7/1/19**

Title: **Water Operator/Board Pres.**

Phone Number: **(956) 533-7499**

License #: **WO0043399**

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**Clear Form**





## DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DLQOR)

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

Select Quarter: Select Year: PWS Name: **Crown Mountain WSC**PWS ID: **1930020**Type of Disinfectant Used in Distribution System\*: 

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

### First Month of Quarter: Monthly Summary

Month: **July**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
0.60 mg/L	5 readings	0 readings 0.0 %	0 readings 0.0 %

### Second Month of Quarter: Monthly Summary

Month: **August**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
0.88 mg/L	4 readings	0 readings 0.0 %	0 readings 0.0 %

### Third Month of Quarter: Monthly Summary

Month: **September**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
0.51 mg/L	4 readings	0 readings 0.0 %	0 readings 0.0 %

### Quarterly Summary and Certification

Average of all disinfectant residuals for this quarter	Lowest residual for this quarter	Highest residual for this quarter
0.66 mg/L	0.51 mg/L	0.88 mg/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: **Cresenciano Falcon**

Enter Name

Signature

Today's Date:

Title: **Water Operator/Board Pres.**Phone Number: **(956) 533-7499**License #: **WO0043399**

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**DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DLQOR)**  
FOR GROUNDWATER OR PURCHASED-WATER PUBLIC WATER SYSTEMS-ANY SIZE

Select Quarter: **4th - Oct/Nov/Dec**

Select Year: **2019**

<b>PWS Name:</b> <b>Crown Mountain WSC</b>	<b>PWS ID:</b> <b>1930020</b>
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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: **October**

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
<b>0.64</b> mg/L	<b>5</b> readings	readings <b>0.0 %</b>	readings <b>0.0 %</b>

**Second Month of Quarter: Monthly Summary**

Month: **November**

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
<b>0.62</b> mg/L	<b>4</b> readings	readings <b>0.0 %</b>	readings <b>0.0 %</b>

**Third Month of Quarter: Monthly Summary**

Month: **December**

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
<b>1.00</b> mg/L	<b>4</b> readings	readings <b>0.0 %</b>	readings <b>0.0 %</b>

**Quarterly Summary and Certification**

Average of all disinfectant residuals for this quarter	Lowest residual for this quarter	Highest residual for this quarter
<b>0.74</b> mg/L	<b>0.62</b> mg/L	<b>1.00</b> mg/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: **Cresenciano Falcon**

Enter Name

**[Redacted Signature]**

Signature

Today's Date:

**12/26/19**

Title: **Water Oper/Board Pres.**

Phone Number: **(956) 533-7499**

License #: **W00043399**

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