/12/23, 1:13 PM		Orga	anization			
Submission ID:	133834	PW	/S / TX19	30020		/ MOR
C	DISINFECTANT LEVEL QUARTER	LY OPER	ATING REPORT (DLC	QOR)		
FOR GRO	UNDWATER OR PURCHASED-W	ATER PL	IBLIC WATER SYSTE	MS-AN	IY SIZE	
	Select Quarter: 1st - Jan/Feb/Mar Select Year:					
PWS Name:CROWN MOU	JNTAIN WSC		PWS ID: TX1930020)		
	Type of Disin	ifectant U	sed in Distribution Sys	stem*:	Chlorine (Fre	e)
* If you ι	used chloramines and free chlorine	e at any tir	me during this quarter,	select	both.	
	First Month of Quarte	er: Month	ly Summary			
Month: January	Was the PWS active this month?	YES		NO		
Average of all disinfectan residuals for this month	t Number of residuals collected this month	Numbe	er below MIN for this month	Num	ber with NO re this month	
1.01mg/L	8readings	(Oreadings 0 %		0readings 0	%
	Second Month of Qua	rter: Mon	thly Summary			
Month: February	Was the PWS active this month?	VES		NO		
Average of all disinfectan residuals for this month	t Number of residuals collected this month	Numbe	er below MIN for this month	Num	ber with NO re this month	
1.07mg/L	10readings	(Oreadings 0 %		0readings 0	%
	Third Month of Quart	er: Month	ly Summary			
Month: March	Was the PWS active this month?	YES		NO		
Average of all disinfectan residuals for this month	t Number of residuals collected this month	Numbe	er below MIN for this month	Num	ber with NO re this month	
1.32mg/L	10readings	(Oreadings 0 %		0readings 0	%
	Quartely Summar	ry and Ce	rtification			
Average of all disinfectan residuals for this quarter		r		Hi	ghest residual quarter	for this
1.13mg/L	.28r	mg/L			2.06mg/L	
to the be Name: <u>Ricardo A Ga</u> Enter Name Title: License#: <u>49533</u> E	that I am familiar with the informations of my knowledge, the information rza ER091227 Ricardo A Signature mail Address: wso.cmws	on is true, <u>Garza (E</u> sc@gmail	complete, and accurat <u>R091227)</u> S Phone Number: I.com	te. ubmitt	ed Date: nd submit in	2023-03- <u>31</u>
by the TCEQ by the 10th o	time for it to be re of the month. Always print and sign review.	eceived	-	2		
TCEQ-20067 (Revised 03/2	.9/2011)					DLQOF

Disinfectant Level Quarterly Operating Report (DLQOR)

For All Groundwater or Purchased-Water Public Water Systems

Select Quarter:	Quarter 2 (April, May, June)	Year:	2023
PWS Name:	Crown Mountain Water Supply	PWS ID:	1930020
Type of Disinfectant U	Chlorine (Free)		

<u>First Month of Quarter: Monthly Summary</u>

Ap	ril			Was the PWS active this month? • Yes No								
di	verage of all sinfectant siduals:	nfectant		residuals			Number of NO residuals:					
	1.14	mg/L	8	Count	0	Readings	0	%	0	Readings	0	%

Second Month of Quarter: Monthly Summary

Month:	Мау	V	Vas the PW	/S act	ive this mor	nth?) Yes	ONo			
	Average of all disinfectant residuals:		Number of r collected:	ber of residuals cted:		Number of residuals below minimum:			Number of NO residuals:		
	1.03	mg/L	6	Count	0	Readings	0 %	0	Readings	0	%

Third Month of Quarter: Monthly Summary

Month:	June	V	Was the PWS active this month? • Yes No								
	Average of all disinfectant residuals:		Number of r collected:	Number of residuals collected:		Number of residuals below minimum:			Number of NO residuals:		
	1.02	mg/L	7	Count	0	Readings	0 %	0	Readings	0	%

Quarterly Summary and Certification

Average of all disint residuals for this qu				HIGHEST disinf residual for thi	
1.06	mg/L	0.31	mg/L	2.96	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: Ricardo A. Garza	Date: 2023 07 01
Signature:	Title and Phone Number: WSO 361-877-9438
Water Operator License Number: 49533	Email: 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 during onsite investigations.

Sign the DLQOR and mail to:

Certified Mail: TCEQ/DWSS MC-155, Attn: DLQOR, 12100 Park 35 Circle, Bldg F, Austin, TX 78753-1808 Regular Mail: TCEQ/DWSS MC-155, Attn: DLQOR, P.O. Box 13087, Austin, TX 78711-3087

Month:

Submission ID:	144968	PWS	NS / TX1930020		D / N				
D	ISINFECTANT LEVEL QUARTER	LY OPERA	TING REPORT (DLQC	DR)					
FOR GRO	FOR GROUNDWATER OR PURCHASED-WATER PUBLIC WATER SYSTEMS-ANY SIZE								
	Selec	t Quarter:	3rd - Jul/Aug/Sep		Select Year:	2023			
PWS Name:CROWN MOUNTAI	PWS Name:CROWN MOUNTAIN WSC PWS ID: TX1930020								
	Type of	Disinfectan	t Used in Distribution S	System*:	Chlorine (Free	e)			
* If you u	used chloramines and free chlorine	at any tim	e during this quarter, se	elect both	l.				
	First Month of Quarter	er: Monthly	Summary						
Month: July	Was the PWS active this month?	VES		NO					
Average of all disinfectant residuals for this month	Number of residuals collected this month	Numbe	er below MIN for this month			ual for this			
1.05mg/L	11readings	(Dreadings 0 %		0readings 0 %				
	Second Month of Qua	rter: Month	ly 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	Numbe	er below MIN for this month	Numbe	r with NO resid month	ual for this			
1.07mg/L	10readings	(Dreadings 0 %		0readings 0 %	6			
	Third Month of Quart	er: 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	Numbe	er below MIN for this month	Numbe	r with NO resid month	ual for this			
0.91mg/L	10readings	(Dreadings 0 %		0readings 0 %	6			
	Quartely Summar	y and Cert	ification						
Average of all disinfectant residuals for this quarter	Lowest residual for this quarter			Highes	st residual for th	is quarter			
1.01mg/L	.33r	mg/L			2.01mg/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:							
Enter Name	Signature	oublinited Date.	<u>02</u>				
Title:	Phone N	lumber:					
License#: <u>49533</u> Email Address	: <u>wso.cmwsc@gmail.com</u>						
Complete this form for the previous quar	ter at the beginning of April, July, October, and Janu	ary; 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 yo	our records for TCEQ review.					
TCEQ-20067 (Revised 03/29/2011)			DLQOR				

1/1/24, 9:06 AM		Orga	anization						
Submission ID:	150514	PW	/S / TX19	30020		/ MOR			
DIS	DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DLQOR)								
FOR GROUN	FOR GROUNDWATER OR PURCHASED-WATER PUBLIC WATER SYSTEMS-ANY SIZE								
	Select (Quarter:	4th - Oct/Nov/Dec		Select Year:	2023			
PWS Name:CROWN MOUN	PWS Name:CROWN MOUNTAIN WSC PWS ID: TX1930020								
	Type of Disin	fectant U	lsed in Distribution Sys	stem*:	Chlorine (Fre	e)			
* lf you use	ed chloramines and free chlorine	at any tii	me during this quarter,	select	both.				
	First Month of Quarte	er: Month	ly Summary						
Month: October	Was the PWS active this month?	VES		NO					
Average of all disinfectant residuals for this month	Number of residuals collected this month	Numbe	er below MIN for this month	Num	ber with NO re this month				
1.3mg/L	16readings	(0readings 0 %		0readings 0	%			
	Second Month of Quar	rter: Mon	thly 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	Numbe	er below MIN for this month	Number with NO residual for this month					
1.65mg/L	8readings	(0readings 0 %		0readings 0	%			
	Third Month of Quarte	er: Month	nly 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	Numbe	er below MIN for this month	Num	ber with NO re this month				
0.94mg/L	8readings	(0readings 0 %		0readings 0	%			
	Quartely Summar	y and Ce	ertification						
Average of all disinfectant residuals for this quarter	Lowest residual for this quarter	ſ		Hi	ghest residual quarter	for this			
1.3mg/L	.58r	ng/L			1.95mg/L				
Enter Name Signature O1 Title: Phone Number: License#:0049533 Email Address: wso.cmwsc@gmail.com						<u>2024-01-</u> 01			
by the TCEQ by the 10th of t	revious quarter at the beginning time for it to be re he month. Always print and sign review.	eceived							
TCEQ-20067 (Revised 03/29/2	2011)					DLQOR			