

Submission ID: 133834 PWS / TX1930020 / MOR

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

Select Quarter: 1st - Jan/Feb/Mar Select Year: 2023

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: January 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
1.01mg/L	8 readings	0 readings 0 %	0 readings 0 %

Second Month of Quarter: Monthly Summary

Month: February 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
1.07mg/L	10 readings	0 readings 0 %	0 readings 0 %

Third Month of Quarter: Monthly Summary

Month: March 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
1.32mg/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
1.13mg/L	.28mg/L	2.06mg/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: 2023-03-31
 Enter Name Signature

Title: Phone Number:

License#: 49533 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.

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 Used in Distribution System:		Chlorine (Free)	

First Month of Quarter: Monthly Summary

Month: **April** Was the PWS active this month? Yes No

Average of all disinfectant residuals:	Number of residuals collected:	Number of residuals below minimum:	Number of NO residuals:
1.14 mg/L	8 Count	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:	Number of residuals collected:	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** Was the PWS active this month? Yes No

Average of all disinfectant residuals:	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 disinfectant residuals for this quarter	LOWEST disinfectant residual for this quarter	HIGHEST disinfectant residual for this quarter
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

Submission ID: 144968 PWS / TX1930020 / MOR

DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DLQOR)

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

Select Quarter: 3rd - Jul/Aug/Sep Select Year: 2023

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: 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
1.05mg/L	11readings	0readings 0 %	0readings 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
1.07mg/L	10readings	0readings 0 %	0readings 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
0.91mg/L	10readings	0readings 0 %	0readings 0 %

Quarterly Summary and Certification

Average of all disinfectant residuals for this quarter	Lowest residual for this quarter	Highest residual for this quarter
1.01mg/L	.33mg/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:

2023-10-02

Enter Name

Signature

Title:

Phone Number:

License#: 49533

Email Address:

wso.cmwsc@gmail.com

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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

Submission ID: 150514 PWS / TX1930020 / MOR

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

Select Quarter: 4th - Oct/Nov/Dec Select Year: 2023

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: October	Was the PWS active this month?	<input checked="" type="checkbox"/> 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
1.3mg/L	16readings	0readings 0 %	0readings 0 %

Second Month of Quarter: Monthly Summary

Month: November	Was the PWS active this month?	<input checked="" type="checkbox"/> 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
1.65mg/L	8readings	0readings 0 %	0readings 0 %

Third Month of Quarter: Monthly Summary

Month: December	Was the PWS active this month?	<input checked="" type="checkbox"/> 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
0.94mg/L	8readings	0readings 0 %	0readings 0 %

Quarterly Summary and Certification

Average of all disinfectant residuals for this quarter	Lowest residual for this quarter	Highest residual for this quarter
1.3mg/L	.58mg/L	1.95mg/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: 2024-01-01
 Enter Name Signature

Title: Phone Number:

License#: 0049533 Email Address: wso.cmwsc@gmail.com

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