

Disinfectant Level Quarterly Operating Report (DLQOR)

For All Groundwater or Purchased-Water Public Water Systems

Select Quarter:	Choose Quarter	Year:	2026
PWS Name:	crown mt. water supply co	PWS ID:	1930020
Type of Disinfectant Used in Distribution System:		Chlorine (Free)	

First Month of Quarter: Monthly Summary

Month: **July** 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:
1.00 mg/L	16 Count	Readings 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:	Number of residuals collected:	Number of residuals below minimum:	Number of NO residuals:
1.20 mg/L	16 Count	Readings 0.0 %	Readings 0.0 %

Third Month of Quarter: Monthly Summary

Month: **Choose Month** 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:
1.20 mg/L	12 Count	Readings 0.0 %	Readings 0.0 %

Quarterly Summary and Certification

Average of all disinfectant residuals for this quarter	LOWEST disinfectant residual for this quarter	HIGHEST disinfectant residual for this quarter
1.13 mg/L	0.23 mg/L	2.14 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: **john florence**

Date: **9/30/2026**

Signature: _____

Title and Phone Number: **classd water operator (973) 392-0614**

Water Operator License Number: **wo0057228**

Email: **co.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



Water System



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Report Type: **Disinfectant Level Quarterly Operating Report**

Certifier's Name: **John R Florence (ER119403)**

Certifier's TCP/IP address: **216.162.101.44**

Date and time file was sent: **09/30/2026 05:53:57**

Date and time file was received: **09/30/2026 05:53:57**

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eSignature:

EA12C44D839E8233E481D7A7CC48DDA02FE69E0D7EA0EDF98A638156315DCC78

COR Hash Value:

01E1EB63AE72804D162588F2E57B8E6813057A1F814ED55381554EACC1A02E0B

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