

Submission ID:

194470

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:

2025

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? 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
1.2mg/L	4readings	0readings 0 %	0readings 0 %

## 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
1.0mg/L	4readings	0readings 0 %	0readings 0 %

## 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
1.3mg/L	4readings	0readings 0 %	0readings 0 %

## Quarly Summary and Certification

Average of all disinfectant residuals for this quarter	Lowest residual for this quarter	Highest residual for this quarter
1.17mg/L	0.51mg/L	3.00mg/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: Ken Hobbs ER113342

Ken Hobbs (ER113342)

Enter Name

Submitted Date:

2026-  
01-01

Title:

Phone Number:

License#: WO0057228Email Address: treas.cmwsc@gmail.com

Signature