

Disinfectant Level Quarterly Operating Report (DLQOR)

For All Groundwater or Purchased-Water Public Water Systems

Select Quarter:	Quarter 2 (April, May, June)	Year:	2022
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: .80	Number of residuals collected: 5	Number of residuals below minimum: 0	Number of NO residuals: 0
mg/L	Count	Readings %	Readings %

Second Month of Quarter: Monthly Summary

Month: May Was the PWS active this month? Yes No

Average of all disinfectant residuals: .78	Number of residuals collected: 6	Number of residuals below minimum: 0	Number of NO residuals: 0
mg/L	Count	Readings %	Readings %

Third Month of Quarter: Monthly Summary

Month: June Was the PWS active this month? Yes No

Average of all disinfectant residuals: .99	Number of residuals collected: 6	Number of residuals below minimum: 0	Number of NO residuals: 0
mg/L	Count	Readings %	Readings %

Quarterly Summary and Certification

Average of all disinfectant residuals for this quarter	LOWEST disinfectant residual for this quarter	HIGHEST disinfectant residual for this quarter
0.80 .86 mg/L	.21 mg/L	2.04 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: 7-2-22
 Signature: [Redacted] Title and Phone Number: Water System Operator (361) 877-9438
 Water Operator License Number: WO0049533 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

Monthly Summary

These are the numbers that you will need to report on the DLQOR form.

Average (mg/L)	Number (count)	Number below MIN (count)	Number with NO residual (count)	Lowest residual (mg/L)	Highest residual (mg/L)
.78	6	0	0	.21	1.73

Average of all disinfectant residuals for this month: Add up the disinfectant residual results from all samples and divide by the number of residual samples collected to determine the average for the month.

Number of residuals collected this month: Count all disinfectant residual samples collected with coliform samples, plus weekly distribution system residual samples.

Number below MIN for this month: Write in how many, if any, disinfectant residual samples that had less than 0.2 mg/L (if you use free chlorine) or less than 0.5 mg/L (if you use chloramines). The DLQOR form will automatically calculate the percentage (%).

Number with NO residual for this month: Write in how many, if any, disinfectant residual samples that had no disinfectant residual at all. The DLQOR form will automatically calculate the percentage (%).

Lowest residual for this quarter: Write in the lowest disinfectant residual from all your samples.

Highest residual for this quarter: Write in the highest disinfectant residual from all your samples.

Disinfectant Residual Worksheet

Groundwater or Purchased Water Systems with Fewer than 750 Customers

This is an optional worksheet to keep track of the disinfectant residual samples collected with your coliform samples. Do NOT send this worksheet to us. Send your results to us on the DLQOR form.

Public Water System Information

PWS Name	PWS ID
CROWN MOUNTAIN WSC	1930020 (REAL)
Month	Year
JUNE	2022

Type of Disinfectant Used in Distribution System:

Free chlorine (minimum = 0.2 mg/L)

Chloramine (minimum = 0.5 mg/L)

Disinfectant Residual Collected with Coliform Sample(s)

Number	Sample Date	Sample Site	Disinfectant Residual (mg/L)	Less than MIN? (Y/N)	NO residual? (Y/N)
1	6-16-22	Site #1 1029 S. TEXAS HWY 55	.51	0	0
2					
3					
4					
5					

Systems that serve up to 1,000 people must collect one coliform sample per month. The disinfectant should always be measured and recorded when a coliform sample is collected. If you receive a coliform positive (coliform found) sample, within 24 hours you must collect three repeat samples. This worksheet provides room to keep track of more than one sample. If you have multiple positive results, you will need another piece of paper.

Disinfectant Residual Collected in Distribution System

Number	Sample Date	Sample Site	Disinfectant Residual (mg/L)	Less than MIN? (Y/N)	NO residual? (Y/N)
1	6-6-22	Site #4 500 E 2nd ST	2.04	N	N
2	6-13-22	Site #5 1584 OAK meadow DR	.30	N	N
3	6-22-22	Site #4 500 E 2nd ST	1.67	N	N
4	6-26-22	Site #1 1029 HWY 55	.65	N	N
5	6-29-22	Site #4 500 E 2nd ST	.81	N	N

Groundwater and purchased water systems that serve up to 750 people must collect weekly distribution system disinfectant residual samples. This worksheet provides room to keep track of one sample a week for five weeks. If you collect more samples than that, you will need another piece of paper.

Monthly Summary

These are the numbers that you will need to report on the DLQOR form.

Average (mg/L)	Number (count)	Number below MIN (count)	Number with NO residual (count)	Lowest residual (mg/L)	Highest residual (mg/L)
.99	6	0	0	.30	2.04

Average of all disinfectant residuals for this month: Add up the disinfectant residual results from all samples and divide by the number of residual samples collected to determine the average for the month.

Number of residuals collected this month: Count all disinfectant residual samples collected with coliform samples, plus weekly distribution system residual samples.

Number below MIN for this month: Write in how many, if any, disinfectant residual samples that had less than 0.2 mg/L (if you use free chlorine) or less than 0.5 mg/L (if you use chloramines). The DLQOR form will automatically calculate the percentage (%).

Number with NO residual for this month: Write in how many, if any, disinfectant residual samples that had no disinfectant residual at all. The DLQOR form will automatically calculate the percentage (%).

Lowest residual for this quarter: Write in the lowest disinfectant residual from all your samples.

Highest residual for this quarter: Write in the highest disinfectant residual from all your samples.

Submission ID: 123934 PWS / TX1930020 / MOR

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: TX1930020

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
0.93mg/L	5 readings	0 readings 0 %	0 readings 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
1.88mg/L	5 readings	0 readings 0 %	0 readings 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
1.49mg/L	6 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
1.43mg/L	0.28mg/L	3.5mg/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
 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.

Submitted
1/1/2023

PWS_1930020 _MR_2023 01 01_DLQOR

Disinfectant Level Quarterly Operating Report (DLQOR)

For All Groundwater or Purchased-Water Public Water Systems

Select Quarter:	Quarter 4 (October, November, De <input type="checkbox"/>)	Year:	2022
PWS Name:	Crown Mountain Water supply Corp	PWS ID:	1930020
Type of Disinfectant Used in Distribution System:	Chlorine (Free) <input type="checkbox"/>		

First Month of Quarter: Monthly Summary

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:
1.75 mg/L	6 Count	Readings 0.0 %	Readings 0.0 %

Second Month of Quarter: Monthly Summary

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:
1.21 mg/L	5 Count	Readings 0.0 %	Readings 0.0 %

Third Month of Quarter: Monthly Summary

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:
1.51 mg/L	5 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
1.49 mg/L	0.51 mg/L	2.95 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: Date:

Signature: Title and Phone Number:

Water Operator License Number: Email:

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