Year:

2022

Disinfectant Level Quarterly Operating Report (DLQOR)

For All Groundwater or Purchased-Water Public Water Systems

Quarter 2 (April, May, June)

	PWS Name:	Crown	Mountain Water	Supply	PWS ID:	1930020	
	Type of Disinfectant I	Jsed in	Distribution Sys	tem:	Chlorine (F	Free)	
Month:		/onti	of Quarte	er: Month //S active this i			
	Average of all disinfectant residuals: 80		The state of the s		residuals num:	Number of NO residuals:	
	mg/L		Count	Readin	gs %	Readings	%
Month:	Second	Mon	th of Quar Was the PW	ter: Mon /S active this i			
	Average of all disinfectant residuals: 78	Number of residuals collected:		Number of residuals below minimum:		Number of NO residuals:	
	mg/L		Count	Readin	gs %	Readings	%
Month:	June			S active this i	month?	Yes No	
	Average of all disinfectant 199 residuals:		er of residuals ted:	Number of residuals below minimum:		Number of NO residuals:	
	mg/L		Count	Readin	gs %	Readings	96
	Qua	arterl	y Summar		rtifica	tion	
	Average of all disinferesiduals for this quar					ST disinfectant al for this quarter	
	.86	mg/L . 3		mg/L		2.04 mg/	L
			l al Company		47-1-		C
	I certify that I am fam know	linar wii ledge, th	n the information is	true, comple	te, and acc	ert and that, to the bes urate.	st or my
Name:	Ricardo A. Garza		Dat	e: 7-2-2	2		
Signatu	re:		Titl	e and Phone N	lumber: Wa	ater System Operate (36	61) 877-9
Water (Operator License Numbe	r:WO00	49533 Ema	nil: WSO.cmw	sc@gmail.c	om	
Comple time	ete this form for the prev for it to be received by th	ie TCEQ	by the 10th of th	ne month. Alw	ays print a	and sign form and keep	submit i p a copy
	with yo	ur recoi	rds for TCEQ rev	iew during on.	site investi	guuons.	

Sign the DLQOR and mail to:

Select Quarter:

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	Number	Number below	Number with NO residual (count)	Lowest residual	Highest residual
(mg/L)	(count)	MIN (count)		(mg/L)	(mg/L)
.78	10	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:

\square Free chlorine (minimum = 0.2 mg/I		Free	chlorine	(minimum =	0.2	mg/L)	
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 \square 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	.51	0	0
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	5, te #4 500 E.	2.04	N	N
2	6-13-22	- SITE #5 1584 OAK	.30	N	N
3	6-22-22	Site# 4509 ET	1.67	N	N
4	6-26-22	- Site # 1 1029 HWYST	. 65	N	N
5		-Sitet 4 500 E	. 81	\sim	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	S / TX19	30020	/ MOR
DIS	SINFECTANT LEVEL QUARTER	LY OPERA	ATING REPORT (DL	QOR)	
FOR GROUP	NDWATER OR PURCHASED-W	'ATER PUE	BLIC WATER SYSTE	MS-ANY SIZE	
	Select	Quarter:	3rd - Jul/Aug/Sep	Select Year:	2022
PWS Name:CROWN MOUN	ITAIN WSC		PWS ID: TX1930020	0	L
	Type of Disinfec		in Distribution Syster		\
* If you use)
ii you use	ed chloramines and free chlorine			, select both,	
	First Month of Quarte	∍r: 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 this mon	
0.93mg/L	5readings	Or	readings 0 %	0readings	0 %
	Second Month of Quar	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	Number	below MIN for this month	Number with NO this mon	
1.88mg/L	5readings	Or	readings 0 %	0readings	0 %
	Third Month of Quarte	er: Monthly	y Summary		
Month: September	Was the PWS active this month?	M 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 r	
1.49mg/L	6readings	0r	readings 0 %	Oreadings () %
	Quartely Summary	y and Cert	ification		
Average of all disinfectant residuals for this quarter	Lowest residual for this quarter			Highest residua quarter	I for this
1.43mg/L	0.28	mg/L		3.5mg/L	
to the best Name: <u>Ricardo A Garza</u> Enter Name Title: License#: <u>0049533</u> Em Complete this form for the pro-	at I am familiar with the information of my knowledge, the information ER091227 Ricardo A Caracter Signature at I am familiar with the information of my knowledge, the information ER091227 Ricardo A Caracter Signature wso.cmwso.cmwso.cmwso.cmwso.cmwso.cmwso.cmwso.cmwso.cmwso.cmwso.cmwso.cmwso.cmwso.cmwso.cmms	n is true, co Garza (ER c@gmail.co of April, Ju ceived	omplete, and accurate 091227) Phone Number: om ily, October, and Jane	te. Submitted Date: uary; and submit in	2022-10- 04
TCEQ-20067 (Revised 03/29/2	2011)				DLQOR

PWS_1930020 _MR_ 2023 01 01_DLQOR

Disinfectant Level Quarterly Operating Report (DLQOR)

For All Groundwater or Purchased-Water Public Water Systems

	Select Quarter:	Quarte	er 4 (October, Nov	vember, De 🔻	Year:		2022
11.	PWS Name:	Crown	Mountain Water	supply Corp	PWS ID:	1930020	The second
	Type of Disinfectant	U sed in	Distribution Sy	stem:	Chlorine (Free)		nen 🔁
Month:	First I	Mont	h of Quarte	er: Montl	hly Sur	nmary	Enter the PVS.1
duw j	Average of all disinfectant residuals:	Number of residuals		Number of residuals below minimum:		Number of N residuals:	
	1.75 mg/L		6 Count	Readin	gs 0.0 %	Reading	gs 0.0 %
Month:	Second Choose Month	Mon	th of Quar Was the PW	ter: Mon	thly Su	Immary Ves No	too Marke As us Fatter the As us Fatter the roud
	Average of all disinfectant residuals:	Numb	er of residuals	Number of r below minin	esiduals	Number of N residuals:	O
	1.21 mg/L	lang Fi	5 Count	Readin	gs 0.0 %	Reading	gs 0.0 %
Month:	Third N Choose Month	1ont	h of Quarto Was the PW	er: Month 'S active this n	nly Sur	nmary	of usual vittes to the second
	Average of all disinfectant residuals:	Number of residuals collected:		Number of residuals below minimum:		Number of N residuals:	
	1.51 mg/L		5 Count	Reading	gs 0.0 %	Reading	s 0.0 %
Г	Qua	rteri	y Summar	y and Ce		ioni violi oia	Sigon Signat
	Average of all disinfect residuals for this quart	tant LOWEST disinfectant		HIGHEST disinfecta residual for this qu		ntwa bas while at	
	1.49	mg/L	0.51	mg/I		2.95	mg/L
V	I certify that I am fami	liar with	the information	contained in	4000 COLU		
D:	MIOWIC	dge, th	e imormation is	true, complete	e, and accu	rate.	
-	icardo Garza		Date	2023 01 01		seporting Schu Ownree	
ignatur Zeter Or			Title	and Phone Nu	ımber:		
	perator License Number:	L	Emai				
time fo	e this form for the previo or it to be received by the with you	ILLUL	ter at the beginn by the 10th of the ls for TCEQ revie	rmonin Alwa	US WYINT AN	d cian town ar	y; and submit i nd keep a copy
C	the DLOOP and well to		o for TCLQ revie	w uuring onsi	ie investige	ations.	

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