Submission ID: 179445 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: 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: 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
1.19mg/L	8readings	0readings 0 %	0readings 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
0.99mg/L	10readings	0readings 0 %	0readings 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
1.42mg/L	9readings	0readings 0 %	0readings 0 %

Quartely Summary and Certification

Average of all disinfectant residuals for this quarter	Lowest residual for this quarter	Highest residual for this quarter
1.2mg/L	.44mg/L	3.10mg/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: 2025-04-01

Enter Name Signature

Title: Phone Number:

License#:0049533 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.

TCEQ-20067 (Revised 03/29/2011) DLQOR