

Resubmit
5-12-21

Disinfectant Level Quarterly Operating Report (DLQOR)

For All Groundwater or Purchased-Water Public Water Systems

Select Quarter:	Quarter 1 (January, February, March)	Year:	2021
PWS Name:	Crown Mountain WSC	PWS ID:	1930020
Type of Disinfectant Used in Distribution System:	Chlorine (Free)		

First Month of Quarter: Monthly Summary

Month: January 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:
0.79 mg/L	4 Count	0 Readings 0.0 %	0 Readings 0.0 %

Second Month of Quarter: Monthly Summary

Month: February 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:
0.78 mg/L	5 Count	0 Readings 0.0 %	0 Readings 0.0 %

Third Month of Quarter: Monthly Summary

Month: March 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:
0.62 mg/L	5 Count	0 Readings 0.0 %	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
0.73 mg/L	0.42 mg/L	1.19 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: Cresenciano D. Falcon Title: Water Operator
 Water Operator License Number: WO0043399 Phone Number and Email: (956) 533-7499
 Signature: [Redacted] Date: 2021 05 12 cjrfalcon@aol.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

Disinfectant Level Quarterly Operating Report (DLQOR)

For All Groundwater or Purchased-Water Public Water Systems

Select Quarter:	Quarter 2 (April, May, June)	Year:	2021
PWS Name:	Crown Mountain WSC	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:	Number of residuals collected:	Number of residuals below minimum:	Number of NO residuals:
0.38 mg/L	4 Count	0 Readings 0.0 %	0 Readings 0.0 %

Second Month of Quarter: Monthly Summary

Month: **May**

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:
0.53 mg/L	4 Count	0 Readings 0.0 %	0 Readings 0.0 %

Third Month of Quarter: Monthly Summary

Month: **June**

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:
0.41 mg/L	5 Count	0 Readings 0.0 %	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
0.44 mg/L	0.21 mg/L	1.04 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: **Cresenciano Falcon**

Title: **Water Operator**

Water Operator License Number: **0043399**

Phone Number and Email: **(956) 533-7499**

Signature: 

Date: **2021 07 02**

cjrfalcon@aol.com

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Disinfectant Level Quarterly Operating Report (DLQOR)

For All Groundwater or Purchased-Water Public Water Systems

Select Quarter:	Quarter 3 (July, August, September)	Year:	2021
PWS Name:	Crown Mountain WSC	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:
0.62 mg/L	4 Count	0 Readings 0.0 %	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:
0.39 mg/L	4 Count	0 Readings 0.0 %	0 Readings 0.0 %

Third Month of Quarter: Monthly Summary

Month: **September**

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:
0.53 mg/L	5 Count	0 Readings 0.0 %	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
0.51 mg/L	<i>ef</i> 0.23 mg/L	<i>ef</i> 1.11 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: **Cresenciano Falcon**

Title: **Water Operator**

Water Operator License Number: **WO0043399**

Phone Number and Email: **(956) 533-7499**

Signature: **[Redacted]**

Date: **2021 09 29**

cjrfalcon@aol.com

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