

Submission ID: 156163 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: 2024

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
0.78mg/L	9 readings	0 readings 0 %	0 readings 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
0.85mg/L	8 readings	0 readings 0 %	0 readings 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
1.05mg/L	8 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
0.89mg/L	.56mg/L	1.31mg/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:

2024-03-

Enter Name

Signature

29

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

Submission ID:	162098	PWS /	TX1930020	/ MOR
<b>DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DLQOR)</b> <b>FOR GROUNDWATER OR PURCHASED-WATER PUBLIC WATER SYSTEMS-ANY SIZE</b>				
Select Quarter:		2nd - Apr/May/Jun	Select Year:	2024
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: April	Was the PWS active this month?		<input checked="" type="checkbox"/> YES <span style="margin-left: 100px;"><input type="checkbox"/> NO</span>	
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	
0.72mg/L	12 readings	0 readings 0 %	0 readings 0 %	
Second Month of Quarter: Monthly Summary				
Month: May	Was the PWS active this month?		<input checked="" type="checkbox"/> YES <span style="margin-left: 100px;"><input type="checkbox"/> NO</span>	
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	
0.56mg/L	9 readings	0 readings 0 %	0 readings 0 %	
Third Month of Quarter: Monthly Summary				
Month: June	Was the PWS active this month?		<input checked="" type="checkbox"/> YES <span style="margin-left: 100px;"><input type="checkbox"/> NO</span>	
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	
0.89mg/L	10 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	
0.72mg/L	.29mg/L		1.22mg/L	
<input checked="" type="checkbox"/> 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: <u>Ricardo A Garza ER091227</u>		Signature: <u>Ricardo A Garza (ER091227)</u>		Submitted Date: <div style="border: 1px solid black; padding: 2px;">2024-06-30</div>
Enter Name		Signature		
Title:		Phone Number:		
License#: <u>0049533</u>		Email Address: <u>wso.cmwsc@gmail.com</u>		
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

Submission ID: 168820 PWS / TX1930020 / MOR

DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DLQOR)

FOR GROUNDWATER OR PURCHASED-WATER PUBLIC WATER SYSTEMS-ANY SIZE

Select Quarter: 3rd - Jul/Aug/Sep Select Year: 2024

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: 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
0.56mg/L	10readings	0readings 0 %	0readings 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
0.39mg/L	8readings	0readings 0 %	0readings 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
0.67mg/L	10readings	0readings 0 %	0readings 0 %

Quarterly Summary and Certification

Average of all disinfectant residuals for this quarter	Lowest residual for this quarter	Highest residual for this quarter
0.54mg/L	.29mg/L	1.45mg/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:

2024-10-04

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.

Submission ID:	173549	PWS /	TX1930020	/ MOR
<b>DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DLQOR)</b> <b>FOR GROUNDWATER OR PURCHASED-WATER PUBLIC WATER SYSTEMS-ANY SIZE</b>				
Select Quarter:		4th - Oct/Nov/Dec	Select Year:	2024
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?		<input checked="" type="checkbox"/> YES <span style="margin-left: 100px;"><input type="checkbox"/> NO</span>	
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	
0.85mg/L	12 readings	0 readings 0 %	0 readings 0 %	
Second Month of Quarter: Monthly Summary				
Month: November	Was the PWS active this month?		<input checked="" type="checkbox"/> YES <span style="margin-left: 100px;"><input type="checkbox"/> NO</span>	
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	
1.09mg/L	10 readings	0 readings 0 %	0 readings 0 %	
Third Month of Quarter: Monthly Summary				
Month: December	Was the PWS active this month?		<input checked="" type="checkbox"/> YES <span style="margin-left: 100px;"><input type="checkbox"/> NO</span>	
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	
0.69mg/L	10 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	
0.88mg/L	.21mg/L		1.89mg/L	
<input checked="" type="checkbox"/> 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: <u>Ricardo A Garza ER091227</u>		Signature: <u>Ricardo A Garza (ER091227)</u>		Submitted Date: <div style="border: 1px solid black; padding: 2px;">2025-01-01</div>
Title: _____		Phone Number: _____		
License#: <u>0049533</u>		Email Address: <u>wso.cmwsc@gmail.com</u>		
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