/10/24, 10:17 AM	Organization						
Submission ID:	156163	PW	/S / TX19	30020		/ MOR	
DIS	INFECTANT LEVEL QUARTERI	LY OPER	ATING REPORT (DLC	QOR)			
FOR GROUN	NDWATER OR PURCHASED-W	ATER PL	JBLIC WATER SYSTE	MS-AN	NY SIZE		
Select Quarter: 1st - Jan/Feb/Mar					Select Year:	2024	
PWS Name:CROWN MOUNTAIN WSC PWS ID: TX1930020)			
Type of Disinfectant Used in Distribution Syst			stem*:	em*: Chlorine (Free)			
* If you use	ed chloramines and free chlorine	at any tir	me during this quarter,	select	both.		
	First Month of Quarte	er: Month	ly Summary				
Month: January	Was the PWS active this month?	VES		NO	NO		
Average of all disinfectant residuals for this month	Number of residuals collected this month	Numbe	er below MIN for this month	Number with NO residual for this month			
0.78mg/L	9readings	(0readings 0 %	Oreadings 0 %			
	Second Month of Quar	rter: Mon	thly 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	Numbe	er below MIN for this month	Num	Number with NO residual for this month		
0.85mg/L	8readings	(0readings 0 %	0readings 0 %			
	Third Month of Quarte	er: Month	nly 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	Numbe	er below MIN for this month	Number with NO residual for this month			
1.05mg/L	8readings	(0readings 0 %	0readings 0 %			
	Quartely Summar	y and Ce	rtification				
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			
to the best Name: <u>Ricardo A Garza</u> Enter Name Title: License#: <u>0049533</u> E Complete this form for the p	at I am familiar with the information of my knowledge, the information <u>a ER091227</u> Email Address: <u>wso.cmws</u> revious quarter at the beginning time for it to be re he month. Always print and sign review.	n is true, <u>Garza (E</u> sc@gmai of April, eceived	complete, and accurat ER091227) Phone Number: il.com July, October, and Jan	te. Submitt uary; a		<u>2024-03-</u> 29	
TCEQ-20067 (Revised 03/29/						DLQOR	

/1/24, 4:55 PM	Organization					
Submission ID:	162098	PW	VS / TX1930020			/ MOR
DIS	INFECTANT LEVEL QUARTERI	LY OPER	ATING REPORT (DLC	QOR)		
FOR GROUN	NDWATER OR PURCHASED-W	ATER PL	IBLIC WATER SYSTE	MS-AN	IY SIZE	
Select Quarter: 2nd - Apr/May/Jun Select Y				Select Year:	2024	
PWS Name:CROWN MOUNTAIN WSC PWS ID: TX193002)			
Type of Disinfectant Used in Distribution Sys			stem*:	Chlorine (Fre	e)	
* If you use	ed chloramines and free chlorine				, , , , , , , , , , , , , , , , , , ,	,
	First Month of Quarter	er: Month	ly Summary			
Month: April	Was the PWS active this month?	VES		NO		
Average of all disinfectant residuals for this month	Number of residuals collected this month	Numbe	er below MIN for this month	Number with NO residual for this month		
0.72mg/L	12readings	(Oreadings 0 %	0readings 0 %		
	Second Month of Quar	rter: Mon	thly Summary			
Month: May	Was the PWS active this month?	VES		NO		
Average of all disinfectant residuals for this month	Number of residuals collected this month	Numbe	er below MIN for this month	Number with NO residual for this month		
0.56mg/L	9readings	(Oreadings 0 %	0readings 0 %		
	Third Month of Quart	er: Month	ly Summary			
Month: June	Was the PWS active this month?	VES		NO		
Average of all disinfectant residuals for this month	Number of residuals collected this month	Numbe	er below MIN for this month	Number with NO residual fo this month		
0.89mg/L	10readings	(Oreadings 0 %	0readings 0 %		
	Quartely Summar	y and Ce	rtification			
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		
to the best Name: <u>Ricardo A Garza</u> Enter Name Title: License#: <u>0049533</u> E Complete this form for the p	Signature Email Address: <u>wso.cmws</u> previous quarter at the beginning time for it to be re the month. Always print and sign	n is true, <u>Garza (E</u> sc@gmai of April, eceived	complete, and accurat ER091227) Phone Number: I.com July, October, and Jan	te. Submitt uary; a	nd submit in	2024-06 <u>30</u>
TCEQ-20067 (Revised 03/29/	review. 2011)					DLQOF

Submission ID:	168820	PWS / T	X1930020 / MOR				
DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DLQOR)							
FOR GROUNDWATER OR PURCHASED-WATER PUBLIC WATER SYSTEMS-ANY SIZE							
	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	er: 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 th month	is Number with NO residual for this month				
0.56mg/L	10readings	Oreadings 0 %	0readings 0 %				
	Second Month of Qua	rter: 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 th month	is Number with NO residual for this month				
0.39mg/L	8readings	Oreadings 0 %	Oreadings 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 th month	is Number with NO residual for this month				
0.67mg/L	10readings	Oreadings 0 %	Oreadings 0 %				
Quartely Summary and Certification							
Average of all disinfectant residuals for this quarter	Lowest residual for this quarter	Highest residual for this quarter					
0.54mg/L	.29r	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) 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 03/29/2	2011)		DLQOR				

/6/25, 2:47 PM	Organization					
Submission ID:	173549	PW	/S / TX19	30020		/ MOR
DIS	INFECTANT LEVEL QUARTERI	LY OPEF	RATING REPORT (DLC	QOR)		
FOR GROUN	NDWATER OR PURCHASED-W	ATER PL	JBLIC WATER SYSTE	MS-AN	NY SIZE	
Select Quarter: 4th - Oct/Nov/Dec				Select Year:	2024	
PWS Name:CROWN MOUNTAIN WSC PWS ID: TX1930020						
Type of Disinfectant Used in Distribution Sys			stem*:	tem*: Chlorine (Free)		
* If you used chloramines and free chlorine at any time during this quarter,						
	First Month of Quarte	er: Month	llv Summarv			
Month: October	Was the PWS active this month?	YES		NO		
Average of all disinfectant residuals for this month	Number of residuals collected this month	Numb	er below MIN for this month	Number with NO residual for this month		
0.85mg/L	12readings		0readings 0 %		0readings 0	%
	Second Month of Quar	rter: Mon	thly Summary			
Month: November	Was the PWS active this month?	VES		NO		
Average of all disinfectant residuals for this month	Number of residuals collected this month	Numb	er below MIN for this month	Number with NO residual for this month		
1.09mg/L	10readings		0readings 0 %	0readings 0 %		
	Third Month of Quart	er: Montł	nly Summary			
Month: December	Was the PWS active this month?	VES		NO		
Average of all disinfectant residuals for this month	Number of residuals collected this month	Numb	er below MIN for this month	Number with NO residual for this month		
0.69mg/L	10readings		0readings 0 %	0readings 0 %		
	Quartely Summar	y and Ce	ertification			
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		
to the best Name: <u>Ricardo A Garza</u> Enter Name Title: License#: <u>0049533</u> E	at I am familiar with the information of my knowledge, the information <u>a ER091227</u> <u>Ricardo A</u> Signature Email Address: <u>wso.cmws</u> revious quarter at the beginning time for it to be re	n is true, <u>Garza (I</u> sc@gma of April, ,	complete, and accurat <u>ER091227)</u> S Phone Number: <u>il.com</u>	te. Submitt	ed Date: Ind submit in	<u>2025-01-</u> 01
by the TCEQ by the 10th of t TCEQ-20067 (Revised 03/29/	he month. Always print and sign review.		d keep a copy with yoເ	ır reco	rds for TCEQ	DLQOF
10-06 20001 (1001300 00/20/						DEGON