

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	8 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
0.99mg/L	10 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
1.42mg/L	9 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
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.

Disinfectant Level Quarterly Operating Report (DLQOR)

For All Groundwater or Purchased-Water Public Water Systems

Select Quarter:	Quarter 2 (April, May, June)	Year:	2025
PWS Name:	Crown Mountain Water Supply Co.	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:
1.00 mg/L	20 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:
0.99 mg/L	20 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:
1.00 mg/L	20 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
1.00 mg/L	0.23 mg/L	1.91 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: John Florence Date: 7/12025
 Signature: [Signature] Title and Phone Number: chief operator (973) 392-0614
 Water Operator License Number: WO 0057228 Email: co.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 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

Water System <<

Enter your quarterly disinfection information in the fields below. Click on "Validate" to check your data and to calculate the quarterly average and monthly percentages. Click the "Submit" button when you are ready to transmit your data.

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Disinfectant Level Quarterly Operation Report Form

Water System Name: CROWN MOUNTAIN WSC

PWS ID: TX1930020

Quarter: 3rd - Jul/Aug/Sep

Year: 2025

Report Form ID: 168250

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?

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*
1.6 mg/L	20 readings	0 readings .0 %	0 readings .0 %

Second Month of Quarter: Monthly Summary

Month: August

Was the PWS active this month?

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*
1.4 mg/L	20 readings	0 readings .0 %	0 readings .0 %

Third Month of Quarter: Monthly Summary

Month: September

Was the PWS active this month?

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*
1.0 mg/L	20 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*
1.33 mg/L	.83 mg/L	1.92 mg/L

License#: W00057228

Report Comments:

Exit

Reset

Validate

Validate and Save

Submit

Submission ID: 194470 PWS / TX1930020 / MOR

DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DLQOR)

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

Select Quarter: 4th - Oct/Nov/Dec 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: October 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
1.2mg/L	4 readings	0 readings 0 %	0 readings 0 %

Second Month of Quarter: Monthly Summary

Month: November 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
1.0mg/L	4 readings	0 readings 0 %	0 readings 0 %

Third Month of Quarter: Monthly Summary

Month: December 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
1.3mg/L	4 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
1.17mg/L	0.51mg/L	3.00mg/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: Ken Hobbs ER113342 Ken Hobbs (ER113342) Submitted Date: 2026-01-01

Enter Name

Signature

Title:

Phone Number:

License#: WO0057228

Email Address: treas.cmwsc@gmail.com