

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?	<input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> 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: 2024-03-29
 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.