

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	10 readings	0 readings 0 %	0 readings 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	8 readings	0 readings 0 %	0 readings 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	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
0.54mg/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

Title: _____ Signature: _____ 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.