

Submission ID: 173549 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: 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? 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	12readings	0readings 0 %	0readings 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
1.09mg/L	10readings	0readings 0 %	0readings 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
0.69mg/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
0.88mg/L	.21mg/L	1.89mg/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: 2025-01-01

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.