



0000-0000-0009-1651

Document Control Sheet

Sheet Title:	PWS 21 BP
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Record Series Name:	WS / Public Water Supply
Record Series:	PWS
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PWS / 0150009 / MR 120160408 /DLQOR

DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DLQOR)
FOR GROUNDWATER OR PURCHASED-WATER PUBLIC WATER SYSTEMS-ANY SIZESelect Quarter: **1st - Jan/Feb/Mar**Select Year: **2016****PWS Name: CITY OF UNIVERSAL CITY****PWS ID: 0150009**Type of Disinfectant Used in Distribution System*: **Chlorine (Free)**

* If you used chloramines and free chlorine at any time during this quarter, select both.

RECEIVED**JUN 05 2018****First Month of Quarter: Monthly Summary**Month: **January**Was the PWS active this month? ☒ YES ☐ NO **TCEQ CENTRAL FILE ROOM**

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
0.88 mg/L	31 readings	0 readings 0.0 %	0 readings 0.0 %

Second Month of Quarter: Monthly SummaryMonth: **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
0.76 mg/L	29 readings	0 readings 0.0 %	0 readings 0.0 %

Third Month of Quarter: Monthly SummaryMonth: **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
0.87 mg/L	31 readings	0 readings 0.0 %	0 readings 0.0 %

Quarterly Summary and Certification

Average of all disinfectant residuals for this quarter	Lowest residual for this quarter	Highest residual for this quarter
0.84 mg/L	0.42 mg/L	2.10 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: **Blake Partridge**

Enter Name

Signature

Today's

Date:

4/4/16Title: **Utilities Superintendent**Phone Number: **(210) 326-1652**License #: **WG0008077**Email address: **Water@UCTX.Gov**

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.

Step 1:**Print Copy**

(For your own records)

Step 2:**Print to Mail****Sign and Mail to:****TCEQ / PDW MC-155
Attn: DLQOR
PO Box 13087
Austin, TX 78711-3087**

Click the button below to start over or to reset to enter data for a different system.

Clear Form