



0000-0000-0029-0552

Document Control Sheet

Sheet Title:	PWS - SE
Box ID:	8752
Control Sheet ID:	0000-0000-0029-0552
Record Series Name:	WS / Public Water Supply
Record Series:	PWS
Primary ID:	0790428
Secondary ID:	
Doc Type:	Monthly Operating Reports
Security:	Public
Date:	10/11/2016 12:00AM
Title:	DLQOR
Tertiary ID	

DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DLQOR)

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

Select Quarter: Third

Select Year: 2016

PWS Name: Sun Ranch PWS ID: 0790428

Type of Disinfectant Used in Distribution System*: Free Chlorine

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

JAN 22 2019

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
<u>2.23</u> mg/L	<u>4</u> readings	<u>0</u> readings 0.0 %	<u>0</u> readings 0.0 %

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
<u>1.89</u> mg/L	<u>4</u> readings	<u>0</u> readings 0.0 %	<u>0</u> readings 0.0 %

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
<u>1.47</u> mg/L	<u>5</u> readings	<u>0</u> readings 0.0 %	<u>0</u> 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
<u>1.86</u> mg/L	<u>1.20</u> mg/L	<u>2.11</u> 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: Jack Murray Signature: Jack Murray Today's Date: 10-3-16

Title: Operator Phone Number: 2816589583
License #: WG-0013933 Email address: WaterCompany@Regan.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.

Step 1:

☐ Submit by Email ☐ And ☐ Print Copy
(Submits form data by Email) (For your own records)

Step 2:

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.