



0000-0000-0029-1322

Document Control Sheet

Sheet Title:	PWS - AR
Box ID:	8772
Control Sheet ID:	0000-0000-0029-1322
Record Series Name:	WS / Public Water Supply
Record Series:	PWS
Primary ID:	0100096
Secondary ID:	
Doc Type:	Monthly Operating Reports
Security:	Public
Date:	1/10/2017 12:00AM
Title:	DLQOR
Tertiary ID	

PWS _ 0100096 _ MR 20170110 _ DLQOR**DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DLQOR)**
FOR GROUNDWATER OR PURCHASED-WATER PUBLIC WATER SYSTEMS-ANY SIZESelect Quarter: 3rd - Jul/Aug/SepSelect Year: 2016PWS Name: **LATIGO RANCH**PWS ID: **0100096**Type of Disinfectant Used in Distribution System*: Chlorine (Free)* 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
2.01 mg/L	5 readings	0 readings 0.0 %	0 readings 0.0 %

Second Month of Quarter: Monthly SummaryMonth: **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
1.64 mg/L	5 readings	0 readings 0.0 %	0 readings 0.0 %

Third Month of Quarter: Monthly SummaryMonth: **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
1.90 mg/L	4 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
1.85 mg/L	1.10 mg/L	2.70 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: **STAN SCOTT**

Enter Name

Signature

Today's Date:

1/4/17Title: **OPERATIONS MGR**Phone Number: **(830) 249-4174**License #: **WG0007965**

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