



0000-0000-0029-9654

Document Control Sheet

Sheet Title:	PWS - SE
Box ID:	8939
Control Sheet ID:	0000-0000-0029-9654
Record Series Name:	WS / Public Water Supply
Record Series:	PWS
Primary ID:	0790174
Secondary ID:	
Doc Type:	Monthly Operating Reports
Security:	Public
Date:	1/12/2017 12:00AM
Title:	DLQOR
Tertiary ID	

PWS \_ 0790174 \_ MR 207012 \_ DLQOR**DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DLQOR)**  
FOR GROUNDWATER OR PURCHASED-WATER PUBLIC WATER SYSTEMS-ANY SIZESelect Quarter: 4th - Oct/Nov/DecSelect Year: 2016

<b>PWS Name:</b> North Mission Glen MUD	<b>PWS ID:</b> 0790174
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Type of Disinfectant Used in Distribution System\*: Chloramines (Total)

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

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FEB 27 2019

**First Month of Quarter: Monthly Summary**Month: OctoberWas 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
1.27 mg/L	41 readings	0 readings 0.0 %	0 readings 0.0 %

**Second Month of Quarter: Monthly Summary**Month: NovemberWas 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
1.27 mg/L	40 readings	0 readings 0.0 %	0 readings 0.0 %

**Third Month of Quarter: Monthly Summary**Month: DecemberWas 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
1.24 mg/L	41 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
1.26 mg/L	0.81 mg/L	1.90 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: Keith Swallers

Enter Name

Signature

Today's Date: 1/6/17Title: Director of OperationsPhone Number: (832) 490-1510License #: WO0014782**RECEIVED**  
JAN 12 2017  
TCEQ  
PDW / TROT

Complete this form for the previous quarter at the beginning of April, July, October, and January; and submit in time 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