

PWS _ 1010599 _ MR 20170712 DLQOR**DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DLQOR)**
FOR GROUNDWATER OR PURCHASED-WATER PUBLIC WATER SYSTEMS-ANY SIZESelect Quarter: **2nd - Apr/May/Jun**Select Year: **2017**PWS Name: **Harris County MUD 136**PWS ID: **1010599**Type of Disinfectant Used in Distribution System*: **Chloramines (Total)**

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

First Month of Quarter: Monthly SummaryMonth: **April**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
3.26 mg/L	34 readings	readings 0.0 %	readings 0.0 %

Second Month of Quarter: Monthly SummaryMonth: **May**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
3.34 mg/L	35 readings	readings 0.0 %	readings 0.0 %

Third Month of Quarter: Monthly SummaryMonth: **June**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
3.00 mg/L	35 readings	readings 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
3.20 mg/L	1.07 mg/L	4.00 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: **Cameron L. King**

Enter Name

Signature

Today's Date:

7/10/17Title: **Compliance Coordinator**Phone Number: **(281) 367-5511**License #: **WO0039392**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.**JUL 12 2017****TCEQ**
Drinking Water Section**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