

DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DLQOR) FOR GROUNDWATER OR PURCHASED-WATER PUBLIC WATER SYSTEMS-ANY SIZE

Select Quarter: July, August, SeptSelect Year: 2017PWS Name: Reinforced Earth CompanyPWS ID: 1550135Type of Disinfectant Used in Distribution System*: Free chlorine

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

First Month of Quarter: Monthly Summary

Month: JulyWas 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>0.22</u> mg/L | <u>20</u> readings | <u>0</u> readings % | <u>0</u> readings % |

Second Month of Quarter: Monthly Summary

Month: AugustWas 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>0.28</u> mg/L | <u>23</u> readings | <u>0</u> readings % | <u>0</u> readings % |

Third Month of Quarter: Monthly Summary

Month: SeptWas 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>0.27</u> mg/L | <u>20</u> readings | <u>0</u> readings % | <u>0</u> readings % |

Quarterly Summary and Certification

| Average of all disinfectant residuals for this quarter | Lowest residual for this quarter | Highest residual for this quarter |
|--|----------------------------------|-----------------------------------|
| <u>0.256</u> mg/L | <u>0.2</u> mg/L | <u>1.3</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: Ernest E. Monroe [Signature]
Enter Name Signature

Today's Date: RECEIVED 7

Title: QC Safety Mgr Phone Number: 254-836-44

License #: W00015249

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TCEQ
CENTRAL FILE ROOM

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

DLQOR

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OCT 09 2017

TCEQ

TCEQ-20067 (Revised 05/12/2016)