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| Submission ID: | 41590 | PWS / | TX1700317 | / MOR |
| DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DLQOR) FOR GROUNDWATER OR PURCHASED-WATER PUBLIC WATER SYSTEMS-ANY SIZE | | | | |
| Select Quarter: | | 3rd - Jul/Aug/Sep | | Select Year: |
| | | | | 2018 |
| PWS Name: TOWERING OAKS AND ROSEWOOD HILLS SUBDIVI | | | PWS ID: TX1700317 | |
| Type of Disinfectant Used in Distribution System*: | | | | Both |
| <p>* If you used chloramines and free chlorine at any time during this quarter, select both.</p> <p style="text-align: center;">First Month of Quarter: Monthly Summary</p> | | | | |
| Month: July | Was the PWS active this month? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 | |
| 1.18mg/L | 101 readings | 0 readings 0 % | 0 readings 0 % | |
| Second Month of Quarter: Monthly Summary | | | | |
| Month: August | Was the PWS active this month? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 | |
| 0.88mg/L | 104 readings | 0 readings 0 % | 0 readings 0 % | |
| Third Month of Quarter: Monthly Summary | | | | |
| Month: September | Was the PWS active this month? | <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 | |
| 0.85mg/L | 96 readings | 0 readings 0 % | 0 readings 0 % | |
| Quarterly Summary and Certification | | | | |
| Average of all disinfectant residuals for this quarter | Lowest residual for this quarter | | Highest residual for this quarter | |
| 0.97mg/L | .4mg/L | | 1.3mg/L | |
| <input checked="" type="checkbox"/> 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: <u>Lori Gorski ER058174</u> | | Signature: <u>Lori Gorski (ER058174)</u> | | Submitted Date: <u>2018-10-08</u> |
| Enter Name | | Signature | | |
| Title: | | Phone Number: | | |
| License#: <u>WG0010641</u> | | Email Address: [REDACTED] | | |
| 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. | | | | |
| TCEQ-20067 (Revised 03/29/2011) | | | | DLQOR |

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