



0000-0000-0020-1109

Document Control Sheet

Sheet Title:	PWS 91 BP
Box ID:	7762
Control Sheet ID:	0000-0000-0020-1109
Record Series Name:	WS / Public Water Supply
Record Series:	PWS
Primary ID:	1940006
Secondary ID:	
Doc Type:	Monthly Operating Reports
Security:	Public
Date:	10/10/2016 12:00AM
Title:	DLQOR
Tertiary ID	

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

Select Quarter: 3rd

Select Year: 2016

PWS Name: 410 WSC PWS ID: 1940006

Type of Disinfectant Used in Distribution System*: Chloramine

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

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First Month of Quarter: Monthly Summary

OCT 15 2018

Month: July

Was 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
<u>1.46</u> mg/L	<u>31</u> readings	readings 0.0 %	readings 0.0 %

Second Month of Quarter: Monthly Summary

Month: 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
<u>1.24</u> mg/L	<u>31</u> readings	readings 0.0 %	readings 0.0 %

Third Month of Quarter: Monthly Summary

Month: 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
<u>1.23</u> mg/L	<u>30</u> 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
<u>1.31</u> mg/L	<u>.80</u> mg/L	<u>2.00</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: Curtis Arias Smith
Enter Name

Curtis Arias Smith
Signature

Today's Date: 10-4-16

Title: WATER OPERATOR

Phone Number: 903-674-4550

License #: Wd 000 7646

Email address: [REDACTED]

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OCT 10 2016
TCEQ
PDW / TROT

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:

Submit by Email

(Submits form data by Email)

And

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 return to enter data for different system

Clear Form