

PWS 1012163 MR 20180413 DLQORPWS MR DLQ**DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DLQOR)**
FOR GROUNDWATER OR PURCHASED-WATER PUBLIC WATER SYSTEMS-ANY SIZESelect Quarter: firstSelect Year: 2018 2018PWS Name: Blue Bell Industrial ParkPWS ID: 1012163Type 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 SummaryMonth: JanuaryWas 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>1.13</u> mg/L	<u>5</u> readings	<u>0</u> readings %	<u>0</u> readings %

Second Month of Quarter: Monthly SummaryMonth: FebruaryWas 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>0.78</u> mg/L	<u>5</u> readings	<u>0</u> readings %	<u>0</u> readings %

Third Month of Quarter: Monthly SummaryMonth: MarchWas 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>0.84</u> mg/L	<u>4</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>0.92</u> mg/L	<u>0.51</u> mg/L	<u>1.30</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: Jack Murray Sr
Enter NameSignature: Jack Murray SrToday's Date: 4-7-2018Title: operatorPhone Number: 281 6589583License #: W0 0009124

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.

RECEIVED

APR 13 2018

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 return to enter data for a different system.

Clear Form