

Apr 03 18, 11:04a

Texas State Drinking Water

PWS 1013194 MR 20180413 DLQOR

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

Select Quarter: FirstSelect Year: 2018PWS Name: Champions MasjidPWS ID: 1013194Type 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: 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>1.36</u> mg/L	<u>4</u> readings	<u>0</u> readings %	<u>0</u> readings %

Second Month of Quarter: Monthly Summary

Month: 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>1.50</u> mg/L	<u>5</u> readings	<u>0</u> readings %	<u>0</u> readings %

Third Month of Quarter: Monthly Summary

Month: 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>1.37</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>1.41</u> mg/L	<u>1.15</u> mg/L	<u>1.80</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
Enter NameSignature: Jack MurrayToday's Date: 4-3-18Title: OperatorPhone Number: 2816589583License #: WG-0013933

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
TCEQ-20067 (Revised 05/12/2016)

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