



Document Control Sheet

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|---------------------|---------------------------|
| Sheet Title: | PWS 26 BP |
| Box ID: | 6310 |
| Control Sheet ID: | 0000-0000-0009-7965 |
| Record Series Name: | WS / Public Water Supply |
| Record Series: | PWS |
| Primary ID: | 1013568 |
| Secondary ID: | |
| Doc Type: | Monthly Operating Reports |
| Security: | Public |
| Date: | 4/13/2016 |
| Title: | DLQOR |
| Tertiary ID | |



PWS / 1013568 / MR / 26166413 / DLQOR

DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DLQOR)
FOR GROUNDWATER OR PURCHASED-WATER PUBLIC WATER SYSTEMS-ANY SIZESelect Quarter: **1st - Jan/Feb/Mar**Select Year: **2016****PWS Name: Dynamic Glass Zaka Road****PWS ID: 1013568**Type of Disinfectant Used in Distribution System*: **Chlorine (Free)**

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

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JUN 15 2018
TCEQ
CENTRAL FILE ROOM**First Month of Quarter: Monthly Summary**Month: **January - Did not operate**Was the PWS active this month? ☒ YES

| 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 |
|--|--|---------------------------------|--|
| mg/L | readings | readings % | readings % |

Second Month of Quarter: Monthly SummaryMonth: **February**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 |
|--|--|---------------------------------|--|
| 0.84 mg/L | 5 readings | 0 readings 0.0 % | 0 readings 0.0 % |

Third Month of Quarter: Monthly SummaryMonth: **March**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 |
|--|--|---------------------------------|--|
| 1.23 mg/L | 4 readings | 0 readings 0.0 % | 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 |
|--|----------------------------------|-----------------------------------|
| 1.01 mg/L | 0.53 mg/L | 1.57 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: **Lisa Brooks**

Enter Name

Signature

Today's Date: **4/5/16**Title: **Operator**Phone Number: **(713) 737-5938**License #: **WO0025577**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.

Step 1:**Print Copy**

(For your own records)

Step 2:**Sign and Mail to:****Print to Mail****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