



PWS-0610209 MR. 20200414 DLQOR

PWS / 0610209 / MOR

DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DLQOR)
FOR GROUNDWATER OR PURCHASED-WATER PUBLIC WATER SYSTEMS-ANY SIZESelect Quarter: **1st - Jan/Feb/Mar**Select Year: **2020**

RECEIVED

PWS Name: **Cinnamon Ridge**PWS ID: **0610209**

JUL 07 2021

Type of Disinfectant Used in Distribution System*: **Chlorine (Free)**

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

TCEQ

CENTRAL FILE ROOM

First Month of Quarter: Monthly SummaryMonth: **January**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
1.46 mg/L	5 readings	0 readings 0.0 %	0 readings 0.0 %

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
1.58 mg/L	4 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
1.28 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
1.44 mg/L	0.90 mg/L	1.85 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: **Kris Whittle**

Enter Name

Signature

Today's Date:

4/6/20

Title: **Operator**Phone Number: **(817) 822-3620**License #: **WO0036021**

Email address

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

APR 14 2020

And

Print Copy

(Submits form data by Email)

(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