

8/3/20 mm

1/2 Resubmitted PWS-1120014-MR-20200731 DLQOR

DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DLQOR)

FOR GROUNDWATER OR PURCHASED-WATER PUBLIC WATER SYSTEMS-ANY SIZE

Select Quarter: 2nd

Select Year: 2020

PWS Name: Gafford Chapel WSC PWS ID: 1120014

Type of Disinfectant Used in Distribution System*: Free / Total RECEIVED

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

First Month of Quarter: Monthly Summary

JUL 08 2021

Month: April

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>1.54</u> mg/L	<u>32</u> readings	<input type="radio"/> readings 0.0 %	<input type="radio"/> readings 0.0

Second Month of Quarter: Monthly Summary

Month: MAY

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>1.29</u> mg/L	<u>33</u> readings	<input type="radio"/> readings 0.0 %	<input type="radio"/> readings 0.0

Third Month of Quarter: Monthly Summary

Month: June

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>1.49</u> mg/L	<u>32</u> readings	<input type="radio"/> readings 0.0 %	<input type="radio"/> 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>1.44</u> mg/L	<u>.42</u> mg/L	<u>2.60</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: Daniel Romans Daniel Romans
Enter Name Signature

Today's Date: 7-6-20

Title: System Operator Phone Number: 903-439-5040

License #: W6-0005621 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:

JUL 31 2020

Submit by Email: TCEQ And Print Copy

(Submits form data by Email)

Step 2: Sign and Mail to:

Print to Mail TCEQ / PDW MC-155

Click the button to start over or to enter data

2/2 PWS 1120014 MR 20200709 DECOR PWS 1

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

Quarter: 2nd

Select Year: 2020

Name: [Redacted]

PWS ID: [Redacted]

Type of Disinfectant Used in Distribution System*: Free / Total Cl₂

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

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JUL 08 2021
TCEQ
CENTRAL FILE ROOM

First Month of Quarter: Monthly Summary

Month: April

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 residuals for this month
<u>1.54</u> mg/L	<u>32</u> readings	<input type="radio"/> readings 0.0 %	<input type="radio"/> readings 0.0

Second Month of Quarter: Monthly Summary

Month: May

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 residuals for this month
<u>1.29</u> mg/L	<u>33</u> readings	<input type="radio"/> readings 0.0 %	<input type="radio"/> readings 0.0

Third Month of Quarter: Monthly Summary

Month: June

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 residuals for this month
<u>1.49</u> mg/L	<u>32</u> readings	<input type="radio"/> readings 0.0 %	<input type="radio"/> 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>1.44</u> mg/L	<u>.42</u> mg/L	<u>2.60</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: Daniel Romans
Enter Name

Daniel Romans
Signature

Today's Date: 7-6-20

Title: System Operator

Phone Number: 903-439-XXXX

License #: WG-0005621 Email address: [Redacted]

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JUL 09 2020
TCEQ
Water Section

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

Click the button to start over or to enter data in a different system