

8/3/20
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1/2 Resubmitted

PWS-1120014-MR-20200731 - DLQOR

DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DLQOR)
FOR GROUNDWATER OR PURCHASED-WATER PUBLIC WATER SYSTEMS-ANY SIZESelect Quarter: 2ndSelect Year: 2020PWS Name: Gafford Chapel WSCPWS ID: 1120014Type of Disinfectant Used in Distribution System*: Free / Total
* If you used chloramines and free chlorine at any time during this quarter, select both.**First Month of Quarter: Monthly Summary**Month: AprilWas 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 residu 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 SummaryMonth: MAYWas 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 residu 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 SummaryMonth: JuneWas 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 residu 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>1.42</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 Remans
Enter Name

Signature

Today's Date: 7-6-20Title: System OperatorPhone Number: 903-439-5040License #: W6-0005621Email 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 2020Submit by Email: ☒

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

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Quarter:

2nd

Select Year:

2020

Na

PWS ID:

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.

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 residual for this month
1.54 mg/L	32 readings	0 readings 0.0 %	0 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
1.29 mg/L	33 readings	0 readings 0.0 %	0 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
1.49 mg/L	32 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	.42 mg/L	2.60 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

Signature

Today's

Date:

7-6-20

Title:

System Operator

Phone Number:

903-439-XXXX

License #:

WG-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:

Submit by Email

(Submits form data by Email)

And

Print Copy

(For your own records)

Step 2:

Sign and Mail to:

Print to Mail

TCEQ / PDW MC-155
Attn: DLQOR
PO Box 13087

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