Resubmitted PWS-1120014-MR-20200731 DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DLQOR) FOR GROUNDWATER OR PURCHASED-WATER PUBLIC WATER SYSTEMS-ANY SIZE Select Quarter: Select Year: 2020 PWS Name: INSC PWS ID: Type of Disinfectant Used in Distribution System\*: \* If you used chloramines and free chlorine at any time during this quarter, select both First Month of Quarter: Monthly Summary 08 2021 Month: ICEO Was the PWS active this month? FEPROOM Average of all disinfectant Number of residuals Number below MIN residuals for this month Number with NO residu collected this month for this month for this month mq/L 32 readings O readings 0.0% readings 0.0 Second Month of Quarter: Monthly Summary Month: Was the PWS active this month? Average of all disinfectant Number of residuals Number below MIN Number with NO residu: residuals for this month collected this month for this month for this month 1.29 mg/L readings readings 0.0 % readings 0.0 Third Month of Quarter: Monthly Summary Month:

Jone	V	Vas the PWS active this m	nonth? @ YES C NO		
Average of all disinfectant residuals for this month	Number of residuals collected this month	Number below MIN for this month			
1,49 mg/L	32 readings	readings 0.0 %	for this month  readings 0.0		
Quarterly Summer 1.0					

Quarterly Summary and Certification

Todav's Date:

Average of all disinfectant residuals for this quarter	Lowest residual for this quarter	Highest residual for this quarter	
1, 44-5. mg/L	, 42 mg/L	2,60 mg/L	
certify that I am familiar w	ith the information contained in this	A7 CO mg/c	

illiar with the information contained in this report and that,

to the best of my knowledge, the information is true, complete, and accurate.

Title: System Operator Phone Number:

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 10- of the month. Aways print and sign form, and keep a copy with your records for TCEQ review.

Step 1: Step 2: Sign and Mail to: Click the button Submit by Email Ti EAnd Print Copy to start over or t TCEQ / PDW MC-155 Print to Mail to enter data (Submits form data by E.

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

e larter: 2w	TEN OR PURCHASED-WA-			EMS-ANY SIZE	11)	
, Na		Select Year:	2020	ů.		
A: 50000000	PWS II					
Type of Dis	infectant Used in Distribution	n System*:	fee 1 T	RECEIVED	AND THE PERSON OF THE PERSON O	
" you used	chloramines and free chlorine	at any time dur	ing this quarter, s	selection 8 2021		
Month: April	rirst Month of Quarter	: Monthly :	Summary	TCEQ		
Average of all disinfectant	The second secon	-		nonth? (FYESO	NO NO	
residuals for this month	Number of residuals collected this month	Number for thi	below MIN s month	Number with N for this m		
1,54 mg/L	32 readings	O readi	ngs 0.0 %	readings	0.0	
Sec	ond Month of Quarte	er: Monthi	v Summan	1	role minutes and a	
Month: MAY				nonth? @ YES	C NO.	
Average of all disinfectant	Number of residuals	T	below MIN	The second of th	C NO	
residuals for this month	collected this month	•	s month	Number with No		
1.29 mg/L	33 readings	◯ readi	Charles of the last of the las	for this m	PERSONAL PROPERTY OF THE PERSON NAMED IN	
Thi	ird Month of Quarter	Aprel and the second		readings	0.0	
Month: Jone						
Average of all disinfectant	Number of residuals		active this m		C NO	
residuals for this month	collected this month	Number below MII for this month		Number with NO residuation for this month		
1,49 mg/L	32 readings			readings	0.0	
Q	uarterly Summary	and Certi	fication		0.0	
Average of all disinfectant residuals for this quarter	Average of all disinfectant			Highest residual		
/ 44 mg/L	for this qua	for this quarter		for this quarter		
	. 42	mg/L	2,6	⊙ mg/L		
to the best of my know	niliar with the information con wledge, the information is tru	ntained in this	report and tha	it,	terini sessame inscrizioni republica	
Name: Daniel Roc	MANS NON	de complete,	and accurate.	Todays	etranscover and promotive analysis as a	
Enter Name	Signature	- jev jv		Date:	620	
	erator Phone Nu	mber 903	- 429-	2011	VEN	
License #: <u>WG-000 562</u>	Email address:	<b>O</b> ,	nd manual view manual and manual view rate view rates	CEO 20%	b J	
Complete this form for the previous quant by the TCEQ by the 10m of the month. A	ler at the beginning of April, Jul ways print and sign form, and	y, October, and keep a copy wit	d January; and si th your records fo	ubmit in time for it to	be recei	
Step 1:	Step 2:		ign and Mail		he button	
Submit by Email - And			CEQ / PDW M	to star	nt over or t	

TCEQ / PDW MC-155

Attn: DLQOR

PO Box 13087

to enter data

different syst

Print to Mail

(For your own records)

(Submits form data by Email)