



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

Select Quarter:

Select Year:

<b>PWS Name:</b> Trophy Club Municipal Utility District #1	<b>PWS ID:</b> 0610018
--	------------------------

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**

Month: 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
2.71 mg/L	89 readings	0 readings 0.0 %	0 readings 0.0 %

**Second Month of Quarter: Monthly Summary**

Month: 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
2.55 mg/L	82 readings	0 readings 0.0 %	0 readings 0.0 %

**Third Month of Quarter: Monthly Summary**

Month: 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
3.14 mg/L	87 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
2.80 mg/L	1.20 mg/L	4.00 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: Mike McMahon

Enter Name

*Mike McMahon*  
Signature

Today's Date:

4/3/17

Title: Water Superintendent

Phone Number: (682) 831-4600

License #: WG0008703

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<sup>th</sup> of the month. Always print and sign form, and keep a copy with your records for TCEQ review.

**Step 1:**

(For your own records)

**Step 2:**

**Sign and Mail to:**

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.