



## DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DLQOR)

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

Select Quarter: Select Year: PWS Name: **Trophy Club Municipal Utility District No. 1**PWS ID: **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: **July**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
3.04 mg/L	88 readings	0 readings 0.0 %	0 readings 0.0 %

### Second Month of Quarter: Monthly Summary

Month: **August**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
3.02 mg/L	87 readings	0 readings 0.0 %	0 readings 0.0 %

### Third Month of Quarter: Monthly Summary

Month: **September**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
2.89 mg/L	85 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
2.98 mg/L	1.10 mg/L	3.61 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

  
Signature

Today's

Date:

Title: **Operations Manager**Phone Number: **(682) 831-4689**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.