

DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DL QOR)

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

Please print or type. Forms that are not readable will not be processed.

PWS Name: _____	PWS ID: _____
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Type of Disinfectant Used in Distribution System*: Free Chlorine MIN = 0.2 mg/L Chloramine* MIN = 0.5 mg/L

* If you normally use chloramine but you shocked with free chlorine at any time during this quarter, check **both** boxes.

First Month of Quarter: Monthly Summary

Month: _____ Year: _____ Was the PWS active this month? Yes No

Average of all disinfectant residuals for this month	% below MIN for this month	% with NO residual for this month

Second Month of Quarter: Monthly Summary

Month: _____ Year: _____ Was the PWS active this month? Yes No

Average of all disinfectant residuals for this month	% below MIN for this month	% with NO residual for this month

Third Month of Quarter: Monthly Summary

Month: _____ Year: _____ Was the PWS active this month? Yes No

Average of all disinfectant residuals for this month	% below MIN for this month	% with NO residual for this month

Quarterly Summary and Certification

Average of all disinfectant residuals for this quarter	Lowest residual for this quarter	Highest residual for this quarter

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.

Signature: _____ Date: _____

Print Name: _____

Title: _____

Complete this DL QOR for the previous quarter at the beginning of April, July, October, and January.

In time for it to **arrive** by the 10th of the month, send it to:

TCEQ / PDW MC-155

Attn: DL QOR

PO Box 13087

Austin TX 78711-3087