

Disinfectant Level Quarterly Operating Report (DLQOR)

For All Groundwater or Purchased-Water Public Water Systems

| | | | |
|---|---|---------|---------|
| Select Quarter: | Quarter 2 (April, May, June) <input type="button" value="v"/> | Year: | 2024 |
| PWS Name: | Durham Park Water Supply Corp | PWS ID: | 2460038 |
| Type of Disinfectant Used in Distribution System: | Chlorine (Free) <input type="button" value="v"/> | | |

First Month of Quarter: Monthly Summary

Month: Was the PWS active this month? Yes No

| | | | |
|--|--------------------------------|------------------------------------|-------------------------|
| Average of all disinfectant residuals: | Number of residuals collected: | Number of residuals below minimum: | Number of NO residuals: |
| 1.38 mg/L | 30 Count | - Readings % | - Readings % |

Second Month of Quarter: Monthly Summary

Month: Was the PWS active this month? Yes No

| | | | |
|--|--------------------------------|------------------------------------|-------------------------|
| Average of all disinfectant residuals: | Number of residuals collected: | Number of residuals below minimum: | Number of NO residuals: |
| 0.98 mg/L | 31 Count | - Readings % | - Readings % |

Third Month of Quarter: Monthly Summary

Month: Was the PWS active this month? Yes No

| | | | |
|--|--------------------------------|------------------------------------|-------------------------|
| Average of all disinfectant residuals: | Number of residuals collected: | Number of residuals below minimum: | Number of NO residuals: |
| 1.21 mg/L | 30 Count | - Readings % | - Readings % |

Quarterly Summary and Certification

| | | |
|--|---|--|
| Average of all disinfectant residuals for this quarter | LOWEST disinfectant residual for this quarter | HIGHEST disinfectant residual for this quarter |
| 0.00 - 1.19 mg/L | 0.98 mg/L | 1.38 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: Date:

Signature: Title and Phone Number:

Water Operator License Number: Email:

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 during onsite investigations.

Sign the DLQOR and mail to:

Certified Mail: TCEQ/DWSS MC-155, Attn: DLQOR, 12100 Park 35 Circle, Bldg F, Austin, TX 78753-1808
 Regular Mail: TCEQ/DWSS MC-155, Attn: DLQOR, P.O. Box 13087, Austin, TX 78711-3087