

**DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DLQOR)**

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

Select Quarter: **4th - Oct/Nov/Dec**Select Year: **2014**

<b>PWS Name: City of Willow Park</b>	<b>PWS ID: 1840027</b>
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Type of Disinfectant Used in Distribution System\*: **Chlorine (Free)**

\* If you used chloramines and free chlorine at any time during this quarter, select both.

**First Month of Quarter: Monthly Summary**Month: **October**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
<b>1.07</b> mg/L	<b>210</b> readings	<b>0</b> readings <b>0.0 %</b>	<b>0</b> readings <b>0.0 %</b>

**Second Month of Quarter: Monthly Summary**Month: **November**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
<b>1.16</b> mg/L	<b>210</b> readings	<b>0</b> readings <b>0.0 %</b>	<b>0</b> readings <b>0.0 %</b>

**Third Month of Quarter: Monthly Summary**Month: **December**Was the PWS active this month?  YES  NO

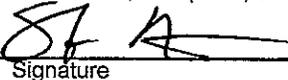
Average of all disinfectant residuals for this month	Number of residuals collected this month	Number below MIN for this month	Number with NO residual for this month
<b>1.08</b> mg/L	<b>210</b> readings	<b>0</b> readings <b>0.0 %</b>	<b>0</b> readings <b>0.0 %</b>

**Quarterly Summary and Certification**

Average of all disinfectant residuals for this quarter	Lowest residual for this quarter	Highest residual for this quarter
<b>1.10</b> mg/L	<b>0.20</b> mg/L	<b>2.50</b> 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: **Steve Martin Jr**

Enter Name



Signature

Today's

Date:

**1/29/15**Title: **Director of Public Works**

Phone Number:

**(469) 744-9776**License #: **WD0001577**Email address: **smartin@willowpark.org**

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:****Print Copy**

(For your own records)

**Step 2:****Print to Mail****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.

**Clear Form**



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

Select Quarter: **3rd - Jul/Aug/Sep**

Select Year: **2014**

<b>PWS Name: City of Willow Park</b>	<b>PWS ID: 1840027</b>
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Type of Disinfectant Used in Distribution System\*: **Chlorine (Free)**

\* 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
0.51 mg/L	210 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
0.77 mg/L	210 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
1.15 mg/L	210 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
0.81 mg/L	0.20 mg/L	2.13 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: **Steve Martin Jr**

Enter Name

Signature

Today's Date:

**1/29/15**

Title: **Director of Public Works**

Phone Number: **(469) 744-9776**

License #: **WD0001577**

Email address: **smartin@willowpark.org**

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