# Disinfectant Level Quarterly Operating Report (DLQOR) For All Groundwater or Purchased-Water Public Water Systems

			ACCUSE OF THE PARTY OF THE PART									
	Select Quarter:			2 (April, May, Ju		Year:		2021				
	PWS Name:		CITY OF	OAK RIDGE NO	RTH	PWS ID:		1700025				
	Type of Disinfe	ctant U	sed in D	istribution Sys	stem:	em: Chlorine (Free)						
	First Month of Quarter: Monthly Summary											
Month:	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME	rst IV	Onch	Was the PV	VS active this	month		resulvo				
	Average of all disinfectant residuals:		Number	r of residuals ed:	Number of residuals below minimum:			lumber of NO esiduals:				
	1.63	mg/L	3	11 Count	Readi	ngs 0.	0 %	Readings	0.0 %			
		Street Control of the last of	Mont	h of Quai	ter: Moi	nthly	Sur	nmary Yes No				
Month:	May  Average of all disinfectant residuals:		Numbe	er of residuals	Number of below min	residu	ials   N	Number of NO residuals:				
	0.84	mg/L	3	31 Count	Read	ings 0.	0 %	Readings	0.0 %			
	Name and Address of the Owner, where the Party of the Owner, where the Owner, which is the Owner, w		Month	of Quar	ter: Mon	thly	Sum	mary Yes No				
Month	Average of all disinfectant residuals:		Number of residuals collected:		Number of residuals below minimum:		uals	Number of NO residuals:				
	1,08	mg/L		31 Count	Read	ings 0	.0 %	Readings	0.0 %			
		Ou	arterl	y Summa	ry and C	ertif	ficati	ion				
	Average of all residuals for t	disinfe	ctant	LOWEST disingular residual for t	nfectant	1	IIGHE5	T disinfectant I for this quarte	er			
	1.18		mg/L	0.38	3 m	ıg/L		1.97	mg/L			
	✓ I certify that			Ala a fac Commont	ion containe	d in thi	s renor	t and that, to th	ne best of my			
l	I certify that	l am far know	nillar wit dedge, th	ne information	is true, comp	olete, ar	nd accu	irate.				
Name	MARK DUTTON				ate: 2021 06 0		2025	T 212 211212	W(284) 202			
Signat		a man	10	The state of the s				ST. DIR. PUBLIC	VVQ(281) 292-2			
Water	Operator License	e Namb	er:GW00	02939 Er	nail: MDUTT	ON@O/	AKRIDG	ENORTH.CON	w and submit			
Comp time	plete this form for e for it to be recei	and last	ho 11 H1	arter at the beg by the 10th of rds for TCEQ re	THE MORULE	ilwuys	pititt ui	in sign for in our	o, and submit ad keep a cop)			
c:	gn the DLQOR ar	1 27	401						70750 1000			
C	<b>gn the DLQOR at</b> ertified Mail: TCE	Q/DWSS	MC-155	Attn: DLQOR,	12100 Park	35 Circ	le, Bldg tin TX	g F, Austin, TX 7 78711-3087	78/53-1808			

Regular Mail: TCEQ/DWSS MC-155, Attn: DLQOR, P.O. Box 13087, Austin, TX 78711-3087

PWS\_1700025 \_MR\_ 2021 01 04\_DLQOR

# Disinfectant Level Quarterly Operating Report (DLQOR) For All Groundwater or Purchased-Water Public Water Systems

	Select Quarter:	Quarter 4 (October, Nove		ember, De 🔻	Year:		2021		
	PWS Name:	CITY OF	OAK RIDG	ENO	RTH	PWS ID:		1700025	
	Type of Disinfectant U	Jsed in Distribution Syste			tem: Chlorine (F		ree)		
	First N	onth	of Qua	arte	r: Mont	hly Sun	nma	ry	
Month:	October		Was t	he PW	S active this	month?	Yes(	No	
	Average of all disinfectant residuals:	Number of residuals collected:		Number of residuals below minimum:		Number of NO residuals:			
	1.39 mg/L	3	1 C	ount	Readi	ngs 0.0 %		Readings (	0.0 %
Month:	Second November	Mont	h of Q Was t	uar he PW	<b>ter: Mor</b> 'S active this	nthly Sumonth?	Yes	No No	
	Average of all disinfectant residuals:	Numbe	r of resided:	uals	Number of below mini			ber of NO luals:	
	1.28 mg/L	3	1 C	ount	Readi	ngs 0.0 %		Readings (	0.0 %
	Third	Month	of Ou	art	er: Mon	thly Su	mma	ary	
Month	December		Was t	he PW	S active this	month?	Yes	O <sub>No</sub>	
	Average of all disinfectant residuals:	Numbe collecte	r of resided:	uals	Number of below mini			lber of NO luals:	
	1.28 mg/L	3	1 C	ount	Readi	ngs 0.0 %		Readings (	0.0 %
	Oua	arterly	/ Sumi	mar	y and C	ertifica	tion		
	Average of all disinfe	ctant	LOWEST	disin	fectant	HIGHE	ST dis	sinfectant	
	residuals for this qua	rter residual for this qu		MARINE THE PARTY OF THE PARTY O	r residua		this quarter		
	1.32	mg/L		0.80	mg	g/L	1.9	11	mg/L
B	✓ I certify that I am fan	niliar with	the info	rmatio	on contained s true, compl	in this repo	ort and	that, to the	best of my
		reage, th	e imorma		e: 2021 01 04	The Control of Control	.uracc.	'	
Name: Signat	MARK DUTTON	To	9		e and Phone		st dir p	ublic works	(281) 292-4648
	Operator License Number	T. GW000	2939	1001101900	ail: MDUTTO	Bedonin			
C	late this forms for the pro-	מונה מנומ	rtor at the	— heair	mina of Apri	il. July. Octo	ber. a	nd Ianuary:	and submit in
time	time for it to be received by the TCEQ by the 10th of the month. Always print and sign form and keep a copy								

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

with your records for TCEQ review during onsite investigations.

PWS 1700025

\_MR\_ 2021 10 04 \_DLQOR

# Disinfectant Level Quarterly Operating Report (DLQOR)

roundwater or Purchased-Water Public Water Systems

For All G				The second second second second second		THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAME	
Select Quarter:		Quarter 3 (July, August, Septem			Year:	20	21
PWS Name:	CITYO	FOAKR	IDGE NOF	RTH	PWS ID:	1700025	
Type of Disinfed	ctant Used in	Distrib	ution Syst	tem: Chlorine (Fr		Free)	~
Fir	rst Mont	h of (	Duarte	r: Mont	hly Sur	mmary	
nth: July		W	as the PW	S active this	month?	) res ONO	
Average of all disinfectant residuals:		Number of residuals collected:		Number of residuals below minimum:		Number of NO residuals:	
0.92	mg/L	31	Count	Readi	ngs 0.0 %	Reading	s 0.0 %
th: August  Average of all disinfectant residuals:	Numl collect	oer of re	as the PW	Number of below min	residuals	Yes No Number of N residuals:	0
				The second secon			
1.04	mg/L	31	Count	Read	ings 0.0 %	Reading	gs 0.0 %
onth: September  Average of all	nird Mon	th of W	Quart	er: Mon	thly Sus month? (	mmary Yes No Number of N	
Th	nird Mon	th of W	<b>Quart</b> Vas the PW	er: Mon	thly Sus month? (	mmary Yes No	gs 0.0 %
nth: September  Average of all disinfectant	nird Mon	th of W	<b>Quart</b> Vas the PW	er: Mon VS active this Number of below min	thly Sus month? (	Yes No Number of N residuals:	
onth: September  Average of all disinfectant residuals:	Num colle	ber of rected:	Quarte Vas the PW esiduals Count	er: Mon VS active this Number of below min Read	thly Sus month? ( fresiduals imum:	Yes No Number of N residuals: Reading	IO gs <b>0.0</b> %
onth: September  Average of all disinfectant residuals:	Num colle mg/L  Quarter disinfectant	ber of rected:  30  LOW	Quarte Vas the PW esiduals Count	er: Mon VS active this Number of below min Read	thly Sus month? ( f residuals imum:  ings 0.0 %  Certification HIGH	Yes No  Number of N residuals:	gs <b>0.0</b> %
onth: September  Average of all disinfectant residuals:  1.08  Average of all of the september	Num colle mg/L  Quarter disinfectant	ber of rected:  30  LOW resid	Quarte Vas the PW esiduals Count	er: Mon VS active this Number of below min Read  Y and C fectant ais quarter	thly Sus month? ( f residuals imum:  ings 0.0 %  Certification HIGH	Yes No  Number of N residuals:  Reading	gs <b>0.0</b> %
Average of all disinfectant residuals:  1.08  Average of all disinfectant residuals:  1.01	Num colle  mg/L  Quarter disinfectant his quarter  mg/	ber of rected:  30  LOW resid	Quarter Vas the PW esiduals  Count Immar EST disinual for the O.50	er: Mon VS active this Number of below min Read Ty and Co fectant ais quarter	thly Sus month? ( f residuals imum: ings 0.0 % Certifica HIGH resid	Yes No  Number of N residuals:  Reading  Ation  EST disinfectar ual for this qua  2.20	gs 0.0 %
Average of all disinfectant residuals:  1.08  Average of all oresiduals for the 1.01	Num colle  mg/L  Quarter  disinfectant his quarter  mg/	ber of rected:  30  LOW resid	Quarter Vas the PW esiduals  Count EST disingular for the o.50 information in the ormation in	er: Mon VS active this Number of below min Read Ty and C fectant his quarter  on contained s true, comp	thly Sus month? ( f residuals imum:  ings 0.0 %  Certifica  HIGH resid  g/L  d in this repolete, and according to the control of the control	Yes No Number of N residuals: Reading Ation EST disinfectar ual for this quar 2.20 Poort and that, to	gs 0.0 %
Average of all disinfectant residuals:  1.08  Average of all oresiduals for the 1.01	Num colle  mg/L  Quarter  disinfectant his quarter  mg/	ber of rected:  30  LOW resid	Quarter Vas the PW esiduals  Count Immar EST disin dual for the O.50 information in Date of the Count Immar	Per: Mon WS active this Number of below min Read Ty and Confectant his quarter The confectant for contained a true, compute: 2021 10 0	thly Sus month? ( f residuals imum:  ings 0.0 %  Certification  HIGH residuals  d in this repolete, and active	Yes No Number of Noresiduals: Reading  Ation EST disinfectangual for this quantum and that, to be courate.	gs 0.0 %  nt arter  mg/l
Average of all disinfectant residuals:  1.08  Average of all disinfectant residuals:  1.08  I certify that I ame: MARK DUTTON gnature:	Num colle  mg/L  Quarter  disinfectant his quarter  mg/s  am familiar w knowledge,	ber of rected:  30  Ty Su  Low resid	Quarter Vas the PW esiduals  Count  Immar EST disin dual for the o.50  information in the ormation in the orma	Read  Year Mon  We active this  Number of below min  Read  Year and Confectant and a contained strue, compute: 2021 10 0 and phone	thly Sus month? ( f residuals imum:  ings 0.0 %  Certification  HIGH residuals imum:	Number of No Reading  Ation  EST disinfectangual for this quadrule.  SST DIR PUBLICATION	gs 0.0 %  nt urter  mg/1  o the bes
Average of all disinfectant residuals:  1.08  Average of all oresiduals for the siduals for the same: MARK DUTTON	Num colle  mg/L  Quarter  disinfectant his quarter  mg/s  am familiar w knowledge,  Number: GWO	ber of rected:  30  Ty Su  LOW resid  with the info	Quarter Vas the PW esiduals  Count Immater EST disingular for the O.50 information in Date Immater Imm	Read  Year Mon  We active this  Number of below min  Read  Year and Contained at the component of the compon	thly Sus month? ( f residuals imum:  ings 0.0 %  Certification  HIGH residuals  ings lete, and action of the sumber:  Number:  Nu	Number of Nesiduals:  Reading  Ation  EST disinfectan  all for this qual  cort and that, to  courate.  ASST DIR PUBLIC  DGENORTH.CO	o the bes

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

with your records for TCEQ review during onsite investigations.

# DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DLQOR)

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

1st - Jan/Feb/Mar

Select Year: 2021 ▼

PWS Name:	CITY	OF	OAK	<b>RIDGE</b>	NORTH	

PWS ID:

1700025

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: Jan

Was the PWS active this month?

C 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>1.69</b> mg/L	31 readings	readings %	readings %	

## **Second Month of Quarter: Monthly Summary**

Month: Feb

Was the PWS active this month?

• YES

C 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>1.41</b> mg/L	28 readings	readings %	readings %	

## Third Month of Quarter: Monthly Summary

Month: March

Was the PWS active this month?

YES

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>1.44</b> mg/L	31	readings	readings	%	readings	%

### **Quarterly Summary and Certification**

Average of all disinfectant residuals for this quarter	Lowest residual for this quarter	Highest residual for this quarter	
1.51 mg/L	<b>1.25</b> mg/L	<b>2.19</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: MARK DUTTON Enter Name

Signature

Todav's

Title: ASST DIR PUBLIC WORKS

Phone Number:

2812924648

License #: GW0002939

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.

Print to Mail

<u>Step 1:</u> **Print Copy** (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.

Clear Form