

Disinfectant Level Quarterly Operating Report (DLQOR)

For All Groundwater or Purchased-Water Public Water Systems

Select Quarter:	Quarter 2 (April, May, June) <input type="checkbox"/>	Year:	2021
PWS Name:	CITY OF OAK RIDGE NORTH	PWS ID:	1700025
Type of Disinfectant Used in Distribution System:	Chlorine (Free) <input type="checkbox"/>		

First Month of Quarter: Monthly Summary

Month: **April** ☐ 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:
1.63 mg/L	31 Count	Readings 0.0 %	Readings 0.0 %

Second Month of Quarter: Monthly Summary

Month: **May** ☐ 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:
0.84 mg/L	31 Count	Readings 0.0 %	Readings 0.0 %

Third Month of Quarter: Monthly Summary

Month: **June** ☐ 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:
1.08 mg/L	31 Count	Readings 0.0 %	Readings 0.0 %

Quarterly Summary and Certification

Average of all disinfectant residuals for this quarter	LOWEST disinfectant residual for this quarter	HIGHEST disinfectant residual for this quarter
1.18 mg/L	0.38 mg/L	1.97 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**

Date: **2021 06 01**

Signature: 

Title and Phone Number: **ASST. DIR. PUBLICWORKS (281) 292-4648**

Water Operator License Number: **GW0002939**

Email: **MDUTTON@OAKRIDGENORTH.COM**

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

Disinfectant Level Quarterly Operating Report (DLQOR)

For All Groundwater or Purchased-Water Public Water Systems

Select Quarter:	Quarter 4 (October, November, De	Year:	2021
PWS Name:	CITY OF OAK RIDGE NORTH	PWS ID:	1700025
Type of Disinfectant Used in Distribution System:	Chlorine (Free)		

First Month of Quarter: Monthly Summary

Month: **October**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:
1.39 mg/L	31 Count	Readings 0.0 %	Readings 0.0 %

Second Month of Quarter: Monthly Summary

Month: **November**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:
1.28 mg/L	31 Count	Readings 0.0 %	Readings 0.0 %

Third Month of Quarter: Monthly Summary

Month: **December**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:
1.28 mg/L	31 Count	Readings 0.0 %	Readings 0.0 %

Quarterly Summary and Certification

Average of all disinfectant residuals for this quarter	LOWEST disinfectant residual for this quarter	HIGHEST disinfectant residual for this quarter
1.32 mg/L	0.80 mg/L	1.91 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**Date: **2021 01 04**Signature: Title and Phone Number: **asst dir public works (281) 292-4648**Water Operator License Number: **GW0002939**Email: **MDUTTON@OAKRIDGENORTH.COM**

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Disinfectant Level Quarterly Operating Report (DLQOR)

For All Groundwater or Purchased-Water Public Water Systems

Select Quarter:	Quarter 3 (July, August, September)	Year:	2021
PWS Name:	CITY OF OAKRIDGE NORTH	PWS ID:	1700025
Type of Disinfectant Used in Distribution System:	Chlorine (Free)		

First Month of Quarter: Monthly Summary

Month: July

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:
0.92 mg/L	31 Count	Readings 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:	Number of residuals collected:	Number of residuals below minimum:	Number of NO residuals:
1.04 mg/L	31 Count	Readings 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:	Number of residuals collected:	Number of residuals below minimum:	Number of NO residuals:
1.08 mg/L	30 Count	Readings 0.0 %	Readings 0.0 %

Quarterly Summary and Certification

Average of all disinfectant residuals for this quarter	LOWEST disinfectant residual for this quarter	HIGHEST disinfectant residual for this quarter
1.01 mg/L	0.50 mg/L	2.20 mg/L

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Name: MARK DUTTON

Date: 2021 10 04

Signature: 

Title and Phone Number: ASST DIR PUBLIC WC (281) 292-4648

Water Operator License Number: GW0002939

Email: MDUTTON@OAKRIDGENORTH.COM

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DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DLQOR)

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

Select Quarter: **1st - Jan/Feb/Mar**

Select Year: **2021**

PWS Name: CITY OF OAK RIDGE NORTH	PWS ID: 1700025
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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: **Jan**

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
1.69 mg/L	31 readings	readings %	readings %

Second Month of Quarter: Monthly Summary

Month: **Feb**

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
1.41 mg/L	28 readings	readings %	readings %

Third Month of Quarter: Monthly Summary

Month: **March**

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
1.44 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	1.25 mg/L	2.19 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

Today's Date:

4/1/21

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.

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