

# DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DL QOR)

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

Select Quarter: 4

Select Year: 2022

<b>PWS Name:</b> Oak Ridge North	<b>PWS ID:</b> 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: October

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
1.28 mg/L	25 readings	0 readings 0.0%	0 readings 0.0%

### Second Month of Quarter: Monthly Summary

Month: November

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
1.21 mg/L	23 readings	0 readings 0.0%	0 readings 0.0%

### Third Month of Quarter: Monthly Summary

Month: December

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
1.33 mg/L	21 readings	0 readings 0.0%	0 readings 0.0%

### Quarterly Summary and Certification

Average of all disinfectant residuals for this quarter	Lowest residual this quarter	Highest residual for this quarter
1.27 mg/L	0.8900 mg/L	1.8800 mg/L

x 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

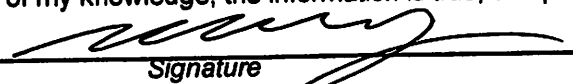
Name: MARK DUTTON

*Typed*

ASST. PUBLIC WORKS

Title: DIRECTOR

License #: GW0002939

  
Signature

##### 11/2/22  
Today's Date:

Phone # 281-292-4648

Email: MDUTTON@OAKRIDGENORTH.CO

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

Mail signed, completed form to: Attn: DLQOR, PDWS/TCEQ/MC-155, PO Box 13087, Austin, TX 78711-308

# DISINFECTANT LEVEL QUARTERLY OPERATING REPORT (DL QOR)

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

Select Quarter: 3

Select Year: 2022

<b>PWS Name:</b> Oak Ridge North	<b>PWS ID:</b> 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: July

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
1.07 mg/L	20 readings	0 readings 0.0%	0 readings 0.0%

### Second Month of Quarter: Monthly Summary

Month: August

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
1.09 mg/L	21 readings	0 readings 0.0%	0 readings 0.0%

### Third Month of Quarter: Monthly Summary

Month: September

Was the PWS active this month? Yes

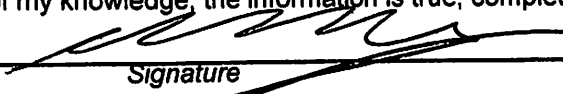
Average of all disinfectant residuals for this month	Number of residuals collected this month	Number below MIN for this month	Number with NO residual for this month
1.39 mg/L	19 readings	0 readings 0.0%	0 readings 0.0%

### Quarterly Summary and Certification

Average of all disinfectant residuals for this quarter	Lowest residual this quarter	Highest residual for this quarter
1.18 mg/L	0.6800 mg/L	1.6500 mg/L

  X   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  
*Typed*

  
*Signature*

10/5/22  
Today's Date:

Title: WORKS  
ASST. DIR. PUBLIC

Phone # 281-292-4648

License #: GW0002939

Email: MDUTTON@OAKRIDGENORTH.CO

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

Mail signed, completed form to: Attn: DLQOR, PDWS/TCEQ/MC-155, PO Box 13087, Austin, TX 78711-308

# Disinfectant Level Quarterly Operating Report (DLQOR)

For All Groundwater or Purchased-Water Public Water Systems

Select Quarter:	Quarter 2 (April, May, June)	Year:	2022
PWS Name:	ORN Distribution Operations	PWS ID:	1700025
Type of Disinfectant Used in Distribution System:	Chlorine (Free)		

### 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:
1.32 mg/L	30 Count	0 Readings 0.0 %	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:
1.08 mg/L	26 Count	0 Readings 0.0 %	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:
1.11 mg/L	25 Count	0 Readings 0.0 %	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
1.17 mg/L	0.64 mg/L	1.80 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: **07/01/2022**  
 Signature: Title and Phone Number: **ASST.DIR PUBLIC WC (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 (DL QOR)

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

Select Quarter: 1

Select Year: 2022

<b>PWS Name:</b> Oak Ridge North	<b>PWS ID:</b> 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: January

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
1.41 mg/L	21 readings	0 readings 0.0%	0 readings 0.0%

### Second Month of Quarter: Monthly Summary

Month: February

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
1.42 mg/L	20 readings	0 readings 0.0%	0 readings 0.0%

### 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
1.48 mg/L	25 readings	0 readings 0.0%	0 readings 0.0%

### Quarterly Summary and Certification

Average of all disinfectant residuals for this quarter	Lowest residual this quarter	Highest residual for this quarter
1.44 mg/L	0.8700 mg/L	1.7500 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  
*Typed*

*Signature*

4/3/22  
Today's Date:

Title: Public Work

Phone # 281-292-4648

License #: GW0002939

Email: MDUTTON@OAKRIDGEWATER.COM

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