



PWS_

MR

_DLQOR

Disinfectant Level Quarterly Operating Report

You can submit this form electronically to TCEQ instead of mailing it. Visit [Electronic Reporting for Public Water Systems¹](https://www.tceq.texas.gov/drinkingwater/e2-reporting-system) for information.

Quarter	Year	PWS ID	PWS Name	Disinfectant Used in Distribution
Select Quarter				Select Disinfectant Used

First month of the quarter: _____ Monthly Summary

Was the PWS active? ☒ YES ☐ NO

Avg of all residuals	Total number of residuals	Number of residuals below minimum	Number of residuals that were 0
_____ mg/L	_____	_____ %	_____ %

Second month of the quarter: _____ Monthly Summary

Was the PWS active? ☒ YES ☐ NO

Avg of all residuals	Total number of residuals	Number of residuals below minimum	Number of residuals that were 0
_____ mg/L	_____	_____ %	_____ %

Third month of the quarter: _____ Monthly Summary

Was the PWS active? ☒ YES ☐ NO

Avg of all residuals	Total number of residuals	Number of residuals below minimum	Number of residuals that were 0
_____ mg/L	_____	_____ %	_____ %

Summary for Quarter

Avg of all residuals for Quarter	Lowest Residual	Highest Residual
<u>0.00</u> mg/L	_____ mg/L	_____ mg/L

Operator Certification

☐ I acknowledge that samples were handled appropriately and all information is accurate. Falsification of this form or tampering with water samples is a crime punishable under state and/or federal law. (Texas Penal Code, Title 8, Chapter 37.10)

Name _____ Date _____ Title _____

Operator License Number _____ Email _____

Phone _____ Signature _____

Sign the DLQOR and mail to:
TCEQ Drinking Water Standards Section,
MC-155 Attn DLQOR,
PO BOX 13087,
Austin TX 78711-3087

Clear Form

¹ <https://www.tceq.texas.gov/drinkingwater/e2-reporting-system>

Instructions for Completing the PDF DLQOR Form

- All groundwater and purchase water PWS must submit this form and include the correct PWS ID.
 - You must enable Javascript to complete this form.
 - The [DLQOR](#)¹ form and reporting guidance (RG-407) are available on [Disinfectant Residual Reporting](#)².
1. Complete the *quarter, year, seven-digit PWS ID, PWS Name, and disinfectant used in distribution*.
 - For *disinfectant used in distribution*, select *both* if you normally use chloramines and completed a free chlorine conversion at any time during the quarter.
 2. The *first, second, and third* month will auto-fill when you select quarter in the step above.
 - a) Select *YES* or *NO* for, *was the PWS active?*
 - **The default is set to YES.**
 - b) Enter the *average of all residuals* in milligrams per liter (mg/L).
 - c) Enter the *total number of residuals* collected in the month.
 - d) Enter the *number of residual readings that were below the minimum*. The minimum residual required is 0.2 mg/L for free chlorine or 0.5 mg/L for chloramines (total chlorine).
 - The % percentage will calculate automatically.
 - e) Enter the *number of residual readings that had no residual* a 0.0 reading.
 - The % percentage will calculate automatically.
 3. For the quarterly summary:
 - a) The *average of all residuals for quarter* will be calculated automatically in mg/L.
 - b) Enter the *LOWEST disinfectant residual* reading for this quarter in mg/L. Do not enter the lowest monthly average. If you had one or more samples with NO residual enter 0.0.
 - c) Enter the *HIGHEST disinfectant residual* reading for this quarter in mg/L. Do not enter the highest monthly average.
 4. For operator certification:
 - a) Select the check box to agree with the statement.
 - b) Enter your *name, title, email* (optional), *operator license number*, and *phone number*.
 - c) Enter your complete *water operator license number* (begins with W + alphabetical letter (e.g. D, G, O, S) + 7 numbers)—**not your Social Security Number**. Look it up at [Search Licensing Information](#)³.
 - d) For *signature*, you can either create and add a digital signature in the form, or sign the printed DLQOR.
 - e) For the *date*, enter or write the date the DLQOR is signed.
 5. Print **two copies** of the report. Sign the printed DLQOR if applicable.
 6. Keep one for your records and mail the other to TCEQ. **You must submit a hard copy of the report with an original signature by mail for your system to receive credit. TCEQ does not accept fax or email copies of the DLQOR.**
 7. Do not submit your sample logs. Keep them with your records for TCEQ review during on-site investigations.

DLQOR Reporting Schedule

Quarter	Months	Due Date
1	January, February, March	April 10
2	April, May, June	July 10
3	July, August, September	October 10
4	October, November, December	January 10

¹ <https://www.tceq.texas.gov/goto/20067>

² https://www.tceq.texas.gov/drinkingwater/disinfection/dl_qor

³ https://www2.tceq.texas.gov/lic_dpa/index.cfm