CLEAR FORM

PWS_ _MR_ _DLQOR

Disinfectant Level Quarterly Operating Report (DLQOR)

For All Groundwater or Purchased-Water Public Water Systems

Select Quarter:	Quarter 1 (January, February, Mar	Year:	2026
PWS Name:	City of Mingus	PWS ID:	1820008
Type of Disinfectant Used in Distribution System:		Chlorine (Free)	

First Month of Quarter: Monthly Summary

Month: January — 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:
1.44 mg/L	65 Count	0 Readings 0.0 %	0 Readings 0.0 %

Second Month of Quarter: Monthly Summary

Month: February — 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:
2.03 mg/L	46 Count	0 Readings 0.0 %	0 Readings 0.0 %

Third Month of Quarter: Monthly Summary

Month: March — 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:
2.06 mg/L	12 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
1.84 mg/L	0.50 mg/L	3.90 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: Vincent Huckaba Date: 2026 04 10

Signature: Title and Phone Number: Mayor (254) 672-5995

Water Operator License Number: WO0058777 Email: city@mingus.us

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

Print Form

Instructions for Completing the DLQOR (TCEQ-20067)

These instructions are provided for the use of the automated fillable PDF of the Disinfectant Level Quarterly Operating Report (DLQOR[1]). The form and disinfectant residual reporting guidance (RG-407) are available on the Disinfectant Residual Reporting[2] webpage.

Tip: utilize [tab] on your keyboard to move through the fields requiring entry.

After completing the report, simply print and sign two copies. Keep one for your system 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 e-mail copies of the DLQOR.

1. Use the drop-down lists to select the **Quarter** and enter the **Year** of the monitoring period you are reporting.
2. Enter the **PWS Name** — *not the name of your utility,* but the name of the *public water system.*
3. Enter your **PWS ID**. This is a 7-digit code that begins with the 3-digit code (001 through 254) for your county. If you do not enter the correct code, you will not receive proper credit for your reported data.
4. Use the drop-down menu to select the **Type of Disinfectant Used in the Distribution System**: Chlorine (Free), Chloramines (Total), or Both (Free and Total Chlorine). Select Both if you normally use chloramines and shocked with free chlorine any time during the quarter.
5. For each month of the quarter for the Monthly Summary: Use the drop-down menu to select the correct **Month**. Select the **Was the PWS active this month?** button to indicate if your system was active during the month. The default is set to YES.
6. Enter the **Average of all disinfectant residuals** for the month in milligrams per liter (mg/L).
7. Enter the total **Number of residuals collected** for the month as a sample count.
8. Enter the **Number of residual readings that were below the minimum** for the month. The minimum residual required is 0.2 mg/L for a system using free chlorine or 0.5 mg/L for chloramines (total chlorine). The **% percentage** will be calculated for you automatically.
9. Enter the **Number of NO residuals**, the readings for the month that had no residual. The **% percentage** will be calculated for you automatically.
10. For the Quarterly Summary the **Average of all disinfectant residuals for this quarter** will be calculated automatically in mg/l. You don't need to enter it.
11. For the Quarterly Summary enter the **LOWEST disinfectant residual for this quarter** in mg/L. If you had one or more samples with NO residual enter 0.0 mg/L.
12. For the Quarterly Summary enter the **HIGHEST disinfectant residual for this quarter** in mg/L.
13. For the Certification, use the check box to agree with the certification statement. Enter your **Name, Title**, and **Phone Number** and **Email (optional)**.
14. Enter your full **Water Operator License Number** (begins with W + alphabetical letter (e.g. D, G, O, S) + 7 numerals)—*not your Social Security Number.* If you don't remember your license number, look it up online at Search Licensing Information[3].
15. For the **Signature**, there are two options: you may create a digital signature in the form or sign the printed DLQOR. For the **Date** select the date or write in the date the DLQOR is signed.
16. **Print** and sign two copies of the report. Keep one for your records and mail the other to TCEQ.

Mail the signed DLQOR to TCEQ. Do not FAX or EMAIL the DLQOR to TCEQ.

Certified Mail Address	*First-Class Mail Address*
TCEQ / PDW MC-155, Attn: DLQOR 12100 Park 35 Circle, Bldg. F Austin TX 78753-1808	TCEQ / PDW MC-155, Attn: DLQOR P.O. Box 13087 Austin TX 78711-3087

DLQOR Reporting Schedule

Quarter	*Months in Quarter*	*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] www.tceq.texas.gov/goto/20067

[2] www.tceq.texas.gov/drinkingwater/disinfection/dl_qor

[3] www2.tceq.texas.gov/lic_dpa/index.cfm