

**Texas Pollutant Discharge Elimination System
Discharge Monitoring Report
Submit Parameters**

EPA ID: TX0034207

TPDES: 11459001

Permittee Name: AUSTIN,CITY OF

Maj/Min: Major

Facility Name: ANDERSON MILL MUD WWTP

Facility Location: AUSTIN

Outfall: 001A DOMESTIC FACILITY - 001

Outfall Type: EFFLUENT

Monitoring Period: 02/01/2009-02/28/2009

Limit Type: FINAL

Message from TCEQ: P = 2-HOUR PEAK. 11459-001

Parameter: OXYGEN, DISSOLVED (DO): EFFLUENT GROSS VALUE - 00300

Comment: Actual frequency of analysis: 17 times/month

	Sample Measurement	Permit Requirement
Concentration Minimum	6.3	4.0 MG/L
Frequency of Analysis	17 PER MONTH	TWICE/WEEK
Sample Type	GRAB	GRAB
Number of Exceedances	00	

Parameter: PH: EFFLUENT GROSS VALUE - 00400

Comment: Actual frequency of analysis: Daily

	Sample Measurement	Permit Requirement
Concentration Minimum	6.1	6.0 SU
Concentration Maximum	6.9	9.0 SU
Frequency of Analysis	DAILY	WEEKLY
Sample Type	GRAB	GRAB
Number of Exceedances	00	

Parameter: SOLIDS, TOTAL SUSPENDED: EFFLUENT GROSS VALUE - 00530

	Sample Measurement	Permit Requirement	
Quantity Average	36.9	163 LBS/DY	DAILY AVERAGE
Concentration Average	7	15 MG/L	DAILY AVERAGE
Concentration Maximum	9	40 MG/L	DAILY MAXIMUM
Frequency of Analysis	TWICE/WEEK	TWICE/WEEK	
Sample Type	COMPOS	COMPOS	
Number of Exceedances	00		

Parameter: NITROGEN, AMMONIA TOTAL (AS N): EFFLUENT GROSS VALUE - 00610

	Sample Measurement	Permit Requirement	
Quantity Average	2.4	33 LBS/DY	DAILY AVERAGE
Concentration Average	0.5	3 MG/L	DAILY AVERAGE
Concentration Maximum	0.9	7 MG/L	DAILY MAXIMUM
Frequency of Analysis	TWICE/WEEK	TWICE/WEEK	
Sample Type	COMPOS	COMPOS	
Number of Exceedances	00		

Parameter: FLOW, IN CONDUIT OR THRU TREATMENT PLANT: ANNUAL AVERAGE - 50050

	Sample Measurement	Permit Requirement	
Quantity Average	0.63	1.3 MGD	ANNUAL AVERAGE
Frequency of Analysis	CONTINUOUS	CONTINUOUS	
Sample Type	TOTALZ	TOTALZ	
Number of Exceedances	00		

Parameter: FLOW, IN CONDUIT OR THRU TREATMENT PLANT: EFFLUENT GROSS VALUE - 50050

	Sample Measurement	Permit Requirement	
Quantity Average	0.61	REPORT MGD	DAILY AVERAGE
Quantity Maximum	0.76	REPORT MGD	DAILY MAXIMUM
Frequency of Analysis	CONTINUOUS	CONTINUOUS	
Sample Type	TOTALZ	TOTALZ	
Number of Exceedances	00		

Parameter: FLOW, IN CONDUIT OR THRU TREATMENT PLANT: SEE COMMENTS BELOW (2 HOUR PEAK) - 50050

	Sample Measurement	Permit Requirement
Quantity Maximum	1292	2708 GPM
Frequency of Analysis	CONTINUOUS	CONTINUOUS
Sample Type	TOTALZ	TOTALZ
Number of Exceedances	00	

Parameter: CHLORINE, TOTAL RESIDUAL: DISINFECT,PRCS CMPLT - 50060

	Sample Measurement	Permit Requirement
Concentration Maximum	0.08	0.099 MG/L
Frequency of Analysis	DAILY	DAILY
Sample Type	GRAB	GRAB
Number of Exceedances	00	

Parameter: CHLORINE, TOTAL RESIDUAL: PRIOR TO DISINFECT - 50060

	Sample Measurement	Permit Requirement
Concentration Minimum	1.01	1.0 MG/L
Frequency of Analysis	DAILY	DAILY
Sample Type	GRAB	GRAB
Number of Exceedances	00	

Parameter: BOD, CARBONACEOUS 05 DAY, 20C: EFFLUENT GROSS VALUE - 80082

	Sample Measurement	Permit Requirement	
Quantity Average	15.5	76 LBS/DY	DAILY AVERAGE
Concentration Average	3	7 MG/L	DAILY AVERAGE
Concentration Maximum	4	17 MG/L	DAILY MAXIMUM
Frequency of Analysis	TWICE/WEEK	TWICE/WEEK	
Sample Type	COMPOS	COMPOS	
Number of Exceedances	00		

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

By entering my password and pressing the "Confirm Submit" button, I agree that:

1. I am Ruth J Burazer, ASSISTANT DIRECTOR.
2. I have protected my account/password and am in full compliance with the electronic signature agreement submitted to receive account ER008320.
3. I have the authority to submit this data on behalf of permittee AUSTIN,CITY OF.
4. This action constitutes an electronic signature equivalent to my written signature.
5. I am knowingly and intentionally submitting 10 discharge monitoring records (parameters).

This document was signed by Ruth J Burazer, ER008320.

Signature Hash: 97B8C76CCB0608CE0044CBA40F3FD2F65EFDACEF5D775636FBDEC5B7BD62974E

The following is additional information contained in your Copy of Record:

Submitter Phone Number: 512-972-0133

Submission IP address: 162.89.0.59

Submission date and time: 03/16/2009 09:03 AM

Submission STEERS Version: 5.5

Submission Confirmation Number: 38807

Submission Data Hash Code: F97B4763014CCF837E5125EDBAF348026E693D893B6F55BBEFB2459A1DE70A52