

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

**EPA ID:** TX0101532

**TPDES:** 13318001

**Permittee Name:** AUSTIN, CITY OF

**Maj/Min:** Major

**Facility Name:** HARRIS BRANCH WWTP

**Facility Location:** AUSTIN

**Outfall:** 001A DOMESTIC FACILITY - 001

**Outfall Type:** EFFLUENT

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

**Limit Type:** INTERIM

**Message from TCEQ:** INTERIM I PHASE EFFECTIVE UPON ISSUANCE AND LASTING UNTIL THE COMPLETION OF THE 0.80 MGD FACILITIES. 13318-001 \_\_\_\_\_\*

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

	Sample Measurement	Permit Requirement
Concentration Minimum	6.8	5.0 MG/L
Frequency of Analysis	WEEKLY	WEEKLY
Sample Type	GRAB	GRAB
Number of Exceedances	00	

**Parameter:** PH: EFFLUENT GROSS VALUE - 00400

**Comment:** Actual frequency of analysis: 5 times/month

	Sample Measurement	Permit Requirement
Concentration Minimum	6.1	6.0 SU
Concentration Maximum	7.1	9.0 SU
Frequency of Analysis	5 TMS/MONTH	ONCE/MONTH
Sample Type	GRAB	GRAB
Number of Exceedances	00	

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

	Sample Measurement	Permit Requirement
Quantity Average	4.3	17 LBS/DY DAILY AVERAGE
Concentration Average	5	5 MG/L DAILY AVERAGE
Concentration Maximum	10	30 MG/L SINGLE GRAB
Frequency of Analysis	WEEKLY	WEEKLY
Sample Type	GRAB	GRAB
Number of Exceedances	00	

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

	Sample Measurement	Permit Requirement
Quantity Average	0.5	6.7 LBS/DY DAILY AVERAGE
Concentration Average	0.6	2 MG/L DAILY AVERAGE
Concentration Maximum	2.2	15 MG/L SINGLE GRAB
Frequency of Analysis	WEEKLY	WEEKLY
Sample Type	GRAB	GRAB
Number of Exceedances	00	

**Parameter:** PHOSPHORUS, TOTAL (AS P): EFFLUENT GROSS VALUE - 00665

	Sample Measurement	Permit Requirement
Quantity Average	0.2	3.3 LBS/DY DAILY AVERAGE
Concentration Average	0.3	1 MG/L DAILY AVERAGE
Concentration Maximum	0.5	6 MG/L SINGLE GRAB
Frequency of Analysis	WEEKLY	WEEKLY
Sample Type	GRAB	GRAB

Number of Exceedances 00

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

**Comment:** Flow readings recorded daily.

	<b>Sample Measurement</b>	<b>Permit Requirement</b>	
Quantity Average	0.12	0.40 MGD	DAILY AVERAGE
Quantity Maximum	0.23	REPORT MGD	DAILY MAXIMUM
Frequency of Analysis	DAILY	5 TMS/WEEK	
Sample Type	INSTAN	INSTAN	
Number of Exceedances	00		

**Parameter:** CHLORINE, TOTAL RESIDUAL: EFFLUENT GROSS VALUE - 50060

**Comment:** Actual frequency of analysis: 21 times/month.

	<b>Sample Measurement</b>	<b>Permit Requirement</b>	
Concentration Minimum	1.0	1.0 MG/L	
Concentration Maximum	3.9	4.0 MG/L	
Frequency of Analysis	21 PER MONTH	5 TMS/WEEK	
Sample Type	GRAB	GRAB	
Number of Exceedances	00		

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

	<b>Sample Measurement</b>	<b>Permit Requirement</b>	
Quantity Average	< 1.7	17 LBS/DY	DAILY AVERAGE
Concentration Average	< 2	5 MG/L	DAILY AVERAGE
Concentration Maximum	< 2	30 MG/L	SINGLE GRAB
Frequency of Analysis	WEEKLY	WEEKLY	
Sample Type	GRAB	GRAB	
Number of Exceedances	00		

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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 8 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: 38803

Submission Data Hash Code: 05A1504982F245755351C080319EE3C52408CC48DA1AD4F4DB7DB57C720BA5B4