

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NAME **SOUTH AUSTIN REGIONAL**
ADDRESS **625 E 10TH STREET**
AUSTIN, TX 78701
FACILITY **CITY OF AUSTIN (SOUTH)**
LOCATION **DEL VALLE, TX 78617**
ATTN: **GREG MESZAROS, DIRECTOR**

(2-16) (17-19)

TX0071889	001 A																		
PERMIT NUMBER	DISCHARGE NUMBER																		
MONITORING PERIOD																			
FROM	TO																		
<table border="1" style="font-size: small;"> <tr><td>YEAR</td><td>MO</td><td>DAY</td></tr> <tr><td>09</td><td>05</td><td>01</td></tr> <tr><td>(20-31)</td><td>(22-33)</td><td>(24-35)</td></tr> </table>	YEAR	MO	DAY	09	05	01	(20-31)	(22-33)	(24-35)	<table border="1" style="font-size: small;"> <tr><td>YEAR</td><td>MO</td><td>DAY</td></tr> <tr><td>09</td><td>05</td><td>31</td></tr> <tr><td>(26-27)</td><td>(28-29)</td><td>(30-31)</td></tr> </table>	YEAR	MO	DAY	09	05	31	(26-27)	(28-29)	(30-31)
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MAJOR

F - FINAL DOMESTIC FACILITY - 001

NO DISCHARGE

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
OXYGEN, DISSOLVED (DO) 00300 EFFLUENT GROSS VALUE 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	*****	(19)	0	DAILY	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MO MIN	*****	*****	MG/L		DAILY	GRAB
PH 00400 EFFLUENT GROSS VALUE 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.0	(12)	0	DAILY	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 EFFLUENT GROSS VALUE 1 0 0	SAMPLE MEASUREMENT	721	*****	(26)	*****	2	4	(19)	0	DAILY	COMP OS
	PERMIT REQUIREMENT	9383 DAILY AVG	*****	LBS/DY	*****	15 DAILY AVG	40 DAILY MAX	MG/L		DAILY	COMP OS
NITROGEN, AMMONIA TOTAL (AS N) 00610 EFFLUENT GROSS VALUE 1 0 0	SAMPLE MEASUREMENT	34	*****	(26)	*****	0.1	0.4	(19)	0	DAILY	COMP OS
	PERMIT REQUIREMENT	1251 DAILY AVG	*****	LBS/DY	*****	2 DAILY AVG	10 DAILY MAX	MG/L		DAILY	COMP 24
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 SEE COMMENTS BELOW P 0 0	SAMPLE MEASUREMENT	*****	40,972	(78)	*****	*****	*****	*****	0	CONTIN UOUS	TOTALZ
	PERMIT REQUIREMENT	*****	150,000 2HR PEAK	GPM	*****	*****	*****	*****		CONTIN UOUS	TOTALZ
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 ANNUAL AVERAGE Y 0 0	SAMPLE MEASUREMENT	33.2	*****	(03)	*****	*****	*****	*****	0	CONTIN UOUS	TOTALZ
	PERMIT REQUIREMENT	75 ANNL AVG	*****	MGD	*****	*****	*****	*****		CONTIN UOUS	TOTALZ
FLOW IN CONDUIT OR THRU TREATMENT PLANT 50050 EFFLUENT GROSS VALUE 1 0 0	SAMPLE MEASUREMENT	36.7	42.3	(03)	*****	*****	*****	*****	0	CONTIN UOUS	TOTALZ
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX	MGD	*****	*****	*****	*****		CONTIN UOUS	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.	TELEPHONE	DATE
Greg Meszaros, Director Austin Water Utility TYPED OR PRINTED			(512) 972-0101
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER
		YEAR	MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

INTERIM LIMITS IN EFFECT UNTIL COMPLETION OF 75 MGD FACILITY. P = 2-HOUR PEAK FLOW. 75 MGD FACILITY COMPLETED ON JUNE 22ND, THEREFORE, FINAL PHASE OF EXISTING PERMIT BECAME EFFECTIVE JUNE 22, 2006.

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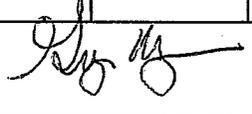
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
CHLORINE, RESIDUAL 50060 DISINFECT, PRCS CMPLT A 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.00	(19)	0	DAILY	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.099 INST MAX	MG/L		DAILY	GRAB
CHLORINE, RESIDUAL 50060 PRIOR TO DISINFECT B 0 0	SAMPLE MEASUREMENT	*****	*****	*****	1.0	*****	*****	(19)	0	DAILY	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	1.0 MO MIN	*****	*****	MG/L		DAILY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 EFFLUENT GROSS VALUE 1 0 0	SAMPLE MEASUREMENT	<611	*****	(26)	*****	<2	<2	(19)	0	DAILY	COMP OS
	PERMIT REQUIREMENT	6255 DAILY AVG	*****	LBS/DY	*****	10 DAILY AVG	25 DAILY MAX	MG/L		DAILY	COMP OS
	SAMPLE MEASUREMENT										
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