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

NAME: CITY OF AUSTIN

ADDRESS: 625 E 10TH STREET
AUSTIN, TX 78701

FACILITY: CITY OF AUSTIN (WALNUT CREEK)

LOCATION: AUSTIN, TX 78724

ATTN: Greg Meszaros, Director

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(2-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
TX0046981	001 A

MONITORING PERIOD

	YEAR (26-27)	MO (28-29)	DAY (30-31)		YEAR (26-27)	MO (28-29)	DAY (30-31)
FROM	09	10	01	TO	09	10	31

MAJOR

F - FINAL

DOMESTIC FACILITY – OUTFALL 001

☐ NO DISCHARGE

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (40-45) AVERAGE	QUANTITY OR LOADING (3 Card Only) (46-51) MAXIMUM	QUANTITY OR LOADING (3 Card Only) (52-61) UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-43) MINIMUM	QUALITY OR CONCENTRATION (4 Card Only) (46-53) AVERAGE	QUALITY OR CONCENTRATION (4 Card Only) (54-61) MAXIMUM	QUALITY OR CONCENTRATION (4 Card Only) (62-69) UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	**********	**********	*******	6.4	**********	**********	(19)	0	DAILY	GRAB
	PERMIT REQUIREMENT	**********	**********	*******	6.0 MO MIN	**********	**********	MG/L		DAILY	GRAB
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	**********	**********	*******	6.8	**********	7.6	(12)	0	DAILY	GRAB
	PERMIT REQUIREMENT	**********	**********	*******	6.0 MINIMUM	**********	9.0 MAXIMUM	SU		DAILY	GRAB
SOLIDS TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<877	**********	(26)	**********	<2	4	(19)	0	DAILY	COMP OS
	PERMIT REQUIREMENT	9388 DAILY AV	**********	LBS/DY	**********	15 DAILY AV	40 DAILY MAX	MG/L		DAILY	COMP OS
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	59	**********	(26)	**********	0.1	0.6	(19)	0	DAILY	COMP OS
	PERMIT REQUIREMENT	1251 DAILY AV	**********	LBS/DY	**********	2 DAILY AV	10 DAILY MAX	MG/L		DAILY	COMP OS
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 P 0 0 SEE COMMENTS BELOW	SAMPLE MEASUREMENT	**********	67,533	(78)	**********	**********	**********	******	0	CONTIN UOUS	TOTAL Z
	PERMIT REQUIREMENT	**********	114,583 2 HR PEAK	GPM	**********	**********	**********	******		CONTIN UOUS	TOTAL Z
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	49.4	**********	(03)	**********	**********	**********	******	0	CONTIN UOUS	TOTAL Z
	PERMIT REQUIREMENT	75 ANNL AVG	**********	MGD	**********	**********	**********	******		CONTIN UOUS	TOTAL Z
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	62.7	88.4	(03)	**********	**********	**********	*******	0	CONTIN UOUS	TOTAL Z
	PERMIT REQUIREMENT	REPORT DAILY AV	REPORT DAILY MAX	MGD	**********	**********	**********	*******		CONTIN UOUS	TOTAL Z

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
Greg Meszaros, Director Austin Water Utility	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.	(512) 972-0101		09	11	06
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

P = 2-HOUR PEAK FLOW.

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

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AUSTIN ,TX 78701

FACILITY: CITY OF AUSTIN (WALNUT CREEK)

LOCATION: AUSTIN, TX 78724

ATTN: Greg Meszaros, Director

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

(1-16) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
TX0046981	001 A

MONITORING PERIOD

	YEAR	MO	DAY	YEAR	MO	DAY
FROM	09	10	01	09	10	31
	(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

MAJOR

F - FINAL

DOMESTIC FACILITY – OUTFALL 001

☐ NO DISCHARGE

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PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUALITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX (62-65)	FREQUENCY OF ANALYSIS (66-68)	SAMPLE TYPE (69-70)
CHLORINE, TOTAL RESIDUAL 50060 A 0 0 DISINFECT, PRCS CMPLT	SAMPLE MEASUREMENT	**********	**********	*******	**********	**********	0.00	(19)	0	DAILY	GRAB
	PERMIT REQUIREMENT	**********	**********	*******	**********	**********	0.099 INST MAX	MG/L		DAILY	GRAB
CHLORINE, TOTAL RESIDUAL 50060 B 0 0 PRIOR TO DISINFECT	SAMPLE MEASUREMENT	**********	**********	*******	1.0	**********	**********	(19)	0	DAILY	GRAB
	PERMIT REQUIREMENT	**********	**********	*******	1.0 MO MIN	**********	**********	MG/L		DAILY	GRAB
BOD, CARBONACEOUS 05 DAY, 20C 80082 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	<1050	**********	(26)	**********	<2	<2	(19)	0	DAILY	COMP OS
	PERMIT REQUIREMENT	6259 DAILY AV	**********	LBS/ DY	**********	10 DAILY AV	25 DAILY MX	MG/L		DAILY	COMP OS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
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TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

P = 2-HOUR PEAK FLOW.