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, TEXAS 78724
ATTN: Greg Meszaros, Director

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

MAJOR

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	10	01	01	TO	10	12	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

F - FINAL
YEARLY REPORTING

☐ NO DISCHARGE

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
SOLIDS TOTAL SUSPENDED 00530 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	**********	**********	*******	********	<1.7	**********	(19)	0	ONCE/ MONTH	COMP 24
	PERMIT REQUIREMENT	**********	**********	*******	*******	5 ANNL AVG	**********	MG/L		ONCE/ MONTH	COMP 24
NITROGEN, AMMONIA TOTAL (AS N) 00610 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	0.4	**********	(19)	0	ONCE/ MONTH	COMP 24
	PERMIT REQUIREMENT	**********	**********	*******	**********	2 ANNL AVG	**********	MG/L		ONCE/ MONTH	COMP 24
BOD, CARBONACEOUS 05 DAY, 20C 80082 Y 0 0 ANNUAL AVERAGE	SAMPLE MEASUREMENT	**********	**********	*******	**********	<2.1	**********	(19)	0	ONCE/ MONTH	COMP 24
	PERMIT REQUIREMENT	**********	**********	*******	**********	5 ANNL AVG	**********	MG/L		ONCE/ MONTH	COMP 24
	SAMPLE MEASUREMENT	**********	**********	*******	**********	**********	**********	*******			
	PERMIT REQUIREMENT	**********	**********	*******	**********	**********	**********	*******			
	SAMPLE MEASUREMENT	**********	**********	*******	**********	**********	**********	*******			
	PERMIT REQUIREMENT	**********	**********	*******	**********	**********	**********	*******			
	SAMPLE MEASUREMENT	**********	**********	*******	**********	**********	**********	*******			
	PERMIT REQUIREMENT	**********	**********	*******	**********	**********	**********	*******			
	SAMPLE MEASUREMENT	**********	**********	*******	**********	**********	**********	*******			
	PERMIT REQUIREMENT	**********	**********	*******	**********	**********	**********	*******			

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	11	01	11
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)*

THE ANNUAL AVERAGE IS THE SUM OF THE MONTHLY AVERAGES DIVIDED BY 12 BASED ON A CALENDAR YEAR.