

DMR Copy of Record

Permit

|                    |                                     |                    |                                              |                    |                                                     |
|--------------------|-------------------------------------|--------------------|----------------------------------------------|--------------------|-----------------------------------------------------|
| Permit #:          | TX0101532                           | Permittee:         | AUSTIN, CITY OF                              | Facility:          | HARRIS BRANCH WWTP                                  |
| Major:             | <input checked="" type="checkbox"/> | Permittee Address: | 0.25MI W OF INTX GILES RD & AUSTIN, TX 78701 | Facility Location: | 0.25MI W OF INTX GILES RD BOYCE LN AUSTIN, TX 78701 |
| Permitted Feature: | 001<br>External Outfall             | Discharge:         | 001-A<br>DOMESTIC FACILITY - 001             |                    |                                                     |

Report Dates & Status

|                    |                           |               |          |         |                  |
|--------------------|---------------------------|---------------|----------|---------|------------------|
| Monitoring Period: | From 07/01/10 to 07/31/10 | DMR Due Date: | 08/20/10 | Status: | NetDMR Validated |
|--------------------|---------------------------|---------------|----------|---------|------------------|

Considerations for Form Completion

INTERIM I PHASE EFFECTIVE UPON ISSUANCE AND LASTING UNTIL THE COMPLETION OF THE 0.80 MGD FACILITIES.

Principal Executive Officer

|             |          |        |          |            |              |
|-------------|----------|--------|----------|------------|--------------|
| First Name: | Greg     | Title: | Director | Telephone: | 512-972-0101 |
| Last Name:  | Meszaros |        |          |            |              |

No Data Indicator (NODI)

Form NODI: --

| Parameter |                                          | Monitoring Location | Season # | Param. NODI |             | Quantity or Loading |              |             |                  |             | Quality or Concentration |           |             |              |             |              | # of Ex.       | Frequency of Analysis | S                     |       |
|-----------|------------------------------------------|---------------------|----------|-------------|-------------|---------------------|--------------|-------------|------------------|-------------|--------------------------|-----------|-------------|--------------|-------------|--------------|----------------|-----------------------|-----------------------|-------|
| Code      | Name                                     |                     |          |             |             | Qualifier 1         | Value 1      | Qualifier 2 | Value 2          | Units       | Qualifier 1              | Value 1   | Qualifier 2 | Value 2      | Qualifier 3 | Value 3      |                |                       |                       | Units |
| 00300     | Oxygen, dissolved (DO)                   | 1 - Effluent Gross  | 0        | --          | Sample      |                     |              |             |                  |             | =                        | 7.5       |             |              |             |              | 19 - mg/L      | 0                     | 01/07 - Weekly        | C     |
|           |                                          |                     |          |             | Permit Req. |                     |              |             |                  |             | >=                       | 5 MO MIN  |             |              |             |              | 19 - mg/L      |                       | 01/07 - Weekly        | C     |
|           |                                          |                     |          |             | Value NODI  |                     |              |             |                  |             |                          |           |             |              |             |              |                |                       |                       | C     |
| 00400     | pH                                       | 1 - Effluent Gross  | 0        | --          | Sample      |                     |              |             |                  |             | =                        | 6.1       |             |              | =           | 7.4          | 12 - SU        | 0                     | 27/30 - 27 Per Month  | C     |
|           |                                          |                     |          |             | Permit Req. |                     |              |             |                  |             | >=                       | 6 MINIMUM |             |              | <=          | 9 MAXIMUM    | 12 - SU        |                       | 01/30 - Monthly       | C     |
|           |                                          |                     |          |             | Value NODI  |                     |              |             |                  |             |                          |           |             |              |             |              |                |                       |                       | C     |
| 00530     | Solids, total suspended                  | 1 - Effluent Gross  | 0        | --          | Sample      | =                   | 2            |             |                  | 26 - lb/d   |                          |           | =           | 1            | =           | 2            | 19 - mg/L      | 0                     | 01/07 - Weekly        | C     |
|           |                                          |                     |          |             | Permit Req. | <=                  | 17 DAILY AV  |             |                  | 26 - lb/d   |                          |           | <=          | 5 DAILY AV   | <=          | 30 SINGGRAB  | 19 - mg/L      |                       | 01/07 - Weekly        | C     |
|           |                                          |                     |          |             | Value NODI  |                     |              |             |                  |             |                          |           |             |              |             |              |                |                       |                       | C     |
| 00610     | Nitrogen, ammonia total (as N)           | 1 - Effluent Gross  | 0        | --          | Sample      | =                   | 0.1          |             |                  | 26 - lb/d   |                          |           | <           | 1            | <           | 1            | 19 - mg/L      | 0                     | 01/07 - Weekly        | C     |
|           |                                          |                     |          |             | Permit Req. | <=                  | 6.7 DAILY AV |             |                  | 26 - lb/d   |                          |           | <=          | 2 DAILY AV   | <=          | 15 SINGGRAB  | 19 - mg/L      |                       | 01/07 - Weekly        | C     |
|           |                                          |                     |          |             | Value NODI  |                     |              |             |                  |             |                          |           |             |              |             |              |                |                       |                       | C     |
| 00665     | Phosphorus, total (as P)                 | 1 - Effluent Gross  | 0        | --          | Sample      | =                   | 1.4          |             |                  | 26 - lb/d   |                          |           | =           | 1            | =           | 1            | 19 - mg/L      | 0                     | 01/07 - Weekly        | C     |
|           |                                          |                     |          |             | Permit Req. | <=                  | 3.3 DAILY AV |             |                  | 26 - lb/d   |                          |           | <=          | 1 DAILY AV   | <=          | 6 SINGGRAB   | 19 - mg/L      |                       | 01/07 - Weekly        | C     |
|           |                                          |                     |          |             | Value NODI  |                     |              |             |                  |             |                          |           |             |              |             |              |                |                       |                       | C     |
| 50050     | Flow, in conduit or thru treatment plant | 1 - Effluent Gross  | 0        | --          | Sample      | =                   | 0.25         | =           | 0.35             | 03 - Mgal/d |                          |           |             |              |             |              |                | 0                     | 01/01 - Daily         | I     |
|           |                                          |                     |          |             | Permit Req. | <=                  | .4 DAILY AV  |             | Req Mon DAILY MX | 03 - Mgal/d |                          |           |             |              |             |              |                |                       | 05/WK - Five Per Week | I     |
|           |                                          |                     |          |             | Value NODI  |                     |              |             |                  |             |                          |           |             |              |             |              |                |                       |                       | I     |
| 50060     | Chlorine, total residual                 | 1 - Effluent Gross  | 0        | --          | Sample      |                     |              |             |                  |             | =                        | 1         |             |              | =           | 2.9          | 19 - mg/L      | 0                     | 29/30 - 29 Per Month  | C     |
|           |                                          |                     |          |             | Permit Req. |                     |              |             |                  |             | >=                       | 1 MO MIN  |             |              | <=          | 4 MO MAX     | 19 - mg/L      |                       | 05/WK - Five Per Week | C     |
|           |                                          |                     |          |             | Value NODI  |                     |              |             |                  |             |                          |           |             |              |             |              |                |                       |                       | C     |
| X 51040   | E. coli                                  | 1 - Effluent Gross  | 0        | --          | Sample      |                     |              |             |                  |             |                          |           | <           | 2            | =           | 20           | 30 - MPN/100mL | 0                     | 01/07 - Weekly        | C     |
|           |                                          |                     |          |             | Permit Req. |                     |              |             |                  |             |                          |           | <=          | 120 DAILY AV | <=          | 374 SINGGRAB | 3Z - CFU/100mL |                       | 01/30 - Monthly       | C     |
|           |                                          |                     |          |             | Value NODI  |                     |              |             |                  |             |                          |           |             |              |             |              |                |                       |                       | C     |
| 80082     | BOD, carbonaceous, 05 day, 20 C          | 1 - Effluent Gross  | 0        | --          | Sample      | <                   | 4            |             |                  | 26 - lb/d   |                          |           | <           | 2            | <           | 2            | 19 - mg/L      | 0                     | 01/07 - Weekly        | C     |
|           |                                          |                     |          |             | Permit Req. | <=                  | 17 DAILY AV  |             |                  | 26 - lb/d   |                          |           | <=          | 5 DAILY AV   | <=          | 30 SINGGRAB  | 19 - mg/L      |                       | 01/07 - Weekly        | C     |
|           |                                          |                     |          |             | Value NODI  |                     |              |             |                  |             |                          |           |             |              |             |              |                |                       |                       | C     |

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and S Type.

Edit Check Errors

| Parameter |      | Monitoring Location | Field | Type | Description | Acknow |
|-----------|------|---------------------|-------|------|-------------|--------|
| Code      | Name |                     |       |      |             |        |
|           |      |                     |       |      |             |        |

|       |         |                    |       |      |                                                                                                                                                                     |                                                                                     |
|-------|---------|--------------------|-------|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| 51040 | E. coli | 1 - Effluent Gross | Units | Soft | The selected units do not match the units specified by the permit for this parameter. The provided sample value(s) may be outside the permit limit. (Error Code: 3) |  |
|-------|---------|--------------------|-------|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|

**Comments**

E.coli Results in MPN/100mLs and NOT CFU/100mLs.

**Attachments**

No attachments.

**Report Last Saved By**

**AUSTIN, CITY OF**

User: jane.burazer@ci.austin.tx.us

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Date/Time: 2010-08-12 16:15 (Time Zone: -05:00)