

### Permit

Permittee: AUSTIN, CITY OF

**Permittee Address:** 1700' SW INTX USHWY 183/FM 620  
AUSTIN, TX 78750

**Facility Location:** 10502 MELLOW MEADOW PKWY  
AUSTIN, TX 78750

|                   |                                         |
|-------------------|-----------------------------------------|
| <b>Discharge:</b> | <b>001-A</b><br>DOMESTIC FACILITY - 001 |
|-------------------|-----------------------------------------|

**Monitoring Period:** From 08/01/14 to 08/31/14

**DMR Due Date:** 09/20/14

**Status:** NetDMR Validated

P = 2-HOUR PEAK.11459-001

Principal Executive Officer

**First Name:** Greg

**Title:** Director

**Telephone:** 512-972-0101

**Last Name:** Meszaros

**No Data Indicator (NODI)**

Form NODI: --

[illegible]

| Parameter |                                          | Monitoring Location                | Season # | Param. NODI |             | Quantity or Loading |              |             |                  |           | Quality or Concentration |          |             |         |             |             | # of Ex.  | Frequency of Analysis | Sample Type    |             |
|-----------|------------------------------------------|------------------------------------|----------|-------------|-------------|---------------------|--------------|-------------|------------------|-----------|--------------------------|----------|-------------|---------|-------------|-------------|-----------|-----------------------|----------------|-------------|
| Code      | Name                                     |                                    |          |             |             | Qualifier 1         | Value 1      | Qualifier 2 | Value 2          | Units     | Qualifier 1              | Value 1  | Qualifier 2 | Value 2 | Qualifier 3 | Value 3     |           |                       |                | Units       |
|           | Flow, in conduit or thru treatment plant | 1 - Effluent Gross                 |          |             |             |                     |              |             |                  | 03 - MGD  |                          |          |             |         |             |             |           | 99/99 - Continuous    | TM - TOTALZ    |             |
|           |                                          |                                    |          |             | Permit Req. | <=                  | .99 DAILY AV |             | Req Mon DAILY MX | 03 - MGD  |                          |          |             |         |             |             |           | 99/99 - Continuous    | TM - TOTALZ    |             |
|           |                                          |                                    |          |             | Value NODI  |                     |              |             |                  |           |                          |          |             |         |             |             |           |                       |                |             |
| 50060     | Chlorine, total residual                 | A - Disinfection, Process Complete | 0        | --          | Sample      |                     |              |             |                  |           |                          |          |             |         | =           | 0.09        | 19 - mg/L | 0                     | 01/01 - Daily  | GR - GRAB   |
|           |                                          |                                    |          |             | Permit Req. |                     |              |             |                  |           |                          |          |             |         | <=          | .1 INST MAX | 19 - mg/L |                       | 01/01 - Daily  | GR - GRAB   |
|           |                                          |                                    |          |             | Value NODI  |                     |              |             |                  |           |                          |          |             |         |             |             |           |                       |                |             |
| 50060     | Chlorine, total residual                 | B - Prior to Disinfection          | 0        | --          | Sample      |                     |              |             |                  |           | =                        | 1        |             |         |             |             | 19 - mg/L | 0                     | 01/01 - Daily  | GR - GRAB   |
|           |                                          |                                    |          |             | Permit Req. |                     |              |             |                  |           | >=                       | 1 MO MIN |             |         |             |             | 19 - mg/L |                       | 01/01 - Daily  | GR - GRAB   |
|           |                                          |                                    |          |             | Value NODI  |                     |              |             |                  |           |                          |          |             |         |             |             |           |                       |                |             |
| 80082     | BOD, carbonaceous, 05 day, 20 C          | 1 - Effluent Gross                 | 0        | --          | Sample      | =                   | 5.6          |             |                  | 26 - lb/d |                          |          | =           | 3.3     | =           | 3.5         | 19 - mg/L | 0                     | 01/07 - Weekly | CP - COMPOS |
|           |                                          |                                    |          |             | Permit Req. | <=                  | 58 DAILY AV  |             | 26 - lb/d        |           |                          | <=       | 7 DAILY AV  | <=      | 17 DAILY MX | 19 - mg/L   |           | 01/07 - Weekly        | CP - COMPOS    |             |
|           |                                          |                                    |          |             | Value NODI  |                     |              |             |                  |           |                          |          |             |         |             |             |           |                       |                |             |

#### 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 Sample Type.

#### Edit Check Errors

No errors.

#### Comments

The cBOD sample from 8/27/14 was given a result of Laboratory Error (LE) due to sample being set up out of hold time.

#### Attachments

No attachments.

#### Report Last Saved By

AUSTIN,CITY OF

User: jane.burazer@austintexas.gov

Name: Jane Burazer

E-Mail: jane.burazer@austintexas.gov

Date/Time:

2014-09-16 13:22 (Time Zone: -05:00)