

DMR Copy of Record

Permit

Permit #: TX0097870

Major: ☐

Permittee: AUSTIN, CITY OF

Permittee Address: 1.4M N DESSAU RD&YAGER LANE
AUSTIN, TX 78746

Facility: DESSAU WWTF

Facility Location: 1.4M N DESSAU RD AND YAGER LANE
AUSTIN, TX 78746Permitted Feature: 001
External OutfallDischarge: 001-A
DOMESTIC FACILITY - 001

Report Dates & Status

Monitoring Period: From 02/01/14 to 02/28/14

DMR Due Date: 03/20/14

Status: NetDMR Validated

Considerations for Form Completion

WQ0012971-001

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	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			
00300	Oxygen, dissolved [DO]	1 - Effluent Gross	0	--	Sample						=	7.5					19 - mg/L	0	17/30 - 17 Per Month	GR - GRAB
					Permit Req.						>=	5 MO MIN					19 - mg/L		01/07 - Weekly	GR - GRAB
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	6.5			=	7.4	12 - SU	0	25/30 - 25 Per Month	GR - GRAB
					Permit Req.						>=	6 MINIMUM			<=	9 MAXIMUM	12 - SU		02/30 - Twice Per Month	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample	=	12.9			26 - lb/d			=	8	=	12.5	19 - mg/L	0	01/07 - Weekly	CP - COMPOS
					Permit Req.	<=	63 DAILY AV			26 - lb/d			<=	15 DAILY AV	<=	40 DAILY MX	19 - mg/L		01/07 - Weekly	CP - COMPOS
					Value NODI															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	0	--	Sample	<	0.2			26 - lb/d			<	0.1	=	0.1	19 - mg/L	0	01/07 - Weekly	CP - COMPOS
					Permit Req.	<=	13 DAILY AV			26 - lb/d			<=	3 DAILY AV	<=	10 DAILY MX	19 - mg/L		01/07 - Weekly	CP - COMPOS
					Value NODI															
50050	Flow, in conduit or thru	1 - Effluent Gross	0	--	Sample	=	0.16	=	0.23	03 - MGD							0	99/99 - Continuous	TM - TOTALZ	

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
	treatment plant				Permit Req.	<=	.5 DAILY AV		Req Mon DAILY MX	03 - MGD								99/99 - Continuous	TM - TOTALZ	
					Value NODI															
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample					=	1			=	3.5	19 - mg/L	0	01/01 - Daily	GR - GRAB	
					Permit Req.					>=	1 MO MIN			<=	4 MO MAX	19 - mg/L	0	01/01 - Daily	GR - GRAB	
					Value NODI															
X 51040	E. coli	1 - Effluent Gross	0	--	Sample							<	1	=	2	30 - MPN/100mL	0	05/30 - 5 Times Every Month	GR - GRAB	
					Permit Req.							<=	120 DAILY AV	<=	374 DAILY MX	3Z - CFU/100mL	0	01/07 - Weekly	GR - GRAB	
					Value NODI															
80082	BOD, carbonaceous, 05 day, 20 C	1 - Effluent Gross	0	--	Sample	=	6			26 - lb/d			=	3.6	=	4.9	19 - mg/L	0	01/07 - Weekly	CP - COMPO
					Permit Req.	<=	42 DAILY AV			26 - lb/d			<=	10 DAILY AV	<=	25 DAILY MX	19 - mg/L	0	01/07 - Weekly	CP - COMPO
					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

Parameter		Monitoring Location	Field	Type	Description	Acknowledge
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:Units reported in MPN/100ml, not CFU/100ml

Attachments

No attachments.

Certification Statement

I certify under penalty of law that this submission was 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 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 criminal penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. By entering my password and security question answer and pressing the Submit button, I agree that:

1. I am Jane Burazer.
2. I have not violated any term in my Electronic Signature Agreement.
3. I am otherwise without any reason to believe that the confidentiality of my password has been compromised now or at any time prior to this submission.
4. I have the authority to submit these data on behalf of the listed facilities.

5. This action constitutes an electronic signature equivalent to my written signature.

6. I understand that this attestation of fact pertains to the implementation, oversight, and enforcement of a federal environmental program and must be true to the best of my knowledge.

Submission Information

Name:	Jane Burazer	Date/Time:	2014-03-14 10:16 (Time Zone: -05:00)
User:	jane.burazer@austintexas.gov	E-Mail:	jane.burazer@austintexas.gov
Submitter Telephone:	512-972-0133	Submitter Ip:	162.89.0.59
Confirmation Code:	065ed5a1-4e43-491e-b928-7f366b247207		
Submitter Hashed Password:	86d67148256edc042730e830cc275ac529c91f3201101a8ff21509d5996a263c		
DMR Hash:	69db5b537313271b77d4a1a4cc703e8da10d5e5562a3fe8162b2dd987b260b65		
NetDMR Certificate Id:	4		
Certificate Alias:	netdmr uat sample certificate 2		