

DMR Copy of Record

Permit

Permit #: **TX0071889**
 Major: ☐

Permittee: AUSTIN, CITY OF (S AUSTIN REG)
 Permittee Address: 13009 FALWELL LANE
 DEL VALLE, TX 78767

Facility: SOUTH AUSTIN REGIONAL WWTF
 Facility Location: 13009 FALWELL LANE
 DEL VALLE, TX 78767

Permitted Feature: 001
 External Outfall

Discharge: **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

Principal Executive Officer

First Name: Greg
 Last Name: Meszaros

Title: Director, Austin Water Utility

Telephone: 512-972-0101

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading					Quality or Concentration							# of Ex.	Frequency of Analysis	Sample Type
						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						=	6.1					19 - mg/L	0	01/01 - Daily	GR - GRAB
					Permit Req.						>=	6 MO MIN					19 - mg/L		01/01 - Daily	GR - GRAB
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	6.8			=	7.2	12 - SU	0	01/01 - Daily	GR - GRAB
					Permit Req.						>=	6 MINIMUM			<=	9 MAXIMUM	12 - SU		01/01 - Daily	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample	=	1238			26 - lb/d			=	3.4	=	5.5	19 - mg/L	0	01/01 - Daily	CP - COMPOS
					Permit Req.	<=	9383 DAILY AV			26 - lb/d			<=	15 DAILY AV	<=	40 DAILY MX	19 - mg/L		01/01 - Daily	CP - COMPOS
					Value NODI															
00610	Nitrogen, ammonia total [as N]	1 - Effluent Gross	0	--	Sample	=	233			26 - lb/d			=	0.6	=	2.7	19 - mg/L	0	01/01 - Daily	CP - COMPOS
					Permit Req.	<=	1251 DAILY AV			26 - lb/d			<=	2 DAILY AV	<=	10 DAILY MX	19 - mg/L		01/01 - Daily	CP - COMPOS
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	43.8	=	49.1	03 - MGD								0	99/99 - Continuous	TM - TOTALZ
					Permit Req.		Req Mon DAILY AV		Req Mon DAILY MX	03 - MGD									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	
					Value NODI																
50050	Flow, in conduit or thru treatment plant	P - See Comments	0	--	Sample			=	47222	78 - gal/min								0	99/99 - Continuous	TM - TOTALZ	
					Permit Req.			<=	150000 2HR PEAK	78 - gal/min							99/99 - Continuous		TM - TOTALZ		
					Value NODI																
50050	Flow, in conduit or thru treatment plant	Y - Effluent Gross (Supplementary)	0	--	Sample	=	45.3			03 - MGD								0	99/99 - Continuous	TM - TOTALZ	
					Permit Req.	<=	75 ANNL AVG			03 - MGD									99/99 - Continuous	TM - TOTALZ	
					Value NODI																
50060	Chlorine, total residual	A - Disinfection, Process Complete	0	--	Sample										=	0	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																
X 51040	E. coli	1 - Effluent Gross	0	--	Sample								<	10	=	127	30 - MPN/100mL	0	05/WK - Five Per Week	GR - GRAB	
					Permit Req.										Req Mon DAILY AV		Req Mon DAILY MX		3Z - CFU/100mL	05/WK - Five Per Week	GR - GRAB
					Value NODI																
80082	BOD, carbonaceous, 05 day, 20 C	1 - Effluent Gross	0	--	Sample	<	1110			26 - lb/d			<	3.1	=	5.5	19 - mg/L	0	01/01 - Daily	CP - COMPOS	
					Permit Req.	<=	6255 DAILY AV			26 - lb/d			<=	10 DAILY AV	<=	25 DAILY MX	19 - mg/L		01/01 - Daily	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

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)	<input checked="" type="checkbox"/>

Comments

E. Coli: Units reported as MPN/100mL, not CFU/100mL. BOD, carbonaceous: Result was reported as Lab Error, LE for 02/07/14 due to a blank and standard not meeting QC limits.

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 10:37 (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:	4511f0bf-f1f5-4749-8c7b-6ba6b3b6cc44		
Submitter Hashed Password:	86d67148256edc042730e830cc275ac529c91f3201101a8ff21509d5996a263c		
DMR Hash:	efaef3f3bb089ce29994a9b8cb54afd7c7e513112917462000df380a166b5bc9		
NetDMR Certificate Id:	4		
Certificate Alias:	netdmr uat sample certificate 2		