

## DMR Copy of Record

## Permit

Permit #: TX0067466

Major: ☐

Permittee: AUSTIN, CITY OF

Permittee Address: 8250 CITATION AVE,2400F E. FMR  
AUSTIN, TX 787670000

Facility: THOROUGHbred FARMS WWTP

Facility Location: 8250 CITATION AVE,2400F E. FMR 973  
AUSTIN, TX 787670000Permitted Feature: 001  
External OutfallDischarge: 001-A  
DOMESTIC FACILITY - 001

## Report Dates &amp; Status

Monitoring Period: From 04/01/14 to 04/30/14

DMR Due Date: 05/20/14

Status: NetDMR Validated

## Considerations for Form Completion

## 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						=	6.6					19 - mg/L	0	21/30 - 21 Per Month	GR - GRAB
					Permit Req.						>=	2 MO MIN					19 - mg/L		01/07 - Weekly	GR - GRAB
					Value NODI															
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0	--	Sample	<	0.5			26 - lb/d			<	2.5	=	3.9	19 - mg/L	0	01/07 - Weekly	GR - GRAB
					Permit Req.	<=	11 DAILY AV			26 - lb/d			<=	20 DAILY AV	<=	65 SINGGRAB	19 - mg/L		01/07 - Weekly	GR - GRAB
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample						=	7.1			=	8.3	12 - SU	0	24/30 - 24 Per Month	GR - GRAB
					Permit Req.						>=	6 MINIMUM			<=	9 MAXIMUM	12 - SU		01/30 - Monthly	GR - GRAB
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample	=	0.2			26 - lb/d			=	1.3	=	1.8	19 - mg/L	0	01/07 - Weekly	GR - GRAB
					Permit Req.	<=	11 DAILY AV			26 - lb/d			<=	20 DAILY AV	<=	65 SINGGRAB	19 - mg/L		01/07 - Weekly	GR - GRAB
					Value NODI															
50050	Flow, in conduit or	1 - Effluent Gross	0	--	Sample	=	0.02	=	0.026	03 - MGD								0	01/01 - Daily	IN - INSTANT

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		
	thru treatment plant				Permit Req.	<=	.065 DAILY AV		Req Mon DAILY MX	03 - MGD								05/WK - Five Per Week	IN - INSTAN
					Value NODI														
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample					=	1				=	3.9	19 - mg/L	24/30 - 24 Per Month	GR - GRAB
					Permit Req.					>=	1 MO MIN				<=	4 MO MAX	19 - mg/L	05/WK - Five Per Week	GR - GRAB
					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****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:	2014-05-15 18:02 (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:	ee2beb67-2bdf-4230-aec4-3bd13ea5e0eb		
Submitter Hashed Password:	86d67148256edc042730e830cc275ac529c91f3201101a8ff21509d5996a263c		
DMR Hash:	e58e57805f30bfb80f3b3ff601864ec896dcb189cfb585d1545f78f903dbf551		
NetDMR Certificate Id:	4		
Certificate Alias:	netdmr uat sample certificate 2		