

DMR Copy of Record

Permit

Permit #: TX0124800

Major: ☐

Permittee: AUSTIN, CITY OF

Permittee Address: 4800' E INTX BLUE BLUFF RD & AUSTIN, TX 78767

Facility: WILD HORSE RANCH WWTP

Facility Location: 4800' E INTX BLUE BLUFF RD & LINDEL LN, TRAVIS COUNTY AUSTIN, TX 78767

Permitted Feature: 001
External OutfallDischarge: 001-A
DOMESTIC FACILITY - 001

Report Dates & Status

Monitoring Period: From 03/01/14 to 03/31/14

DMR Due Date: 04/20/14

Status: NetDMR Validated

Considerations for Form Completion

INTERIM PHASE EFFECTIVE UPON ISSUANCE AND LASTING UNTIL THE COMPLETION OF THE 0.99 MGD FACILITIES.

Principal Executive Officer

First Name: Greg

Title: Director

Telephone: 512-972-0101

Last Name: Meszaros

No Data Indicator (NODI)

Form NODI: --

Parameter Code	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						=	7.8					19 - mg/L	0	21/30 - 21 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						=	6.4			=	7.2	12 - SU	0	21/30 - 21 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	<	1			26 - lb/d			<	0.7	=	0.8	19 - mg/L	0	01/07 - Weekly	CP - COMPOS
					Permit Req.	<=	31 DAILY AV			26 - lb/d			<=	5 DAILY AV	<=	20 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			<=	2 DAILY AV	<=	10 DAILY MX	19 - mg/L		01/07 - Weekly	CP - COMPOS
					Value NODI															
00665			0	--	Sample	<	0.08						<	0.05	<	0.05	19 - mg/L	0		

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			
	Phosphorus, total [as P]	1 - Effluent Gross								26 - lb/d								01/07 - Weekly	CP - COMPOS
					Permit Req.	<=	6.3 DAILY AV			26 - lb/d			<=	1 DAILY AV	<=	4 DAILY MX	19 - mg/L	01/07 - Weekly	CP - COMPOS
					Value NODI														
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	=	0.18	=	0.24	03 - MGD								99/99 - Continuous	TM - TOTALZ
					Permit Req.	<=	.75 DAILY AV		Req Mon DAILY MX	03 - MGD								99/99 - Continuous	TM - TOTALZ
					Value NODI														
X 51040	E. coli	1 - Effluent Gross	0	--	Sample								<	1	=	3	30 - MPN/100mL	01/01 - Daily	GR - GRAB
					Permit Req.								<=	120 DAILY AV	<=	374 DAILY MX	3Z - CFU/100mL	01/01 - Daily	GR - GRAB
					Value NODI														
80082	BOD, carbonaceous, 05 day, 20 C	1 - Effluent Gross	0	--	Sample	<	3			26 - lb/d			<	2	<	2	19 - mg/L	01/07 - Weekly	CP - COMPOS
					Permit Req.	<=	31 DAILY AV			26 - lb/d			<=	5 DAILY AV	<=	20 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

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 in MPN/100mL, not CFU/100mL CBOD sample collected March 11: LE DUE TO INCUBATION ROOM TEMPERATURE BELOW THE ACCEPTABLE RANGE

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:	2014-04-14 13:42 (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:	5a1f7fbe-88fe-406e-a9a5-65f48493147c		
Submitter Hashed Password:	86d67148256edc042730e830cc275ac529c91f3201101a8ff21509d5996a263c		
DMR Hash:	811bd57ef980ab15112f7916f43c979a8e3d63336703c5fac912ff6625fdd8d0		
NetDMR Certificate Id:	4		
Certificate Alias:	netdmr uat sample certificate 2		