

DMR Copy of Record

Permit

Permit #: TX0097870
Major: ☐

Permittee: AUSTIN, CITY OF
Permittee Address: PO BOX 1088
AUSTIN, TX 78767

Facility: DESSAU WWTF
Facility Location: 1.4M N DESSAU RD AND YAGER LANE
AUSTIN, TX 78746

Permitted Feature: 001
External Outfall

Discharge: 001-A
DOMESTIC FACILITY - 001

Report Dates & Status

Monitoring Period: From 03/01/15 to 03/31/15

DMR Due Date: 04/20/15

Status: NetDMR Validated & Complete

Considerations for Form Completion

WQ0012971-001

Principal Executive Officer

First Name: Greg
Last Name: Meszaros

Title: Director

Telephone: 512-972-0101

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						=	8.5					19 - mg/L	0	11/30 - 11 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						=	7			=	7.8	12 - SU	0	01/01 - Daily	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	=	18.4			26 - lb/d			=	8.4	=	11.2	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	<	0.3			26 - lb/d			<	0.1	=	0.2	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 treatment plant	1 - Effluent Gross	0	--	Sample	=	0.28	=	0.55	03 - MGD								0	99/99 - Continuous	TM - TOTALZ
					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						=	1.1			=	3	19 - mg/L	0	01/01 - Daily	GR - GRAB
					Permit Req.						>=	1 MO MIN			<=	4 MO MAX	19 - mg/L		01/01 - Daily	GR - GRAB
					Value NODI															
X 51040	E. coli	1 - Effluent Gross	0	--	Sample								<	3	=	7	30 - MPN/100mL	0	01/07 - Weekly	GR - GRAB
					Permit Req.								<=	120 DAILY AV	<=	374 DAILY MX	32 - CFU/100mL		01/07 - Weekly	GR - GRAB

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															
80082	BOD, carbonaceous, 05 day, 20 C	1 - Effluent Gross	0	--	Sample	<	6.1			26 - lb/d			<	2.7	=	3.8	19 - mg/L	0	01/07 - Weekly	CP - COMPOS
					Permit Req.	<=	42 DAILY AV			26 - lb/d			<=	10 DAILY AV	<=	25 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)	☒

Comments

E. coli: Units in MPN/100mL, not CFU/100mL. The cBOD sample from 3/3/15 was given a result of Laboratory Error (LE) due to the incubation temperature leaving the acceptable range. The cBOD sample from 3/31/15 was given a result of Laboratory Error (LE) due to the standard recovery falling outside of the acceptable range.

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: 2015-04-13 11:15 (Time Zone: -05:00)