

P.O. Box 13087 • Austin, TX 78711-3087 MONTHLY EFFLUENT REPORT

WQ0010543-012
PERMIT NUMBER

	01
W.	SET

15	12
YEAR	MO

19743
EID

This report to be used for

OTFL 800 RECLAIMED WATER TYPE I

Please retain a photocopy for your records.

Parameter Code/	Effluent Condition		No.	Frequency of	Sample Type		
Parameter		Value Units		Ex	Analysis	bumple Type	
000085342 TRANSFER	Permitted						
DAYS/MON	Reported	31	DAY	0	NA	NA	
800821024 CBOD5	Permitted	5.000	mg/L		2/week	GRAB PKLOAD	
DLY. AVG.	Reported	<2.0	mg/L	0	2/week	GRAB PKLOAD	
820796624 Turbidity	Permitted	3.000	NTU		2/week	GRAB PKLOAD	
30DAYAVG	Reported	1.11	NTU	0	2/week	GRAB PKLOAD	
316403730 E. coli	Permitted	75.000	MPN/100 mL	933	2/week	GRAB PKLOAD	
IND. GRAB	Reported	10	MPN/100 mL	0	2/week	GRAB PKLOAD	
316403724 E. coli	Permitted	20.000	MPN/100 mL		2/week	GRAB PKLOAD	
DLY AVG	Reported	<1	MPN/100 mL	0	2/week	GRAB PKLOAD	
500507124 FLOW	Permitted		MGD		CONT	CONT	
DLY. AVG.	Reported	2.07	MGD	0	CONT	CONT	
NUMBER OF OPERATOR	Permitted		NUMBER		01	NA	
CERTIFICATE	Reported	WW0011708	NUMBER	0	01	NA	
EXPIRATION OF OPERATOR	Permitted		DATE	THE R	01	NA	
CERTIFICATE	Reported	5/12/2018	DATE	O	01	NA	
CLASS OF OPERATOR	Permitted		LETTER		01	NA	
CERTIFICATE	Reported	В	LETTER	0	01	NA	

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE, COMPLETE AND ACCURATE. PLANT OPERATOR NAME MONTH DAY YEAR PLANT OPERATOR SIGNATURE Randall Swenson 8 16 EXECUTIVE OFFICER NAME EXECUTIVE OFFICER SIGNATURE MONTH DAY YEAR Greg Meszaros, Director 8 16 Telephone Number 512 972-0101 Number Area code



Texas Commission on Environmental Quality

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YEAR	MO

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EID

This report to be used for

OTFL 900 RECLAIMED WATER TYPE II

Please retain a photocopy for your records.

Parameter Code/	Effluent Condition			No.	Frequency of	Sample Type	
Parameter	THE SHAP	Value	Units	Ex	Analysis	Sample Type	
000085342 IRANSFER	Permitted		DAY		NA	NA	
DAYS/MON	Reported						
800821024 CBOD5	Permitted	NA	mg/L		2/week	GRAB PKLOAD	
DLY. AVG.	Reported						
316403730 E. coli	Permitted	NA	MPN/100 mL		2/week	GRAB PKLOAD	
IND. GRAB	Reported						
316403724 E. coli	Permitted	NA	MPN/100 mL	5,18	2/week	DLY AVG	
DLY. AVG.	Reported						
500507124 FLOW	Permitted	NA	MGD		NA	NA	
DLY. AVG.	Reported						
NUMBER OF OPERATOR	Permitted		NUMBER				
CERTIFICATE	Reported	WW0011708	NUMBER	o	01	NA	
EXPIRATION OF OPERATOR	Permitted		DATE	No.	01	NA	
CERTIFICATE	Reported	5/12/2018	DATE	0	01	NA	
CLASS OF OPERATOR	Permitted		LETTER		01	NA	
CERTIFICATE	Reported	В	LETTER	0	01	NA	
	APPROX S	MENTS SE					
			BILLIAN BE				

COMMENTS AND EXPLANATIONS (Reference all attachments here.)

Reclaim water is Type I Only.

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE, COMPLETE AND ACCURATE.

PLANT OPERATOR NAME	PLANT OPERATOR SIGNATURE	MONTH	DAY	YEAR	WE!
Randall Swenson	Locall John	1	8		16
EXECUTIVE OFFICER NAME	EXECUTIVE OFFICER SIGNATURE	MONTH	DAY	YEAR	
Greg Meszaros, Director	24	1	8		16
	Telephone Number	512	972-	0101	
	00	Area code		Number	

Texas Commission on Environmental Quality



P.O. Box 13087 • Austin, TX 78711-3087 MONTHLY EFFLUENT REPORT

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YEAR	MO

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This report to be used for

COMBINED OTFL 001 AND RECLAIMED WATER

Please retain a photocopy for your records.

Parameter Code/	Effluent Condition		No. Freq		uency of	Sample Type			
Parameter		Value	Units	Ex		lysis	2	ampie Type	
500507124 FLOW	Permitted		MGD		1	JA .		NA	
DLY. AVG.	Reported	47.8	MGD	o	ľ	JA		NA	
NUMBER OF	Permitted		NUMBER			01		NA	
OPERATOR CERTIFICATE	Reported	WW0011708	NUMBER	0		01		NA	
EXPIRATION OF	Permitted	NEW THE REAL	DATE			01		NA	
OPERATOR CERTIFICATE	Reported	5/12/2018	DATE	0	Part Library	01	The second	NA	
CLASS OF	Permitted		LETTER		Til Sell	01		NA	
OPERATOR CERTIFICATE	Reported	В	LETTER	0		01	1,000	NA	
	Permitted						YAT :		
	Reported		15091-157	634				Aron Co CAN	
	Permitted	SECTION.			Page 1				
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	Reported			12. 114					N.
		BRETHEM			E Bull				
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COMMENTS AND EXPL	ANATIONS (Re	eference all attachm	ents here.)						
CERTIFY THAT I AM F						AND THAT	го тне	BEST OF MY	
PLANT OPERATOR		PLANT OPER				MONTH	DAY	YEAR	
Randall Swenson		Fodall Sweet				1	8		1
EXECUTIVE OFFIC		EXECUTIVE	OFFICER SIGN	IATUR	Œ	MONTH		YEAR	
Greg Meszaros,	Director	1		1000		1	8		_1
		Telephone N	umber	Share -	3-7-1-1		972-		
		Total Paris			TEN IN	Area code	And in case of the last of the	Number	

Texas Commission on Environmental Quality

Monthly Effluent Report Form

Completion Instructions

This Domestic Reuse Monthly Effluent Report is a self-reporting form that shows all the possible parameters that could be reported. Report those required by your permit. Extreme care should be taken to ensure that this report is used for only the

- 1. "Effluent Condition" column Enter permitted limit in the shaded space and test results in the unshaded space under VALUE for each parameter using the units specified for that parameter in your permit. If the UNITS specifies MGD (million gallons per day), then a measured flow of 100,000 gallons per day should be reported as
- 2. "NO EX" column In the unshaded spaces, enter the exact number of times during the month that the given permitted limit was exceeded. If an effluent value reported as daily average is found to exceed the permitted daily average, enter a "1" in the box regardless of the number of single readings above the permitted limit
- 3. "Frequency of Analysis" and "Sample Type" columns These columns reflect your permit requirements for the sampling of each parameter. This form includes many possible permit requirements. Use the frequency of analysis and sample type for each parameter as specified in your permit.
- 4. If no discharge is made during the reporting month enter a "o" under VALUE and enter the PARAMETER as "Discharge Days/Month." Leave the remainder of the form blank, except for reporting requirements under number 5 below.
- 5. Each form must contain two original signatures, the dates the forms were signed and the telephone number of the executive officer. Send the completed form to the Water Compliance Monitoring Team (MC 224), Enforcement Division, Texas Commission on Environmental Quality, PO Box 13087, Austin, Texas 78711-3087.

PLEASE RETAIN A PHOTOCOPY OF THE REPORT FOR YOUR RECORDS.

The following are definitions of terms and abbreviations used on the report:

DLY, AVG.	Daily Average will be the arithmetic average of all test or measurement results obtained
DILT. AVIT.	Daily Average will be the artifimetic average of all test of measurement results obtained

during the reporting period

DLY. MAX. Daily Maximum will be the largest of all the test or measurement results obtained

during the reporting period.

IND. GRAB

Individual Grab will be the largest test or measurement result obtained during the

reporting period from a grab sample.

DLY. MIN. Daily Minimum will be the smallest test or measurement result obtained during the

GRAB PKLOAD A sample collected in less than 15 minutes.

GRAB PKLOAD Grab sample collected at peak loading.

3 PRT COMP
3-part composite
6 PRT COMP
6-part composite
12 PRT COMP
12-part composite

Parameter A physical property whose values determine the characteristics or behavior of

something (i.e. temperature, BOD, pH)

If you have questions on how to fill out this form or about the self-reporting program, please contact us at 512/239-2545. Individuals are entitled to request and review their personal information that the agency gathers on its forms. They may also have any errors in their information corrected. To review such information, contact us at 512/239-3282.



P.O. Box 13087 • Austin, TX 78711-3087 MONTHLY EFFLUENT REPORT

WQ0010543-011	
PERMIT NUMBER	

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15	12
YEAR	MO

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This report to be used for

OTFL 800 RECLAIMED WATER TYPE I

Please retain a photocopy for your records.

Parameter Code/	Effluent Condition		No.	Frequency of	Sample Type		
Parameter		Value	Units	Ex	Analysis	Sumple 1, pc	
316403724 E. coli	Permitted	20.000	MPN/100 mL		2/week	GRAB PKLOAD	
DLY. AVG.	Reported	<1	MPN/100 mL	0	2/week	GRAB PKLOAD	
316403730 E. coli	Permitted	75.000	MPN/100 mL		2/week	GRAB PKLOAD	
IND. GRAB	Reported	<1	MPN/100 mL	0	2/week	GRAB PKLOAD	
500507124 FLOW	Permitted		MGD		CONT	CONT	
DLY. AVG.	Reported	0.27	MGD	o	CONT	CONT	
800821024	Permitted	5.000	mg/L		2/week	GRAB PKLOAD	
CBOD5 DLY. AVG.	Reported	<2.8	mg/L	0	2/week	GRAB PKLOAD	
820796624 FURBIDITY	Permitted	3.000	NTU		2/week	GRAB PKLOAD	
30DAYAVG	Reported	2.35	NTU	0	2/week	GRAB PKLOAD	
CLASS OF OPERATOR	Permitted	BESTONAL	NUMBER		01	NA	
CERTIFICATE	Reported	WW0018247	NUMBER	0	01	NA	
NUMBER OF OPERATOR	Permitted	Fax Starte	DATE		01	NA	
CERTIFICATE	Reported	11/12/2018	DATE	0	01	NA	
EXPIRATION OF OPERATOR	Permitted		LETTER		01	NA	
CERTIFICATE	Reported	A	LETTER	0	01	NA	
000085342	Permitted						
TRANSFER DAYS/MON	Reported	31	DAY	0	NA	NA	

COMMENTS AND EXPLANATIONS (Reference all attachments here.)

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE, COMPLETE AND ACCURATE.

PLANT OPERATOR NAME	PLANT OPERATOR SIGNATURE	MONTH	DAY	YEAR	
Mike Welch	Molla Milalil	1	8		16
EXECUTIVE OFFICER NAME	EXECUTIVE OFFICER SIGNATURE	MONTH	DAY	YEAR	YEAR.
Greg Meszaros, Director	747	1	8		16
Telephone Number			972-	0101	
ESTABLISHED TO THE PROPERTY OF		Area code		Number	



Texas Commission on Environmental Quality

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This report to be used for

OTFL 900 RECLAIMED WATER TYPE II

Please retain a photocopy for your records.

Parameter Code/	Effluent Condition			No.	Frequency of	Sample Type	
Parameter		Value	Units	Ex	Analysis	Sample Type	
000085342 TRANSFER	Permitted		DAY		NA	NA	
DAYS/MON	Reported						
316403724 E. coli	Permitted		MPN/100 mL		2/week	GRAB PKLOAD	
DLY. AVG.	Reported						
316403730 E. coli	Permitted		MPN/100 mL		2/week	GRAB PKLOAD	
IND. GRAB	Reported						
500507124 FLOW	Permitted		MGD	4, 18	2/week	DLY AVG	
DLY. AVG.	Reported			1(8.5)			
800821024 CBOD5	Permitted		mg/L		2/week	GRAB PKLOAD	
DLY. AVG.	Reported	They Propose	Land Francis	4480			
NUMBER OF OPERATOR	Permitted		NUMBER		01	NA	
CERTIFICATE	Reported	WW0018247	NUMBER	0	01	NA	
EXPIRATION OF OPERATOR	Permitted		DATE		01	NA	
CERTIFICATE	Reported	11/12/2018	DATE	o	01	NA	
CLASS OF OPERATOR	Permitted		LETTER		01	NA	
CERTIFICATE	Reported	A	LETTER	o	01	NA	
COLOR CENTRO AND END		C 13 1					

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I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE. COMPLETE AND ACCURATE.

PLANT OPERATOR NAME	PLANT OPERATOR SIGNATURE	MONTH	DAY	YEAR	
Mike Welch	my will	1	8		16
EXECUTIVE OFFICER NAME	EXECUTIVE OFFICER SIGNATURE	MONTH	DAY	YEAR	
Greg Meszaros, Director	202	1	8		16
	Telephone Number	512	972-	0101	
ZON ZOUDE LAROUS DE LOS	09	Area code		Number	

Texas Commission on Environmental Quality



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WQ0010543-011
PERMIT NUMBER

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15	12
YEAR	MO

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EID

This report to be used for

COMBINED OUTFALLS 001 AND RECLAIMED WATER

Please retain a photocopy for your records.

Parameter Code/	Effluent Condition			No. Freq		ency of	Comple Tops		
Parameter					llysis	3	Sample Type		
500507124 FLOW	Permitted	ALEXA WAY	MGD		CO	ONT		CONT	
DLY. AVG.	Reported	71.8	MGD	0	CC	ONT		CONT	
NUMBER OF	Permitted		NUMBER			01		NA	
OPERATOR CERTIFICATE	Reported	WW0018247	NUMBER	0		01		NA	
EXPIRATION OF OPERATOR	Permitted		DATE			01		NA	
CERTIFICATE	Reported	11/12/2018	DATE	0		01		NA	
CLASS OF OPERATOR	Permitted		LETTER			01		NA	
CERTIFICATE	Reported	A	LETTER	0		01		NA	
	Permitted			E/25	N. N. D.				
	Reported								
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COMMENTS AND EXPL	ANATIONS (D.	eference all attachm	ents here			البرينوال			
I CERTIFY THAT I AM I				D IN TiH	IS REPORT	AND THAT	го тне	BEST OF MY	
KNOWLEDGE AND BEI	LIEF SUCH INF		UE, COMPLETE A	AND AC	CURATE.	MONTH		YEAR	
Mike Wel		Plus A	ATOKOIGNA	UKE		MONIA 1	BAI 8	ILAK	10
EXECUTIVE OFFICER NAME EXECUTIVE OFFICER SIGNA			VATUE	Œ	MONTH	the second second	YEAR		
Greg Meszaros,		120				1	8	200	1
	Transpersion	Telephone N	umber				972-0		
					Area code		Number		

Texas Commission on Environmental Quality

Monthly Effluent Report Form Completion Instructions

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- 2. "NO EX" column In the unshaded spaces, enter the exact number of times during the month that the given permitted limit was exceeded. If an effluent value reported as daily average is found to exceed the permitted daily average, enter a "1" in the box regardless of the number of single readings above the permitted limit
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DLY. MAX.	Daily Maximum will be the largest of all the test or measurement results obtained during the reporting period.
IND. GRAB	
	Individual Grab will be the largest test or measurement result obtained during the reporting period from a grab sample.
DLY. MIN.	Daily Minimum will be the smallest test or measurement result obtained during the reporting period.
GRAB	A sample collected in less than 15 minutes.
GRAB PKLOAD	Grab sample collected at peak loading.
3 PRT COMP	3-part composite
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12 PRT COMP	12-part composite
Parameter	A physical property whose values determine the characteristics or behavior of something (i.e. temperature, BOD, pH)

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