P.O. BOX 13087 • CAPITOL STATION • AUSTIN, TEXAS 78711-3087 MONTHLY EFFLUENT REPORT

AUSTIN, CITY OF AUSTIN WATER UTILITY P.O. BOX 1088 AUSTIN, TEXAS 78767-8865 Page 1 of 3



40B SYS WQ0010543-012 PERMIT NUMBER

01 SET 1 5 0 2 YEAR MO.

19743 EID

THIS REPORT TO BE USED FOR OTFL 800 RECLAIMED WATER TYPE I

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS
PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS

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PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS								
PARAMETER	EFFLUENT CONDITION			NO.	11	FREQUENCY	SAMPLE	
		VALUE	UNITS	EX.	OF ANALYSIS		TYPE	
000085342	REPORTED							
TRANSFER		28	DAY	0	NA		NA	
DAYS/MON	PERMITTED				11	2/WEEK	03	GRABPKLOAD
316164024	REPORTED					PRINCIPLE AND PRINCIPLE		
FEC. COLI		NA	#/100 ML	0		NA	NA	NA
DLY AVG	PERMITTED	20.000			11	2/WEEK	03	GRABPKLOAD
316164030	REPORTED							
FEC. COLI		NA	#/100 ML	0		NA	NA	
IND GRAB	PERMITTED	75.000			11	2/WEEK	03	GRABPKLOAD
500507124	REPORTED							
FLOW		1.94	MGD	0		CONT		CONT
DLY AVG	PERMITTED				02	CONT	11	CONT
800821024	REPORTED	"Vilaing to respon						
BOD CARB		3.5	MG/L	0		2/WEEK		GRABPKLOAD
DLY AVG	PERMITTED	5.000			11	2/WEEK	03	GRABPKLOAD
820796624	REPORTED							
TURBIDITY		2.95	NTU	0		2/WEEK		GRABPKLOAD
30DAYAVG	PERMITTED	3.000			11	2/WEEK	03	GRABPKLOAD
NUMBER	REPORTED							
OF OPERATOR		WW0011708	NUMBER	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
EXPIRATION	REPORTED					Bulley Showas		
OF OPERATOR		15/05/12	DATE	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
CLASS	REPORTED							
OF OPERATOR		В	LETTER	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
	REPORTED		STEEDING AND ST					
	PERMITTED							
	REPORTED		Ker Burgerin					
TARKING CANA								
	PERMITTED							

COMMENTS AND EXPLANATIONS (Reference all attachments here)

Data represents reclaimed water flow from South Austin Regional WWTP TPDES Permit # 10543-012, EPA ID TX0071889. South Austin Regional WWTP transferred reclaimed water for 28 days. ECOLI grabs collected 2/week: DLY AVG = <3 MPN/100mL; IND GRAB Max = 29

MPN/100mL. E. coli Limits: DLY AVG: 20 MPN / 100mL, IND GRAB: 75 MPN / 100 mL. ECOLI required as per Permit, not FCOLI.

TCERTIFY 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 AND COMPLETE AND ACCURATE

Randall Swepson DATE **Randall Swenson** 0 3 0 6 1 | 5 PLANT OPERATOR YEAR MO. DAY TELEPHONE NUMBER PLANT OPERATOR **Greg Meszaros, Director** 1 | 5 | 0 |3 0 |6 0 | 1 | 0 | 1 5 1 2 **EXECUTIVE OFFICER** EXECUTIVE OFFICER YEAR MO. DAY NUMBER AREA CODE

P.O. BOX 13087 • CAPITOL STATION • AUSTIN, TEXAS 78711-3087 MONTHLY EFFLUENT REPORT

AUSTIN, CITY OF AUSTIN WATER UTILITY P.O. BOX 1088 **AUSTIN, TEXAS 78767-8865** Page 2 of 3



40B WQ0010543-012 **PERMIT NUMBER** SYS

1 5 0 2 01 SET YEAR MO.

19742 EID

THIS REPORT TO BE USED FOR **OTFL 900 RECLAIMED WATER TYPE II**

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PLEASE RETAIN A	A PHOTOCOL	PY FOR YOUR RECO	RDS				1999	OLG OOI I
PARAMETER				NO.				SAMPLE
PARAMETER		VALUE	UNITS	EX.		OF ANALYSIS	TYPE	
000085342 TRANSFER	REPORTED	0	DAY	0	01		01	
DAYS/MON	PERMITTED				01	NA	01	NA
316164024 FEC. COLI	REPORTED	0	#/100 ML	0		NA		NA
DLY AVG	PERMITTED	200.000			14	1/WEEK	03	GRABPKLOAD
316164030 FEC. COLI	REPORTED	0	#/100 ML	0	NA	NA	NA	NA
IND GRAB	PERMITTED	800.000			14	1/WEEK	03	GRABPKLOAD
500507124	REPORTED				BIT.			
FLOW		0	MGD	0		NA		NA
DLY AVG	PERMITTED				14	1/WEEK	12	INSTANT
800821024 BOD CARB	REPORTED	0	MG/L	0		NA		NA
DLY AVG	PERMITTED	15.000			14	1/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR	REPORTED	WW0011708	NUMBER	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
EXPIRATION OF OPERATOR	REPORTED	15/05/12	DATE	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
CLASS OF OPERATOR	REPORTED	В	LETTER	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
	REPORTED							
	PERMITTED							
	REPORTED	<u> Hall-aigeain</u>						
	PERMITTED							
	REPORTED							
	PERMITTED	Informace all attachments he					# W W W W W W W W W W W W W W W W W W W	

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	NAME	SIGNATURE	DATE
OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE	Randall Swenson	Kadell Jun	1 5 0 3 0 6
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
5 1 2 9 7 2 0 1 0 1	Greg Meszaros, Director	24	1 5 0 3 0 6
NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

P.O. BOX 13087 • CAPITOL STATION • AUSTIN, TEXAS 78711-3087 MONTHLY EFFLUENT REPORT

AUSTIN. CITY OF AUSTIN WATER UTILITY P.O. BOX 1088 **AUSTIN, TEXAS 78767-8865**

THIS REPORT TO BE USED FOR

Page 3 of 3



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WQ0010543-012 **PERMIT NUMBER**

1 5 0 2 01 SET YEAR MO.

COMBINED OTFL 001 AND RECLAIMED WATER

19744 EID

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS
PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS TCEQ COPY FREQUENCY SAMPLE **EFFLUENT CONDITION** NO. **PARAMETER** VALUE UNITS EX. OF ANALYSIS **TYPE** 500507124 REPORTED 47.8 MGD 0 01 01 **FLOW** 01 NA 01 NA PERMITTED DAILY AVG REPORTED NUMBER OF OPERATOR WW0011708 NUMBER 01 NA PERMITTED 01 01 NA NA CERTIFICATE **EXPIRATION** REPORTED NA 0 01 OF OPERATOR 15/05/12 DATE NA NA 01 CERTIFICATE PERMITTED 01 CLASS REPORTED LETTER 0 01 NA OF OPERATOR В 01 01 NA NA PERMITTED CERTIFICATE REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED

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	NAME	A SIGNATURE	DATE
OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE	Randall Swenson	Locall Jan	1 5 0 3 0 6
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
5 1 2 9 7 2 0 1 0 1	Greg Meszaros, Director	51.9	1 5 0 3 0 6
NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

P.O. BOX 13087 • CAPITOL STATION • AUSTIN, TEXAS 78711-3087 MONTHLY EFFLUENT REPORT

Page 1 of 3

AUSTIN, CITY OF AUSTIN WATER UTILITY P.O. BOX 1088 AUSTIN, TEXAS 78767-8865

THIS REPORT TO BE USED FOR

AUSTIN, TEXAS 78767

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40B SYS WQ0010543-011 PERMIT NUMBER 01 1 5 0 SET YEAR M

OTFL 800 RECLAIMED WATER TYPE I

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS
PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS TCEQ COPY SAMPLE **FREQUENCY EFFLUENT CONDITION** NO. PARAMETER EX. OF ANALYSIS **TYPE UNITS** VALUE 316164024 REPORTED NA #/100 ML 0 11 NA 03 NA FEC. COLI 03 GRABPKLOAD 20.000 11 2/WEEK PERMITTED **DLY AVG** 316164030 REPORTED #/100 ML 11 NA 03 NA NA 0 FEC. COLI 2/WEEK 03 GRABPKLOAD PERMITTED 75.000 11 IND GRAB 500507124 REPORTED 11 CONT **FLOW** 0.12 MGD 0 02 CONT 11 CONT 02 CONT **DLY AVG** PERMITTED 800821024 REPORTED 2/WEEK 03 GRABPKLOAD MG/L 0 11 <2.2 **BOD CARB** 03 GRABPKLOAD 11 2/WEEK 5.000 **DLY AVG** PERMITTED REPORTED 820796624 1.36 2/WEEK 03 GRABPKLOAD NTU 0 11 TURBIDITY 3,000 03 GRABPKLOAD PERMITTED 11 2/WEEK **30DAYAVG** REPORTED NUMBER WW0018247 NUMBER 0 01 NA OF OPERATOR 01 01 NA NA PERMITTED CERTIFICATE REPORTED **EXPIRATION** 15/11/12 DATE 0 01 NA OF OPERATOR NA NA 01 01 CERTIFICATE PERMITTED REPORTED CLASS NA LETTER 0 01 OF OPERATOR A 01 01 NA NA PERMITTED **CERTIFICATE** REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED

COMMENTS AND EXPLANATIONS (Reference all attachments here)

Data represents reclaimed water flow from Walnut Creek WWTP TPDES Permit # 10543-011 EPA ID TX0046981. Walnut Creek WWTP transferred reclaimed water for 28 days. ECOLI grabs collected 2X/week. DLY AVG = <1 MPN/100mL; IND GRAB Max = <1 MPN/100mL. E. coli Limits: DLY AVG: 20 / 100mL, IND GRAB: 75 / 100 mL. ECOLI required as per Permit, not FCOLI.

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION		SIGNATURE	DATE
CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE	Mike Welch	Mill Much	1 5 0 3 0 6
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
5 1 2 9 7 2 0 1 0 1	Greg Meszaros, Director	246	1 5 0 3 0 6
AREA CODE NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

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AUSTIN, CITY OF AUSTIN WATER UTILITY P.O. BOX 1088 AUSTIN, TEXAS 78767-8865 Page 2 of 3



40B WQ0010543-011

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01 SET 1 5 0 2 YEAR MO.

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THIS REPORT TO BE USED FOR OTFL 900 RECLAIMED WATER TYPE II

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS
PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS

PERMIT NUMBER

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PARAMETER				NO.				SAMPLE
PARAIVIETER		VALUE	UNITS	EX.		OF ANALYSIS		TYPE
000085342 FRANSFER	REPORTED	0	DAY	0	01		01	
DAYS MON	PERMITTED				01	NA	01	NA
316164024 FEC. COLI	REPORTED	0	#/100 ML	0	NA		NA	
DLY AVG	PERMITTED	200.000			14	1/WEEK	03	GRABPKLOAD
316164030 FEC. COLI	REPORTED	0	#/100 ML	0	NA	NA		NA
IND GRAB	PERMITTED	800.000			14	1/WEEK	03	GRABPKLOAD
500507124	REPORTED							
FLOW		0	MGD	0		NA		NA
DLY AVG	PERMITTED				14	1/WEEK	02	GRAB
800821024 BOD CARB	REPORTED	0	MG/L	0		NA		NA
DLY AVG	PERMITTED	15.000			14	1/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR	REPORTED	WW0018247	NUMBER	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
EXPIRATION OF OPERATOR	REPORTED	15/11/12	DATE	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
CLASS OF OPERATOR	REPORTED	A	LETTER	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
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COMMENTS AND EXPLANATIONS (Reference all attachments here)

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T CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST		NAME	SUSNATURE //	DATE
OF MY KNOWLE	DOGE AND BELIEF SUCH INFORMATION DIMPLETE AND ACCURATE	Mike Welch	MMINIMA	1 5 0 3
TEI	EPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO.
5 1 2	9 7 2 0 1 0 1	Greg Meszaros, Director	26	1 5 0 3
	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO.

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AUSTIN, CITY OF AUSTIN WATER UTILITY P.O. BOX 1088 **AUSTIN, TEXAS 78767-8865** Page 3 of

40B SYS

WQ0010543-011 **PERMIT NUMBER**

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0 1 5 2 YEAR MO.

15652 EID

THIS REPORT TO BE USED FOR

COMBINED OUTFALLS 001 AND RECLAIMED WATER

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS
PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS

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PARAMETER		EFFLUENT CONDITIO	N	NO.	7	FREQUENCY	SAMPLE	
PARAMETER		VALUE	UNITS	EX.	OF ANALYSIS		TYPE	
500507124							-	
FLOW	REPORTED	53.2	MGD	0	01		01	
DAILY AVG	PERMITTED				01	NA	01	NA
NUMBER	REPORTED				David.			Walter Walter
OF OPERATOR		WW0018247	NUMBER	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
EXPIRATION	REPORTED				-			
OF OPERATOR		15/11/12	DATE	0	01		NA	
CERTIFICATE	PERMITTIED				01	01	NA	NA
CLASS	REPORTED				04		110	
OF OPERATOR		Α	LETTER	0	01		NA	
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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	NAME	SIGNATURE ///	DATE
OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE	Mike Welch	MMI Nell	1 5 0 3 0 6
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
5 1 2 9 7 2 0 1 0 1	Greg Meszaros, Director	29	1 5 0 3 0 6
NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY