

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



40B	WQ0010543-012	01	1 5 0 7	19743
SYS	PERMIT NUMBER	SET	YEAR MO.	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 **TCEQ COPY**

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE		
	REPORTED	VALUE		UNITS				
000085342 TRANSFER DAYS/MON	REPORTED	31	DAY	0	NA	NA	NA	NA
	PERMITTED			11	2/WEEK	03	GRABPKLOAD	
316164024 FEC. COLI DLY AVG	REPORTED	NA	#/100 ML	0	NA	NA	NA	NA
	PERMITTED	20.000		11	2/WEEK	03	GRABPKLOAD	
316164030 FEC. COLI IND GRAB	REPORTED	NA	#/100 ML	0	NA	NA	NA	NA
	PERMITTED	75.000		11	2/WEEK	03	GRABPKLOAD	
500507124 FLOW DLY AVG	REPORTED	4.03	MGD	0	02	CONT	11	CONT
	PERMITTED			02	CONT	11	CONT	
800821024 BOD CARB DLY AVG	REPORTED	<2.0	MG/L	0	11	2/WEEK	03	GRABPKLOAD
	PERMITTED	5.000		11	2/WEEK	03	GRABPKLOAD	
820796624 TURBIDITY 30DAYAVG	REPORTED	1.76	NTU	0	11	2/WEEK	03	GRABPKLOAD
	PERMITTED	3.000		11	2/WEEK	03	GRABPKLOAD	
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0011708	NUMBER	0	01		NA	
	PERMITTED			01	01		NA	NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	18/05/12	DATE	0	01		NA	
	PERMITTED			01	01		NA	NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	B	LETTER	0	01		NA	
	PERMITTED			01	01		NA	NA
	REPORTED							
	PERMITTED							
	REPORTED							
	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 31 days. ECOLI grabs collected 2/week: DLY AVG = <2 MPN/100mL; IND GRAB Max = 17 MPN/100mL. E. coli Limits: DLY AVG: 20 MPN / 100mL, IND GRAB: 75 MPN / 100 mL. ECOLI required as per Permit, not FCOLI.

<small>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 AND COMPLETE AND ACCURATE</small>	NAME Randall Swenson	SIGNATURE 	DATE 1 5 0 8 1 0
TELEPHONE NUMBER 5 1 2 9 7 2 0 1 0 1	PLANT OPERATOR Greg Meszaros, Director	PLANT OPERATOR 	YEAR MO. DAY 1 5 0 8 1 0
AREA CODE NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER 	YEAR MO. DAY

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P.O. BOX 1088
AUSTIN, TEXAS 78767-8865



40B SYS	WQ0010543-012 PERMIT NUMBER	01 SET	1 5 0 7 YEAR MO.	19742 EID
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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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE		
	REPORTED	PERMITTED		VALUE	UNITS			
000085342 TRANSFER DAYS/MON	REPORTED	PERMITTED	NA	DAY	0	01	01	NA
316164024 FEC. COLI DLY AVG	REPORTED	PERMITTED	NA	#/100 ML	0	NA	NA	NA
316164030 FEC. COLI IND GRAB	REPORTED	PERMITTED	200.000		14	1/WEEK	03	GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED	PERMITTED	NA	MGD	0	NA	NA	NA
800821024 BOD CARB DLY AVG	REPORTED	PERMITTED	NA	MG/L	0	NA	NA	NA
NUMBER OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	WW0011708	NUMBER	0	01	01	NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	18/05/12	DATE	0	01	01	NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	B	LETTER	0	01	01	NA
	REPORTED	PERMITTED						
	REPORTED	PERMITTED						
	REPORTED	PERMITTED						
	REPORTED	PERMITTED						

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 AND COMPLETE AND ACCURATE	NAME	SIGNATURE	DATE
	Randall Swenson		1 5 0 8 1 0
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
5 1 2 9 7 2 0 1 0 1	Greg Meszaros, Director		1 5 0 8 1 0
NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

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40B SYS	WQ0010543-012 PERMIT NUMBER	01 SET	1 5 0 7 YEAR MO.	19744 EID
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THIS REPORT TO BE USED FOR **COMBINED OTFL 001 AND RECLAIMED WATER**
SEE BACK FOR INSTRUCTIONS AND DEFINITIONS
PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE	
	REPORTED	PERMITTED		VALUE	UNITS		
500507124 FLOW	REPORTED		0	01			01
DAILY AVG	PERMITTED				NA		01 NA
NUMBER OF OPERATOR CERTIFICATE	REPORTED		0	01			NA
EXPIRATION OF OPERATOR CERTIFICATE	PERMITTED				01		NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		0	01			NA
	PERMITTED				01		NA NA
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
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	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 OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE	NAME	SIGNATURE	DATE
	Randall Swenson		1 5 0 8 1 0
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
5 1 2 9 7 2 0 1 0 1	Greg Meszaros, Director		1 5 0 8 1 0
NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

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AUSTIN, TEXAS 78767-8865



40B SYS	WQ0010543-011 PERMIT NUMBER	01 SET	1 5 0 7 YEAR MO.	15651 EID
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THIS REPORT TO BE USED FOR OTFL 900 RECLAIMED WATER TYPE II
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PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE		
	REPORTED	PERMITTED		VALUE	UNITS			
000085342 TRANSFER DAYS MON	REPORTED	PERMITTED	0	01	01	01	01	NA
316164024 FEC. COLI DLY AVG	REPORTED	PERMITTED	0	NA	14	NA	03	NA GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED	PERMITTED	0	NA	14	NA	03	NA GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED	PERMITTED	0	NA	14	NA	02	NA GRAB
800821024 BOD CARB DLY AVG	REPORTED	PERMITTED	0	NA	14	NA	03	NA GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	0	01	01	01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	0	01	01	01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	0	01	01	01	01	NA NA
	REPORTED	PERMITTED						
	REPORTED	PERMITTED						
	REPORTED	PERMITTED						
	REPORTED	PERMITTED						

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 AND COMPLETE AND ACCURATE	NAME Mike Welch	SIGNATURE 	DATE 1 5 0 8 1 0
TELEPHONE NUMBER 5 1 2 9 7 2 0 1 0 1	PLANT OPERATOR Greg Meszaros, Director	PLANT OPERATOR 	YEAR MO. DAY 1 5 0 8 1 0
NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

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40B SYS	WQ0010543-011 PERMIT NUMBER	01 SET	1 5 0 7 YEAR MO.	15650 EID
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THIS REPORT TO BE USED FOR OTFL 800 RECLAIMED WATER TYPE I
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PARAMETER	EFFLUENT CONDITION			NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE	
	REPORTED	VALUE	UNITS					
316164024 FEC. COLI DLY AVG	REPORTED	NA	#/100 ML	0	11	NA	03	NA
	PERMITTED	20.000			11	2/WEEK	03	GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED	NA	#/100 ML	0	11	NA	03	NA
	PERMITTED	75.000			11	2/WEEK	03	GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED	0.57	MGD	0	02	CONT	11	CONT
	PERMITTED				02	CONT	11	CONT
800821024 BOD CARB DLY AVG	REPORTED	<2.6	MG/L	0	11	2/WEEK	03	GRABPKLOAD
	PERMITTED	5.000			11	2/WEEK	03	GRABPKLOAD
820796624 TURBIDITY 30DAYAVG	REPORTED	1.22	NTU	0	11	2/WEEK	03	GRABPKLOAD
	PERMITTED	3.000			11	2/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0018247	NUMBER	0	01			NA
	PERMITTED				01	01		NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	15/11/12	DATE	0	01			NA
	PERMITTED				01	01		NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01			NA
	PERMITTED				01	01		NA NA
	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 31 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 CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE	NAME	SIGNATURE	DATE		
	Mike Welch		1	5	08
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR	MO.	DAY
5 1 2 9 7 2 0 1 0 1	Greg Meszaros, Director		1	5	08 1 0
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR	MO. DAY