



Texas Commission on Environmental Quality

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

WQ0010543-012
PERMIT NUMBER

01
SET

15	10
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/ Parameter	Effluent Condition		No. Ex	Frequency of Analysis	Sample Type
		Value	Units		
000085342 TRANSFER DAYS/MON	Permitted		DAY	NA	NA
	Reported	31	DAY	0	NA
800821024 CBOD5 DLY. AVG.	Permitted	5.000	mg/L	2/week	GRAB PKLOAD
	Reported	<2.1	mg/L	0	2/week
820796624 Turbidity 30DAYAVG	Permitted	3.000	NTU	2/week	GRAB PKLOAD
	Reported	1.32	NTU	0	2/week
316403730 E. coli IND. GRAB	Permitted	75.000	MPN/100 mL	2/week	GRAB PKLOAD
	Reported	2	MPN/100 mL	0	2/week
316403724 E. coli DLY AVG	Permitted	20.000	MPN/100 mL	2/week	GRAB PKLOAD
	Reported	<1	MPN/100 mL	0	2/week
500507124 FLOW DLY. AVG.	Permitted		MGD	CONT	CONT
	Reported	2.69	MGD	0	CONT
NUMBER OF OPERATOR CERTIFICATE	Permitted		NUMBER	01	NA
	Reported	WW0011708	NUMBER	0	01
EXPIRATION OF OPERATOR CERTIFICATE	Permitted		DATE	01	NA
	Reported	5/12/2018	DATE	0	01
CLASS OF OPERATOR CERTIFICATE	Permitted		LETTER	01	NA
	Reported	B	LETTER	0	01

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
Randall Swenson	<i>Randall Swenson</i>	11	9	15
EXECUTIVE OFFICER NAME	EXECUTIVE OFFICER SIGNATURE	MONTH	DAY	YEAR
Greg Meszaros, Director	<i>Greg Meszaros</i>	11	9	15
Telephone Number		512	972-0101	
		Area code		Number



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YEAR	MO

19742
EID

This report to be used for

OTFL 900 RECLAIMED WATER TYPE II

Please retain a photocopy for your records.

Parameter Code/ Parameter	Effluent Condition			No. Ex	Frequency of Analysis	Sample Type
		Value	Units			
000085342 TRANSFER DAYS/MON	Permitted		DAY		NA	NA
	Reported	NA	DAY	0	NA	NA
800821024 CBOD5 DLY. AVG.	Permitted	NA	mg/L		2/week	GRAB PKLOAD
	Reported	NA	mg/L	0	NA	NA
316403730 E. coli IND. GRAB	Permitted	NA	MPN/100 mL		2/week	GRAB PKLOAD
	Reported	NA	MPN/100 mL	0	NA	NA
316403724 E. coli DLY. AVG.	Permitted	NA	MPN/100 mL		2/week	DLY AVG
	Reported	NA	MPN/100 mL	0	NA	NA
500507124 FLOW DLY. AVG.	Permitted	NA	MGD		NA	NA
	Reported	NA	MGD	0	NA	NA
NUMBER OF OPERATOR CERTIFICATE	Permitted		NUMBER		01	NA
	Reported	WW0011708	NUMBER	0	01	NA
EXPIRATION OF OPERATOR CERTIFICATE	Permitted		DATE		01	NA
	Reported	5/12/2018	DATE	0	01	NA
CLASS OF OPERATOR CERTIFICATE	Permitted		LETTER		01	NA
	Reported	B	LETTER	0	01	NA

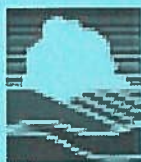
COMMENTS AND EXPLANATIONS (Reference all attachments here.)

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.

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Randall Swenson	<i>Randall Swenson</i>	11	9	15
EXECUTIVE OFFICER NAME	EXECUTIVE OFFICER SIGNATURE	MONTH	DAY	YEAR
Greg Meszaros, Director	<i>Greg Meszaros</i>	11	9	15
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This report to be used for **COMBINED OTFL 001 AND RECLAIMED WATER**

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Parameter Code/ Parameter	Effluent Condition			No. Ex	Frequency of Analysis	Sample Type
		Value	Units			
500507124 FLOW DLY. AVG.	Permitted		MGD		NA	NA
	Reported	45.0	MGD	0	NA	NA
NUMBER OF OPERATOR CERTIFICATE	Permitted		NUMBER		01	NA
	Reported	WW0011708	NUMBER	0	01	NA
EXPIRATION OF OPERATOR CERTIFICATE	Permitted		DATE		01	NA
	Reported	5/12/2018	DATE	0	01	NA
CLASS OF OPERATOR CERTIFICATE	Permitted		LETTER		01	NA
	Reported	B	LETTER	0	01	NA
	Permitted					
	Reported					
	Permitted					
	Reported					
	Permitted					
	Reported					
	Permitted					
	Reported					
	Permitted					
	Reported					

COMMENTS AND EXPLANATIONS (Reference all attachments here.)

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Randall Swenson	<i>Randall Swenson</i>	11	9	15
EXECUTIVE OFFICER NAME	EXECUTIVE OFFICER SIGNATURE	MONTH	DAY	YEAR
Greg Meszaros, Director	<i>Greg Meszaros</i>	11	9	15
Telephone Number		512	972-0101	
		Area code	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 "0" 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 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	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.



Texas Commission on Environmental Quality

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MONTHLY EFFLUENT REPORT

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15	10
YEAR	MO

15650
EID

This report to be used for **OTFL 800 RECLAIMED WATER TYPE I**

Please retain a photocopy for your records.

Parameter Code/ Parameter	Effluent Condition			No. Ex	Frequency of Analysis	Sample Type
		Value	Units			
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	1.10	MGD	0	CONT	CONT
800821024 CBOD ₅	Permitted	5.000	mg/L		2/week	GRAB PKLOAD
DLY. AVG.	Reported	<2.4	mg/L	0	2/week	GRAB PKLOAD
820796624 TURBIDITY	Permitted	3.000	NTU		2/week	GRAB PKLOAD
30DAYAVG	Reported	2.25	NTU	0	2/week	GRAB PKLOAD
CLASS OF OPERATOR CERTIFICATE	Permitted		NUMBER		01	NA
	Reported	WW0018247	NUMBER	0	01	NA
NUMBER OF OPERATOR CERTIFICATE	Permitted		DATE		01	NA
	Reported	11/12/2018	DATE	0	01	NA
EXPIRATION OF OPERATOR CERTIFICATE	Permitted		LETTER		01	NA
	Reported	A	LETTER	0	01	NA

COMMENTS AND EXPLANATIONS (Reference all attachments here.) **000085432 Transfer days/mo = 31 days**

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		11	9	15
EXECUTIVE OFFICER NAME	EXECUTIVE OFFICER SIGNATURE	MONTH	DAY	YEAR
Greg Meszaros, Director		11	9	15
Telephone Number		512	972-0101	
		Area code	Number	



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YEAR	MO

15651
EID

This report to be used for **OTFL 900 RECLAIMED WATER TYPE II**
Please retain a photocopy for your records.

Parameter Code/ Parameter	Effluent Condition			No. Ex	Frequency of Analysis	Sample Type
		Value	Units			
000085342 TRANSFER DAYS/MON	Permitted		DAY		NA	NA
	Reported	NA	DAY	0	NA	NA
316403724 E. coli DLY. AVG.	Permitted	NA	MPN/100 mL		2/week	GRAB PKLOAD
	Reported	NA	MPN/100 mL	0	NA	NA
316403730 E. coli IND. GRAB	Permitted	NA	MPN/100 mL		2/week	GRAB PKLOAD
	Reported	NA	MPN/100 mL	0	NA	NA
500507124 FLOW DLY. AVG.	Permitted	NA	MGD		2/week	DLY AVG
	Reported	NA	MGD	0	NA	NA
800821024 CBOD5 DLY. AVG.	Permitted	NA	mg/L		NA	NA
	Reported	NA	mg/L	0	NA	NA
NUMBER OF OPERATOR CERTIFICATE	Permitted		NUMBER		01	NA
	Reported	WW0018247	NUMBER	0	01	NA
EXPIRATION OF OPERATOR CERTIFICATE	Permitted		DATE		01	NA
	Reported	11/12/2018	DATE	0	01	NA
CLASS OF OPERATOR CERTIFICATE	Permitted		LETTER		01	NA
	Reported	A	LETTER	0	01	NA

COMMENTS AND EXPLANATIONS (Reference all attachments here.)

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WQ0010543-011
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01
SET

15	10
YEAR	MO

15652
EID

This report to be used for **COMBINED OUTFALLS 001 AND RECLAIMED WATER**

Please retain a photocopy for your records.

Parameter Code/ Parameter	Effluent Condition			No. Ex	Frequency of Analysis	Sample Type
		Value	Units			
500507124 FLOW DLY. AVG.	Permitted		MGD		NA	NA
	Reported	55.0	MGD	0	NA	NA
NUMBER OF OPERATOR CERTIFICATE	Permitted		NUMBER		01	NA
	Reported	WW0018247	NUMBER	0	01	NA
EXPIRATION OF OPERATOR CERTIFICATE	Permitted		DATE		01	NA
	Reported	11/12/2018	DATE	0	01	NA
CLASS OF OPERATOR CERTIFICATE	Permitted		LETTER		01	NA
	Reported	A	LETTER	0	01	NA
	Permitted					
	Reported					
	Permitted					
	Reported					
	Permitted					
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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 0.100 MGD.

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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

4. If no discharge is made during the reporting month enter a "0" 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.

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