

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

1.3	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/	Effluent Condition		No.	Frequency of	Sample Type		
Parameter		Value	Units	Ex	Analysis	Sample Type	
000085342 FRANSFER	Permitted		DAY		NA	NA	
DAYS/MON	Reported	31	DAY	o	NA	NA	
800821024 CBOD5	Permitted	5.000	mg/L		2/week	GRAB PKLOAD	
DLY. AVG.	Reported	<2.1	mg/L	0	2/week	GRAB PKLOAD	
820796624 Furbidity	Permitted	3.000	NTU		2/week	GRAB PKLOAD	
30DAYAVG	Reported	1.32	NTU	0	2/week	GRAB PKLOAD	
316403730 E. coli	Permitted	75.000	MPN/100 mL		2/week	GRAB PKLOAD	
IND. GRAB	Reported	2	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	o	2/week	GRAB PKLOAD	
500507124 FLOW	Permitted		MGD		CONT	CONT	
DLY. AVG.	Reported	2.69	MGD	O	CONT	CONT	
NUMBER OF OPERATOR	Permitted		NUMBER		01	NA	
CERTIFICATE	Reported	WW0011708	NUMBER	0	01	NA	
EXPIRATION OF OPERATOR	Permitted		DATE		01	NA	
CERTIFICATE	Reported	5/12/2018	DATE	0	01	NA	
CLASS OF OPERATOR	Permitted	Sweller a	LETTER		01	NA	
CERTIFICATE	Reported	В	LETTER	0	01	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	
Randall Swenson	Kadal Jun	11	9		15
EXECUTIVE OFFICER NAME	EXECUTIVE OFFICER SIGNATURE	MONTH	DAY	YEAR	PORTS.
Greg Meszaros, Director	SA	11	9		15
agregate in scalar care to the	Telephone Number	512	972-	0101	
		Area code		Number	



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

19742
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		Value	Units	Ex	Analysis	Sample Type	
000085342 IRANSFER	Permitted		DAY		NA	NA	
DAYS/MON	Reported	NA	DAY	0	NA	NA	
B00821024 CBOD5	Permitted	NA	mg/L	7.00	2/week	GRAB PKLOAD	
DLY. AVG.	Reported	NA	mg/L	0	NA	NA	
316403730 E. coli	Permitted	NA	MPN/100 mL		2/week	GRAB PKLOAD	
ND. GRAB	Reported	NA	MPN/100 mL	O	NA	NA	
316403724 E. coli	Permitted	NA	MPN/100 mL		2/week	DLY AVG	
DLY. AVG.	Reported	NA	MPN/100 mL	0	NA	NA	
500507124 FLOW	Permitted	NA	MGD		NA	NA	
DLY. AVG.	Reported	NA	MGD	o	NA	NA	
NUMBER OF OPERATOR	Permitted		NUMBER		01	NA	
CERTIFICATE	Reported	WW0011708	NUMBER	0	01	NA	
EXPIRATION OF OPERATOR	Permitted		DATE		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	
	A Company						
			Paris Transfer				

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	
Randall Swenson	todall July	11	9	Margaretta	15
EXECUTIVE OFFICER NAME	EXECUTIVE OFFICER SIGNATURE	MONTH	DAY	YEAR	
Greg Meszaros, Director	JAL	11	9		15
	Telephone Number	512	972-	0101	
		Area code		Number	极情

Texas Commission on Environmental Quality



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

WQ0010543-012
PERMIT NUMBER

01	W.
SET	

15	10
YEAR	MO

19744
EID

This report to be used for

COMBINED OTFL 001 AND RECLAIMED WATER

Please retain a photocopy for your records.

Parameter Code/	Effluent Condition			No.	Freque	uency of	Sample Type		
Parameter		Value	Units	Ex	Analysis			ample Type	
500507124 FLOW	Permitted		MGD		N/	1		NA	
DLY. AVG.	Reported	45.0	MGD	0	NA	1		NA	
NUMBER OF	Permitted		NUMBER		0:			NA	
OPERATOR CERTIFICATE	Reported	WW0011708	NUMBER	o	0:			NA	
EXPIRATION OF OPERATOR	Permitted		DATE		0:			NA	
CERTIFICATE	Reported	5/12/2018	DATE	0	0			NA	
CLASS OF OPERATOR	Permitted		LETTER	1967)	0:			NA	
CERTIFICATE	Reported	В	LETTER	0	0:			NA	
	Permitted								
	Reported								313
	Permitted						14 T		
	Reported	15-17-15-17			PY CHA				
	Permitted							NEW TOTAL	
	Reported			1				WALES!	
	Permitted			FIE.					
	Reported							Tar Isa	
					14 5 14				
COMMENTS AND EXPL	AMILIAR WIT	H THE INFORMAT	ION CONTAINE	D IN TH	IIS REPORT A	AND THAT T	го тне	BEST OF MY	
KNOWLEDGE AND BEI	LIEF SUCH INF	ORMATION IS TRI	UE, COMPLETE A ATOR SIGNAT	AND AC	CURATE.	ONTH	DAY	YEAR	
Randall Swenson		To History I	11	9		15			
EXECUTIVE OFFICE		EXECUTIVE O	OFFICER SIGN	IUTAI	RE M	IONTH	DAY	YEAR	
Greg Meszaros,	Director	JAL-				11	9		15
		Telephone N	umber				972-		
			CONTRACTOR		A	rea code		Number	NE

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 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.



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

WQ0010543-011	
PERMIT NUMBER	

01	
SET	

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/	Effluent Condition		No.	Frequency of	Sample Type		
Parameter	Value		Units	Ex	Analysis	Sample Type	
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	
ND. 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 CBOD5	Permitted	5.000	mg/L		2/week	GRAB PKLOAD	
DLY. AVG.	Reported	<2.4	mg/L	0	2/week	GRAB PKLOAD	
820796624 FURBIDITY	Permitted	3.000	NTU		2/week	GRAB PKLOAD	
BODAYAVG	Reported	2.25	NTU	0	2/week	GRAB PKLOAD	
CLASS OF OPERATOR	Permitted		NUMBER		01	NA	
CERTIFICATE	Reported	WW0018247	NUMBER	0	01	NA	
NUMBER OF OPERATOR	Permitted		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	
				9.34		SYLT SYSTEM	

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	13.8
Mike Welch	mila menell	11	9		15
EXECUTIVE OFFICER NAME	EXECUTIVE OFFICER SIGNATURE	MONTH	DAY	YEAR	
Greg Meszaros, Director	701	11	9	Wall, STAIN	15
Telephone Number		512	972-	0101	
		Area code		Number	



Texas Commission on Environmental Quality

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

WQ0010543-011	
PERMIT NUMBER	Ī

01	
SET	

15	10
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/	Effluent Condition			No.	Frequency of	Sample Type	
Parameter		Value	Units	Ex	Analysis	Sample Type	
000085342 IRANSFER	Permitted		DAY		NA	NA	
DAYS/MON	Reported	NA	DAY	0	NA	NA	
316403724 E. coli	Permitted	NA	MPN/100 mL		2/week	GRAB PKLOAD	
DLY. AVG.	Reported	NA	MPN/100 mL	0	NA	NA	
316403730 E. coli	Permitted	NA	MPN/100 mL		2/week	GRAB PKLOAD	
IND. GRAB	Reported	NA	MPN/100 mL	0	NA	NA	
500507124 FLOW	Permitted	NA	MGD		2/week	DLY AVG	
DLY. AVG.	Reported	NA	MGD	o	NA	NA	
800821024 CBOD5	Permitted	NA	mg/L		NA	NA	
DLY. AVG.	Reported	NA	mg/L	0	NA	NA	
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	PATO.	01	NA	
CERTIFICATE	Reported	A	LETTER	0	01	NA	
MERCE TURKEN							
		No contract of	I PARTIE OF				

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	
Mike Welch	mily Mill	11	9		15
EXECUTIVE OFFICER NAME	EXECUTIVE OFFICER SIGNATURE	MONTH	DAY	YEAR	
Greg Meszaros, Director	Aug.	11	9		15
	Telephone Number	512	972-	0101	
DESCRIPTION OF STREET,		Area code		Number	

Texas Commission on Environmental Quality



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

WQ0010543-011	
PERMIT NUMBER	

16	01	
	SET	

15	10
YEAR	MO

15	652
F	ID

This report to be used for

COMBINED OUTFALLS 001 AND RECLAIMED WATER

Please retain a photocopy for your records.

Parameter Code/ Parameter		Effluent Conditi	ffluent Condition No. Fre		Frequency of	equency of Sam		nple Type	
		Value	Units	Ex	Analysis	3	ampie Type		
5005071 24 FLOW	Permitted		MGD		NA		NA		
DLY. AVG.	Reported	55.0	MGD	0	NA		NA		
NUMBER OF	Permitted		NUMBER	W-1	01	100	NA		
OPERATOR CERTIFICATE	Reported	WW0018247	NUMBER	0	01		NA		
EXPIRATION OF	Permitted	WW001024/	DATE		01	25.00	NA		
OPERATOR CERTIFICATE	Reported	11/12/2018	DATE	0	01		NA		
CLASS OF	Permitted		LETTER		01	5181	NA		
OPERATOR CERTIFICATE	Reported	A	LETTER	o	01	A COLUMN	NA		
	Permitted								
	Reported								
	Permitted							į	
	Reported					T Y			
	Permitted				ORXENIE NEW				
	Reported								
	Permitted								
	Reported								
COMMENTS AND EXPI	ANATIONS (R	eterence all attachm	ents here.)						
KNOWLEDGE AND BEI	LIEF SUCH INF	ORMATION IS TRI	UE, COMPLETE	AND ACC					
PLANT OPERATOR		PLANT OPER	ATOR SIGNA	TURE		DAY	YEAR		
Mike Wel		EXECUTIVE	VERTOED STOP	TATITO	E MONTH	9 DAV	YEAR		
Greg Meszaros		EXECUTIVE	OFFICER SIG	MAIUR	E MONTH	9	ILAK		
Greg Meszarus,	DITECTOL	Telephone N	umber			972-0	0101		
		Terebridge 14	miner		Area code	7/2	Number		

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

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.

- 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
- 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 "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.

d

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 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
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.