

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

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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	4 3	
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 3. 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	0.25	MGD	0	CONT	CONT	
800821024 CBOD5	Permitted	5.000	mg/L		2/week	GRAB PKLOAD	
DLY. AVG.	Reported	<2.00	mg/L	0	2/week	GRAB PKLOAD	
820796624 FURBIDITY	Permitted	3.000	NTU		2/week	GRAB PKLOAD	
30DAYAVG	Reported	2.24	NTU	0	2/week	GRAB PKLOAD	
CLASS OF OPERATOR	Permitted		LETTER		01	NA	
CERTIFICATE	Reported	A	LETTER	0	01	NA	
NUMBER OF OPERATOR	Permitted		NUMBER		01	NA	
CERTIFICATE	Reported	WW0038287	NUMBER	O	01	NA	
EXPIRATION OF	Permitted		DATE		01	NA	
OPERATOR CERTIFICATE	Reported	1/14/2018	DATE	o	01	NA	
000085342	Permitted			1772			
FRANSFER DAYS/MON	Reported	31	DAY	o	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						
	ORMATION IS TRUE, COMPLETE AND ACCURATE,					
PLANT OPERATOR NAME	PLANT OPERATOR SIGNATURE	MONTH	DAY	YEAR		
James Bennett	11u	1	10		17	
EXECUTIVE OFFICER NAME	EXECUTIVE OFFICER SIGNATURE	MONTH	DAY	YEAR		
Greg Meszaros, Director	741	1	10	A CONTRACTOR OF THE PARTY OF TH	17	
	Telephone Number	512	972-	0101		
		Area code		Number		



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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/	KY KYTY	Effluent Condi	tion	No.	Frequency of		lamala Tena	
Parameter		Value	Units	Ex	Analysis		ample Type	
000085342 TRANSFER	Permitted							S.A.
DAYS/MON	Reported	3.000				103		18
316403724	Permitted							
E. coli DLY. AVG.	Reported							
316403730 E. coli	Permitted					NO.		
IND. GRAB	Reported				MFNSW:291			
500507124 FLOW	Permitted		Elizabethia					T I
DLY. AVG.	Reported							
800821024 CBOD5	Permitted				AND BUT SOME			
DLY. AVG.	Reported							
NUMBER OF OPERATOR	Permitted						* 10 K. 7 K	
CERTIFICATE	Reported							
EXPIRATION OF OPERATOR	Permitted							
CERTIFICATE	Reported							
CLASS OF	Permitted				nese contractific			HQ.
OPERATOR CERTIFICATE	Reported					Mirell		
COMMENTS AND EXPL	ANATIONS (Re	ference all attachm	ents here					
		and the detection of the second						
Reclaim water is Type I CERTIFY THAT I AM F	Charles and the Control of the Contr	H THE INFORMAT	TON CONTAINE	D IN THIS	REPORT AND THAT	OTHE	REST OF MY	150
KNOWLEDGE AND BEL	IEF SUCH INFO	ORMATION IS TRU	JE, COMPLETE.	AND ACCU	TRATE.			
PLANT OPERATOR		PLANT OPER	AND DESCRIPTION OF THE PERSON	-	MONTH	DAY	YEAR	
James Ben		1	/ ce					17
EXECUTIVE OFFIC		EXECUTIVE	OFFICER SIG	NATUR	E MONTH	DAY	YEAR	
Greg Meszaros,	Director	144				10		17
		Telephone N	umber		512	972-	0101	
			1		Area code	9	Number	NI S



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

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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.	Frequency of	G 1 m		TW.
		Value	Units	Ex	Analysis	2	Sample Type	
500507124 FLOW	Permitted		MGD		CONT		CONT	499
DLY. AVG.	Reported	54.1	MGD	o	CONT		CONT	
NUMBER OF	Permitted		NUMBER		01		NA	34
OPERATOR CERTIFICATE	Reported	WW0038287	NUMBER	0	01		NA	QA.
EXPIRATION OF OPERATOR	Permitted		DATE		01		NA	
CERTIFICATE	Reported	1/14/2018	DATE	0	01		NA	
CLASS OF OPERATOR	Permitted		LETTER		01		NA	
CERTIFICATE	Reported	A	LETTER	0	01		NA	
	Permitted							
	Reported							
	Permitted							
	Reported							
	Permitted	A Markey British						
	Reported							
	Permitted							
	Reported							
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COMMENTS AND EXPL								
I CERTIFY THAT I AM F KNOWLEDGE AND BEL	AMILIAR WID IEF SUCH INF	H THE INFORMATI	ON CONTAINED	IN THE	S REPORT AND THAT T	OTHE	EST OF MY	
PLANT OPERATOR	NAME	PLANT OPER			MONTH	DAY	YEAR	100
James Ben		1//	4_	* , pre-	1	and the second second		1
Cros Massares		EXECUTIVE	OFFICER SIGN	VATUR			YEAR	and a
Greg Meszaros,	Director	Telephone N	umbor		1		04.04	1
		Telebuoue IV.	umper		512	972-	FOIG	

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 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 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.



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

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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 Condit	ion	No.	Frequency of	Sample Type	
Parameter		Value	Units	Ex	Analysis		
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	<2.1	mg/L	0	2/week	GRAB PKLOAD	
820796624 Furbidity	Permitted	3.000	NTU		2/week	GRAB PKLOAD	
30DAYAVG	Reported	1.10	NTU	0	2/week	GRAB PKLOAD	
316403730 E. coli	Permitted	75.000	MPN/100 mL		2/week	GRAB PKLOAD	
IND. GRAB	Reported	9	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	2.79	MGD	0	CONT	CONT	
NUMBER OF OPERATOR	Permitted	Matter March	NUMBER		01	NA.	
CERTIFICATE	Reported	WW0011708	NUMBER	0	01	NA	
EXPIRATION OF OPERATOR	Permitted		DATE		01	NA	
CERTIFICATE	Reported	5/12/2018	DATE	o	01	NA	
CLASS OF OPERATOR	Permitted		LETTER		01	NA	
CERTIFICATE COMMENTS AND EXPL	Reported	В	LETTER	o	01	NA	

COMMENITS AND EXPLANATIONS (Reference all attachments here.)

I CERTIFY THAT I AM FAMILIAR WER	H THE INFORMATION CONTAINED IN THIS REPO	RT AND THAT TO	THE	BEST OF MY	
KNOWLEDGE AND BELIEF SUCH INF	ORMATION IS TRUE, COMPLETE AND ACCURATE				
PLANT OPERATOR NAME	PLANT OPERATOR SIGNATURE	MONTH	DAY	YEAR	
Randall Swenson	LOCAL SW	1	10	Per and the first	17
EXECUTIVE OFFICER NAME	EXECUTIVE OFFICER SIGNATURE	MONTH	DAY	YEAR	
Greg Meszaros, Director	24	1	10		17
	Telephone Number	512	972-	0101	
		Area code	red his	Number	



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

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OTFL 900 RECLAIMED WATER TYPE II

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Parameter Code/	H	Effluent Condition No.			Frequency of	Sample Type		PIS !	
Parameter		Value	Units	Ex	Analysi		34	ampie Type	
000085342 TRANSFER	Permitted					Maja Maja			
DAYS/MON	Reported						1147		
800821024 CBOD5	Permitted								
DLY. AVG.	Reported								
316403730 E. coli	Permitted				British a				
IND. GRAB	Reported								
316403724 E. coli	Permitted								
DLY. AVG.	Reported								
500507124 FLOW	Permitted								
DLY. AVG.	Reported					EL SPINA			
NUMBER OF OPERATOR	Permitted						POLICE N		
CERTIFICATE	Reported								10.1
EXPIRATION OF OPERATOR	Permitted	Contract of Units					2.4	rent Arrivation of	
CERTIFICATE	Reported						1000		
CLASS OF OPERATOR	Permitted								
CERTIFICATE	Reported								
			a de la companie		RG-601 Cironal				
COMMENTS AND EXPL	ANATIONS (Re	l ference all attachm	l nents here.)						
Reclaim water is Type	I Only.								
I CERTIFY THAT I AM F KNOWLEDGE AND BEI						THAT TO	O THE B	BEST OF MY	1140
PLANT OPERATOR NAME		PLANT OFF				NTH	DAY	YEAR	Mari
Randall Swenson		TOOW	N Jule			1			17
EXECUTIVE OFFICER NAME		EXECUTIVE	OFFICER SIC	NATUR	E MO	NTH	DAY	YEAR	S. Carl
Greg Meszaros	, Director	A				1	10		17
		Te ephone	Jumber				972-		
					Are	a code	N SUP	Number	



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COMBINED OTFL 001 AND RECLAIMED WATER

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Parameter Code/ Parameter	Effluent Condition			No.	Frequency of	Sample Type		
		Value	Units	Ex	Analysis	0	ampie Type	pe
500507124 FLOW	Permitted		MGD		CONT		CONT	
DLY. AVG.	Reported	38.4	MGD	0	CONT		CONT	
NUMBER OF OPERATOR	Permitted		NUMBER		01		NA	
CERTIFICATE	Reported	WW0011708	NUMBER	0	01		NA	
EXPIRATION OF OPERATOR	Permitted		DATE		01	(April)	NA	
CERTIFICATE	Reported	5/12/2018	DATE	0	01		NA	
CLASS OF OPERATOR	Permitted		LETTER		01		NA	
CERTIFICATE	Reported	В	LETTER	0	01		NA	
	Permitted							
	Reported			西幽				
	Permitted							
	Reported			125				Jan.
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			PROPERTY.	5/61		<u> Yaya</u>		
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OMMENTS AND EXPL	ANATIONS (Re	eference all attachme	ents here.)					
CERTIFY THAT I AM F KNOWLEDGE AND BEI	AMILIAR WIT	H THE INFORMATION IS THE	ON CONTAINE	IN THE	S REPORT AND THAT T	OTHEB	EST OF MY	
PLANT OPERATOR	NAME	PLANT OPER			MONTH	DAY	YEAR	
Randall Swenson		Laplul Sur				10		j
EXECUTIVE OFFICE		EXECUTIVE (FFICER SIG	VATUR	E MONTH		YEAR	-
Greg Meszaros	, Director	Telephone N						
						972-0		

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- "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
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