

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

ij	WQ0010543-012	
	PERMIT NUMBER	E

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SET	

16	2
YEAR	MO

19743
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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		Ex	Analysis	Sample Type	
000085342 TRANSFER	Permitted						
DAYS/MON	Reported	29	DAY	0	NA	NA	
800821024 CBOD5	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	1.55	NTU	0	2/week	GRAB PKLOAD	
316403730 E. coli	Permitted	75.000	MPN/100 mL		2/week	GRAB PKLOAD	
IND. GRAB	Reported	3	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	2.76	MGD	0	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	Permitted		LETTER		01	NA	
OPERATOR 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	Kadall Sur	3	8		16
EXECUTIVE OFFICER NAME	EXECUTIVE OFFICER SIGNATURE	MONTH	DAY	YEAR	
Greg Meszaros, Director	X1.4.	3	8		16
Telephone Number			972-	0101	
	0	Area code		Number	



Texas Commission on Environmental Quality

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

WQ0010543-012
PERMIT NUMBER

01	
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16	2
YEAR	MO

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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/	Effluent Condition			No.	Frequency of	Sample Type	
Parameter	podiesal bys	Value	Units	Ex	Analysis	Sample Type	
000085342 TRANSFER	Permitted		DAY		NA	NA	
DAYS/MON	Reported		A MALON				
800821024 CBOD5	Permitted	NA	mg/L		2/week	GRAB PKLOAD	
DLY. AVG.	Reported						
316403730 E. coli	Permitted	NA	MPN/100 mL		2/week	GRAB PKLOAD	
IND. GRAB	Reported						
316403724 E. coli	Permitted	NA	MPN/100 mL		2/week	DLY AVG	
DLY. AVG.	Reported						
500507124 FLOW	Permitted	NA	MGD		NA	NA	
DLY. AVG.	Reported						
NUMBER OF OPERATOR	Permitted		NUMBER				
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	
	Same and the same		contract the section care				
ON CHARLES AND PARTY					WHAT PARTY		

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	187
Randall Swenson	Kodall Su	3	8		16
EXECUTIVE OFFICER NAME	EXECUTIVE OFFICER SIGNATURE	MONTH	DAY	YEAR	Page 1
Greg Meszaros, Director	126	3	8		16
	512	972-	0101	No.	
	Area code		Number		

Texas Commission on Environmental Quality



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

WQ0010543-012	1
PERMIT NUMBER	

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MONTH

Area code

DAY YEAR

Number

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512 972-0101

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This report to be used for

COMBINED OTFL 001 AND RECLAIMED WATER

Please retain a photocopy for your records.

Parameter Code/	Effluent Condition			No.	Frequency of	Sample Type		
Parameter		Value	Units	Ex	Analysis		Sample Type	
500507124 FLOW	Permitted		MGD		NA		NA	
DLY. AVG.	Reported	43.0	MGD	0	NA		NA	
NUMBER OF	Permitted		NUMBER	e bei Grin	01		NA	
OPERATOR CERTIFICATE	Reported	WW0011708	NUMBER	0	01		NA	
EXPIRATION OF	Permitted		DATE		01		NA	
OPERATOR CERTIFICATE	Reported	5/12/2018	DATE	0	01		NA	
CLASS OF OPERATOR	Permitted	THE BANK	LETTER		01		NA	
CERTIFICATE	Reported	В	LETTER	0	01		NA	
	Permitted							
	Reported			41-10				
	Permitted							
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OMMENTS AND EXPL CERTIFY THAT I AM F. NOWLEDGE AND BEL	AMILIAR WITH	THE INFORMATI	ON CONTAINED			то тні	E BEST OF MY	
LANT OPERATOR		PLANT OPERA			MONTH	DAY	YEAR	
Randall Swer		Rodall	Sun		3	+		

Texas Commission on Environmental Quality **Monthly Effluent Report Form**

EXECUTIVE OFFICER SIGNATURE

Telephone Number

EXECUTIVE OFFICER NAME

Greg Meszaros, Director

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.



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

WQ0010543-011	
PERMIT NUMBER	47

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16	2
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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	Jumpio 13po
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
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	0.24	MGD	0	CONT	CONT
800821024	Permitted	5.000	mg/L		2/week	GRAB PKLOAD
CBOD5 DLY. AVG.	Reported	<2.6	mg/L	0	2/week	GRAB PKLOAD
820796624 TURBIDITY	Permitted	3.000	NTU		2/week	GRAB PKLOAD
30DAYAVG	Reported	2.54	NTU	o	2/week	GRAB PKLOAD
CLASS OF OPERATOR	Permitted		NUMBER		01	NA
CERTIFICATE	Reported	WW0022694	NUMBER	0	01	NA
NUMBER OF OPERATOR	Permitted		DATE		01	NA
CERTIFICATE	Reported	4/18/2018	DATE	0	01	NA
EXPIRATION OF	Permitted		LETTER		01	NA
OPERATOR CERTIFICATE	Reported	A	LETTER	o	01	NA
000085342	Permitted				AND PART STATES	
TRANSFER DAYS/MON	Reported	29	DAY	0	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 KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE. COMPLETE AND ACCURATE.

PLANT OPERATOR NAME	PLANT OPERATOR SIGNATURE	MONTH	DAY	YEAR	
Paul George	We-	3	8		16
EXECUTIVE OFFICER NAME	EXECUTIVE OFFICER SIGNATURE	MONTH	DAY	YEAR	
Greg Meszaros, Director	24	3	8		16
Telephone Number 512 972		972-	0101		
		Area code	- Company	Number	



Texas Commission on Environmental Quality

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

WQ0010543-011
PERMIT NUMBER

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YEAR	MO

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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/ Parameter	Effluent Condition			No.	Frequency of	Sample Type	
		Value	Units	Ex	Analysis	Sample Type	
000085342 TRANSFER	Permitted		DAY		NA	NA	
DAYS/MON	Reported						
316403724 E. coli	Permitted		MPN/100 mL		2/week	GRAB PKLOAD	
DLY. AVG.	Reported						
316403730 E. coli	Permitted		MPN/100 mL		2/week	GRAB PKLOAD	
IND. GRAB	Reported						
500507124 FLOW	Permitted		MGD		2/week	DLY AVG	
DLY. AVG.	Reported						
800821024 CBOD5	Permitted		mg/L		2/week	GRAB PKLOAD	
DLY. AVG.	Reported						
NUMBER OF OPERATOR	Permitted		NUMBER		01	NA	
CERTIFICATE	Reported	WW0022694	NUMBER	0	01	NA	
EXPIRATION OF OPERATOR	Permitted		DATE		01	NA	
CERTIFICATE	Reported	4/18/2018	DATE	0	01	NA	
CLASS OF	Permitted		LETTER		01	NA	
OPERATOR CERTIFICATE	Reported	A	LETTER	0	01	NA	
				120			
COMMENTS AND EXPL	ANATIONS (D	eference all attachm	ents here				

COMMENTS AND EXPLANATIONS (Reference all attachments here.)

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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.

	DIGNIATION IS TRUE, COM LETE TEND RECEIGHTE.			MATERIAL STATE OF THE STATE OF	
PLANT OPERATOR NAME	PLANT OPERATOR SIGNATURE	MONTH	DAY	YEAR	T j
Paul George	- Care	3	8		16
EXECUTIVE OFFICER NAME	EXECUTIVE OFFICER SIGNATURE	MONTH	DAY	YEAR	19-1
Greg Meszaros, Director	24	3	8		16
	Telephone Number	512	972-0	0101	
	00	Area code		Number	

Texas Commission on Environmental Quality



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

WQ0010543-011	
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512 972-0101

Area code

Number

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		Sample Type	
		Value	Units	Ex	Analysis		Sample Type	
500507124 FLOW	Permitted		MGD		CONT		CONT	
DLY. AVG.	Reported	53.3	MGD	0	CONT		CONT	
NUMBER OF	Permitted		NUMBER		01		NA	
OPERATOR CERTIFICATE	Reported	WW0022694	NUMBER	0	01		NA	
EXPIRATION OF OPERATOR	Permitted		DATE		01	E I	NA	
CERTIFICATE	Reported	4/18/2018	DATE	0	01		NA	
CLASS OF	Permitted		LETTER		01		NA	
OPERATOR CERTIFICATE	Reported	A	LETTER	0	01		NA	
	Permitted							
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Name of the last	Reported							
	A POLYT							
COMMENTS AND EXPL	ANATIONS (D	of own as all attackers	mts hous?					
OMMEN IS AND EXPL	ANATIONS (R	eierence an attachme	ents nere.)					
CERTIFY THAT I AM F NOWLEDGE AND BEL						TO THE	BEST OF MY	
PLANT OPERATOR		PLANT OPERA			MONTH	DAY	YEAR	
Paul Geor		WE	Tree		3			
EXECUTIVE OFFIC		EXECUTIVE O	FFICER SIGN	ATUR	E MONTH	DAY	YEAR	
Greg Meszaros,	Director	74/3		100	3	8	SYLECUL INTO	

Texas Commission on Environmental Quality

Telephone Number

Monthly Effluent Report Form Completion Instructions

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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.

- 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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