

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

WQ0010543-012	
PERMIT NUMBER	

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	SET	M

16	7
YEAR	MO

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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 Condit	ion	No.	Frequency of	Sample Type	
Parameter	THE COTT	Value	Units		Analysis		
000085342 TRANSFER	Permitted						
DAYS/MON	Reported	31	DAY	o	NA	NA	
800821024 CBOD5	Permitted	5.000	mg/L		2/week	GRAB PKLOAD	
DLY. AVG.	Reported	<2.2	mg/L	0	2/week	GRAB PKLOAD	
820796624 Furbidity	Permitted	3.000	NTU		2/week	GRAB PKLOAD	
30DAYAVG	Reported	1.33	NTU	o	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	0	2/week	GRAB PKLOAD	
500507124 FLOW	Permitted		MGD		CONT	CONT	
DLY. AVG.	Reported	3.80	MGD	0	CONT	CONT	
NUMBER OF OPERATOR	Permitted		NUMBER		01	NA	
CERTIFICATE	Reported	WW0038287	NUMBER	0	01	NA	
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	В	LETTER	0	01	NA	

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	
James Bennett	1100	8	10		16
EXECUTIVE OFFICER NAME	EXECUTIVE OFFICER SIGNATURE	MONTH	DAY	YEAR	
Greg Meszaros, Director	744	8	10	TOTAL A	16
	Telephone Number	512	972-	0101	
		Area code		Number	



This report to be used for

Texas Commission on Environmental Quality

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

WQ0010543-012	01	16	7	19742
PERMIT NUMBER	SET	YEAR	MO	EID

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** 000085342 Permitted TRANSFER DAYS/MON Reported 800821024 Permitted CBOD₅ DLY. AVG. Reported 316403730 Permitted E. coli IND. GRAB Reported 316403724 Permitted E. coli DLY. AVG. Reported 500507124 Permitted **FLOW** DLY. AVG. Reported NUMBER OF Permitted **OPERATOR** Reported CERTIFICATE **EXPIRATION OF** Permitted **OPERATOR** CERTIFICATE Reported CLASS OF Permitted **OPERATOR** CERTIFICATE Reported 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 James Bennett 8 10 16 **EXECUTIVE OFFICER NAME EXPOUTIVE OFFICER SIGNATURE** DAY YEAR MONTH Greg Meszaros, Director 8 10 16 Telephone Number 512 972-0101

Texas Commission on Environmental Quality

Number

Area code



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

WQ0010543-012	01	16	7	19744
PERMIT NUMBER	SET	YEAR	MO	EID

This report to be used for COMBINED OTFL 001 AND RECLAIMED WATER

Please retain a photocopy for your records.

Parameter Code/	RESTAU D	Effluent Condit	ion	No.	Frequency of		Sample Type	
Parameter		Value Units Ex An		Analysis		Sample Type		
500507124 FLOW	Permitted		MGD		CONT		CONT	
DLY. AVG.	Reported	44.6	MGD	0	CONT		CONT	
NUMBER OF	Permitted		NUMBER		01		NA	
OPERATOR CERTIFICATE	Reported	WW0038287	NUMBER	0	01		NA	
EXPIRATION OF	Permitted		DATE		01		NA	A I
OPERATOR CERTIFICATE	Reported	1/14/2018	DATE	0	01		NA	
CLASS OF	Permitted		LETTER		01		NA	
OPERATOR CERTIFICATE	Reported	В	LETTER	0	01		NA	
	Permitted							
	Reported							
	Permitted							N
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	Permitted					i in	- Validadi	SISIA
	Reported							
	Permitted							
	Reported		TOTAL PARTY			I Bro		
	in the second		Mania				Minera VIII	
COMMENTS AND EXPL	ANATIONS (R	eference all attachm	ents here.)					
I CERTIFY THAT I AM F KNOWLEDGE AND BEI						T TO TH	E BEST OF MY	
PLANT OPERATOR	NAME	PLANT OPER	ATOR SIGNA	TURE	MONTH		YEAR	
James Ben		//	-			8 10		
EXECUTIVE OFFIC		EXECUTIVE O	OFFICER SIGI	NATUI		_	YEAR	
Greg Meszaros,	Director	19		1		8 10		
		Telephone N	umber		51	2 972-	0101	
					Area cod	le	Number	



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WQ0010543-011	
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EID	

This report to be used for

OTFL 800 RECLAIMED WATER TYPE I

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Parameter Code/	Effluent Condition			No.	Frequency of	Sample Type	
Parameter		Value		Ex	Analysis	bumple Type	
316403724 E. coli	Permitted	20.000	MPN/100 mL	Male	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	1.38	MGD	0	CONT	CONT	
B00821024 CBOD5	Permitted	5.000	mg/L		2/week	GRAB PKLOAD	
DLY. AVG.	Reported	<2.09	mg/L	0	2/week	GRAB PKLOAD	
320796624 FURBIDITY	Permitted	3.000	NTU		2/week	GRAB PKLOAD	
BODAYAVG	Reported	1.43	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	0	01	NA	
EXPIRATION OF OPERATOR	Permitted		DATE		01	NA	
CERTIFICATE	Reported	1/14/2018	DATE	0	01	NA	
000085342	Permitted						
TRANSFER DAYS/MON	Reported	31	DAY	0	NA	NA	

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	
James Bennett	11	8	11		16
EXECUTIVE OFFICER NAME	EXECUTIVE OFFICER SIGNATURE	MONTH	DAY	YEAR	
Greg Meszaros, Director	21	8	11		16
	Telephone Number	512	972-	0101	
		Area code		Number	



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

WQ0010543-011	01	16	7	15651
PERMIT NUMBER	SET	YEAR	MO	EID

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

Parameter Code/	I	Effluent Condit	ion	No.	Frequ	uency of	Sample Type		
Parameter		Value	Units	Ex		alysis		ample Type	
000085342	Permitted								
TRANSFER DAYS/MON	Reported			100					
316403724 E. coli	Permitted								
DLY. AVG.	Reported								
316403730 E. coli	Permitted								
IND. GRAB	Reported								
500507124 FLOW	Permitted								
DLY. AVG.	Reported	TAYAKULTA		FA					
800821024 CBOD5	Permitted					SERVICE			
DLY. AVG.	Reported			hin					
NUMBER OF OPERATOR	Permitted								
CERTIFICATE	Reported								
EXPIRATION OF OPERATOR	Permitted					The state of			
CERTIFICATE	Reported								
CLASS OF OPERATOR	Permitted				(7. Y				-
CERTIFICATE	Reported								
COMMENTS AND EXPL	ANATIONO (D-	f	-1-1						
COMMEN IS AND EAPL	ANATIONS (Re	rerence all attachm	ents nere.)						
Reclaim water is Type		III WARREDIN							
I CERTIFY THAT I AM F KNOWLEDGE AND BEL	IEF SUCH INFO	H THE INFORMAT	TON CONTAINE JE, COMPLETE	D IN TH	IS REPOR CURATE.	T AND THAT	IO THE	BEST OF MY	
PLANT OPERATOR		PLANT OPER	ATOR SIGNA	TURE		MONTH	DAY	YEAR	
James Beni			ADDIOND COO			8	11		16
EXECUTIVE OFFIC		EXECUTIVE (OFFICER SIG	NATUI	CE .	A 1		YEAR	
Greg Meszaros,	Director	Telephone N	umbor			8	11	0101	16
		refebriotien	umber			Area code	972-0	Number	
		00				Area code		Number	



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WQ0010543-011	01	16	7	15652
PERMIT NUMBER	SET	YEAR	MO	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. Freque	Frequency of		Sample Type	
		Value	Units	Ex	Analysis		ample Type	
500507124 FLOW	Permitted		MGD		CONT		CONT	Ŋ
DLY. AVG.	Reported	51.7	MGD	0	CONT		CONT	
NUMBER OF	Permitted		NUMBER		01		NA	
OPERATOR CERTIFICATE	Reported	WW0038287	NUMBER	0	01		NA	
EXPIRATION OF	Permitted		DATE		01		NA	
OPERATOR CERTIFICATE	Reported	1/14/2018	DATE	0	01		NA	
CLASS OF	Permitted		LETTER		01		NA	
OPERATOR CERTIFICATE	Reported	A	LETTER	0	01	Sign.	NA	
	Permitted					100		
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	Reported						THE PARTY.	
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	Permitted					REF		
	Reported							
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COMMENTS AND EXPL	ANATIONS (R	eference all attachm	ents here.)					
I CERTIFY THAT I AM F KNOWLEDGE AND BEI	JEF SUCH IN	ORMATION IS TRI	JE, COMPLETE	AND ACC	URATE.			
PLANT OPERATOR		PLANT OPER	ATOR SIGNA	CURE	MONTH	1	YEAR	
James Ben EXECUTIVE OFFICE		EXECUTIVE (DEELCEB SIGI	MATITO	E MONTH	all limited to the same of	YEAR	
Greg Meszaros,		THE C	ATTOEK SIG	MATUR	E MONTH	_	TEAK	
Gros Messaros,	Director	Telephone N	umber			972-	0101	
	The second second			NEW YORK OF	Area code		Number	