

# **Texas Commission on Environmental Quality**

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

WQ0010543-011
PERMIT NUMBER

01	
SET	34

16	6
YEAR	MO

15	650
io I	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	O	2/week	GRAB PKLOAD
316403730 E. coli	Permitted	75.000	MPN/100 mL	172	2/week	GRAB PKLOAD
ND. GRAB	Reported	<1	MPN/100 mL	o	2/week	GRAB PKLOAD
500507124 FLOW	Permitted		MGD		CONT	CONT
DLY. AVG.	Reported	0.47	MGD	o	CONT	CONT
B00821024 CBOD5	Permitted	5.000	mg/L		2/week	GRAB PKLOAD
OLY. AVG.	Reported	<2.03	mg/L	0	2/week	GRAB PKLOAD
320796624 TURBIDITY	Permitted	3.000	NTU		2/week	GRAB PKLOAD
oDAYAVG	Reported	1.93	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 TRANSFER	Permitted					
DAYS/MON	Reported	30	DAY	0	NA	NA

The CBOD sample from 6/9/16 was given the result of Laboratory Error (LE) due to blank and standard failures.

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY

James Bennett	PLANT OPERATOR SIGNATURE	MONTH 7	11	YEAR	16
	EXECUTIVE OFFICER SIGNATURE	MONTH	DAY	YEAR	
Greg Meszaros, Director	A A	7	11		16
		the second second second	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is t		200
	Telephone Number	512	972-	0101	



This report to be used for

#### **Texas Commission on Environmental Quality**

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

WQ0010543-011	01	16	6	15651
PERMIT NUMBER	SET	YEAR	МО	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 **Analysis** Ex 000085342 Permitted TRANSFER DAYS/MON Reported 316403724 Permitted E. coli DLY. AVG. Reported 316403730 Permitted E. coli IND. GRAB Reported 500507124 Permitted FLOW DLY. AVG. Reported 800821024 Permitted CBOD5 DLY. AVG. Reported NUMBER OF Permitted **OPERATOR** CERTIFICATE Reported **EXPIRATION OF** Permitted OPERATOR Reported CERTIFICATE 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 16 11 EXECUTIVE OFFICER NAME EXECUTIVE OFFICER SIGNATURE MONTH DAY YEAR Greg Meszaros, Director 16 11 Telephone Number 512 972-0101

Texas Commission on Environmental Quality

Number

Area code



This report to be used for

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#### **Texas Commission on Environmental Quality**

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

COMBINED OUTFALLS 001 AND RECLAIMED WATER

WQ0010543-011	01	16	6	15652
PERMIT NUMBER	SET	YEAR	MO	EID

Parameter Code/ **Effluent Condition** No. Frequency of Sample Type **Parameter** Value Units Ex **Analysis** 500507124 Permitted MGD CONT CONT FLOW DLY. AVG. Reported 65.0 MGD 0 CONT CONT NUMBER OF Permitted NUMBER NA 01 **OPERATOR** Reported WW0038287 NUMBER CERTIFICATE NA 01 **EXPIRATION OF** Permitted DATE NA 01 **OPERATOR** Reported DATE CERTIFICATE 1/14/2018 0 01 NA CLASS OF Permitted LETTER NA 01 **OPERATOR** NA A CERTIFICATE Reported LETTER 01 Permitted

COMMENTS AND EXPLANATIONS (Reference all attachments here.)

Reported Permitted

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Permitted

Reported

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	1/2	7	11	CONTRACTOR OF THE PARTY.	16
EXECUTIVE OFFICER NAME	EXECUTIVE ØFFICER SIGNATURE	MONTH	DAY	YEAR	SHIR
Greg Meszaros, Director	74	7	11	KWWP-WOU	16
	Telephone Number	512	972-	0101	
			HILY	Number	



# **Texas Commission on Environmental Quality**

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

WQ0010543-012		
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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/ Parameter	Effluent Condition			No.	Frequency of	Sample Type	
		Value	Units	Ex	Analysis	oampic Type	
000085342 FRANSFER	Permitted		DILLENY.				
DAYS/MON	Reported	30	DAY	0	NA	NA	
800821024 CBOD5	Permitted	5.000	mg/L		2/week	GRAB PKLOAD	
DLY. AVG.	Reported	<2.0	mg/L	0	2/week	GRAB PKLOAD	
820796624 Furbidity	Permitted	3.000	NTU		2/week	GRAB PKLOAD	
30DAYAVG	Reported	1.36	NTU	0	2/week	GRAB PKLOAD	
316403730 E. coli	Permitted	75.000	MPN/100 mL		2/week	GRAB PKLOAD	
IND. GRAB	Reported	150	MPN/100 mL	1	2/week	GRAB PKLOAD	
3164037 <b>24</b> E. coli	Permitted	20.000	MPN/100 mL		2/week	GRAB PKLOAD	
DLY AVG	Reported	<2	MPN/100 mL	0	2/week	GRAB PKLOAD	
500507124 FLOW	Permitted		MGD		CONT	CONT	
DLY. AVG.	Reported	3.02	MGD	0	CONT	CONT	
NUMBER OF OPERATOR	Permitted		NUMBER		01	NA	
CERTIFICATE	Reported	WW0011708	NUMBER	o	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	

COMMENTS AND EXPLANATIONS (Reference all attachments here.)

The SARREUSE-27JUN16-G sample had an E. coli result of 150 MPN/100ml. This exceeds the single grab limit of 75 MPN/100mL.

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 SIGNATURE		DAY	YEAR	
Randall Swenson	Hadell Ser	7	8		16
EXECUTIVE OFFICER NAME	EXECUTIVE OFFICER SIGNATURE	MONTH	DAY	YEAR	7.01
Greg Meszaros, Director		7	8		16
	512	972-	0101		
		Area code		Number	



This report to be used for

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#### **Texas Commission on Environmental Quality**

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

WQ0010543-012	01	16	6	19742
PERMIT NUMBER	SET	YEAR	MO	EID

OTFL 900 RECLAIMED WATER TYPE II

Parameter Code/ **Effluent Condition** No. Frequency of Sample Type **Parameter** Value Units Ex **Analysis** 000085342 Permitted TRANSFER DAYS/MON Reported 800821024 Permitted CBOD<sub>5</sub> 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

Texas Commission on Environmental Quality

EXECUTIVE OFFICER SIGNATURE

Telephone Number

8

8

512 972-0101

DAY YEAR

Number

MONTH

Area code

16

16

Randall Swenson

Greg Meszaros, Director

**EXECUTIVE OFFICER NAME** 



# **Texas Commission on Environmental Quality**

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

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YEAR	MO				

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EID	

This report to be used for

COMBINED OTFL 001 AND RECLAIMED WATER

Please retain a photocopy for your records.

Parameter Code/ Parameter	Effluent Condition			No.	Frequency of		ample Type
		Value	Units	Ex	Analysis	2	ample Type
500507124	Permitted		MGD		CONT		CONT
FLOW DLY. AVG.	Reported	56.5	MGD	0	CONT		CONT
NUMBER OF	Permitted		NUMBER		01		NA
OPERATOR CERTIFICATE	Reported	WW0011708	NUMBER	0	01		NA
EXPIRATION OF	Permitted		DATE	W	01		NA
OPERATOR CERTIFICATE	Reported	5/12/2018	DATE	0	01		NA
CLASS OF	Permitted		LETTER		01	Age of	NA
OPERATOR CERTIFICATE	Reported	В	LETTER	0	01		NA
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	Reported						MARKET ST
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COMMENTS AND EXPL	ANATIONS (R	eference all attachm	ents here.)				
I CERTIFY THAT I AM F KNOWLEDGE AND BEL						TO THE	BEST OF MY
PLANT OPERATOR		PLANT OPER	ATOR SIGNA		MONTH	DAY	YEAR
Randall Swenson		LONN	1 Jul		7	8	
EXECUTIVE OFFIC		EXECUTIVE	OFFICER SIG	NATUE	RE MONTH	-	YEAR
Greg Meszaros,	Director	7349		1616	7		
		Telephone N	NAME OF TAXABLE PARTY.		=	972-0	24.04