

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

figi	WQ0010543-011		
	PERMIT NUMBER	F	

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(9)	SET	16

16	11
YEAR	MO

15650	
EID	

Number

Area code

This report to be used for

OTFL 800 RECLAIMED WATER TYPE I

Please retain a photocopy for your records.

Parameter Code/		Effluent Condition			Frequency of		S	ample Type	
Parameter		Value	Units	Ex	Analysis		7,1	impic Type	
316403724 E. coli	Permitted	20.000	MPN/100 mL		2/week		GF	AB PKLOAD	
DLY. AVG.	Reported	<1	MPN/100 mL	0	2/week		GF	AB PKLOAD)
316403730 E. coli	Permitted	75.000	MPN/100 mL		2/week		GF	AB PKLOAD	
IND. GRAB	Reported	1.0	MPN/100 mL	0	2/week		GF	AB PKLOAD	
500507124 FLOW	Permitted		MGD		CONT			CONT	
DLY. AVG.	Reported	0.60	MGD	0	CONT			CONT	446
800821024 CBOD5	Permitted	5.000	mg/L		2/week	4	GI	AB PKLOAD	
DLY. AVG.	Reported	<2.00	mg/L	0	2/week	- 1	GF	AB PKLOAD	
820796624 TURBIDITY	Permitted	3.000	NTU		2/week		GI	AB PKLOAD	
30DAYAVG	Reported	1.45	NTU	o	2/week		GF	AB PKLOAD	
CLASS OF OPERATOR	Permitted		LETTER		01			NA	
CERTIFICATE	Reported	À	LETTER	0	01		ŔĠ	NA	
NUMBER OF OPERATOR	Permitted		NUMBER		01			NA	
CERTIFICATE	Reported	WW0038287	NUMBER	0	01			NA	AL S
EXPIRATION OF OPERATOR	Permitted	HAS IN IS	DATE		01			NA	
CERTIFICATE	Reported	1/14/2018	DATE	0	01			NA	2.3
000085342 TRANSFER	Permitted								
DAYS/MON	Reported	30	DAY	0	NA			NA	
COMMENTS AND EXPI	FAMILIAR WIT	H THE INFORMAT	ION CONTAINED			ттот	HE B	EST OF MY	
KNOWLEDGE AND BEI PLANT OPERATOR			JE, COMPLETE AN ATOR SIGNAT		URATE. MONTI	ים נ	AVI	YEAR	
James Bennett		Lawy	ATOK BIGINAL	UKE	WONT	12	8	TEM	16
EXECUTIVE OFFICER NAME		EXECUTIVE	EXECUTIVE OFFICER SIGNATURE					YEAR	
Greg Meszaros	, Director	145				12	8		16
		Telephone N	umber			12 97	/2-(0101	



This report to be used for

Please retain a photocopy for your records.

Texas Commission on Environmental Quality

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

WQ0010543-011	01	16	11	15651
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 316403724 Permitted E. coli DLY. AVG. Reported 316403730 Permitted E. coli IND. GRAB Reported 500507124 Permitted **FLOW** Reported DLY. AVG. 800821024 Permitted CBOD5 DLY. AVG. Reported NUMBER OF Permitted **OPERATOR** CERTIFICATE Reported **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	In	12	8	16
EXECUTIVE OFFICER NAME	EXECUTIVE OFFICER SIGNATURE	MONTH	DAY YEAR	
Greg Meszaros, Director	724	12	8	16
	Telephone Number	512	972-0101	
		Amos sods	Mumbas	



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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EID	

This report to be used for

COMBINED OUTFALLS 001 AND RECLAIMED WATER

Please retain a photocopy for your records.

Parameter Code/	Effluent Condition			No. Frequ	Frequency o	uency of		ample Type	
Parameter		Value	Units	Ex	Analysis			ample Type	
500507124 FLOW	Permitted		MGD		CONT		1	CONT	
DLY. AVG.	Reported	53-4	MGD	0	CONT			CONT	
NUMBER OF	Permitted		NUMBER		01			NA	
OPERATOR CERTIFICATE	Reported	WW0038287	NUMBER	0	01			NA	
EXPIRATION OF OPERATOR	Permitted		DATE		01		Bb.	NA	
CERTIFICATE	Reported	1/14/2018	DATE	0	01			NA	
CLASS OF OPERATOR	Permitted		LETTER		01			NA	
CERTIFICATE	Reported	A	LETTER	o	01			NA	
	Permitted				BANK BANK				
	Reported								
	Permitted								166
	Reported								
	Permitted								
	Reported					H			
	Permitted			Eq.		H			
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COMMENTS AND EXPL	ANATIONS (N	nerence an attachme	nts here.						
I CERTIFY THAT I AM F KNOWLEDGE AND BEI	JEF SUCH INF	ORMATION IS TRU	E, COMPLETE A	ND ACC	URATE.				
PLANT OPERATOR		PLANT OPER	ATOR SIGNA	TURE	MON			YEAR	
James Ben EXECUTIVE OFFICE		EXECUTIVE (VERICED CICI	TATTI	E MON	12	8 DAV	YEAR	
Greg Meszaros		The state of	PETICER SIG	MAIUI	E MON	1H 12	8	ILMR	1
OTOS MICSZATOS	, Director	Telephone N	umber	Selection of			972-	0101	
THE RESIDENCE OF THE PARTY OF T	ST PARTY	X			Area			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 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 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

WQ	0010543-012
PERI	MIT NUMBER

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SET	4

16	111
YEAR	MO

19743	5-7YE
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	bampic Type	
000085342 TRANSFER	Permitted						
DAYS/MON	Reported	30	DAY	o	NA	NA	
300821024 CBOD5	Permitted	5.000	mg/L		2/week	GRAB PKLOAD	
DLY. AVG.	Reported	<2.4	mg/L	0	2/week	GRAB PKLOAD	
320796624 Furbidity	Permitted	3.000	NTU		2/week	GRAB PKLOAD	
30DAYAVG	Reported	1.99	NTU	0	2/week	GRAB PKLOAD	
316403730 E. coli	Permitted	75.000	MPN/100 mL		2/week	GRAB PKLOAD	
IND. GRAB	Reported	5	MPN/100 mL	O	2/week	GRAB PKLOAD	
316403724 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	1.68	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	O	01	NA	
CLASS OF OPERATOR	Permitted		LETTER		01	NA	
CERTIFICATE	Reported	В	LETTER	0	01	NA	
COMMENTS AND EXPL	ANATIONS (Re	ference all attachme	ents here.)				

KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE, COMPLETE AND ACCURATE. PLANT OPERATOR NAME PARTIORERATION SIGNATURE MONTH DAY YEAR EXECUTIVE OFFICER SIGNATURE Randall Swenson 8 16 EXECUTIVE OF FICER NAME MONTH DAY YEAR Greg Meszaros, Director 16 12 8 Telephone Number 512 972-0101 Number Area code



This report to be used for

Please retain a photocopy for your records.

Texas Commission on Environmental Quality

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

OTFL 900 RECLAIMED WATER TYPE II

WQ0010543-012	01	16
PERMIT NUMBER	SET	YEA

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 16
 11
 19742

 SET
 YEAR
 MO
 EID

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** CERTIFICATE Reported **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 Kerlul Zulvan Randall Swenson 8 16 12 EXECUTIVE OFFICER NAME EXECUTIVE OFFICER SIGNATURE MONTH DAY YEAR 16 Greg Meszaros, Director 8 12 Telephone Number 512 972-0101 Number Area code



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

	WQ0010543-012
75 /5	PERMIT NUMBER

01	
SET	-14

16	111
YEAR	MO

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EID	

This report to be used for

COMBINED OTFL 001 AND RECLAIMED WATER

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Parameter Code/ Parameter	Effluent Condition		No.	Frequency of	Sample Type			
		Value	Units	Ex	Analysis		апри турс	Турс
500507124 FLOW	Permitted		MGD		CONT		CONT	
DLY. AVG.	Reported	39.4	MGD	o	CONT		CONT	
NUMBER OF OPERATOR	Permitted		NUMBER		01		NA	
CERTIFICATE	Reported	WW0011708	NUMBER	0	01	No.	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	
	Permitted							
	Reported							
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Randall Swe	enson	Kedu	W ST	NN	12			16
EXECUTIVE OFFICE	The second second	EXECUTIVE O	OFFICER SIG	NATUR		-	YEAR	
Greg Meszaros	, Director	m/s			12	_	0101	1
		Telephone N	umher		512	972-	0101	

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- 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
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