

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

WQ0010	543-012
PERMIT N	NUMBER

01
SET

16	10
YEAR	MO

19743
EID

512 972-0101

Area code

Number

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
000085342 FRANSFER	Permitted						
DAYS/MON	Reported	31	DAY	0	NA		NA
800821024 CBOD5	Permitted	5.000	mg/L		2/week	G	RAB PKLOAD
DLY. AVG.	Reported	<2.1	mg/L	O	2/week	G	RAB PKLOAD
820796624 Turbidity	Permitted	3.000	NTU		2/week	G	RAB PKLOAD
30DAYAVG	Reported	1.25	NIU	0	2/week	G	RAB PKLOAD
316403730 E. coli	Permitted	75.000	MPN/100 mL		2/week	G	RAB PKLOAD
IND. GRAB	Reported	10	MPN/100 mL	o	2/week	G	RAB PKLOAD
316403724 E. coli	Permitted	20.000	MPN/100 mL		2/week	G	RAB PKLOAD
DLY AVG	Reported	<1	MPN/100 mL	0	2/week	G	RAB PKLOAD
500507124 FLOW	Permitted		MGD		CONT		CONT
DLY. AVG.	Reported	2.95	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	O1		NA
CLASS OF OPERATOR	Permitted		LETTER		01		NA
	Reported	В	LETTER	0	01		NA
CERTIFICATE COMMENTS AND EXPL	ANATIONS (Re	eference all attachme	ents here.)			O THE	NA BEST OF MY
KNOWLEDGE AND BEL PLANT OPERATOR	IEF SUCH INF	ORMATION IS TRU PLANT OPER	E, COMPLETE AN	D ACCI	JRATE. MONTH		
Randall Swe		Kada	SIGNAL	UKE	Territoria de la compansa del compansa de la compansa de la compansa del compansa de la compansa		YEAR
EXECUTIVE OFFICE			OFFICER SIGN	ATTIR	E MONTH		YEAR
Greg Meszaros,	the same of the sa	269-	JI I TOLAK DIGI	ILI OI	11	1	TEAR
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Texas Commission on Environmental Quality

Telephone Number



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

WQ0010543-012	
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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.	Frequ	ency of		Sample Type	No.
Parameter		Value	Units	Ex		alysis		sample Type	
000085342 TRANSFER	Permitted								
DAYS/MON	Reported	remains the last						STATE BEST	
800821024 CBOD5	Permitted								
DLY. AVG.	Reported								
316403730 E. coli	Permitted								
IND. GRAB	Reported						1		
316403724 E. coli	Permitted								
DLY. AVG.	Reported								
500507124 FLOW	Permitted						le in		
DLY. AVG.	Reported								Mi
NUMBER OF OPERATOR	Permitted								
CERTIFICATE	Reported								
EXPIRATION OF OPERATOR	Permitted								
CERTIFICATE	Reported				A BOOK				204
CLASS OF OPERATOR	Permitted								
CERTIFICATE	Reported								
COMMENTS AND EXPL	ANATIONS (Ref	l erence all attachme	ents here.)						
Reclaim water is Type	I Only.								
CERTIFY THAT I AM F KNOWLEDGE AND BEL	AMILIAR WITH	THE INFORMAT	ON CONTAINE	D IN THIS	REPORT	AND THAT TO	O THE I	BEST OF MY	
PLANT OPERATOR		PLANT OPER	ATOR SIGNA			MONTH	DAY	YEAR	
Randall Swe	nson	Lagall	Sul			11			1
EXECUTIVE OFFIC		EXECUTIVE	OFFICER SIG	NATURI	Đ	MONTH		YEAR	
Greg Meszaros,	Director	744				11	7		1
		Telephone N	umber			512	972-	0101	
		VV				Area code		Number	



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

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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. Free	Frequency of	0 1 7
Parameter	A THE STATE OF THE	Value	Units	Ex	Analysis	Sample Type
500507124 FLOW	Permitted		MGD		CONT	CONT
DLY. AVG.	Reported	40.8	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 OPERATOR	Permitted		LETTER		01	NA
CERTIFICATE	Reported	В	LETTER	0	01	NA
	Permitted					
	Reported					
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	Permitted					
	Reported					
COMMENTS AND EXPL	ANATIONS (Re	ference all attachme	nts here.)			
CERTIFY THAT I AM F	AMILIAR WITI	H THE INFORMATION IS TRUE	ON CONTAINED	IN THIS	REPORT AND THAT TO	THE BEST OF MY
PLANT OPERATOR	NAME	PLANT OPERA				DAY YEAR
Randall Swe		Karal	Dun		11	7
EXECUTIVE OFFIC	The second secon	EXECUTIVE	FFICER SIGN	VATURI	The second secon	DAY YEAR
Greg Meszaros,	Director	1	Ť,	-	11	7
		Telephone Nu	Imper		519	972-0101

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

- 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 "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 obt	st or measurement results obtained
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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

WQ0010	0543-011
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Area code

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Number

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512 972-0101

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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		Analysis		Sample Type	
316403724 E. coli	Permitted	20.000	MPN/100 mL		2/week	G	RAB PKLOAD	
DLY. AVG.	Reported	<1	MPN/100 mL	0	2/week	G	RAB PKLOAD	
316403730 E. coli	Permitted	75.000	MPN/100 mL		2/week	G	RAB PKLOAD	
IND. GRAB	Reported	<1	MPN/100 mL	0	2/week	G	RAB PKLOAD	
500507124 FLOW	Permitted		MGD		CONT		CONT	X
DLY. AVG.	Reported	1.03	MGD	0	CONT		CONT	
800821024 CBOD5	Permitted	5.000	mg/L		2/week	G	RAB PKLOAD	
DLY. AVG.	Reported	<2.05	mg/L	o	2/week	G	RAB PKLOAD	,
820796624 FURBIDITY	Permitted	3.000	NTU		2/week	G	RAB PKLOAD	
BODAYAVG	Reported	1.49	NTU	o	2/week	G	RAB 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 FRANSFER	Permitted							
DAYS/MON	Reported	31	DAY	0	NA		NA	
COMMENTS AND EXPL	AMILIAR WIT	H THE INFORMATI	ON CONTAINED	IN THIS	REPORT AND THAT T	O THE I	BEST OF MY	
CNOWLEDGE AND BEL PLANT OPERATOR		PLANT OPER				IDATE	TOTAL D	
James Ben	A STATE OF THE PARTY OF THE PAR	LANTUTER	ATOKSIGNAT	OKE	MONTH	The State of the Land	YEAR	9
VECTORIUS DEL		предоставителя с			E MONTHY	10		1

Texas Commission on Environmental Quality

EXECUTIVE OFFICER SIGNATURE

Telephone Number

EXECUTIVE OFFICER NAME

Greg Meszaros, Director



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

(00)210	WQ0010543-011	
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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				uency of	6. 1.		THE REAL PROPERTY.
Parameter		Value	Units	Ex	Ana			Sample Type	
000085342 TRANSFER	Permitted								i di
DAYS/MON	Reported								
316403724 E. coli	Permitted								
DLY. AVG.	Reported			3					
316403730 E. coli	Permitted								W EN
IND. GRAB	Reported		11/13/11/17						
500507124 FLOW	Permitted								
DLY. AVG.	Reported								
800821024 CBOD5	Permitted								
DLY. AVG.	Reported								
NUMBER OF OPERATOR	Permitted								
CERTIFICATE	Reported		ENGLISHING S					War Park	
EXPIRATION OF OPERATOR	Permitted							Lagrana.	
CERTIFICATE	Reported		PERMIT						
CLASS OF OPERATOR	Permitted								
CERTIFICATE	Reported								
COMMENTS AND EXPL		ference all attachme	ents here.)			Marsh 1			
Reclaim water is Type			on all orange is						
I CERTIFY THAT I AM F	AMILIAR WITH	THE INFORMAT	ON CONTAINE	D IN THIS	REPORT A	ND THAT TO	THE	BEST OF MY	
KNOWLEDGE AND BEL PLANT OPERATOR	NAME.	PLANT OPER				IONTH	DAV	YEAR	-
James Ben			Z OK BIONA	TO ICE	***	11	10	TIME	16
EXECUTIVE OFFICER NAME		EXECUTIVE OFFICER SIGNATURE			E N	400000		YEAR	10
Greg Meszaros,		Yhl				11	10		16
		Telephone N	umber	19 19 A			972-	0101	West .
		W			- 1	rea code		Number	



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

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YEAR	MO				

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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. Free	Frequency of	c	Sample Type
		Value	Units	Ex	Analysis		ample Type
500507124 FLOW	Permitted		MGD		CONT		CONT
DLY. AVG.	Reported	50.4	MGD	o	CONT	1000	CONT
NUMBER OF	Permitted		NUMBER	9.0	01		NA
OPERATOR CERTIFICATE	Reported	WW0038287	NUMBER	0	01		NA
EXPIRATION OF	Permitted		DATE		01		NA
OPERATOR CERTIFICATE	Reported	1/14/2018	DATE	ō	01		NA
CLASS OF	Permitted	7/20/2010	LETTER		01		NA
OPERATOR CERTIFICATE	Reported	A	LETTER	0	01		NA
	Permitted	43	LEITER		VI		IVA
	Reported	the Landing of					TY MAN STATE
	Permitted						
				3.2			
	Reported Permitted						
	Reported						
	Permitted						
	Reported				100		
COMMENTS AND EXPL	ANAIIIONS (Re	eterence all attachme	nts here.)				
CERTIFY THAT I AM F						O THE I	EST OF MY
PLANT OPERATOR NAME		ORMATION IS TRUE, COMPLETE AND ACCURATE. PLANT OPFRATOR SIGNATURE			MONTH	DAY	YEAR
James Bennett					11	the second second	
EXECUTIVE OFFICE		EXECUTIVE	FFICER SIGN	VATUR			YEAR
Greg Meszaros,	Director	1			11	-	
		Telephone N	imhor		F10	972-	2101

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- 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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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.
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6 PRT COMP	6-part composite
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