

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

WQ0010543-011	
PERMIT NUMBER	17,02

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16	9	
YEAR	MO	

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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	Ex	Analysis		ampie Type
316403724 E. coli	Permitted	20.000	MPN/100 mL		2/week	GI	RAB PKLOAD
DLY. AVG.	Reported	<1	MPN/100 mL	0	2/week	GI	RAB PKLOAD
316403730 E. coli	Permitted	75.000	MPN/100 mL		2/week	GI	RAB PKLOAD
IND. GRAB	Reported	<1	MPN/100 mL	o	2/week	GI	RAB PKLOAD
500507124 FLOW	Permitted		MGD		CONT		CONT
DLY. AVG.	Reported	1.07	MGD	0	CONT		CONT
800821024 CBOD5	Permitted	5.000	mg/L		2/week	G	RAB PKLOAD
DLY. AVG.	Reported	<2.00	mg/L	0	2/week	GI	RAB PKLOAD
820796624 FURBIDITY	Permitted	3.000	NTU		2/week	G	RAB PKLOAD
30DAYAVG	Reported	1.17	NTU	0	2/week	G	RAB PKLOAD
CLASS OF OPERATOR	Permitted		LETTER		01		NA
CERTIFICATE	Reported	В	LETTER	0	01	TEVAL:	NA
NUMBER OF OPERATOR	Permitted		NUMBER		01		NA
CERTIFICATE	Reported	WW0037983	NUMBER	0	01	1474	NA
EXPIRATION OF OPERATOR	Permitted		DATE		01		NA
CERTIFICATE	Reported	10/7/2017	DATE	0	01	HIM	NA
000085342 FRANSFER	Permitted						
DAYS/MON	Reported	30	DAY	0	NA		NA
	'AMILIAR WIT	H THE INFORMAT	ION CONTAINED		S REPORT AND THAT TO	O THE I	BEST OF MY
KNOWLEDGE AND BEL						15.11	
PLANT OPERATOR		PLANT OPER	ATOR SIGNAT	URE	MONTH		YEAR
Dana Wh		EXECUTIVE	OFFICER SIGN	ATTI	E MONTH		YEAR
Greg Meszaros		24	JI TOLIK BIOT		10	College State	1
STATE OF THE STATE	CONTRACTOR OF	Telephone N	umbon		510	972-	0101

Texas Commission on Environmental Quality

Area code

Number



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

WQ0010543-011	877/8
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/ **Effluent Condition** No. Frequency of Sample Type **Parameter** Analysis Value Units Ex 000085342 Permitted TRANSFER Reported DAYS/MON 316403724 Permitted E. coli DLY. AVG. Reported 316403730 Permitted E. coli Reported IND. GRAB 500507124 Permitted **FLOW** DLY. AVG. Reported 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 MONTH DAY YEAR PLANT OPERATOR SIGNATURE Dana White 16 10 10 EXECUTIVE OFFICER NAME EXECUTIVE OFFICER SIGNATURE MONTH DAY YEAR Greg Meszaros, Director 16 10 10 Telephone Number 512 972-0101 Area code Number



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

WQ0010543-011	
PERMIT NUMBER	

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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/		Effluent Condition			Frequency of	9	ample Type
Parameter		Value	Units	Ex	Analysis	J	ample Type
500507124 FLOW	Permitted		MGD		CONT		CONT
DLY. AVG.	Reported	54.7	MGD	o	CONT		CONT
NUMBER OF	Permitted		NUMBER		01		NA
OPERATOR CERTIFICATE	Reported	WW0037983	NUMBER	0	01		NA
EXPIRATION OF OPERATOR	Permitted		DATE		01		NA
CERTIFICATE	Reported	10/7/2017	DATE	o	01		NA
CLASS OF OPERATOR	Permitted		LETTER		01		NA
CERTIFICATE	Reported	В	LETTER	o	01	Suff.	NA
	Permitted						
	Reported						
	Permitted						
	Reported	ELITE ELECTION DE L'ANNE					TOPE VEHICLE
	Permitted						
	Reported	THE REPORT	Ebeldia.				
	Permitted						
	Reported						
			A VENTANIA			24.54	
COMMENTS AND EXPL				TAI THE	S REPORT AND THAT TO	O TWEE E	EGT OF MV
KNOWLEDGE AND BEI	JEF SUCH INF	ORMATION IS TRU	E, COMPLETE A	ND ACC	URATE.		
PLANT OPERATOR		PLANT OPERA		TURE	MONTH		YEAR
Dana Wh			THE STORY	TAPRITO	10	100000000000000000000000000000000000000	T/T/A/D
EXECUTIVE OFFICE		EXECUTIVE O	PFICER SIG	NATUR			YEAR
Greg Meszaros	, Director	Telephone N			10	972-	
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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 PKLOAD 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

	WQ0010543-012	
7 18	PERMIT NUMBER	

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YEAR	MO

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This report to be used for

OTFL 800 RECLAIMED WATER TYPE I

Please retain a photocopy for your records.

Parameter Value	Frequency of	Sample Type
TRANSFER DAYS/MON Reported 30 DAY 0 800821024 CBOD5 DLY, AVG. Reported 5.000 mg/L Reported 5.000 mg/L Reported 5.000 mg/L Reported 7.000 NTU Turbidity 3.000 NTU 4.000 MPN/100 mL Reported 2 MPN/100 mL Reported 2 MPN/100 mL Reported 4 MPN/100 mL Reported 4 MPN/100 mL Reported 5.000 MPN/100 mL Reported 2.39 MGD Reported 8.000 NUMBER OF Reported 9.39 MGD Reported 9.300 NUMBER Reported 9.300 NUMBER Reported 10/7/2017 DATE 0 REPORTATION OF Permitted DATE REPORTED 10/7/2017 DATE 0 REPORTED 1	Analysis	bumple Type
DAYS/MON Reported 30 DAY 0 Reo821024 CBOD5 DLY, AVG. Reported <2.0 mg/L 0 Reported 3.000 NTU Reported 3.000 NTU Reported 1.31 NTU 0 Reported 75.000 MPN/100 mL Reported 2 MPN/100 mL 0 Reported 2 MPN/100 mL 0 Reported 4 1 MPN/100 mL 0 Reported 4 1 MPN/100 mL 0 Reported 5.000 MPN/100 mL 0 Reported 2 MPN/100 mL 0 Reported 4 1 MPN/100 mL 0 Reported 5.000 MPN/100 mL 0 Reported 4 1 MPN/100 mL 0 Reported 5.000 MPN/100 mL 0 Reported 5.000 MPN/100 mL 0 Reported 6 1 MPN/100 mL 0 Reported 7 MGD 7 M		
CBOD5 DLY. AVG. Reported <2.0 mg/L OB20796624 Turbidity Reported 3.000 NTU S16403730 E. coli Reported 75.000 MPN/100 mL OB316403724 E. coli DLY AVG DLY AVG Reported 20.000 MPN/100 mL OB316403724 E. coli DLY AVG Reported 4 MPN/100 mL OB316403724 E. coli DLY AVG Reported 20.000 MPN/100 mL OB316403724 E. coli DLY AVG Reported 4 MPN/100 mL OB316403724 FILOW DLY AVG DLY AVG Reported 2.39 MGD OBATE OPERATOR CERTIFICATE Reported WW0037983 NUMBER OPERATOR CERTIFICATE Reported 10/7/2017 DATE CULASS OF OPERATOR CERTIFICATE Reported 10/7/2017 DATE COMMENTS AND EXPLANATIONS (Reference all attachments here.) I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THE KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE, COMPLETE AND ACCEPTATOR SIGNATURE Dana White	NA	NA
DLY. AVG. Reported <2.0 mg/L o Re20796624 Furbidity Reported 1.31 NTU o Reported 75.000 MPN/100 mL Reported 2 MPN/100 mL Reported 2 MPN/100 mL Reported 2 MPN/100 mL Reported 4 1 MPN/100 mL Reported 4 1 MPN/100 mL Reported 50.000 MPN/100 mL Reported 2 0.000 MPN/100 mL Reported 4 1 MPN/100 mL Reported 50.00507124 FLOW Reported 2.39 MGD o NUMBER OF OPERATOR CERTIFICATE Reported WW0037983 NUMBER o EXPIRATION OF OPERATOR CERTIFICATE Reported 10/7/2017 DATE o CLASS OF OPERATOR CERTIFICATE Reported B LETTER o COMMENTS AND EXPLANATIONS (Reference all attachments here.) CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THE KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE, COMPLETE AND ACC PLANT OPERATOR SIGNATURE Dana White	2/week	GRAB PKLOAD
Rurbidity 3.000 NTU 3.000 MPN/100 mL 3.000 MPN/100 MP	2/week	GRAB PKLOAD
Reported 1.31 NTU 0 Reported 75.000 MPN/100 mL Reported 2 MPN/100 mL Reported 2 MPN/100 mL Reported 20.000 MPN/100 mL Reported 41 MPN/100 mL Reported 41 MPN/100 mL Reported 41 MPN/100 mL Reported 41 MPN/100 mL Reported 42.39 MGD Reported 2.39 MGD Reported NUMBER OF Reported WW0037983 NUMBER OF REPORTATION OF REPORTED ATTER REPORTED 10/7/2017 DATE REPORTED 10/7/2017 DATE REPORTED REPORTED 10/7/2017 DATE REPORTED	2/week	GRAB PKLOAD
E. coli IND. GRAB Reported 2 MPN/100 mL 316403724 E. coli DLY AVG Reported 20.000 MPN/100 mL 300507124 FLOW DLY. AVG. Reported 2.39 MGD NUMBER OF DPERATOR CERTIFICATE Reported WW0037983 NUMBER DATE DATE DATE CLASS OF DPERATOR CERTIFICATE CERTIFICATE Reported 10/7/2017 DATE COMMENTS AND EXPLANATIONS (Reference all attachments here.) CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THE CHOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE, COMPLETE AND ACCUPLANT OPERATOR NAME Dana White	2/week	GRAB PKLOAD
Permitted 20.000 MPN/100 mL 20.000 MPN/100	2/week	GRAB PKLOAD
E. coli DLY AVG Reported Reported AMPN/100 mL MGD FLOW DLY. AVG. Reported Permitted NUMBER OF DPERATOR CERTIFICATE CERTIFICATE CERTIFICATE CERTIFICATE Reported MGD NUMBER NUMBER NUMBER NUMBER Permitted DATE DATE DATE CLASS OF DPERATOR CERTIFICATE CERTIFICATE COMMENTS AND EXPLANATIONS (Reference all attachments here.) CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THE KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE, COMPLETE AND ACCEPTANT OPERATOR SIGNATURE Dana White	2/week	GRAB PKLOAD
DLY AVG Reported Permitted MGD DLY. AVG. Reported Permitted NUMBER OF OPERATOR CERTIFICATE EXPIRATION OF OPERATOR CERTIFICATE Reported WW0037983 NUMBER OPERATOR CERTIFICATE Reported 10/7/2017 DATE OPERATOR CERTIFICATE Reported 10/7/2017 DATE OPERATOR CERTIFICATE COMMENTS AND EXPLANATIONS (Reference all attachments here.) CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THE KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE, COMPLETE AND ACCEPTANT OPERATOR NAME Dana White	2/week	GRAB PKLOAD
PELOW DLY, AVG. Reported DLY, AVG. Reported DPERATOR CERTIFICATE CERTIFICATE CERTIFICATE CERTIFICATE Reported Reported DATE DATE CERTIFICATE Reported DATE CLASS OF OPERATOR CERTIFICATE COMMENTS AND EXPLANATIONS (Reference all attachments here.) CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THE KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE, COMPLETE AND ACCEPTANT OPERATOR NAME Dana White	2/week	GRAB PKLOAD
DLY. AVG. Reported Permitted NUMBER OPERATOR CERTIFICATE Reported WW0037983 NUMBER OPERATOR CERTIFICATE Reported IDATE OPERATOR CERTIFICATE Reported IO/7/2017 DATE OPERATOR CERTIFICATE Reported B LETTER OCOMMENTS AND EXPLANATIONS (Reference all attachments here.) CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THE KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE, COMPLETE AND ACCEPTANT OPERATOR NAME Dana White	CONT	CONT
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CERTIFICATE Reported WW0037983 NUMBER O EXPIRATION OF OPERATOR CERTIFICATE Reported 10/7/2017 DATE O CLASS OF OPERATOR CERTIFICATE Reported LETTER COMMENTS AND EXPLANATIONS (Reference all attachments here.) I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THE KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE, COMPLETE AND ACCUPLANT OPERATOR NAME PLANT OPERATOR SIGNATURE Dana White	01	NA
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I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THE KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE, COMPLETE AND ACCEPLANT OPERATOR NAME PLANT OPERATOR NAME Dana White	01	NA
PLANT OPERATOR NAME PLANT OPERATOR SIGNATURE Dana White		O THE BEST OF MY
Dana White		DAY YEAR
EVENTED APPLICED NAME TO THE APPLICATION OF THE PROPERTY OF TH	10	10
EXECUTIVE OFFICER NAME EXECUTIVE OFFICER SIGNATU	RE MONTH	DAY YEAR
Greg Meszaros, Director	10	
Telephone Number	512 Area code	972-0101 Number



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

WQ0010543-012	01	16	9	19742
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/	ENVEN	Effluent Condit	ion	No.	Frequ	ency of	0	ample Type	
Parameter		Value	Units	Ex		alysis		ampie Type	
000085342	Permitted					No. of the last		THE STATE OF	
TRANSFER DAYS/MON	Reported		MANAGEN	1 Octob			10.05		
800821024	Permitted		LINE SE		ALC: U		1		ST R
CBOD5 DLY. AVG.	Reported		Dept Sign		100.515			Market Service	
316403730	Permitted					W Williams		NEW CO	
E. coli IND. GRAB	Reported				1000	NAME OF THE			
316403724	Permitted						Name of the last	ROTAL PROPERTY.	
E. coli			CS IN DISTRICT		CHOICE CO.			DE Varie	470
DLY. AVG.	Reported		1/4/2019						
500507124 FLOW	Permitted			D. A	The second				
DLY. AVG.	Reported	Same News			Election.		0,40		
NUMBER OF OPERATOR	Permitted								
CERTIFICATE	Reported		MARK BENEFIT						
EXPIRATION OF	Permitted								
OPERATOR CERTIFICATE	Reported	ALCOHOLDS IN					State of		
CLASS OF	Permitted	Thate Colored					i in		H
OPERATOR CERTIFICATE	Reported				3000			RESIDENCE.	
CERTIFICATE	Reported	85.4585 Million	Nation 1995						
							To the second		
COMMENTS AND EXPL	ANATIONS (Re	ference all attachm	ents here.)						
Reclaim water is Type	STATE OF THE PARTY NAMED IN		The state of the s						
I CERTIFY THAT I AM F KNOWLEDGE AND BEI						AND THAT TO	O THE I	BEST OF MY	
PLANT OPERATOR		PLANT OPER				MONTH	DAY	YEAR	-
Dana Wh		0	alet	1		10	10	The state of the s	16
EXECUTIVE OFFICE		EXECUTIVE	OFFICER SIG	NATUR	E	MONTH		YEAR	
Greg Meszaros	, Director	241		N N ON A		10			16
	W. Strange	Telephone N	umber				972-	0101	18.10
	and the same of th	V				Area 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 OTFL 001 AND RECLAIMED WATER

Please retain a photocopy for your records.

Parameter Code/ Parameter	Effluent Condition			No.	Frequency of	Comple Tone	
		Value	Units	Ex	Analysis	Sample Type	
500507124 FLOW	Permitted		MGD		CONT	CONT	
DLY. AVG.	Reported	45-3	MGD	0	CONT	CONT	
NUMBER OF	Permitted		NUMBER		01	NA	
OPERATOR CERTIFICATE	Reported	WW0037983	NUMBER	o	01	NA	
EXPIRATION OF OPERATOR CERTIFICATE	Permitted		DATE	1	01	NA	
	Reported	10/7/2017	DATE	0	01	NA	
CLASS OF	Permitted		LETTER		01	NA	
OPERATOR CERTIFICATE	Reported	В	LETTER	o	01	NA	
	Permitted						
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COMMENTS AND EXPL	ANATIONS (R	eference all attachme	ents here.)				
KNOWLEDGE AND BEI	IEF SUCH INF				S REPORT AND THAT TO URATE.	O THE BEST OF MY	
PLANT OPERATOR		PLANT OPER			MONTH	DAY YEAR	
Dana White			The second second	10		1	
EXECUTIVE OFFIC		EXECUTIVE O	OFFICER SIG	NATUR		DAY YEAR	100
Greg Meszaros	, Director	-			10		1
		Telephone N	umber			972-0101	
					Area code	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

- 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 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

A physical property whose values determine the characteristics or behavior of

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.

something (i.e. temperature, BOD, pH)

Parameter