

Texas Commission on Environmental Quality

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

WQ0010543-012
PERMIT NUMBER

01
SET

16	3
YEAR	MO

19743
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. Ex	Frequency of Analysis	Sample Type
		Value			
000085342 TRANSFER DAYS/MON	Permitted				
	Reported	31	DAY	0	NA
800821024 CBOD ₅ DLY. AVG.	Permitted	5.000	mg/L		GRAB PKLOAD
	Reported	<2.5	mg/L	0	2/week
820796624 Turbidity 30DAYAVG	Permitted	3.000	NTU		GRAB PKLOAD
	Reported	1.86	NTU	0	2/week
316403730 E. coli IND. GRAB	Permitted	75.000	MPN/100 mL		GRAB PKLOAD
	Reported	5	MPN/100 mL	0	2/week
316403724 E. coli DLY AVG	Permitted	20.000	MPN/100 mL		GRAB PKLOAD
	Reported	<1	MPN/100 mL	0	2/week
500507124 FLOW DLY. AVG.	Permitted		MGD		CONT
	Reported	2.77	MGD	0	CONT
NUMBER OF OPERATOR CERTIFICATE	Permitted		NUMBER		01
	Reported	WW0011708	NUMBER	0	01
EXPIRATION OF OPERATOR CERTIFICATE	Permitted		DATE		01
	Reported	5/12/2018	DATE	0	01
CLASS OF OPERATOR CERTIFICATE	Permitted		LETTER		01
	Reported	B	LETTER	0	01

COMMENTS AND EXPLANATIONS (Reference all attachments here.)

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
Randall Swenson	<i>Randall Swenson</i>	4	8	16
EXECUTIVE OFFICER NAME	EXECUTIVE OFFICER SIGNATURE	MONTH	DAY	YEAR
Greg Meszaros, Director	<i>Greg Meszaros</i>	4	8	16
Telephone Number		512	972-0101	
		Area code	Number	



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This report to be used for **OTFL 900 RECLAIMED WATER TYPE II**

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Parameter Code/ Parameter	Effluent Condition		No. Ex	Frequency of Analysis	Sample Type
	Value	Units			
000085342 TRANSFER DAYS/MON	Permitted		DAY		NA
	Reported				
800821024 CBOD ₅ DLY. AVG.	Permitted	NA	mg/L		2/week
	Reported				GRAB PKLOAD
316403730 E. coli IND. GRAB	Permitted	NA	MPN/100 mL		2/week
	Reported				GRAB PKLOAD
316403724 E. coli DLY. AVG.	Permitted	NA	MPN/100 mL		2/week
	Reported				DLY AVG
500507124 FLOW DLY. AVG.	Permitted	NA	MGD		NA
	Reported				
NUMBER OF OPERATOR CERTIFICATE	Permitted		NUMBER		
	Reported	WW0011708	NUMBER	0	01
EXPIRATION OF OPERATOR CERTIFICATE	Permitted		DATE		01
	Reported	5/12/2018	DATE	0	01
CLASS OF OPERATOR CERTIFICATE	Permitted		LETTER		01
	Reported	B	LETTER	0	01

COMMENTS AND EXPLANATIONS (Reference all attachments here.)

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EXECUTIVE OFFICER NAME	EXECUTIVE OFFICER SIGNATURE	MONTH	DAY	YEAR
Greg Meszaros, Director	<i>Greg Meszaros</i>	4	8	16
Telephone Number		512	972-0101	

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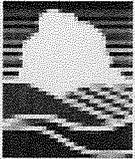
This report to be used for **COMBINED OTFL 001 AND RECLAIMED WATER**
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Parameter Code/ Parameter	Effluent Condition		No. Ex	Frequency of Analysis	Sample Type
		Value			
500507124 FLOW DLY. AVG.	Permitted		MGD	NA	NA
	Reported	48.7	MGD	0	NA
NUMBER OF OPERATOR CERTIFICATE	Permitted		NUMBER	01	NA
	Reported	WW0011708	NUMBER	0	01
EXPIRATION OF OPERATOR CERTIFICATE	Permitted		DATE	01	NA
	Reported	5/12/2018	DATE	0	01
CLASS OF OPERATOR CERTIFICATE	Permitted		LETTER	01	NA
	Reported	B	LETTER	0	01
	Permitted				
	Reported				
	Permitted				
	Reported				
	Permitted				
	Reported				
	Permitted				
	Reported				
	Permitted				
	Reported				

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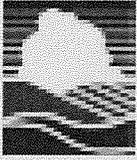
This report to be used for **OTFL 800 RECLAIMED WATER TYPE I**
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Parameter Code/ Parameter	Effluent Condition			No. Ex	Frequency of Analysis	Sample Type
		Value	Units			
316403724 E. coli DLY. AVG.	Permitted	20.000	MPN/100 mL		2/week	GRAB PKLOAD
	Reported	<1	MPN/100 mL	0	2/week	GRAB PKLOAD
316403730 E. coli IND. GRAB	Permitted	75.000	MPN/100 mL		2/week	GRAB PKLOAD
	Reported	<2	MPN/100 mL	0	2/week	GRAB PKLOAD
500507124 FLOW DLY. AVG.	Permitted		MGD		CONT	CONT
	Reported	0.42	MGD	0	CONT	CONT
800821024 CBOD ₅ DLY. AVG.	Permitted	5.000	mg/L		2/week	GRAB PKLOAD
	Reported	<2.3	mg/L	0	2/week	GRAB PKLOAD
820796624 TURBIDITY 30DAYAVG	Permitted	3.000	NTU		2/week	GRAB PKLOAD
	Reported	2.13	NTU	0	2/week	GRAB PKLOAD
CLASS OF OPERATOR CERTIFICATE	Permitted		NUMBER		01	NA
	Reported	WW0018247	NUMBER	0	01	NA
NUMBER OF OPERATOR CERTIFICATE	Permitted		DATE		01	NA
	Reported	11/12/2018	DATE	0	01	NA
EXPIRATION OF OPERATOR CERTIFICATE	Permitted		LETTER		01	NA
	Reported	A	LETTER	0	01	NA
000085342 TRANSFER DAYS/MON	Permitted					
	Reported	31	DAY	0	NA	NA

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PLANT OPERATOR NAME	PLANT OPERATOR SIGNATURE	MONTH	DAY	YEAR
Mike Welch		4	8	16
EXECUTIVE OFFICER NAME	EXECUTIVE OFFICER SIGNATURE	MONTH	DAY	YEAR
Greg Meszaros, Director		4	8	16
Telephone Number		512	972-0101	
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This report to be used for **OTFL 900 RECLAIMED WATER TYPE II**

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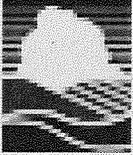
Parameter Code/ Parameter	Effluent Condition		No. Ex	Frequency of Analysis	Sample Type
	Value	Units			
000085342 TRANSFER DAYS/MON	Permitted		DAY		NA
	Reported				
316403724 E. coli DLY. AVG.	Permitted		MPN/100 mL	2/week	GRAB PKLOAD
	Reported				
316403730 E. coli IND. GRAB	Permitted		MPN/100 mL	2/week	GRAB PKLOAD
	Reported				
500507124 FLOW DLY. AVG.	Permitted		MGD	2/week	DLY AVG
	Reported				
800821024 CBOD5 DLY. AVG.	Permitted		mg/L	2/week	GRAB PKLOAD
	Reported				
NUMBER OF OPERATOR CERTIFICATE	Permitted		NUMBER	01	NA
	Reported	WW0018247	NUMBER	0	01
EXPIRATION OF OPERATOR CERTIFICATE	Permitted		DATE	01	NA
	Reported	11/12/2018	DATE	0	01
CLASS OF OPERATOR CERTIFICATE	Permitted		LETTER	01	NA
	Reported	A	LETTER	0	01

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This report to be used for **COMBINED OUTFALLS 001 AND RECLAIMED WATER**

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Parameter Code/ Parameter	Effluent Condition		No. Ex	Frequency of Analysis	Sample Type
	Value	Units			
500507124 FLOW DLY. AVG.	Permitted			CONT	CONT
	Reported	63.4	MGD	o	CONT
NUMBER OF OPERATOR CERTIFICATE	Permitted		NUMBER	01	NA
	Reported	WW0018247	NUMBER	o	01
EXPIRATION OF OPERATOR CERTIFICATE	Permitted		DATE	01	NA
	Reported	11/12/2018	DATE	o	01
CLASS OF OPERATOR CERTIFICATE	Permitted		LETTER	01	NA
	Reported	A	LETTER	o	01
	Permitted				
	Reported				
	Permitted				
	Reported				
	Permitted				
	Reported				
	Permitted				
	Reported				

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