

Environmental Assistance Division RG-530c • August 2015

Managing Small Domestic Wastewater Systems: Part C, **Operation and Maintenance**

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Introduction

This publication is Part C of a five-part series, *Managing Small Domestic Wastewater Systems* (TCEQ publication series RG-530), and contains worksheets to help you:

- create your own operation-and-maintenance manual for your utility
- map out a program for scheduling and performing preventive and general maintenance
- develop a process-control program to help keep your system in compliance with state and federal environmental rules

As you work through this module, you may find it beneficial to review other parts of the series to help you prepare a comprehensive operation-and-maintenance plan. To view or download the complete series go to <www.tceq.texas.gov/goto/rg-530>. If you do not have Internet access, call the SBLGA's hotline at 800-447-2827 for a paper copy of the complete series *Managing Small Domestic Wastewater Systems* (RG-530).

Note: This publication is not a substitute for the actual rules. To obtain the most current, official copy of state rules, contact the Secretary of State's office at 512-305-9623. The rules are also available online at <texreg.sos.state.tx.us/public/readtac\$ext.ViewTAC?tac_view=2&ti=30>.

Implementing an Operation-and-Maintenance Program

In Part A, *Asset Management* (RG-530a), you developed an asset management plan for your facility. This document (Part C) is designed to help you—the manager or operator of a small domestic wastewater system put together an operation-and-maintenance (O&M) manual to keep the system's infrastructure and equipment (assets) in good working condition, extend their useful life, and avoid some of the common O&M violations.

Benefits of an O&M Program

An effective O&M program can save you money by increasing the useful life of assets. It can also help you estimate the expenses that may be incurred during future repairs and replacement of equipment as you implement your asset-management plan. Finally, an O&M program can help keep your system in compliance with state and federal environmental rules.

Common O&M Violations

As the operator, you must ensure that the facility and its collection, treatment, and disposal systems are properly operated and maintained. This includes regular, periodic examination of wastewater solids to maintain an appropriate quantity and quality of solids inventory. Records of process control, maintenance, and operations must be retained at the facility site or be readily available for review by a TCEQ representative for three years.

Frequent O&M violations to the TCEQ's rules for wastewater facilities include failure to:

- Employ an operator with the appropriate level of license. [30 TAC 30.350(d),* 30 TAC 305.125(1)]
- Maintain compliance with permitted effluent limits. [Texas Water Code 26.121(a)(1), 30 TAC 305.125(1) and (5)]
- Measure the flow according to permit requirements. [30 TAC 319.4, 305.125(1) and (5)]
- Install the flow-measuring devices as required. [30 TAC 217.33(c), 319.11(d)]

^{*} Short for 'Title 30, Texas Administrative Code, Subsection 30.350(d).'

- Properly preserve effluent samples. [30 TAC 319.11(b)]
- Maintain all monitoring and reporting records at the facility.
 [30 TAC 319.7(c); 305.125(1)]
- Comply with the operational requirements of standard permit conditions [30 TAC 305.125]

Other frequent violations include pond erosion, equipment deterioration from lack of maintenance, no records of meter calibrations, and—for those systems that perform land application—failing to submit annual soil sample results to both the regional and Austin TCEQ offices.

Your O&M Manual

A comprehensive O&M manual will help you keep track of your inspections, equipment, operations, staff, and the maintenance you've done—or need to do—on your system. Additionally, your manual will help ensure that the plant and equipment are properly operated and maintained. That will help you maintain compliance with rules, regulations, and permit requirements to protect water quality.

Owners of new treatment facilities designed under 30 TAC 217 are responsible for developing an O&M manual with the assistance of an engineer. The following pages form a basic template for an O&M manual. When using the template keep in mind: your manual must be facility specific.

A current copy of your O&M manual must be maintained on-site, and a copy must be made available within 30 days when requested by an investigator. Your manual should be updated regularly and any time personnel, equipment, or processes and procedures have changed.

Operation-and-Maintenance Manual

for

(Facility Name)

| Water Quality Permit Number |
|---|
| TCEQ Regulated Entity Number (RN) |
| TCEQ Customer Reference Number (CN) |
| EPA ID Number TX |
| (If this is a new facility, include the supervising engineer's name and PE license number.) |
| Date |

Operation-and-Maintenance Manual

Contents

- 1. Facility Permit and Permit Modifications
- 2. TCEQ, EPA, and Emergency Contacts
- 3. Discharge Monitoring Report (DMR) Address and Signatory Authority
- 4. Process-Control Tests
- 5. Monthly Effluent Report
- 6. Soil Monthly Effluent Report
- 7. Plant Information—Summary
- 8. Startup and Operating Procedures
- 9. Sludge Maintenance
- 10. Lab Analyses and References
- 11. Routine Maintenance
- 12. Spare-Part Inventory and Equipment Suppliers
- 13. Safety

1. Facility Permit and Permit Modifications

Insert a copy of the permit, with drawings, followed by any approved modifications. Identify where the originals are kept.

2. TCEQ, EPA, and Emergency Contacts

| TCEQ Region | Phone |
|-------------------------------|--------------|
| Region Director | |
| Water Section Manager | |
| SBLGA Representative(s) | |
| | |
| SBLGA Hotline | 800-447-2827 |
| EPA Region 6—Dallas | |
| General Information | 800-887-6063 |
| NPDES Compliance | 214-665-7521 |
| | |
| Other Contacts | |
| Police | |
| Fire | |
| Ambulance | |
| Local Emergency-Planning Comr | mittee |
| DPS, Emergency Management | |

Licensed Operators

Please fill in the name and license number with the license expiration date in the table below.

Operators

| Name | Type of License and License Number | Expiration Date |
|------|---------------------------------------|-----------------|
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3. Discharge Monitoring Report (DMR) Address and Signatory Authority

Form TCEQ-20431 appears on the following pages. It can also be downloaded at <www.tceq.texas.gov/assets/public/assistance/sblga/20431.pdf >.



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Discharge Monitoring Report (DMR) Address and Signatory Authority Form If you have questions about completing this form, please contact the Compliance Monitoring Team 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 512-239-2545.

| Permit Information: | | | | | | | |
|--|--|--|--|--|--|--|--|
| EPA ID NUMBER: TX | TPDES PERMIT NUMBER (if applicable): | | | | | | |
| PERMITTEE AND/OR FACILITY NA | ME: | | | | | | |
| DMR MAILING ADDRESS: (If different from your primary mailing address stated on the permit) | (Street Address) (City, State and Zip Code) | | | | | | |
| Note: If your primary mailing address has changed, please submit the revised address in writing to the Applications Reand Processing Team (MC 148). Please call 512-239-4671 to request the form for this purpose. | | | | | | | |
| Signatory Information: | | | | | | | |
| | ORITY TO SIGN DISCHARGE MONITORING REPORTS (DMRs): rity- Delegation of signatory authority must meet the requirements in 30 Tex. Admin rm for rule citation.) | | | | | | |
| (Name) | (Title) | | | | | | |
| | J | | | | | | |
| (Name) | (Title) | | | | | | |
| PERSON TO CONTACT BY PHONE | | | | | | | |
| | (Name) (Title) | | | | | | |
| | (Phone Number) | | | | | | |
| | (E-mail Address) | | | | | | |
| RANKING ELECTED OFFICIAL: (In reverse of this form for rule citation.) | CER, GENERAL PARTNER, PROPRIETOR, PRINCIPLE EXECUTIVE OFFICER, OR lividual listed below is a person defined in 30 Tex. Admin. Code 305.44(a). See | | | | | | |
| I, (Printed name) | (Title) | | | | | | |
| OFFICER, OR RANKING ELECTED under 30 TAC 305.44 to sign reports the above-named individual(s) in accertify that the above-named individual | DRPORATE OFFICER, GENERAL PARTNER, PROPRIETOR, PRINCIPAL EXECUTIVE OFFICIAL for the above-referenced regulated facility, and I therefore have authority I certify that signatory authority for Discharge Monitoring Reports has been delegated to ordance with applicable procedures, consistent with 30 TAC 305.44 and 305.128. I also al(s) are either individuals or a position having responsibility for the overall operation of mental matters of the regulated facility. I further certify that I can provide documentation lest. | | | | | | |
| SIGNATURE: | DATE: | | | | | | |
| PHONE NO.: | | | | | | | |
| | PLEASE RETURN COMPLETED FORM TO: TOPO / Compliance Monitoring Team (MC 224) | | | | | | |

FCEQ / Compliance Monitoring Team (MC 224) **Enforcement Division** P.O. Box 13087 Austin, Texas 78711-3087

TCEQ-20431 (Rev. 02-19-08) 1 of 2

Signatories to Applications

30 TEX. ADMIN. CODE 305.44

- (a) All applications shall be signed as follows.
 - (1) For a corporation, the application shall be signed by a responsible corporate officer. For purposes of this paragraph, a responsible corporate officer means a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures. Corporate procedures governing authority to sign permit or post-closure order applications may provide for assignment or delegation to applicable corporate positions rather than to specific individuals.
 - (2) For a partnership or sole proprietorship, the application shall be signed by a general partner or the proprietor, respectively.
 - (3) For a municipality, state, federal, or other public agency, the application shall be signed by either a principal executive officer or a ranking elected official. For purposes of this paragraph, a principal executive officer of a federal agency includes the chief executive officer of the agency, or a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., regional administrator of the EPA).
- (b) A person signing an application shall make the following certification: "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."
- (c) For a hazardous solid waste permit or a post-closure order, the application must be signed by the owner and operator of the facility.
- (d) For radioactive material license applications under Chapter 336 of this title (relating to Radioactive Substance Rules), the applicant or person duly authorized to act for and on the applicant's behalf must sign the application.

Signatories to Reports

30 TEX. ADMIN. CODE 305.128

- (a) All reports requested by permits and other information requested by the executive director shall be signed by a person described in §305.44(a) of this title (relating to Signatories to Applications) or by a duly authorized representative of that person. A person is a duly authorized representative only if:
 - (1) the authorization is made in writing by a person described in §305.44(a) of this title (relating to Signatories to Applications);
 - (2) the authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity or for environmental matters for the applicant, such as the position of plant manager, operator of a well or well field, environmental manager, or a position of equivalent responsibility. (A duly authorized representative may thus be either a named individual or any individual occupying a named position); and
 - (3) the written authorization is submitted to the executive director.
- (b) If an authorization under this section is no longer accurate because of a change in individuals or position, a new authorization satisfying the requirements of this section must be submitted to the executive director prior to or together with any reports, information, or applications to be signed by an authorized representative.
- (c) Any person signing a report required by a permit shall make the certification set forth in §305.44(b) of this title (relating to Signatories to Applications).

4. Process-Control Tests

Activated-sludge wastewater-treatment facilities (the most common type) are biological processes that require regular monitoring and adjustments. Performing process-control tests will help ensure that your facility does not experience effluent quality violations.

The TCEQ's Licensing Program and the Advisory Committee for Water Utility Operator Licensing developed recommendations for minimum process-control tests, available in *Process Control Tests for Domestic Wastewater Treatment Facilities* (RG-002). This guide has four tables listing the recommended process control tests and appears at <www.tceq.texas.gov/goto/rg-002>. *Note:* Table 4 of the guide applies to facilities with a permitted flow of 1 MGD or less.

Commonly Used Abbreviations

BOD biochemical oxygen demand

Cl₂ chlorine gas

COD chemical oxygen demand

DO dissolved oxygen

F/M food-to-microorganism ratio

GPD gallons per day

GSA Gould sludge age

MCRT mean cell-residence time

MGD million gallons per day

Mg/L milligram(s) per liter

MLSS mixed-liquor suspended solids

N nitrogen

NH₃ anhydrous ammonia NH₃-N ammonia nitrogen

RAS return-activated sludge

SV30 settleability test, or the 30-minute settling test

SVI sludge-volume index

TCLP toxicity characteristic leaching procedure

TSS total suspended solids

VSS volatile suspended solids

WAS waste-activated sludge

Process-Control Daily Activity Report and Operator's Daily Activity Reports

Sample reports for process-control testing and for recording the daily and monthly activities appear in Tables 1 through 3 on the following pages. Refer to your permit and *Process Control Tests for Domestic Wastewater Treatment Facilities* (RG-002), as you may not be required to run all tests daily.

Table 1: Daily Activity Report for Process-Control Tests

As applicable, use this chart for recording process-control tests performed on each unit in your system. Make additional copies as needed for each unit.

| Month: | , 20 | Unit: |
|--------|------|-------|
| | | |

| Date | Flow | Sludge Temp. | Blanket Level | SV30 | SVI | F/M Ratio | MCRT | GSA | WAS Rate | RAS Rate | DO | COD | рН | NH ₃ -N | BOD | TSS/ VSS | MLSS |
|--------|------|-----------------|------------------|------|-----|--------------|------|-----|-------------|-------------|----|-----|----|--------------------|------|-------------|------|
| 1 | FIOW | remp. | Levei | 3730 | 341 | Ratio | MCRI | GSA | Rate | Kale | ВО | СОБ | рп | IN 173-IN | БОО5 | V33 | MLSS |
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| Additional comments: | |
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Table 2: Operator's Daily Log

Use this chart for recording daily flow, sample results, and meter calibration. Make additional copies as needed for each unit.

| Month: | 20 |
|--------|------|
| MOHUH | , 20 |

| Date | Effluent Flow (MGD) | DO (mg/L) | pH (SU) | TSS (mg/L) | BOD₅ (mg/L) | Cl₂ (mg/L) | NH ₃ (mg/L) | Fecal/ E. coli (CFUs/100) (mL) |
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| Date | Effluent Flow (MGD) | DO (mg/L) | pH (SU) | TSS (mg/L) | BOD₅ (mg/L) | Cl ₂ (mg/L) | NH ₃ (mg/L) | Fecal/ <i>E. coli</i> (CFUs/100) (mL) |
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| 30 | | | | | | | | |
| 31 | | | | | | | | |
| Min. | | | | | | | | |
| Max. | | | | | | | | |
| Avg. | | | | | | | | |

Meter Calibration

Use this chart to record calibrations of your meters or equipment as recommended.

| Date | рН | DO | CI | Flow Meter | | |
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Table 3: Sludge-Disposal Record

Use this chart to track sludge-management activities. Make copies as needed.

| Date | Passed paint filter test? (yes or no) | Amount disposed of (dry tons) | Disposal-site name and permit number | Transporter name and registration number | Land- application rates and area | TCLP test? (yes or no) |
|------|---------------------------------------|-------------------------------------|--|---|--|---------------------------|
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Records (including laboratory test results and quality assurance—quality control) must be maintained according to your permit.

| Additional operational issues: | | |
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Below are more tables you may choose to use to record your backup-powersupply tests, and your backflow-prevention-device annual testing and certification. We also encourage you to keep a daily log book at the plant to note any weather information, notes and instructions for other staff members or any process or equipment changes.

Table 4: Backup Power Tests

Backup power supplies should be tested regularly to ensure operation when needed. Remember to test under load for accurate operation in an emergency.

| Date | Type of Supply | Location of Supply | Length of Test (min.) | Comments | | |
|------|-------------------|-----------------------|--------------------------|----------|--|--|
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Table 5: Backflow-Prevention Device: Annual Testing and Certification

| Date | Device Location | Inspector's License No. | Notes | Initials |
|------|--------------------|----------------------------|-------|----------|
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5. Domestic Reuse Monthly Effluent Report

Form TCEQ-20709 appears on the following pages. It can also be downloaded at <www.tceq.texas.gov/assets/public/assistance/sblga/forms/domestic%20reuse%20MER.xlsx >.



Texas Commission on Environmental Quality

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

| PERMIT NU | MBER | | SET | | YEAR | MO | | EID |
|---|-------------|----------------------|---|-------|--------|------------|--------|---------------------------|
| This report to be used | for | | | | | | | |
| Please retain a photoc | | ecords. | | | | | | |
| | | | | | | | | |
| Parameter Code/ | | Effluent Condi | tion | No. | Frequ | uency of | | Sample Type |
| Parameter | | Value | Units | Ex | | alysis | | P 10 19 P 0 |
| 3101024 | Permitted | | mg/L | | 2/ | /week | | Grab |
| BOD_5 | Reported | | | | | | | |
| 200091094 | Permitted | | mg/L | | 2/ | /week | | Grab |
| 300821024 CBOD5 | Reported | | | | | | | |
| 200700004 | Permitted | | NTU | | 2/ | /week | | Grab |
| 320796624 Furbidity | Reported | | | | | | | |
| 01649790 | Permitted | | MPN/100 mL | | 2/ | /week | | Grab |
| 31643730 E. coli | Reported | | | | | | | |
| 016409794 | Permitted | | MPN/100 mL | | 2/ | /week | | Grab |
| 316403724 E. coli | Reported | | | | | | | |
| 316393724 Enterococci | Permitted | | MPN/100 mL | | 2/ | /week | | Grab |
| | Reported | | | | | | | |
| 016909790 | Permitted | | MPN/100 mL | | 2/week | | | Grab |
| 316393730 Enterococci | Reported | | | | | | | |
| 1006030 | Permitted | | Std units | | 2/ | /week | | Grab |
| ю. оН | Reported | | | | | | | |
| 500507124 | Permitted | | MGD | | 2/ | /week | | Grab |
| Flow | Reported | | | | | | | |
| | Permitted | | | | | | | |
| | Reported | | | | | | | |
| COMMENTS AND EXPL | ANATIONS (R | eference all attachn | nents here.) | | | | | |
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| EXECUTIVE OFFIC | CER NAME | EXECUTIVE | OFFICER SIGN | IATUF | RE | MONTH | DAY | YEAR |
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| | | Telephone N | lumber | | | | | |
| | | | | | | Area code | ; | Number |

Texas Commission on Environmental Quality 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 plant or outfall described and for the year and month you specify on this the form. Measurements or test results must be reported in the following manner:

- 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 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.

| Parameter Name | Parameter Code | Sample Type/Units |
|----------------|----------------|-------------------|
| рН | 4006030 | Ind Grab |
| Turbidity | 820796624 | Daily Average |
| BOD5 | 3101024 | Daily Average |
| CBOD5 | 800821024 | Daily Average |
| E. coli | 316403730 | Ind Grab |
| E. coli | 316403724 | Daily Average |
| Enterococci | 316393724 | Daily Average |
| Enterococci | 316393730 | Ind Grab |
| | | |
| | | |

6. Soil Monthly Effluent Report

Form TCEQ-20710 appears on the following pages. It can also be downloaded at <www.tceq.texas.gov/assets/public/assistance/sblga/forms/Soil%20MER.xlsx>.



Texas Commission on Environmental Quality

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

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| DEDMITNI | UMDED | | SET | 4 | VEAD | MO | 4 | EID |
| PERMIT NUMBER | | | | YEAR | МО | J | EID | |
| This report to be used | | SOIL MON 101 | ANN 0-6 | | | | | |
| Please retain a photo | copy for your rec | ords. | | | | | | |
| Parameter Code/ | Eff | luent Conditio | n | No. | Freq | uency of | | Sample Type |
| Parameter | | Value | Units | Ex | | nalysis | | |
| EXAMPLE 4006080 | Permitted | permitted # | Std Units | | 1 | /year | | 24-hour comp |
| pH Maximum | Reported | result | units | # | | | | |
| | Permitted | | | | | | | |
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| EXECUTIVE OFFI | CER NAME | EXECUTIVE | OFFICER S | SIGNAT | TURE | MONTH | DAY | YEAR |
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| | | | | | | Area code | <u> </u> | Number |

Area code

Texas Commission on Environmental Quality Monthly Effluent Report Form Completion Instructions

This Soil Monthly Effluent Report is a self-reporting form for annual soil sampling from 0 to 6 inches. This form is blank, and the parameter names, codes, and sample types are provided in the accompanying spreadsheet file. Extreme care should be taken to ensure that this report is completed accurately. Measurements or test results must be reported in the following manner:

- 1. "Parameter Code/Parameter" column Enter the parameter code and parameter name that is specified in your TLAP.
- 2. "Effluent Condition" column Enter your permit limit in the shaded space and test results in the unshaded spaces under VALUE for the parameters using the units specified 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.
- 3. "NO EX" column Enter in the unshaded spaces, 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 "l" in the box regardless of the number of single readings above the permitted limit
- 4. "Frequency of Analysis" and "Sample Type" columns These columns reflect your permit requirements for the sampling of each parameter. If you have previous MER forms, transfer the frequency of analysis and sample type for each parameter.
- 5. If no discharge is made during the reporting month enter a "0" under VALUE and enter the PARAMETER "Discharge Days/Month." Leave the remainder of the form blank, except for reporting requirements under number 6 below.
- 6. 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

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Texas Commission on Environmental Quality

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

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|---|------------------|--------------------|------------|---------|-------|-----------|--------------|--------------|
| PERMIT NU | JMBER | | SET | | YEAR | MO | | EID |
| This report to be used | for | SOIL MON 101 | ΔNN 0-12 | | | | | |
| Please retain a photoc | | | INVIVO 12 | | | | | |
| • | | | | | | | | |
| Parameter Code/ | Effl | uent Conditio | 1 | No. Fre | | uency of | • | Sample Type |
| Parameter | | Value | Units | Ex | | alysis | | sample Type |
| EXAMPLE | Permitted | permitted # | Std Units | | 1. | /year | 1 | 24-hour comp |
| 4006080 pH Maximum | Reported | result | units | # | | | | |
| | Permitted | | | | | | | |
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Texas Commission on Environmental Quality Monthly Effluent Report Form Completion Instructions

This Soil Monthly Effluent Report is a self-reporting form for annual soil sampling from 0 to 12 inches. This form is blank, and the parameter names, codes, and sample types are provided in the accompanying spreadsheet file. Extreme care should be taken to ensure that this report is completed accurately. Measurements or test results must be reported in the following manner:

- 1. "Parameter Code/Parameter" column Enter the parameter code and parameter name that is specified in your TLAP.
- 2. "Effluent Condition" column Enter your permit limit in the shaded space and test results in the unshaded spaces under VALUE for the parameters using the units specified 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.
- 3. "NO EX" column Enter in the unshaded spaces, 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 "l" in the box regardless of the number of single readings above the permitted limit
- 4. "Frequency of Analysis" and "Sample Type" columns These columns reflect your permit requirements for the sampling of each parameter. If you have previous MER forms, transfer the frequency of analysis and sample type for each parameter.
- 5. If no discharge is made during the reporting month enter a "0" under VALUE and enter the PARAMETER "Discharge Days/Month." Leave the remainder of the form blank, except for reporting requirements under number 6 below.
- 6. 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 |
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obtained during the reporting period

DLY. MAX. Daily Maximum will be the largest of all the test or measurement results obtained

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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.



Texas Commission on Environmental Quality

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

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| | | | | | | | | | |
| PERMIT NUMBER | | | SET | | YEAR | MO | | EID | |
| This report to be used | l for | SOIL MON 201 ANN 6-18 | | | | | | | |
| Please retain a photoe | | | | | | | | | |
| | | | | | _ | | | | |
| Parameter Code/ | Eff | luent Conditio | n | No. | Frequ | uency of | 9 | Sample Type | |
| Parameter | | Value | Units | Ex | | alysis | | уштрге туре | |
| Example 4006080 | Permitted | permitted # | Std Units | | 1. | /year | , | 24-hour comp | |
| pH Maximum | Reported | result | units | # | | | | | |
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Number

Area code

Texas Commission on Environmental Quality Monthly Effluent Report Form Completion Instructions

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- 1. "Parameter Code/Parameter" column Enter the parameter code and parameter name that is specified in your TLAP.
- 2. "Effluent Condition" column Enter your permit limit in the shaded space and test results in the unshaded spaces under VALUE for the parameters using the units specified 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.
- 3. "NO EX" column Enter in the unshaded spaces, 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 "l" in the box regardless of the number of single readings above the permitted limit
- 4. "Frequency of Analysis" and "Sample Type" columns These columns reflect your permit requirements for the sampling of each parameter. If you have previous MER forms, transfer the frequency of analysis and sample type for each parameter.
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| | |

obtained during the reporting period

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DLY. MIN. Daily Minimum will be the smallest test or measurement result obtained during the

reporting period.

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GRAB PKLOAD Grab sample collected at peak loading.

3 PRT COMP
6 PRT COMP
6-part composite
12 PRT COMP
12-part composite

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Texas Commission on Environmental Quality

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

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| This report to be used | l for | SOIL MON 201 | I ANN 12-24 | | | | | |
| Please retain a photoe | | | | | | | | |
| | _ | | | | _ | | | |
| Parameter Code/ | Effl | uent Conditio | n | No. | Freq | uency of | ١, | Sample Type |
| Parameter | | Value | Units | Ex | | alysis | | |
| Example 4006080 | Permitted | permitted # | Std Units | | 1. | /year | , | 24-hour comp |
| pH Maximum | Reported | result | units | # | | | | |
| | Permitted | | | | | | | |
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Number

Area code

Texas Commission on Environmental Quality Monthly Effluent Report Form Completion Instructions

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- 3. "NO EX" column Enter in the unshaded spaces, 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 "l" in the box regardless of the number of single readings above the permitted limit
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- 5. If no discharge is made during the reporting month enter a "0" under VALUE and enter the PARAMETER "Discharge Days/Month." Leave the remainder of the form blank, except for reporting requirements under number 6 below.
- 6. 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.

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|-----------|---|
| | |

obtained during the reporting period

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during the reporting period.

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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

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Texas Commission on Environmental Quality

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

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|------------------------|-----------------|---------------------|-------------|----------|-----------|-------------|------|--------------|
| PERMIT N | UMBER |] | SET | | YEAR | MO | | EID |
| This report to be used | l for | SOIL MON 301 | ANN 18-30 | | | | | |
| Please retain a photoc | | | 1111111000 | | | | | |
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| Parameter Code/ | Effl | uent Conditio | n | No. | Frequ | uency of | ; | Sample Type |
| Parameter | | Value | Units | Ex | | alysis | | - |
| Example 4006080 | Permitted | permitted # | Std Units | | 1. | /year | | 24-hour comp |
| pH Maximum | Reported | result | units | # | | | | |
| | Permitted | | | | | | | |
| | Reported | | | | | | | |
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Texas Commission on Environmental Quality Monthly Effluent Report Form Completion Instructions

This Soil Monthly Effluent Report is a self-reporting form for annual soil sampling from 18 to 30 inches. This form is blank, and the parameter names, codes, and sample types are provided in the accompanying spreadsheet file. Extreme care should be taken to ensure that this report is completed accurately. Measurements or test results must be reported in the following manner:

- 1. "Parameter Code/Parameter" column Enter the parameter code and parameter name that is specified in your TLAP.
- 2. "Effluent Condition" column Enter your permit limit in the shaded space and test results in the unshaded spaces under VALUE for the parameters using the units specified 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.
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|-----------|---|
| | |

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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.

| Parameter Name | Parameter Code | Sample Type/Units |
|-------------------------------|----------------|-------------------|
| рН | 4006030 | Ind Grab |
| Electrical Conductivity | 941830 | Ind Grab |
| Nitrate-Nitrogen | 6201430 | Ind Grab |
| Ammonia-Nitrogen | 6101430 | Ind Grab |
| Total Kjeldahl Nitrogen (TKN) | 6251430 | Ind Grab |
| Total Nitrogen | 6001430 | Ind Grab |
| Plant-Available Phosphorus | 6641430 | Ind Grab |
| Plant-Available Potassium | 9381430 | Ind Grab |
| Plant-Available Calcium | 9171430 | Ind Grab |
| Plant-Available Magnesium | 9281430 | Ind Grab |
| Plant-Available Sodium | 9321430 | Ind Grab |
| Plant-Available Sulfur | 801081430 | Ind Grab |
| Plant-Available Manganese | 10561430 | Ind Grab |
| Plant-Available Copper | 10431430 | Ind Grab |
| Plant-Available Iron | 10461430 | Ind Grab |
| Plant-Available Zinc | 10931430 | Ind Grab |
| Water-Soluble Sodium | 462361030 | Ind Grab / mg/L |
| Water-Soluble Calcium | 462341030 | Ind Grab / mg/L |
| Water-Soluble Magnesium | 462351030 | Ind Grab / mg/L |
| Water-Soluble Sodium | 462361430 | Ind Grab / meq/L |
| Water-Soluble Calcium | 462341430 | Ind Grab / meq/L |
| Water-Soluble Magnesium | 462351430 | Ind Grab / meq/L |
| Sodium Absorption Ratio (SAR) | 9316079 | Per Event |

7. Plant Information—Summary

| Plai | nt Capacity |
|------|-------------------------------------|
| | Maximum GPD |
| | Average GPD |
| Flov | w Capacity (describe) |
| | |
| Nur | nber and Locations of Lift Stations |
| | |
| | |
| | |
| Тур | e of Emergency Power Source |
| | |
| Loc | ation of Emergency Power Source |
| | |

8. Startup and Operating Procedures

Describe startup activities such as the sequence of turning on pumps and equipment. Describe your daily, weekly, and monthly procedures such as testing effluent, checking chemical feeds, and cleaning filters. Describe all emergency procedures such as notification procedures for chemical spills, or threats like an active shooter on the premises. Describe all shut-down procedures for taking the plant off-line. Include a diagram or map of the plant showing details for each piece of equipment. Include a map of the conveyances to the system and any irrigation equipment. Use additional sheets if needed.

| Star | tup Procedures | | |
|------------|----------------|------|--|
| <u> </u> | | | |
| _ | | | |
| - Dails | v Drocoduros | | |
| - Jan | y Procedures | | |
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| Wee | kly Procedures | | |
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| ut-Dowi | n Proce | dures | | |
| ut-Dowi | n Proce | dures | | |
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| ut-Dowi | n Proce | dures | | |

Plant Map

Insert a map, or maps if needed, of the plant with all equipment identified.

System Map

Insert a map, or maps if needed, of the system's conveyances, including lift stations, manholes, and irrigation equipment.

9. Sludge Maintenance

| Explain the method and expected volumes in which solids return to aeration or are wasted. |
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| What are the expected concentrations of solids in each unit? |
| what are the expected concentrations of solids in each unit: |
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| What are the expected clarifier overflow rates? | | | | | |
|---|---|--------|--|--|--|
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| Vhat are th | e expected disinfectant and dechlorination usage and d | losage | | | |
| | e expected disinfectant and dechlorination usage and dring normal and emergency operating conditions? | losage | | | |
| | | losage | | | |

10. Lab Analyses and References

| nalyses to be performed and include a list of references to standard iterature on testing procedures. | | | | | | |
|---|--|--|--|--|--|--|
| iterature on testing procedures. | | | | | | |
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11. Routine Maintenance

| | outine maintenance performed on all equipment, such as flow s, irrigation lines, lift stations, vehicles, and sludge beds. |
|----------------|--|
| meters, pumps | s, irrigation imes, int stations, venicles, and studge beds. |
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| Use additional | sheets if needed. A sample maintenance work order appears |
| on the next pa | ge. |

Maintenance Work Order Date of work order__/___/____

| Person making the work order: | | |
|-------------------------------|--------------------------------|--------|
| Work assigned to: | | |
| Time of day: | Asset no.: | |
| Equipment to be repaired: | | |
| Location of repair: | | |
| Describe problem: | | |
| | | |
| | | |
| | | |
| Date, time started: | Date, time finished: | |
| Total man hours for job: | · | |
| Repairs completed: | | |
| | | |
| | | |
| | | |
| Still to be done: | | |
| | | |
| | | |
| | | |
| Parts ordered and use | ed (attach invoices and warrar | ties): |
| | | • |
| | | |
| | | |
| | | |
| Employee signature | | Date |
| , , | | |
| Supervisor signature | | Date |
| | | |

12. Spare-Part Inventory and Equipment Suppliers

| suppliers here. | | | | | |
|-----------------|--|--|--|--|--|
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13. Safety

Insert the plant safety manual here. The manual must include:

- all known potential or actual safety hazards within a facility
- the location and method of use for all personal safety equipment in accordance with 30 TAC 217.324(a)
- evacuation, shelter, and shelter-in-place plans

- the names and phone numbers of organizations and individuals to be contacted during emergencies
- emergency operation plans for power outages, flooding, and other site-specific emergency situations that may develop
- curriculum for annual safety training and schedule for all facility personnel
- first-aid precautions, location of first-aid supplies and description of appropriate emergency medical treatment
- chemical disposal in accordance with 30 TAC 217.247(q), if applicable
- ultraviolet light in accordance with 30 TAC 217.299, if applicable
- a description of hazardous tasks in accordance with 30 TAC
 217.323(b), if applicable

For More Information

For confidential assistance with environmental compliance, contact the Small Business and Local Government Assistance Hotline at 800-447-2827, or visit www.TexasEnviroHelp.org.