

UTILITY PIPING SYSTEMS PROJECT SUMMARY OF OPERATIONS

Permittee Name	Project ID or Location Name
Project Physical Address	Discharge Point Location(s)
Indicate Number of New and/or Existing Projects Completed	
New System Cleaning/Passivation: _____ Existing System Repair/Draining/Cleaning: _____	
Indicate System Type(s)	
Cold: _____ Hot: _____ Condenser: _____ Other (describe): _____	
Date(s) of Chemical Introduction	Date(s) of Analytical Sampling
Date(s) of Draining and/or Flushing	Total Gallons Discharged by System Type(s)

Submit information required in Part I.A of the company's discharge permit to AWUtilitySystemPermit@austintexas.gov 24 hours prior to commencement of operations.

Attach a copy of the analytical laboratory report(s) for this project.

Was the analytical report reviewed by the permittee? (Yes/No) _____

Project effluent pH measurement(s) taken for each piping system? (Yes/No) _____

If yes, were the pH measurement(s), date and time of sample collection(s), and initials of analyst provided on the chain of custody or additional sheet? (Yes/No) _____

Were the analytical results in compliance with the applicable limits Table I and/or Table II of your wastewater discharge permit? (Yes/No) _____

If the analytical results were not in compliance with your wastewater discharge permit and the wastewater was discharged to the sanitary sewer, the permittee is required to report the excursion to the Special Services Division (SSD) within 24 hours of the date on the analytical report.

If the analytical results indicate non-compliance with the effluent limits, was on-site treatment provided? (Yes/No) _____

If on-site treatment was conducted; provide a description of the treatment used and make sure to include all applicable analytical reports to indicate compliance with the effluent limits.

If there was no on-site treatment, and the wastewater was hauled off; provide the transporter and disposal information by attaching the applicable waste manifest.

Does Glycol treatment occur in the system(s) at the project physical address? (Yes/No) _____

Glycol type / % in system _____

