

May 16, 2014

U.S. Environmental Protection Agency, Region VI Chief, Water Enforcement Branch (6EN-W) Compliance Assurance and Enforcement Division 1445 Ross Avenue Dallas, TX 75202-2733

Via U.S. Certified Mail RRR# 7013 2250 0001 9126 3871

U.S. Environmental Protection Agency, Region VI Attn: Ms. Judy Edelbrock (6EN-W) Environmental Protection Specialist Enforcement Branch 1445 Ross Avenue Dallas, TX 75202-2733 Via U.S. Certified Mail RRR# 7013 2250 0001 9126 3871

Re: DOJ Case No. [90-5-1-1-09215]

Consent Decree

Date of Lodging: July 23, 2013 Date of Entry: October 15, 2013

CA No. 5:13-cv-00666-DAE, United States of America and State of Texas v. San Antonio Water System, in the United States District Court for the Western District of Texas, San Antonio Division

Dear Sir/Madam:

Section 12 a. of the above-referenced Consent Decree requires that within 90 days after Lodging the San Antonio Water System shall provide a copy of the monthly compliance report required by its TPDES permits to the United States Environmental Protection Agency at the same time the report is submitted to the Texas Commission on Environmental Quality. A copy of the monthly compliance report for April, 2014 is attached and is provided in compliance with Consent Decree requirements.

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 such information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Sincerely,

Jeffrey J. Haby, P.E.

Senior Director – Sewer System Improvements

Enc. As stated



May 16, 2014

U.S. Department of Justice Environmental Enforcement Section Environment and Natural Resources Division P.O. Box 7611

Via U.S. Certified Mail RRR# 7013 2250 0001 9126 3888

Washington, D.C. 20044-7611

Re: DOJ Case No. [90-5-1-1-09215]

Consent Decree

Date of Lodging: July 23, 2013 Date of Entry: October 15, 2013

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Dear Sir/Madam:

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Sincerely,

Jeffrey J. Haby, P.E.

Senior Director – Sewer System Improvements

Enc. As stated

OVERFLOW REPORT

PERIOD: April 2014

WATERSHED: DOS RIOS

TCEQ PERMIT # 10137-033

EPA PERMIT # 0077801

WO#	INSPT#	SR#	DATE	ADDRESS		GALLON	CAUSE	ACTION	HRS	DISCHARGED TO	COMMENTS
	292837	422474	4/29/2014	PAMELA	123	20	Grease	CLEANED MAIN	0.95	STREET	Area Cleaned and Disinfected, Flushed Area with H2O
982466	292201	418222	4/23/2014	FRESNO	527	400	Structural	REPAIRED MAIN	1.03	STREET	Area Cleaned and Disinfected, Repaired Main, Flushed Area with H2O
	289785	414009	4/18/2014	OAKBROOK	8800	2,500	Structural	INVESTIGATION TO REPLACE MAIN	3.68	DRAINAGE CULVERT	Area Cleaned and Disinfected, Flushed Area with H2O - Investigation To Replace Main
979168	289578	410600	4/15/2014	PINE ST N	2400	50	Structural	REPAIRED MAIN	1.50	STREET	Area Cleaned and Disinfected, Repaired Main, Flushed Area with H2O
	288970	402966	4/7/2014	WHEATLEY AVE	1303	100	Grease	CLEANED MAIN	0.57	STREET	Area Cleaned and Disinfected, Flushed Area with H2O
	288702	401582	4/6/2014	BRADY	803	100	Grease	CLEANED MAIN	1.15	STORMDRAIN	Area Cleaned and Disinfected,
76203	288778	401557	4/5/2014	LOOP 410 NW	738	100	Structural	WORK ORDER TO REPAIR MAIN	3.70	STREET	Area Cleaned and Disinfected, Flushed Area with H2O - Work Orde
75625		399820	4/3/2014	CYPRESS W	324	40	Structural	REPAIRED LATERAL	0.42	STREET	Made To Repair Main. Area Cleaned and Disinfected, Flushed Area with H2O - Repairs
	287517		4/3/2014	PIN OAK DR	3501	3,750	Debris	CLEANED MAIN	1.25	DRAINAGE CULVERT	Have Been Made To Lateral Area Cleaned and Disinfected, Flushed Area with H2O
74739 OTAL	287356	398145	4/1/2014	MAGIC DR	3500	3,000	Structural	WORK ORDER TO REPAIR MAIN	1.50	DRAINAGE CULVERT	Area Cleaned and Disinfected, Flushed Area with H2O Work Order Has Been Created To Repair Main
EVENTS	10 day, May	07.004	<u> </u>	TOTAL GALLONS:	10,060			TOTAL DURATION:	15.75		TO TOPAN INIANT

OVERFLOW REPORT

PERIOD: April 2014

WATERSHED: SALADO CREEK

TCEQ PERMIT # 10137-008

EPA PERMIT # 0052647

WO #	INSPT#	SR#	DATE	ADDRESS		GALLON	CAUSE	ACTION	HRS	DISCHARGED TO	COMMENTS
	292876	423486	4/30/2014	SPRINGFIELD RD	700	20	Debris	CLEANED MAIN	3.18	GROUND	Area Cleaned and Disinfected, Flushed Area with H2O
	289108	404181	4/8/2014	ROUND TABLE	5275	100	Debris	CLEANED MAIN	0.80	ALLEY	Area Cleaned and Disinfected, Flushed Area with H2O
973067	287469		4/2/2014	GARRATY RD	904	250	Contractor	REPAIRED MAIN	0.25	GROUND	Area Cleaned and Disinfected, Repaired Main, - Sewer Manhole
TOTAL									1		Was Pumped Down - Personnel Remained On Site. Contractor Dug Up Main And Restored Flow
EVENTS	3			TOTAL GALLONS:	370			TOTAL DURATIO	N: 4.23		

Wednesday, May 07, 2014



Texas Commission on Environmental Quality Attention: Mr. Johnnie Wu Water Quality Information System (MC 244) 12100 Park 35 Circle, Bldg. F Austin, Texas 78753

April 10, 2014

Re:

Permit No. 10137-033

E-Coli Violation - Outfall 001, 002 & 005

Dear Mr. Wu,

There were three minimum chlorine residual violations on Permit 10137-033 on April 8, 2014. The value recorded was 0.36 mg/L. Outfall's 001, 002 and 005from Dos Rios Water Recycling Center were online on this date.

New training has already been established and is ongoing as of today that should prevent this type of violation in the future.

If you need further information, please contact me at 210.233.3514.

Sincerely,

Sharon J. Surra

Manager, Dos Rios Water Recycling Center

San Antonio Water System

Office: 210.233.3514 Cell: 210.601.3903

Cc:

Plant File Parvis Chavol Steve Clouse Fred Winter

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

DOS RIOS WATER RECYLING CENTER

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

		QUA	ANTITY OR LOADIN	G		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	*****	7.1	****	****		0	12/Day	Grab
0300 1 0 ffluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MO MIN	*****	*****	mg/L		Daily	GRAB
Н	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	7.5		0	12/Day	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	956	*****		*****	1.47	4.60		0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	12510 DAILY AV	*****	lb/d	*****	12 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
litrogen, ammonia total [as N]	SAMPLE MEASUREMENT	166	*****		*****	0.25	0.32		0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	2085 DAILY AV	杂音乘冶衣音	lb/d	****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	78.13	84.50		*****	*****	****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	81528		*****	****	*****	*****	0	Continuous	TotalZ
60050 P 0 See Comments	PERMIT REQUIREMENT	****	173611 2HR PEAK	gal/min	*****	****	*****	*****		Continuous	TOTALZ
flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	76.23	****		****	*****	*****	*****	0	Continuous	TotalZ
0050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125 ANNL AVG	*****	MGD	*****	****	*****	*****		Continuous	TOTALZ
NAME/TITLE PRINCIPAL EXECUTIVE O	supervision	er penalty of law that this documen in accordance with a system desig	ned to assure that qualified person	nnel properly gather and	ABA	0			TEL	EPHONE	DATE
Steven Clouse system, or the best of the b		hose persons directly responsible f of my knowledge and belief, true, a enalties for submitting false inform	nformation submitted. Based on my inquiry of the person or persons who manage the use persons directly responsible for gathering the information, the information submitted is, my knowledge and belief, true, accurate, and complete. I am aware that there are latilies for submitting false information, including the possibility of fine and imprisonment for			ATURE OF PRINCIPAL	EXECUTIVE OFFICER	OR	210-2	233-3774	05/13/2
TYPED OR PRINTED	NIOWING VIO	paudilo.				AUTHÖRIZE	D AGENT	t	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE OTHER REQUIREMENTS NO. 7 ON PAGE 26 OF THE PERMIT.

See attached letter for exceptions

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

DOS RIOS WATER RECYLING CENTER

DOS RIOS WATER RECYCLING CTR.

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY:

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 04/01/2014 04/30/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

		QUA	NTITY OR LOADING	G		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	****	*****	0.090		0	12/Day	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	****	*****	*****	*****	****	.1 INST MAX	mg/L	_	Daily	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	0.4	*****	*****		1	12/Day	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	1.77	25.0		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m		Five Per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	1303	*****		*****	2.0	2.0		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	5213 DAILY AV	****	ľb/d	****	5 DAILY AV	20 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 property gather and
Steven Clouse Senior Vice President & COO	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 that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for
TYPED OR PRINTED	

our SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA Code

TELEPHONE DATE 210-233-3774 NUMBER MMODAYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE OTHER REQUIREMENTS NO. 7 ON PAGE 26 OF THE PERMIT.

See attached letter for exceptions

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

DOS RIOS WATER RECYLING CENTER

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801 002-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 04/01/2014 04/30/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 002

External Outfall

No Discharge

		QUA	NTITY OR LOADING	G		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	****	6.8	****	*****		0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	. *****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.8	****	7.3		0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	su		Daily	GRAB .
Solids, total suspended	SAMPLE MEASUREMENT	73.9	*****		*****	1.47	4.60		0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	12.8	*****		*****	0.25	0.32		0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	167 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.04	6.33		放放放放放	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.23	*****		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	10 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0.060		0	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	****	****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE O	supervision in	accordance with a system design	and all attachments were prepar ned to assure that qualified perso	nnel properly gather and			-		TEL	EPHONE	DATE
Steven Clouse Senior Vice President & COO	evaluate the in system, or tho to the best of n	formation submitted, Based on n se persons directly responsible fo ny knowledge and belief, true, ac alties for submitting false informa	ny inquiry of the person or person or gathering the information, the i ccurate, and complete. I am awar ation, including the possibility of fi	ns who manage the information submitted is, the that there are	Din	TURE OF PRINCIPAL		OR	210-2	233-3774	05/13/201
TYPED OR PRINTED	Total and Allian					AUTHORIZE	D AGENT	Ť	AREA Code		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE OTHER REQUIREMENT NO. 7 ON PAGE 26 OF THE PERMIT.

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MMIDDITYYY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

DOS RIOS WATER RECYLING CENTER

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP

MM/DD/YYYY	MM/DD/YYYY
MONITO	RING PERIOD
PERMIT NUMBER	DISCHARGE NUMBER
TX0077801	002-A

04/30/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 002

External Outfall

No Discharge

		QUAN	ITITY OR LOADING	G		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	0.4	****	*****		1	Daily	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	****	*****	1 MO MIN	****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.77	25.0		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Three Per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	100.7	*****		*****	2.0	2.0		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	834 DAILY AV	*****	lb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

04/01/2014

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Į	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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	31-	\neg		TELEP	PHONE
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- 1		to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are	MM		lowe		
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- 1	TYPED OR PRINTED	Triowning violations,			AUTHORIZED AGENT	AREA Code	NUMBER
Ĺ						ANLA COUL	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE OTHER REQUIREMENT NO. 7 ON PAGE 26 OF THE PERMIT.

See attached letter for exceptions

DATE

04/01/2014

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

DOS RIOS WATER RECYLING CENTER

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD. SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD

04/30/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 003

External Outfall

No Discharge



		QUA	NTITY OR LOADING	G	,	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	st: ste ste ste ste	****		****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
ρΗ	SAMPLE MEASUREMENT	****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		*****		*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 DAILY AV	****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT		*****		****						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	167 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	10 ANNL AVG	*****	MGD	*****	*****	****	*****		Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	*****					
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	****	*****	*****	****** ~AD	*****	.1 INST MAX	mg/L		Daily	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE O	supervision is	r penalty of law that this document n accordance with a system design	ed to assure that qualified person	onnel properly gather and					TEL	EPHONE	DATE
Steven Clouse Senior Vice President & COO	system, or the to the best of significant pe	information submitted. Based on m ose persons directly responsible for f my knowledge and belief, true, ac malties for submitting false informa	or gathering the information, the i curate, and complete, I am awar	information submitted is, re that there are	SIGNA	TURE OF PRINCIPAL	EXECUTIVE OFFICER	OR	210-2	233-3774	05/13/2
TYPED OR PRINTED	knowing viola	ations.				AUTHORIZ	ED AGENT	t	AREA Code		MINIDDIYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE OTHER REQUIREMENT NO. 7 ON PAGE 26 OF THE PERMIT.

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

DOS RIOS WATER RECYLING CENTER

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD. SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801 003-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY 04/01/2014 04/30/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 003

External Outfall

No Discharge



		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****		****	****				
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	****	*****	****						
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Three Per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT		*****		****						
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	834 DAILY AV	****	lb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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
Conjunt Vice President 9 COO	trivaluate 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 bellef, true, accurate, and complete. I am aware that there are slignificant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
TYPED OR PRINTED	anowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

210-233-3774 AREA Code NUMBER

TELEPHONE

MM/NDD/Y

DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE OTHER REQUIREMENT NO. 7 ON PAGE 26 OF THE PERMIT.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

DOS RIOS WATER RECYLING CENTER

ADDRESS: 3495 VALLEY RD

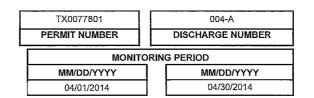
SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP



DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 004

External Outfail

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	*****		*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	5 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	su		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		*****		*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 DAILY AV	*****	lb/d	大会长数大者	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT		****		****						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	50 DAILY AV	****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon, DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		****		****	*****	*****	*****			
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	_ 3 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	****	*****	*****					
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	****	*****	*****	***	.1 INST MAX	mg/L		Daily	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE C	supervision	der penalty of law that this documen in in accordance with a system design the information submitted. Based on i	ned to assure that qualified perso	nnel properly gather and		\cap			TEL	EPHONE	DATE
Steven Clouse Senior Vice President & COO	system, o to the bes	r those persons directly responsible f t of my knowledge and belief, true, a penalties for submitting false inform	or gathering the information, the i courate, and complete. I am awar	SIGNA	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR				210-233-3774		
TYPED OR PRINTED	- Julowing V	iviauviis.				AUTHORIZE	D AGENT	1	AREA Code	NUMBER	MIMIDDAYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE OTHER REQUIREMENT NO. 7 ON PAGE 26 OF THE PERMIT.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

DOS RIOS WATER RECYLING CENTER

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801 004-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD

MM/DD/YYYY 04/01/2014

MM/DD/YYYY 04/30/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 004

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****		****	****				
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	****	*****	*****	****						
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	126 DAILY AV	394 DAILY MX	CFU/100m		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT		*****		*****						
30082 1 0 Effluent Gross	PERMIT REQUIREMENT	250 DAILY AV	*****	lb/d	****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

	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
Sonior Vice President 9 COO	ravaluate 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 that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for Honovino violations.
TYPED OR PRINTED	Transwing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

210-233-3774

TELEPHONE

AREA Code NUMBER MINDOMY

DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE OTHER REQUIREMENT NO. 7 ON PAGE 26 OF THE PERMIT.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

DOS RIOS WATER RECYLING CENTER

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	005 - A
PERMIT NUMBER	DISCHARGE NUMBER
MONITOR	RING PERIOD
MONITOR MM/DD/YYYY	RING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

78221

MAJOR (SUBR 13)

DOMESTIC FACILITY - 005

External Outfall

No Discharge

		QUANTITY OR LOADING				QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	*****		0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	****	*****	6.8	****	7.3		0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	***	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	6.5	****		*****	1.47	4.60		0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	325 DAILY AV	****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.1	****		*****	0.25	0.32		0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	43 DAILY AV	*****	lb/d	****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.53	0.64		****	****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.50	*****		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2.6 ANNL AVG	****	MGD	****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	****	0.050		0	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	****	****	****	*****	****	.1 INST MAX	mg/L		Daily	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE	supervision in	penalty of law that this document accordance with a system design	ed to assure that qualified person	onnel properly gather and	3				TEL	EPHONE	DATE
Steven Clouse Senior Vice President & COO	to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR				05/13/20
TYPED OR PRINTED	Anowing violations.						D AGENT	†	AREA Code		MW/DD/AAAA

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE OTHER REQUIREMENT NO. 7 ON PAGE 26 OF THE PERMIT.

See attached letter for exceptions

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

DOS RIOS WATER RECYLING CENTER

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801 005-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY 04/30/2014 04/01/2014

DMR Mailing ZIP CODE: MAJOR

78221

(SUBR 13)

DOMESTIC FACILITY - 005

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	0.4	***	*****		1	Daily	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	****	*****	*****	1 MO MIN	*****	****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.77	25.0		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	8.8	****		*****	2.0	2.0		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	217 DAILY AV	*****	lb/d	****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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
Soniar Vice President 9 COO	trivaluate 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, excurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for
TYPED OR PRINTED	knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 210-233-3774 AREA Code NUMBER MMIDDAYYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE OTHER REQUIREMENT NO. 7 ON PAGE 26 OF THE PERMIT.

See attached letter for exceptions

04/01/2014

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

DOS RIOS WATER RECYLING CENTER

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801 006-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

04/30/2014

DMR Mailing ZIP CODE: MAJOR

78221

(SUBR 13)

DOMESTIC FACILITY - 006

External Outfall

No Discharge

		QUA	NTITY OR LOADING	G		QUALITY OR CON-	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	*****		****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
OH .	SAMPLE MEASUREMENT	*****	*****	****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		*****		*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	5755 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT		*****		****						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	767 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		-		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		*****		****	****	*****	*****			
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46 ANNL AVG	*****	MGD	*****	****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	****					
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	***	老冷狗比较妆	*****	****** DDA	*****	.1 INST MAX	mg/L		Daily	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE C	supervision in a	ccordance with a system design	and all attachments were prepar ted to assure that qualified perso	nnel properly gather and					TEL	EPHONE	DATE
Steven Clouse Steven Clouse Senior Vice President & COO support 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 that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for						TURE OF PRINCIPAL	EXECUTIVE OFFICER	OR	210-2	233-3774	05/13/
TYPED OR PRINTED	knowing violati	ns.				AUTHORIZE		+	AREA Code		MM/DD/YYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE OTHER REQUIREMENT NO. 7 ON PAGE 26 OF THE PERMIT.

No Discharge

MMIDDAYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

DOS RIOS WATER RECYLING CENTER

DOS RIOS WATER RECYCLING CTR.

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY:

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801 006-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 04/01/2014 04/30/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 006

External Outfall

No Discharge



		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****		****	*****				
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	****	****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****						
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m		Five Per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT		****		****		BAILT NO.	-			
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	3836 DAILY AV	*****	lb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 property gather and
Steven Clouse Senior Vice President & COO	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 that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for
TYPED OR PRINTED	knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

210-233-3774 AREA Code NUMBER

TELEPHONE

M/DD/YYY

DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE OTHER REQUIREMENT NO. 7 ON PAGE 26 OF THE PERMIT.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

DOS RIOS WATER RECYLING CENTER

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	101-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
	7 -
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC WASTEWATER - 101

Internal Outfall

No Discharge

		QUA	NTITY OR LOADING	9		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.18	10.28		****	*****	****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	法收帐业业	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.93	****		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	Req. Mon. ANNL AVG	****	MGD	***	*****	****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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, Steven Clouse to the best of my knowledge and belief, true, accurate, and complete, I am aware that there are Senior Vice President & COO significant penalties for submitting false information, including the possibility of fine and imprisonment for wing violations. TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

210-233-3774

TELEPHONE

AREA Code NUMBER MANDONYYYY

DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WASTEWATER CONTRIBUTIONS FROM THE DOS RIOS WATER RECYCLING CENTER TO THE REUSE WATER SYSTEM SHALL BE MONITORED FOR FLOW AFTER CHLORINATION AT THE RECYCLED WATER PUMP AND REPORTED AS OUTFALL 101.

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

DOS RIOS WATER RECYLING CENTER

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	102-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD

04/30/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

TOTAL DISCHARGE - 001 & 101

Internal Outfall

No Discharge

		QUA	NTITY OR LOADING	<u> </u>		QUALITY OR CONG	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	83.31	88.46		****	****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	****	. *****	****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	82.04	****		****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125 ANNL AVG	****	MGD	****	*****	***	*****		Continuous	TOTALZ

04/01/2014

	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
Steven Clouse	walkate 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 that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowlna violations.
TYPED OR PRINTED	Arrowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

210-233-3774 AREA Code NUMBER

TELEPHONE

DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

THE TOTAL DISCHARGE FROM OUTFALL 001 & OUTFALL 101 SHALL NEVER EXCEED125 MGD AND SHALL BE REPORTED AS OUTFALL 102.

P.O. BOX 13087 • AUSTIN, TEXAS 78711-3087
MONTHLY EFFLUENT REPORT

Marilahadalahadalahadalahdadalahdadalahdada

SAN ANTONIO WATER SYSTEM 3495 VALLEY RD SAN ANTONIO TX 78221-5238 PAGE

E



WQ0010137-033 PERMIT NUMBER 02 SET 14 04 YEAR MO

12647 EID

SIGNATURE

PLANT OPERATOR

una

EXECUTIVE OFFICER

DATE

MO.

MO.

DAY

YEAR

YEAR



THIS REPORT TO BE USED FOR COMBINED MONITORING for 001/800/900 SEE BACK FOR INSTRUCTIONS AND DEFINITIONS. TCEQ COPY PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS. **EFFLUENT CONDITION** SAMPLE **FREQUENCY** NO. **PARAMETER** VALUE UNITS EX. OF ANALYSIS TYPE 500507124 REPORTED 83.31 0 02 11 FLOW MGD PERMITTED DLY AVG 02 CONT 11 CONT 500507128 REPORTED 82.05 0 02 11 FLOW MGD PERMITTED ANN AVG 02 CONT 11 CONT NUMBER 01 NA REPORTED WW0036067 0 OF OPERATOR NUMBER CERTIFICATE PERMITTED 01 01 NA NA **EXPIRATION** 170111 REPORTED NA 0 01 OF OPERATOR DATE PERMITTED CERTIFICATE 01 01 NA NA CLASS REPORTED Α 0 01 NA OF OPERATOR LETTER PERMITTED CERTIFICATE 01 01 NA NA REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED COMMENTS AND EXPLANATIONS (Reference all attachments here)

NAME

Sharon Surra

Manager-Prod & Treat Ops

PLANT OPERATOR

Steven Clouse

Senior Vice President & COO

EXECUTIVE OFFICER

AREA CODE NUMBER
TCEQ VIPP Form 0123A / TCEQ-20024 (04-26-06)

COMPLETE AND ACCURATE.

2110

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 AND

TELEPHONE NUMBER

3171714

P.O. BOX 13087 • AUSTIN, TEXAS 78711-3087 MONTHLY EFFLUENT REPORT

Hadlafaddaldaldaldaldaldaldaldaldaldaldaldald

SAN ANTONIO WATER SYSTEM 3495 VALLEY RD SAN ANTONIO TX 78221-5238 PAGE

1



40B WQ0010137-033
SYS PERMIT NUMBER

02 SET 14 04 YEAR MO.

12551 EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE I

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.
PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER		EFFLUENT CONDITION		NO.		FREQUENCY		SAMPLE
		VALUE	UNITS	EX.	ļ	OF ANALYSIS		TYPE
000085342 TRANSFER	REPORTED	10	DAY	0	01		01	
DAYS/MON	PERMITTED				01	NA	01	NA
316164024 E-COLI	REPORTED	1.07	#/100 ML	0	08	1/Day	03	
DLY AVG	PERMITTED	20.000			11	2/WEEK	03	GRABPKLOAD
316164030 E-COLI	REPORTED	2.0	#/100 ML	0	08	1/Day	03	
IND GRAB	PERMITTED	75.000			11	2/WEEK	03	GRABPKLOAD
500507124 FLOW	REPORTED	1.59	MGD	0	02		11	
DLY AVG	PERMITTED				02	CONT	11	CONT
500507128 FLOW	REPORTED	0.61	MGD	0	02		11	
ANN AVG	PERMITTED				02	CONT	11	CONT
800821024 BOD CARB	REPORTED	2.0	MG/L	0	80	1/Day	10	12-PRT-COM
DLY AVG	PERMITTED	5.000			11	2/WEEK	03	GRABPKLOAD
820796624 TURBDITY	REPORTED	1.12	NTU	0	08	1/Day	10	12-PRT-COM
30DAYAVG	PERMITTED	3.000			11	2/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR	REPORTED	WW0036067	NUMBER	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
EXPIRATION OF OPERATOR	REPORTED	170111	DATE	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
CLASS OF OPERATOR	REPORTED	Α	LETTER	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
	REPORTED							
	PERMITTED	***************************************						

COMMENTS AND EXPLANATIONS (Reference all attachments here)

E-Coli substituted for Fecal Coliform

I CERTIFY THAT I AM FAMILIAR W			SIGNATURE	DATE
CONTAINED IN THIS REPORT AND THE KNOWLEDGE AND BELIEF SUCH INFO COMPLETE AND ACCURATE.			Share Thuna	114015018
TELEPHONE NU	MBER	PLANT OPERATOR		YEAR MO. DAY
2 1 0 2 3 3	3 7 7 7 4	Steven Clouse Senior Vice President & COO	Ster Vonn	114015113
AREA CODE NU	MBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

P.O. BOX 13087 . AUSTIN, TEXAS 78711-3087 MONTHLY EFFLUENT REPORT

SAN ANTONIO WATER SYSTEM 3495 VALLEY RD SAN ANTONIO TX 78221-5238 PAGE

1



40B SYS

WQ0010137-033 PERMIT NUMBER

02 SET

14 04 YEAR MO.

12552 EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE II SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

 CEW COPT	
 SAMPLE	Ì
TVPE	ł

PARAMETER		EFFLUENT CONDITI	CANADA CONTRACTOR OF THE PROPERTY OF THE PROPE	NO.		FREQUENCY		SAMPLE		
		VALUE	UNITS	EX.		OF ANALYSIS		TYPE		
000085342 TRANSFER	REPORTED	0	DAY	0						
DAYS/MON	PERMITTED				01	NA	01	NA		
316164024 FEC.COLI	REPORTED		#/100 ML							
DLY AVG	PERMITTED	200.000			14	1/WEEK	03	GRABPKLOAD		
316164030 FEC.COLI	REPORTED		#/100 ML							
IND GRAB	PERMITTED	800,000		- Interessed	14	1/WEEK	03	GRABPKLOAD		
500507124 FLOW	REPORTED		MGD							
DLY AVG	PERMITTED				02	CONT	11	CONT		
500507128 FLOW	REPORTED		MGD							
ANN AVG	PERMITTED				02	CONT	11	CONT		
800821024 BOD CARB	REPORTED		MG/L							
DLY AVG	PERMITTED	20,000			14	1/WEEK	03	GRABPKLOAD		
NUMBER OF OPERATOR	REPORTED	WW0036067	NUMBER	0	01		NA			
CERTIFICATE	PERMITTED				01	01	NA	NA		
EXPIRATION OF OPERATOR	REPORTED	170111	DATE	0	01		NA			
CERTIFICATE	PERMITTED				01	01	NA	NA		
CLASS OF OPERATOR	REPORTED	Α	LETTER	0	01		NA			
CERTIFICATE	PERMITTED				01	01	NA	NA		
	REPORTED									
	PERMITTED						1			
	REPORTED									
	PERMITTED						1			

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		SIGNATURE	DATE
KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.		Sharai Suna	114015018
TELEPHONE NUMBER	PLANT OPERATOR	\ PLANT\OPERATOR.	YEAR MO. DAY
2 1 0 2 3 3 3 7 7 4	Steven Clouse Senior Vice President & COO	Star Over	114 015 113
AREA CODE NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

OVERFLOW REPORT

PERIOD: April 2014

WATERSHED:MEDIO CREEK

TCEQ PERMIT # 10137-040

EPA PERMIT # 0055689

WO#	INSPT#	SR#	DATE	ADDRESS		GALLON	CAUSE	ACTION	HRS	DISCHARGED TO	COMMENTS
982659			4/25/2014	THOROUGHBRED TRL	11860	150	Lift Station	REPLACED DEFECTIVE ARV	1.98	GROUND	Area Cleaned and Disinfected, The Defective Arv Was Replaced. Lift Station 258
978584			4/14/2014	CAGNON RD	6305	15,000	Lift Station	RESTORED POWER TO LIFT STATION	0.57	GROUND	Area Cleaned and Disinfected, Restored Power, - Replaced Generator Battery. Cps Energy Restored Power To The Lift Station #200.
TOTAL EVENTS	2			TOTAL GALLONS:	15,150			TOTAL DURATION:	2.55		

Wednesday, May 07, 2014

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: MEDIO CREEK WATER RECYCLING CENTER

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: MEDIO CREEK WATER RECYC. CTR.

LOCATION: 1300FT N USHWY 90 APPROX 1.25M W OF

IH410

ATTN: STEVEN CLOUSE, SENIOR VP

TX0055689	001-B				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITO	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	6.96	*****	*****		0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MO MIN	*****	****	mg/L		Daily	GRAB
pΗ	SAMPLE MEASUREMENT	*****	*****	*****	7.51	****	7.99		0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MUMIXAM	su		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	85	*****		****	1.47	3.30		0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2002 DAILY AV	*****	lb/d	*****	15 DAILY AV	30 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	43	****		*****	0.72	2.05		0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	267 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.99	7.85		****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	8278		*****	****	****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	PERMIT REQUIREMENT	****	27778 2HR PEAK	gal/min	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.42	*****		*****	****	****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	16 ANNL AVG	****	MGD	*****	*****	****	*****		Continuous	TOTALZ
NAME/TITLE PRINCIPAL EXECUTIVE C	supervision in	accordance with a system design	t and all attachments were prepar ned to assure that qualified person ny inquiry of the person or person	nnel properly gather and	D14				TEL	EPHONE	DATE
Steve Clouse Senior Vice President & CO	System, or the to the best of r significant pen	se persons directly responsible for my knowledge and belief, true, ac alties for submitting false informa	ny inquiry of the person or persor or gathering the information, the i occurate, and complete. I am awar ation, including the possibility of fi	nformation submitted is, e that there are		ATURE OF PRINCIPAL	-	OR	210-2	233-3774	05/13/20
TYPED OR PRINTED	knowing violati	ions.				AUTHORIZE		t	AREA Code		MMDDMYY

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

MEDIO CREEK WATER RECYCLING CENTER

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: MEDIO CREEK WATER RECYC. CTR.

LOCATION: 1300FT N USHWY 90 APPROX 1.25M W OF

IH410

ATTN: STEVEN CLOUSE, SENIOR VP

TX0055689 001-B PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 04/01/2014 04/30/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

	1	QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli	SAMPLE MEASUREMENT	*****	****	*****	*****	6.94	210		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Daily	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	128	*****		****	2.20	5.00		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	934 DAILY AV	****	lb/d	*****	7 DAILY AV	20 DAILY MX	mg/L		Daily	COMPOS

i	14 mm 11 22 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	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
	Steve Clouse	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 that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for
	TYPED OR PRINTED	Knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

210-233-3774

TELEPHONE

AREA Code NUMBER

MINDDIYYYY

DATE

P.O. BOX 13087 • AUSTIN, TEXAS 78711-3087 MONTHLY EFFLUENT REPORT

THIS REPORT TO BE USED FOR COMBINED MON 189 for 001/800/900

REPORTED

PAGE 1

SAN ANTONIO WATER SYSTEM 3225 VALLEY RD SAN ANTONIO TX 78221-5201



OF OPERATOR

WQ0010137-040 PERMIT NUMBER

01 SET

170108

14 04 YEAR MO. 12654 EID

01

0

MEDIO CREEK



NA

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS. TCEQ COPY PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS. **EFFLUENT CONDITION** NO. **FREQUENCY** SAMPLE **PARAMETER** VALUE UNITS EX. OF ANALYSIS **TYPE** 500507124 7.93 02 11 REPORTED 0 MGD FLOW PERMITTED 02 11 CONT CONT DLY AVG 500507128 REPORTED 8.05 02 11 0 FLOW MGD PERMITTED ANN AVG 02 CONT 11 CONT NUMBER REPORTED WW0004506 0 01 NA NUMBER OF OPERATOR PERMITTED 01 01 NA NA CERTIFICATE **EXPIRATION**

DATE

PERMITTED 01 NA NA CERTIFICATE 01 **CLASS** REPORTED Α 01 NA 0 OF OPERATOR **LETTER** PERMITTED CERTIFICATE 01 01 NA NA REPORTED PERMITTED REPORTED PERMITTED

> REPORTED PERMITTED REPORTED PERMITTED

REPORTED PERMITTED

COMMENTS AND EXPLANATIONS (Reference all attachments here)

REPORTED PERMITTED

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION NAME DATE IGNATURE CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND Daniel Rodriguez 09 COMPLETE AND ACCURATE. Manager-Prod & Treat Ops TELEPHONE NUMBER PLANT OPERATOR PLANT OPPRATOR YEAR MO. DAY Steve Clouse ouse Senior Vice President & COO **EXECUTIVE OFFICER** NUMBER **EXECUTIVE OFFICER** AREA CODE YEAR MO. DAY

P.O. BOX 13087 • AUSTIN, TEXAS 78711-3087 MONTHLY EFFLUENT REPORT

Haadladaaddaaddabdaadddaaaaddabbbbbbbbb

SAN ANTONIO WATER SYSTEM 3225 VALLEY RD SAN ANTONIO TX 78221-5201 PAGE



40B SYS

WQ0010137-040 PERMIT NUMBER

01 SET

14 04 YEAR MO.

12553 EID



THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE I 800

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

LLAGE RETAIN AT THE	ALCOOL I LON	TOUR RECURDS.		·			* ~ .	<u> </u>
PARAMETER		EFFLUENT CONDITION	and the second s	NO.	1	FREQUENCY	1	SAMPLE
, ·		VALUE	UNITS	EX.		OF ANALYSIS		TYPE
000085342 TRANSFER	REPORTED	12	DAY		01		01	
DAYS/MON	PERMITTED				01	NA	01	NA
316164024 FEC.COLI	REPORTED	1.0	#/100 ML	0	80	1/Day	03	
DLY AVG	PERMITTED	20.000			11	2/WEEK	03	GRABPKLOAD
316164030 FEC.COLI	REPORTED	1.0	#/100 ML	0	08	1/Day	03	
IND GRAB	PERMITTED	75.000			11	2/WEEK	03	GRABPKLOAD
500507124 FL OW	REPORTED	2.35	MGD	0	02		11	
DLY AVG	PERMITTED				02	CONT	11	CONT
500507128 FL 0W	REPORTED	1.51	MGD	0	02		11	
ANN AVG	PERMITTED				02	CONT	11	CONT
800821024 BOD CARB	REPORTED	2.33	MG/L	0	08	1/Day	10	12-prt-com
DLY AVG	PERMITTED	5.000			11	2/WEEK	03	GRABPKLOAD
820796624 Turbdity	REPORTED	0.92	NTU	0	08	1/Day	10	12-prt-com
30DAYAVG	PERMITTED	3.000			11	2/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR	REPORTED	WW0004506	NUMBER	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
EXPIRATION OF OPERATOR	REPORTED	170108	DATE	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA.	NA
CLASS OF OPERATOR	REPORTED	Α	LETTER	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
	REPORTED							
	PERMITTED							

COMMENTS AND EXPLANATIONS (Reference all attachments here)

	AM FAMILIAR WITH THE INFORMATION		SIGNATURE	DATE
	BELIEF SUCH INFORMATION IS TRUE AND		Sam Vote	114015019
TEL	EPHONE NUMBER	PLANT OPERATOR	\ PLANTOPERATOR	YEAR MO. DAY
210	2 ₁ 3 ₁ 3 3 ₁ 7 ₁ 7 ₁ 4	Steve Clouse Senior Vice President & COO	Staclouse	114 015 113
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

P.O. BOX 13087 • AUSTIN, TEXAS 78711-3087 MONTHLY EFFLUENT REPORT

PAGE

1

SAN ANTONIO WATER SYSTEM 3225 VALLEY RD SAN ANTONIO TX 78221-5201



WQ0010137-040 PERMIT NUMBER 02 SET 14 04 YEAR MO.

12554 EID



THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE II 900

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

Pr. X pr. X & 2 prosuper as	PARAMETER EFFLUENT CONDITION					FREQUENCY	SAMPLE			
PARAMETER		VALUE	UNITS	NO. EX.	4	OF ANALYSIS		TYPE		
000085342 TRANSFER	REPORTED	0	DAY	0	01		01			
DAYS/MON	PERMITTED				01	NA	01	NA		
316164024 FEC.COLI	REPORTED		#/100 ML							
DLY AVG	PERMITTED	200.000			14	1/WEEK	03	GRABPKLOAD		
316164030 FEC.COLI	REPORTED		#/100 ML	# 10 10 10 10 10 10 10 10 10 10 10 10 10						
IND GRAB	PERMITTED	800.000			14	1/WEEK	03	GRABPKLOAD		
500507124 F LOW	REPORTED		MGD							
DLY AVG	PERMITTED				02	CONT	11	CONT		
500507128 -LOW	REPORTED		MGD							
NN AVG	PERMITTED			***************************************	02	CONT	11	CONT		
300821024 30D CARB	REPORTED		MG/L							
DLY AVG	PERMITTED	20.000			14	1/WEEK	03	GRABPKLOAD		
IUMBER OF OPERATOR	REPORTED	WW0004506	NUMBER	0	01		NA			
ERTIFICATE	PERMITTED				01	01	NA	NA		
XPIRATION OF OPERATOR	REPORTED	170108	DATE	0	01		NA			
ERTIFICATE	PERMITTED				01	01	NA	NA		
CLASS OF OPERATOR	REPORTED	Α	LETTER	0	01		NA			
ERTIFICATE	PERMITTED				01	01	NA	NA		
7	REPORTED									
	PERMITTED									
	REPORTED									
	PERMITTED									

I CERTIFY THAT I AM FAMILIAR W			GIGNATURE	DATE
KNOWLEDGE AND BELIEF SUCH INFO COMPLETE AND ACCURATE.			Save or	1405019
TELEPHONE NU	MBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2 1 0 2 3 3	3 ₁ 7 ₁ 7 ₄	Steve Clouse Senior Vice President & COO	Star Clouse	140513
AREA CODE NU	MBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

OVERFLOW REPORT

PERIOD: April 2014

WATERSHED: LEON CREEK

TCEQ PERMIT # 10137-003

EPA PERMIT # 0052639

WO#	INSPT#	SR#	DATE	ADDRESS		GALLON	CAUSE	ACTION	HRS	DISCHARGED TO	COMMENTS
	292444	420072	4/28/2014	MERRY OAKS DR	6600	89,800	Vandalism	CLEANED MAIN	2.83	DRAINAGE CULVERT	Area Cleaned and Disinfected, - Bolting Down Manhole Covers In The Area.
	289660	411351	4/16/2014	FAIRMEADOWS	3111	500	Debris	CLEANED MAIN	4.60	GROUND	Area Cleaned and Disinfected, Flushed Area with H2O
	288699	401542	4/5/2014	DARWIN	2510	2,800	Debris	CLEANED MAIN	1.85	CREEK BED	Flushed Area with H2O
	288440	400581	4/3/2014	HACKAMORE LN	2610	7,879	Debris	CLEANED MAIN	3.13	STREET	Area Cleaned and Disinfected, Flushed Area with H2O
	288649	400734	4/4/2014	KETTERING ST	5802	3,000	Debris	CLEANED MAIN	1.38	DRAINAGE CULVERT	Area Cleaned and Disinfected, Flushed Area with H2O
TOTAL EVENTS	5			TOTAL GALLONS:	103,979			TOTAL DURATION	N: 13.79		

Wednesday, May 07, 2014

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

SAN ANTONIO WATER SYSTEM

ADDRESS:

3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC. CTR.

LOCATION: 1104 MAUERMAN ROAD

SAN ANTONIO, TX 78224 ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639 001-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 04/01/2014 04/30/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	****	6.3	****	*****		0	12/Day	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	****	8.0		0	12/Day	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	208	****		****	1.43	3.00		0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	5755 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	37	*****		****	0.25	0.25		0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	767 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	17.65	30.72		****	****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	22917		****	****	****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	63889 2HR PEAK	gal/min	*****	***	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	27.06	****		*****	*****	****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46 ANNL AVG	*****	MGD	*****	*****	光安 安安安	*****		Continuous	TOTALZ
NAME/TITLE PRINCIPAL EXECUTIVE C	supervision in	accordance with a system desig	t and all attachments were prepa ned to assure that qualified perso ny inquiry of the person or persor	nnel properly gather and	DRS	()			TEL	EPHONE	DATE
Steven Clouse Senior Vice President & COC	system, or the to the best of significant per	se persons directly responsible f my knowledge and belief, true, a nalties for submitting false inform	or gathering the information, the incurate, and complete. I am awar ation, including the possibility of fi	information submitted is, re that there are	SIGNA	ATURE OF PRINCIPAL		OR	210-2	233-3774	05/13/2
TYPED OR PRINTED	knowing viola	ions,				AUTHORIZE	D AGENT	Ť	AREA Code	NUMBER	MNVDD/YY

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SAN ANTONIO WATER SYSTEM

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC. CTR.

LOCATION: 1104 MAUERMAN ROAD

SAN ANTONIO, TX 78224

ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONI	TORING PERIOD
mon	TOTALIO I EIGOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	0.090		0	12/Day	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	1.1	***	*****		0	12/Day	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E, coli	SAMPLE MEASUREMENT	****	****	****	****	2.78	110		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Five Per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	316	*****		****	2.17	7.0		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	2686 DAILY AV	****	lb/d	埃肯特特地	7 DAILY AV	17 DAILY MX	mg/L		Daily	COMPOS

NAME THE PRINCIPAL EXECUTIVE OF HOLK	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 revaluate the information submitted. Based on my inquiry of the person or persons who manace the
Steven Clouse Senior Vice President & COO	revaluate the minimission submitted. Severe on this fluid you are person for persons wan omatige 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 that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for Knowling violations.
TYPED OR PRINTED	returning violations,

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE

210-233-3774 OS/13/2

AREA Code NUMBER MM/DD/YYY

QUANTITY OR LOADING

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SAN ANTONIO WATER SYSTEM

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC. CTR.

LOCATION: 1104 MAUERMAN ROAD

SAN ANTONIO, TX 78224

ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	002-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONIT	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								

DMR Mailing ZIP CODE:

NO.

78221

MAJOR

(SUBR 13) DOMESTIC FACILITY - 002

External Outfall

QUALITY OR CONCENTRATION

No Discharge

SAMPLE

FREQUENCY

PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	*****	6.3	****	*****		0	12/Day	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	***	*****	*****	5 MO MIN	*****	****	mg/L		Daily	GRAB
Н	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	8.0		0	12/Day	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9 MUMIXAM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	24.3	****		****	1.53	3.00		0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	5755 DAILY AV	****	lb/d	****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	4.7	*****		*****	0.25	0.25		0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	767 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.23	7.83		*****	****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	6944		*****	*****	*****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	PERMIT REQUIREMENT	****	63889 2HR PEAK	gal/min	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.62	*****		*****	****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46 ANNL AVG	*****	MGD	****	*****	*****	*****		Continuous	TOTALZ
NAME/TITLE PRINCIPAL EXECUTIVE (supervision	der penalty of law that this documen n in accordance with a system desig	ned to assure that qualified pers	sonnel properly gather and	Dr-2				TEL	EPHONE	DATE
Steven Clouse Senior Vice President & COO	system, or to the best significant	e information submitted. Based on those persons directly responsible t of my knowledge and belief, true, a penalties for submitting false inform	or gathering the information, the ccurate, and complete. I am awa	information submitted is, are that there are	SIGN	ATURE OF PRINCIPAL	EXECUTIVE OFFICER	OR	210-2	233-3774	05/13/2
TYPED OR PRINTED	Anowing violations.					†	AREA Code	NUMBER	MN/DD/YYY		

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SAN ANTONIO WATER SYSTEM

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC. CTR.

LOCATION: 1104 MAUERMAN ROAD

SAN ANTONIO, TX 78224

ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	002-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 002

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	0.080		0	12/Day	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	1.1	****	*****		0	12/Day	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	****	3.54	110		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	126 DAILY AV	394 DAILY MX	CFU/100m L		Five Per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	38	*****		*****	2.24	7.0		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	2686 DAILY AV	****	lb/d	****	7 DAILY AV	17 DAILY MX	mg/L		Daily	COMPOS

10 III 2 1 10 10 11 12 2 1 10 2 1 1 10 2 1 1	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 property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the				
Steven Clouse	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, thue, accurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for				
TYPED OR PRINTED	⊀nowing violations.				

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

210-233-3774 AREA Code NUMBER

TELEPHONE

MMIDDAYYY

DATE

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

SAN ANTONIO WATER SYSTEM

3495 VALLEY RD

ADDRESS:

SAN ANTONIO, TX 78221 FACILITY: LEON CREEK WATER RECYC. CTR.

LOCATION: 1104 MAUERMAN ROAD

SAN ANTONIO, TX 78224

ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	101-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONITO	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

COMBINED OUTFALLS 001 & 002

External Outfall

No Discharge

	<u> </u>	QUA	NTITY OR LOADING	3	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Solids, total suspended	SAMPLE MEASUREMENT	225	*****		****	*****	****	*****	0	Daily	Compos	
00530 J 0 Intermediate Treatment, Process	PERMIT REQUIREMENT	5755 DAILY AV	****	lb/d	*****	*****	*****	*****		Daily	COMPOS	
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	40	****		*****	*****	*****	*****	0	Daily	Compos	
00610 J 0 Intermediate Treatment, Process	PERMIT REQUIREMENT	767 DAILY AV	*****	lb/d	*****	****	*****	*****		Daily	COMPOS	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	19.21	30.72	}	*****	*****	*****	*****	0	Continuous	TotalZ	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	25000		****	****	*****	*****	0	Continuous	TotalZ	
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	63889 2HR PEAK	gal/min	*****	*****	*****	*****		Continuous	TOTALZ	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	27.93	****		*****	*****	*****	*****	0	Continuous	TotalZ	
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46 ANNL AVG	*****	MGD	*****	****	*****	*****		Continuous	TOTALZ	
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	343	*****		No the his his his	*****	*****	*****	0	Daily	Compos	
80082 J 0 Intermediate Treatment, Process	PERMIT REQUIREMENT	2686 DAILY AV	*****	lb/d	*****	*****	*****	*****		Daily	COMPOS	

		1					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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	Dr. S.		TELEP	HONE	DATE	1
Steven Clouse Senior Vice President & COO	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, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for Anowing violations.		AL EXECUTIVE OFFICER OR	210-23	3-3774	05/13/20	14
TYPED OR PRINTED	rolowing violazions.	AUTHORIZ	ZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	1

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: SAN ANTONIO WATER SYSTEM

ADDRESS: 3495 VALLEY RD

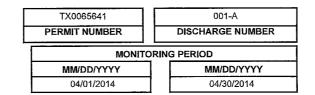
SAN ANTONIO, TX 78221

FACILITY: MITCHELL LAKE

LOCATION: 1M S LOOP 410 E PLEASANTON RD

SAN ANTONIO, TX 782982449

ATTN: STEVEN CLOUSE, SEN. VP & COO



DMR Mailing ZIP CODE:

78221

MINOR

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

X

		QUA	NTITY OR LOADING	}		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	***	****	****		*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 · MO MIN	*****	*****	mg/L		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	****	****	*****	****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	30 DAILY AV	100 SINGGRAB	mg/L		Daily	GRAB
рН	SAMPLE MEASUREMENT	****	*****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	*****	*****		*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	90 DAILY AV	*****	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Daily	INSTAN
E. coli	SAMPLE MEASUREMENT	朱岩安安安安	*****	*****	*****						
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	126 DAILY AV	394 SINGGRAB	CFU/100m		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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	me /	TELI	PHONE	DATE
Steven Clouse Senior Vice President & COO	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 that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for Anowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE	210-3	33-3774	05/13/2014
TYPED OR PRINTED	Riowng violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

MONITORING SHALL OCCUR WHEN DISCHARGINS.

SAMPLES FOR BACTERIA MONITORING SHALL BE TAKEN AT THE INFLOW PIPE FROM TH ELEON CREEK WRC.

P.O. BOX 13087 • AUSTIN, TEXAS 78711-3087 MONTHLY EFFLUENT REPORT

SAN ANTONIO WATER SYSTEM 3495 VALLEY RD SAN ANTONIO TX 78221-5238 PAGE



40B SYS WQ0010137-003 PERMIT NUMBER 02 SET 14 04 YEAR MO.

12645 EID

THIS REPORT TO BE USED FOR COMBINED MON 189 for 001/002/800/900

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER		EFFLUENT CONDITION		NO.		FREQUENCY	SAMPLE		
LYDWAILIEU		VALUE	UNITS	EX.		OF ANALYSIS		TYPE	
500507124 FLOW	REPORTED	25.82	MGD	0	02		11		
DLY AVG	PERMITTED				02	CONT	11	CONT	
500507128 FLOW	REPORTED	33.06	MGD	0	02		11		
ANN AVG	PERMITTED				02	CONT	11	CONT	
NUMBER OF OPERATOR	REPORTED	WW0004506	NUMBER	0	01		NA		
CERTIFICATE	PERMITTED				01	01	NA	NA	
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	170108	DATE	0	01		NA		
	PERMITTED				01	01	NA	NA	
CLASS OF OPERATOR CERTIFICATE	REPORTED	Α	LETTER	0	01		NA		
	PERMITTED				01	01	NA	NA	
	REPORTED								
	PERMITTED								
	REPORTED								
	PERMITTED								
	REPORTED								
	PERMITTED								
	REPORTED								
	PERMITTED								
	REPORTED								
	PERMITTED								
	REPORTED								
	PERMITTED								

COMMENTS AND EXPLANATIONS (Reference all attachments here)

		THE INFORMATION		SIGNATURE	DATE
CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND				N. RV Li	1.11 2.50
COMPLETE AND ACCURATE.			Prod & Treat Ops	Daniel Gras	190404
TELI	EPHONE NUM	MBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2 1 0	2 3 3	3 ₁ 7 ₁ 7 ₁ 4	Steve Clouse Senior Vice President & COO	Stre Con	114015113
AREA CODE	NUA	/BER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

P.O. BOX 13087 • AUSTIN, TEXAS 78711-3087 MONTHLY EFFLUENT REPORT

PAGE

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SAN ANTONIO WATER SYSTEM 3495 VALLEY RD SAN ANTONIO TX 78221-5238

40B SYS WQ0010137-003 PERMIT NUMBER 02 SET 14 04 YEAR MO. 12547 EID



THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE I 800

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION VALUE UNITS		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE		
000085342 TRANSFER	REPORTED	30	DAY	0	01		01	
DAYS/MON	PERMITTED	•			01	NA	01	NA
316164024 E-COLI	REPORTED	1.0	#/100 ML	0	08	1/Day	03	
DLY AVG	PERMITTED	20.000			11	2/WEEK	03	GRABPKLOAD
316164030 E-COLI	REPORTED	1.0	#/100 ML	0	80	1/Day	03	
IND GRAB	PERMITTED	75.000			11	2/WEEK	03	GRABPKLOAD
500507124 FLOW	REPORTED	6.61	MGD	0	02		11	
DLY AVG	PERMITTED				02	CONT	11	CONT
500507128 FLOW	REPORTED	5.13	MGD	0	02		11	
ANN AVG	PERMITTED				02	CONT	11	CONT
800821024 BOD CARB	REPORTED	2.17	MG/L	0	08	1/Day	10	12-prt-com
DLY AVG	PERMITTED	5.000			11	2/WEEK	03	GRABPKLOAD
820786624 TURBDITY	REPORTED	0.75	NTU	0	80	1/Day		12-prt-com
30DAY AV	PERMITTED	3,000			11	2/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR	REPORTED	WW0004506	NUMBER	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA.	NA
EXPIRATION OF OPERATOR	REPORTED	170108	DATE	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
CLASS OF OPERATOR	REPORTED	Α	LETTER	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA.	NA
	REPORTED							
·	PERMITTED							

COMMENTS AND EXPLANATIONS (Reference all attachments here)

E-Coli substituted for Fecal Coliform

	AM FAMILIAR WITH THE INFORMATION		SIGNATURE	DATE	
CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.			Sail lots	114015019	
TELEPHONE NUMBER		PLANT OPERATOR	PLANTOPERATOR	YEAR MO. DAY	
210	2 3 3 3 7 7 4	Steve Clouse Senior Vice President & COO	Star Clouse	114 015 113	
AREA CODE NUMBER		EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY	

P.O. BOX 13087 • AUSTIN, TEXAS 78711-3087 MONTHLY EFFLUENT REPORT

PAGE

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SAN ANTONIO WATER SYSTEM 3495 VALLEY RD

SAN ANTONIO TX 78221-5238

40B SYS

WQ0010137-003 PERMIT NUMBER 02 SET 14 04 YEAR MO.

12548 EID



THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE II 900

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

	EFFLUENT CONDITION			NO. FREQUENCY			SAMPLE	
PARAMETER		VALUE	UNITS		OF ANALYSIS		TYPE	
000085342 TRANSFER	REPORTED	0	DAY	0	01		01	
DAYS/MON	PERMITTED				01	NA	01	NA
316164024 FEC.COLI	REPORTED		#/100 ML					
DLY AVG	PERMITTED	200.000			14	1/WEEK	03	GRABPKLOAD
316164030 FEC.COLI	REPORTED		#/100 ML					
IND GRAB	PERMITTED	800.000			14	1/WEEK	03	GRABPKLOAD
500507124 FLOW	REPORTED		MGD					
DLY AVG	PERMITTED				02	CONT	11_	CONT
500507128 F LOW	REPORTED		MGD					
ANN AVG	PERMITTED		- and the second		02	CONT	11	CONT
800821024 BOD CARB	REPORTED		MG/L					
DLY AVG	PERMITTED	15.000			14	1/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR	REPORTED	WW0004506	NUMBER	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA.	NA
EXPIRATION OF OPERATOR	REPORTED	170108	DATE	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
CLASS OF OPERATOR	REPORTED	Α	LETTER	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							

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 AND COMPLETE AND ACCURATE.			SIGNATURE	DATE	
			David Koth	114 015 019	
TELEPHONE NUMBER		PLANT OPERATOR	Y PLANT PERATOR	YEAR MO. DAY	
2 1 0	2 3 3 3 7 7 4	Steve Clouse Senior Vice President & COO	Stre Vivse	114015113	
AREA CODE NUMBER		EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY	