

June 17, 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 3987

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 3987

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 May 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,

Jeff Haby, P.E.

Director - Sewer System Improvements

Enc. As stated



June 17, 2014

U.S. Department of Justice Environmental Enforcement Section Environment and Natural Resources Division

Via U.S. Certified Mail RRR# 7013 2250 0001 9126 3970

P.O. Box 7611

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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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,

Jeff Haby, P.E.

Director – Sewer System Improvements

Enc. As stated

OVERFLOW REPORT

PERIOD: May 2014

WATERSHED: DOS RIOS

TCEQ PERMIT # 10137-033

EPA PERMIT # 0077801

WO#	INSPT#	SR#	DATE	ADDRESS		GALLON	CAUSE	ACTION	HRS	DISCHARGED TO	COMMENTS
	298985	457779	5/31/2014	TRAVIS ST W	1714	50	Debris	CLEANED MAIN	2.02	CREEK BED - ALAZAN CRK	Area Cleaned and Disinfected, Flushed Area with H2O
	298769	454348	5/28/2014	HOT WELLS	327	3	Grease	CLEANED MAIN	1.48	STREET	Area Cleaned and Disinfected, Flushed Area with H2O
		450759	5/26/2014	AVONDALE AVE	755	500	1/1	DILUTED BY HEAVY RAIN WATER	1.50	STREET	Monitored Area
	298339		5/22/2014	ROPER	403	27,853	Debris	CLEANED MAIN	2.50	DRAINAGE CULVERT	Area Cleaned and Disinfected,
		447087	5/21/2014	SAN PEDRO AVE	5921	50	Grease	CLEANED LATERAL	0.53	STREET	Area Cleaned and Disinfected, Flushed Area with H2O 6 Inch Sewer Lateral - Unstopped Lateral
	297818	441665	5/16/2014	WONDER PKWY	300	10	Debris	CLEANED MAIN	1.05	STREET	Area Cleaned and Disinfected, Flushed Area with H2O
989010	297563	And the second s	5/15/2014	COMMERCE ST E	3067	1,870	Structural	WORK ORDER TO REPAIR MAIN	2.88	STREET	Area Cleaned and Disinfected, Flushed Area with H2O - Work Order Has Been Created To Repair Sewer Main
989146	297597	439204	5/15/2014	NATALEN AVE	446	262	Structural	WORK ORDER TO REPAIR MAIN	2.43	STORMDRAIN	Area Cleaned and Disinfected, Flushed Area with H2O - Work Order Has Been Created To Repair Sewer Main
987693	293923	434224	5/12/2014	BROADWAY	4301	950	Structural	WORK ORDER TO REPAIR MAIN	6.88	GROUND	Area Cleaned and Disinfected, Work Order Has Been Created For Main Repair
987389	293960	433391	5/10/2014	TOPAZ ST	911	50	Structural	WORK ORDER TO REPAIR MAIN	0.18	STREET	Area Cleaned and Disinfected, Flushed Area with H2O Work Order Has Been Created For Main Repair
987372	293966	433365	5/10/2014	COMMERCE ST E	3067	500	Structural	REPAIRED MAIN	0.25	DRAINAGE CULVERT	Area Cleaned and Disinfected, Repaired Main, Flushed Area with H2O
	293627	431490	5/8/2014	TERRA ALTA W	1542	45	Debris	CLEANED MAIN	1.42	STREET	Area Cleaned and Disinfected, Flushed Area with H2O
	292990	425121	5/1/2014	NOPAL ST	2335	600	Grease	CLEANED MAIN	1.00	STORMDRAIN	Area Cleaned and Disinfected,
TOTAL EVENTS				TOTAL GALLONS:	32,743	Account to		TOTAL DURATION:	24.12		1

Thursday, June 05, 2014

OVERFLOW REPORT

PERIOD: May 2014

WATERSHED: SALADO CREEK

TCEQ PERMIT # 10137-008

EPA PERMIT # 0052647

WO#	INSPT#	SR#	DATE	ADDRESS		GALLON	CAUSE	ACTION	HRS	DISCHARGED TO	COMMENTS
	298556	450797	5/26/2014	EISENHAUER RD	3900	485,450	Debris	CLEANED MAIN	8,52	CREEK BED - SALADO CRK	Area Cleaned and Disinfected,
	293973	434991	5/13/2014	PERRIN CRK	4602	1,950	1/1	DILUTED BY HEAVY RAIN WATER	1.08	CREEK BED - BEITEL CRK	Area Cleaned and Disinfected,
	293958	434874	5/12/2014	TARLETON PLACE	9530	1,000	Grease	CLEANED MAIN	1.58	DRAINAGE CULVERT	Area Cleaned and Disinfected,
985245		425926	5/2/2014	WYANOKE	227	1	Structural	REPAIRED SEWER LATERAL	0.53	GROUND	Area Cleaned and Disinfected, Work Order Made To Repair Lateral
TOTAL EVENTS	4			TOTAL GALLONS:	488,401			TOTAL DURATION:	11.71		- A

Thursday, June 05, 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 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 05/31/2014 05/01/2014

DMR Mailing ZIP CODE:

78221

MAJOR

AUTHORIZED AGENT

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONG	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	· VALUE	UNITS	VALUE	- VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	次宋孝安安安	****	6.7	****	*****		0	12/Day	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6 MO MIN	*****	****	mg/L		Daily	GRAB
ЭН	SAMPLE MEASUREMENT	****	****	*****	6.7	****	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	915	*****		*****	1.31	2.80		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
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	494	****		****	0.59	3.92		0	Daily	Compo
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	2085 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	82.74	124.90		*****	*****	*****	*****	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	****	121528		*****	*****	****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	173611 2HR PEAK	gal/min	*****	****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	76.43	*****		****	****	****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125 ANNL AVG	****	MGD	*****	*****	女女女女女	*****		Continuous	TOTALZ
NAME/TITLE PRINCIPAL EXECUTIVE C	supervision in	accordance with a system desig	t and all attachments were prepar ned to assure that qualified perso ny inquiry of the person or person	nnel properly gather and	16			T	TEL	EPHONE	DATE
Steven Clouse Senior Vice President & COO	system, or those to the best of n	ie persons directly responsible f ny knowledge and bellef, true, a alties for submitting false inform	or gathering the information, the in occurate, and complete. I am awar ation, including the possibility of fi	nformation submitted is, e that there are		ATURE OF PRINCIPAL	EXECUTIVE OFFICER	OR	210-2	233-3774	06/16/2

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

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

TYPED OR PRINTED

NUMBER

AREA Code

MM/DD/YYYY

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 MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 05/01/2014 05/31/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

		QUA	NTITY OR LOADING	ì		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	****	****	*****	1.0	*****	*****		0	12/Day	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	****	*****	*****	1.80	13.0		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	1410	*****		****	2.03	3.00		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	5213 DAILY AV	****	lb/d	***	5 DAILY AV	20 DAILY MX	mg/L		Daily	COMPOS

Steven Clouse	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 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 moving dividations.
TYPED OR PRINTED	Tulowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

210-233-3774 AREA Code NUMBER MM/DD/YYYY

TELEPHONE

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

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

DATE

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 05/01/2014 05/31/2014

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
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	अंग और और और और और	****	7.0	*****	*****		0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	****	****	*****	6.7	****	7.2		0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	60.7	****		*****	1.26	1.80		0	Daily	Compo
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	18.1	*****		*****	0.48	3.92		0	Daily	Compo
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	5.80	6.63		****	****	*****	*****	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	5.25	*****		*****	****	*****	*****	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 OFFICER I certify under penalty of law that this document and all attachments were prepared under my direct supervision in accordance with a system designed to assure that qualified personnel property gather valuate 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 submitted to the best of my knowledge and hellef, true, accurate, and complete. I am aware that there are			nnel properly gather and is who manage the information submitted is, e that there are	Stu	re Oov				EPHONE 233-3774	DATE	
TYPED OR PRINTED	nalties for submitting false informa tions.	tion, including the possibility of fi	ne and imprisonment for	SIGNA	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				NUMBER 1	06/16/2	

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

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

NUMBER

MM/DD/YYYY

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

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 002-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 05/31/2014 05/01/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 002

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	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	*****	****	****	1.0	****	*****		0	Daily	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	****	***	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	****	1.69	6.00		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	96.7	****		****	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

ı		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 Senior Vice President & COO	revaluate the Information submitted. Based on my inquiry of the person or persons who menage 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 Harowina violations.
	TYPED OR PRINTED	Miswing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

210-233-3774 AREA Code NUMBER MMMDD/YYYY

TELEPHONE

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

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

DATE

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

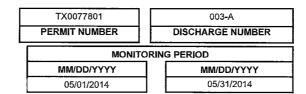
SAN ANTONIO, TX 78221

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 - 003

External Outfall

No Discharge

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		QUA	NTITY OR LOADING	3		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	****		No also also also also	****				
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 MUMIXAM	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	*****	****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER i certify under penalty of law that this document and all attachments were prepared under my dire supervision in accordance with a system designed to assure that qualified personnel properly gath evaluate the information submitted. Based on my inquiry of the person or persons who manage the				nnel properly gather and	5 -	\overline{C}			TELI	EPHONE	DATE
Steven Clouse Senior Vice President & COO 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 slignificant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR				210-233-3774		06/11/2
TYPED OR PRINTED	tions.				AUTHORIZE	D AGENT	<u></u>	AREA Code	NUMBER	MM/DD/YYYY	

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

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

No Discharge

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.

ATTN: STEVEN CLOUSE, SENIOR VP

SAN ANTONIO, TX 78221

TX0077801 PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY 05/01/2014

003-A DISCHARGE NUMBER

> MM/DD/YYYY 05/31/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 003

External Outfall

No Discharge

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		QUAI	NTITY OR LOADING	G	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	PÉRMIT REQUIREMENT	*****	****	*****	1 MO MIN	****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****						
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 DAJLY 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

	Leartify 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
Steven Clouse	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 knowled violations.
TYPED OR PRINTED	ntowing violations.

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

210-233-3774 AREA Code NUMBER

TELEPHONE

DATE

No Discharge

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS: DOS RIOS WATER RECYLING CENTER

3495 VALLEY RD

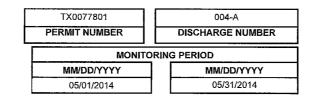
SAN ANTONIO, TX 78221

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 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	*****	*****	*****		***	****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 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	375 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	50 DAILY AV	the the take take take	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	PERMIT REQUIREMENT	****	****	*****	*****	****	.1 INST MAX	mg/L		Daily	GRAB

WHILE I THING HE EXECUTIVE OF FICE	supervision in accordance with a system designed to assure that qualified personnel properly gather an
Steven Clouse	revaluate 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.
TYPED OR PRINTED	duowing violations.

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

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

No Discharge

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

NUMBER

210-233-3774

AREA Code

Page 1

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

S

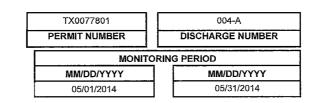
SAN ANTONIO, TX 78221

FACILITY:

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 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	*****	****	*****		*****	*****				
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		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT		****		****						
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	250 DAILY AV	*****	lb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

	NAME THE FRINCIPAL 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
-	Steven Clouse	revaluate 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 Howoving violations.
I	TYPED OR PRINTED	Knowing violations.

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

210-233-3774

OU/LUZOIY

No Discharge

Form Approved OMB No. 2040-0004

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

NAME: ADDRESS: DOS RIOS WATER RECYLING CENTER

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 05/31/2014 05/01/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 005

External Outfall

No Discharge

		QUA	NTITY 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	*****	按放水沟收收	*****	6.8	*****	*****		0	Daily	Grab
0300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	4 MO MIN	*****	****	mg/L		Daily	GRAB
oH	SAMPLE MEASUREMENT	*****	****	****	6.8	****	7.1		0	Daily	Grab
0400 1 0 iffluent Gross	PERMIT REQUIREMENT	*****	*****	****	6 MINIMUM	****	9 MAXIMUM	su		Daily	GRAB
olids, total suspended	SAMPLE MEASUREMENT	6.7	*****		****	1.32	1.80		0	Daily	Compo
0530 1 0 ffluent Gross	PERMIT REQUIREMENT	325 DAILY AV	水水和水水 火	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	СОМРО
litrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.0	*****		*****	0.47	3.92		0	Daily	Compo
0610 1 0 ffluent Gross	PERMIT REQUIREMENT	43 DAILY AV	*****	lb/d	****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
low, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.62	0.83		*****	****	*****	*****	0	Continuous	TotalZ
0050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	****	****	*****	*****		Continuous	TOTALZ
low, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.52	*****		*****	****	*****	*****	0	Continuous	TotalZ
0050 Y 0 ffluent Gross (Supplementary)	PERMIT REQUIREMENT	2.6 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
hlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	0.040	-	0	Daily	Grab
0060 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	t and all attachments were prepa ned to assure that qualified perso	onnel properly gather and	16	\cap			TEL	EPHONE	DATE
Steven Clouse Senior Vice President & COO	system, or thos to the best of n significant pens	se persons directly responsible for ny knowledge and belief, true, ac alties for submitting false informa	my inquiry of the person or person or gathering the information, the i ccurate, and complete. I am awar ation, including the possibility of f	information submitted is, re that there are	SIGN	ATURE OF PRINCIPAL	EXECUTIVE OFFICER	OR	210-2	33-3774	x0/16/2
TYPED OR PRINTED					AUTHORIZED AGENT					NUMBER	MM/DD/YYYY

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

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: ADDRESS: DOS RIOS WATER RECYLING CENTER

3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.

ATTN: STEVEN CLOUSE, SENIOR VP

SAN ANTONIO, TX 78221

TX0077801 005-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 05/01/2014 05/31/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 005

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	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	*****	16 16 16 16 16 16	*****	1.0	*****	*****		0	Daily	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	****	****	*****	1.70	6.00		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	10.3	*****		*****	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
	Caniar Vice President 9 COO	tweluse 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 knowling violations.
-	TYPED OR PRINTED	Tolowing 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)

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

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 006

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR COM	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****		****	**************************************				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
PΗ	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6 MINIMUM	*****	9 MAXIMUM	su		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		*****		****		in printerin				
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	****	在在的内外地	****	*****	****	.1 INST MAX	mg/L		Daily	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE (supervision in a	ccordance with a system design	and all attachments were prepar ed to assure that qualified perso	nnel properly gather and	3/5				TELE	PHONE	DATE
Steven Clouse Senior Vice President & COC	system, or those to the best of m significant pena	e persons directly responsible for y knowledge and belief, true, ac- lites for submitting false informat	y inquiry of the person or person r gathering the information, the in curate, and complete. I am awan tion, including the possibility of fi	nformation submitted is, that there are	SIGNA		L EXECUTIVE OFFICER	OR	210-2	33-3774	06/16/2
TYPED OR PRINTED	knowing violation	ns,				AUTHORIZ	ED AGENT	t	AREA Code	NUMBER	MMIDDIY

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

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

No Discharge

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

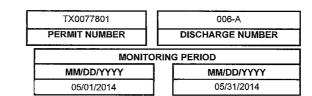
FACILITY:

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 - 006

External Outfall

No Discharge

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		QUAN	ITITY OR LOADIN	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	****	****	*****		*****	*****				
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	共长安安安	*****	*****	*****						
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		*****		****						
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 Steven Clouse	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,
Senior Vice President & COO	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 Hanowing violations.
TYPED OR PRINTED	Triowing violations.

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

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

TELEPHONE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA Code

210-233-3774 NUMBER

MMCDD/YYYY

DATE

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

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC WASTEWATER - 101

Internal Outfall

No Discharge

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.66	9.78		****	****	*****	*****	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	6.00	****		*****	*****	****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	Req. Mon. ANNL AVG	*****	MGD	*****	****	*****	*****		Continuous	TOTALZ

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	revaluate 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 knowling violations.
TYPED OR PRINTED	Tallowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

210-233-3774 AREA Code

TELEPHONE

NUMBER

MM/DD/YYYY

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					
MONITORING PERIOD						
	·······					
MM/DD/YYYY	MM/DD/YYYY					

190

DMR Mailing ZIP CODE: MAJOR

78221

(SUBR 13)

TOTAL DISCHARGE - 001 & 101

Internal Outfall

No Discharge

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	89.40	128.69		****	****	*****	*****	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	82.42	****		****	*****	*****	****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125 ANNL AVG	****	MGD	*****	*****	*****	*****		Continuous	TOTALZ

TOTAL TITLE I TANGE ME EXCOUNTE OF FIOLIC	Lectify 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 twalutate the information submitted. Based on my inquiry of the person or persons who manage the
 Steven Clouse	revaluate the information submitted, issaed on my inquiry of the person of 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 knowling violations.
TYPED OR PRINTED	Tabwing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR ÀUTHORIZED AGENT AREA Code

210-233-3774 NUMBER MM/DD/YYYY

TELEPHONE

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.

DATE

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

PAGE

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

40B SYS WQ0010137-033 PERMIT NUMBER 02 SET 14 05 YEAR MO.

12647 EID



TCFQ COPY

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

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

EASE RETAIN A PHO	TOCOPY FOR Y		ning and a supplication of the supplication of		· · · · · · · · · · · · · · · · · · ·		IVI	LW COF
PARAMETER		EFFLUENT CONDITION		NO.		FREQUENCY		SAMPLE
		VALUE	UNITS	EX.	<u> </u>	OF ANALYSIS		TYPE
500507124 FLOW	REPORTED	89.41	MGD	0	02		11	
LY AVG	PERMITTED				02	CONT	11	CONT
500507128 FLOW	REPORTED	82.43	MGD	0	02		11	
NN AVG	PERMITTED				02	CONT	11	CONT
NUMBER OF OPERATOR	REPORTED	WW0036067	NUMBER	0	01		NA	
ERTIFICATE	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	Ō	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED					Partition of the Science		
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	PERMITTED							
	REPORTED			11 A3 				
	PERMITTED			· id				

	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.			Maig Stano	1406019
TELE	PHONE NUMBER	PLANT OPERATOR	I PLANT OPERATOR	YEAR MO. DAY
2 10	2 3 3 3 7 7 4	Steven Clouse Senior Vice President & COO	Stan Jon	114016116
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

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

SAN ANTONIO WATER SYSTEM

PAGE

3495 VALLEY RD SAN ANTONIO TX 78221-5238



WQ0010137-033 PERMIT NUMBER



14 05 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.	1	FREQUENCY		SAMPLE
		VALUE	UNITS	EX.		OF ANALYSIS		TYPE
000085342 TRANSFER	REPORTED	21	DAY	0	01		01	
DAYS/MON	PERMITTED			01	NA	01	NA	
316164024 E-COLI	REPORTED	1.26	#/100 ML	0	80	1/Day	03	
DLY AVG	PERMITTED	20.000			11	2/WEEK	03	GRABPKLOAD
316164030 E-COLI	REPORTED	17.00	#/100 ML	0	08	1/Day	03	
IND GRAB	PERMITTED	75,000			11	2/WEEK	03	GRABPKLOAD
500507124 FLOW	REPORTED	1.52	MGD	0	02		11	
DLY AVG	PERMITTED				02	CONT	11	CONT
500507128 FLOW	REPORTED	0.67	MGD	0	02		11	
ANN AVG	PERMITTED				02	CONT	11	CONT
800821024 BOD CARB	REPORTED	2.05	MG/L	0	80	1/Day	10	12-PRT-COM
DLY AVG	PERMITTED	5,000			11	2/WEEK	03	GRABPKLOAD
820796624 TURBDITY	REPORTED	0.87	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

	AM FAMILIAR WITH THE INFORMATION		SIGNATURE	DATE
	REPORT AND THAT TO THE BEST OF MY ELIEF SUCH INFORMATION IS TRUE AND CURATE.		March Stura	1406019
TELE	PHONE NUMBER	PLANT OPERATOR	\ PLANT OPERATOR	YEAR MO. DAY
2 1 0	2 3 3 37 7 4	Steven Clouse Senior Vice President & COO	San Jone	140616
AREA CODE NUMBER		EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

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

Handlanhandahalahdandahallahalahdanhahalah

PAGE

1

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

40B SYS

WQ0010137-033 PERMIT NUMBER

02 SET

14 05 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.

TCEQ COPY

PARAMETER		EFFLUENT CONDITION		NO.	-1	FREQUENCY	SAMPLE		
I VIIVIAIT I TIL		VALUE	UNITS	EX.	ļ	OF ANALYSIS		TYPE	
000085342 TRANSFER	REPORTED	0	DAY	0			16 10 10		
DAYS/MON	PERMITTED				01	l 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 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								
	REPORTED								
	PERMITTED								

COMMENTS AND EXPLANATIONS (Reference all attachments here)

	AMILIAR 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.			Raigh Glerra	11406019
TELEPHO	ONE NUMBER	PLANT OPERATOR	, PLAN OPERATOR	YEAR MO. DAY
2 1 0 2	3 ₁ 3 3 ₁ 7 ₁ 7 ₁ 4	Steven Clouse Senior Vice President & COO	Star Cover	11406116
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

OVERFLOW REPORT

PERIOD: May 2014

WATERSHED: LEON CREEK

TCEQ PERMIT # 10137-003

EPA PERMIT # 0052639

WO#	INSPT#	SR#	DATE	ADDRESS		GALLON	CAUSE	ACTION	HRS	DISCHARGED TO	COMMENTS
	298723	454419	5/28/2014	MODRED	8518	4,400	Debris	CLEANED MAIN	1.68	DRAINAGE CULVERT	Area Cleaned and Disinfected, Flushed Area with H2O
	298536	450773	5/26/2014	ROSE VALLEY	6226	450	1/1	DILUTED BY HEAVY RAIN WATER	4.67	DRAINAGE CULVERT	Monitored Area
	298534	450772	5/26/2014	MARBACH RD	8139	300	1/1	DILUTED BY HEAVY RAIN WATER	1.78	DRAINAGE CULVERT	Monitored Area
	294153	•	5/14/2014	MARBACH RD	7220	100	Grease	CLEANED MAIN	0.25	STREET	Area Cleaned and Disinfected, Flushed Area with H2O
988550	294145	436475	5/13/2014	GALLOP	7903	300	Structural	WORK ORDER TO REPAIR MAIN	1.10	STREET	Area Cleaned and Disinfected, Flushed Area with H2O - Work Order Has Been Created To Repair Sewer Main
	293260	428021	5/5/2014	KLESS DR	5626	7,275	Debris	CLEANED MAIN	1.62	CREEK BED - INDIAN CRK	Flushed Area with H2O
TOTAL EVENTS	6			TOTAL GALLONS:	12,825			TOTAL DURATION:	11.10		

Thursday, June 05, 2014



Ms. Rosie Garza Texas Commission on Environmental Quality Water Quality Management Information Systems (MC 224) 12100 Park 35 Circle, Bldg F. Austin, Texas 78711-3087 June 9, 2014

Re: Non-Compliance Notification TPDES Permit No. 10137-004, Mitchell Lake EPA ID No. TX0065641

Dear Ms. Garza,

On May 26, 2014, we were unable to collect Mitchell Lake Dam DO and pH samples. This was due to unsafe weather conditions and thunderstorms which caused flooding at the Mitchell Lake Dam sample site.

On May 27, 2014 the TSS and BOD were not done due to sample bottle was broken by Dos Rios Lab personnel.

If additional discussion is needed regarding this event, please contact Daniel Rodriguez at 210-233-3922.

Daniel Rodriguez

Manager, Leon Creek WRC

1104 Mauermann

San Antonio, TX 78224

cc: Steve Clouse Parviz Chavol Frederic J. Winter



Ms. Rosie Garza
Texas Commission on Environmental Quality
Water Quality Management Information Systems (MC 224)
12100 Park 35 Circle, Bldg F.
Austin, Texas 78711-3087

June 9, 2014

Re: Non-Compliance Notification TPDES Permit No. 10137-004, Mitchell Lake EPA ID No. TX0065641

Dear Ms. Garza,

On May 31, 2014 we failed to collect the Mitchell Lake Dam sample due to misunderstanding of an e-mail sent by our lab staff on not to collect special samples until Monday for the Mitchell Lake permit renewal.

The Mitchell Lake permit has been provided to our staff for all to review, so that no misunderstanding of what is expected when sampling Mitchell Lake Dam.

If additional discussion is needed regarding this event, please contact Daniel Rodriguez at 210-233-3922.

Daniel Rodriguez

Manager, Leon Creek WRC

1104 Mauermann

San Antonio, TX 78224

cc: Steve Clouse Parviz Chavol Frederic J. Winter



Ms. Rosie Garza

June 9, 2014

Texas Commission on Environmental Quality Water Quality Management Information Systems (MC 224) 12100 Park 35 Circle, Bldg F. Austin, Texas 78711-3087

Re: Non-Compliance Notification TPDES Permit No. 10137-004, Mitchell Lake EPA ID No. TX0065641

Dear Ms. Garza,

The dates below show the Mitchell Lake Dam effluent excursions for the month of May that occurred after the rain events we had here at Leon Creek area.

pН	7-Day Average	Monthly Av	erage
May 15, 2014 - 9.15 mg/l	Week 5.12.14	BOD	TSS
May 17, 2014 - 9.62 mg/l	TSS - 253.67 mg/l	30.50 mg/l	219.57mg/l
May 18, 2014 - 9.44 mg/l	_	_	_
May 19, 2014 - 9.20 mg/l			
May 20, 2014 - 9.50 mg/l	Week of 5.18.14		
May 21, 2014 - 9.40 mg/l	TSS - 201.57 mg/l		
May 22, 2014 - 9.06 mg/l	_		
May 28, 2014 - 9.10 mg/l			
May 29, 2014 9.10 mg/l	Week of 5.25.14		
May 30, 2014 9.20 mg/l	TSS - 225.50 mg/l		
DO	C		
May 25, 2014 - 2.80 mg/l			

If additional discussion is needed regarding this event, please contact Daniel Rodriguez at 210-233-3922.

Daniel Rodriguez

Manager, Leon Creek WRC

1104 Mauermann

San Antonio, TX 78224

cc: Steve Clouse Parviz Chavol Frederic J. Winter

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 MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 05/01/2014 05/31/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

		QUA	NTITY 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	*****	*****	*****	6.5	****	*****		0	12/Day	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MO MIN	*****	*****	mg/L		Daily	GRAB
pΗ	SAMPLE MEASUREMENT	安安安安安	****	*****	6.0	****	7.9		0	12/Day	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	202	****		****	1.15	2.90		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	44	*****		*****	0.25	0.25		0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	767 DAILY AV	the offer the the the	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	20.98	34.55		*****	*****	*****	*****	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	****	28472		****	*****	*****	*****	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	25.73	*****		*****	****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46 ANNL AVG	*****	MGD	*****	****	****	*****		Continuous	TOTALZ
NAME/TITLE PRINCIPAL EXECUTIVE C	supervision in a	accordance with a system design	t and all attachments were prepa ned to assure that qualified perso	onnel properly gather and	DX-				TEL	EPHONE	DATE
Steven Clouse Senior Vice President & COC	system, or those to the best of n significant pens	e persons directly responsible for my knowledge and belief, true, and alties for submitting false informa-	my inquiry of the person or person or gathering the information, the occurate, and complete. I am awar ation, including the possibility of f	information submitted is, re that there are		ATURE OF PRINCIPAL		OR	210-2	233-3774	06/16/20
TYPED OR PRINTED	knowing violati	ons,				AUTHORIZE	D AGENT	†	AREA Code	NUMBER	MWDD/YYY

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

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
MONIT	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
Chlorine, total residual	SAMPLE MEASUREMENT	埃特洛洛米 米	*****	****	*****	****	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	*****	***	*****	1.0	*****	*****		0	12/Day	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	****	*****	*****	1.85	25.0		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	350	*****		*****	2.0	2.0		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

			\				
TO THE STREET PORTOR THE STREET		Dr	1_	\bigcap		TELEP	HONE
Steven 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,	1 4	we	1 /	(nae		
	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	•	-	FPRIN	CIPAL EXECUTIVE OFFICER OR	210-23	3-3774
	knowing violations,			ALITE	IORIZED AGENT		
TYPED OR PRINTED				AUII	IONIZED AGENT	AREA Code	NUMBER

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

DATE

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 05/01/2014 05/31/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 002

External Outfall

AUTHORIZED AGENT

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	*****	****	*****	6.5	****	*****		0	12/Day	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	5 MO MIN	*****	*****	mg/L		Daily	GRAB
Н	SAMPLE MEASUREMENT	*****	*****	****	6.2	*****	7.9		0	12/Day	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	su		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	34.6	****		****	1.32	2.90		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	7.7	*****		****	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	3.69	7.36		*****	*****	*****	*****	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	1.70	*****		*****	****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46 ANNL AVG	*****	MGD	****	****	****	***		Continuous	TOTALZ
NAME/TITLE PRINCIPAL EXECUTIVE C	supervision in evaluate the in	penalty of law that this document accordance with a system design formation submitted, Based on m	ed to assure that qualified person y inquiry of the person or person	nnel properly gather and is who manage the	OIS/	$\overline{}$			TEL	EPHONE	DATE
Steven Clouse Senior Vice President & COC	system, or those to the best of n	ie persons directly responsible fo ny knowledge and belief, true, ac alties for submitting false informa	r gathering the information, the is curate, and complete. I am awan	nformation submitted is, e that there are		TURE OF PRINCIPAL		OR	210-	233-3774	16/10/2

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

TYPED OR PRINTED

NUMBER

AREA Code

MM/DD/YYYY

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
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
	05/31/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 002

External Outfall

No Discharge

		QUA	NTITY OR LOADING	G		QUALITY OR CON	ENTRATION		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	*****	*****	*****	*****	2.39	25.0		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	61.5	****		****	2.0	2.0		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

	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 valuate the information submitted. Based on my inquiry of the person or persons who manage the	PEL	TELEP	HONE	DATE
Steven Clouse	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 slightificant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	210-23	3-3774	06/16/2
TYPED OR PRINTED	Tolowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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	101-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

COMBINED OUTFALLS 001 & 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
Solids, total suspended	SAMPLE MEASUREMENT	217	*****		****	*****	****	*****	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	47	*****		*****	*****	*****	*****	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	22.53	34.55		*****	*****	*****	*****	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	黄耆被安治安	28472		*****	*****	*****	*****	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	26.67	*****		****	*****	*****	*****	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	376	*****		*****	****	*****	*****	0	Daily	Compos
80082 J 0 Intermediate Treatment, Process	PERMIT REQUIREMENT	2686 DAILY AV	****	lb/d	*****	*****	*****	*****		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	DZ -	TELEPHONE	DATE
Steven Clouse Senior Vice President & COO	Twistuate the information submitted. Assect on my inquity 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 significant penalties for submitting false information, including the possibility of fine and imprisonment for -knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	210-233-3774	06/16/201
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code NUMBER	MMIDD/YYYY

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

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

TX0065641	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MONITO MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: 78221 MINOR (SUBR 13) DOMESTIC FACILITY - 001 External Outfall

No Discharge

		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	****	*****	*****	2.8	传表完全会	*****		1	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	4 MO MIN	****	*****	mg/L		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	29.7	56.0		0	Daily	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 DAILY AV	100 SINGGRAB	mg/L		Daily	GRAB
рН	SAMPLE MEASUREMENT	者政共和省	*****	*****	8.2	*****	9.62		10	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	su		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	安安省长安安	*****	****	****	220	****		4	Daily	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	90 DAILY AV	Wein the Market	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	20.33	100.96		*****	****	****	*****	0	Daily	Instan
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Daily	INSTAN
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****	1.22	5.00		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 DAILY AV	394 SINGGRAB	CFU/100m L		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 evaluate the information submitted. Based on my inquiry of the person or persons who manage the	De C		TELEPHONE	DATE
Soniar Vice President & COO	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	SIGNATURE OF PE	RNCIPAL EXECUTIVE OFFICER OR	210-233-3774	06/16/201
TYPED OR PRINTED	knowing violations,	AL	JTHORIZED AGENT	AREA Code NUMBER	MM/DD/QYYY

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.

See attached letters for exceptions

Page 1

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

SAN ANTONIO WATER SYSTEM 3495 VALLEY RD

PAGE

1

SAN ANTONIO TX 78221-5238



WQ0010137-003 PERMIT NUMBER

02 SET

14 05 YEAR MO.

12645 EID

EXECUTIVE OFFICER

YEAR MO.

DAY



THIS REPORT TO BE USED FOR COMBINED MON 189 for 001/002/800/900 SEE BACK FOR INSTRUCTIONS AND DEFINITIONS. TCEQ COPY PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS. **EFFLUENT CONDITION FREQUENCY** SAMPLE NO. **PARAMETER** VALUE UNITS EX. OF ANALYSIS TYPE 500507124 02 27.14 11 REPORTED 0 MGD FLOW PERMITTED DLY AVG 02 CONT 11 CONT 500507128 REPORTED 31.61 02 11 0 FLOW MGD PERMITTED ANN AVG 02 CONT 11 CONT **NUMBER** REPORTED WW0004506 01 NA 0 NUMBER OF OPERATOR PERMITTED CERTIFICATE 01 01 NA NA **EXPIRATION** 170108 REPORTED 0 01 NA OF OPERATOR DATE PERMITTED CERTIFICATE 01 01 NA NA **CLASS** REPORTED Α 01 0 NA OF OPERATOR LETTER PERMITTED 01 CERTIFICATE 01 NA NA REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED COMMENTS AND EXPLANATIONS (Reference all attachments here) I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION NAME SIGNATURE DATE CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY Daniel Rodriguez Manager KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE. 016619 Prod & Treat Ops
PLANT OPERATOR TELEPHONE NUMBER PLANT OPERATOR YEAR MO. DAY Steve Clouse 2,1,0 016 Senior Vice President & COO 000

EXECUTIVE OFFICER

NUMBER

AREA CODE

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

SAN ANTONIO WATER SYSTEM 3495 VALLEY RD

PAGE

SAN ANTONIO TX 78221-5238



WQ0010137-003 PERMIT NUMBER

02 SET

14 05 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

100 A 100 A E & 100 POPULATION		EFFLUENT CONDITION	NC	NO.		FREQUENCY		SAMPLE
PARAMETER		VALUE	UNITS	EX.		OF ANALYSIS		TYPE
000085342 TRANSFER	REPORTED	31	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	08	1/Day	03	
IND GRAB	PERMITTED	75.000		7" 11.11	11	2/WEEK	03	GRABPKLOAD
500507124 FLOW	REPORTED	4.61	MGD	0	02		11	
DLY AVG	PERMITTED				02	CONT	11	CONT
500507128 FLOW	REPORTED	4.94	MGD	0	02		11	
ANN AVG	PERMITTED				02	CONT	11	CONT
800821024 BOD CARB	REPORTED	2.0	MG/L	0	08	1/Day	10	12-prt-com
DLY AVG	PERMITTED	5.000			11	2/WEEK	03	GRABPKLOAD
820786624 TURBDITY	REPORTED	0.51	NTU	0	08	1/Day	10	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

		THE INFORMATION		∧ SIGNATURE	DATE
	BELIEF SUCH INFOR	MATION IS TRUE AND		Davil Rots	1406019
TELI	EPHONE NUM	BER	PLANT OPERATOR	LANT/OPERATOR	YEAR MO. DAY
210	2 3 3	3 7 7 4	Steve Clouse Senior Vice President & COO	Star Joure	14016116
AREA CODE	NUM	BER	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



40B SYS

WQ0010137-003 PERMIT NUMBER

02 SET

14 05 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

<u> </u>		EFFLUENT CONDITION)N	NO.	T	FREQUENCY	T	SAMPLE
PARAMETER		VALUE	UNITS	EX.		OF ANALYSIS		TYPE
000085342 Transfer	REPORTED	0	DAY	0	01		01	
DAYS/MON	PERMITTED				01	NA	01	NA
316164024 EC.COLI	REPORTED		#/100 ML					
LY AVG	PERMITTED	200.000			14	1/WEEK	03	GRABPKLOAD
16164030 EC.COLI	REPORTED		#/100 ML					
ANSFER AYS/MON 6164024 CC.COLI AY AVG 6164030 CC.COLI ID GRAB 0507124 OW AY AVG 00507128 OW IN AVG 00821024 DD CARB AY AVG MBER OPERATOR RTIFICATE PIRATION OPERATOR RTIFICATE ASS OPERATOR	PERMITTED	800.000			14	1/WEEK	03	GRABPKLOAD
00507124 LOW	REPORTED		MGD					
_ OW _ Y_AVG D0507128	PERMITTED				02	CONT	11	CONT
00507128 LOW	REPORTED		MGD					
NN AVG	PERMITTED				02	CONT	11	CONT
00821024 OD CARB	REPORTED		MG/L		-			
LY AVG	PERMITTED	15.000			14	1/WEEK	03	GRABPKLOAD
UMBER F OPERATOR	REPORTED	WW0004506	NUMBER	0	01		NA	
ERTIFICATE	PERMITTED				01	01	NA	NA
XPIRATION F OPERATOR	REPORTED	170108	DATE	0	01		NA	
ERTIFICATE	PERMITTED				01	01	NA	NA .
LASS F OPERATOR	REPORTED	Α	LETTER	0	01		NA	
ERTIFICATE	PERMITTED				01	01	NA	NA
	REPORTED							
· · · · · · · · · · · · · · · · · · ·	PERMITTED							
	REPORTED							
	PERMITTED							

			4	
	AM FAMILIAR WITH THE INFORMATION REPORT AND THAT TO THE BEST OF MY	NAME	SIGNATURE	DATE
	IELIEF SUCH INFORMATION IS TRUE AND	Daniel Rodriguez Manager Prod & Treat Ops	Name Kote	114 016 019
TELE	PHONE NUMBER	PLANT OPERATOR	PLANTOPERATOR	YEAR MO. DAT
2 1 0	2 3 3 3 7 7 4	Steve Clouse Senior Vice President & COO	Star Clouse	11406116
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

OVERFLOW REPORT

PERIOD:

WATERSHED: MEDIO CREEK

TCEQ PERMIT # 10137-040

EPA PERMIT # 0055689

WO #	INSPT#	SR#	DATE	ADDRESS	GALLON	CAUSE	ACTION	HRS	DISCHARGED TO	COMMENTS
TOTAL EVENTS	6		1	TOTAL GALLONS:			TOTAL DURATION	N:		

Thursday, June 05, 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	MIT NUMBER DISCHARGE NUMBER										
MONITORING PERIOD											
The state of the s	A CHILL LE LIGOD										
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	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	****	*****	*****	6.73	*****	*****		0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6 MO MIN	****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.50	*****	7.81		0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	su		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	71	****		****	1.14	2.20		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	*****		*****	0.69	1.97		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	7.37	10.81		*****	****	*****	*****	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	*****	10055		*****	*****	*****	*****	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	7.34	*****		*****	****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	16 ANNL AVG	*****	MGD	*****	*****	****	*****		Continuous	TOTALZ
NAME/TITLE PRINCIPAL EXECUTIVE O	supervision in	accordance with a system desig	t and all attachments were prepa ned to assure that qualified perso	nnel properly gather and	DK2\				TEL	EPHONE	DATE
Steve Clouse Senior Vice President & CO	System, or the to the best of significant per	ose persons directly responsible f my knowledge and belief, true, ac nalties for submitting false informa	my inquiry of the person or person or gathering the information, the in ocurate, and complete. I am awar ation, including the possibility of fi	information submitted is, te that there are	SIGN	ATURE OF PRINCIPAL		OR	210-2	233-3774	06/16/20
TYPED OR PRINTED	knowing violat	tions.				AUTHORIZE		t	AREA Code	NUMBER	MM/DD/YYYY

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

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:

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

TX0055689 001-B PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 05/01/2014 05/31/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

ATTN: STEVEN CLOUSE, SENIOR VP

		QUAN	NTITY OR LOADIN	G		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli	SAMPLE MEASUREMENT	*****	at wise at at the	*****	****	2.72	11.0		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	125	*****		****	2.03	3.00		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

	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					
	Steve Clouse Senior Vice President & COO	availuate 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 knowling violations.					
	TYPED OR PRINTED	Relowing violations.					

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

210-233-3774

TELEPHONE

AREA Code NUMBER

MM/DD/YYYY

DATE

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

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

SAN ANTONIO WATER SYSTEM 3225 VALLEY RD

SAN ANTONIO TX 78221-5201

PAGE

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TCEQ COP

40B SYS WQ0010137-040 PERMIT NUMBER 01 SET 14 05 YEAR MO.

12654 . EID

THIS REPORT TO BE USED FOR COMBINED MON 189 for 001/800/900 MEDIO CREEK SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

PARAMETER		EFFLUENT CONDITION		NO.		FREQUENCY		SAMPLE	
		VALUE	UNITS	EX.		OF ANALYSIS		TYPE	
500507124 FLOW	REPORTED	9.39	MGD	0	02		11		
DLY AVG	PERMITTED				02	CONT	11	CONT	
500507128 FLOW	REPORTED	8.14	MGD	0	02		11		
NN AVG	PERMITTED				02	CONT	11	CONT	
NUMBER OF OPERATOR		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	ATOR REPORTED A LETTER	0	01		NA				
CERTIFICATE	PERMITTED				01	01	NA	NA	
,	REPORTED								
	PERMITTED								
	REPORTED	·							
	PERMITTED					rvativita viss bi			
	REPORTED								
	PERMITTED	•				Mazir Ribbetek			
	REPORTED						3 5		
	PERMITTED								
	REPORTED	i de la companya de l							
	PERMITTED		organism (1988)						
	REPORTED								
	PERMITTED								

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION		STGNATURE	DATE
CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.		Davil (5)	14 016 019
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OF ERATOR	YEAR MO. DAY
2 ₁ 1 ₁ 0 2 ₁ 3 ₁ 3 3 ₁ 7 ₁ 7 ₄	Steve Clouse Senior Vice President & COO	San Coure	1140616
AREA CODE NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

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

SAN ANTONIO WATER SYSTEM 3225 VALLEY RD

SAN ANTONIO TX 78221-5201

PAGE



40B SYS

WQ0010137-040 PERMIT NUMBER

01 SET

14 05 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

PARAMETER		EFFLUENT CONDITION				FREQUENCY		SAMPLE	
LUDUMETED		VALUE	UNITS EX.		OF ANALYSIS		TYPE		
000085342 TRANSFER	REPORTED	27	DAY	0	01		01		
DAYS/MON	PERMITTED				01	NA	01	NA	
316164024 FEC.COLI	REPORTED	1.0	#/100 ML	0	08	1/Day	03		
DLY AVG	PERMITTED	20,000			11	2/WEEK	03	GRABPKLOAD	
316164030 FEC.COLI	REPORTED	1.0	#/100 ML	0	08		03		
IND GRAB	PERMITTED	75.000			11	2/WEEK	03	GRABPKLOAD	
500507124 FLOW	REPORTED	2.32	MGD	0	02		11		
DLY AVG	PERMITTED				02	CONT	11	CONT	
500507128 FL OW	REPORTED	1.63	MGD	0	02		11		
ANN AVG	PERMITTED				02	CONT	11	CONT	
800821024 BOD CARB	REPORTED	2.04	MG/L	0	08	1/Day	10	12-prt-com	
DLY AVG	PERMITTED	5.000			11	2/WEEK	03	GRABPKLOAD	
820796624 TURBDITY	REPORTED	0.70	NTU	0	80	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		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		01	01	NA	NA	
CLASS OF OPERATOR	REPORTED	Α	LETTER	0	01		NA		
CERTIFICATE	PERMITTED				01	01	NA	NA	
	REPORTED								
	PERMITTED					er kantala deleksir kalikun serim da semena ang serimi malamati ka misik b			

COMMENTS AND EXPLANATIONS (Reference all attachments here)

I CERTIFY THAT I AM FAMILIAR WITH THE INFO		SIGNATURE	DATE
KNOWLEDGE AND BELIEF SUCH INFORMATION IS T COMPLETE AND ACCURATE.		Dan toek	114016019
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2 1 0 2 3 3 3 7	Steve Clouse Senior Vice President & COO	Stare Joure	114016116
AREA CODE NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

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

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

1

SAN ANTONIO TX 78221-



WQ0010137-040 PERMIT NUMBER 02 SET 14 05 YEAR MO.

12554 EID



TOFO COPY

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE II 900 SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

EASE RETAIN A PHO		EFFLUENT CONDITION	781	NO.	T	FREQUENCY	—	SAMPLE
PARAMETER	VALUE UNITS		HEX.	OF ANALYSIS		TYPE		
000085342 TRANSFER	REPORTED	0	DAY	0	01		01	
DAYS/MON	PERMITTED				01	NA	01	NA
316164024 F EC.COL I	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 F LOW	REPORTED		MGD					
DLY AVG	PERMITTED				02	CONT	11	CONT
500507128 FL OW	REPORTED		MGD					
ANN AVG	PERMITTED				02	CONT	11_	CONT
800821024 B OD CARB	REPORTED		MG/L					
DLY AVG	PERMITTED	20.000			14	1/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR	REPORTED	WW0004506	NUMBER	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA.	<u>NA</u>
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				i de Special			
	REPORTED							
	PERMITTED				1. 14. 8. 1. 1. 14. 3		a ever	

I CERTIFY THAT I AM FAMILIAR WITH THE INFORM		SIGNATURE	DATE
CONTAINED IN THIS REPORT AND THAT TO THE BEST OF KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE COMPLETE AND ACCURATE.		Davil Kops	114016019
TELEPHONE NUMBER	PLANT OPERATOR	PEANT OPERATOR	YEAR MO. DAY
2 1 0 2 3 3 3 7 7	Steve Clouse Senior Vice President & COO	Slan Couse	114016116
AREA CODE NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY