

August 15, 2014

U.S. Department of Justice Environmental Enforcement Section Environment and Natural Resources Division P.O. Box 7611 Washington, D.C. 20044-7611

Via U.S. Certified Mail RRR# 7010 1060 0000 0870 4608

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 July 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,

Director – Sewer System Improvements

Enc. As stated



August 15, 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# 7010 1060 0000 0870 4615

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# 7010 1060 0000 0870 4615

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

Consent Decree

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Sincerely,

Director - Sewer System Improvements

Enc. As stated



Texas Commission on Environmental Quality

Attention: Mr. Johnnie Wu

Water Quality information System (MC 244)

12100 Park 35 Circle, Bldg. F

Austin, Texas 78753

Re:

De-Chlorination Violation – Remote Outfall 005 Permit No. 10137-033

On July 5, 2014 a De-Chlorination Violation occurred when a check valve in the de-chlorination system at Remote Outfall 005 failed resulting in a Chlorine residual of 0.36 mg/L being discharged. Dear Mr. Wu,

July 7, 2014

Discharge from the Remote Outfall was ceased immediately upon detecting the problem, and did not resume until the defective check valve was replaced.

If you need any further information, please contact me at 210-233-3931.

Sincerely,

Frank Snyder Supervisor, Recycle Operations San Antonio Water System Office: 210-233-3931

Cell: 210-416-3003

Cc:

File

Parviz Chavol Sharon Surra Steve Clouse Fred Winter

OVERFLOW REPORT

PERIOD: July 2014

WATERSHED: DOS RIOS

TCEQ PERMIT # 10137-033

EPA PERMIT # 0077801

WO#	INSPT#	SR#	DATE	ADDRESS		GALLON	CAUSE	ACTION	HRS	DISCHARGED TO	COMMENTS
	306952	518262	7/20/2014	SOLEDAD ST	454	200	Grease	CLEANED MAIN	1.60	STREET	Area Cleaned and Disinfected, Flushed Area with H2O
1009002			7/15/2014	VALLEY RD	3495	2,000	Other	CLEANED AREA	0.33	DRAINAGE CULVERT	Work Order Made To Investigate And Repair Sensor Failure.
1008518	306167	509664	7/12/2014	BERYL DR	203	30	Debris	CLEANED MAIN	0.70	CREEK BED OF MARTINEZ CRK	Area Cleaned and Disinfected, Flushed Area with H2O - Work Order Made For Excavating The Wire Object From The Main.
1007514	305930	506187	7/9/2014	MONTEREY ST	1022	100	Structural	CLEANED AREA	0.78	STREET	Area Cleaned and Disinfected, Flushed Area with H2O - 6 Inch Sewer Lateral - Unstopped Lateral - Work Order Created To Repair Lateral
	305088	499053	7/2/2014	GROOS AVE	500	300	Grease	CLEANED MAIN	0.83	STREET	Area Cleaned and Disinfected, Flushed Area with H2O
TOTAL EVENTS	5			TOTAL GALLONS:	2,630		1	TOTAL DURATION:	4.24		

Thursday, August 07, 2014

Note: Comments reflect status reported on the 5-Day report

OVERFLOW REPORT

PERIOD: July 2014

WATERSHED: SALADO CREEK

TCEQ PERMIT # 10137-008

EPA PERMIT # 0052647

WO#	INSPT#	SR#	DATE	ADDRESS		GALLON	CAUSE	ACTION	HRS	DISCHARGED TO	COMMENTS
	308008	534885	7/31/2014	SHERWOOD WAY	4451	8,450	Debris	CLEANED MAIN	2.82	DRAINAGE CULVERT	Area Cleaned and Disinfected, Flushed Area with H2O
1012402		524147	7/23/2014	GLACIER LAKE	3570	400	Contractor	INSTALLED CLAMP ON FORCE MAIN	1.50	DRAINAGE CULVERT	Area Cleaned and Disinfected, Flushed Area with H2O Repaired Force Main
	306665	516126	7/17/2014	DONELLA DR	106	3,000	Grease	CLEANED MAIN	0.53	STORMDRAIN	Area Cleaned and Disinfected, Flushed Area with H2O
	306639	516333	7/17/2014	PERRIN BEITEL	8501	100	Contractor	CLEANED AREA	1.08	GROUND	Area Cleaned and Disinfected, Flushed Area with H2O - Sewer Main Is Being Monitored And Vacuumed As Needed, Work Orders Will Be Created To Install A Smart Cover And To Replace Sewer Main From Manhole To Where The Contractor Capped The Sewer Main

TOTAL DURATION: 5.93

Thursday, August 07, 2014

EVENTS

Note: Comments reflect status reported on the 5-Day report

TOTAL GALLONS: 11,950

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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.

001-A TX0077801 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/31/2014 07/01/2014

Form Approved OMB No. 2040-0004

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

VALUE ***** ***** NT ****** ***** ***** 696 12510	ANTITY OR LOAD VALUE ****** ****** ******	UNITS ****** ******	6.9 6 MO MIN 6.5 6 MINIMUM	VALUE ****** ****** ******	8.0 9 MUMIXAM	mg/L SU	0	Daily 12/Day Daily Daily	GRAB GRAB GRAB
****** ***** ***** ***** ***** ****	******* ******* ******* *******	***	6 MO MIN 6.5 6 MINIMUM	4445£R	8.0			12/Day	Grab
****** NT ****** ***** ***** ***** ***** 696 12510	*****	****	6.5 6 MINIMUM	女务女为女女	9	SU	0		1
ENT 696	**************************************		6 MINIMUM		9	SU		Daily	GRAB
ENT 696	为为米莱 尔	****	MINIMUM	*****		\	1	1	
ENT 696							T_{0}	Daily	Compos
12510				1.11	1.80	mg/L	+-	Daily	COMPOS
	*****	lb/d	****	12 DAILY AV	DAILY MX	 	0	Daily	Compos
ENT DAILY AV	****		****	0.26	0.52	mg/L	+	Daily	COMPOS
	****	* lb/d	*****	2 DAILY AV	DAILY MX	*****		Continue	ous TotalZ
11 1			*****	*****		*****			TOTALZ
MENT / 5.0			*****	****		*****		Continu	ious TotalZ
MENT DAILY	AV DAILY	MX	*****	****				<u></u>	TOTAL 7
LE *****	933	and/m	*****	****	****	\			uous TotalZ
*****	2HR	PEAK	****	*****	***				TOTALZ
PLE 767			****	*****	*****	***	***	Conun	
RMIT 12	5	.**** MC	3D (A)				T	TELEPHONE	DATE
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supervision in account on submi	tted. Based on my inquiry of a	e information, the information s	and the same of th	SIGNATURE OF PRIN	ICIPAL EXECUTIVE OF	FFICER OR	L_		MBER MM/DD/YYY
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Mon. DAILY MX EMENT DAILY AV DAILY MX STATE DAILY MX STAT	ID/d DAILY AV DAILY MX O Continue TO CONTIN

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

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

Page 1

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

001-A TX0077801 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/31/2014 07/01/2014

Form Approved OMB No. 2040-0004

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

TTN: STEVEN CLOUSE, SENIOR	. VP					QUALITY OR CONC	ENTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		QUAN	TITY OR LOADING			VALUE	VALUE	UNITS	EX	OI AMAZION	
DADAMETED		VALUE	VALUE	UNITS	VALUE	*****					
PARAMETER		*****	****	****	*****		0.080	\ \ \	0	12/Day	Grab
chlorine, total residual	SAMPLE MEASUREMENT							mg/L		Daily	GRAB
		*****	*****	*****	*****	*****	.1 INST MAX	"ig/L			
0060 A 0	PERMIT REQUIREMENT					****	*****	1		10.17	
Disinfection, Process Complete		*****	*****	*****	1.0	*****	l		0	12/Day	Grab
Chlorine, total residual	SAMPLE MEASUREMENT			ı	1.0		*****	mg/L		Daily	GRAB
		*****	*****	*****	1	*****	******	l mg/L		- 1	
50060 B 0	PERMIT	******			MO MIN		 	 			· .
Prior to Disinfection	REQUIREMENT	*****	****	*****	*****	1.46	32.0		0	Daily	Grab
E, coli	SAMPLE MEASUREMENT			1		1.40		CFU/100m		Five Per Week	GRAB
	WEASUREWER	*****	****	*****	*****	126	394	CFO/100m	1	1110101	
51040 1 0	PERMIT	*****		1		DAILY AV	DAILY MX	╅┷╧┷	-		
Effluent Gross	REQUIREMENT		*****		****	2.0	2.0	Ì	0	Daily	Compo
BOD, carbonaceous, 05 day, 20 C	SAMPLE	1252			_	2.0			+	Daily	COMPO
. 	MEASUREMENT		*****	lp/d	*****	5	20	mg/L	1	l Sun,	
80082 1 0	PERMIT REQUIREMENT	5213 DAILY AV			<u> </u>	DAILY AV	DAILY MX	<u> </u>	<u> </u>		
Effluent Gross											

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 evaluate the information submitted, Based on my inquiry of the person or persons who manage the evaluate the information submitted. Based on my inquiry of the person or persons who manage the property of the person of the
Steven Clouse	evaluate the information submitted. Based on my inquiry of the pleasing on the parameters of parameters as system, or those persons directly responsible for gathering the information, the information submitted is, system, or those persons directly responsible for gathering the information are made to the the story 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.
TYPED OR PRINTED	

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

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

TELEPHONE	DATE	1
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR 210-233-37		2014
SIGNATURE OF PRINCIPAL EXCOSENT ANEA Code NUM AREA Code NUM	MBER MUDDIYY	<u>~~</u>

Page 2

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

FACILITY:

SAN ANTONIO, TX 78221 DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP

002-A TX0077801 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/31/2014 07/01/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 002

External Outfall

No Discharge

		QUAN	TITY OR LOADING	3		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	[-^-	2	
xygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	6.6	*****	*****		0	Daily	Grab
0300 1 0	PERMIT REQUIREMENT	*****	****	*****	4 MO MIN	****	****	mg/L		Daily	GRAB
ffluent Gross H	SAMPLE MEASUREMENT	*****	****	****	6.8	****	7.3		0	Daily	Grab
0400 1 0	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
ffluent Gross folids, total suspended	SAMPLE MEASUREMENT	52.7	*****		***	1.10	1.80		0	Daily	Compo
0530 1 0	PERMIT REQUIREMENT	1251 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
ffluent Gross Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	40.4	****		****	0.26	0.52		0	Daily	Compo
00610 1 0	PERMIT REQUIREMEN	167	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Effluent Gross Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.04	6.34		*****	*****	****	*****	0	Continuous	Total
50050 1 0	PERMIT REQUIREMEN	Req. Mon.	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	TOTALZ
Effluent Gross Flow, in conduit or thru treatment plant	SAMPLE MEASUREMEN	E 10	*****		*****	***	*****	*****	0	Continuous	Total
50050 Y 0	PERMIT REQUIREMEN	10 T ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTAL
Effluent Gross (Supplementary) Chlorine, total residual	SAMPLE MEASUREMEN	*****	*****	****	*****	*****	0.050		0	Daily	Grab
50060 A 0	PERMIT	****	****	*****	COAD	******	.1 INST MAX	mg/L		Daily	GRAB
Disinfection, Process Complete	lete REQUIREMENT			pared under my direction of	700				TE	LEPHONE	DATE
NAME/TITLE PRINCIPAL EXECUTIVE	supervi	sion in accordance with a system designee the information submitted. Based on	gned to assure that qualified pe my inquiry of the person or per for gathering the information, t	rsonner property ganter and sons who manage the he information submitted is		n (lou			210	-233-3774	08/13/2
Service Vice President & COO to the best of my knowledge and belief, true, accurate, and complete. I am wave in action as to the best of my knowledge and belief, true, accurate, and complete. I am wave in action as to the best of my knowledge and belief, true, accurate, and complete. I am wave in action as to the best of my knowledge and belief, true, accurate, and complete. I am wave in action as to the best of my knowledge and belief, true, accurate, and complete. I am wave in action as to the best of my knowledge and belief, true, accurate, and complete. I am wave in action as to the best of my knowledge and belief, true, accurate, and complete. I am wave in action as to the best of my knowledge and belief, true, accurate, and complete. I am wave in action as to the best of my knowledge and belief, true, accurate, and complete. I am wave in action as to the best of my knowledge and belief, true, accurate, and complete. I am wave in action as the complete in actio						NATURE OF PRINCIPA AUTHORIZ	L EXECUTIVE OFFICE ZED AGENT	R OR	AREA Co		MW/DD/YY
TYPED OR PRINTED	knowin	g violations.				20 11010					1

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

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

Page 1

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

07/31/2014

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 TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	1.0	黄黄冷黄黄素	****		0	Daily	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E, coli	SAMPLE MEASUREMENT	****	*****	***	*****	1.55	32.0		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	97.4	****		*****	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

07/01/2014

NAME THE FIGURE AL EXCOUNTE OF FOLK	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 to, 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.
TYPED OR PRINTED	Fallowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 210-233-3774 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.

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

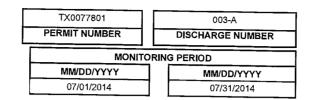
FACILITY:

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

		QUA	NTITY OR LOADIN	IG		QUALITY OR COM	CENTRATION		NO.	FREQUENCY	CAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	+ EX	OF ANALYSIS	SAMPLE TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	*****		****	*****	- CIGITO			
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	4 MO MIN	*****	****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	****	*****	****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6 MINIMUM	*****	9	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		*****		*****		MAXIMUM				
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		*****		*****	D/ 42.17,¥	DAILTIMA				
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 A V G	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	****	*****	~~~~~ QOL:	*****	.1 INST MAX	mg/L		Daily	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE O	supervision in ac	enalty of law that this document coordance with a system design armation submitted. Based on m	ed to assure that qualified nerso	nnet properly gather and	3			<u> </u>	TELE	PHONE	DATE
Steven Clouse Senior Vice President & COO	system, or those to the best of my	e persons directly responsible for the knowledge and belief, true, acc ties for submitting false informat	gathering the information, the building and complete. I am away	nformation submitted is,		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR				33-3774	08/13/70
TYPED OR PRINTED		ito.			AUTHORIZED AGENT				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.

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

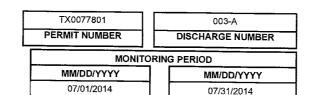
FACILITY:

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



		QUANTITY OR LOADING				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		Three Per	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT		*****		****	DAILTAV	DAILT WA	<u> </u>		Week	
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	834 DAILY AV	*****	lb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

	I certify under penalty of law that this document end 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	twalutate 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 Howowing violations.
TYPED OR PRINTED	-cownig violations,

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 210-233-3774 08/13/20 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.

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

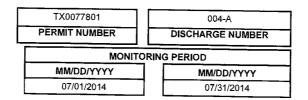
FACILITY:

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 Outfall

No Discharge

5.5			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	*****	****	*****		****	****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	5	*****	****	mg/L	+	Daily	GRAB
рН	SAMPLE MEASUREMENT	*****	****	*****	MO MIN	****				<u> </u>	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	****	9	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		*****		*****		MAXIMUM				
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		*****		****	57.021774	DAILTIVIX		\dagger		
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	*****	*****	*****	*****	*****	<u></u>				
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	****	*****	****	ÖRT	*****	.1 INST MAX	mg/L		Daily	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE O	supervision in ac evaluate the info	enalty of law that this document a cordance with a system designer rmation submitted. Based on my	ed to assure that qualified person inquiry of the person or person	nnel properly gather and s who manage the	5				TELE	PHONE	DATE
Steven Clouse Senior Vice President & COO	system, or those to the best of my	persons directly responsible for knowledge and belief, true, acc ties for submitting false informati	gathering the information, the interaction and complete, I am aware	formation submitted is,				OR	210-2	33-3774	08/13/2
TYPED OR PRINTED	, and a second					AUTHORIZE	D AGENT		AREA Code	NUMBER	MMDD/YYY

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 MM/DD/YYYY

07/31/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 004

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	*****	****	*****		****	*****				
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		*****		*****	DAILTAV	DAILTIMA				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	250 DAILY AV	*****	lb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

07/01/2014

certify under penalty of law that this document and all attachments were prepared under my direction or NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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 Senior Vice President & COO significant penalties for submitting false information, including the possibility of fine and imprisonment for owing violations. TYPED OR PRINTED

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

210-233-3774 AREA Code NUMBER

TELEPHONE

MMODRYYY

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

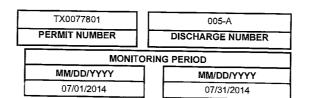
FACILITY:

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 - 005

External Outfall

No Discharge

	ļ	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	*****	****	*****	6.2	*****	*****		0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	4 MO MIN	****	*****	mg/L	+	Daily	GRAB
рH	SAMPLE MEASUREMENT	*****	****	****	6.8	****	7.4		0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MUMIXAM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	10.5	*****		****	1.11	1.80		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	2.5	*****		*****	0.26	0.52		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	1.14	1.26		****	*****	*****	*****	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	0.60	海安市安全		****	*****	****	****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2.6 ANNL AVG	*****	MGD	*****	*****	****	*****		Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	****	0.36		1	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	ad the second	*****	.1 INST MAX	mg/L		Daily	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE C	supervision in	penalty of law that this document accordance with a system design nformation submitted, Based on m	ed to assure that qualified person	nnel properly gather and	3			T	TELE	EPHONE	DATE
Steven Clouse Senior Vice President & COO	system, or the to the best of significant per	ese persons directly responsible for my knowledge and belief, true, ac nalties for submitting false informa	r gathering the information, the in curate, and complete, I am aware	formation submitted is, that there are	SIGNA	TURE OF PRINCIPAL	EXECUTIVE OFFICER	OR	210-2	33-3774	8/13/20
TYPED OR PRINTED	knowing viola	uon s .				AUTHORIZE			AREA Code	NUMBER	MWDDYYYYY

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

07/31/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 005

External Outfall

No Discharge

		QUA	TITY 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	*****	*****	****	1.0	*****	*****		0	Daily	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	****	*****	1 MO MIN	****	****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.46	32.0		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	19.0	****		****	2.0	2.0		0	Daily	Compo
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	217 DÁILY AV	*****	lb/d	******	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

07/01/2014

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervission in accordance with a system designed to assure that qualified personnel property gather and
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, 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.

TELEPHONE 210-233-3774 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** AREA Code 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

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

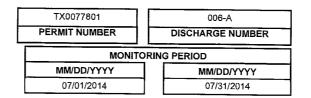
FACILITY:

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

		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	***	****	*****	_	*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	****	****	mg/L		Daily	GRAB
Н	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6 MINIMUM	*****	9 MAXIMUM	su		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		*****		****		n o amem				
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	*****	****	*****	*****	1 1	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	**************************************	****	*****	ald	*****	.1 INST MAX	mg/L		Daily	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE C	supervision	der penalty of law that this document	ed to assure that qualified perso	nnel properly gather and	5/-				TELE	PHONE	DATE
Steven Clouse Senior Vice President & COO	and impresonment for			9.00				210-23	33-3774	08/13/21	
TYPED OR PRINTED	knowing vio	ojaijons,				AUTHORIZE	D AGENT	t	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.

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

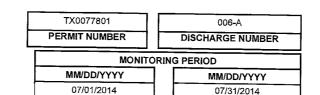
SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP



DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 006

External Outfall

No Discharge



	<u> </u>	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	****	****	*****	*****						
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394	CFU/100m		Five Per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT		****		*****	DAILTAV	DAILY MX	L			
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	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, eccurate, 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.

TELEPHONE ouse 210-233-3774 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA Code

DATE 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.

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

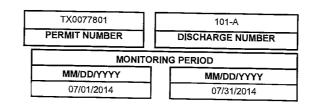
FACILITY:

DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP



DMR Mailing ZIP CODE: MAJOR

78221

(SUBR 13)

DOMESTIC WASTEWATER - 101

Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO.	OF ANALYSIS	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.56	10.39		*****	****	*****	*****		Continuo	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.97	****		*****	****	*****	*****	0	0	T-4-1
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	Req. Mon. ANNL AVG	*****	MGD	*****	****	*****	*****		Continuous Continuous	Total

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 valuate 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 Senior Vice President & COO significant penalties for submitting false information, including the possibility of fine and imprisonment for wing violations, TYPED OR PRINTED

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

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

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 07/01/2014 07/31/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(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	82.64	113.61		****	*****	*****	*****	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	82.70	*****		班安安 伯安	*****	*****	*****	0	Continuous	Total
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ

certify under penalty of law that this document and all attachments were prepared under my direction or NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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 owing violations. TYPED OR PRINTED

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

210-233-3774 AREA Code NUMBER

TELEPHONE

MM/DD/YYY

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.

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

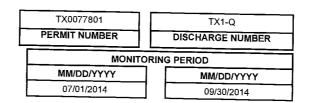
FACILITY:

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)

7-DAY CHRONIC FRESHWATER - 001

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	IG		QUALITY OR CONC	ENTRATION		LNO	EDEOUENON	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	****	****	*****			*****	UNITS	-	See Permit	
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Opt. Mon.	Opt. Mon.	*****	pass=0/fai		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****	7 DA MIN	MO AV MN	*****	1		0	
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Opt. Mon.	Opt. Mon.	*****	pass=0/fail	=	See Permit	Comp24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	****	*****	*****	7 DA MIN	MO AV MN	****	11			
TLP3B 1 0	PERMIT	****	****	*****		0			0	Quarterly	Comp24
Effluent Gross Low Flow Pass/Fail Survival Test	REQUIREMENT SAMPLE	*****	*****		Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail		Quarterly	COMP24
Static Renewal 7 Day Chronic	MEASUREMENT			*****	0	0	*****		0	Quarterly	Comp24
TLP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail	1	Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	99	99	*****	 -	0	Quarterly	Comp24
FOP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	99	99	*****		0	Quarterly	Comp24
FOP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NOEC Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	****	99	99	*****		0	Quarterly	Comp24
PP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. 7 DA MAH	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE	OFFICER I certify under posupervision in a	enalty of law that this document as cordance with a system designed	nd all attachments were prepar	ed under my direction or				' 	TELE	PHONE	
Steven Clouse Senior Vice President & CC	system, or those to the best of my	rmation submitted. Based on my persons directly responsible for a knowledge and belief, true, accu	inquiry of the person or person pathering the information, the in rate, and complete. I am awars	s who manage the nformation submitted is,	Stu			-			DATE
TYPED OR PRINTED	significant penal	ties for submitting false informatio	n, including the possibility of fir	ne and imprisonment for	SIGNA	TURE OF PRINCIPAL E		ROR	210-2	33-3774	8/13/20

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION ABOVE.

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

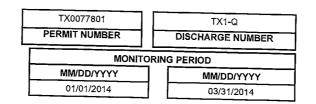
SAN ANTONIO, TX 78221

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)

7-DAY CHRONIC FRESHWATER - 001

External Outfall

No Discharge

D. 4. D. 4. D. D. D. C. D.	1	QU	ANTITY OR LOADIN	IG		QUALITY OR CON	CENTRATION		Т		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO.	FREQUENCY OF ANALYSIS	SAMPLE
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas TPP6C 1 0	SAMPLE MEASUREMENT	*****	*****	*****	99	99	*****	UNITS	0	Quarterly	1175
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	****	%	-	Quarterly	COMP2
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	****	****	*****	0	0	*****	 	0	Ou or to who	
FWP3B 1 0	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	****	pass=0/fail=	<u> </u>	Quarterly Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	0	0	****	1	0	Quarterly	Comp2
OEC Lethal Survival Static Renewal	PERMIT REQUIREMENT SAMPLE	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=		Quarterly	COMP24
Day Chronic Ceriodaphnia dubia XP3B 1 0	MEASUREMENT		*****	****	Q	Q	*****		0	Quarterly	Comp2
offluent Gross OEC Lethal Survival Static Renewal	PERMIT REQUIREMENT SAMPLE	*****	****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP2
Day Chronic Pimephales promelas	MEASUREMENT	*****	****	*****	Q	Q	*****		0	Quarterly	Comp2
XP6C 1 0 ffluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	****	%		Quarterly	COMP24
OEC Sub-Lethal Reproduction Static enewal 7 Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	Q	Q	*****		0	Quarterly	Comp2
ffluent Gross DEC Sub-Lethal Reproduction Static	PERMIT REQUIREMENT SAMPLE	****	*****	*****	Req. Mon. 7 DA MIN	Req. Món. MO AV MN	*****	%		Quarterly	COMP24
enewal 7 Day Chronic Pimephales	MEASUREMENT		*****	*****	Q	Q	*****		0	Quarterly	Comp2
fluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA/MIA	Req. Mon. MQ AV MN	****	%		Quarterly	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE O	supervision in a evaluate the info system, or those	r penalty of law that this document and all attachments were prepared under my direction or accordance with a system designed to assure that qualified personnel properly gather and information submitted. Based on my inquiry of the person or persons who manage the see persons directly responsible for gathering the information, the information is interesting the second of the control of the c		36				TEL	PHONE	DATE	
Senior Vice President & COO	significant penal	ystem, or those persons directly responsible for gathering the information, the information submitted is, the best of my knowledge and belief, true, accurate, and complete. I am aware that there are gnificant penalities for submitting false information, including the possibility of fine and imprisonment for nowing violations.			signature of Principal Executive Officer or			ROR	210-2	233-3774	8/13/20
MATUTO AND EVEN AND EVEN						AUTHORIZED	AGENT	Ai	REA Code		MINDDYYYY

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

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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

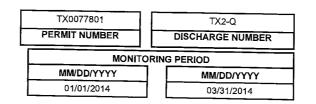
FACILITY:

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)

7-DAY CHRONIC FRESHWATER - 002

External Outfall

No Discharge



		QUA	NTITY OR LOADIN	G		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	044404 5
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	SAMPLE TYPE
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	有本金米金木	*****			****	3.1.75			
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MN	****	pass=0/fail=		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****		INIO 7 (V IVIIV	*****				
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	***	市场大学会会	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MN	****	pass=0/fail=		See Permit	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	****		INIO AV IVIIV	*****	1			
TLP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=		Quarterly	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****			****	1			· · · · · · · · ·
TLP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=		Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	****	****		INCOME INTO	*****	1			
TOP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	****	%	- +	Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Pimephales promel a s	SAMPLE MEASUREMENT	*****	*****	*****		THE PART OF THE PA	*****				
FOP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NOEC Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	****		INO 74 IMA	****				
PP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	****	%		Quarterly	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE	supervision in acco	alty of law that this document and ordance with a system designed ation submitted. Based on my	to assure that qualified person	inel property gather and	2			<u>_</u>	TELE	PHONE	DATE

	I certify under penalty of law that this document and all attachments were prepared under my direction o 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
TYPED OR PRINTED	knowing violations.

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

210-233-3774 AREA Code NUMBER

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION ABOVE.

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

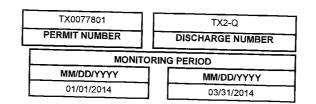
FACILITY:

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)

7-DAY CHRONIC FRESHWATER - 002

External Outfail

No Discharge



B4B444====]	QUA	NTITY OR LOAD!	NG		QUALITY OR CON	CENTRATION				
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE			NO.	FREQUENCY	SAMPL
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	****	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
TPP6C 1 0	PERMIT	*****									
Effluent Gross	REQUIREMENT		*****	*****	Reg. Mon. 7 DA MIN	Req. Mon. MO AV MN	****	%		Quarterly	COMP2
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	****	*****		INIO AV IVIIV	*****	+	+-		 -
TWP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon.	Reg. Mon.	*****				
Pass/Fail Sub-Lethal Static Renewal 7	SAMPLE	*****	****	*****	7 DA MIN	MO AV MN		pass=0/fai	=	Quarterly	COMP24
Day Chronic Pinephales promelas	MEASUREMENT			******			*****				
TWP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. 7 DA MIN	Req. Mon.	*****	pass=0/fail		Quarterly	COMP24
OEC Lethal Survival Static Renewal Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	****	*****	I DA MIN	MO AV MN	*****	1	-		
XP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	Req. Mon.	Req. Mon.	*****	%			
OEC Lethal Survival Static Renewal	SAMPLE	****	***	*****	7 DA MIN	MO AV MN		/*		Quarterly	COMP24
Day Chronic Pimephales promelas	MEASUREMENT						*****				
XP6C 1 0 ffluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon.	*****	%	+	Quarterly	COMP24
OEC Sub-Lethal Reproduction Static enewal 7 Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	7 DA WIN	MO AV MN	*****	 	 -		
YP3B 1 0	PERMIT	*****	*****	*****	Dec Mari						
ffluent Gross OEC Sub-Lethal Reproduction Static	REQUIREMENT SAMPLE	*****			Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
enewal 7 Day Chronic Pimephales	MEASUREMENT	*****	****	****			*****				
YP6C 1 0 ffluent Gross	PERMIT REQUIREMENT	****	*****	****	Req. Mon.	Req. Mon.	*****	+ %	-	Quarterly	COMP24
				L <u>l</u>	7 DA MIN	MO AV MN				Quarterly	CONP24
NAME/TITLE PRINCIPAL EXECUTIVE OF	supervision in acc	alty of law that this document an ordance with a system designed nation submitted. Based on my i			5	1			TELE	PHONE	DATE
Steven Clouse Senior Vice President & COC	to the best of my k	nowledge and belief true accur	athering the information, the ir	nformation submitted is,	Den	Lous					
TYPED OR PRINTED	knowing violations	s for submitting false information	n, including the possibility of fir	ne and imprisonment for	SIGNAT	TURE OF PRINCIPAL EX		 		33-3774	8/13/2
		······································				- · · · · · · · · · · · · · · · · · · ·		<i>i '</i>	REA Code	NUMBER I	MMDD/YYYY

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

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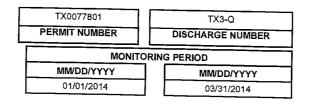
FACILITY:

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)

7-DAY CHRONIC FRESHWATER - 003

External Outfall

No Discharge



		QUA	NTITY OR LOADIN	IG		QUALITY OR CONG	ENTRATION	· · · · · · · · · · · · · · · · · · ·		FD=0	
PARAMETER	1	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	100000	NO.	FREQUENCY OF ANALYSIS	SAMPLE
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	****	*****	****		VALUE	*****	UNITS			TYPE
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Opt. Mon.	Opt. Mon.	*****	pass=0/fail=		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	****	****	7 DA MIN	MO AV MN	*****	1			1
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon.	*****	pass=0/fail=		See Permit	COMP24
ow Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	****	****	*****	7 DA MIN	MO AV MN	*****	11			
TLP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon.	****	pass=0/fail=		Quarterly	COMP24
ow Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	7 DA MIN	MO AV MN	****	1			
LP6C 1 0 effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=		Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	市水油商州水	*****	7 Dictionit	INIO AV IVIIV	*****	+ 1 +	\dashv		
OP3B 1 0 iffluent Gross	PERMIT REQUIREMENT	****	*****	****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	****	%		Quarterly	COMP24
OEC Lethal Static Renewal 7 Day hronic Pimephales prometas	SAMPLE MEASUREMENT	*****	*****	*****		mo / (v m) (v	****		\dashv		
OP6C 1 0 Iffluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
OEC Sub-Lethal Static Renewal 7 ay Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	****	*****	/ DA WIN	MO AV MIN	*****				
PP3B 1 0 ffluent Gross	PERMIT REQUIREMENT	*****	按索书会会	*****	Req. Mon. 7 DA MIN	Req. Mon.	*****	%		Quarterly	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE	supervision in acc	alty of law that this document an ordance with a system designed nation submitted, Based on my	I to assure that qualified person inquiry of the person or person	nel properly gather and	3				TELE	PHONE	DATE
Steven Clouse Senior Vice President & CC TYPED OR PRINTED	system, or those p	ersons directly responsible for g nowledge and belief, true, accu s for submitting false informatio	pathering the information, the in	formation submitted is,	SIGNA	TURE OF PRINCIPAL E		R OR	210-2	33-3774	8/13/2

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

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No Discharge

AUTHORIZED AGENT

TYPED OR PRINTED

NUMBER

AREA Code

Form Approved OMB No. 2040-0004

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NAME:

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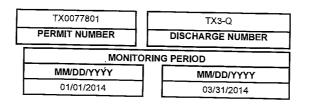
FACILITY:

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LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP



DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

7-DAY CHRONIC FRESHWATER - 003

External Outfall

No Discharge



DADAMETER		QU.	ANTITY OR LOADIN	1G		QUALITY OR CONG	ENTRATION		NO.	FREQUENCY	T
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	+ NO.	OF ANALYSIS	SAMPL TYPE
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	传传会全音	****			*****	311.13			
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Reg. Mon.	*****	%		Quarterly	COMP2
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	****	7 DA MIIN	MO AV MN	*****				
「WP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. 7 DA MIN	Req. Mon.	*****	pass=0/fail	-	Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	7 DA WIN	MO AV MN	*****	1			
TWP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail		Quarterly	COMP24
OEC Lethal Survival Static Renewal Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	****	*****	7 D/ WIII	INO AV IVIN	***	1 1			
TXP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	****	%		Quarterly	COMP24
OEC Lethal Survival Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	. 57, 1811	INIO AV IVIIV	*****				
FXP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	****	******	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
OEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	安安安安安	*****	*****		INO AV IVIN	*****	+			
YP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
OEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	****	*****	*****		INIO AV IVIIV	****				
YP6C 1 0 iffluent Gross	PERMIT REQUIREMENT	***	****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE O	FFICER certify under pe	enalty of law that this document	and all attachments were prepared to assure that qualified person	red under my direction or	(4)			<u> </u>	TEL 5		
Steven Clouse Senior Vice President & COO	system, or those to the best of my	rmation submitted, Based on m persons directly responsible for knowledge and belief true, ac	ny inquiry of the person or person or gathering the information, the i	ns who manage the information submitted is,	Yeu			}		PHONE	DATE
TYPED OR PRINTED	significant penal	ties for submitting false informa	tion, including the possibility of fi	ne and imprisonment for	SIGNA	TURE OF PRINCIPAL E		—		33-3774	8/13/20
					i				AREA Code	NUMBER	MW/DD/AAA

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

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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

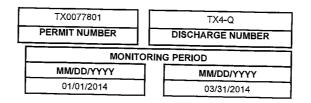
FACILITY:

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)

7-DAY CHRONIC FRESHWATER - 004

External Outfall

No Discharge



D		QUA	NTITY OR LOADIN	IG		QUALITY OR CONC	ENTRATION		l NO	EDECHENOV	т
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO.	FREQUENCY OF ANALYSIS	SAMPLE
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	****	*****	*****			*****	UNITS			1175
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon.	*****	pass=0/fai	 =	See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	****	*****	*****	7 DA MIN	MO AV MN	****	1			
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Opt. Mon. 7 DA MIN	Opt. Mon.	*****	pass=0/fail	=	See Permit	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	***	*****	/ DA WIIN	MO AV MN	*****	1 1			
TLP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail		Quarterly	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	****	****	*****			*****				
TLP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail	+-+	Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****		TO THE INIT	*****	1 1	+ +		
OP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
IOEC Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	****	****	*****	7 BA WIN	INO AV IVIN	*****	 	-		
OP6C 1 0 iffluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon, 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
OEC Sub-Lethal Static Renewal 7 ay Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	****	*****	, British	MO AV MIN	*****				
PP3B 1 0 ffluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO &V MN	****	%		Quarterly	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE Steven Clouse	supervision in acco	rdance with a system designed ation submitted. Based on my i	nd all attachments were prepar to assure that qualified person inquiry of the person or person	nnel properly gather and	30				TELE	PHONE	DATE
Senior Vice President & CC	to the best of my kr	lowledge and belief, frue, accus	nathering the information, the in rate, and complete. I am aware n, including the possibility of fir	that there are	SIGNAT	TURE OF PRINCIPAL EX		R OR	210-2	33-3774	8/13/70
TYPED OR PRINTED	<u>l</u>				ł	AUTHORIZED	AGENT		AREA Code		MM/DD/YYYY

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

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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

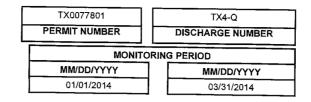
SAN ANTONIO, TX 78221

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)

7-DAY CHRONIC FRESHWATER - 004

External Outfall

No Discharge



		QUA	NTITY OR LOADIN	IG		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	****	****	*****	7 BYCAMIN	IVIO AV IVIJŲ	*****				
TWP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	SAMPLE MEASUREMENT	*****	*****	*****		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*****				
TWP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	计 分类性表示	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****			*****	'			
TXP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	****	****	*****			*****				
TXP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	****	*****		mo vy max	*****				
TYP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	****	****	*****	7 Dixinit	INO AV IVIIV	*****				
TYP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE O	supervision in	penalty of law that this document a accordance with a system designe formation submitted. Based on my	d to assure that qualified perso	nnel properly gather and	SIC				TELE	PHONE	DATE
Steven Clouse Senior Vice President & COO	system, or those to the best of r	se persons directly responsible for ny knowledge and belief, true, acci alties for submitting false informati	gathering the information, the i	nformation submitted is, a that there are	SIGNA	ATURE OF PRINCIPAL E	XECUTIVE OFFICE	R OR	210-2	33-3774	8/13/2

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

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No Discharge

AUTHORIZED AGENT

TYPED OR PRINTED

NUMBER

AREA Code

MM/DD/YYY

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

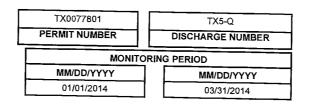
FACILITY:

DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP



DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

7-DAY CHRONIC FRESHWATER - 005

External Outfall

No Discharge



D.		QU.	ANTITY OR LOADIN	IG		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	T
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	SAMPLE TYPE
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	*****	*****			****				
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Opt. Mon.	Opt. Mon,	*****	pass=0/fail=		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****	7 DA MIN	MO AV MN	****	11			
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	本有女子	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon.	*****	pass=0/fail=		See Permit	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	/ DA MIN	MO AV MN	****	1 1			
TLP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=		Quarterly	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	****	****	*****	7 DA WIIV	MOAVIMIN	*****	1 1			
TLP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	***	pass=0/fail=		Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	****	*****	*****		INCO ACTIVITY	****	1 1			
FOP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Pimephales prometas	SAMPLE MEASUREMENT	*****	*****	*****	7 37 (14)	INIO AV IVIIV	*****				
FOP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NOEC Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	****	****	7 57 11117	INIO AV IVIIV	****	1			
PP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	有文章有女	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE	supervision in a	ccordance with a system design	and all attachments were prepar ned to assure that qualified person	nnel property gother and	5/-		-		TELE	PHONE	DATE
Steven Clouse Senior Vice President & CC	to the best of m	e persons directly responsible for y knowledge and belief, true, ac Ities for submitting false informa	ny inquiry of the person or person or gathering the information, the in curate, and complete. I am awar tion, including the possibility of fi	nformation submitted is,	Dren	ATURE OF PRINCIPAL E	KECUTIVE OFFICE	R OR	210-2	33-3774	8/13/2

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

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No Discharge

AUTHORIZED AGENT

TYPED OR PRINTED

NUMBER

AREA Code

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DOS RIOS WATER RECYLING CENTER

ADDRESS: 3495 VALLEY RD

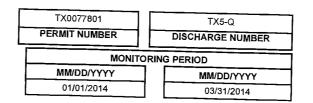
SAN ANTONIO, TX 78221

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)

7-DAY CHRONIC FRESHWATER - 005

External Outfall

No Discharge



DAD		QU	ANTITY OR LOADIN	NG -		QUALITY OR CON	CENTRATION				
PARAMETER	•	VALUE	VALUE	UNITS	VALUE	VALUE			NO.	FREQUENCY	SAMPL
NOEC Sub-Lethal Static Renewal 7	SAMPLE	*****	*****	*****	- TALUL	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Day Chronic Pimephales promelas	MEASUREMENT						*****				
TPP6C 1 0	PERMIT	*****	*****		<u> </u>				1 1		
Effluent Gross	REQUIREMENT		*****	*****	Req. Mon.	Req. Mon.	*****	%	1	Quarterly	COMP2
Pass/Fail Sub-Lethal Static Renewal 7	SAMPLE	*****	*****	*****	7 DA MIN	MO AV MN				Quarterly	COMP
Day Chronic Ceriodaphnia dubia	MEASUREMENT			1			*****				
WP3B 1 0	PERMIT	*****	*****	- 				1			
ffluent Gross	REQUIREMENT		*****	*****	Req. Mon.	Req. Mon.	*****	pass=0/fail		Quarterly	COMP2
ass/Fail Sub-Lethal Static Renewal 7	SAMPLE	*****	*****	****	7 DA MIN	MO AV MN		1		Quarterly	COMPZ
ay Chronic Pinephales promelas	MEASUREMENT			*****	1		*****		1 -		
WP6C 1 0	PERMIT	*****	*****								•
ffluent Gross	REQUIREMENT		*****	*****	Req. Mon.	Req. Mon.	*****	pass=0/fail=	1	Quarterly	COMPO
OEC Lethal Survival Static Renewal	SAMPLE	****	*****	*****	7 DA MIN	MO AV MN		1	1 1	Quarterly	COMP2
Day Chronic Ceriodaphnia dubia	MEASUREMENT		*****	*****			*****	<u> </u>			
XP3B 1 0	PERMIT	*****	 	 				1			
ffluent Gross	REQUIREMENT		*****	*****	Req. Mon.	Req. Mon.	*****	1 %	1	Quarterly	001400
OEC Lethal Survival Static Renewal	SAMPLE	****	*****	*****	7 DA MIN	MO AV MN		1	1	Quarterly	COMP24
Day Chronic Pimephales promelas	MEASUREMENT			*****			*****		\vdash		
XP6C 1 0	PERMIT	*****	*****	ļ				ļ	1 1		
ffluent Gross	REQUIREMENT		*****	*****	Req. Mon.	Req. Mon,	*****	%	 	Quarterly	COMP24
OEC Sub-Lethal Reproduction Static	SAMPLE	*****	*****	*****	7 DA MIN	MO AV MN			1 1	Quarterly	CONP22
enewal 7 Day Chronic Ceriodaphnia	MEASUREMENT			*****			****				
YP3B 1 0	PERMIT	*****	*****					1		İ	
ffluent Gross	REQUIREMENT		*****	*****	Req. Mon.	Req. Mon.	*****	%	 	Quarterly	COMP24
DEC Sub-Lethal Reproduction Static	SAMPLE	*****	*****	*****	7 DA MIN	MO AV MN			1 1	Quarterly	COMP24
enewal 7 Day Chronic Pimephales	MEASUREMENT			*****			*****				
/P6C 1 0	PERMIT	*****	*****							i	
fluent Gross	REQUIREMENT	"""	*****	*****	Req. Mon.	Req. Mon.	*****	%		Quarterly	COMP24
					7 DA MIN	MO AVIMN				Quarterly	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE O	FFICER I certify under p	enalty of law that this document	and all attachments were prepare	ed under my direction or		/					
0:	evaluate the info	ocordance with a system design ormation submitted. Based on m	ned to assure that qualified persor	nnel properly gather and	15/	/		1	TELE	PHONE	DATE
Steven Clouse Senior Vice President & COO	to the best of m	persons directly responsible for Knowledge and helief true, ac-	r gathering the information, the in	formation submitted is,	20	- (low		<u> </u>			
	significant pena	ues for submitting talse informa-	tion, including the possibility of fin	e man unere are ne and imprisonment for		TURE OF PRINCIPAL EX	ECUTIVE OFFICE	OP	210-23	33-3774	_اد،ا_
TYPED OR PRINTED	y violatio					AUTHORIZED	AGENT				
								^	REA Code	NUMBER I	MI/DD/YYYY

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ADDRESS: 3495 VALLEY RD

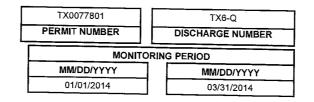
SAN ANTONIO, TX 78221

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)

7-DAY CHROINC FRESHWATER - 006

External Outfall

No Discharge



		QUA	NTITY OR LOADIN	G		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	T
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	SAMPLE TYPE
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	****	*****	*****			*****	ONITS			
22415 1 0	PERMIT	*****	*****	 							
Effluent Gross	REQUIREMENT			****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MN	*****	pass=0/fail=		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	****	*****	*****			****				
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Opt. Mon. 7 DA MIN	Opt. Mon.	*****	pass=0/fail=		See Permit	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	****	7 DA MIN	MO AV MN	****	1			
TLP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Reg. Mon.	Req. Mon.	*****	pass=0/fail=		Quarterly	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	7 DA MIN	MO AV MN	****	1			
TLP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	****	pass=0/fail=		Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	****	*****	57,1111.7	INC MY WILL	*****	1			
TOP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****		INC 74 MIN	*****				
TOP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	****	%	_	Quarterly	COMP24
NOEC Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	7 DA WIIN	IVIO AV IVIN	*****		_		
PP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MQ AV MN	*****	%		Quarterly	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE	supervision in acc	ordance with a system designe	and all attachments were prepared to assure that qualified person	net properly gather and					TELE	PHONE	DATE
Steven Clouse Senior Vice President & CC	system, or those p	ersons directly responsible for mowledge and belief, true, acc is for submitting false informati	inquiry of the person or person gathering the information, the in urate, and complete. I am aware on, including the possibility of fir	formation submitted is,	SIGNA	TURE OF PRINCIPAL EX	ECUTIVE OFFICE	R OR	210-2	33-3774	18/13/2

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No Discharge

AUTHORIZED AGENT

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NUMBER

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Form Approved OMB No. 2040-0004

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DOS RIOS WATER RECYLING CENTER

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

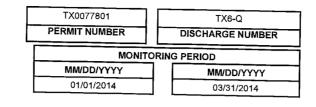
FACILITY:

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)

7-DAY CHROINC FRESHWATER - 006

External Outfall

No Discharge



DADAMETED			NTITY OR LOADIN	NG		QUALITY OR CONC	ENTRATION		NO.	EDECHENOV	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	+ NO.	FREQUENCY OF ANALYSIS	SAMPLE
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	****	*****			*****	Oiti			1175
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon.	****	%	+	Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	****	*****	*****	7 DA WIIN	MO AV MN	*****	 			
TWP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon.	*****	pass=0/fail	 =	Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	SAMPLE MEASUREMENT	*****	******	*****	/ DA MIN	MO AV MN	*****	1			
TWP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail		Quarterly	COMP24
OEC Lethal Survival Static Renewal Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	7 57 7 7 11	INO AV MIN	*****	1 1	1		
TXP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	****	%		Quarterly	COMP24
OEC Lethal Survival Static Renewal Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	****	*****	*****	, 57 (Mill)	INIO AV IVIIV	*****		+		
XP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
OEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	****	*****	7 D/CIVITY	INIO A VIVIN	*****	 			
YP3B 1 0 iffluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
OEC Sub-Lethal Reproduction Static denewal 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****		IIIO / (V MIX	*****				
YP6C 1 0 ffluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	****	%		Quarterly	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE O	supervision in ac	cordance with a system design:	and all attachments were prepared to assure that qualified perso	nnel propedy gather and					TELE	PHONE I	DATE
Steven Clouse Senior Vice President & COO	system, or those to the best of my	mation submitted. Based on my persons directly responsible for knowledge and belief, true, acc	y inquiry of the person or person gathering the information, the in wrate, and complete. I am awar	ns who manage the information submitted is,	Dra	e Jour					T T
TYPED OR PRINTED	knowing violation	ica ioi aubmitting talse informat s.	ion, including the possibility of fi	ine and imprisonment for	SIGNA	ATURE OF PRINCIPAL EX AUTHORIZED			210-2:	33-3774	18/13/20

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

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No Discharge

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ADDRESS: 3495 VALLEY RD

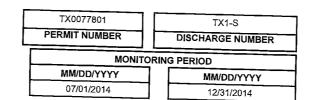
SAN ANTONIO, TX 78221

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)

24-HOUR ACUTE FRESHWATER - 001

External Outfall

No Discharge

PARAMETER	1 -		NTITY OR LOADIN	G		QUALITY OR CONC	ENTRATION				
		VALUE	VALUE	UNITS	VALUE	VALUE		Т	NO.	FREQUENCY OF ANALYSIS	SAMPLE
Whole effluent toxicity - retest #1	SAMPLE	****	*****	*****	*****	VALUE	VALUE	UNITS	EX	OF ANAL 1515	TYPE
	MEASUREMENT			}	*****		*****				
22415 1 0	PERMIT	*****		 							
ffluent Gross	REQUIREMENT		*****	*****	*****	Opt. Mon.	*****	pass=0/fail=		0 -	
Vhole effluent toxicity - retest #2	SAMPLE	*****				SINGSAMP		pass-0/iaii-		See Permit	COMP2
, , , , , , , , , , , , , , , , , , ,	MEASUREMENT		*****	*****	*****		*****	 '			<u> </u>
22416 1 0				1 1		1					ĺ
Effluent Gross	PERMIT	*****	****	*****	*****						Ĺ
	REQUIREMENT			1		Opt. Mon. SINGSAMP	*****	pass=0/fail=	- 1	See Permit	COMP2
C50 Pass/Fail Static 24Hr Acute D. ulex	SAMPLE	*****	****	*****	*****	SINGSAIVIP	*****	111			ĺ
	MEASUREMENT						*****	1 1	0	Once Every 6	
IE3D 1 0	PERMIT	*****	*****	*****	*****				ן ט	Months	Comp2
ffluent Gross	REQUIREMENT				*****	Req. Mon.	*****	pass=0/fail=		Once Every 6	COMP24
C50 Pass/Fail Static 24Hr Acute	SAMPLE	****	*****	*****		SINGSAMP		1		Months	CONF24
imphales	MEASUREMENT				*****	1 0 1	****				
E6C 1 0	PERMIT	*****						1 1	0	Once Every 6 Months	Comp2
fluent Gross	REQUIREMENT	*****	****	*****	*****	Reg. Mon.	*****	page=0/foil-			
						SINGSAMP		pass=0/fail=	1	Once Every 6 Months	COMP24

	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	system, or those persons directly responsible for gathering the information, the information and information to information and information an
TYPED OR PRINTED	knowing violations.

TELEPHONE DATE OUSE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR 210-233-3774 AUTHORIZED AGENT AREA Code NUMBER MM/DD//YYY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION ABOVE.

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

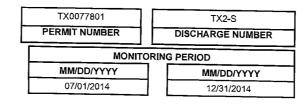
FACILITY:

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)

24-HOUR ACUTE FRESHWATER - 002

External Outfall

No Discharge



		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	T
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO.	OF ANALYSIS	SAMPLE TYPE
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****	Sitilo			
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Opt. Mon. SINGSAMP	*****	pass=0/fail=		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****	****		*****				
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Opt. Mon. SINGSAMP	*****	pass=0/fail=		See Permit	COMP24
LC50 Pass/Fail Static 24Hr Acute D. Pulex	SAMPLE MEASUREMENT	****	*****	*****	****		*****				
TIE3D 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. SINGSAMP	*****	pass=0/fail=		Once Every 6	COMP24
LC50 Pass/Fail Static 24Hr Acute Pimphales	SAMPLE MEASUREMENT	***	****	******	*****		****			Months	
TIE6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. SINGSAMP	****	pass=0/fail=	\dashv	Once Every 6 Months	COMP24

	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
TYPED OR PRINTED	knowing violations,

TELEPHONE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR 210-233-3774 AUTHORIZED AGENT AREA Code NUMBER

No Discharge

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION ABOVE.

DATE

MMIDDIYYYY

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

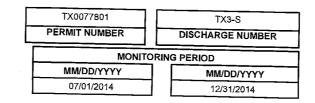
FACILITY:

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)

24-HOUR ACUTE FRESHWATER - 003

External Outfall

No Discharge



DADALITE -		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					EDECLIENCY	т
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO.	FREQUENCY OF ANALYSIS	SAMPLE
Whole effluent toxicity - retest #1	SAMPLE	*****	****	*****	*****		*****	UNITS			TYPE
	MEASUREMENT					1			1		I
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Opt. Mon.	*****	pass=0/fail=		0 7	
Whole effluent toxicity - retest #2	SAMPLE	*****	*****			SINGSAMP		1		See Permit	COMP24
Todata	MEASUREMENT		****	*****	*****		*****				
22416 1 0	PERMIT	*****	*****	*****	*****						
Effluent Gross	REQUIREMENT			<u>L</u> .		Opt. Mon. SINGSAMP	*****	pass=0/fail=		See Permit	COMP24
LC50 Pass/Fail Static 24Hr Acute D. Pulex	SAMPLE MEASUREMENT	*****	*****	*****	*****	3,,,,,,	*****	╅──'	-		
TIE3D 1 0	PERMIT	****	*****	*****	*****						
Effluent Gross	REQUIREMENT				*****	Req. Mon. SINGSAMP	*****	pass=0/fail=		Once Every 6	COMP24
_C50 Pass/Fail Static 24Hr Acute	SAMPLE MEASUREMENT	*****	*****	****	*****	OINGSAIVIF	*****	1 1		Months	
•								1			
FIE6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	Req. Mon. SINGSAMP	*****	pass=0/fail=		Once Every 6	COMP24

	
	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, flue, accurate, and complete, I am aware that there are significant pensities for submitting false information, including the possibility of fine and improvement for
TYPED OR PRINTED	knowing violations,

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION ABOVE.

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

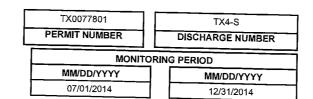
SAN ANTONIO, TX 78221

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)

24-HR ACUTE FRESHWATER - 004

External Outfall

No Discharge

$\overline{}$
1 X I
1/\1

DADAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION						
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE			NO.	FREQUENCY OF ANALYSIS	SAMPLE
Whole effluent toxicity - retest #1	SAMPLE	*****	*****	*****		VALUE	VALUE	UNITS	EX	OF ANALTSIS	TYPE
	MEASUREMENT				*****		*****				
22415 1 0	PERMIT	*****	*****	*****							l
Effluent Gross	REQUIREMENT			*****	*****	Opt. Mon.	*****	pass=0/fail=		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE	*****	*****	*****	·	SINGSAMP		1 1	i	COO! CITIE	CONFZ
•	MEASUREMENT			*****	*****		*****				
22416 1 0	PERMIT	*****	*****	*****	*****						
Effluent Gross	REQUIREMENT				*****	Opt. Mon.	*****	pass=0/fail=		See Permit	COMP24
C50 Pass/Fail Static 24Hr Acute D.	SAMPLE	*****	*****	*****	*****	SINGSAMP		11			
Pulex	MEASUREMENT			1			****				
TIE3D 1 0	PERMIT	*****	****	*****	*****				_ 1		
Effluent Gross	REQUIREMENT	1			*****	Req. Mon.	*****	pass=0/fail=		Once Every 6	COMP24
_C50 Pass/Fail Static 24Hr Acute	SAMPLE	*****	*****	*****	*****	SINGSAMP		1	I	Months	
Pimphales	MEASUREMENT				*******		*****				
TIE6C 1 0	PERMIT	*****	*****	*****					- 1		
ffluent Gross	REQUIREMENT			70777	****	Req. Mon.	****	pass=0/fail=		Once Every 6	COMP24
				<u> </u>		SINGSAMP		1 1		Months	

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
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 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.

TELEPHONE DATE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR 210-233-3774 08/13/20 AUTHORIZED AGENT AREA Code NUMBER MM/DDMYYY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION ABOVE.

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

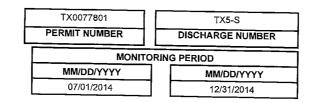
FACILITY:

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)

24-HOUR ACUTE FRESHWATER - 005

External Outfall

No Discharge



		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO.	OF ANALYSIS	SAMPLE TYPE
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	****	*****	*****	*****		*****	Olling			
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	Opt. Mon. SINGSAMP	*****	pass=0/fail=		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****	****		*****				
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	Opt. Mon. SINGSAMP	****	pass=0/fail=		See Permit	COMP24
LC50 Pass/Fail Static 24Hr Acute D. Pulex	SAMPLE MEASUREMENT	****	*****	*****	****	CITCOAIVII	*****				
TIE3D 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	Req. Mon. SINGSAMP	*****	pass=0/fail=		Once Every 6	COMP24
LC50 Pass/Fail Static 24Hr Acute Pimphales	SAMPLE MEASUREMENT	*****	*****	*****	****		*****			Months	
TIE6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	Req. Mon. SINGSAMP	*****	pass=0/fail=		Once Every 6 Months	COMP24

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
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

MM/DD/YYYY

DATE

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION ABOVE.

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

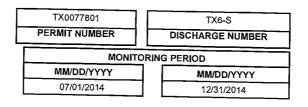
FACILITY:

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)

24-HOUR ACUTE FRESHWATER - 006

External Outfall

No Discharge



DARAMETER		QUA	NTITY OR LOADIN	G		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	SAMPLE TYPE
Whole effluent toxicity - retest #1	SAMPLE	*****	****	*****	*****	-	*****	UNITS			TIFE
	MEASUREMENT						*****				
22415 1 0	PERMIT	*****	*****	*****	*****						
Effluent Gross	REQUIREMENT					Opt. Mon. SINGSAMP	*****	pass=0/fail=		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE	*****	*****	*****	*****	SINGSAIVIE	*****	1-1			
	MEASUREMENT										1
22416 1 0	PERMIT	****	*****	*****	*****	O=4 M==	*****				
Effluent Gross	REQUIREMENT					Opt. Mon. SINGSAMP	*****	pass=0/fail=		See Permit	COMP24
LC50 Pass/Fail Static 24Hr Acute D. Pulex	SAMPLE	*****	*****	*****	*****	CITT COT (IVII	*****				
	MEASUREMENT								İ		
TIE3D 1 0	PERMIT	*****	*****	*****	*****	Reg. Mon.	*****	+			
Effluent Gross	REQUIREMENT			[]		SINGSAMP		pass=0/fail=		Once Every 6	COMP24
LC50 Pass/Fail Static 24Hr Acute Pimphales	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****	- 	-	Months	
•	MEASONEMENT			1]		1 1		l	
TIE6C 1 0	PERMIT	*****	*****	*****	*****	Req. Mon.	*****	7070-0/5-11			
Effluent Gross	REQUIREMENT					SINGSAMP		pass=0/fail=		Once Every 6 Months	COMP24

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
Senior Vice President 9 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

TELEPHONE 210-233-3774 AREA Code NUMBER

MM/DD/YYY

DATE

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION ABOVE.

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

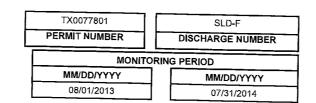
SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP



DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

LANDFILL- SLDF

Other

No Discharge

PARAMETER	1		QUANTITY OR LOADING			QUALITY OR CON	CENTRATION		NO.	FREQUENCY	DAMBI E
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX.	OF ANALYSIS	SAMPLE TYPE
Compliance w/part 258 sludge requirement	SAMPLE MEASUREMENT	****	****	*****	*****	*****	1		-		
49030 SL 0	PERMIT	*****	****	*****	*****		<u> </u>		0		
Sludge	REQUIREMENT				·	*****	Req. Mon. VALUE	Y=1;N=0			

<u> </u>	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	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, eccurate, 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.

TELEPHONE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR 210-233-3774 AUTHORIZED AGENT AREA Code NUMBER

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

DATE

MM/DDAYYY

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	SLD-P
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	07/31/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

PRODUCTION AND USE - SLDP

Other

No Discharge

		QU	ANTITY OR LOADIN	G		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	T 0
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	+ "O.	OF ANALYSIS	SAMPLE TYPE
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	安安安 安安	****	*****	*****	*****	0.13		0	See Permit	Batch
39516 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	49 ANNL MAX	mg/kg		See Permit	BATCH
Toxicity characteristic leaching procedure	SAMPLE MEASUREMENT	*****	*****	*****	0	****	****		0	See Permit	Batch
46390 SL 0 Sludge	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. MO AV MN	*****	*****	pass=0/fail	=	See Permit	ВАТСН
Ann. amt sludge disposed by other method	SAMPLE MEASUREMENT	*****	12045		****	*****	*****	*****	0	Annual	Estima
49017 V 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	****	*****	*****	-	Annual	ESTIMA
Annual amt of sludge incinerated	SAMPLE MEASUREMENT	*****	0		****	***	*****	*****	0	Annual	Estima
49018 SL 0 Sludge	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	D M T/y	*****	****	*****	*****		Annual	ESTIMA
Annual sludge production, total	SAMPLE MEASUREMENT	****	34428		*****	****	*****	*****	0	Annual	Estima
49019 SL 0 Sludge	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	****	*****	*****		Annual	ESTIMA
Annual amount of sludge land applied	SAMPLE MEASUREMENT	*****	0		****	*****	*****	*****	0	Annual	Estima
49020 SL 0 Sludge	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	*****	****	*****		Annual	ESTIMA
Annual amt. sludge disposed surface unit	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****	0	Annual	Estima
49021 SL 0 Sludge	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	*****	*****	****		Annual	ESTIMA
NAME/TITLE PRINCIPAL EXECUTIVE O	supervision in a evaluate the inf	accordance with a system design formation submitted, Based on n	t and all attachments were prepared to assure that qualified person by inquiry of the person or person.	nnel properly gather and	93				TELI	EPHONE	DATE
Steven Clouse Senior Vice President & COC	system, or those to the best of m	e persons directly responsible for ny knowledge and belief, true, ac alties for submitting false informa	or gathering the information, the in occurate, and complete. I am aware ation, including the possibility of fir	formation submitted is,	John	TURE OF PRINCIPAL	EXECUTIVE OFFICER	OR	210-233-3774		8/13/20
TYPED OR PRINTED						AUTHORIZE	D AGENT	<u> </u>	AREA Code	NUMBER	MIM/DD/YYYY

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

12045 dry metric tons hauled by Rafter P (23606) to New Earth Soils & V= IF ANNUAL SLUDGE DISPOSED BY OTHER METHODS IS APPLICABLE, EXPLAIN METHOD OF DISPOSAL. Compost (42032) for Class "A" Composting.

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 SLD-P PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 08/01/2013 07/31/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

PRODUCTION AND USE - SLDP

Other

No Discharge

DADAMETED	_	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO.	OF ANALYSIS	TYPE
Annual amt sludge disposed in landfill	SAMPLE MEASUREMENT	*****	22384		****	*****	*****	*****	0	Annual	Estim
49022 SL 0 Sludge	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	*****	****	*****		Annual	ESTIMA
Annual amt sludge transported interstate	SAMPLE MEASUREMENT	*****	0		****	*****	*****	*****	0	Annual	Estim
49023 SL 0 Sludge	PERMIT REQUIREMENT	为宋有美有大	Req. Mon. ANNL TOT	DMT/y	*****	*****	*****	*****		Annual	ESTIMA

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	of (TELEP	HONE	DATE	1
0 1 1/2 5 11 10 000	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gethering 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 knowing violations.	SIGNATURE OF PR	UNCIPAL EXECUTIVE OFFICER OR THORIZED AGENT	210-23	3-3774 NUMBER	08 13 Za)

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

V= IF ANNUAL SLUDGE DISPOSED BY OTHER METHODS IS APPLICABLE, EXPLAIN METHOD OF DISPOSAL,

12045 dry metric tons hauled by Rafter P (23606) to New Earth Soils & Compost (42032) for Class "A" Composting.

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

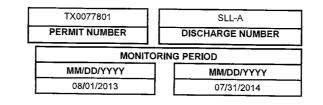
FACILITY:

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)

LAND APPLICATION - SLLA

Other

No Discharge

		QU.	ANTITY OR LOADIN	G		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, dry weight	SAMPLE MEASUREMENT	Take take take pake pake take			*****				-		
01003 R 0 See Comments	PERMIT REQUIREMENT	****	36 MX VALUE	lb/acr	*****	41 SINGSAMP	75 MAXIMUM	mg/kg		Annual	BATCH
Selenium, dry weight	SAMPLE MEASUREMENT	****			*****	G.1100/1111	INPOCINION	-			
01148 R 0 See Comments	PERMIT REQUIREMENT	*****	89 MX VALUE	lb/acr	*****	36 SINGSAMP	100 MAXIMUM	mg/kg		Annual	BATCH
Copper, dry weight	SAMPLE MEASUREMENT	*****			****	SITOS/MII	IMPOCIIVIONI				
46394 R 0 See Comments	PERMIT REQUIREMENT	*****	1339 MX VALUE	lb/acr	****	1500 SINGSAMP	4300 MAXIMUM	mg/kg		Annual	BATCH
Cadmium, dry weight	SAMPLE MEASUREMENT	****			*****						
46395 R 0 See Comments	PERMIT REQUIREMENT	*****	35 MX VALUE	lb/acr	*****	39 SINGSAMP	85 MAXIMUM	mg/kg		Annual	BATCH
Annual whole sludge application rate	SAMPLE MEASUREMENT	****			*****	****	*****	*****			
49016 P 0 See Comments	PERMIT REQUIREMENT	***	Opt. Mon. MX VALUE	met t/ha/yr	*****	*****	****	*****			
Molybdenum, dry weight	SAMPLE MEASUREMENT	*****			*****		MANIE				
78465 R 0 See Comments	PERMIT REQUIREMENT	****	Req. Mon. MX VALUE	lb/acr	*****	Req. Mon. SINGSAMP	75 MAXIMUM	mg/kg		Annual	BATCH
Zinc, dry weight	SAMPLE MEASUREMENT	*****			*****		odinom				
78467 R 0 See Comments	PERMIT REQUIREMENT	****	2500 MX VALUE	lb/acr	*****	2800 SINGSAMP	7500 MAXIMUM	mg/kg		Annual	BATCH
NAME/TITLE PRINCIPAL EXECUTIVE (ITLE 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 property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELE	PHONE	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 significantly renables for submitting false information, including the possibility of fine and irriprisonment for knowing violations. Steven Clouse system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significantly replacities for submitting false information, including the possibility of fine and irriprisonment for knowing violations.				OR	210-2	233-3774	08/13/ZC				
TYPED OR PRINTED	- Nowing Violatio	14.				AUTHORIZEI	D AGENT	T T	AREA Code	NUMBER	MINDDOTYYY

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

P= ANNUAL WHOLE SLUDGE APPLICATIONRATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. R= REPORTLOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. S= TABLE NUMBER: REPORT (2,3 OR 4). T= STATE CLASS:A = 1, B = 2, NONE = 0.

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 SLL-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 08/01/2013 07/31/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

LAND APPLICATION - SLLA

Other

No Discharge

		QU	ANTITY OR LOADIN	G		QUALITY OR CON	CENTRATION		LNG	EDECHENOY	T 001051 5
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO.	FREQUENCY OF ANALYSIS	SAMPLE
Lead, dry weight	SAMPLE MEASUREMENT	*****			*****	VALUE	VALUE	UNITS			TIPE
78468 R 0 See Comments	PERMIT REQUIREMENT	****	268 MX VALUE	lb/acr	****	300	840	mg/kg		Annual	BATCH
Nickel, dry weight	SAMPLE MEASUREMENT	*****	IND. VALUE		****	SINGSAMP	MAXIMUM				
78469 R 0 See Comments	PERMIT REQUIREMENT	*****	375 MX VALUE	lb/acr	****	420 SINGSAMP	420	mg/kg		Annual	BATCH
Mercury, dry weight	SAMPLE MEASUREMENT	****			****	SINGSAIVIP	MAXIMUM	+			
78471 R 0 See Comments	PERMIT REQUIREMENT	*****	15 MX VALUE	lb/acr	*****	17 SINGSAMP	57 MAXIMUM	mg/kg		Annual	BATCH
Chromium, dry weight	SAMPLE MEASUREMENT	****			*****	GINGOAWI	IVIAXIIVIOIVI	 			-
78473 R 0 See Comments	PERMIT REQUIREMENT	*****	2677 MX VALUE	lb/acr	******	1200 SINGSAMP	3000 MAXIMUM	mg/kg		Annual	BATCH
Pollutant table from 503.13	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	IMAXIMUM				
34367 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	****	****	Req. Mon. VALUE	table #			
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	*****	****	*****	*****	****	VALUE				
34368 T 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. MX VALUE	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	*****	*****	*****	有资金少女女	****	WAY WALCE				
34369 SL 0 Sludge	PERMIT REQUIREMENT	***66*	****	*****	*****	****	Req. Mon. VALUE	alt#		See Permit	BATCH
NAME/TITLE PRINCIPAL EXECUTIVE	supervision in acco	ordance with a system design nation submitted, Based on n	t and all attachments were prepare ned to assure that qualified person my inquiry of the person or person	nnel properly gather and	681				TELE	PHONE	DATE
Steven Clouse Senior Vice President & CO	system, or those po to the best of my kr	ersons directly responsible fo nowledge and belief, true, ac s for submitting false informa	or gathering the information, the in occurate, and complete. I am aware ation, including the possibility of fir	formation submitted is,	SIGNA	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR				33-3774	8/13/20
TYPED OR PRINTED						AUTHORIZEI	AGENT	 	AREA Code		MMIDD/YYYY

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

P= ANNUAL WHOLE SLUDGE APPLICATIONRATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. R= REPORTLOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. S= TABLE NUMBER: REPORT (2,3 OR 4). T= STATE CLASS:A = 1, B = 2, NONE = 0.

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 SLL-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 08/01/2013 07/31/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

LAND APPLICATION - SLLA

Other

No Discharge

PARAMETER			NTITY OR LOADING	3		QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	NO. EX	OF ANALYSIS	TYPE
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
84370 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	alt#		Report	BATCH

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	196	1	TELEPHONE
Steven Clouse	system, or those persons directly responsible for gathering the information, the information submitted is	r vc.	Mars -	
Comban Marc D. 11. 10.000	to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are	- June	003	040 000 0
TYPED OR PRINTED	significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		INCIPAL EXECUTIVE OFFICER OR	210-233-3774
THE SAFRINTED		l Au	THORIZED AGENT -	AREA Code NUMBER

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

P= ANNUAL WHOLE SLUDGE APPLICATIONRATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. R= REPORTLOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. S= TABLE NUMBER: REPORT (2,3 OR 4). T= STATE CLASS:A = 1, B = 2, NONE = 0.

NUMBER

DATE

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

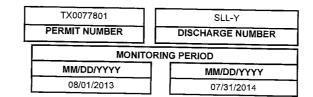
FACILITY:

DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP



DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

SECTION I, C - SLLY

Other

No Discharge

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1 N	/ I
LZ.	` I

D.D.L.	L	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	SAMPI TYPE
Fecal coliform	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
31641 R 0 See Comments	PERMIT REQUIREMENT	****	Req. Mon. MAXIMUM	MPN/g	*****	*****	*****	*****		See Permit	BATC
Salmonella	SAMPLE MEASUREMENT	*****			****	****	*****	*****			<u> </u>
71204 R 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MAXIMUM	MPN/g	*****	****	*****	****		See Permît	BATC

1	supervision in accordance with a system designed to assure that qualified personnel properly getter and	KA C		TELEPHO	NE	DATE	ı
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, 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.	SIGNATURE OF PR	NCIPAL EXECUTIVE OFFICER OR HORIZED AGENT	210-233-		08/13/20	 14

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

R= SLUDGE; SEE PERMIT FOR REPORTING REQUIREMENTS.

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

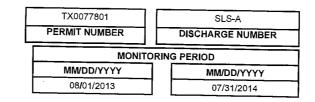
FACILITY:

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)

SURFACE DISPOSAL-SLSA

Other

No Discharge

		QUA	NTITY OR LOADIN	G		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	+ KO.	OF ANALYSIS	SAMPLI TYPE
Hc	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		Julia			
00400 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon.	SU		Contingent	BATCH
Arsenic, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	****		SINGSAMP				
01003 SL 0 Sludge	PERMIT REQUIREMENT	****	*****	*****	*****	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	****	NELVYGONG	SINGSAIVIP				
01067 SL 0 Sludge	PERMIT REQUIREMENT	***	*****	*****	*****	Req. Mon.	Req. Mon. SINGSAMP	mg/kg	-	Contingent	ВАТСН
Unit w/liner/leachate collection system	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	SINGSAMP	†			
49028 SL 0 Sludge	PERMIT REQUIREMENT	****	*****	*****	****	****	Req. Mon. VALUE	Y=1;N=0			
Boundary areas	SAMPLE MEASUREMENT	*****	*****	*****	****	****	VALUE				· · · · · · · · · · · · · · · · · · ·
51004 SL 0 Sludge	PERMIT REQUIREMENT	*****	****	****	*****	*****	Req. Mon.	acr			<u> </u>
Chromium, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****		VALUE		\vdash		
78473 SL 0 Sludge	PERMIT REQUIREMENT	***	*****	*****	*****	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	ВАТСН
evel of pathogen requirements chieved	SAMPLE MEASUREMENT	****	****	****	****	*****	ONTOOAWI				
34368 T 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. SINGSAMP	state class		Contingent	BATCH
NAME/TITLE PRINCIPAL EXECUTIVE (supervision in acc	ordance with a system designe	and all attachments were prepare ed to assure that qualified person	nel properly gather and	dex				TELE	PHONE	DATE
Steven Clouse Senior Vice President & COC	system, or those p to the best of my k significant penaltie	ersons directly responsible for mowledge and belief, true, acc es for submitting false informati	r inquiry of the person or persons gathering the information, the in urate, and complete. I am aware on, including the possibility of fin	formation submitted is,	SIGN	ature of principal e		OP	210-2	33-3774	8/13/2
TYPED OR PRINTED	knowing violations	i.				AUTHORIZED			AREA Code		MMIDDITYYY

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

T = STATE CLASS: A=1, B=2, NONE=0.

Form Approved OMB No. 2040-0004

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

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

07/31/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

SURFACE DISPOSAL-SLSA

Other

No Discharge



	-	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE		UNITS	EX.	OF ANALYSIS	SAMPL TYPE
Description of pathogen option used	SAMPLE MEASUREMENT	*****	****	*****	*****	*****		-			
84369 SL 0 Sludge	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon.	alt#		Contingent	BATCH
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	VALUE				
84370 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	****	*****	****	Req. Mon. VALUE	alt#		Contingent	BATCH

08/01/2013

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	19/5-		TELEPI	HONE	DATE	ר
Section Visa Breakly 12 000	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 knowing violations.	SIGNATURE OF PRI	OUS	210-23	3-3774	08/3/21	114
TIFED OR FRINTED		AUI	HORIZED AGENT	AREA Code	NUMBER	MINIDDIYYYY	1

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

T = STATE CLASS: A=1, B=2, NONE=0.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

SAN ANTONIO WATER SYSTEM 3495 VALLEY RD SAN ANTONIO TX 78221-523 PAGE

1

TCEQ COPY



SAN ANTONIO TX 78221-5238

40B
SYS

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

WQ0010137-033 PERMIT NUMBER 02 SET

14 07 YEAR MO.

12647 EID

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

LEASE HETAIN A PHO	JIOCOPY FOR						IU	EW CUP
PARAMETER		EFFLUENT CONDITI	-	NO.		FREQUENCY		SAMPLE
500507124		VALUE	UNITS	EX.	ļ	OF ANALYSIS		TYPE
FLOW	REPORTED	82.65	MGD	0	02		11	
DLY AVG	PERMITTED				02	CONT	11	CONT
500507128 FLOW	REPORTED	82.70	MGD	0	02		11	
ANN AVG	PERMITTED		e monta, i a susuali esta, esta que e minario de		02	CONT	111	CONT
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	A	LETTER-	0	01	e consequence de la companya del companya de la companya del companya de la companya del la companya de la comp	NA	and the state of t
CERTIFICATE	PERMITTED				01	01	NA	NA
	REPORTED							
	PERMITTED							
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	PERMITTED	and the second s	and the second second second second	or arem	777.108			
	REPORTED							
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	REPORTED							
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	REPORTED							
	PERMITTED			1.7 J. 1 1.3 J. 1				
OMMENTS AND EXPLANA	TIONS (Reference al.	l attachments here)						,
CERTIFY THAT I AM FAMILIAR WINTAINED IN THIS REPORT AND TH		NAME		Δ.	SIG	NATURE		DATE
IOWLEDGE AND BELIEF SUCH INFO DMPLETE AND ACCURATE.		Sharon Surr Manager-Prod & T		Thai	1	Tima	1	14018018
TELEPHONE NU	MBER	PLANT OPERA				OPERATOR	Ý	EAR MO. DA
2 1 0 2 3 3	3 7 7 4	Steven Clous Senior Vice Presider		Stan	77	المال	1	1401811
REA CODE NU	MBER	EXECUTIVE OFF	ICER		CUT	IVE OFFICER	Y	EAR MO. DAY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

Marifordinal de de la contraction de la contract

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

1



WQ0010137-033 PERMIT NUMBER

02 SET

07 14 YEAR MO. 12551 EID

> 01 01



NA NA

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 **EFFLUENT CONDITION** NO. **FREQUENCY** SAMPLE **PARAMETER** VALUE UNITS FX. OF ANALYSIS TYPE 000085342 REPORTED 28 0 01 01 TRANSFER DAY PERMITTED DAYS/MON 01 NA 01 NA 316164024 REPORTED 80 1.08 1/Day 0 03 E-COLI #/100 ML PERMITTED DLY AVG 20,000 2/WEEK 11 03 GRABPKLOAD 316164030 REPORTED 3.00 0 08 03 1/Day E-COLI #/100 ML PERMITTED IND GRAB 75.000 11 2/WEEK 03 GRABPKLOAD 500507124 REPORTED-0 02 1.53 11 FLOW

MGD PERMITTED DLY AVG 02 CONT 11 CONT 500507128 REPORTED 0.6311 0 02 FLOW MGD-PERMITTED ANN AVG CONT 02 11 CONT 800821024 10 REPORTED 0 2.0 80 12-PRT-COM 1/Day **BOD CARB** MG/L PERMITTED DLY AVG 5.000 11 2/WEEK 03 GRABPKLOAD 820796624 80 REPORTED 0.68 0 1/Day 10 12-PRT-COM TURBDITY NTU **30DAYAVG** PERMITTED 3.000 2/WEEK 11 03 GRABPKLOAD NUMBER NΑ REPORTED 01 0 WW0036067 OF OPERATOR NUMBER PERMITTED CERTIFICATE 01 01 NA NA **EXPIRATION** REPORTED 0 01 NA. 170111 OF OPERATOR DATE CERTIFICATE PERMITTED 01 01 NA NA **CLASS** REPORTED 0 Α. 01 NA OF OPERATOR **LETTER** PERMITTED CERTIFICATE

COMMENTS AND EXPLANATIONS (Reference all attachments here)

E-Coli substituted for Fecal Coliform

REPORTED PERMITTED

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.		Marcy Tuna	114018018
TELEPHONE NUMBER	PLANT OPERATOR	, PLANT OPERATOR	YEAR MO. DAY
2 1 0 2 3 3 37 7 4	Steven Clouse Senior Vice President & COO	Star Clouse	114 08113
AREA CODE NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY
CEO MED Com. 04004 4 TOPO CONC. (C. C. C.			

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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



SAMPLE

40B	
SYS	•

WQ0010137-033 **PERMIT NUMBER** 02

14 07 YEAR MO.

12552 EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE II SEE BACK FOR INSTRUCTIONS AND DEFINITIONS. TCEQ COPY PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS. **EFFLUENT CONDITION** NO. **FREQUENCY PARAMETER**

VALUE	
DAYS/MON	
316164024 FEC.COLI DLY AVG PERMITTED 200.000 14 1/WEEK 03 GRABPKL 316164030 FEC.COLI IND GRAB PERMITTED 800.000 14 1/WEEK 03 GRABPKL 100 ML 10	-
DLY AVG	
316164030 REPORTED #/100 ML	ΠΔΠ
IND GRAB	-W.W
500507124	DΔD
DLY AVG PERMITTED 02 CONT 11 CONT 500507128 FLOW REPORTED MGD 02 CONT 11 CONT ANN AVG PERMITTED 02 CONT 11 CONT	
500507128	
ANN AVG PERMITTED 02 CONT 11 CONT	
800821024	
BOD CARB MG/L	
DLY AVG PERMITTED 20,000 14 1/WEEK 03 GRABPKL	OAD
NUMBER OF OPERATOR REPORTED WW0036067 NUMBER 0 01 NA	<u>.UNU</u>
CERTIFICATE PERMITTED NA NA NA	70,474.7
EXPIRATION OF OPERATOR REPORTED 170111 DATE 0 01 NA	
CERTIFICATE PERMITTED 01 01 01 NA NA	
CLASS OF OPERATOR REPORTED A LETTER 0 01 NA	
CERTIFICATE PERMITTED 01 01 NA NA	
REPORTED REPORTED	
PERMITTED PERMIT	
REPORTED	
PERMITTED PERMITTED	

COMMENTS AND EXPLANATIONS (Reference all attachments here)

I CERTIFY THAT I	AM FAMILIAR WITH THE INFORMATION S REPORT AND THAT TO THE BEST OF MY	NAME	SIGNATUBE	DATE
KNOWLEDGE AND I COMPLETE AND AC	BELIEF SUCH INFORMATION IS TRUE AND CURATE,	Sharon Surra Manager-Prod & Treat Ops	hay Suna	114018018
TELE	EPHONE 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 Joure	114018113
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY
ICEO VIPP Form 012	234. / TCFO-20024 (04.28.08)			

OVERFLOW REPORT

PERIOD: July 2014

WATERSHED: LEON CREEK

TCEQ PERMIT # 10137-003

EPA PERMIT # 0052639

WO#	INSPT#	SR#	DATE	ADDRESS		GALLON	CAUSE	ACTION	HRS	DISCHARGED TO	COMMENTS
	307588	528746	7/28/2014	GREY	89	25	Vandalism	CLEANED MAIN	0.98	STREET	Area Cleaned and Disinfected, Flushed Area with H2O Bolted Down Manhole Covers
	307537	527630	7/27/2014	CALLAGHAN RD	1303	150	Grease	CLEANED MAIN	1.90	STREET	Area Cleaned and Disinfected, Flushed Area with H2O
1013999	307330	525694	7/24/2014	SILICON DR	12672	1,500	Structural	CLEANED MAIN	1.15	DRAINAGE CULVERT	Area Cleaned and Disinfected, Flushed Area with H2O Work Order Has Been Created For Repairs
		518271	7/20/2014	QUINTANA RD	7713	10,880	Contractor	CLEANED AREA	15.68	GROUND	Contractor Turned On The By-pass Pumps To Assist In Restoring Flow.
	306366	511548	7/14/2014	HORN BLVD	10718	500	Grease	CLEANED MAIN	0.37	DRAINAGE CULVERT	Area Cleaned and Disinfected, Flushed Area with H2O
TOTAL EVENTS	5			TOTAL GALLONS:	13,055			TOTAL DURATIO	N: 20.08		1

Thursday, August 07, 2014

Note: Comments reflect status reported on the 5-Day report



August 5, 2014

Joy Thurston-Cook Texas Commission on Environmental Quality 14250 Judson Road San Antonio, TX 78233

RE: Permit No. 10137-003 - Leon Creek WRC E-Coli Violation

Dear Ms. Thurston-Cook:

On July 5, 2014 our laboratory reported an E-Coli violation for July, 4, 2014 of 2100 cfu/100 ml for Outfalls 001 and 002. At the time of sampling the chlorine residual was reported at 2.5 mg/l.

Sampling procedures for this day was reviewed with the operator, and no noted errors were found. Investigations appeared to show that the sample may have been cross-contaminated. There were no plant process upsets reported during the day that the violation occurred. Samples taken on the previous and following days showed levels for E-Coli below 1 cfu/100 ml.

If additional information is required, please contact me at (210) 233-3922.

Daniel Rodriguez

Manager, Medio & Leon Creek WRC's

2231 Hunt Lane

San Antonio, TX 78227

cc: Steve Clouse Parviz Chavol Frederic J. Winter



Ms. Rosie Garza

August 5, 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 July 2014. As of July 19, 2014 the Mitchell Lake Dam has stop overflowing, so sampling events were discontinued.

pН July 01, 2014 - 9.85 mg/l July 02, 2014 - 9.25 mg/l

DO July 19, 2014 - 3.21 mg/l

E-Coli Daily Max. 2100 cfu/100 ml

July 11, 2014 - 9.09 mg/l

Monthly BOD Avg. 35.75 mg/l Monthly TSS Avg. 144.39 mg/l

7-Day Average

Week of 6.29.14 - TSS - 139.14 mg/l

Week of 7.13.14 - TSS - 540.00 mg/l BOD 54.00 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 Rd.

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 07/01/2014 07/31/2014

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	<u> </u>	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	† EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	****	6.2	******	*****		0	12/Day	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	5 MO MIN	*****	*****	mg/L		Daily	GRAB
PΗ	SAMPLE MEASUREMENT	****	*****	****	6.3	****	7.3		0	12/Day	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	su		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	280	*****		*****	1.21	3.40		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	68	*****		*****	0.29	1.46		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	27.81	42.21		*****	*****	*****	*****	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	*****	36111		*****	***	****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	63889 2HR PEAK	gal/min	*****	****	****	*****		Continuous	TOTALZ
low, in conduit or thru treatment plant	SAMPLE MEASUREMENT	24.94	*****		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46 ANNL AVG	****	MGD	****	*****	****	****		Continuous	TOTALZ
NAME/TITLE PRINCIPAL EXECUTIVE O	supervision in	penalty of law that this documen accordance with a system desig	ned to assure that qualified perso	nnel properly gather and	OC<				TEL	EPHONE	DATE
Steven Clouse Senior Vice President & COO	system, or the to the best of significant pe	nformation submitted. Based on r use persons directly responsible f my knowledge and belief, true, a natties for submitting false inform	or gathering the information, the i ocurate, and complete. I am awar	nformation submitted is, e that there are	SIGNA		EXECUTIVE OFFICER	OR	210-2	233-3774	08/13/21
TYPED OR PRINTED	knowing viola	tions,				AUTHORIZE	D AGENT	t	AREA Code	NUMBER	MMDDAYYY

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
MONITO	RING PERIOD
MONITO MONITO	PRING PERIOD 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	****	*****	****	1.0	*****	*****		0	12/Day	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	****	*****	****	2.44	2100		1	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	464	*****		*****	2.0	2.0		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	2686 DAILY AV	埃埃特埃埃	lb/d	*****	7 DAILY AV	17 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 volutate the information submitted. Based on my inquiry of the person or persons who manage the	Ace C		TELEP	HONE	DATE	
Carios Vina Descident 8, 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		RINCIPAL EXECUTIVE OFFICER OR	210-23	3-3774	68/13/20	14
TYPED OR PRINTED	knowing violations,	A	UTHORIZED 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 002-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/01/2014 07/31/2014

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	*****	****	*****	6.2	****	****		0	12/Day	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MO MIN	****	*****	mg/L		Daily	GRAB
H	SAMPLE MEASUREMENT	*****	****	*****	6.3	****	7.2		0	12/Day	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6 MINIMUM	****	9 MAXIMUM	su		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	7.8	*****		*****	1.23	3.40		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	1.6	****		****	0.25	0.32		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	0.73	1.12		*****	*****	*****	*****	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	*****	1389		*****	*****	*****	*****	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	1.78	*****		*****	*****	****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46 ANNL AVG	****	MGD	*****	*****	****	*****		Continuous	TOTALZ
NAME/TITLE PRINCIPAL EXECUTIVE	supervision in	accordance with a system design	and all attachments were prepared to assure that qualified person	nnel properly gather and	DE				TEL	EPHONE	DATE
Steven Clouse Senior Vice President & CO	system, or those to the best of n significant pens	se persons directly responsible for ny knowledge and belief, true, ac alties for submitting false informa	ny inquiry of the person or person or gathering the information, the in curate, and complete. I am awar tion, including the possibility of fi	information submitted is, re that there are		ture of principal		OR	210-2	233-3774	08/13/2
TYPED OR PRINTED	knowing violati	ons.				AUTHORIZE	D AGENT	T	AREA Code	NUMBER	MINDD/TYYY

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 002-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/01/2014 07/31/2014

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	*****	*****	****	****	*****	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	*****	*****	*****	1.0	*****	*****		0	12/Day	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	****	*****	1 MO MIN	****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.49	2100		1	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	12.1	*****		***	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

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 revaluate the information submitted. Based on my incuity of the person or persons who manage the	PS/C C		TELEPI	HONE	DATE	
Coning Vine President 9 COO	evaluate the information submitted. Seased to finy includy of the place of persons with a 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 knowing violations.	1	FARINCIPAL EXECUTIVE OFFICER OR	210-23	3-3774	08/13/70	41
TYPED OR PRINTED	anowing violations.		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	. . I

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 MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/01/2014 07/31/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

COMBINED OUTFALLS 001 & 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
Solids, total suspended	SAMPLE MEASUREMENT	285	****		*****	****	*****	*****	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	69	*****		*****	*****	*****	*****	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	28.30	42.21		*****	*****	*****	*****	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	*****	36111		*****	*****	*****	****	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	25.85	****		*****	*****	*****	*****	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	472	*****		*****	*****	*****	*****	0	Daily	Compos
80082 J 0 Intermediate Treatment, Process	PERMIT REQUIREMENT	2686 DAILY AV	****	lb/d	****	*****	*****	****		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 property gather and variables the information submitted. Based on my inquity of the person or persons who manage the	Dre	<u>/</u> _ (TELEP	HONE	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 sware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	-		OUP OFFICER OR	210-23	3-3774	08/13/20
TYPED OR PRINTED	knowing violations.		AUTI	HORIZED 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 TX1-Q PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/01/2014 09/30/2014

DMR Mailing ZIP CODE:

78221

MAJOR (SUBR 13)

AUTHORIZED AGENT

7-DAY CHRONIC FRESHWATER - 001

External Outfall

No Discharge

		QUA	NTITY OR LOADIN	G		QUALITY OR CONG	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	****	*****	*****			*****				
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MN	*****	pass=0/fail=		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****			*****				
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MN	*****	pass=0/fail=		See Permit	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	安 ·安·安·安·泰	*****	0	0	*****		0	Quarterly	Comp24
TLP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=		Quarterly	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	****	*****	*****	0	0	*****		0	Quarterly	Comp24
TLP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=		Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	100	100	****		0	Quarterly	Comp24
TOP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	****	****	100	100	*****	Ì	0	Quarterly	Comp24
TOP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NOEC Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	****	****	****	100	100	****		0	Quarterly	Comp24
TPP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. 7 DA MIN	Req. Mon. MO AV ₄ MN	****	%		Quarterly	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE	supervision in ac	cordance with a system design	t and all attachments were preprined to assure that qualified person or pers	onnel properly gather and	pn				TEL	EPHONE	DATE
Steven Clouse Senior Vice President & CC	system, or those to the best of my	persons directly responsible for knowledge and belief, true, ac les for submitting false informa	ny migary of the person in person or gathering the information, the ccurate, and complete. I am awa ation, including the possibility of	information submitted is, re that there are	sign	ATURE OF PRINCIPAL		R OR	210-	233-3774	08/13/20

significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations,

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

(PASS = 0, FAIL = 1) REPORT PASS AS "0" AND FAIL AS "1" IN CONCENTRATION ABOVE.

TYPED OR PRINTED

NUMBER

AREA Code

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 TX1-Q PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/01/2014 09/30/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

7-DAY CHRONIC FRESHWATER - 001

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****		0	Quarterly	Comp24
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****		0	Quarterly	Comp24
WP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fai	=	Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	SAMPLE MEASUREMENT	*****	****	*****	0	0	*****		0	Quarterly	Comp24
TWP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fai]=	Quarterly	COMP24
OEC Lethal Survival Static Renewal Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	****	****	*****	Q	Q	*****		0	Quarterly	Comp24
TXP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	***	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	Q	Q	*****		0	Quarterly	Comp24
XP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
OEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	Q	Q	*****		0	Quarterly	Comp24
YP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
OEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	****	*****	Q	Q	*****		0	Quarterly	Comp24
TYP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE O	supervision in	accordance with a system design	t and all attachments were prepar ned to assure that qualified perso	nnel properly gather and	on				TEL	EPHONE	DATE
Steven Clouse Senior Vice President & COO	system, or the to the best of significant per	se persons directly responsible f my knowledge and belief, true, a alties for submitting false informa	ny inquiry of the person or person or gathering the information, the in courate, and complete. I am awan ation, including the possibility of fi	nformation submitted is, e that there are	Sign	MUNZ ATURE OF PRINCIPAL	EXECUTIVE OFFICE	R OR	210-2	233-3774	Wislan
TYPED OR PRINTED	knowing violat	ions.				AUTHORIZE	D AGENT	t	AREA Code	NUMBER	MM/DD/YYYY

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

(PASS = 0, FAIL = 1) REPORT PASS AS "0" AND FAIL AS "1" IN CONCENTRATION ABOVE.

Form Approved
OMB No. 2040-0004

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

NAME: SAN ANTONIO WATER SYSTEM

ADDRESS: 3495 VALLEY RD

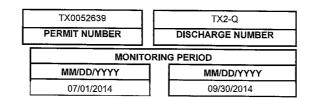
SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC. CTR.

LOCATION: 1104 MAUERMAN ROAD

SAN ANTONIO, TX 78224

ATTN: STEVEN CLOUSE, SENIOR VP



DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

7-DAY CHRONIC FRESHWATER - 002

External Outfall

No Discharge



	1	QUA	NTITY OR LOADIN	G		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	***	*****	*****			*****				
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MN	*****	pass=0/fail=	_	See Permit	COMP24
Vhole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****			*****				
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Opt, Mon. 7 DA MIN	Opt. Mon. MO AV MN	*****	pass=0/fail=		See Permit	COMP24
ow Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	宗宗宗宗宗	*****	*****			****				
TLP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	pass=0/fail=		Quarterly	COMP24
ow Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	***	*****	****			****				-
ΓLP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	宋宋宗宗	*****	****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=	·	Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****			the the the the the				
FOP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				- <u>,,</u> .
FOP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NOEC Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****			*****				
PP3B 1 0 effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE	supervision in a	cordance with a system desig	t and all attachments were prepa ned to assure that qualified person my inquiry of the person or perso	onnel properly gather and	DR.				TEL	EPHONE	DATE
Steven Clouse Senior Vice President & CC	system, or those to the best of my	persons directly responsible to knowledge and belief, true, a	or gathering the information, the courate, and complete. I am awa ation, including the possibility of the control of the contr	information submitted is, re that there are		ATURE OF PRINCIPAL E	EXECUTIVE OFFICE	ER OR	210-2	233-3774	S8/13/2

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

(PASS = 0, FAIL = 1) REPORT PASS AS "0" AND FAIL AS "1" IN CONCENTRATION ABOVE.

No Discharge

AUTHORIZED AGENT

TYPED OR PRINTED

NUMBER

AREA Code

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 TX2-Q PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/01/2014 09/30/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

7-DAY CHRONIC FRESHWATER - 002

External Outfall

No Discharge



	L	QUA	NTITY OR LOADIN	IG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	****	*****	****			*****				
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****			****				
FWP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	SAMPLE MEASUREMENT	****	****	*****			*****				
TWP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=		Quarterly	COMP24
OEC Lethal Survival Static Renewal Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	****	*****	-		有有有安全				-
FXP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	servición de ser	%		Quarterly	COMP2
OEC Lethal Survival Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	****	****			atratrate des destate				
TXP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP2
OEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****			*****			- · · · · · · · · · · · · · · · · · · ·	
TYP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	****	%		Quarterly	COMP24
OEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****			****				-
YP6C 1 0	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24

TOTAL TITLE TRANSPORTE EXECUTIVE OF FIGURE	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 submittled 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 Howomica Violations.
TYPED OR PRINTED	TOWNING VIOLENCIES,

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA Code

210-233-3774 NUMBER

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

(PASS = 0, FAIL = 1) REPORT PASS AS "0" AND FAIL AS "1" IN CONCENTRATION ABOVE.

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 TXA-S PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

12/31/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

24-HR ACUTE FRESHWATER - 001

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	*****	*****	****		*****				
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Opt. Mon. SINGSAMP	*****	pass=0/fail=		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****	*****		****				
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	Opt. Mon. SINGSAMP	*****	pass=0/fail=		See Permit	COMP24
LC50 Pass/Fail Static 24Hr Acute D. Pulex	SAMPLE MEASUREMENT	****	*****	*****	*****	0	*****		0	Once Every 6 Months	Comp2
TIE3D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. SINGSAMP	****	pass=0/fail=		Once Every 6 Months	COMP24
LC50 Pass/Fail Static 24Hr Acute Pimphales	SAMPLE MEASUREMENT	****	*****	*****	****	0	*****		0	Once Every 6 Months	Comp24
TIE6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. SINGSAMP	*****	pass=0/fail=		Once Every 6 Months	COMP24

07/01/2014

	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 revaluate the information submitted. Based on my linquiry of the person or persons who manage to	Pres C		TELEPHON	NE	DATE	
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 significant penalties for submitting false information, including the possibility of fine and imprisonment for knowledge in the possibility of the accurate the penalties for submitting false information, including the possibility of fine and imprisonment for knowledge in the possibility of the possibili		INCIPAL EXECUTIVE OFFICER OR	210-233-3	3774	08/13/20	ડ 14
TYPED OR PRINTED	anowing violatoris.	AU	THORIZED AGENT	AREA Code NI	UMBER	MMIDDIYYYY	· '

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION AVERAGE ABOVE.

Form Approved OMB No. 2040-0004

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

NAME:

SAN ANTONIO WATER SYSTEM

ADDRESS:

3495 VALLEY RD

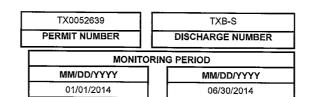
SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC, CTR.

LOCATION: 1104 MAUERMAN ROAD

SAN ANTONIO, TX 78224

ATTN: STEVEN CLOUSE, SENIOR VP



DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

24-HR ACUTE FRESHWATER - 002

External Outfall

No Discharge



		QUA	NTITY OR LOADIN	G	·	QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	****	****	*****	****		****				
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Opt. Mon. SINGSAMP	****	pass=0/fail=		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****	*****		****				
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	****	安安安安安	*****	*****	Opt. Mon. SINGSAMP	*****	pass=0/fail=		See Permit	COMP24
LC50 Pass/Fail Static 24Hr Acute D. Pulex	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
TIE3D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. SINGSAMP	*****	pass=0/fail=		Once Every 6 Months	COMP24
LC50 Pass/Fail Static 24Hr Acute Pimphales	SAMPLE MEASUREMENT	*****	*****	*****	****		*****				
TIE6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. SINGSAMP	*****	pass=0/fail=		Once Every 6 Months	COMP24

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	Des C	TELEPHONE	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 knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	210-233-3774	08/13/20
TYPED OR PRINTED	-knowing violations.	AUTHORIZED AGENT	AREA Code NUMBER	MM/DD/YYY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION AVERAGE ABOVE.

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
MONIT	ORING PERIOD
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	3		QUALITY OR CON		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	3.21	*****	****		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	*****	*****	****	****	35.8	54.0		2	Daily	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	30 DAILY AV	100 SINGGRAB	mg/L		Daily	GRAB
pН	SAMPLE MEASUREMENT	*****	*****	*****	7.45	*****	9.85		3	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	*****	****	*****	144.4	*****		3	Daily	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	90 DAILY AV	*****	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.77	2.99		*****	*****	*****	*****	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	****	*****	*****	****	3.38	2100		1	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 pensity 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	DE C	TELEPHONE	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 significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	210-233-3774	08/13/2014
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code NUMBER	MINDDITYYY

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.

Form Approved OMB No. 2040-0004

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

NAME:

SAN ANTONIO WATER SYSTEM

ADDRESS: 3495 VALLEY RD

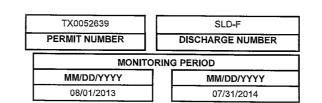
SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC. CTR.

LOCATION: 1104 MAUERMAN ROAD

SAN ANTONIO, TX 78224

ATTN: STEVEN CLOUSE, SENIOR VP



DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

LANDFILL- SLDF

Other

No Discharge

\Box
$1 \sim 1$

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Compliance w/part 258 sludge requirement	SAMPLE MEASUREMENT	*****	*****	*****	****	****					
49030 SL 0 Sludge	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. VALUE	Y=1;N=0			

	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 waluate the information submitted. Based on my inquiry of the person or persons who manage the	18/5L (TELEP	HONE	DATE	
	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.		OUS CONTROL OFFICER OR	210-23	3-3774	08/13/20	14
TYPED OR PRINTED	Niowing violations.	AUT	HORIZED 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	SLD-P				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITORING PERIOD					
MONITO	ORING PERIOD				
MM/DD/YYYY	DRING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

PRODUCTION AND USE - SLDP

Other

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
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	N/A				
39516 SL 0 Sludge	PERMIT REQUIREMENT	****	****	*****	*****	*****	49 ANNL MAX	mg/kg		See Permit	BATCH
Foxicity characteristic leaching procedure	SAMPLE MEASUREMENT	****	****	*****	N/A	****	*****				
16390 SL 0 Sludge	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AV MN	*****	*****	pass=0/fail=		See Permit	BATCH
Ann. amt sludge disposed by other nethod	SAMPLE MEASUREMENT	*****	0		****	*****	*****	*****	0	Annual	Estima
49017 V 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	****	*****	****		Annual	ESTIMA
Annual amt of sludge incinerated	SAMPLE MEASUREMENT	*****	0		*****	****	*****	*****	0	Annual	Estima
19018 SL 0 Sludge	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	*****	*****	*****		Annual	ESTIMA
Annual sludge production, total	SAMPLE MEASUREMENT	****	0		We should not not not	*****	*****	*****	0	Annual	Estima
49019 SL 0 Sludge	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	*****	*****	*****		Annual	ESTIMA
Annual amount of sludge land applied	SAMPLE MEASUREMENT	*****	0		*****	****	*****	*****	0	Annual	Estima
19020 SL 0 Sludge	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	****	*****	*****		Annual	ESTIMA
Annual amt. sludge disposed surface unit	SAMPLE MEASUREMENT	****	0		*****	****	*****	*****	0	Annual	Estima
49021 SL 0 Sludge	PERMIT REQUIREMENT	****	Req. Mon. ANNL TOT	DMT/y	*****	*****	*****	****		Annual	ESTIMA
NAME/TITLE PRINCIPAL EXECUTIVE (supervision in	accordance with a system desig	and all attachments were prepar ned to assure that qualified person	nnel properly gather and	945				TEL	EPHONE	DATE
Steven Clouse Senior Vice President & COO	system, or those to the best of n	e persons directly responsible f ny knowledge and belief, true, a	ny inquiry of the person or person or gathering the information, the in curate, and complete. I am aware ation, including the possibility of fir	nformation submitted is, a that there are	SIGNA	ATURE OF PRINCIPAL		ROR	210-2	33-3774	08/13/20
TYPED OR PRINTED		ons,				AUTHORIZE	ED AGENT	<u> </u>	AREA Code	NUMBER	MM/DD/YYYY

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

V= IF ANNUAL SLUDGE DISPOSED BY OTHER METHODS IS APPLICABLE, EXPLAIN METHOD OF DISPOSAL.

Form Approved
OMB No. 2040-0004

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

NAME: SAN ANTONIO WATER SYSTEM

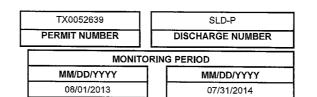
ADDRESS: 3495 VALLEY RD SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC. CTR.

LOCATION: 1104 MAUERMAN ROAD

SAN ANTONIO, TX 78224

ATTN: STEVEN CLOUSE, SENIOR VP



DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

PRODUCTION AND USE - SLDP

Other

No Discharge

		QUA	ANTITY OR LOADING	3		QUALITY OR CONG	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Annual amt sludge disposed in landfill	SAMPLE MEASUREMENT	*****	0		***	****	*****	*****	0	Annual	Estima
49022 SL 0 Sludge	PERMIT REQUIREMENT	****	Req. Mon. ANNL TOT	DMT/y	*****	*****	*****	*****		Annual	ESTIMA
Annual amt sludge transported interstate	SAMPLE MEASUREMENT	****	0		****	*****	*****	*****	0	Annual	Estima
49023 SL 0 Sludge	PERMIT REQUIREMENT	****	Req. Mon. ANNL TOT	DMT/y	*****	*****	*****	*****		Annual	ESTIMA

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	BC (TELEPHONE	DATE
Steven Clouse Senior Vice President & COO	system, or those persons directly responsible for pathering the information, the information submitted is, it the best of my knowledge and belief, true, accurate, and complete, I am aware that there are significant penal	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	210-233-3774	08/13/201
TYPED OR PRINTED	knowing violations,	AUTHORIZED AGENT	AREA Code NUMBER	MWDDYYYY

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

V= IF ANNUAL SLUDGE DISPOSED BY OTHER METHODS IS APPLICABLE, EXPLAIN METHOD OF DISPOSAL.

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

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

LAND APPLICATION - SLLA

Other

AUTHORIZED AGENT

No Discharge



		QU.	ANTITY OR LOADIN	G	_	QUALITY OR CONG	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, dry weight	SAMPLE MEASUREMENT	*****			****						
01003 R 0 See Comments	PERMIT REQUIREMEN	*****	36 MX VALUE	lb/acr	*****	41 SINGSAMP	75 MAXIMUM	mg/kg		Annual	ВАТСН
Selenium, dry weight	SAMPLE MEASUREMENT	*****			*****						1
01148 R 0 See Comments	PERMIT REQUIREMEN	*****	89 MX VALUE	lb/acr	*****	36 SINGSAMP	100 MAXIMUM	mg/kg		Annual	BATCH
Copper, dry weight	SAMPLE MEASUREMENT	*****			*****						
46394 R 0 See Comments	PERMIT REQUIREMENT	*****	1339 MX VALUE	lb/acr	*****	1500 SINGSAMP	4300 MAXIMUM	mg/kg		Annual	BATCH
Cadmium, dry weight	SAMPLE MEASUREMENT	*****			*****		in daile				
46395 R 0 See Comments	PERMIT REQUIREMENT	****	35 MX VALUE	lb/acr	*****	39 SINGSAMP	85 MAXIMUM	mg/kg		Annual	BATCH
Annual whole sludge application rate	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
49016 P 0 See Comments	PERMIT REQUIREMENT	*****	Opt. Mon. MX VALUE	met t/ha/yr	*****	*****	*****	*****			
Molybdenum, dry weight	SAMPLE MEASUREMENT	****			*****						
78465 R 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MX VALUE	lb/acr	*****	Req. Mon. SINGSAMP	75 MAXIMUM	mg/kg		Annual	BATCH
Zinc, dry weight	SAMPLE MEASUREMENT	*****			*****						
78467 R 0 See Comments	PERMIT REQUIREMENT	*****	2500 MX VALUE	lb/acr	*****	2800 SINGSAMP	7500 MAXIMUM	mg/kg		Annual	BATCH
NAME/TITLE PRINCIPAL EXECUTIVE	supervision	nder penalty of law that this document on in accordance with a system design	gned to assure that qualified perso	onnel properly gather and	68	- ()			TELI	EPHONE	DATE
Steven Clouse Senior Vice President & CO	system, of to the bes	the information submitted, Based on r those persons directly responsible at of my knowledge and belief, true, a t penalties for submitting false inform	for gathering the information, the inscription and complete. I am awar	information submitted is, re that there are	SIGN	ME JOWN	EXECUTIVE OFFICER	OR	210-2	33-3774	08/13/20

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

P= ANNUAL WHOLE SLUDGE APPLICATIONRATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. R= REPORTLOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. S= TABLE NUMBER: REPORT (2,3 OR 4). T= STATE CLASS:A = 1, B = 2, NONE = 0.

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

DMR Mailing ZIP CODE:

78221

MAJOR (SUBR 13)

LAND APPLICATION - SLLA

Other

AUTHORIZED AGENT

No Discharge



		QU	ANTITY OR LOADING	3		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, dry weight	SAMPLE MEASUREMENT	*****			****						
78468 R 0 See Comments	PERMIT REQUIREMENT	*****	268 MX VALUE	lb/acr	*****	300 SINGSAMP	840 MAXIMUM	mg/kg		Annual	BATCH
Nickel, dry weight	SAMPLE MEASUREMENT	****			*****			**.			
78469 R 0 See Comments	PERMIT REQUIREMENT	*****	375 MX VALUE	lb/acr	*****	420 SINGSAMP	420 MAXIMUM	mg/kg		Annual	BATCH
Mercury, dry weight	SAMPLE MEASUREMENT	****			*****						
78471 R 0 See Comments	PERMIT REQUIREMENT	*****	15 MX VALUE	lb/acr	*****	17 SINGSAMP	57 MAXIMUM	mg/kg		Annual	BATCH
Chromium, dry weight	SAMPLE MEASUREMENT	*****			*****						
78473 R 0 See Comments	PERMIT REQUIREMENT	****	2677 MX VALUE	lb/acr	*****	1200 SINGSAMP	3000 MAXIMUM	mg/kg		Annual	BATCH
Pollutant table from 503.13	SAMPLE MEASUREMENT	*****	*****	****	*****	*****					
84367 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. VALUE	table #			
evel of pathogen requirements achieved	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
84368 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MX VALUE	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
84369 SL 0 Sludge	PERMIT REQUIREMENT	*****	****	物物物物 物	****	***	Req. Mon. VALUE	alt#		See Permit	BATCH
NAME/TITLE PRINCIPAL EXECUTIVE	supervision in a	ccordance with a system desig	nt and all attachments were prepar gned to assure that qualified perso	nnel properly gather and	Ø12				TEL	EPHONE	DATE
Steven Clouse Senior Vice President & CO	system, or thos to the best of m	e persons directly responsible y knowledge and belief, true, a	my inquiry of the person or person for gathering the information, the i accurate, and complete. I am awar nation, including the possibility of fi	nformation submitted is, e that there are	SIGN	IATURE OF PRINCIPAL		R OR	210-2	233-3774	08/13/2

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

P= ANNUAL WHOLE SLUDGE APPLICATIONRATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. R= REPORTLOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. S= TABLE NUMBER: REPORT (2,3 OR 4). T= STATE CLASS: A = 1, B = 2, NONE = 0.

No Discharge

TYPED OR PRINTED

NUMBER

AREA Code

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:

SAN ANTONIO WATER SYSTEM

ADDRESS: 3495 VALLEY RD

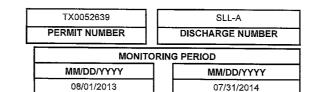
FACILITY: LEON CREEK WATER RECYC. CTR.

LOCATION: 1104 MAUERMAN ROAD

SAN ANTONIO, TX 78221

SAN ANTONIO, TX 78224

ATTN: STEVEN CLOUSE, SENIOR VP



DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

LAND APPLICATION - SLLA

Other

No Discharge

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		QUA	NTITY OR LOADING	}		QUALITY OR CON-	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
84370 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUË	alt#		Report	BATCH

	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 verbulast the information submitted. Based on my inquiry of the person or persons who manage the	WEL ()	TELEPHONE	DATE	
Series Vice President 8 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 PRINCIPAL EXECUTIVE OFFICER OR	210-233-3774	08/13/20	14
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code NUMBER	MM/DD/YYYY	

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

P= ANNUAL WHOLE SLUDGE APPLICATIONRATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. R= REPORTLOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. S= TABLE NUMBER: REPORT (2,3 OR 4). T= STATE CLASS:A = 1, B = 2, NONE = 0. No Discharge

Form Approved
OMB No. 2040-0004

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

NAME: SAN ANTONIO WATER SYSTEM

ADDRESS: 3495 VALLEY RD

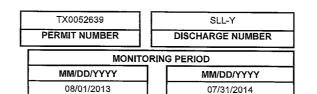
SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC. CTR.

LOCATION: 1104 MAUERMAN ROAD

SAN ANTONIO, TX 78224

ATTN: STEVEN CLOUSE, SENIOR VP



DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

SECTION I, C - SLLY

Other

No Discharge

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Fecal coliform	SAMPLE MEASUREMENT	****			*****	****	*****	*****			
31641 R 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MAXIMUM	MPN/g	*****	*****	*****	*****		See Permit	BATCH
Salmonella	SAMPLE MEASUREMENT	****			****	*****	*****	*****			
71204 R 0 See Comments	PERMIT REQUIREMENT	****	Req. Mon. MAXIMUM	MPN/g	*****	*****	*****	*****		See Permit	BATCH

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 valuate the information submitted. Seased on my inquiry of the person or persons who manage the	de (TELEPH	IONE	DATE	l
Panier Vice President 9 COO	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belieft, 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 PRINCIPAL EXECUTIVE OFFICER OR	210-233	3-3774	08/13/20	14
TYPED OR PRINTED	Anowing violations,	AUTHORIZED AGENT	AREA Code	NUMBER	MINDD/YYYY	

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

R= SLUDGE; SEE PERMIT FOR REPORTING REQUIREMENTS.

Form Approved OMB No. 2040-0004

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

NAME: SAN ANTONIO WATER SYSTEM

ADDRESS: 3495 VALLEY RD

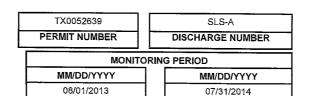
SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC. CTR.

LOCATION: 1104 MAUERMAN ROAD

SAN ANTONIO, TX 78224

ATTN: STEVEN CLOUSE, SENIOR VP



DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

SURFACE DISPOSAL-SLSA

Other

No Discharge



	ļ	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER	,	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
РН	SAMPLE MEASUREMENT	****	*****	*****	****	****	,				
00400 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SINGSAMP	SU		Contingent	BATCH
Arsenic, dry weight	SAMPLE MEASUREMENT	****	*****	*****	*****						
01003 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****		t thought to				
01067 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Unit w/liner/leachate collection system	SAMPLE MEASUREMENT	*****	****	*****	****	****					
49028 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	****	****	*****	Req. Mon. VALUE	Y=1;N=0			
Boundary areas	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
51004 SL 0 Sludge	PERMIT REQUIREMENT	古宗宗宗宗	*****	****	*****	*****	Req. Mon. VALUE	acr			,
Chromium, dry weight	SAMPLE MEASUREMENT	****	*****	*****	*****						
78473 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	****	****	*****	*****	****					
34368 T 0 See Comments	PERMIT REQUIREMENT	*****	****	*****	埃安埃安埃	*****	Req. Mon. SINGSAMP	state class		Contingent	BATCH
supervision in		accordance with a system desig	t and all attachments were prepa ned to assure that qualified person ny inquiry of the person or person	onnel properly gather and	de	- 1			TEL	EPHONE	DATE
Steven Clouse system, or the to the best of to		se persons directly responsible f my knowledge and belief, true, a alties for submitting false informa	or gathering the information, the ccurate, and complete, I am awa	gathering the information, the information submitted is,			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR			33-3774	8/13/z
TYPED OR PRINTED	knowing viola	ions.				AUTHORIZE			1054.0.4		10/10/

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

T = STATE CLASS: A=1, B=2, NONE=0.

No Discharge

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

07/31/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

SURFACE DISPOSAL-SLSA

Other

No Discharge

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PARAMETER		QUAI	QUANTITY OR LOADING			QUALITY OR CONCENTRATION					SAMPLE
	1	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Description of pathogen option used	SAMPLE MEASUREMENT	*****	****	*****	*****	****					
84369 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. VALUE	alt#		Contingent	BATCH
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	*****	*****	*****	****	****					
84370 SL 0 Sludge	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. VALUE	alt#		Contingent	BATCH

08/01/2013

	I certify under penaity 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 manase the	ROF	FV		TELEP	HONE	DATE	
Cariar Vice President 9 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 Anowing violations.		IGNATURE OF PRIN	NOPAL EXECUTIVE OFFICER OR	210-23	3-3774	08/13/20	14
TYPED OR PRINTED	TOWING VIOLENCIES.		AUTI	HORIZED AGENT	AREA Code	NUMBER	MMCDD/YYYY	,

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

T = STATE CLASS: A=1, B=2, NONE=0.

No Discharge

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

07 14 YEAR MO.

12645 EID



DATE

MO.

018

MO.

YEAR

YEAR

08

DAY

DAY

SIGNATURE

PLANT OPERATOR

EXECUTIVE OFFICER

() wanc

EASE RETAIN A PHOT		DEFINITIONS. YOUR RECORDS.						EQ COP
PARAMETER		EFFLUENT CONDITION		NO.		FREQUENCY		SAMPLE TYPE
500507124		VALUE	UNITS	EX.		OF ANALYSIS		
FLOW	REPORTED	33.12	MGD	0	02		11	
DLY AVG	PERMITTED				02	CONT	11	CONT
500507128 FLOW	REPORTED	30.58	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	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							
	REPORTED							
	PERMITTED				215		1 1 1 1 1 1	
<i>,</i> .	REPORTED							
	PERMITTED							
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	PERMITTED							
	REPORTED							
	PERMITTED	***************************************				aran aran da aran da aran da aran da aran da aran da aran da aran da aran da aran da aran da aran da aran da a		

NAME

Daniel Rodriguez Manager

Prod & Treat Ops
PLANT OPERATOR

Steve Clouse

Senior Vice President & COO

EXECUTIVE OFFICER

COMPLETE AND ACCURATE.

2 1 0

AREA CODE

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

NUMBER

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 WQ0010137-003
SYS PERMIT NUMBER

02 SET 14 07 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	_	NO.		FREQUENCY		SAMPLE
		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	1.23	#/100 ML	0	08	1/Day	03	
DLY AVG	PERMITTED	20,000			11	2/WEEK	03	GRABPKLOAD
316164030 E-COLI	REPORTED	20.0	#/100 ML	0	08		03	
IND GRAB	PERMITTED	75.000			11	2/WEEK	03	GRABPKLOAD
500507124 FLOW	REPORTED	4.82	MGD	0	02		11	
DLY AVG	PERMITTED				02	CONT	11	CONT
500507128 FLOW	REPORTED	4.73	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	0.78	NTU	0	08	1/Day		12-prt-com
30DAY AV	PERMITTED	3.000	NTU		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

	ERTIFY THAT I AM FAMILIAR WITH THE INFORMATION NAME STGNATURE					
CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.				David Lot	14018018	
TELI	TELEPHONE NUMBER PLANT OPERATOR		PLANT OPERATOR	YEAR MO. DAY		
210	2 3 3	3 ₁ 7 ₁ 7 ₁ 4	Steve Clouse Senior Vice President & COO	Star Clouse	14018113	
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

1



40B WQ0010137-003

02 SET 14 07 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.

PERMIT NUMBER

TCEQ COPY

LEASE RETAIN A PHC				T.:=	T	Property Commences	-T	OALIOT C
PARAMETER		EFFLUENT CONDITION		NO.	E	FREQUENCY		SAMPLE TYPE
		VALUE	UNITS	1 <u>ev</u>	 	OF ANALYSIS	_	HIFE
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				02	CONT	11	CONT
800821024 BOD CARB	REPORTED		MG/L	44				
DLY AVG	PERMITTED	15,000			14	1/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR	REPORTED	WW0004506	NUMBER	0	01		NA	
CERTIFICATE	PERMITTED			2.	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			1.0 20				
	PERMITTED							
	REPORTED			4				
	PERMITTED							

COMMENTS AND EXPLANATIONS (Reference all attachments here)

1				
	AM FAMILIAR WITH THE INFORMATION		SIGNATURE	DATE
	BELIEF SUCH INFORMATION IS TRUE AND		Mail foring	14 018 018
TELEPHONE NUMBER		PLANT OPERATOR	PLANT OPERATOR	YEÀR MO. DAY
2 1 0	2 3 3 3 7 7 4	Steve Clouse Senior Vice President & COO	Sin Cowe	114018113
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	3			TOTAL GALLONS:			TOTAL DURATION	l:		

Thursday, August 07, 2014

Note: Comments reflect status reported on the 5-Day report

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	G		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	****	*****	*****	6.60	*****	*****		0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MO MIN	****	****	mg/L	-	Daily	GRAB
pH	SAMPLE MEASUREMENT	****	*****	*****	7.53	*****	8.22		0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6 MINIMUM	****	9 MAXIMUM	su		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	63	*****		*****	1.04	1.70		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	****		*****	0.70	1.83		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	7.24	7.98		*****	*****	*****	*****	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	****	8108		*****	*****	*****	*****	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	7.30	****		*****	*****	*****	*****	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	onnel properly gather and	DR	1- 0		1	TEL	EPHONE	DATE
Steve Clouse Senior Vice President & CO	system, or thomatic to the best of resignificant pen	se persons directly responsible f my knowledge and belief, true, at 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	information submitted is, re that there are	SIGN	ATURE OF PRINCIPAL	EXECUTIVE OFFICER	OR	210-2	233-3774	08/13/2
TYPED OR PRINTED	knowing violat	ions,				AUTHORIZE	ED AGENT	Ť	AREA Code		MMIDDITY

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

ATTN: STEVEN CLOUSE, SENIOR VP

TX0055689	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	ORING PERIOD 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	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	****	1.93	130		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	121	*****		****	2.0	2.0		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	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

MM/DD/YYYY

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:

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 TX1-Q PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 07/01/2014 09/30/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

48-HOUR ACUTE FRESHWATER - 001

External Outfall

No Discharge

		QUA	NTITY OR LOADING	;		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	****	****	*****			*****				
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	*****	pass=0/fail	=	See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****			*****				
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Opt. Mon. 48HR MIN	Opt. Mon, MO AV MN	****	pass=0/fail		See Permit	COMP24
LF Pass/Fail Statre 48Hr Acute Daphnia Pulex	SAMPLE MEASUREMENT	****	*****	*****	0	0	*****		0	Quarterly	Comp24
TEM3D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	Req. Mon. MO AV MN	****	pass=0/fail	-	Quarterly	COMP24
LF Pass/Fail Statre 48Hr Acute Pimephales Promela	SAMPLE MEASUREMENT	****	*****	***	0	0	*****		0	Quarterly	Comp24
TEM6C 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	Req. Mon. 48HR MIN	Req. Mon. MO AV MN	***	pass=0/fail		Quarterly	COMP24
NOEC Lethal Static Renewal 48HR Acute Daphnia pulex	SAMPLE MEASUREMENT	****	****	*****	100	100	*****		0	Quarterly	Comp24
TOM3D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	***	Req. Mon. 48HR MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NOEC Lethal Static Renewal 48HR Acute Pimephales promelas	SAMPLE MEASUREMENT	****	*****	*****	100	100	****	-	0	Quarterly	Comp24
TOM6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 48HR Acute Daphnia pulex	SAMPLE MEASUREMENT	****	****	*****	Q	Q	*****		0	Quarterly	Comp24
TXM3D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	******	*****	Req. Mon. 48HR MIN	Req. Mon. MO AV MN	****	%		Quarterly	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE	supervision in a	ccordance with a system design	and all attachments were prepare	nnel properly gather and	DY	- (TELI	PHONE	DATE
Steve Clouse Senior Vice President & C	system, or those to the best of my significant pena	e persons directly responsible for howledge and belief, true, ac ties for submitting false informa	ny inquiry of the person or persons or gathering the information, the in curate, and complete. I am aware tion, including the possibility of fin	formation submitted is, that there are	SIGNA	TURE OF PRINCIPAL		R OR	210-2	33-3774	08/13/20
TYPED OR PRINTED	knowing violatio	ns.				AUTHORIZE		T	AREA Code	NUMBER	MM/DD/YYYY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' AND REPORT FAIL AS '1' IN CONCENTRATION ABOVE.______10137-040

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

Г	TX0055689		TX1-Q
	PERMIT NUMBER]	DISCHARGE NUMBER
		_	
L	MON	TOI	RING PERIOD
	MM/DD/YYYY	TOI	RING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE: MAJOR 78221

MAJOR (SUBR 13)

48-HOUR ACUTE FRESHWATER - 001

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CONG	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
LOEC Lethal Survival Static Renewal 48HR Acute Pimephales promelas	SAMPLE MEASUREMENT	****	*****	****	Q	Q	按按按按 按			Quarterly	Comp24
TXM6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	Req. Mon. 48HR MIN	Req. Mon. MO AV MN	****	%		Quarterly	COMP24

I TAME ITTEL TRITON AL EXCEGUITE OF TIGER	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	avaluate 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 beflef, 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.
TYPED OR PRINTED	Kitowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE

210-233-3774

AREA Code NUMBER MM/DD/YYYY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' AND REPORT FAIL AS '1' IN CONCENTRATION ABOVE.______10137-040

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	TXA-S
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONITO MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

24-HOUR ACUTE FRESHWATER - 001

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONG	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	*****	*****	****		*****				
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	Opt. Mon. SINGSAMP	*****	pass=0/fail=		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Opt. Mon. SINGSAMP	*****	pass=0/fail=		See Permit	COMP24
LC50 Pass/Fail Static 24Hr Acute D. Pulex	SAMPLE MEASUREMENT	****	*****	*****	*****	0	****		0	Once Every 6 Months	Comp24
TIE3D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon, SINGSAMP	*****	pass=0/fail= 1		Once Every 6 Months	COMP24
LC50 Pass/Fail Static 24Hr Acute Pimphales	SAMPLE MEASUREMENT	*****	****	****	****	0	*****		0	Once Every 6 Months	Comp24
TIE6C 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	Req. Mon. SINGSAMP	*****	pass=0/fail= 1		Once Every 6 Months	COMP24

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	DRA ()	TELEPHONE	DATE
Steve Clouse Senior Vice President & COO TYPED OR PRINTED	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 knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER AUTHORIZED AGENT	OR 210-233-3774 AREA Code NUMBER	08/13/201 MW/00/7777

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

(PASS = 0 FAIL = 1) REPORT PASS AS"0" AND REPORT FAIL AS "1" IN CONCENTRATION ABOVE.______WQ10137-040

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

SLD-F

DISCHARGE NUMBER

MM/DD/YYYY

07/31/2014

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.

IH410

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

MONITORING PERIOD MM/DD/YYYY 08/01/2013

TX0055689

PERMIT NUMBER

DMR Mailing ZIP CODE:

78221

MAJOR (SUBR 13)

LANDFILL- SLDF

Other

No Discharge



ATTN: STEVEN CLOUSE, SENIOR VP

		QUA	NTITY OR LOADING	3		QUALITY OR CON-	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Compliance w/part 258 sludge requirement	SAMPLE MEASUREMENT	*****	****	****	****	***					
49030 SL 0 Sludge	PERMIT REQUIREMENT	****	****	*****	*****	****	Req. Mon. VALUE	Y=1;N=0			

I certify under penalty of law that this document and all attachments were prepared under my direction or NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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 Steve 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 Senior Vice President & COO significant penalties for submitting false information, including the possibility of fine and imprisonment for nowing violations. TYPED OR PRINTED

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

TELEPHONE 210-233-3774 AREA Code

DATE

NUMBER

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

10137-040

No Discharge

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	SLD-P
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

PRODUCTION AND USE - SLDP

Other

No Discharge

		QUA	ANTITY OR LOADING	3		QUALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	****	*****	****	****	****	N/A				
39516 SL 0 Sludge	PERMIT REQUIREMENT	****	*****	****	*****	*****	49 ANNL MAX	mg/kg		See Permit	BATCH
Toxicity characteristic leaching procedure	SAMPLE MEASUREMENT	****	****	*****	N/A	70 No 30 No 30 No	***				
46390 SL 0 Sludge	PERMIT REQUIREMENT	****	****	*****	Req. Mon. MO AV MN	****	*****	pass=0/fail	=	See Permit	BATCH
Ann. amt sludge disposed by other method	SAMPLE MEASUREMENT	****	0		****	*****	****	*****	0	Annual	Estima
49017 V 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	*****	*****	*****		Annual	ESTIMA
Annual amt of sludge incinerated	SAMPLE MEASUREMENT	*****	0		*****	****	*****	*****	0	Annual	Estima
49018 SL 0 Sludge	PERMIT REQUIREMENT	****	Req. Mon. ANNL TOT	DMT/y	*****	*****	*****	*****		Annual	ESTIMA
Annual sludge production, total	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****	0	Annual	Estima
49019 SL 0 Sludge	PERMIT REQUIREMENT	****	Réq. Mon. ANNL TOT	DMT/y	*****	*****	*****	*****		Annual	ESTIMA
Annual amount of sludge land applied	SAMPLE MEASUREMENT	*****	0		****	*****	*****	*****	0	Annual	Estima
49020 SL 0 Sludge	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	****	*****	*****	*****		Annual	ESTIMA
Annual amt. sludge disposed surface unit	SAMPLE MEASUREMENT	*****	0		****	*****	****	*****	0	Annual	Estima
49021 SL 0 Sludge	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	*****	***	*****		Annual	ESTIMA
NAME/TITLE PRINCIPAL EXECUTIVE O	supervision in	accordance with a system desig	nt and all attachments were prepar gned to assure that qualified perso my inquiry of the person or person	nnel properly gather and	115	r /			TEL	EPHONE	DATE
Steve Clouse Senior Vice President & CO	system, or the to the best of	se persons directly responsible t my knowledge and belief, true, a rafties for submitting false inform	for gathering the information, the in courate, and complete. I am awar lation, including the possibility of fi	nformation submitted is, e that there are	SIGNA	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR				233-3774	38/13/ze
TYPED OR PRINTED	- Julianud Aldiği	ivile,				AUTHORIZI	ED AGENT	T	AREA Code	NUMBER	MM/DD/YYYY

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

V= IF ANNUAL SLUDGE DISPOSED BY OTHER METHODS IS APPLICABLE, EXPLAIN METHOD OF DISPOSAL. _10137-040

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.

IH410

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

TX0055689 SLD-P PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 08/01/2013 07/31/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

PRODUCTION AND USE - SLDP

Other

No Discharge

ATTN: STEVEN CLOUSE, SENIOR VP

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE TYPE
PARAMETER	:	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Annual amt sludge disposed in landfill	SAMPLE MEASUREMENT	按按索按按	0		*****	****	****	*****	0	Annual	Estima
49022 SL 0 Sludge	PERMIT REQUIREMENT	****	Req. Mon. ANNL TOT	DMT/y	*****	****	*****	*****		Annual	ESTIMA
Annual amt sludge transported interstate	SAMPLE MEASUREMENT	*****	0		*****	*****	****	*****	0	Annual	Estima
49023 SL 0 Sludge	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	****	****	*****	*****		Annual	ESTIMA

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	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 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 **Proving violations.
TYPED OR PRINTED	Torowing violations.

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

210-233-3774 AREA Code

TELEPHONE

NUMBER MM/DD/YYYY

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

V= IF ANNUAL SLUDGE DISPOSED BY OTHER METHODS IS APPLICABLE, EXPLAIN METHOD OF DISPOSAL. _10137-040 DATE

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

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

LAND APPLICATION - SLLA

Other

No Discharge

	_
rge	\mathbf{X}

		QUA	ANTITY OR LOADING	<u> </u>		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Arsenic, dry weight	SAMPLE MEASUREMENT	*****			*****						
01003 R 0 See Comments	PERMIT REQUIREMENT	*****	36 MX VALUE	lb/acr	*****	41 SINGSAMP	75 MAXIMUM	mg/kg		Annual	BATCH
Selenium, dry weight	SAMPLE MEASUREMENT	*****			*****						
01148 R 0 See Comments	PERMIT REQUIREMENT	*****	89 MX VALÜE	lb/acr	*****	36 SINGSÅMP	100 MAXIMUM	mg/kg		Annual	BATCH
Copper, dry weight	SAMPLE MEASUREMENT	*****			*****						
46394 R 0 See Comments	PERMIT REQUIREMENT	*****	1339 MX VALUE	lb/acr	*****	1500 SINGSAMP	4300 MAXIMUM	mg/kg		Annual	BATCH
Cadmium, dry weight	SAMPLE MEASUREMENT	****			****				<u> </u>	.,	
46395 R 0 See Comments	PERMIT REQUIREMENT	****	35 MX VALUE	lb/acr	*****	39 SINGSAMP	85 MAXIMUM	mg/kg		Annual	BATCH
Annual whole sludge application rate	SAMPLE MEASUREMENT	*****			****	*****	*****	*****			
49016 P 0 See Comments	PERMIT REQUIREMENT	*****	Opt. Mon. MX VALUE	met t/ha/yr	*****	****	****	*****			
Molybdenum, dry weight	SAMPLE MEASUREMENT	*****			****						
78465 R 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MX VALUE	lb/acr	*****	Req. Mon. SINGSAMP	75 MAXIMUM	mg/kg		Annual	BATCH
Zinc, dry weight	SAMPLE MEASUREMENT	****			*****						
78467 R 0 See Comments	PERMIT REQUIREMENT	*****	2500 MX VALUE	lb/acr	*****	2800 SINGSAMP	7500 MAXIMUM	mg/kg		Annual	ВАТСН
NAME/TITLE PRINCIPAL EXECUTIVE	supervision in a	accordance with a system desig	t and all attachments were prepar ned to assure that qualified person my inquiry of the person or person	nnel properly gather and	MS			T	TEL	EPHONE	DATE
Steve Clouse Senior Vice President & CC	system, or those to the best of m	e persons directly responsible f by knowledge and belief, true, a alties for submitting false informa	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	8/13/ze
TYPED OR PRINTED	Talowing Violatic					AUTHORIZE	D AGENT	T	AREA Code	NUMBER	MIM/DD/YYYY

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

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3."R" - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2,3 OR 4)."T" - STATE CLASS: A = 1, B = 2, NONE = 0.______10137-040

No Discharge

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	SLL-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MONIT	ORING PERIOD							
MM/DD/YYYY	ORING PERIOD MM/DD/YYYY							

DMR Mailing ZIP CODE:

78221

MAJOR (SUBR 13)

LAND APPLICATION - SLLA

Other

No Discharge



		l		1			· · · · · · · · · · · · · · · · · · ·				
		QUANTITY OR LOADING				QUALITY OR CONG		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Lead, dry weight	SAMPLE MEASUREMENT	*****			windowski do do do do do do do do do do do do do						
78468 R 0 See Comments	PERMIT REQUIREMENT	****	268 MX VALUE	lb/acr	***	300 SINGSAMP	840 MAXIMUM	mg/kg		Annual	BATCH
Nickel, dry weight	SAMPLE MEASUREMENT	*****		·	****						
78469 R 0 See Comments	PERMIT REQUIREMENT	*****	375 MX VALUE	lb/acr	*****	420 SINGSAMP	420 MAXIMUM	mg/kg		Annual	ватсн
Mercury, dry weight	SAMPLE MEASUREMENT	****			*****						
78471 R 0 See Comments	PERMIT REQUIREMENT	*****	15 MX VALUE	lb/acr	*****	17 SINGSAMP	57 MAXIMUM	mg/kg		Annual	BATCH
Chromium, dry weight	SAMPLE MEASUREMENT	*****			****					*	
78473 R 0 See Comments	PERMIT REQUIREMENT	****	2677 MX VALUE	lb/acr	北方尖向 尖向	1200 SINGSAMP	3000 MAXIMUM	mg/kg		Annual	BATCH
Pollutant table from 503.13	SAMPLE MEASUREMENT	****	*****	*****	****	****					
84367 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. VALUE	table #			
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	****	*****	*****	****	****					
84368 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Reg. Mon. MX VALUE	state class	S	Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	****	****	****	*****	****					
84369 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. VALUE	alt#		See Permit	BATCH
NAME/TITLE PRINCIPAL EXECUTIVE	supervision in	accordance with a system desig	t and all attachments were prepared to assure that qualified personed to	nnel properly gather and	1896				TEL	EPHONE	DATE
Steve Clouse Senior Vice President & CC	system, or tho to the best of a significant per	se persons directly responsible f my knowledge and belief, true, a alties for submitting false inform	ny inquiry of the person or persor or gathering the information, the i ocurate, and complete. I am awar ation, including the possibility of fi	nformation submitted is, e that there are		ATURE OF PRINCIPAL		ROR	210-2	233-3774	08/13/2
	knowing violat	ions.				AUTHORIZE	D AGENT	+	AREA Code	NUMBER	MM/DD/YYYY

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

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3."R" - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2,3 OR 4)."T" - STATE CLASS: A = 1, B = 2, NONE = 0.______10137-040

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

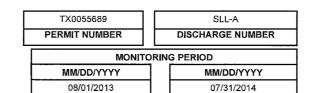
SAN ANTONIO, TX 78221

FACILITY:

MEDIO CREEK WATER RECYC, CTR. LOCATION: 1300FT N USHWY 90 APPROX 1.25M W OF

IH410

ATTN: STEVEN CLOUSE, SENIOR VP



DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

LAND APPLICATION - SLLA

Other

No Discharge



	İ	QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	·	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	****	****	*****	*****	****					
84370 SL 0 Sludge	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. VALUE	alt#		Report	ВАТСН

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
Steve 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 knewledge 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 Hrowing violations.
TYPED OR PRINTED	Towning violations.

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

210-233-3774 AREA Code NUMBER

TELEPHONE

DATE MMIDDITYYY

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

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3."R" - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. "S" -TABLE NUMBER: REPORT (2,3 OR 4)."T" - STATE CLASS: A = 1, B = 2, NONE = 0.______10137-040

Form Approved
OMB No. 2040-0004

78221

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	SLL-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONUT	ORING PERIOD
MONTE	JRING PERIOD
MM/DD/YYYY	MM/DD/YYYY

Other

MAJOR

(SUBR 13)

DMR Mailing ZIP CODE:

SECTION I, C - SLLY

No Discharge

PARAMETER	L	QUANTITY OR LOADING				QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	L.
	-	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
ecal coliform	SAMPLE MEASUREMENT	****			****	*****	*****	*****			
31641 R 0 See Comments	PERMIT REQUIREMENT	****	Req. Mon. MAXIMUM	MPN/g	*****	*****	*****	*****		See Permit	BATCH
Salmonella	SAMPLE MEASUREMENT	*****			*****	****	*****	*****			
71204 R 0 See Comments	PERMIT REQUIREMENT	****	Req. Mon, MAXIMUM	MPN/g	****	*****	*****	*****		See Permit	BATCH

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
	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
TYPED OR PRINTED	Knowing violations,

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 210-233-3774

AREA Code | NUMBER

TELEPHONE

08/13/20

DATE

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

R= SLUDGE; SEE PERMIT FOR REPORTING REQUIREMENTS.______10137-040

No Discharge

Form Approved OMB No. 2040-0004

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

NAME: MEDIO CREEK WATER RECYCLING CENTER

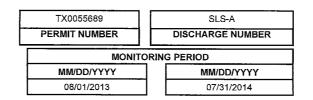
ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: MEDIO CREEK WATER RECYC. CTR.

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

ATTN: STEVEN CLOUSE, SENIOR VP



DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

SURFACE DISPOSAL-SLSA

Other

No Discharge



		QUA	NTITY OR LOADIN	G		QUALITY OR CON	CENTRATION		NO. FREQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	X OF ANALYSIS	TYPE
Н	SAMPLE MEASUREMENT	****	*****	****		*****	*****				
00400 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	****	*****	su		Contingent	BATCH
Arsenic, dry weight	SAMPLE MEASUREMENT	****	*****	*****	*****						
01003 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
vickel, total [as Ni]	SAMPLE MEASUREMENT	****	*****	*****	*****						
01067 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	****	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Unit w/liner/leachate collection system	SAMPLE MEASUREMENT	*****	****	****	*****	****					
49028 SL 0 Sludge	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. VALUE	Y=1;N=0			
Boundary areas	SAMPLE MEASUREMENT	*****	*****	****	****	*****					
51004 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	acr			
Chromium, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****						
78473 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	*****	*****	****	*****	****					
34368 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	****	*****	*****	Req. Mon. SINGSAMP	state class	3	Contingent	BATCH
NAME/TITLE PRINCIPAL EXECUTIVE C	supervision in	accordance with a system desig	t and all attachments were prepa ned to assure that qualified person my inquiry of the person or perso	onnel properly gather and	MS.				TELI	EPHONE	DATE
Steve Clouse Senior Vice President & CO	system, or those to the best of n	se persons directly responsible f ny knowledge and belief, true, a alties for submitting false inform	ny inquiry or the person or person or gathering the information, the courate, and complete. I am awa ation, including the possibility of t	information submitted is, re that there are	W W	ATURE OF PRINCIPAL	EXECUTIVE OFFICER	ROR	210-2	233-3774	08/13/2
TYPED OR PRINTED	Jowing Violati	ντιφ,				AUTHORIZE	D AGENT	Ť	AREA Code	NUMBER	MM/DD/YYYY

No Discharge

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

T = STATE CLASS: A=1, B=2, NONE=0.__

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

___10137-040

03/19/2014

Page 1

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

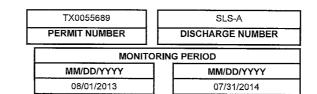
SAN ANTONIO, TX 78221

FACILITY: MEDIO CREEK WATER RECYC, CTR.

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

IH410

ATTN: STEVEN CLOUSE, SENIOR VP



DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

SURFACE DISPOSAL-SLSA

Other

No Discharge



		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Description of pathogen option used	SAMPLE MEASUREMENT	*****	*****	****	*****	*****					
84369 SL 0 Słudge	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	alt#		Contingent	BATCH
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
84370 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. VALUE	alt#		Contingent	BATCH

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	AMC	\setminus		TELEP
Soniar Vian Propident 9 COO	to 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, 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	SIG	NATURE OF PR	UU CIPAL EXECUTIVE OFFICER OR	210-23
TYPED OR PRINTED	knowing violations.		AU	THORIZED AGENT	AREA Code

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

T = STATE CLASS: A=1, B=2, NONE=0.______10137-040

No Discharge

NUMBER

TELEPHONE

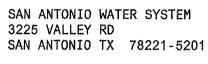
210-233-3774

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

PAGE 1





WQ0010137-040 PERMIT NUMBER

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

01 SET

14 07 YEAR MO.

12654 EID

MEDIO CREEK



TCEQ COPY PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS. EFFLUENT CONDITION NO. **FREQUENCY** SAMPLE PARAMETER VALUE UNITS EX. OF ANALYSIS TYPE 500507124 9.39 REPORTED 02 11 0 FLOW MGD PERMITTED DLY AVG 02 11 CONT CONT 500507128 REPORTED 8 46 0 02 11 FLOW MGD PERMITTED ANN AVG 02 CONT 11 CONT NUMBER WW0004506 REPORTED 0 01 NA OF OPERATOR NUMBER PERMITTED CERTIFICATE 01 01 NA NA **EXPIRATION** 170108 REPORTED 01 NA 0 OF OPERATOR DATE PERMITTED CERTIFICATE 01 01 NA NA CLASS REPORTED Α 01 0 NA 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 INFORMATIO CONTAINED IN THIS REPORT AND THAT TO THE BEST OF M		SIGNATURE	DATE
KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.		Sail lots	114018018
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3774	Steve Clouse Senior Vice President & COO	San Couse	1408113
AREA CODE NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

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

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

PAGE



WQ0010137-040 PERMIT NUMBER

01 SET

14 07 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.

	C	E	Q	C	U	P	Y	

PARAMETER		EFFLUENT CONDITI		NO.	T	FREQUENCY	T	SAMPLE	
		VALUE	UNITS	EX.		OF ANALYSIS	TYPE		
000085342 TRANSFER	REPORTED	29	DAY	0	01		01		
DAYS/MON	PERMITTED				01	NA	01	NA	
316164024 FEC.COLI	REPORTED	1.11	#/100 ML	0	80	1/Day	03		
DLY AVG	PERMITTED	20,000			11	2/WEEK	03	GRABPKLOAD	
316164030 FEC.COLI	REPORTED	5.00	#/100 ML	0	08	1/Day	03		
IND GRAB	PERMITTED	75.000			11	2/WEEK	03	GRABPKLOAD	
500507124 FLOW	REPORTED	2.30	MGD	0	02		11		
DLY AVG	PERMITTED				02	CONT	111	CONT	
500507128 FLOW	REPORTED	1.80	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	
820796624 Turbdity	REPORTED	0.71	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						1		

COMMENTS AND EXPLANATIONS (Reference all attachments here)

	AM FAMILIAR WITH THE INFORMATION		SIGNATURE	DATE
KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.			and fort	140808
TELEPHONE NUMBER		PLANT OPERATOR	, PLANT OPERATOR	YEAR MO. DAY
2 1 0	2 3 3 3 7 7 4	Steve Clouse Senior Vice President & COO	Stanlouse	1140813
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

40B SYS

WQ0010137-040 PERMIT NUMBER

02 SET

07 14 YEAR MO.

12554 EID

GNATURE

DATE

DAY

PAGE

1



THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE II 900 SEE BACK FOR INSTRUCTIONS AND DEFINITIONS. TCEQ COPY PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS. SAMPLE **EFFLUENT CONDITION FREQUENCY** NO. PARAMETER EX. **TYPE** VALUE UNITS OF ANALYSIS 000085342 REPORTED 0 0 01 01 DAY TRANSFER PERMITTED 01 NA 01 NA DAYS/MON 316164024 REPORTED #/100 ML FEC. COLI PERMITTED 14 1 / WEEK 200,000 03 | GRABPKLOAD DLY AVG 316164030 REPORTED FEC.COLI #/100 ML PERMITTED 800.000 1/WEEK GRABPKLOAD IND GRAB 500507124 REPORTED MGD FLOW PERMITTED 02 CONT 11 CONT DLY AVG 500507128 REPORTED FLOW MGD PERMITTED CONT CONT 02 11 ANN AVG 800821024 REPORTED MG/L **BOD CARB** PERMITTED 20.000 14 1/WEEK 03 GRABPKLOAD DLY AVG NUMBER WW0004506 REPORTED 0 01 NA NUMBER OF OPERATOR PERMITTED 01 01 NA NA CERTIFICATE **EXPIRATION** 170108 REPORTED 0 01 NΑ DATE OF OPERATOR PERMITTED 01 01 CERTIFICATE NA NA **CLASS** REPORTED Α 0 01 NA OF OPERATOR **LETTER** PERMITTED 01 01 NA NA CERTIFICATE REPORTED PERMITTED REPORTED PERMITTED COMMENTS AND EXPLANATIONS (Reference all attachments here)

Daniel Rodriguez COMPLETE AND ACCURATE. Manager-Prod & Treat Ops PLANT OPERATOR PLANT OPERATOR DAY TELEPHONE NUMBER YEAR MO. Steve Clouse

NAME

3,7,74 018 2,10 Senior Vice President & COO louse **EXECUTIVE OFFICER EXECUTIVE OFFICER** AREA CODE YEAR MO. NUMBER

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