

September 16, 2014

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

Via U.S. Certified Mail RRR# 7013 2250 0001 9130 1245

Washington, D.C. 20044-7611

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

Consent Decree

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

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 August 2014 is attached and is provided in compliance with Consent Decree requirements.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering such information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Sincerely,

Jeffrey J. Haby, P.E.

Sr. Director – Sewer System Improvements

Enc. As stated



September 16, 2014

U.S. Environmental Protection Agency, Region VI Chief, Water Enforcement Branch (6EN-W) Compliance Assurance and Enforcement Division 1445 Ross Avenue Dallas, TX 75202-2733 Via U.S. Certified Mail RRR# 7013 2250 0001 9130 1252

U.S. Environmental Protection Agency, Region VI Attn: Ms. Judy Edelbrock (6EN-W) Environmental Protection Specialist Enforcement Branch 1445 Ross Avenue Dallas, TX 75202-2733 Via U.S. Certified Mail RRR# 7013 2250 0001 9130 1252

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

Consent Decree

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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering such information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Sincerely,

Jeffrey J. Haby, P.E.

Sr. Director – Sewer System Improvements

Enc. As stated

OVERFLOW REPORT

PERIOD: August 2014

WATERSHED: DOS RIOS

TCEQ PERMIT # 10137-033

EPA PERMIT # 0077801

WO#	INSPT#	SR#	DATE	ADDRESS		GALLON	CAUSE	ACTION	HRS	DISCHARGED TO	COMMENTS
	310794	575556	8/31/2014	EUREKA DR	114	50	Grease	CLEANED MAIN	0.87	STREET	Area Cleaned and Disinfected, Flushed Area with H2O
	310400	570161	8/26/2014	WAVERLY	2502	50	Grease	CLEANED MAIN	0.65	ALLEY	Area Cleaned and Disinfected, Flushed Area with H2O
	310095	565879	8/22/2014	ANSLEY BLVD W	1402	12,000	Debris	CLEANED MAIN	2.00	DRAINAGE CULVERT	Area Cleaned and Disinfected, Flushed Area with H2O
	310083	565277	8/22/2014	NEW BRAUNFELS AVE S	7000	580	Grease	CLEANED MAIN	0.97	STORMDRAIN	Area Cleaned and Disinfected, Flushed Area with H2O
1021659		559328	8/19/2014	GLENN AVE E	423	300	Structural	ORDER TO REPAIR FORCE MAIN	0.32	STREET	Area Cleaned and Disinfected, Work Order Made To Repair Sewer Force Main @ L/s 269
	309578	557207	8/17/2014	BARBARA	118	300	Roots	CLEANED MAIN	0.87	DRAINAGE CULVERT	Area Cleaned and Disinfected, Flushed Area with H2O
A CONTRACTOR OF THE PROPERTY O		552463	8/13/2014	MEDICAL DR	4212	50	Contractor	CLEANED LATERAL	0.82	STREET	Sewer Lateral - Unstopped Sewer Lateral,
	309099	551270	8/13/2014	ST MARY'S N	3900	5	Debris	CLEANED MAIN	2.68	STREET	Area Cleaned and Disinfected,
	308726	544663	8/7/2014	NEER AVE	3714	200	Grease	CLEANED MAIN	1.23	DRAINAGE CULVERT	Area Cleaned and Disinfected, Flushed Area with H2O
	308395	540404	8/5/2014	35TH ST SW	934	50	Grease	CLEANED MAIN	0.85	STORMDRAIN	Area Cleaned and Disinfected, Flushed Area with H2O
	308089	535664	8/1/2014	MEDICAL DR	3838	350	Debris	CLEANED MAIN	2.18	STORMDRAIN	Area Cleaned and Disinfected, Flushed Area with H2O
TOTAL EVENTS	11	,		TOTAL GALLONS:	13,935			TOTAL DURATION	: 13.44		

Monday, September 08, 2014

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

OVERFLOW REPORT

PERIOD: August 2014

WATERSHED: SALADO CREEK

TCEQ PERMIT # 10137-008

EPA PERMIT # 0052647

WO#	INSPT#	SR#	DATE	ADDRESS		GALLON	CAUSE	ACTION	HRS	DISCHARGED TO	COMMENTS
	308846	545685	8/8/2014	BINZ-ENGLEMAN RD	5897	370	Debris	CLEANED MAIN	1.23	EASEMENT	Area Cleaned and Disinfected, Flushed Area with H2O
		544214	8/6/2014	LONGVALE	4155	50	Contractor	CLEANED MAIN	0.25	STREET	Area Cleaned and Disinfected, Flushed Area with H2O Contractor Unstopped Main
1017131			8/6/2014	LOOP 410 NE	3003	1,870	Structural	REPAIRED COLLAPSED MAIN	2.00	CREEK BED	Repaired Sewer Main - Spilled Into Dry Creek Bed Of Beitel Creek.
TOTAL EVENTS	3			TOTAL GALLONS:	2,290			TOTAL DURATION	: 3.48		

Monday, September 08, 2014

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



Texas Commission on Environmental Quality Attention: Mr. Johnnie Wu Water Quality Information System (MC 224) 12100 Park 35 Circle, Bldg. F Austin, Texas 78753

September 10, 2014

Mr. Wu,

RF:

Permit No. 10137-033,

E. Coli Excursions (Type I recycled water)

On the following date the Dos Rios WRC (Permit No. TX 10137-033) exceeded the limit for *E. Coli* on our Type I recycled water. After investigating this violation we believe that the sample may have been contaminated during sampling or shipping. The chlorine residual was on this sample was 2.20 ppm, and *E. Coli* results on the plant outfall at this time was reported as 5.00cfu/100ml.

August 22, 2014

E. Coli 76cfu/100ml

If additional discussion is needed regarding these events, please contact me at 210-478-8235

Sincerely

Robert Escobar

Interim - Manager , Dos Rios water Recycling Center

San Antonio Water System

Office #210-233-3187

CC Plant file Steve Clouse Fred Winter Parvis Chavol

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 - 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
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	****	6.9	****	****		0	12/Day	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6 MO MIN	****	*****	mg/L		Daily	GRAB
рН	SAMPLE MEASUREMENT	*****	****	*****	6.9	*****	7.6		0	12/Day	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	679	*****		*****	1.06	1.60		0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	12510 DAILY AV	****	lb/d	*****	12 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	160	*****		*****	0.25	0.25		0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	2085 DAILY AV	****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	76.93	86.10		***	****	*****	*****	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	*****	83056		****	****	***	*****	0	Continuous	TotalZ
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	173611 2HR PEAK	gal/min	*****	****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	77.71	****		*****	****	****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125 ANNL AVG	*****	MGD	*****	****	*****	*****		Continuous	TOTALZ
NAME/TITLE PRINCIPAL EXECUTIVE O	supervision in	penalty of law that this documen accordance with a system design	ned to assure that qualified perso	nnel properly gather and	10=	500			TEL	DATE	
Steven Clouse Senior Vice President & COO	nformation submitted. Based on r ose persons directly responsible f my knowledge and belief, true, ac nalties for submitting false informa	or gathering the information, the i ccurate, and complete. I am awar	nformation submitted is, e that there are	SIGNA	ATURE OF PRINCIPAL	EXECUTIVE OFFICER	OR	210-2	233-3774	ca/u/zo	
TYPED OR PRINTED	knowing viola	tions.				AUTHORIZE	D AGENT	1	AREA Code	NUMBER	MWDD/YYYY

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

SEE OTHER REQUIREMENTS 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	001 - A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MONIT 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	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	****	****	0.090		0	12/Day	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	1.0	****	*****		0	12/Day	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	****	*****	****	1.49	22.0		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	浙安安朱宋	****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Five Per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	1283	*****		*****	2.0	2.0		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	5213 DAILY AV	****	lb/d	****	5 DAILY AV	20 DAILY MX	mg/L		Daily	COMPOS

	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	00 500	TELEPH	ONE	DATE
Steven Clouse	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	RE JUNE JONE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	210-233	-3774	3/11/20
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MMODILYYY

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

SEE OTHER REQUIREMENTS 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

DOS RIOS WATER RECYCLING CTR.

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY:

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801 002-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 08/01/2014 08/31/2014

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	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
Н	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	7.8		0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	52.3	*****		*****	1.07	1.60		0	Daily	Compo
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	12.3	*****		*****	0.25	0.25		0	Daily	Compo
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	167 DAILY AV	*****	lb/d	****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.88	6.19		****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.14	*****		****	****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	10 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	****	****	0.060		0	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	****	长女女女女	*****	.1 INST MAX	mg/L		Daily	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE	supervision	er penalty of law that this documen in accordance with a system desig	ned to assure that qualified perso	onnel properly gather and		12			TEL	EPHONE	DATE
Steven Clouse Senior Vice President & COO	system, or to the best of	information submitted. Based on r hose persons directly responsible f of my knowledge and belief, true, a enalties for submitting false inform	or gathering the information, the i ccurate, and complete, I am awar	Information submitted is, re that there are	RES	ATURE OF PRINCIPAL	EXECUTIVE OFFICER	OR	210-2	233-3774	og/11/z
TYPED OR PRINTED	lations.				AUTHORIZE		†	AREA Code		MNUDDYYYY	

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

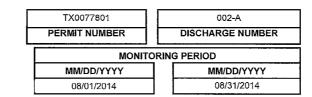
FACILITY:

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 - 002

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	1.0	****	*****		0	Daily	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	****	*****	****	1 MO MIN	*****	****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	1.41	22.0		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	98.1	*****		****	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

		1	<u> </u>	
TO THE PROPERTY OF THE CASE OF	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 twaluate the information submitted. Based on my inquiry of the person or persons who manage the	10 5	ih (
Steven Clouse	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for Howning violations.	SIGNAT		PAL EXECUTIVE OFFICER
TYPED OR PRINTED	Knowing violations.		OHTUA	RIZED AGENT

ER OR

210-233-3774 AREA Code NUMBER

TELEPHONE

MM/DD/YYYY

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

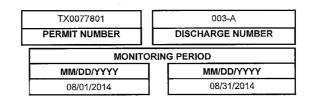
SAN ANTONIO, TX 78221

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 - 003

External Outfall

No Discharge

		QUAI	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	****	*****	*****		****	*****					
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		*****		*****							
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 DAILY AV	****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS	
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT		****		****							
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	167 DAILY AV	****	lb/d	****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	****	****	*****			·	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req, Mon, DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		****		*****	****	*****	*****				
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	10 ANNL AVG	*****	MGD	*****	*****	****	****		Continuous	TOTALZ	
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	*****						
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	***	*****	*****	*****	****	.1 INST MAX	mg/L		Daily	GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE O	supervision in	penalty of law that this document accordance with a system design formation submitted. Based on m	ed to assure that qualified perso	onnel properly gather and	000	1			TELI	EPHONE	DATE	
Steven Clouse Senior Vice President & COO	system, or tho to the best of r significant pen	se persons directly responsible fo ny knowledge and belief, true, ac- alties for submitting false informa:	gathering the information, the surate, and complete, I am awar	information submitted is, re that there are	SIGNA		EXECUTIVE OFFICER	ROR	OR 210-233-3774			
TYPED OR PRINTED	knowing violat	ons.				AUTHORIZI	ED AGENT	T	AREA Code	NUMBER	MINDDAYYY	

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

DOS RIOS WATER RECYCLING CTR.

ADDRESS:

3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY:

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

TX0077801 003-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 08/01/2014 08/31/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 003

External Outfall

No Discharge



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

NAME THE PRINCIPAL EXCOUNTE OF FICER	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	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 Harowine violations.
TYPED OR PRINTED	Accoving violations,

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

TELEPHONE DATE 210-233-3774 AREA Code NUMBER

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

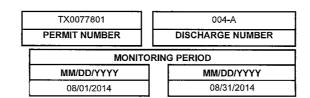
SAN ANTONIO, TX 78221

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

X

		QUA	NTITY OR LOADING	G		QUALITY OR CON-	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****		*****	****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	****	-	*****				-	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		*****		*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT		*****		*****						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	50 DAILY AV	*****	lb/d	****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAJLY AV	Req. Mon. DAILY MX	MGD	****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		*****		****	*****	*****	*****			
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	3 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	****	****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE C	supervision	nder penalty of law that this documen	ned to assure that qualified perso	nnel properly gather and	0.5	1			TEL	TELEPHONE D	
Steven Clouse Senior Vice President & COO	Steven Clouse system, or those persons directly to the best of my knowledge and I significant penalties for submitting		on my inquiry of the person or persons who manage the vie for gathering the information, the information submitted is, e, accurate, and complete. I am aware that there are ormation, including the possibility of fine and imprisonment for		KESIGN	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR		OR	210-233-3774		9/11/2
TYPED OR PRINTED	knowing v	riolations,				AUTHORIZE		†	AREA Code	NUMBER	MNI/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

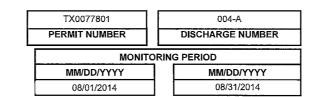
SAN ANTONIO, TX 78221

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

charge	\triangleright
--------	------------------

		QUAI	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO. FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****		****	*****				
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	****	*****	1 MO MIN	****	****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****						
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT		*****		****						
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	250 DAILY AV	*****	ľb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and volutuate the information submitted. Based on my inquiry of the person or persons who manages the	1-56	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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	210-23	3-3774	09/11/70
TYPED OR PRINTED	Knowing violations,	AUTHORIZED AGENT	AREA Code	NUMBER	MN/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

TX0077801	005-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
1	DIGITO I ELLOD
MM/DD/YYYY	MM/DD/YYYY

DMR Mailing ZIP CODE:

78221

MAJOR (SUBR 13)

DOMESTIC FACILITY - 005

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	6.4	****	*****		0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
ЭН	SAMPLE MEASUREMENT	*****	*****	*****	6.9	****	7.1		0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	su		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	8.9	*****		****	1.06	1.60		0	Daily	Compo
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	2.1	*****		****	0.25	0.25		0	Daily	Compo
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	43 DAILY AV	- *****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	СОМРО
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.01	1.27		*****	*****	*****	*****	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	0.64	*****	,	****	****	*****	*****	0	Continuous	Total
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2.6 ANNL AVG	*****	MGD	*****	****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	****	*****	****	0.060		0	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	****	. *****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE	supervision i	r penalty of law that this documen	ned to assure that qualified person	onnel properly gather and	1 2				TEL	EPHONE	DATE
Steven Clouse Senior Vice President & COO	information submitted. Based on r ose persons directly responsible f my knowledge and belief, true, a natites for submitting false inform	or gathering the information, the ocurate, and complete, I am awa	information submitted is, re that there are	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR				210-233-3774		09/11/2	
TYPED OR PRINTED	ations.		,		AUTHORIZE		t	AREA Code	NUMBER	MINDDITYYY	

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

		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	*****	****	****	1.0	****	*****		0	Daily	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	****	*****	****	1 MO MIN	****	*****	mg/L		Daily	GRAB
E, coli	SAMPLE MEASUREMENT	*****	****	*****	*****	1.49	22.0		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	16.8	*****		*****	2.0	2.0		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	217 DAILY AV	****	lb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

MARIE THEE I TOTOM AL EXECUTIVE 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 property gather and	1 0	1/2			TELEP	HONE	DATE
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	KG SIGNA			AL EXECUTIVE OFFICER OR	210-23	3-3774	alul
TYPED OR PRINTED	knowing violations.		AUTH	IOR	IZED AGENT	AREA Code	NUMBER	MMIDDIYY

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

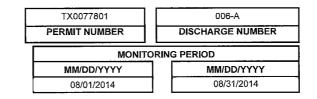
SAN ANTONIO, TX 78221

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 - 006

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	ENTRATION	·	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	****		*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	4 MO MIN	****	****	mg/L		Daily	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****		****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		*****		*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	5755 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT		*****		****						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	767 DAILY AV	*****	lb/d	****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		*****		****	*****	*****	*****			
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	****	****					
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	****	****	*****	****	****	.1 INST MAX	mg/L		Daily	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE C	supervision in	penalty of law that this documen accordance with a system desig	ned to assure that qualified perso	nnel properly gather and	10	1 2			TEL	EPHONE	DATE
Steven Clouse Senior Vice President & COO	nformation submitted. Based on a ose persons directly responsible f my knowledge and belief, true, a nalties for submitting false inform	or gathering the information, the i ccurate, and complete. I am awar	nformation submitted is, e that there are	K 9 SIGNA	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR				210-233-3774		
TYPED OR PRINTED	TYPED OR PRINTED AGENT 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.

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



		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****		****	*****				
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	****	*****	*****	1 MO MIN	****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****						
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Five Per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT		****		*****						
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	3836 DAILY AV	****	lb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

1	NAME TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and
	Steven Clouse	twalutes the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling violations.
	TYPED OR PRINTED	TOWNING VIOLEURIS.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

210-233-3774

AREA code NUMBER MM/DD/Y

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

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

Form Approved OMB No. 2040-0004

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

NAME:

DOS RIOS WATER RECYLING CENTER

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY:

DOS RIOS WATER RECYCLING CTR. LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801 101-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 08/01/2014 08/31/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC WASTEWATER - 101

Internal Outfall

No Discharge

		QUANTITY OR LOADING				QUALITY OR CON	QUALITY OR CONCENTRATION				
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	8.91	11.58		*****	****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.87	*****		*****	*****	****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	Req. Mon. ANNL AVG	*****	MGD	*****	****	*****	*****		Continuous	TOTALZ

NAME: ITTEE I MINOR AL EXECUTIVE OF FICER	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	0056
Steven Clouse	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for Honovino violations.	SIGNATURE OF PRINCIPAL EXECUTIVE
TYPED OR PRINTED	Tolowing works to the control of the	AUTHORIZED AGENT

210-233-3774 E OFFICER OR AREA Code NUMBER MN//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.

TELEPHONE

DATE

Form Approved OMB No. 2040-0004

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

NAME:

DOS RIOS WATER RECYLING CENTER

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY:

DOS RIOS WATER RECYCLING CTR. LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	102-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MONITO MM/DD/YYYY	ORING PERIOD MM/DD/YYYY

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

TOTAL DISCHARGE - 001 & 101

Internal Outfall

No Discharge

		QUAI	NTITY OR LOADING	i		QUALITY OR CONG	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	85.84	91.92		****	*****	****	*****	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	83.57	*****		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125 ANNL AVG	*****	MGD	****	*****	*****	*****		Continuous	TOTALZ

1		***			1
		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and	1.5	1	1
	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 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 Horowing violations.	SIGNATUR	E OF PRINCIP	PAL EXECUTIVE OFF
	TYPED OR PRINTED	Towning violations.		AUTHOR	RIZED AGENT

FFICER OR

210-233-3774

TELEPHONE

AREA Code NUMBER

DATE

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

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

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

SAN ANTONIO WATER SYSTEM 3495 VALLEY RD

SAN ANTONIO TX 78221-5238

PAGE

1



40B SYS

WQ0010137-033 PERMIT NUMBER

02 SET

14 80 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.

	U		U		U	٢	I
		-	-				
1			CAL	ADI P	=		- 1

YEAR

YEAR

MO.

MO.

DAY

PARAMETER		EFFLUENT CONDITION VALUE	ON UNITS	NO. EX.		FREQUENCY OF ANALYSIS		SAMPLE TYPE
500507124 FLOW	REPORTED	85.84	MGD	0	02		11	
CLY AVG	PERMITTED		,,,,,		02	CONT	11	CONT
500507128 -Low	REPORTED	83.57	MGD	0	02		11	
ANN AVG	PERMITTED			11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	02	CONT	11_	CONT
NUMBER OF OPERATOR	REPORTED	WW0028454	NUMBER	0	01		NA	
ERTIFICATE	PERMITTED				01	01	NA.	NA .
EXPIRATION OF OPERATOR	REPORTED	170602	DATE	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA.	NA
CLASS OF OPERATOR	REPORTED	Α,	LETTER	0	01		NA	
CERTIFICATE	PERMITTED			n (s.) Benne	01	01	NA	NA .
	REPORTED							
	PERMITTED			i de la companya de La companya de la co				
	REPORTED							
	PERMITTED							
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	REPORTED	_						
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
COMMENTS AND EXPLANA	ATIONS (Reference	all attachments here)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
CERTIFY THAT I AM FAMILIAR I	WITH THE INFORMATION				SI	3NATURE		DATE
NOWLEDGE AND BELIEF SUCH IN COMPLETE AND ACCURATE.	FORMATION IS TRUE AND	Robert Esco Interim Manager-Prod		Kol	0	Enbu		11401911

PLANT OPERATOR

Steven Clouse

Senior Vice President & COO

EXECUTIVE OFFICER

PLANT OPERATOR

EXECUTIVE OFFICER

TELEPHONE NUMBER

NUMBER

3,7,7,4

2110

AREA CODE

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

PAGE

1

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

40B SYS

WQ0010137-033 PERMIT NUMBER

02 SET

14 80 MO. YEAR

12551 EID



THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE I

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

TCEQ COPY DI EASE RETAIN A PHOTOCOPY FOR YOUR RECORDS

DADAMETED		EFFLUENT CONDITION		NO.	1	FREQUENCY		SAMPLE
PARAMETER		VALUE	UNITS	EX.	<u> </u>	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	76.0	#/100 ML	1	80	1/Day	03	
IND GRAB	PERMITTED	75.000			11	2/WEEK	03	GRABPKLOAD
500507124 FLOW	REPORTED	2.78	MGD	0	02		11	
DLY AVG	PERMITTED				02	CONT	11	CONT
500507128 FLOW	REPORTED	0.55	MGD	0	02		11	
ANN AVG	PERMITTED				02	CONT	11	CONT
800821024 BOD CARB	REPORTED	2.0	MG/L	0	80	1/Day	10	12-PRT-COM
DLY AVG	PERMITTED	5.000			11	2/WEEK	03	GRABPKLOAD
820796624 TURBDITY	REPORTED	0.55	NTÜ	0	80	1/Day	10	12-PRT-COM
30DAYAVG	PERMITTED	3.000			11	2/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR	REPORTED	WW0028454	NUMBER	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
EXPIRATION OF OPERATOR	REPORTED	170602	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							and the second s

COMMENTS AND EXPLANATIONS (Reference all attachments here)

E-Coli substituted for Fecal Coliform

See attached letter for exceptions.

I CERTIFY THAT I AM FAMILIAR WITH THE IN		NAME			SIGN	IATURE		DAT	E
CONTAINED IN THIS REPORT AND THAT TO THE KNOWLEDGE AND BELIEF SUCH INFORMATION I COMPLETE AND ACCURATE.		Robert Escobar Interim Manager-Prod & Treat Ops	1	relfe		oli	110	100	7110
TELEPHONE NUMBER		PLANT OPERATOR		PLA	NT	OPERATOR	Ϋ́ΕΑΙ	OM F	. DAY
2 1 0 2 3 3 3	7 7 4	Steven Clouse Senior Vice President & COO	Š	Jane		our	11	109	MILL
AREA CODE NUMBER		EXECUTIVE OFFICER		EXEC	UTI	VE OFFICER	YEAR	OM F	DAY

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

SAN ANTONIO WATER SYSTEM 3495 VALLEY RD

SAN ANTONIO TX 78221-5238

PAGE

1



40B SYS WQ0010137-033 PERMIT NUMBER 02 SET 14 08 YEAR MO.

12552 EID

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

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

TCEQ COPY

PARAMETER		EFFLUENT CONDITION		NO.	4	FREQUENCY		SAMPLE
PARAIVIETER		VALUE .	UNITS	EX.		OF ANALYSIS		TYPE
000085342 TRANSFER	REPORTED	0	DAY	0				
DAYS/MON	PERMITTED				01	NA	01	<u>NA</u>
316164024 FEC.COLI	REPORTED		#/100 ML					
DLY AVG	PERMITTED	200,000			14	1/WEEK	03	GRABPKLOAD
316164030 FEC.COLI	REPORTED		#/100 ML					
IND GRAB	PERMITTED	800.000			14	1/WEEK	03	GRABPKLOAD
500507124 FLOW	REPORTED		MGD					
DLY AVG	PERMITTED				02	CONT	11	CONT
500507128 FLOW	REPORTED		MGD					
ANN AVG	PERMITTED				02	CONT	11	CONT
800821024 BOD CARB	REPORTED	·	MG/L					
DLY AVG	PERMITTED	20.000			14	1/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR	REPORTED	WW0028454	NUMBER	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	<u>NA</u>
EXPIRATION OF OPERATOR	REPORTED	170602	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						<u> </u>	

COMMENTS AND EXPLANATIONS (Reference all attachments here)

	M FAMILIAR WITH THE INFORMATION		SIGNATURE	DATE
CONTAINED IN THIS R KNOWLEDGE AND BE COMPLETE AND ACCU	REPORT AND THAT TO THE BEST OF MY ILIEF SUCH INFORMATION IS TRUE AND URATE.	Robert Escobar Interim Manager-Prod & Treat Ops	Mas At Esaba	114019110
TELEF	PHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
21110	2,3,3 3,7,7,4	Steven Clouse Senior Vice President & COO	Star Cource	140911
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

OVERFLOW REPORT

PERIOD: August 2014

WATERSHED: LEON CREEK

TCEQ PERMIT # 10137-003

EPA PERMIT # 0052639

WO#	INSPT#	SR#	DATE	ADDRESS		GALLON	CAUSE	ACTION	HRS	DISCHARGED TO	COMMENTS
	309826	562172	8/20/2014	PAINTER WAY	6903	100	Debris	CLEANED MAIN	1.22	GROUND	Area Cleaned and Disinfected, Flushed Area with H2O
	309837	562823	8/20/2014	LES HARRISON DR	6050	4,500	Vandalism	CLEANED MAIN	1.50	GROUND	Area Cleaned and Disinfected, - Follow Up To Bolt Down Manholes
TOTAL EVENTS	2	· · · · · · · · · · · · · · · · · · ·		TOTAL GALLONS:	4,600		-	TOTAL DURATION	: 2.72		h

Monday, September 08, 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:

SAN ANTONIO WATER SYSTEM

ADDRESS: 3495 VALLEY RD

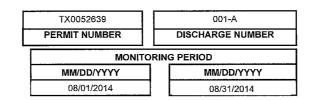
SAN ANTONIO, TX 78221

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)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

		QUA	NTITY OR LOADING	G		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	*****		0	12/Day	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MO MIN	****	*****	mg/L		Daily	GRAB
Н	SAMPLE MEASUREMENT	*****	****	*****	6.6	*****	7.6		0	12/Day	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	212	****		*****	1.09	2.00		0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	5755 DAILY AV	*****	lb/d	妆室身桌 桌夹	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	82	*****		****	0.41	1.30		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	23.40	26.48		*****	****	*****	*****	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	****	25694		*****	*****	*****	*****	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	24.36	*****		****	*****	*****	*****	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 desig	t and all attachments were prepa ned to assure that qualified perso	onnel properly gather and	DYS	1			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 nalties for submitting false inform	my inquiry of the person or person or gathering the information, the i ocurate, and complete. I am awar ation, including the possibility of f	information submitted is, re that there are	SIGNA	ATURE OF PRINCIPAL		OR	210-2	233-3774	25/11/2
TYPED OR PRINTED	knowing viola	ions,				AUTHORIZE	D AGENT	Ī	AREA Code	NUMBER	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	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONI	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
	_ i

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

		QUA	NTITY OR LOADING	}		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	the the six all the six	****	****	****	*****	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	****	*****	*****	***	2.12	70.0		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Five Per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	426	****		*****	2.17	4.00		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	2686 DAILY AV	****	lb/d	*****	7 DAILY AV	17 DAILY MX	mg/L		Daily	COMPOS

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Dra	\- (TELEP	HONE	DATE	
Conject/fine President 8 COO	revaluate the minimizant sournates, based on my inquiry of the person was no restored with or manage the system, or those persons directly responsible for gathering the information, two 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.	SIGN		PAL EXECUTIVE OFFICER OR	210-23	3-3774	09/11/20	14
TYPED OR PRINTED	violations.		AUTHOR	RIZED AGENT	AREA Code	NUMBER	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

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

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 002

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.1	****	*****		0	12/Day	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MO MIN	****	*****	mg/L		Daily	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.6		0	12/Day	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	7.6	*****		*****	1.08	2.00		0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	5755 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	2.9	****		*****	0.42	1.30		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	0.85	1.18		*****	****	*****	*****	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	1.65	*****		*****	****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46 ANNL AVG	*****	MGD	****	*****	*****	*****		Continuous	TOTALZ
NAME/TITLE PRINCIPAL EXECUTIVE O	supervision i	r penalty of law that this documen n accordance with a system desig	ned to assure that qualified perso	nnel properly gather and	Myd				TEL	EPHONE	DATE
Steven Clouse Senior Vice President & COO	system, or the	information submitted. Based on i ose persons directly responsible f f my knowledge and belief, true, a malties for submitting false informa	or gathering the information, the i ocurate, and complete. I am awan	information submitted is, re that there are		TURE OF PRINCIPAL		OR	210-2	233-3774	09/11/20
TYPED OR PRINTED	knowing viol		÷,	•		AUTHORIZE		†	AREA Code		MM/IDD/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

Г	TX0052639		002-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONIT	ORIN	G PERIOD
	MONIT MM/DD/YYYY	ORIN	G PERIOD MM/DD/YYYY

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	*****	*****	nir nie nie nie nie	****	****	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	*****	*****	****	****	2.23	70.0		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	126 DAILY AV	394 DAILY MX	CFU/100m L		Five Per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	14.9	*****		*****	2.12	3.34		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	2686 DAILY AV	*****	lb/d	*****	7 DAILY AV	17 DAILY MX	mg/L		Daily	COMPOS

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and variates the information submitted. Based on my finctify of the person or persons who manage the	Dr 5/- ()	TELEPHONE	DATE
Sonier 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 knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	210-233-3774	09/11/2014
TYPED OR PRINTED	Actioning violations.	AUTHORIZED AGENT	AREA Code NUMBER	MMIDDIYYYY

Form Approved OMB No. 2040-0004

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

NAME:

SAN ANTONIO WATER SYSTEM

ADDRESS: 3495 VALLEY RD

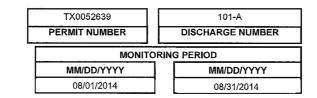
SAN ANTONIO, TX 78221

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)

COMBINED OUTFALLS 001 & 002

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT	219	*****		****	*****	*****	*****	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	84	****		*****	*****	*****	*****	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	24.20	27.44		*****	****	*****	*****	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	****	26875		*****	*****	*****	*****	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	25.19	*****		*****	*****	*****	*****	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	439	*****		*****	*****	*****	*****	0	Daily	Compos
80082 J 0 Intermediate Treatment, Process	PERMIT REQUIREMENT	2686 DAILY AV	*****	lb/d	****	*****	*****	*****		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I cartify 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	DF 5/2 C	7	ELEPHONE	DATE
Series 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, rue, 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.	SIGNATURE OF PRINCIPAL E	EXECUTIVE OFFICER OR)-233-3774	09/11/2014
TYPED OR PRINTED	Anoving violations.	AUTHORIZE	D AGENT AREA C	ode NUMBER	MINDD/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

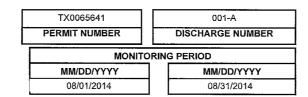
SAN ANTONIO, TX 78221

FACILITY: MITCHELL LAKE

LOCATION: 1M S LOOP 410 E PLEASANTON RD

SAN ANTONIO, TX 782982449

ATTN: STEVEN CLOUSE, SEN. VP & COO



DMR Mailing ZIP CODE:

78221

MINOR

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

X

	1	QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	************	****		*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	****	*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	30 DAILY AV	100 SINGGRAB	mg/L		Daily	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	90 DAILY AV	****	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	****	*****	*****	*****		Daily	INSTAN
E. coli	SAMPLE MEASUREMENT	*****	****	*****	*****						
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 DAILY AV	394 SINGGRAB	CFU/100m L		Monthly	GRAB

	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	MS			TELEP	HONE	DATE	7
Series 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 knowling violations.	SIGN		CIPAL EXECUTIVE OFFICER OR	210-23	3-3774	09/0/	2014
TYPED OR PRINTED	anowing violations.		AUTH	IORIZED AGENT	AREA Gode	NUMBER	MM/DD/YYYY	٦

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

MONITORING SHALL OCCUR WHEN DISCHARGINS.

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

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

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

40B SYS

WQ0010137-003 PERMIT NUMBER 02 SET 14 08 YEAR MO.

12645 EID PAGE

1



THIS REPORT TO BE USED FOR COMBINED MON 189 for 001/002/800/900 SEE BACK FOR INSTRUCTIONS AND DEFINITIONS. TCEQ COPY PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS. SAMPLE **EFFLUENT CONDITION FREQUENCY** NO. **PARAMETER** TYPE UNITS EX. OF ANALYSIS VALUE 500507124 11 02 0 REPORTED 29.99 MGD FLOW CONT **PERMITTED** CONT 11 02 DLY AVG 500507128 REPORTED 29.73 02 11 0 MGD FLOW CONT PERMITTED 02 CONT 11 ANN AVG NUMBER WW0004506 01 NΑ REPORTED 0 NUMBER OF OPERATOR PERMITTED 01 01 NA NA CERTIFICATE **EXPIRATION** 0 01 NA REPORTED 170108 DATE OF OPERATOR 01 NA NA PERMITTED 01 CERTIFICATE CLASS 01 NA Α 0 REPORTED **LETTER** OF OPERATOR NA 01 01 NA PERMITTED CERTIFICATE REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED COMMENTS AND EXPLANATIONS (Reference all attachments here) I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION SIGNATURE DATE NAME CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY Daniel Rodriguez Manager KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND 10 COMPLETE AND ACCURATE. Prod & Treat Ops PLANT OPERATOR DAY PLANT OPERATOR YEAR MO. TELEPHONE NUMBER Steve Clouse 3,7,7,4 2110 Senior Vice President & COO luse **EXECUTIVE OFFICER EXECUTIVE OFFICER** YEAR MO. DAY AREA CODE NUMBER

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

SAN ANTONIO WATER SYSTEM 3495 VALLEY RD

SAN ANTONIO TX 78221-5238

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40B SYS

WQ0010137-003 PERMIT NUMBER 02 SET 14 08 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.

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		~	4001	_		

PA PA A & 2 PRINTED TO		EFFLUENT CONDITION	ON	NO.		FREQUENCY	SAMPLE		
PARAMETER		VALUE	UNITS	EX.		OF ANALYSIS		TYPE	
000085342 TRANSFER	REPORTED	31	DAY	0	01		01		
DAYS/MON	PERMITTED				01	NA	01	NA	
316164024 E-COLI	REPORTED	1.06	#/100 ML	0	08	1/Day	03		
DLY AVG	PERMITTED	20,000			11	2/WEEK	03	GRABPKLOAD	
316164030 E-COLI	REPORTED	6.0	#/100 ML	0	08	1/Day	03		
IND GRAB	PERMITTED	75.000			11	2/WEEK	03	GRABPKLOAD	
500507124 FLOW	REPORTED	5.79	MGD	0	02		11		
DLY AVG	PERMITTED				02	CONT	11	CONT	
500507128 FLOW	REPORTED	4.54	MGD	0	02		11		
ANN AVG	PERMITTED				02	CONT	11	CONT	
800821024 BOD CARB	REPORTED	2.17	MG/L	0	08	1/Day	10	12-prt-com	
DLY AVG	PERMITTED	5,000			11	2/WEEK	03	GRABPKLOAD	
820786624 TURBDITY	REPORTED	0.69	UTU	0	08	1/Day	10	12-prt-com	
30DAY AV	PERMITTED	3.000			11	2/WEEK	03	GRABPKLOAD	
NUMBER OF OPERATOR	REPORTED	WW0004506	NUMBER	0	01		NA		
CERTIFICATE	PERMITTED				01	01	NA	NA	
EXPIRATION OF OPERATOR	REPORTED	170108	DATE	0	01		NA		
CERTIFICATE	PERMITTED				01	01	NA	NA	
CLASS OF OPERATOR	REPORTED	Α	LETTER	0	01		NA		
CERTIFICATE	PERMITTED				01	01	NA	NA .	
	REPORTED								
-	PERMITTED								

COMMENTS AND EXPLANATIONS (Reference all attachments here)

E-Coli substituted for Fecal Coliform

	AM FAMILIAR WITH THE INFORMATION		SIGNATURE	DATE
	REPORT AND THAT TO THE BEST OF MY BELIEF SUCH INFORMATION IS TRUE AND CURATE.		Sail Jost	114019110
TELI	EPHONE NUMBER	PLANT OPERATOR	PLANTOPERATOR	YEAR MO. DAY
210	2 3 3 3 7 7 4	Steve Clouse Senior Vice President & COO	Stare Jourse	114 09 111
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 3495 VALLEY RD SAN ANTONIO TX 78221-5238

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WQ0010137-003 PERMIT NUMBER 02 SET

14 08 YEAR **M**O.

12548 EID TTE ON

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

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

PARAMETER	*********************	EFFLUENT CONDITION	and the second desiration of the contract of the second of	NO. EX.	1	FREQUENCY OF ANALYSIS		SAMPLE TYPE
		VALUE	UNITS	-^-	ļ	UP ANALYSIS		ITFE
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 FLOW	REPORTED	-	MGD					
ANN AVG	PERMITTED				02	CONT	11	CONT
800821024 BOD CARB	REPORTED	·	MG/L					
DLY AVG	PÉRMITTED	15,000			14	1/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR	REPORTED	WW0004506	NUMBER	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
EXPIRATION OF OPERATOR	REPORTED	170108	DATE	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
CLASS OF OPERATOR	REPORTED	Α	LETTER	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							

COMMENTS AND EXPLANATIONS (Reference all attachments here)

I CERTIFY THAT I AM FAMILIAR WITH THE INFOR		\\	DATE
KNOWLEDGE AND BELIEF SUCH INFORMATION IS THE COMPLETE AND ACCURATE.		Soul Look	011/019/11
TELEPHONE NUMBER	PLANT OPERATOR	PLANT PERATOR	YEAR MO. DAY
2 1 0 2 3 3 3 7 7	Steve Clouse Senior Vice President & COO	Sinc Jouse	114019111
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	5		<u> </u>	TOTAL GALLONS:			TOTAL DURATION	:		No. 8 Arrivation of the Control of t

Monday, September 08, 2014

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



September 9, 2014

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

RE: Permit No. 10137-040 Reclaim Water Type I 800

Dear Joy,

Please be advised that when the Medio Creek WRC Recycle Pump Station was placed in service on September 5, 2013, the Plant's Outfall 001 flows were miscalculated and these errors were reported on the DMR's.

The main plant outfall (001) flow was taken at the parshall flume meter, the reclaimed water (800) is transferred after the 001 parshall flume, hence the 800 flow should be subtracted from the main plant flow in order to calculate the correct 001 flow for reporting purposes. In the past, the two flows were added together resulting in a higher than actual total and outfall 001 flow being reported. We are now calculating the flows correctly and the correct reporting is reflected in the August 2014 Reports.

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

Daniel Rodriguez

Manager, Medio Creek WRC

2231 Hunt Lane

San Antonio, TX 78227

cc: Steve Clouse

Parviz Chavol

Frederic J. Winter

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	RING PERIOD
MONITO MM/DD/YYYY	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
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	6.57	*****	*****		0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6 MO MIN	*****	*****	mg/L		Daily	GRAB
pH .	SAMPLE MEASUREMENT	****	*****	*****	7.61	*****	8.42		0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	58	*****		*****	1.32	5.90		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	38	*****		*****	0.86	2.57		0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	267 DAJLY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.41	7.96		*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAJLY AV	Req. Mon. DAILY MX	MGD	*****	****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	8826		*****	*****	*****	*****	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	5.96	*****		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	16 ANNL AVG	*****	MGD	******	*****	*****	*****		Continuous	TOTALZ
NAME/TITLE PRINCIPAL EXECUTIVE O	supervision in	r penalty of law that this documen n accordance with a system desig information submitted. Based on r	ned to assure that qualified perso	nnel properly gather and	DRZ				TEI	LEPHONE	DATE
Steve Clouse Senior Vice President & CO	system, or the to the best of significant pe	ose persons directly responsible f my knowledge and belief, true, a natties for submitting false informa	or gathering the information, the i ocurate, and complete. I am awar	nformation submitted is, te that there are	+	ATURE OF PRINCIPAL	EXECUTIVE OFFICER	OR	210-	233-3774	09/11/20
TYPED OR PRINTED	knowing viola	mons.				AUTHORIZI	ED AGENT	Ī	AREA Code		MM/DD/YYYY

Form Approved OMB No. 2040-0004

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

NAME:

MEDIO CREEK WATER RECYCLING CENTER

ADDRESS:

3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: MEDIO CREEK WATER RECYC, CTR.

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

IH410

TX0055689 001-B PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 08/31/2014 08/01/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

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
E. coli	SAMPLE MEASUREMENT	*****	****	****	*****	1.76	23.0		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	126 DAILY AV	394 DAILY MX	CFU/100m		Daily	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	111	****		*****	2.46	13.0		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 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 lowing violations. TYPED OR PRINTED

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

210-233-3774 AREA Code NUMBER

TELEPHONE

DATE

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

01 SET

14 80 YEAR MO.

12654 EID

MEDIO CREEK

PLANTAOPERATOR

EXECUTIVE OFFICER

DUSC

YEAR

YEAR

MO.

MO.

DAY

DAY



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THIS REPORT TO BE USED FOR COMBINED MON 189 for 001/800/900 SEE BACK FOR INSTRUCTIONS AND DEFINITIONS. TCEQ COPY PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS. SAMPLE **EFFLUENT CONDITION FREQUENCY** NO. **PARAMETER** UNITS EX. OF ANALYSIS TYPE VALUE 500507124 7.36 11 02 REPORTED 0 MGD FLOW PERMITTED 11 CONT 02 CONT DLY AVG 500507128 REPORTED 7.29 02 11 0 MGD FLOW 11 PERMITTED 02 CONT CONT ANN AVG NUMBER WW0004506 0 01 NA REPORTED NUMBER OF OPERATOR PERMITTED 01 NA NA 01 CERTIFICATE **EXPIRATION** 170108 REPORTED 01 NA 0 DATE OF OPERATOR PERMITTED 01 NA NA 01 CERTIFICATE CLASS 01 REPORTED Α NA 0 **LETTER** OF OPERATOR PERMITTED 01 01 NA NA CERTIFICATE REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED COMMENTS AND EXPLANATIONS (Reference all attachments here) I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION SIGNATURE DATE NAME CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND Daniel Rodriguez 10 COMPLETE AND ACCURATE.

Manager-Prod & Treat Ops

PLANT OPERATOR

Steve Clouse

Senior Vice President & COO

EXECUTIVE OFFICER

2,1,0

AREA CODE

TELEPHONE NUMBER

NUMBER

3,7,74

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

SAN ANTONIO WATER SYSTEM 3225 VALLEY RD

SAN ANTONIO TX 78221-5201

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40B WQ0010137-040 PERMIT NUMBER SYS

01 SET

80 14 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.

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PARAMETER		EFFLUENT CONDITION		NO.		FREQUENCY		SAMPLE
		VALUE	UNITS	EX.		OF ANALYSIS		TYPE
000085342 TRANSFER	REPORTED	24	DAY	0	01		01	
DAYS/MON	PERMITTED				01	NA	01	NA
316164024 FEC.COLI	REPORTED	1.31	#/100 ML	0	08	1/Day	03	
DLY AVG	PERMITTED	20.000			11	2/WEEK	03	GRABPKLOAD
316164030 FEC.COLI	REPORTED	16.0	#/100 ML	0	08	1/Day	03	
IND GRAB	PERMITTED	75.000			11	2/WEEK	03	GRABPKLOAD
500507124 FLOW	REPORTED	2.52	MGD	0	02		11	
DLY AVG	PERMITTED				02	CONT	11	CONT
500507128 FLOW	REPORTED	1.87	MGD	0	02		11	
ANN AVG	PERMITTED				02	CONT	11	CONT
800821024 BOD CARB	REPORTED	2.54	MG/L	0	08	1/Day	10	12-prt-com
DLY AVG	PERMITTED	5.000			11	2/WEEK	03	GRABPKLOAD
820796624 TURBDITY	REPORTED	0.75	NTU	0	80	1/Day	10	12-prt-com
30DAYAVG	PERMITTED	3.000			11	2/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR	REPORTED	WW0004506	NUMBER	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
EXPIRATION OF OPERATOR	REPORTED	170108	DATE	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
CLASS OF OPERATOR	REPORTED	Α	LETTER	0	01		NA	
CERTIFICATE	PERMITTED	1			01	01	NA	NA
	REPORTED							
	PERMITTED							

COMMENTS AND EXPLANATIONS (Reference all attachments here)

E-Coli substituted for Fec. Coli

	AM FAMILIAR WITH THE INFORMATION	1471911	SIGNATURE	DATE
	REPORT AND THAT TO THE BEST OF MY BELIEF SUCH INFORMATION IS TRUE AND CURATE.		Dan Pork	114019110
TELE	PHONE NUMBER	PLANT OPERATOR	(PLANT OFFERATOR	YEAR MO. DAY
210	2 3 3 3 7 7 4	Steve Clouse Senior Vice President & COO	Star Couse	114019111
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

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SAN ANTONIO WATER SYSTEM 3225 VALLEY RD

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40B SYS WQ0010137-040 PERMIT NUMBER 02 SET 14 08 YEAR MO.

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PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

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DADAMETED		EFFLUENT CONDITION		NO.		FREQUENCY	SAMPLE		
PARAMETER		VALUE	UNITS	EX.		OF ANALYSIS		TYPE	
000085342 TRANSFER	REPORTED	0	DAY	0	01		01		
DAYS/MON	PERMITTED				01	NA '	01	NA	
316164024 FEC.COLI	REPORTED		#/100 ML						
DLY AVG	PERMITTED	200,000			14	1/WEEK	03	GRABPKLOAD	
316164030 FEC.COLI	REPORTED		#/100 ML						
IND GRAB	PERMITTED	800.000			14	1/WEEK	03	GRABPKLOAD	
500507124 FLOW	REPORTED		MGD						
DLY AVG	PERMITTED				02	CONT	11	CONT	
500507128 FL OW	REPORTED		MGD						
ANN AVG	PERMITTED			Market Towns	02	CONT	11	CONT	
800821024 BOD CARB	REPORTED		MG/L						
DLY AVG	PERMITTED	20.000	Charles of the statement of the control of the cont		14	1/WEEK	03	GRABPKLOAD	
NUMBER OF OPERATOR	REPORTED	WW0004506	NUMBER	0	01		NA		
CERTIFICATE	PERMITTED				01	01	NA	NA	
EXPIRATION OF OPERATOR	REPORTED	170108	DATE	0	01		NA		
CERTIFICATE	PERMITTED				01	-01	NA.	NA	
CLASS OF OPERATOR	REPORTED	Α	LETTER	0	01		NA		
CERTIFICATE	PERMITTED				01	01	NA	NA	
	REPORTED						A E		
•	PERMITTED								
	REPORTED								
	PERMITTED								

COMMENTS AND EXPLANATIONS (Reference all attachments here)

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION		N SIGNATURE	DATE
CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.		Savel Voots	114019110
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	Star Clouse	114019 111
AREA CODE NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY