

### November 17, 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 4677

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 October 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



### November 17, 2014

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

Via U.S. Certified Mail RRR# 7010 1060 0000 0870 4660

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 4660

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

Consent Decree

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Sincerely.

Jeffrey J. Haby, P.E.

Sr. Director – Sewer System Improvements

Enc. As stated

## **OVERFLOW REPORT**

PERIOD: October 2014

**WATERSHED: DOS RIOS** 

TCEQ PERMIT # 10137-033

#### **EPA PERMIT # 0077801**

WO#	INSPT#	SR#	DATE	ADDRESS		GALLON	CAUSE	ACTION	HRS	DISCHARGED TO	COMMENTS
	315851	649525	10/29/2014	BRAZOS ST S	806	15	Debris	CLEANED MAIN	1.45	STREET	Area Cleaned and Disinfected, Flushed Area with H2O
1047044	315393	643835	10/25/2014	SCHLEY AVE	1300	150	Structural	CLEANED MAIN	3.68	STREET	Area Cleaned and Disinfected, Flushed Area with H2O - Work Order Made To Repair Main.
	315197	640508	10/22/2014	SAN ANGELO	1825	10	Grease	CLEANED MAIN	0.25	GROUND	Area Cleaned and Disinfected, Flushed Area with H2O
	315161	636253	10/20/2014	GUS GARCIA	3	37	Roots	CLEANED MAIN	1.90	GROUND	Work Orders Made To Repair Laterals
	314787	634244	10/17/2014	FENFIELD AVE	1323	200	Debris	CLEANED MAIN	0.97	STREET	Area Cleaned and Disinfected, Flushed Area with H2O
	314943	637046	10/20/2014	DELLWOOD	100	100	Debris	CLEANED MAIN	1.07	STORMDRAIN	Area Cleaned and Disinfected, Flushed Area with H2O
		638278	10/17/2014	ALAMO ST N	1500	100	Contractor	CLEANED AREA	0.02	STREET	Contractor Advised To Ensure Proper Connections On Pumps And Hoses
1043260	314305	628956	10/13/2014	EL MONTE BLVD	1330	100	Structural	CLEANED MAIN	1.93	EASEMENT	Area Cleaned and Disinfected, Work Order To Repair Broken Main.
1041737	314128	625242	10/9/2014	STRATFORD CT	416	40	Structural	REPAIRED MAIN	1.13	GROUND	Area Cleaned and Disinfected, Repaired Main, Flushed Area with H2O
1040810	313821	622575	10/7/2014	BOSWELL ST	400	350	Structural	CLEANED MAIN	1.78	CREEK BED	Area Cleaned and Disinfected, Flushed Area with H2O Work Order Created To Repair Sewer Main
TOTAL EVENTS				1,102			TOTAL DURATION	N: 14.18		The state of the s	

Friday, November 07, 2014

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

## **OVERFLOW REPORT**

PERIOD: October 2014

WATERSHED: SALADO CREEK

TCEQ PERMIT # 10137-008

### EPA PERMIT # 0052647

WO#	INSPT#	SR#	DATE	ADDRESS		GALLON	CAUSE	ACTION	HRS	DISCHARGED TO	COMMENTS
	315538	643869	10/26/2014	DESERT VIEW DR	4410	50	Debris	CLEANED MAIN	4.40	ALLEY	Area Cleaned and Disinfected,
	315526	643838	10/25/2014	MESA LOOP	534	1,500	Contractor	CLEANED AREA	7.17	GROUND	- Contractor Has Repaired The Manhole.
	314889	635429	10/19/2014	SALISBURY DR	9831	100	Grease	CLEANED MAIN	2.43	GROUND	Area Cleaned and Disinfected,
	314521	632364	10/15/2014	MORGANS CIR	103	54,000	Contractor	CLEANED AREA	3.00	CREEK BED	Contractor Pulled Plug Out Of Main, Contractor Advised To Correct Their Pump Malfunction So The Capacity O The Bypass Pumping System Is Sufficient.
	313556	619075	10/3/2014	ANTRIM	139	30	Debris	CLEANED MAIN	2.83	ALLEY	Area Cleaned and Disinfected, Flushed Area with H2O
TOTAL EVENTS	5			TOTAL GALLONS:	55,680			TOTAL DURATIO	N: 19.83		

Thursday, November 06, 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: DOS RIOS WATER RECYLING CENTER

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

		QUA	NTITY OR LOADING	G	<u></u>	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	*****	*****	*****	6 MO MIN	*****	*****	mg/L		Daily	GRAB
H	SAMPLE MEASUREMENT	*****	*****	*****	6.7	****	7.9		0	12/Day	Gra
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	969	****		****	1.48	4.40		0	Daily	Compo
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	12510 DAILY AV	***	lb/d	*****	12 DAILY AV	40 DAILY MX	mg/L		Daily	COMPC
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	210	*****	-	****	0.32	1.38		0	Daily	Comp
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	2085 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daîly	СОМРС
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	79.04	89.40		*****	****	*****	*****	0	Continuous	Tota
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	86042		*****	****	*****	*****	0	Continuous	Total
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	173611 2HR PEAK	gal/min	****	****	*****	*****		Continuous	TOTAL
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	78.81	****		****	****	*****	*****	0	Continuous	Total
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125 ANNL AVG	*****	MGD	*****	**	*****	*****		Continuous	TOTAL
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	15				TEL	EPHONE	DATE
Steven Clouse Senior Vice President & COO	evaluate the in system, or thos to the best of a significant pen-	formation submitted, Based on r se persons directly responsible f 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 ation, including the possibility of fin	s who manage the nformation submitted is, e that there are	Signa	ATURE OF PRINCIPAL	EXECUTIVE OFFICER	OR	210-2	233-3774	1/2 /2
TYPED OR PRINTED Knowling violations.					AUTHORIZED AGENT AREA Code						MM/DB/YYY

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

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

MM/DØ/YYYY

Form Approved OMB No. 2040-0004

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

NAME:

DOS RIOS WATER RECYLING CENTER

ADDRESS:

3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

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		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	****	****	****	*****	1.48	30.0		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	126 DAILY AV	394 DAILY MX	CFU/100m		Five Per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	1318	*****		*****	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

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	

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)

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

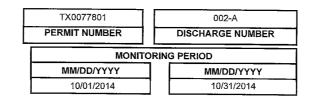
ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

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

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP



DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 002

External Outfall

No Discharge

PARAMETER		QUA	NTITY OR LOADING	G		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	*****	6.8	****	*****		0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
рН	SAMPLE MEASUREMENT	*****	*****	****	7.0	*****	8.2		0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6 MINIMUM	*****	9 MAXIMUM	su		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	47.0	*****		****	1.48	4.40		0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 DAILY AV	****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	10.0	*****		*****	0.32	1.38		0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	167 DAILY AV	*****	lb/d	****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.76	3.95		*****	*****	*****	*****	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	5.18	****		****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	10 ANNL AVG	****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	****	0.060		0	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE C	supervision in a evaluate the inf	accordance with a system design formation submitted. Based on m	and all attachments were prepar ed to assure that qualified persor y inquiry of the person or person	nnel properly gather and	2				TEL	EPHONE	DATE
Steven Clouse Senior Vice President & COO	Steven Clouse  Senior Vice President & COO  system, or those persons directly responsible for gathering the information, the information subm to the best of my knowledge and belief, true, accourate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprison.  Anowing violations.									33-3774	1/12/2014
TYPED OR PRINTED	TO LOWING VIOLATION				RE	AUTHORIZE		†	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 - 002

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	· · · · · ·
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
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	*****	****	****	*****	1.48	30.0		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	62.7	****		*****	2.0	2.0		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	834 DAILY AV	*****	lb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and
Caniar Vias Descident 9 000	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 ALUTHORIZED AGENT AREA COde

TELEPHONE DATE

210-233-3774 Wilder

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

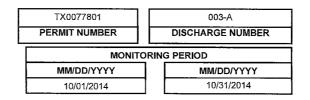
SAN ANTONIO, TX 78221

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



		QUAI	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
ЭΗ	SAMPLE MEASUREMENT	*****	*****	*****	"	****	7.00				
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		3.00		*****	*****	****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	******	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		*****		*****	****	*****	*****			
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	10 ANNL AVG	*****	MGD	*****	****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT.	*****	*****	*****	*****	*****		-			
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	****	****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  I certify under penalty of law that this document and all attachments were prepared under my directly supervision in accordance with a system designed to assure that qualified personnel property gat evaluate the information submittled. Based on my inquiry of the person or persons who manage the					K				TELE	PHONE	DATE
Steven Clouse Senior Vice President & COC	system, or those to the best of n significant pens	e persons directly responsible for ny knowledge and belief, true, acc alties for submitting false informat	r gathering the information, the i curate, and complete. I am awar	nformation submitted is, e that there are					210-233-3774		Wizla
TYPED OR PRINTED	ons.			AUTHORIZED AGENT				AREA Code	NUMBER	MW/DD/YYYY	

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

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

No Discharge

### NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

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

NAME:

DOS RIOS WATER RECYLING CENTER

ADDRESS:

3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY:

DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801 003-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 003

External Outfall

No Discharge

	1	QUANTITY OR LOADING				QUALITY OR CONCENTRATION					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 Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT		*****		****					, , oo k	
30082 1 0 Effluent Gross	PERMIT REQUIREMENT	834 DAILY AV	*****	lb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

	<del></del>
	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 Honowing violations.
TYPED OR PRINTED	arowing violations.

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

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

No Discharge

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

NUMBER

DATE

MM/DD/YYYY

Page 2

TELEPHONE

210-233-3774

AREA Code

Form Approved
OMB No. 2040-0004

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

NAME: DO

DOS RIOS WATER RECYLING CENTER

ADDRESS:

3495 VALLEY RD

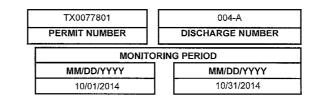
SAN ANTONIO, TX 78221

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

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		QUA	NTITY OR LOADING	3		QUALITY OR CONG	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	T EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****		****	为内涵安安				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 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	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. DAILY AV	Req. Mon. DAILY MX	MGD	****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		****		*****	****	****	*****			
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	3 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	***	****	****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE C	supervision in a	eccordance with a system design	and all attachments were prepared to assure that qualified perso	nnel properly gather and	Tak	f			TEL	EPHONE	DATE
Steven Clouse  Steven Clouse  Senior Vice President & COO  Steven Clouse  Senior Vice President & COO				nformation submitted is, a that there are	SIGNA	ATURE OF PRINCIPAL	EXECUTIVE OFFICER	OR	210-2	233-3774	11/12/70
TYPED OR PRINTED	knowing violation	ons.			KE	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.

No Discharge

Form Approved OMB No. 2040-0004

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

NAME: DOS RIOS WATER RECYLING CENTER

ADDRESS: 3495 VALLEY RD

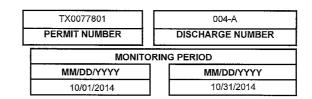
SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP



DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 004

External Outfall

No Discharge

	7
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		QUAI	NTITY OR LOADING	G	QUALITY OR CONCENTRATION			NO. FREQUENCY		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	****		****	*****				
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	****	****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****						
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT		****		*****						
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	250 DAILY AV	*****	lb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

	I certify under penelty 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, 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 AUTHORIZED AGENT AREA Code

210-233-3774 NUMBER

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.

No Discharge

Form Approved OMB No. 2040-0004

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

NAME: DOS RIOS WATER RECYLING CENTER

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	005-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

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
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	******	*****	****	6.5	****	*****		0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
Н	SAMPLE MEASUREMENT	******	****	****	6.8	****	7.1		0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	9.3	****		****	1.48	4.40		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	2.0	*****		****	0.32	1.38		0	Daily	Compo
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	43 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPO
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.75	0.82		****	*****	*****	*****	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	0.65	****		****	*****	****	*****	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 in	penalty of law that this document accordance with a system design	ned to assure that qualified perso	nnel properly gather and	1			T	TEL	EPHONE	DATE
Steven Clouse Senior Vice President & COC	nformation submitted, Based on n se persons directly responsible fo my knowledge and belief, true, ac alties for submitting false informa	or gathering the information, the is curate, and complete. I am awan	nformation submitted is, e that there are	SIGNA	ATURE OF PRINCIPAL	EXECUTIVE OFFICER	OR	210-2	233-3774	11/12/2	
TYPED OR PRINTED	ions.			16	AUTHORIZE		+	AREA Code	MM/DD/YYY		

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

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

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	}		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	76 76 76 76 76	*****	1.0	*****	者看按方文章		0	Daily	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	****	****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	****	*****	*****	*****	1.48	30.0		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	12.5	*****		****	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

			<u> </u>					
	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	$\Gamma$		TELEF	HONE	Τ
Conjor 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 knowline violations.	1	SIGNATU	REC	PRINCIPAL EXECUTIVE OFFICER OR	210-23	3-3774	T <sub>i</sub>
TYPED OR PRINTED	Troning Holasons.	K	•		AUTHORIZED AGENT	AREA Code	NUMBER	٦

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

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

DATE

Form Approved
OMB No. 2040-0004

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

NAME: DOS RIOS WATER RECYLING CENTER

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 006

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	****	*****	****	4 MO MIN	****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****		****					<u></u>
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	****	****	****	*****	****					- Aur
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	****	*****	****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE (	supervision in	r penalty of law that this document a accordance with a system design information submitted. Based on r	ned to assure that qualified person	nnel properly gather and	5/4				TEL	EPHONE	DATE
Steven Clouse Senior Vice President & COC	ose persons directly responsible for my knowledge and belief, true, ac natties for submitting false informa	or gathering the information, the incurate, and complete. I am awar	information submitted is, re that there are	SIGNA	TURE OF PRINCIPAL	EXECUTIVE OFFICER	OR	210-2	33-3774	11/12/2	
TYPED OR PRINTED	Knowing viola	itions.			KE	AUTHORIZE	D AGENT	t	AREA Code	NUMBER	MINIOD/YYYY

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

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

No Discharge

OMB No. 2040-0004

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

NAME: DOS RIOS WATER RECYLING CENTER

ADDRESS: 3495 VALLEY RD

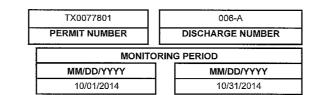
SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP



DMR Mailing ZIP CODE:

78221

Form Approved

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 006

External Outfall

No Discharge



		QUAN	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	****	****	*****		*****	*****				
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	书案者表案	*****	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

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	15	1			TELEP	HONE	DATE
Senior 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 eware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for		SIGNATUR	≥-ofF	RINCIPAL EXECUTIVE OFFICER OR	210-23	3-3774	1412/20
TYPED OR PRINTED	knowing violations.	Ke		, j	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.

No Discharge

Form Approved
OMB No. 2040-0004

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

NAME:

DOS RIOS WATER RECYLING CENTER

DOS RIOS WATER RECYCLING CTR.

ADDRESS:

3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY:

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

**DOMESTIC WASTEWATER - 101** 

Internal Outfall

No Discharge

		QUA	NTITY OR LOADING	3	QUALITY OR CONCENTRATION			NO. FREQUENCY		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.82	12.18		*****	****	<b>我我</b> 我我被	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.02	*****		*****	****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	Req. Mon. ANNL AVG	****	MGD	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under 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 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.	ا			

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

210-233-3774

INTELEPHONE

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 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

TOTAL DISCHARGE - 001 & 101

Internal Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	84.87	94.30		*****	****	*****	*****	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	84.83	*****		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125 ANNL AVG	****	MGD	*****	****	*****	*****		Continuous	TOTALZ

	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	twaltate 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 knowling violations.
TYPED OR PRINTED	actiowing violations.

TELEPHONE DATE 210-233-3774 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** AREA Code NUMBER MM/DDYYYY

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



JAN ANTONIO IX

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SYS

Separate separate	WQ0010137-033
ALC: U	PERMIT NUMBER

02
SET

14	10
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.

TCEQ COPY

PARAMETER		EFFLUENT CONDITION			FREQUENCY		SAMPLE	
		VALUE	UNITS	EX.	<u> </u>	OF ANALYSIS		TYPE
500507124 FLOW	REPORTED	84.87	MGD	0	02		11	
DLY AVG	PERMITTED				02	CONT	11	CONT
500507128 FLOW	REPORTED	84.83	MGD	0	02		11	
ANN AVG	PERMITTED				02	CONT	11	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		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							

COMMENTS AND EXPLANATIONS (Reference all attachments here)

	M FAMILIAR WITH THE INFORMATION REPORT AND THAT TO THE BEST OF MY	NAME	SIGNATUBE	DATE
	LIEF SUCH INFORMATION IS TRUE AND	Sharon Surra Manager-Prod & Treat Ops	La Doschi	114111 110
TELEF	PHONE NUMBER	PLANT OPERATOR	, PLANT OPERATOR	YEAR MO. DAY
2 1 0	2 3 3 3 7 7 4	Steven Clouse Senior Vice President & COO	Spe Com	11411112
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

TCEQ VIPP Form 0123A / TCEQ-20024 (04-28-08)

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

Haalladaalahadaalahadalahadadaalahadadalah

SAN ANTONIO WATER SYSTEM 3495 VALLEY RD SAN ANTONIO TX 78221-5238 PAGE 1



40B SYS

WQ0010137-033 PERMIT NUMBER 02 SET 14 10 YEAR MO.

12551 EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE I

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

TCEQ COPY

PARAMETER		EFFLUENT CONDITI		NO. EX.	FREQUENCY		SAMPLE		
		VALUE	LUE UNITS		<u> </u>	OF ANALYSIS		TYPE	
000085342 TRANSFER	REPORTED	REPORTED 27	DAY	0	01		01		
DAYS/MON	PERMITTED				01	NA	01	NA	
316164024 E-COLI	REPORTED	1.05	#/100 ML	0	08	1/Day	03		
DLY AVG	PERMITTED	20,000			11	2/WEEK	03	GRABPKLOAD	
316164030 E-COLI	REPORTED	4.00	#/100 ML	0	08	1/Day	03	TO THE SHOULD A DOUBLE	
IND GRAB	PERMITTED	75.000	#/100 ML		11	2/WEEK	03	GRABPKLOAD	
500507124 FLOW	REPORTED	1.61	MGD	0	02		11		
DLY AVG	PERMITTED				02	CONT	11	CONT	
500507128 FLOW	REPORTED	0.56	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	0.67	NTU	0	08	1/Day	10	12-PRT-COM	
30DAYAVG	PERMITTED	3.000			11	2/WEEK	03	GRABPKLOAD	
NUMBER OF OPERATOR	REPORTED	WW0036067	NUMBER	0	01		NA		
CERTIFICATE	PERMITTED				01	01	NA	NA	
EXPIRATION OF OPERATOR	REPORTED	170111	DATE	0	01		NA		
CERTIFICATE	PERMITTED				01	01	NA	NA	
CLASS OF OPERATOR	REPORTED	А	LETTER	0	01		NA		
CERTIFICATE	PERMITTED			Tan Giran	01	01	NA	NA	
	REPORTED								
	PERMITTED								

COMMENTS AND EXPLANATIONS (Reference all attachments here)

E-Coli substituted for Fecal Coliform

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF M		SIGNATURE	DATE
KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.		hat Estre	14/11/10
TELEPHONE NUMBER	PLANT OPERATOR	/ PLANT OPERATOR	YEAR MO. DAY
2 1 0   2 3 3   3 7 7 4	Steven Clouse Senior Vice President & COO	Star Come	1411112
AREA CODE NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

TCEQ VIPP Form 0123A / TCEQ-20024 (04-28-06)

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

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



40B SYS

WQ0010137-033 PERMIT NUMBER 02 SET

14 10 YEAR MO.

12552 EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE II

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

TCEQ COPY

PARAMETER		EFFLUENT CONDITION		NO.		FREQUENCY	SAMPLE	
		VALUE UNIT		EX.	OF ANALYSIS		TYPE	
000085342 TRANSFER	REPORTED	0	DAY	0				
DAYS/MON	PERMITTED				01	NA	01	NA
316164024 FEC.COLI	REPORTED		#/100 ML					
DLY AVG	PERMITTED	200.000			14	1/WEEK	03	GRABPKLOAD
316164030 FEC.COLI	REPORTED		#/100 ML					
IND GRAB	PERMITTED	800.000			14	1/WEEK	03	GRABPKLOAD
500507124 FLOW	REPORTED		MGD					
DLY AVG	PERMITTED				02	CONT	11	CONT
500507128 <b>FLOW</b>	REPORTED		MGD					
ANN AVG	PERMITTED				02	CONT	11	CONT
800821024 BOD CARB	REPORTED		MG/L					
DLY AVG	PERMITTED	20.000			14	1/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR	REPORTED	WW0036067	NUMBER	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA.	NA
EXPIRATION OF OPERATOR	REPORTED	170111	DATE	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
CLASS OF OPERATOR	REPORTED	Α	LETTER	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							

COMMENTS AND EXPLANATIONS (Reference all attachments here)

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY		SIGNATURE	DATE
CONTRINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.		KONT CSufer	19/11/10
TELEPHONE NUMBER	PLANT OPERATOR	( PLANT OPERATOR	YEAR MO. DAY
2 1 0   2 3 3   3 7 7 4	Steven Clouse Senior Vice President & COO	Star Ou	11411112
AREA CODE NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

## **OVERFLOW REPORT**

PERIOD: October 2014

WATERSHED: LEON CREEK

TCEQ PERMIT # 10137-003

**EPA PERMIT # 0052639** 

WO#	INSPT#	SR#	DATE	ADDRESS		GALLON	CAUSE	ACTION	HRS	DISCHARGED TO	COMMENTS
	315108	638411	10/21/2014	CRYSTAL HILL	4707	20,000	Contractor	CLEANED AREA	5.20	GROUND	Area Cleaned and Disinfected, - Contractor Repaired Main. Contractor Was Counselled To Be Careful When Excavating Around Our Utilities
	314537	631917	10/15/2014	HARBOR VW	9127	400	Grease	CLEANED MAIN	3.10	STREET	Area Cleaned and Disinfected, Flushed Area with H2O
	314495	631152	10/15/2014	YOLANDA	103	60	Debris	CLEANED MAIN	0.63	STORMDRAIN	Area Cleaned and Disinfected, Flushed Area with H2O
	314389	630591	10/14/2014	CAMINO REAL	3400	22,500	Roots	CLEANED MAIN	3.65	DRAINAGE CULVERT	Flushed Area with H2O
	314221	627459	10/12/2014	MEADOW STAR	7903	450	Grease	CLEANED MAIN	0.95	DRAINAGE CULVERT	Area Cleaned and Disinfected,
		627415	10/11/2014	QUINTANA RD	7703	88,600	1/1	DILUTED BY HEAVY RAIN WATER	11.07	CREEK BED	Monitored Area. 54" Siphon
	313470	617984	10/2/2014	BEARTRAP LN	7331	1,800	Debris	CLEANED MAIN	2.38	DRAINAGE CULVERT	Area Cleaned and Disinfected, Flushed Area with H2O
TOTAL EVENTS	7			TOTAL GALLONS:	133,810			TOTAL DURATION:	26.98		

Thursday, November 06, 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

LOCATION: 1104 MAUERMAN ROAD

SAN ANTONIO, TX 78224

SAN ANTONIO, TX 78221 FACILITY: LEON CREEK WATER RECYC. CTR. ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

78221

MAJOR

QUALITY OR CONCENTRATION

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

NO FREQUENCY SAMPLE

		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	****	****	*****	6.0	*****	*****		0	12/Day	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	5 MO MIN	*****	*****	mg/Ĺ		Daily	GRAB
ρΗ	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	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	184	*****		*****	1.14	2.60		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	54	****		****	0.33	1.50		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	19.38	29.94		*****	*****	*****	****	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	****	26389		*****	*****	*****	*****	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	22.53	*****		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
NAME/TITLE PRINCIPAL EXECUTIVE (	supervision	der penalty of law that this document in accordance with a system design	gned to assure that qualified pers	onnel properly gather and					TEI	LEPHONE	DATE
Steven Clouse Senior Vice President & COO2	e information submitted. Based on those persons directly responsible of my knowledge and belief, true, a penalties for submitting false inform	for gathering the information, the occurate, and complete, I am awa	information submitted is, re that there are		ATURE OF PRINCIPAL	EXECUTIVE OFFICER	ROR	210-	233-3774	11/12/20	
TYPED OR PRINTED	knowing vio			,		AUTHORIZED AGENT				e NUMBER	MM/DD/YYY
					1				4		4

QUANTITY OR LOADING

Form Approved
OMB No. 2040-0004

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

NAME: SAN ANTONIO WATER SYSTEM

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC. CTR.

LOCATION: 1104 MAUERMAN ROAD

SAN ANTONIO, TX 78224

ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
	7

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

		QUA	NTITY OR LOADING	G		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	****	*****	****	0.090		0	12/Day	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	****	****	****	.1 INST MAX	mg/L	-	Daily	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	1.0	****	*****		0	12/Day	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	****	****	*****	****	1.59	49.0		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	*****	126 DAILY AV	394 DAILY MX	CFU/100m		Five Per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	328	*****		*****	Steven Clouse Senior Vice President & COO2.03	3.00		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

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 desligned to assure that qualified personnel properly gather and	DIC	<u> </u>		TELEP	HONE		DATE
Sonior Vice President & COO2 02	twalutet 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	+	NATURE OF PI	RINCIPAL EXECUTIVE OFFICER OR	210-23	3-3774	11	17.12.
TYPED OR PRINTED	knowing violations.		AL	JTHORIZED AGENT	AREA Code	NUMBER	MM	YYYYOON

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 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 002

External Outfall

No Discharge

		QUA	NTITY OR LOADING	G		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	VALUE         UNITS         EX         OF ANALYSIS           *******         0         12/Day           *******         mg/L         Daily           7.2         0         12/Day           9         SU         Daily           2.60         0         Daily           40         mg/L         Daily           1.50         0         Daily           OAILY MX         Daily         Daily           *******         0         Continuous           *******         *******         Continuous	TYPE		
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	*****	6.0	*****	*****		0	12/Day	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MO MIN	*****	*****	mg/L		Daily	GRAB
рН	SAMPLE MEASUREMENT	*****	****	****	6.5	****	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	46.6	****		*****	1.13			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	14.2	*****		****	0.34	1.50		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	4.90	8.88		*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	6944		****	*****	*****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	63889 2HR PEAK	gal/min	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.21	****		*****	*****	****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46 ANNL AVG	****	MGD	****	*****	****	*****		Continuous	TOTALZ
NAME/TITLE PRINCIPAL EXECUTIVE C	supervision in	penalty of law that this document accordance with a system design	ed to assure that qualified perso	nnel properly gather and	ME				TEL	EPHONE	DATE
Steven Clouse Senior Vice President & COO2	nformation submitted. Based on make persons directly responsible formy knowledge and belief, true, accustos for submitting false informations.	or gathering the information, the incurate, and complete. I am awar	nformation submitted is, e that there are	SIGN	TURE OF PRINCIPAL		ROR	210-2	233-3774	11/12/21	
TYPED OR PRINTED	knowing violat	ions.				AUTHÒRIZE	D AGENT	†	AREA Code		MM/DD/YYYY

Form Approved OMB No. 2040-0004

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

NAME:

SAN ANTONIO WATER SYSTEM

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC. CTR.

LOCATION: 1104 MAUERMAN ROAD

SAN ANTONIO, TX 78224

ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	DENC PERIOR
MONT	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	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	*****	*****	At the tile tile the	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	****	****	*****	*****	1.60	49.0		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	83.4	*****		*****	2.03	3.00		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

NAME/TITLE PRINCIPAL EXECU		l 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 &	COO2.03	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 PRINTE		Knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 210-233-3774 AREA Code NUMBER NIM/DDYYYY

### 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

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 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

COMBINED OUTFALLS 001 & 002

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER	ļ	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	Daily Daily Daily Daily Continuous	TYPE	
Solids, total suspended	SAMPLE MEASUREMENT	228	*****		*****	*****	****	*****	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	68	*****		****	*****	*****	*****	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	23.97	29.94		****	****	*****	*****	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	****	27083		*****	*****	*****	*****	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	23.77	*****		****	****	*****	*****	· 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	406	*****		*****	****	*****	*****	0	Daily	Compos	
80082 J 0 Intermediate Treatment, Process	PERMIT REQUIREMENT	2686 DAILY AV	****	lb/d	*****	*****	*****	*****		Daily	COMPOS	

	fy under penalty of law that this document and all attachments were prepared under my direction or vision in accordance with a system designed to assure that qualified personnel property gather and ate the information submitted. Based on my inquiry of the person or persons who manage the	DRGL (	TELEPHONE	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 significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER	210-233-3774	11/12/101
TYPED OR PRINTED	knowing violations.	AŬTHORIZED AGENT	AREA Code NUMBER	MWIDEITYYYY

Form Approved
OMB No. 2040-0004

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

NAME: SAN ANTONIO WATER SYSTEM

ADDRESS: 3495 VALLEY RD

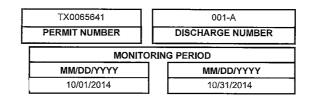
SAN ANTONIO, TX 78221

FACILITY: MITCHELL LAKE

LOCATION: 1M S LOOP 410 E PLEASANTON RD

SAN ANTONIO, TX 782982449

ATTN: STEVEN CLOUSE, SEN. VP & COO



DMR Mailing ZIP CODE:

78221

MINOR

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

X

		QUA	NTITY OR LOADING	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
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	****	*****	*****	*****	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	N	Ne /				TELEPHONE		
Steven Clouse	twalusts 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	19	SIGNATUR	E QF	PRINCIPAL EXECUTIVE OFFICER OR	210-23	3-3774	1/12/20	
TYPED OR PRINTED	knowing violations.			ł	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	7

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.

No Discharge

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

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

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

PAGE



TCEQ COPY

40B WQ0010137-003
SYS PERMIT NUMBER

02 SET 14 10 YEAR MO

12645 EID

PLANTOPERATOR

**EXECUTIVE OFFICER** 

YEAR

YEAR

MO.

MO.

DAY

DAY

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

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

EFFLUENT CONDITION SAMPLE **FREQUENCY** NO. PARAMETER EX. TYPE VALUE UNITS OF ANALYSIS 500507124 11 02 REPORTED 28.08 0 FLOW MGD PERMITTED 11] CONT DLY AVG 02 CONT 500507128 REPORTED 28.18 11 0 02 MGD FLOW PERMITTED 11 ANN AVG 02 CONT CONT NUMBER WW0004506 REPORTED 01 NA 0 NUMBER OF OPERATOR PERMITTED CERTIFICATE 01 01 NA NA **EXPIRATION** REPORTED 170108 0 01 NA DATE OF OPERATOR PERMITTED 01 01 NA NA CERTIFICATE **CLASS** REPORTED Α 01 NA 0 OF OPERATOR **LETTER** 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 NAME SIGNATURE DATE CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND Daniel Rodriguez Manager 10 COMPLETE AND ACCURATE. Prod & Treat Ops

PLANT OPERATOR

Steve Clouse

Senior Vice President & COO
EXECUTIVE OFFICER

TCEQ VIPP Form 0123A / TCEQ-20024 (04-28-08)

2110

AREA CODE

TELEPHONE NUMBER

21313

NUMBER

3,7,7,4

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

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SAN ANTONIO WATER SYSTEM

PAGE 1



3495 VALLEY RD SAN ANTONIO TX 78221-5238

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5	١,	7	3	

WQ0010137-003 PERMIT NUMBER

02 SET

14 10 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

		EFFLUENT CONDITION	ON	NO.	T	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	1.02	#/100 ML	0	08	1/Day	03		
DLY AVG	PERMITTED	20,000			11	2/WEEK	03	GRABPKLOAD	
316164030 E-COLI	REPORTED	2.00	#/100 ML	0	80	1/Day	03		
IND GRAB	PERMITTED	75.000			11	2/WEEK	03	GRABPKLOAD	
500507124 FLOW	REPORTED	4.11	MGD	0	02		11		
DLY AVG	PERMITTED				02	CONT	11	CONT	
500507128 FLOW	REPORTED	4.42	MGD	0	02		11		
ANN AVG	PERMITTED				02	CONT	11	CONT	
800821024 BOD CARB	REPORTED	2.03	MG/L	0	08	1/Day	10	12-prt-com	
DLY AVG	PERMITTED	5,000			11	2/WEEK	03	GRABPKLOAD	
820786624 Turbdity	REPORTED	0.57	NTU	0	08	1/Day	10	12-prt-com	
30DAY AV	PERMITTED	3.000			11	2/WEEK	03	GRABPKLOAD	
NUMBER OF OPERATOR	Lancia de la companya	WW0004506	NUMBER	0	01		NA		
CERTIFICATE	PERMITTED				01	01	NA	NA	
EXPIRATION OF OPERATOR	REPORTED	170108	DATE	0	01		NA		
CERTIFICATE	PERMITTED				01	01	NA	NA	
CLASS OF OPERATOR	REPORTED	Α	LETTER	0	01		NA		
CERTIFICATE	PERMITTED				01	01	NA	NA	
	REPORTED								
•	PERMITTED			· · · · · · · · · · · · · · · · · · ·					

COMMENTS AND EXPLANATIONS (Reference all attachments here)

E-Coli substituted for Fecal Coliform

		THE INFORMATION			SIGNATURE	D	ATE
CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.				De	ment look	1141	11/10
TELEPHONE NUMBER		MBER	PLANT OPERATOR		PLANT OPERATOR	YEAR I	MO. DAY
2 1 0	2 3 3	317174	Steve Clouse Senior Vice President & COO	3	Can Clam	1141	11/12
AREA CODE	NUN	<b>IBER</b>	EXECUTIVE OFFICER		EXECUTIVE OFFICER	YEAR I	MO. DAY

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

**40B** SYS

WQ0010137-003 PERMIT NUMBER

02 SET

14 10 YEAR MO.

12548 EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE II 900

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

TCEQ COPY

PARAMETER		EFFLUENT CONDITION	ON	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 FLOW	REPORTED		MGD -						
ANN AVG	PERMITTED				02	CONT	11	CONT	
800821024 BOD CARB	REPORTED		MG/L						
DLY AVG	PERMITTED	15.000			14	1/WEEK	03	GRABPKLOAD	
NUMBER OF OPERATOR		WW0004506	NUMBER	0	01		NA		
CERTIFICATE	PERMITTED				01	01	NA	NA	
EXPIRATION OF OPERATOR	REPORTED	170108	DATE	0	01		NA		
CERTIFICATE	PERMITTED				01	01	NA	NA	
CLASS OF OPERATOR	REPORTED	Α	LETTER	0	01		NA		
CERTIFICATE	PERMITTED				01	01	NA	NA	
	REPORTED								
	PERMITTED								
	REPORTED								
• · · · · · · · · · · · · · · · · · · ·	PERMITTED		No. 1 Server of Tables of Facilities and of Tables of T						

COMMENTS AND EXPLANATIONS (Reference all attachments here)

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY	1 INMINIT	SIGNATURE	DATE
KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.		Deoz	14/1/10
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	She Jouse	114111112
AREA CODE NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

## **OVERFLOW REPORT**

PERIOD: October 2014

WATERSHED: MEDIO CREEK

TCEQ PERMIT # 10137-040

EPA PERMIT # 0055689

WO#	INSPT#	SR#	DATE	ADDRESS		GALLON	CAUSE	ACTION	HRS	DISCHARGED TO	COMMENTS
1049237			10/31/2014	US HWY 90 WEST	10102	250	Lift Station	CLEANED AREA	0.42	GROUND	- Reprimed Pumps #1 & #2 And Replaced Flapper Cup On Gasket On Pump #3. Work Order #1050649 Made To Replace Manhole Ring And Cover.
	315613	645808	10/27/2014	JARBO PASS	11322	150	Contractor	CLEANED AREA	0.37	STREET	Area Cleaned and Disinfected, Flushed Area with H2O - Bexar County Was Contacted About The Debris In The Sewer Line Due To Road Resurfacing
TOTAL EVENTS	2			TOTAL GALLONS:	400			TOTAL DURATION:	0.79		-

Thursday, November 06, 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	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
10/01/2014	10/31/2014							

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

No Discharge

		QUA	NTITY OR LOADING	<u> </u>		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.18	****	*****		0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	****	*****	7.24	****	8.13		0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6 MINIMUM	*****	9 MAXIMUM	su		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	37	****		*****	1.05	1.90		0	Daily	Compo
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	13	****		*****	0.36	0.90		0	Daily	Compo
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	4.16	6.41		*****	*****	*****	*****	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	*****	7611		*****	********	埃埃埃埃米	*****	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	5.56	****		*****	****	****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	16 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
NAME/TITLE PRINCIPAL EXECUTIVE C	supervision in	ccordance with a system design	and all attachments were prepared to assure that qualified person	nnel properly gather and	DEL	$\neg$			TEL	EPHONE	DATE
Steve Clouse Senior Vice President & CO	is who manage the information submitted is, e that there are ne and imprisonment for	Su	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR					Ulizla			
TYPED OR PRINTED	knowing violati	ons.				AUTHORIZE		†	AREA Code	NUMBER	MM/DDO

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: MEDIO CREEK WATER RECYCLING CENTER

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: MEDIO CREEK WATER RECYC. CTR.

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

IH410

ATTN: STEVEN CLOUSE, SENIOR VP

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

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 001

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
E. coli	SAMPLE MEASUREMENT	*****	****	*****	****	1.97	44.0		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Daily	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	69	*****		*****	2.0	2.0		0	Daily	Compo
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	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

DATE

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

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



40B SYS

WQ0010137-040 PERMIT NUMBER 01 SET 14 1.0 YEAR MO.

12654 . EID

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

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

EASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.							TOLG COF		
PARAMETER	EFFLUENT CONDITION			NO.	FREQUENCY		SAMPLE		
		VALUE	UNITS	EX.		OF ANALYSIS	<del> </del>	TYPE	
500507124 FL <b>0W</b>	REPORTED	6.40	MGD	0	02		11		
DLY AVG	PERMITTED				02	CONT	11	CONT	
500507128 FLOW	REPORTED	7.21	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				. 453				
	REPORTED								
	PERMITTED								
	REPORTED								
	PERMITTED	:			<b>2014 (41 (41 (41 ) 11 )</b>				
	REPORTED								
	PERMITTED								
	REPORTED								
	PERMITTED								

COMMENTS AND EXPLANATIONS (Reference all attachments here)

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY	1 INPAINE	SIGNATURE	DATE	
KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.		Mode	14 11 10	
TELEPHONE NUMBER	PLANT OPERATOR	, 'RLANTOPERATOR	YEAR MO. DAY	
2 1 0 2 3 3 3 7 7 4	Steve Clouse Senior Vice President & COO	Star Vouse	11411112	
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 1



40B SYS

WQ0010137-040 PERMIT NUMBER 01 SET 14 10 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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	21000111011	TOUR RECORDS.	-					-4 701
PARAMETER	EFFLUENT CONDITION			NO.		FREQUENCY	SAMPLE	
		VALUE	UNITS	EX.	OF ANALYSIS		TYPE	
000085342 TRANSFER	REPORTED	30	DAY	0	01		01	
DAYS/MON	PERMITTED				01	NA	01	NA
316164024 FEC.COLI	REPORTED	1.11	#/100 ML	0	08	1/Day	03	
DLY AVG	PERMITTED	20.000			11	2/WEEK	03	GRABPKLOAD
316164030 FEC.COLI	REPORTED	6.00	#/100 ML	0	80	1/Day	03	
IND GRAB	PERMITTED	75.000			11	2/WEEK	03	GRABPKLOAD
500507124 FLOW	REPORTED	2.31	MGD	0	02		11	
DLY AVG	PERMITTED				02	CONT	11	CONT
500507128 FLOW	REPORTED	2.05	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	0.57	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		E as will be the three to be		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

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION	**************************************	J. projection is a project of the same of	pa, y spece
CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY		SIGNATURE	DATE
KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND	Daniel Rodriguez		1.11
COMPLETE AND ACCURATE.	Manager-Prod & Treat Ops	Legs	1141110
TELEPHONE NUMBER	PLANT OPERATOR	PLANTOPERATOR	YEAR MO. DAY
2 1 0 2 3 3 3 7 7 4	Steve Clouse Senior Vice President & COO	Stand	11411112
AREA CODE NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

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

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

1



40B SYS

WQ0010137-040 PERMIT NUMBER

02 SET

14 10 YEAR MO.

12554 EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE II 900

PARAMETER		EFFLUENT CONDITION				FREQUENCY	SAMPLE TYPE	
		VALUE	ON NO. UNITS EX.					
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 <b>=LOW</b>	REPORTED		MGD					
ANN AVG	PERMITTED				02	CONT	11	CONT
300821024 30D CARB	REPORTED		MG/L					
DLY AVG	PERMITTED	20.000			14	1/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR	REPORTED	WW0004506	NUMBER	0	01		NA	
ERTIFICATE	PERMITTED				01	01	NA	NA
EXPIRATION OF OPERATOR	REPORTED	170108	DATE	0	01		NA	
ERTIFICATE	PERMITTED				01	01	NA	NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	Α	LETTER	0	01		NA	
	PERMITTED				01	01	NA	NA
	REPORTED							
	PERMITTED							
	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.	£	DET	114/11/10	
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	Stanlow	114 111 112	
AREA CODE NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY	