

March 17, 2015

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

Via U.S. Certified Mail RRR# 7014 1200 0001 8535 5633

P.O. Box 7611 Washington, D.C. 20044-7611

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

Consent Decree

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

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 February 2015 is attached and is provided in compliance with Consent Decree requirements.

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

Sincerely

Jeffrey J. Haby, P.E.

Senior Director – Sewer System Improvements

Enc. As stated



March 17, 2015

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# 7014 1200 0001 8535 5640

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# 7014 1200 0001 8535 5640

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

Consent Decree

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Sincerely.

Jeffrey J. Haby, P.E.

Senior Director - Sewer System Improvements

Enc. As stated

OVERFLOW REPORT

PERIOD: FEBRUARY 2015

WATERSHED: DOS RIOS

TCEQ PERMIT # 10137-033

EPA PERMIT # 0077801

W0 #	INSPT#	SR#	Date	Address		Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments
1089661		778871	2/28/2015	Grosvenor Blvd	1122	5	Structural	Repaired Lateral	0.53	0.17	Ground	Area Cleaned and Disinfected,
					٠.							Work Order Created To Repair Lateral
1089482		778269	2/27/2015	Woodlawn W	932	10	Structural	Repaired Lateral	0.87	0.37	Ground	Area Cleaned and
												Disinfected, Work Order Created To Repair Lateral
	335121	777944	2/27/2015	Barlite Blvd	7515	100	Grease	Cleaned Main	1.17	0.67	Ground	Area Cleaned and
												Disinfected, Flushed Area with H2O
	334410	775697	2/25/2015	Fredericksburg Rd	2719	20	Grease	Cleaned Main	1.22	0.18	Street	Area Cleaned and
												Disinfected, Flushed Area with H2O
	334118	771902	2/23/2015	Ih 35 N	2535	40	Grease	Cleaned Main	1.40	0.40	Street	Area Cleaned and
												Disinfected, Flushed Area with H2O
	334131	772431	2/23/2015	Villa Verde	3	200	Grease	Cleaned Main	1.30	0.85	Drainage Culvert	Area Cleaned and Disinfected, Flushed Area
						·						with H2O
1087030	333948	770643	2/21/2015	Audubon S	203	30	Structural	Cleaned Main	4.85	1.35	Ground	Area Cleaned and Disinfected, Work Order Created To Repair
***************************************												Sewer Main
1085496	333455	765359	2/17/2015	Audubon S	203	50	Structural	Cleaned Main	3.85	0.77	Ground	Area Cleaned and Disinfected, Work Order Created To Repair
	***************************************									· ·		Sewer Main
1084239	333242	761163	2/13/2015	Mertz Dr	9000	5	Structural	Cleaned Main	1.13	0.63	Alley	Area Cleaned and Disinfected, Repaired Main, Flushed Area
												with H2O Work Order
	332829	754227	2/9/2015	Chappie James Way	100	10	Debris	Cleaned Main	0.98	0.68	Street	Created To Repair Sewer Main Area Cleaned and
		1					12/10	10.00mlou mani	0.00	0.00	Ouser	Disinfected, Flushed Area
	332329	753343	2/8/2015	New Braunfels Ave N	6800	1.500	Debris	Cleaned Main	0.62	0.12	Stormdrain	with H2O Area Cleaned and
						.,		- Sanisa Mani	0.02	J 0.12	Comulan	Disinfected, Flushed Area with H2O
Total Events:	11			Total G	allons:	1,970		Total Duration:	17.92			

Tuesday, March 03, 2015

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

OVERFLOW REPORT

PERIOD: FEBRUARY 2015

WATERSHED: SALADO CREEK

TCEQ PERMIT # 10137-008

EPA PERMIT # 0052647

W0#	INSPT#	SR#	Date	Address		Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments
	333026	757261	2/10/2015	Sandman	11500	2	Debris	Cleaned Main	2.63	0.63	Drainage Culvert	Area Cleaned and
												Disinfected, Flushed Area with H2O
	331967	751530	2/5/2015	Goliad Rd	3401	31,875	Contractor	Cleaned Main	7.08	6.75	Ground	Contractor Installed A Bypass
			W							. '		And Contractor Is To Hire A Contractor To Finish Cleaning The Sewer Main
	331934	752032	2/5/2015	Binz-engleman Rd	5895	13,500	Debris	Cleaned Main	2.22	0.47	Creek Bed-	Area Cleaned and
											Spilled Into Rosillo Creek	Disinfected, Flushed Area with H2O
Total Events:	3			Total (Ballons:	45,377		Total Duration:	: 11.93			

Tuesday, March 03, 2015

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

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 MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 02/28/2015 02/01/2015

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

		QUAN	ITITY OR LOADING	<u> </u>		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	*****	*****	****	****	1.12	3.00		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	1333	*****		*****	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	Kg
	Parviz Chavol	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 waver that there are	1720
-		significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations,	SIGNATURE OF PRINCIPAL AUTHORIZ
- 1		<u> </u>	1

TELEPHONE DATE 210-233-3239 AL EXECUTIVE OFFICER OR IZED AGENT AREA Code NUMBER MM/DD/YYYY

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

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

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

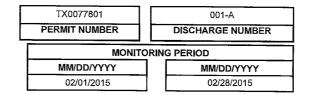
SAN ANTONIO, TX 78221

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 Outfail

No Discharge

PARAMETER		QUA	NTITY OR LOADING	G	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.6	****	****		0	12/Day	Grab	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MO MIN	*****	*****	mg/L		Daily	GRAB	
pН	SAMPLE MEASUREMENT	****	*****	****	6.8	****	7.9		0	12/Day	Grab	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	1149	****		*****	1.72	3.80		0	Daily	Compos	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	12510 DAILY AV	*****	lb/d	*****	12 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS	
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	192	*****		*****	0.29	0.54		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	79.91	85.80		*****	****	*****	*****	0	Continuous	TotalZ	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****	1	Continuous	TOTALZ	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	****	77639		*****	****	****	*****	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	80.53	****		*****	*****	*****	*****	0	Continuous	TotalZ	
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125 ANNL AVG	*****	MGD	*****	****	*****	*****		Continuous	TOTALZ	
NAME/TITLE PRINCIPAL EXECUTIVE C	supervision in a	accordance with a system design	and all attachments were prepared to assure that qualified perso	nnel properly gather and	RI	7		1	TEL	EPHONE	DATE	
Parviz Chavol Senior Director - Production & Trea	evaluate the int system, or thos to the best of m	ormation submitted. Based on me e persons directly responsible for by 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 awan tion, including the possibility of fil	is who manage the information submitted is, e that there are	SIGNA	ATURE OF PRINCIPAL	EXECUTIVE OFFICER	OR	210-2	233-3239	3/16/2013	
TYPED OR PRINTED	Tellowing Violatio	JIIO,				AUTHORIZE	D AGENT	t	AREA Code	NUMBER	MM/DD/YYYY	

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

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Form Approved OMB No. 2040-0004

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

NAME:

DOS RIOS WATER RECYLING CENTER

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY:

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

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801 002-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 02/01/2015 02/28/2015

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 002

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	****	*****	****	7.7	****	*****		0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
H	SAMPLE MEASUREMENT	*****	*****	*****	6.9	****	8.4		0	Daily	Gral
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	50.3	****		*****	1.72	3.80		0	Daily	Comp
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	СОМРО
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	8.7	*****		*****	0.29	0.54		0	Daily	Compo
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	167 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPO
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.58	4.41		*****	*****	*****	*****	0	Continuous	Total
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	4.77	****		****	*****	****	*****	0	Continuous	Total
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	10 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	****	*****	0.080		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	penalty of law that this document accordance with a system design	ed to assure that qualified perso	nnel properly gather and	Ry				TEL	EPHONE	DATE
Parviz Chavol Senior Director - Production & Trea	system, or the to the best of significant per	nformation submitted. Based on n use persons directly responsible for my knowledge and belief, true, ac nalties for submitting false informa	or gathering the information, the is curate, and complete, I am awar	nformation submitted is, e that there are					210-2	233-3239	23/16/
TYPED OR PRINTED	knowing violation	dons.				AUTHORIZE		†	AREA Code	NUMBER	MM/DD/XXX

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

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

NUMBER

MM/DD/YYYY

Form Approved OMB No. 2040-0004

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

NAME:

DOS RIOS WATER RECYLING CENTER

ADDRESS:

3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221 ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801 002-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 02/01/2015 02/28/2015

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 002

External Outfall

No Discharge

		QUAN	TITY OR LOADIN	G		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	****	1.0	****	*****		0	Daily	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	大大水水水	*****	*****	1.12	3.00		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Three Per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	59.7	*****		****	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

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Parviz Chavol	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 avere that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for
TYPED OR PRINTED	knowing violations.

TELEPHONE DATE 210-233-3239 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA Code NUMBER MM/DD/YYYY

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

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Form Approved OMB No. 2040-0004

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

NAME: DOS RIOS WATER RECYLING CENTER

ADDRESS: 3495 VALLEY RD

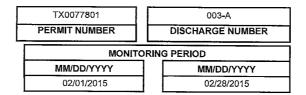
SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP



DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 003

External Outfall

No Discharge



		QUA	NTITY OR LOADING	G		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Dxygen, 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
litrogen, 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	СОМРОЯ
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
low, in conduit or thru treatment plant	SAMPLE MEASUREMENT		*****		****	****	*****	*****			
0050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	10 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	****	*****	*****					
0060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	****	****	本有实验者	***	*****	.1 INST MAX	mg/L		Daily	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE C	supervision in a	enalty of law that this document accordance with a system design formation submitted. Based on m	ed to assure that qualified perso	nnel properly gather and	RE				TELI	EPHONE	DATE
Parviz Chavol Senior Director - Production & Trea	he information submitted. Based on my inquiry of the person or persons who manage the those persons directly responsible for gathering the information, the information submitted is, to finy knowledge and belief, the, accurate, and complete. I am aware that there are penalties for submitting false information, including the possibility of fine and imprisonment for				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR					03/16/	
TYPED OR PRINTED	knowing violation	ons.				AUTHORIZE		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

NUMBER

MM/DD/YYYY

Form Approved OMB No. 2040-0004

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

NAME:

DOS RIOS WATER RECYLING CENTER

ADDRESS:

3495 VALLEY RD

SAN ANTONIO, TX 78221

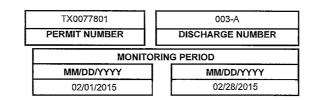
FACILITY:

DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP



DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 003

External Outfall

No Discharge



		QUAN	ITITY OR LOADIN	G		QUALITY OR CONG	ENTRATION		NO.		SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		
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		****		****						
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
Parviz Chavol Senior Director - Production & Treatment	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, acourate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for
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TELEPHONE DATE 210-233-3239 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** AREA Code NUMBER MM/DD/YYYY

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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

 \boxtimes

		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	****	*****	****		市场水场水分	****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	5 MO MIN	****	*****	mg/L		Daily	GRAB
ÞΗ	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	COMPO
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	COMPO
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 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	EL CONTRACTOR OF THE PARTY OF T	TELEP	HONE	DATE	
Senior Director - Production & Treatment	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 pensities for submitting false information, including the possibility of fine and imprisonment for Howing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	210-233-3239		03/16/8	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YY	

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 004-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 02/28/2015 02/01/2015

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 004

External Outfall

No Discharge

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<u>~</u>	_

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	36 36 36 36 36 36	*****	*****		****	*****				
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	****	*****	1 MO MIN	****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	****						
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT		****		*****						
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	250 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
Senior Director - Production 9 Treatment	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 fatee information, including the possibility of fine and imprisonment for
TYPED OR PRINTED	knowing violations.

TELEPHONE DATE 210-233-3239 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** AREA Code NUMBER MM/DD/YYYY

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

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

Form Approved OMB No. 2040-0004

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

NAME:

DOS RIOS WATER RECYLING CENTER

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221 FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801 005-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 02/01/2015 02/28/2015

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 005

External Outfall

No Discharge

	1	QUA	NTITY OR LOADING	3		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	****	*****	7.0	*****	*****		0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
PΗ	SAMPLE MEASUREMENT	*****	*****	****	6.9	****	7.5		0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	5.7	*****		*****	1.73	3.80		0	Daily	Comp
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	325 DAILY AV	****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	СОМРО
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	0.9	*****		*****	0.28	0.54		0	Daily	Comp
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	43 DAILY AV	****	lb/d	妆妆冶妆妆妆	2 DAILY AV	7 DAILY MX	mg/L		Daily	СОМРО
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.39	0.72		****	****	*****	*****	0	Continuous	Total
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	0.63	*****	,	*****	****	****	*****	0	Continuous	Total
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2.6 ANNL AVG	****	MGD	*****	****	*****	*****		Continuous	TOTAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	0.080		0	Daily	Grat
50060 A 0	PERMIT REQUIREMENT	****	*****	*****	*****	*****	.1	mg/L		Daily	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 properly gather and	Kg
Parviz Chavol	revaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER
TYPED OR PRINTED	Truwing violations.	AUTHORIZED AGENT

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

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

NUMBER

210-233-3239

AREA Code

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

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

NAME: DOS RIOS WATER RECYLING CENTER

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 005

External Outfall

No Discharge

		QUAN	TITY OR LOADIN	G		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	1.0	*****	*****		0	Daily	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	****	****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	****	1.12	3.00		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	126 DAILY AV	394 DAILY MX	CFU/100m L		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	6.5	安安安安安		****	2.0	2.0		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	217 DAILY AV	*****	lb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gether and
Parviz Chavol Senior Director - Production & Treatment	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and bellef, true, accurate, and complete. I am avera that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for
TYPED OR PRINTED	knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

210-233-3239

3/14/22

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

I ALVIANIE.

ADDRESS: 3495 VALLEY RD

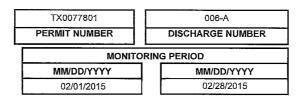
SAN ANTONIO, TX 78221

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	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
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	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 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	F4	TELEPHONE
Parviz Chavol Senior Director - Production & Treatment	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	210-233-3239
TYPED OR PRINTED	Tolowing violations.	AUTHORIZED AGENT	AREA Code NUMBER

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

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

No Discharge

DATE

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

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

NAME: DOS RIOS WATER RECYLING CENTER

ADDRESS: 3495 VALLEY RD

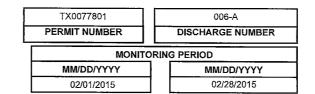
SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP



DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 006

External Outfall

No Discharge

X

		QUANTITY OR LOADING				QUALITY OR CONG	ENTRATION		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

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	RE	TELEP	HONE	DATE	
Parviz Chavol Senior Director - Production & Treatment	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 are avera that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	210-233-3239		05/16/	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

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

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

Form Approved OMB No. 2040-0004

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

NAME: DOS RIOS WATER RECYLING CENTER

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.

SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	101-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
02/01/2015	02/28/2015								

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC WASTEWATER - 101

Internal Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.28	7.90		****	****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.01	*****		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	Req. Mon. 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
	Parviz Chavol	revaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling violations.
Į	TYPED OR PRINTED	arowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

210-233-3239

TELEPHONE

AREA Code MM/DD/YYYY NUMBER

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.

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

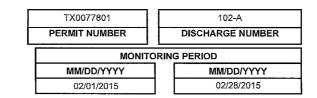
SAN ANTONIO, TX 78221

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)

TOTAL DISCHARGE - 001 & 101

Internal Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	83.19	89.36		*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	****	****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	85.53	****		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125 ANNL AVG	*****	MGD	*****	****	*****	*****		Continuous	TOTALZ

TO MILE TITLE I TANGET AL EXCOSTINE OF FIGER	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
Parviz Chavol	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 -knowing violations.
TYPED OR PRINTED	and a state of the

TELEPHONE DATE 210-233-3239 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA Code NUMBER MM/DD/YYYY

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

Hardlahaddaddadddadddaddaddaddadd

PAGE

1

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

40B SYS

WQ0010137-033 PERMIT NUMBER 02 SET 15 02 YEAR MO.

12647 EID

SIGNATURE

PLANT OPERATOR

EXECUTIVE OFFICER

DATE

MO.

03

MO.

DAY

DAY

15013

YEAR

15

YEAR



THIS REPORT TO BE USED FOR COMBINED MONITORING for 001/800/900 SEE BACK FOR INSTRUCTIONS AND DEFINITIONS. TCEQ COPY PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS. **EFFLUENT CONDITION FREQUENCY** SAMPLE NO. PARAMETER EX. TYPE OF ANALYSIS VALUE UNITS 500507124 11 83.19 0 02 REPORTED MGD FLOW 11 PERMITTED CONT 02 CONT DLY AVG 500507128 0 02 11 REPORTED 85.53 MGD FLOW 11 CONT PERMITTED 02 CONT ANN AVG NA NUMBER 01 0 WW0028454 REPORTED NUMBER OF OPERATOR PERMITTED NA NA 01 01 CERTIFICATE **EXPIRATION** NA 170602 REPORTED 0 01 DATE OF OPERATOR 01 NA NA PERMITTED 01 CERTIFICATE CLASS 01 NA REPORTED Α 0 OF OPERATOR LETTER NA NA **PERMITTED** 01 01 CERTIFICATE REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED COMMENTS AND EXPLANATIONS (Reference all attachments here)

NAME

Robert Escobar

Interim Manager-Prod & Treat Ops ,

PLANT OPERATOR
Parviz Chavol

Senior Director - Production & Treatment

EXECUTIVE OFFICER

AREA CODE | NUMBER
TCEO VIPP Form 0123A / TCEQ-20024 (04-28-08)

COMPLETE AND ACCURATE.

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION

CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY

KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND

TELEPHONE NUMBER

3|2|3|9

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

11, ... 11, ... 1, 1, ... 1, 1, ... 1, 1, ... 1, 1, ... 1, 1, ... 1, 1, ... 1, 1, ... 1, 1, ... 1, 1, ... 1, 1, ...

SAN ANTONIO WATER SYSTEM 3495 VALLEY RD

PAGE 1



SAN ANTONIO TX 78221-5238

40B
SYS

WQ0010137-033 PERMIT NUMBER

02 SET

15 02 YEAR MO.

12551 EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE I SEE BACK FOR INSTRUCTIONS AND DEFINITIONS. PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER		EFFLUENT CONDITION		NO.		FREQUENCY		SAMPLE
PANAMETEN		VALUE	UNITS	EX.		OF ANALYSIS		
000085342 TRANSFER	REPORTED	11	DAY	0	01		01	
DAYS/MON	PERMITTED			j.	01	NA	01	NA
316164024 E-COLI	REPORTED	1.00	#/100 ML	0	11		03	
DLY AVG	PERMITTED	D 20.000			11	2/WEEK	03	GRABPKLOAD
316164030 E-COLI	REPORTED	1.00	#/100 ML	0	11		03	
IND GRAB	PERMITTED	75.000			11	2/WEEK	03	GRABPKLOAD
500507124 FLOW	REPORTED	1.17	MGD	0	02		11	
DLY AVG	PERMITTED				02	CONT	11	CONT
500507128 FLOW	REPORTED	1.88	MGD	0	02		11	
ANN AVG	PERMITTED				02	CONT	11	CONT
800821024 BOD CARB	REPORTED	2.0	MG/L	0	80	1/Day	10	12-PRT-COM
DLY AVG	PERMITTED	5.000			11	2/WEEK	03	GRABPKLOAD
820796624 TURBDITY	REPORTED	1.04	NTU	0	08	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			4				

COMMENTS AND EXPLANATIONS (Reference all attachments here)

E-Coli substituted for Fecal Coliform

	The second secon		
I CERTIFY THAT I AM FAMILIAR WITH THE INFORMA		SIGNATURE	DATE
NTAINED IN THIS REPORT AND THAT TO THE BEST OF COMMEDGE AND BELIEF SUCH INFORMATION IS TRUE MPLETE AND ACCURATE. TELEPHONE NUMBER 2 1 1 0 2 3 3 3 3 2 3		Kellsuh	150311
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2 1 0 2 3 3 3 2 3	Parviz Chavol Senior Director - Production & Treatmen	nt Val	150316
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 PAGE



40B SYS

WQ0010137-033 PERMIT NUMBER 02 SET 15 02 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.	1	FREQUENCY	SAMPLE		
		VALUE	UNITS	EX.	<u> </u>	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				76 83 80 80		
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	e de la companya de La companya de la co	
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	
ENTIFICATE	REPORTED	-					100 100 100 100 100		
	PERMITTED							स्टब्स्ट प्रेमिक्स को उन्हें के प्रमुख्य स्थापना स्थापना स्थापना स्थापना स्थापना स्थापना स्थापना स्थापना स्थाप स्थापना स्थापना स्थापन	
	REPORTED								
	PERMITTED								

COMMENTS AND EXPLANATIONS (Reference all attachments here)

				SIGNATURE	DATE
KNOWLEDGE AND I	RTIFY THAT I AM FAMILIAR WITH THE INFORMATAINED IN THIS REPORT AND THAT TO THE BEST OF WILEDGE AND BELIEF SUCH INFORMATION IS TRUE PLETE AND ACCURATE. TELEPHONE NUMBER		Dahaut Pasakau	Kolit sahr	150311
TELE	EPHONE NUM	/BER	PLANT OPERATOR '	PLANT OPERATOR	YEAR MO. DAY
2 1 0	2 3 3	3 2 3 9	Parviz Chavol Senior Director - Production & Treatment	550	150316
AREA CODE	NUN	/BER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

OVERFLOW REPORT

PERIOD: FEBRUARY 2015

WATERSHED: LEON CREEK

TCEQ PERMIT # 10137-003

EPA PERMIT # 0052639

WO#	INSPT#	SR#	Date	Address		Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments
1084716		762684	2/16/2015	Culebra Rd	5518	2,000	Structural	Repaired Main	0.47	0,47	Ground	Work Order Created To Repair Sewer Force Main
	333428	762934	2/16/2015	Deer Horn	5807	200	Debris	Cleaned Main	2.00	0.90	Drainage Culvert	Area Cleaned and Disinfected, Flushed Area with H2O
1083350	333069	758598	2/11/2015	San Simeon	5334	40	Structural	Cleaned Main	1.02	0.52	Easement	Area Cleaned and Disinfected, Flushed Area with H2O Work Order Created To Repair Sewer Main
1082362		754871	2/9/2015	Pleasanton Rd	12060	10	Structural	Repaired A/r Valve	1.85	1.25	Ground	Sewer Air Release Valve- Valve Was Turned Off- Work Order Created To Repair Sewer Air Release Valve
	331404	744711	2/1/2015	Babcock Rd	15500	2,850	Grease	Cleaned Main	1.57	0.57	Stormdrain	Area Cleaned and Disinfected, Flushed Area with H2O
Total Events:	5			Total G	allons:	5,100		Total Duration:	6.91			

Wednesday, March 04, 2015

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

TX0052639 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 02/01/2015 02/28/2015

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

AUTHORIZED AGENT

DOMESTIC FACILITY - 001

External Outfall

No Discharge

	QUANTITY OR LOADING					QUALITY OR CONCENTRATION					SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.2	****	*****		0	12/Day	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MO MIN	*****	*****	mg/L		Daily	GRAB
ЭН	SAMPLE MEASUREMENT	*****	*****	*****	6.5	****	7.9		0	12/Day	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	272	*****		*****	1.20	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	90	*****		*****	0.38	2.51		0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	767 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	27.11	34.35	7	****	*****	*****	*****	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	*****	29167		*****	***	****	*****	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	24.10	*****		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46 ANNL AVG	*****	MGD	****	****	****	*****		Continuous	TOTALZ
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the								TEI	EPHONE	DATE	
Parviz Chavol Senior Director - Production & Tre	system, or those to the best of n	se persons directly responsible for ny knowledge and belief, true, ac alties for submitting false informa	ny inquiry of the person of person or gathering the information, the i ocurate, and complete. I am awar ation, including the possibility of fi	information submitted is, te that there are	SIGNA	ATURE OF PRINCIPAL	EXECUTIVE OFFICER	OR	210-	233-3239	

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

TYPED OR PRINTED

NUMBER

AREA Code

MM/DD/YYYY

Form Approved
OMB No. 2040-0004

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

NAME: SAN ANTONIO WATER SYSTEM

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC. CTR.

LOCATION: 1104 MAUERMAN ROAD

ATTN: STEVEN CLOUSE, SENIOR VP

SAN ANTONIO, TX 78224

TX0052639
PERMIT NUMBER

MON
MM/DD/YYYY

02/01/2015

001-A
DISCHARGE NUMBER

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
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	*****	****	*****	*****	1.03	2.00		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	452	*****		*****	2.0	2.0		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	2686 DAILY AV	*****	lb/d	*****	7 DAILY AV	17 DAILY MX	mg/L		Daily	COMPOS

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and
Parviz Chavol	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 Howing violations.
TYPED OR PRINTED	rowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

210-233-3239

C3/(C/Co)

AREA Code NUMBER MM//DD/YYYY

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

Form Approved OMB No. 2040-0004

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

NAME:

SAN ANTONIO WATER SYSTEM

ADDRESS:

3495 VALLEY RD

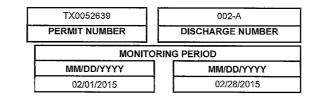
SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC. CTR.

LOCATION: 1104 MAUERMAN ROAD

SAN ANTONIO, TX 78224

ATTN: STEVEN CLOUSE, SENIOR VP



DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 002

External Outfall

No Discharge

		QUA	NTITY OR LOADING	G		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	*****	****		****	****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MO MIN	*****	*****	mg/L		Daily	GRAB
H	SAMPLE MEASUREMENT	*****	*****	*****		****				,	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		****		*****				<u>†</u>		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	5755 DAILY AV	****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT		****		****			7.			
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	大大松长龙	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
50050 P 0 See Comments	PERMIT REQUIREMENT	****	63889 2HR PEAK	gal/min	*****	****	*****	*****		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
NAME/TITLE PRINCIPAL EXECUTIVE C	supervision in a	penalty of law that this document	ed to assure that qualified perso	nnel properly gather and					TELE	PHONE	DATE
Parviz Chavol Senior Director - Production & Treatment Senior Director - Production & Treatment Senior Director - Production & Treatment					SIGNA	ATURE OF PRINCIPAL	EXECUTIVE OFFICER	OR	210-2	210-233-3239	
TYPED OR PRINTED	knowing violation	ons,				AUTHORIZE	D AGENT	†	AREA Code	NUMBER	03/16 122 MM/DD/YYYY

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

Form Approved OMB No. 2040-0004

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

NAME:

SAN ANTONIO WATER SYSTEM

ADDRESS: 3495 VALLEY RD

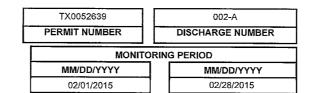
SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC. CTR.

LOCATION: 1104 MAUERMAN ROAD

SAN ANTONIO, TX 78224

ATTN: STEVEN CLOUSE, SENIOR VP



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	nde nde nde nde nde	*****	****	济水 省省安	****					
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	****	****	*****	1 MO MIN	*****	****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	****	*****	*****						
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m		Five Per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT		****		****						
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	2686 DAILY AV	*****	, lb/d	*****	7 DAILY AV	17 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and		TELEP	HONE	DATE	1
Sonior Director - Draduction 9 Treatment	twaluse 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	210-23	3-3239	03/16/20	
TYPED OR PRINTED	Trowning violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	Ì

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

Form Approved OMB No. 2040-0004

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

NAME:

SAN ANTONIO WATER SYSTEM

ADDRESS:

3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC, CTR.

LOCATION: 1104 MAUERMAN ROAD

SAN ANTONIO, TX 78224

ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639 101-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 02/28/2015 02/01/2015

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	272	*****		***	****	*****	*****	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	90	*****		*****	*****	*****	*****	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	27.11	34.35		****	*****	*****	*****	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	*****	29167		*****	*****	****	*****	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	25.01	*****		*****	****	*****	*****	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	452	*****		*****	*****	*****	*****	0	Daily	Compos
80082 J 0 Intermediate Treatment, Process	PERMIT REQUIREMENT	2686 DAILY AV	****	lb/d	*****	*****	*****	*****		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and	De C	TELEP	HONE
Sonior Director - Broduction & Treatment	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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	210-23	3-3239
TYPED OR PRINTED	knowing violations.	AUTHORIZED AGENT	AREA Code	NUMBER

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

DATE

03/11/20

MM/DD/YYYY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: SAN ANTONIO WATER SYSTEM

ADDRESS: 3495 VALLEY RD

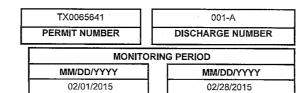
SAN ANTONIO, TX 78221

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

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		QUA	NTITY OR LOADING	3	<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	*****	******	*****		*****	****			_	
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
рH	SAMPLE MEASUREMENT	*****	*****	*****		*****					<u>.</u>
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SŲ		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	安央安安	*****	*****	*****						
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	126 DAILY AV	394 SINGGRAB	CFU/100m		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and	Mr.	TELEPHONE	DATE
	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and bellef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for Acovina violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	210-233-323	9 03/16/2015
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code NUMBE	R MW/DD/YYYY

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

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

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

3495 VALLEY RD

PAGE

1

SAN ANTONIO WATER SYSTEM SAN ANTONIO TX 78221-5238



WQ0010137-003 PERMIT NUMBER

02 SET

15 02 YEAR MO.

12645 EID



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.

PARAMETER		EFFLUENT CONDITION		NO.		FREQUENCY		SAMPLE
		VALUE	UNITS	EX.	 	OF ANALYSIS		TYPE
500507124 FLOW	REPORTED	29.07	MGD	0	02		11	
DLY AVG	PERMITTED				02	CONT	11	CONT
500507128 FLOW	REPORTED	29.51	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	
ERTIFICATE	PERMITTED				01	01	NA	NA
	REPORTED						3 2	
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							

COMMENTS AND EXPLANATIONS (Reference all attachments here)

L					
		TH THE INFORMATION	NAME	SIGNATURE	DATE
CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.			Daniel Rodriguez - Manager Prod & Treat Ops.	Hot	15013111
TEL	EPHONE NUI	MBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2 ₁ 1 ₁ 0	2 3 3	3 2 3 9	Parviz Chavol Senior Director - Production & Treatment	3	1503116
AREA CODE	NUM	MBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

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

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



40B SYS

WQ0010137-003 PERMIT NUMBER

02 SET

15 02 YEAR MO.

12547 EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE I 800

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

PARAMETER		EFFLUENT CONDITION		NO.		FREQUENCY		SAMPLE
ranawe i en		VALUE	UNITS	EX.	<u> </u>	OF ANALYSIS		TYPE
000085342 TRANSFER	REPORTED	27	DAY	0	01		01	
DAYS/MON	PERMITTED				01	NA	01	NA
316164024 E-COLI	REPORTED	1.00	#/100 ML	0	11		03	
DLY AVG	PERMITTED	20.000			11	2/WEEK	03	GRABPKLOAD
316164030 E-COLI	REPORTED	1.00	#/100 ML	0	11		03	
IND GRAB	PERMITTED 75.000			Ċ.	11	27WEEK	03	GRABPKLOAD
500507124 FLOW	REPORTED	2.03	MGD	0	02		11	
DLY AVG	PERMITTED				02	CONT	11	CONT
500507128 FLOW	REPORTED	4.52	MGD	0	02		11	
ANN AVG	PERMITTED				02	CONT	11	CONT
800821024 BOD CARB	REPORTED	2.0	MG/L	0	08	1/Day	10	12-prt-com
DLY AVG	PERMITTED	5,000			11	2/WEEK	03	GRABPKLOAD
820786624 TURBDITY	REPORTED	0.97	NTU	0	08	1/Day	10	12-prt-com
30DAY AV	PERMITTED	3.000			11	2/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR	REPORTED	WW0004506	NUMBER	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
EXPIRATION OF OPERATOR	REPORTED	170108	DATE	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
CLASS OF OPERATOR	REPORTED	Α	LETTER	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
•	REPORTED							
	PERMITTED							

COMMENTS AND EXPLANATIONS (Reference all attachments here)

E-Coli substituted for Fecal Coliform

	AM FAMILIAR WITH THE INFORMATION REPORT AND THAT TO THE BEST OF MY		SIGNATURE	DATE
	BELIEF SUCH INFORMATION IS TRUE AND		Dot	150311
TELE	EPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210	2 3 3 3 2 3 9	Parviz Chavol Senior Director - Production & Treatment	200	11503116
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

PAGE



40B SYS

WQ0010137-003 PERMIT NUMBER

02 SET

15 02 YEAR MO.

EID

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

		EFFLUENT CONDITION	NC	NO.	T	FREQUENCY	T	SAMPLE	
PARAMETER		VALUE	UNITS	EX.		OF ANALYSIS	<u> </u>	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 F LOW	REPORTED		MGD						
DLY AVG	PERMITTED				02	CONT	11	CONT	
00507128 LOW	REPORTED		MGD						
NN AVG	PERMITTED				02	CONT	11	CONT	
300821024 30D CARB	REPORTED		MG/L						
OLY AVG	PERMITTED	15.000			14	1/WEEK	03	GRABPKLOAD	
IUMBER OF OPERATOR		WW0004506	NUMBER	0	01		NA		
ERTIFICATE	PERMITTED				01	01	NA	NA	
EXPIRATION OF OPERATOR	REPORTED	170108	DATE	0	01		NΑ		
ERTIFICATE	PERMITTED				01	01	NA	<u>NA</u>	
CLASS OF OPERATOR	REPORTED	A	LETTER	0	01		NA		
ERTIFICATE	PERMITTED				01	01	NA	NA .	
	REPORTED								
	PERMITTED								
	REPORTED								
	PERMITTED								

COMMENTS AND EXPLANATIONS (Reference all attachments here)

I CERTIFY THAT I AM FAMILIAR WITH THE INFORI		SIGNATURE	DATE		
KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRI COMPLETE AND ACCURATE.		Dlock	115013/11		
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY		
2 1 0 2 3 3 3 2 3	Parviz Chavol Senior Director - Production & Treatment	13	1150316		
AREA CODE NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY		

OVERFLOW REPORT

PERIOD: FEBRUARY 2015 WATERSHED: MEDIO CREEK TCEQ PERMIT # 10137-040

EPA PERMIT # 0055689

WO #	INSPT#	SR#	Date	Address		Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments
1081881	331944	753163	2/7/2015	Angel Valley Dr	8802	5	Structural	Cleaned Main	0.95	0.70	Ground	Area Cleaned and
Total									5			Disinfected, Flushed Area with H2O 6 Inch Sewer Lateral - Unstopped Lateral - Work Order Created To Repair Lateral
Total Events:	1			Total Ga	allons:	5		Total Duration:	0.95			

Tuesday, March 03, 2015

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



March 11, 2015

Mr. Mike Pfiel TCEQ (Mail Code 150) Water Quality Assessment Team 12100 Park 35 Circle, Bldg. F Austin, TX 78753

RE: Permit No. 10137-040, Chronic Biomonitoring Report

Dear Mr. Pfiel:

The Biomonitoring test period of February 15-16, 2015 and February 16-17, 2015 failed survival testing requirements on the Daphnia and P.promelas. It was invalid due to the lethality CV value (coefficient of variance) being out of compliance for the critical dilution of 100% effluent.

During the testing period indicated above, there were no unusual events in the plant processes or in the laboratory analysis concerning permit compliance.

Subsequently, due to the initial survival test failure, two additional series of Biomonitoring testing will be conducted. These two additional Biomonitoring re-testing events are scheduled for March 15-17 2015. The second retesting will be done in April 2015.

If additional information is required, please contact me Daniel Rodriguez, Manager, at Medio Creek Water Recycling Center at (210) 233-3922.

Daniel Roariguez Medio Creek Manager San Antonio Water System 3495 Valley Road

San Antonio, TX 78221

cc: Parviz Chavol Steve Clouse Fred 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				
MONIT	CODING REPLOD				
MONIT	ORING PERIOD				
MM/DD/YYYY	MM/DD/YYYY				

DMR Mailing ZIP CODE:

78221

MAJOR (SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

		QUA	NTITY OR LOADING	<u> </u>		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	********	7.53	****	*****		0	Daily	Grab
0300 1 0 Effluent Gross	PERMIT REQUIREMENT	***	****	*****	6 MO MIN	****	*****	mg/L		Daily	GRAB
Н	SAMPLE MEASUREMENT	*****	*****	*****	7.19	*****	7.94		0	Daily	Grab
0400 1 0 ffluent Gross	PERMIT REQUIREMENT	*****	****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
olids, total suspended	SAMPLE MEASUREMENT	34	****		****	1.06	1.70		0	Daily	Compo
0530 1 0 iffluent Gross	PERMIT REQUIREMENT	2002 DAILY AV	*****	lb/d	*****	15 DAILY AV	30 DAILY MX	mg/L		Daily	СОМРО
itrogen, ammonia total [as N]	SAMPLE MEASUREMENT	23	*****		*****	0.67	1.87		0	Daily	Compo
0610 1 0 ffluent Gross	PERMIT REQUIREMENT	267 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPO
low, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.72	5.94		*****	****	*****	*****	0	Continuous	Total
0050 1 0 iffluent Gross_	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Reg. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTAL
ow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	7138		****	****	*****	*****	0	Continuous	Total
0050 P 0 ee Comments	PERMIT REQUIREMENT	****	27778 2HR PEAK	gal/min	*****	****	*****	****		Continuous	TOTALZ
low, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.93	****		*****	****	*****	*****	0	Continuous	Total
0050 Y 0	PERMIT	16	*****	MGD	*****	****	*****	*****	 	Continuous	TOTALZ

CHANTETY OF LOADING

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

| Contribution of prompting of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT . AREA Code NUMBER MM/DD/YYYY

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

Form Approved
OMB No. 2040-0004

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

NAME: 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									
INCINITIO	JRING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

		QUANTITY OR LOADING				QUALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli	SAMPLE MEASUREMENT	*****	****	****	*****	1.90	70.0		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	62	*****		*****	2.0	2.0		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	934 DAILY AV	****	lb/d	*****	7 DAILY AV	20 DAILY MX	mg/L		Daily	COMPOS

	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
Parviz Chavol Senior Director - Production & Treatment	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 exert that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for
TYPED OR PRINTED	knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE

210-233-3239 S//6/CC

AREA Code NUMBER MM/DD/YYYY

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

Form Approved
OMB No. 2040-0004

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

NAME: MEDIO CREEK WATER RECYCLING CENTER

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: MEDIO CREEK WATER RECYC. CTR.

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

IH410

ATTN: STEVEN CLOUSE, SENIOR VP

TX0055689	TX1-Q				
PERMIT NUMBER	DISCHARGE NUMBER				
MONITO	PRING PERIOD				
MONITO MM/DD/YYYY	DRING PERIOD MM/DD/YYYY				

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

48-HOUR ACUTE FRESHWATER - 001

External Outfall

No Discharge

		QUA	NTITY OR LOADING	3		QUALITY OR CONC	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	****	*****	****	N/A	N/A	****				
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	*****	pass=0/fail=		See Permit	COMP24
Vhole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	****	*****	N/A	N/A	****				
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	*****	pass=0/fail=		See Permit	COMP24
F Pass/Fail Statre 48Hr Acute Daphnia Pulex	SAMPLE MEASUREMENT	*****	*****	*****	1	1	*****		1	Quarterly	Comp2
FEM3D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	Req. Mon. MO AV MN	*****	pass=0/fail=		Quarterly	COMP24
F Pass/Fail Statre 48Hr Acute Pimephales Promela	SAMPLE MEASUREMENT	****	*****	*****	1	1	*****		1	Quarterly	Comp2
FEM6C 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	Req. Mon. 48HR MIN	Req. Mon. MO AV MN	****	pass=0/fail=		Quarterly	COMP24
NOEC Lethal Static Renewal 48HR Acute Daphnia pulex	SAMPLE MEASUREMENT	*****	*****	*****	75	75	*****		1	Quarterly	Comp2
OM3D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	Req. Mon. 48HR MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NOEC Lethal Static Renewal 48HR acute Pimephales promelas	SAMPLE MEASUREMENT	*****	****	*****	75	75	*****		1	Quarterly	Comp2
OM6C 1 0 iffluent Gross	PERMIT REQUIREMENT	*****	****	****	Req, Mon. 48HR MIN	Req. Mon. MO AV MN	****	%		Quarterly	COMP24
DEC Lethal Survival Static Renewal 3HR Acute Daphnia pulex	SAMPLE MEASUREMENT	****	*****	*****	100	100	*****		0	Quarterly	Comp
XM3D 1 0 ffluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	Req. Mön. MO AV MN	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and	ph.	TELEF	PHONE
Parviz Chavol Senior Director - Production & Treatment TYPED OR PRINTED	evaluate the Information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the Information, the Information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	210-23 AREA Code	3-3239 NUMBE

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' AND REPORT FAIL AS '1' IN CONCENTRATION ABOVE._____10137-040

See attached letter for exceptions

DATE

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

ATTN: STEVEN CLOUSE, SENIOR VP

TX0055689	TX1-Q							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MONIT	ORING PERIOD							
MONIT	ORING PERIOD MM/DD/YYYY							

MAJOR
(SUBR 13)
48-HOUR ACUTE FRESHWATER - 001

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
LOEC Lethal Survival Static Renewal 48HR Acute Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****		1	Quarterly	Comp24
TXM6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and
Parviz Chavol	
TYPED OR PRINTED	Rnowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

210-233-3239

3/14/2. | 5

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' AND REPORT FAIL AS '1' IN CONCENTRATION ABOVE. 10137-040

See attached letter for exceptions

Form Approved
OMB No. 2040-0004

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

NAME: MEDIO CREEK WATER RECYCLING CENTER

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: MEDIO CREEK WATER RECYC. CTR.

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

IH410

ATTN: STEVEN CLOUSE, SENIOR VP

TX0055689	TXA-S							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

24-HOUR ACUTE FRESHWATER - 001

External Outfall

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER							
Parviz Chavol Senior Director - Production & Treatment	sy: to 5ig						
TYPED OR PRINTED							

certify under penalty of law that this document and all attachments were prepared under my direction or upervision in accordance with a system designed to assure that qualified personnel properly gather and valuate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, or 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 nowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR
AUTHORIZED AGENT

TELEPHONE

DATE

210-233-3239

O2/14/26/26

AREA Code
NUMBER
MMDD/YYYY

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

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

See attached letter for exceptions

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

TCEQ COPY



WQ0010137-040

PERMIT NUMBER

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

40B

SYS

01 SET 15 02 YEAR MO.

12654 , EID

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

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

PARAMETER	***************************************	EFFLUENT CONDITION		NO.		FREQUENCY		SAMPLE
500507124		VALUE	UNITS	EX.	1	OF ANALYSIS		TYPE
FLOW	REPORTED	5.59	MGD	0	02		11	
DLY AVG	PERMITTED				02	CONT	11	CONT
500507128 FLOW	REPORTED	6.90	MGD	0	02		11	
ANN AVG	PERMITTED			ne. M	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			vičsi. Vijesiji	01	01	NA	NA
	REPORTED			40 15 1 140 15 2				
CONTRACTOR	PERMITTED							
	REPORTED							
	PERMITTED			per i		union jam tietja		
	REPORTED			7 - 198 7 - 178 7 - 178				
	PERMITTED							Milad Kadilar
. "	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
OMMENTS AND EXPLAN	IATIONS (Reference a	ll attachments here)					-	
CERTIFY THAT I AM FAMILIAR ONTAINED IN THIS REPORT AND		NAME			SIG	NATURE		DATE
IN TAINED IN THIS REPORT AND HOWLEDGE AND BELIEF SUCH II DMPLETE AND ACCURATE.		Daniel Rodrigu Manager-Prod & Tre		Dla	-			150311
TELEPHONE N	IUMBER	PLANT OPERA	TOR	PLANT OPERATOR				EAR MO. DA
2 1 0 2 3 3	3 2 39	Parviz Chavol Senior Director - Productio		325			1	150311
REA CODE N	IUMBER	EXECUTIVE OFF	ICER	ΕX	ECU	IVE OFFICER	- Tv	EAR MO. DA

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



40B SYS

WQ0010137-040 PERMIT NUMBER 01

15 02 YEAR MO.

12553 EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE I 800 SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

EASE RETAIN A PHO	JIOCOPY FOR	-	^ * !	NO.				EQ COP	
PARAMETER		EFFLUENT CONDITION VALUE UNITS				FREQUENCY OF ANALYSIS	SAMPLE TYPE		
000085342 TRANSFER	REPORTED	28	DAY	0	01		01		
DAYS/MON	PERMITTED				01	NA	01	NA	
316164024 FEC.COLI	REPORTED	1.30	#/100 ML	0	11		03		
DLY AVG	PERMITTED	20,000			11	2/WEEK	03	GRABPKLOAD	
316164030 F EC.COL I	REPORTED	4.00	#/100 ML	0	11		03		
IND GRAB	PERMITTED	75.000			11	2/WEEK	03	GRABPKLOAD	
500507124 F LOW	REPORTED	1.86	MGD	0	02		11		
DLY AVG	PERMITTED				02	CONT	11	CONT	
500507128 F LOW	REPORTED	2.31	MGD	0	02		11		
NN AVG	PERMITTED				02	CONT	11	CONT	
100821024 BOD CARB	REPORTED	2.0	MG/L	0	80		10	12-prt-com	
LY AVG	PERMITTED	5,000			11	2/WEEK	03	GRABPKLOAD	
20796624 URBDITY	REPORTED	0.79	NTU	0	80	1/Day	10	12-prt-com	
<u>ODAYAVG</u>	PERMITTED	3.000			11	2/WEEK	03	GRABPKLOAD	
UMBER F OPERATOR	REPORTED	WW0004506	NUMBER	0	01		NA		
ERTIFICATE	PERMITTED				01	01	NA	NA	
XPIRATION F OPERATOR	REPORTED	170108	DATE	0	01		NA		
ERTIFICATE	PERMITTED				01	01	NA	NA	
LASS F OPERATOR	REPORTED	Α	LETTER	0	01		NA		
ERTIFICATE	PERMITTED		***************************************		01	01	NA	NA	
	REPORTED	:							
	PERMITTED						T		

COMMENTS AND EXPLANATIONS (Reference all attachments here)

E-Coli substituted for Fecal Coliform

		TH THE INFORMATION	NAME	SIGNATURE	DATE
CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.			Daniel Rodriguez Manager-Prod & Treat Ops	Dies	15013111
TEL	TELEPHONE NUMBER		PLANT OPERATOR	PLANT-OPERATOR	YEAR MO. DAY
210	2 3 3	3 ₁ 2 ₁ 3 ₁ 9	Parviz Chavol Senior Director - Production & Treatment	ROD	11/0/3/16
AREA CODE NUMBER		VBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

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

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE II 900

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

SAN ANTONIO TX 782

40B SYS

WQ0010137-040 PERMIT NUMBER 02 SET 15 02 YEAR MO.

12554 EID

SIGNATURE

LANT OPERATOR

EXECUTIVE OFFICER

DATE

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YEAR

119

YEAR



PAGE

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SEE BACK FOR INSTRUCTIONS AND DEFINITIONS. TCEQ COPY PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS. **EFFLUENT CONDITION** SAMPLE NO. **FREQUENCY PARAMETER** VALUE UNITS EX. OF ANALYSIS **TYPE** 000085342 REPORTED 0 0 01 01**TRANSFER** DAY PERMITTED DAYS/MON 01 NA 01 NA 316164024 REPORTED FEC.COLI #/100 ML PERMITTED DLY AVG 200.000 14 1/WEEK 03 GRABPKLOAD 316164030 REPORTED FEC. COLI #/100 ML IND GRAB PERMITTED 800.000 1/WEEK GRABPKLOAD 500507124 REPORTED FLOW MGD PERMITTED DLY AVG 02 CONT CONT 11 500507128 REPORTED FLOW MGD PERMITTED ANN AVG 02 CONT 11 CONT 800821024 REPORTED **BOD CARB** MG/L PERMITTED DLY AVG 20.000 14 1/WEEK 03 **GRABPKLOAD** NUMBER WW0004506 REPORTED 0 01 NA OF OPERATOR NUMBER PERMITTED CERTIFICATE 01 01 NA NA **EXPIRATION** 170108 REPORTED 0 01 NA OF OPERATOR DATE PERMITTED CERTIFICATE 01 01 NA NA **CLASS** REPORTED 0 Α 01 NA OF OPERATOR **LETTER** PERMITTED CERTIFICATE 01 01 NA I NA REPORTED PERMITTED REPORTED PERMITTED COMMENTS AND EXPLANATIONS (Reference all attachments here)

NAME

Daniel Rodriguez

Manager-Prod & Treat Ops

PLANT OPERATOR

Parviz Chavol

Senior Director - Production & Treatment

EXECUTIVE OFFICER

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

COMPLETE AND ACCURATE.

AREA CODE

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION

CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND

TELEPHONE NUMBER

NUMBER

3,2,39