



September 19, 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# 7012 3460 0003 2597 6311

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. Attached you will find revised reports from Medio Creek WRC.

*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,

A handwritten signature in blue ink, appearing to read "Jeffrey J. Haby", is written over the typed name.

Jeffrey J. Haby, P.E.

Sr. Director – Sewer System Improvements

Enc. As stated



September 19, 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# 7012 3460 0003 2597 6304

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# 7012 3460 0003 2597 6304

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

Consent Decree

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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. Attached you will find revised reports from Medio Creek WRC.

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Sincerely,

A handwritten signature in blue ink, appearing to read "Jeffrey J. Haby".

Jeffrey J. Haby, P.E.

Sr. Director – Sewer System Improvements

Enc. As stated



September 9, 2014

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

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

Dear Joy,

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

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

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

A handwritten signature in black ink, appearing to read 'Daniel Rodriguez', is written over the typed name.

Daniel Rodriguez  
Manager, Medio Creek WRC  
2231 Hunt Lane  
San Antonio, TX 78227

cc: Steve Clouse  
Parviz Chavol  
Frederic J. Winter

DISCHARGE MONITORING REPORT (DMR)

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

**NAME:** MEDIO CREEK WATER RECYCLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** MEDIO CREEK WATER RECYC. CTR.  
**LOCATION:** 1300FT N USHWY 90 APPROX 1.25M W OF  
IH410

|                   |                  |
|-------------------|------------------|
| TX0055689         | 001-B            |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 07/01/2014        | 07/31/2014       |

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

No Discharge

ATTN: STEVEN CLOUSE, SENIOR VP

**REVISED**

2:49 pm, Sep 11, 2014

| PARAMETER                                   |                    | QUANTITY OR LOADING   |                       |         | QUALITY OR CONCENTRATION |                |                | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|-----------------------|-----------------------|---------|--------------------------|----------------|----------------|--------|-----------------------|-------------|
|   |                    | VALUE                 | VALUE                 | VALUE   | VALUE                    | VALUE          | UNITS          |        |                       |             |
| Oxygen, dissolved [DO]                      | SAMPLE MEASUREMENT | *****                 | *****                 | *****   | 6.60                     | *****          | *****          | 0      | Daily                 | Grab        |
| 00300 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | *****                 | *****                 | *****   | 6<br>MO MIN              | *****          | *****          |        | Daily                 | GRAB        |
| pH  | SAMPLE MEASUREMENT | *****                 | *****                 | *****   | 7.53                     | *****          | 8.22           | 0      | Daily                 | Grab        |
| 00400 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | *****                 | *****                 | *****   | 6<br>MINIMUM             | *****          | 9<br>MAXIMUM   |        | Daily                 | GRAB        |
| Solids, total suspended                     | SAMPLE MEASUREMENT | 44                    | *****                 | *****   | *****                    | 1.04           | 1.70           | 0      | Daily                 | Compos      |
| 00530 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | 2002<br>DAILY AV      | *****                 | lb/d    | *****                    | 15<br>DAILY AV | 30<br>DAILY MX |        | Daily                 | COMPOS      |
| Nitrogen, ammonia total [as N]              | SAMPLE MEASUREMENT | 30                    | *****                 | *****   | *****                    | 0.70           | 1.83           | 0      | Daily                 | Compos      |
| 00610 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | 267<br>DAILY AV       | *****                 | lb/d    | *****                    | 2<br>DAILY AV  | 7<br>DAILY MX  |        | Daily                 | COMPOS      |
| Flow, in conduit or thru treatment plant    | SAMPLE MEASUREMENT | 5.06                  | 7.06                  | *****   | *****                    | *****          | *****          | 0      | Continuous            | TotalZ      |
| 50050 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | Req. Mon.<br>DAILY AV | Req. Mon.<br>DAILY MX | MGD     | *****                    | *****          | *****          |        | Continuous            | TOTALZ      |
| Flow, in conduit or thru treatment plant    | SAMPLE MEASUREMENT | *****                 | 8108                  | *****   | *****                    | *****          | *****          | 0      | Continuous            | TotalZ      |
| 50050 P 0<br>See Comments                   | PERMIT REQUIREMENT | *****                 | 27778<br>2HR PEAK     | gal/min | *****                    | *****          | *****          |        | Continuous            | TOTALZ      |
| Flow, in conduit or thru treatment plant    | SAMPLE MEASUREMENT | 6.13                  | *****                 | *****   | *****                    | *****          | *****          | 0      | Continuous            | TotalZ      |
| 50050 Y 0<br>Effluent Gross (Supplementary) | PERMIT REQUIREMENT | 16<br>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 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 knowing violations. | TELEPHONE | DATE         |
|   |   |           | 210-233-3774 |
| TYPED OR PRINTED                            |   | AREA Code | NUMBER       |
| Steve Clouse<br>Senior Vice President & COO |   |           | MM/DD/YYYY   |
|   |   |           |              |

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

**NAME:** MEDIO CREEK WATER RECYCLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** MEDIO CREEK WATER RECYC. CTR.  
**LOCATION:** 1300FT N USHWY 90 APPROX 1.25M W OF  
IH410  
**ATTN:** STEVEN CLOUSE, SENIOR VP

|                          |                         |
|--------------------------|-------------------------|
| TX0055689                | 001-B                   |
| <b>PERMIT NUMBER</b>     | <b>DISCHARGE NUMBER</b> |
| <b>MONITORING PERIOD</b> |                         |
| MM/DD/YYYY               | MM/DD/YYYY              |
| 07/01/2014               | 07/31/2014              |

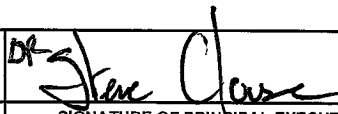
**DMR Mailing ZIP CODE:** 78221  
**MAJOR**  
(SUBR 13)  
DOMESTIC FACILITY - 001  
External Outfall

No Discharge

**REVISED**

2:49 pm, Sep 11, 2014

| PARAMETER                       |                    | QUANTITY OR LOADING |       |       |       | QUALITY OR CONCENTRATION |                 |               | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------------|--------------------|---------------------|-------|-------|-------|--------------------------|-----------------|---------------|--------|-----------------------|-------------|
|                                 |                    | VALUE               | VALUE | UNITS | VALUE | VALUE                    | UNITS           |               |        |                       |             |
| E. coli                         | SAMPLE MEASUREMENT | *****               | ***** | ***** | ***** | 1.93                     | 130             |               | 0      | Daily                 | Grab        |
| 51040 1 0<br>Effluent Gross     | PERMIT REQUIREMENT | *****               | ***** | ***** | ***** | 126<br>DAILY AV          | 394<br>DAILY MX | CFU/100m<br>L |        | Daily                 | GRAB        |
| BOD, carbonaceous, 05 day, 20 C | SAMPLE MEASUREMENT | 85                  | ***** |       | ***** | 2.0                      | 2.0             |               | 0      | Daily                 | Compos      |
| 80082 1 0<br>Effluent Gross     | PERMIT REQUIREMENT | 934<br>DAILY AV     | ***** | lb/d  | ***** | 7<br>DAILY AV            | 20<br>DAILY MX  | mg/L          |        | Daily                 | COMPOS      |

|  |   |   |              |            |
|--|---|---|--------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the 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. | <br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE    | DATE       |
|  |   |   | 210-233-3774 | 09/17/2014 |
| TYPED OR PRINTED                       |   |   | AREA Code    | NUMBER     |

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

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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

**REVISED**  
2:49 pm, Sep 11, 2014



|     |               |     |      |     |       |
|-----|---------------|-----|------|-----|-------|
| 40B | WQ0010137-040 | 01  | 14   | 07  | 12654 |
| SYS | PERMIT NUMBER | SET | YEAR | MO. | 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**

| PARAMETER                                | EFFLUENT CONDITION |           | NO. EX. | FREQUENCY OF ANALYSIS |    | SAMPLE TYPE |    |
|--|--------------------|-----------|---------|-----------------------|----|-------------|----|
|  | REPORTED           | VALUE     |         | UNITS                 |    |             |    |
| 500507124<br>FLOW<br>DLY AVG             | REPORTED           | 7.24      | MGD     | 0                     | 02 |             | 11 |
|  | PERMITTED          |           |         |                       | 02 | CONT        | 11 |
| 500507128<br>FLOW<br>ANN AVG             | REPORTED           | 7.30      | MGD     | 0                     | 02 |             | 11 |
|  | PERMITTED          |           |         |                       | 02 | CONT        | 11 |
| NUMBER<br>OF OPERATOR<br>CERTIFICATE     | REPORTED           | WW0004506 | NUMBER  | 0                     | 01 |             | NA |
|  | PERMITTED          |           |         |                       | 01 | 01          | NA |
| EXPIRATION<br>OF OPERATOR<br>CERTIFICATE | REPORTED           | 170108    | DATE    | 0                     | 01 |             | NA |
|  | PERMITTED          |           |         |                       | 01 | 01          | NA |
| CLASS<br>OF OPERATOR<br>CERTIFICATE      | REPORTED           | A         | LETTER  | 0                     | 01 |             | NA |
|  | PERMITTED          |           |         |                       | 01 | 01          | NA |
|  | 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 CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE. | NAME   | SIGNATURE               | DATE              |
|  | Daniel Rodriguez<br>Manager-Prod & Treat Ops | <i>Daniel Rodriguez</i> | 14   09   12      |
| TELEPHONE NUMBER   | PLANT OPERATOR                               | PLANT OPERATOR          | YEAR MO. DAY      |
| 2   1   0   2   3   3   3   7   7   4  | Steve Clouse<br>Senior Vice President & COO  | <i>Steve Clouse</i>     | 14   09   17      |
| AREA CODE  | NUMBER                                       | EXECUTIVE OFFICER       | EXECUTIVE OFFICER |
|  |  |                         | YEAR MO. DAY      |

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

**NAME:** MEDIO CREEK WATER RECYCLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** MEDIO CREEK WATER RECYC. CTR.  
**LOCATION:** 1300FT N USHWY 90 APPROX 1.25M W OF  
IH410

|                   |                  |
|-------------------|------------------|
| TX0055689         | 001-B            |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 06/01/2014        | 06/30/2014       |

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

No Discharge

ATTN: STEVEN CLOUSE, SENIOR VP

**REVISED**  
2:48 pm Sep 11, 2014

| PARAMETER                                   |                    | QUANTITY OR LOADING   |                       |         |              | QUALITY OR CONCENTRATION |                |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|-----------------------|-----------------------|---------|--------------|--------------------------|----------------|-------|--------|-----------------------|-------------|
|   |                    | VALUE                 | VALUE                 | VALUE   | VALUE        | VALUE                    | VALUE          | UNITS |        |                       |             |
| Oxygen, dissolved [DO]                      | SAMPLE MEASUREMENT | *****                 | *****                 | *****   | 6.86         | *****                    | *****          |       | 0      | Daily                 | Grab        |
| 00300 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | *****                 | *****                 | *****   | 6<br>MO MIN  | *****                    | *****          | mg/L  |        | Daily                 | GRAB        |
| pH  | SAMPLE MEASUREMENT | *****                 | *****                 | *****   | 7.45         | *****                    | 8.47           |       | 0      | Daily                 | Grab        |
| 00400 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | *****                 | *****                 | *****   | 6<br>MINIMUM | *****                    | 9<br>MAXIMUM   | SU    |        | Daily                 | GRAB        |
| Solids, total suspended                     | SAMPLE MEASUREMENT | 46                    | *****                 | *****   | *****        | 1.04                     | 1.60           |       | 0      | Daily                 | Compos      |
| 00530 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | 2002<br>DAILY AV      | *****                 | lb/d    | *****        | 15<br>DAILY AV           | 30<br>DAILY MX | mg/L  |        | Daily                 | COMPOS      |
| Nitrogen, ammonia total [as N]              | SAMPLE MEASUREMENT | 35                    | *****                 | *****   | *****        | 0.78                     | 3.66           |       | 0      | Daily                 | Compos      |
| 00610 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | 267<br>DAILY AV       | *****                 | lb/d    | *****        | 2<br>DAILY AV            | 7<br>DAILY MX  | mg/L  |        | Daily                 | COMPOS      |
| Flow, in conduit or thru treatment plant    | SAMPLE MEASUREMENT | 5.27                  | 7.34                  | *****   | *****        | *****                    | *****          | ***** | 0      | Continuous            | TotalZ      |
| 50050 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | Req. Mon.<br>DAILY AV | Req. Mon.<br>DAILY MX | MGD     | *****        | *****                    | *****          | ***** |        | Continuous            | TOTALZ      |
| Flow, in conduit or thru treatment plant    | SAMPLE MEASUREMENT | *****                 | 8144                  | *****   | *****        | *****                    | *****          | ***** | 0      | Continuous            | TotalZ      |
| 50050 P 0<br>See Comments                   | PERMIT REQUIREMENT | *****                 | 27778<br>2HR PEAK     | gal/min | *****        | *****                    | *****          | ***** |        | Continuous            | TOTALZ      |
| Flow, in conduit or thru treatment plant    | SAMPLE MEASUREMENT | 6.33                  | *****                 | *****   | *****        | *****                    | *****          | ***** | 0      | Continuous            | TotalZ      |
| 50050 Y 0<br>Effluent Gross (Supplementary) | PERMIT REQUIREMENT | 16<br>ANNL AVG        | *****                 | MGD     | *****        | *****                    | *****          | ***** |        | Continuous            | TOTALZ      |

|   |   |              |            |
|---|---|--------------|------------|
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|   |   | 210-233-3774 | 09/17/2014 |
| TYPED OR PRINTED                            |   | AREA Code    | NUMBER     |
| Steve Clouse<br>Senior Vice President & COO |   |              | MM/DD/YYYY |
|   |   |              |            |

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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**LOCATION:** 1300FT N USHWY 90 APPROX 1.25M W OF  
IH410

|                          |                         |
|--------------------------|-------------------------|
| TX0055689                | 001-B                   |
| <b>PERMIT NUMBER</b>     | <b>DISCHARGE NUMBER</b> |
| <b>MONITORING PERIOD</b> |                         |
| MM/DD/YYYY               | MM/DD/YYYY              |
| 06/01/2014               | 06/30/2014              |

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

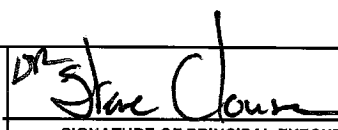
No Discharge

ATTN: STEVEN CLOUSE, SENIOR VP

**REVISED**

2:49 pm, Sep 11, 2014

| PARAMETER                       |                    | QUANTITY OR LOADING |       |       |       | QUALITY OR CONCENTRATION |                 |               | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------------|--------------------|---------------------|-------|-------|-------|--------------------------|-----------------|---------------|--------|-----------------------|-------------|
|                                 |                    | VALUE               | VALUE | VALUE | VALUE | VALUE                    | VALUE           | UNITS         |        |                       |             |
| E. coli                         | SAMPLE MEASUREMENT | *****               | ***** | ***** | ***** | 1.94                     | 32.0            |               | 0      | Daily                 | Grab        |
| 51040 1 0<br>Effluent Gross     | PERMIT REQUIREMENT | *****               | ***** | ***** | ***** | 126<br>DAILY AV          | 394<br>DAILY MX | CFU/100m<br>L |        | Daily                 | GRAB        |
| BOD, carbonaceous, 05 day, 20 C | SAMPLE MEASUREMENT | 91                  | ***** |       | ***** | 2.07                     | 4.00            |               | 0      | Daily                 | Compos      |
| 80082 1 0<br>Effluent Gross     | PERMIT REQUIREMENT | 934<br>DAILY AV     | ***** | lb/d  | ***** | 7<br>DAILY AV            | 20<br>DAILY MX  | mg/L          |        | Daily                 | COMPOS      |

|  |   |   |              |            |            |
|--|---|---|--------------|------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the 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. | <br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE    | DATE       |            |
|  |   |   | 210-233-3774 | 09/17/2014 |            |
| TYPED OR PRINTED                       |   |   | AREA Code    | NUMBER     | MM/DD/YYYY |

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



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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

REVISED

2:48 pm, Sep 11, 2014



|     |               |     |      |     |       |
|-----|---------------|-----|------|-----|-------|
| 40B | WQ0010137-040 | 01  | 14   | 06  | 12654 |
| SYS | PERMIT NUMBER | SET | YEAR | MO. | 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

| PARAMETER                                | EFFLUENT CONDITION |           | NO. EX.   | FREQUENCY OF ANALYSIS |       | SAMPLE TYPE |      |         |
|--|--------------------|-----------|-----------|-----------------------|-------|-------------|------|---------|
|  | REPORTED           | PERMITTED |           | VALUE                 | UNITS |             |      |         |
| 500507124<br>FLOW<br>DLY AVG             | REPORTED           |           | 7.49      | MGD                   | 0     | 02          | 11   |         |
|  | PERMITTED          |           |           |                       |       | 02          | CONT | 11 CONT |
| 500507128<br>FLOW<br>ANN AVG             | REPORTED           |           | 7.31      | MGD                   | 0     | 02          | 11   |         |
|  | PERMITTED          |           |           |                       |       | 02          | CONT | 11 CONT |
| NUMBER<br>OF OPERATOR<br>CERTIFICATE     | REPORTED           |           | WW0004506 | NUMBER                | 0     | 01          |      | NA      |
|  | PERMITTED          |           |           |                       |       | 01          | 01   | NA NA   |
| EXPIRATION<br>OF OPERATOR<br>CERTIFICATE | REPORTED           |           | 170108    | DATE                  | 0     | 01          |      | NA      |
|  | PERMITTED          |           |           |                       |       | 01          | 01   | NA NA   |
| CLASS<br>OF OPERATOR<br>CERTIFICATE      | REPORTED           |           | A         | LETTER                | 0     | 01          |      | NA      |
|  | PERMITTED          |           |           |                       |       | 01          | 01   | NA NA   |
|  | REPORTED           |           |           |                       |       |             |      |         |
|  | PERMITTED          |           |           |                       |       |             |      |         |
|  | REPORTED           |           |           |                       |       |             |      |         |
|  | PERMITTED          |           |           |                       |       |             |      |         |
|  | REPORTED           |           |           |                       |       |             |      |         |
|  | PERMITTED          |           |           |                       |       |             |      |         |
|  | REPORTED           |           |           |                       |       |             |      |         |
|  | PERMITTED          |           |           |                       |       |             |      |         |
|  | REPORTED           |           |           |                       |       |             |      |         |
|  | PERMITTED          |           |           |                       |       |             |      |         |
|  | REPORTED           |           |           |                       |       |             |      |         |
|  | PERMITTED          |           |           |                       |       |             |      |         |

**COMMENTS AND EXPLANATIONS** *(Reference all attachments here)*

|  |  |                         |                   |
|--|--|-------------------------|-------------------|
| I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE. | NAME   | SIGNATURE               | DATE              |
|  | Daniel Rodriguez<br>Manager-Prod & Treat Ops | <i>Daniel Rodriguez</i> | 14 09 12          |
| TELEPHONE NUMBER   | PLANT OPERATOR                               | PLANT OPERATOR          | YEAR MO. DAY      |
| 2 1 0   2 3 3   3 7 7 4  | Steve Clouse<br>Senior Vice President & COO  | <i>Steve Clouse</i>     | 14 09 17          |
| AREA CODE  | NUMBER                                       | EXECUTIVE OFFICER       | EXECUTIVE OFFICER |
|  |  |                         | YEAR MO. DAY      |

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

NAME: MEDIO CREEK WATER RECYCLING CENTER  
ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
FACILITY: MEDIO CREEK WATER RECYC. CTR.  
LOCATION: 1300FT N USHWY 90 APPROX 1.25M W OF  
IH410  
ATTN: STEVEN CLOUSE, SENIOR VP

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

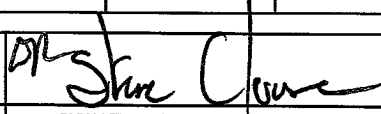
DMR Mailing ZIP CODE: 78221  
MAJOR (SUBR 13)  
DOMESTIC FACILITY - 001  
External Outfall

No Discharge

**REVISED**

2:48 pm, Sep 11, 2014

| PARAMETER                                   |                    | QUANTITY OR LOADING   |                       |         | QUALITY OR CONCENTRATION |                |                | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|-----------------------|-----------------------|---------|--------------------------|----------------|----------------|--------|-----------------------|-------------|
|   |                    | VALUE                 | VALUE                 | VALUE   | VALUE                    | VALUE          | UNITS          |        |                       |             |
| Oxygen, dissolved [DO]                      | SAMPLE MEASUREMENT | *****                 | *****                 | *****   | 6.73                     | *****          | *****          | 0      | Daily                 | Grab        |
| 00300 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | *****                 | *****                 | *****   | 6<br>MO MIN              | *****          | *****          |        | Daily                 | GRAB        |
| pH  | SAMPLE MEASUREMENT | *****                 | *****                 | *****   | 7.50                     | *****          | 7.81           | 0      | Daily                 | Grab        |
| 00400 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | *****                 | *****                 | *****   | 6<br>MINIMUM             | *****          | 9<br>MAXIMUM   |        | Daily                 | GRAB        |
| Solids, total suspended                     | SAMPLE MEASUREMENT | 52                    | *****                 | *****   | 1.14                     | 2.20           |                | 0      | Daily                 | Compos      |
| 00530 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | 2002<br>DAILY AV      | *****                 | lb/d    | *****                    | 15<br>DAILY AV | 30<br>DAILY MX |        | Daily                 | COMPOS      |
| Nitrogen, ammonia total [as N]              | SAMPLE MEASUREMENT | 31                    | *****                 | *****   | 0.69                     | 1.97           |                | 0      | Daily                 | Compos      |
| 00610 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | 267<br>DAILY AV       | *****                 | lb/d    | *****                    | 2<br>DAILY AV  | 7<br>DAILY MX  |        | Daily                 | COMPOS      |
| Flow, in conduit or thru treatment plant    | SAMPLE MEASUREMENT | 5.35                  | 9.15                  |         | *****                    | *****          | *****          | 0      | Continuous            | TotalZ      |
| 50050 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | Req. Mon.<br>DAILY AV | Req. Mon.<br>DAILY MX | MGD     | *****                    | *****          | *****          |        | Continuous            | TOTALZ      |
| Flow, in conduit or thru treatment plant    | SAMPLE MEASUREMENT | *****                 | 10055                 |         | *****                    | *****          | *****          | 0      | Continuous            | TotalZ      |
| 50050 P 0<br>See Comments                   | PERMIT REQUIREMENT | *****                 | 2778<br>2HR PEAK      | gal/min | *****                    | *****          | *****          |        | Continuous            | TOTALZ      |
| Flow, in conduit or thru treatment plant    | SAMPLE MEASUREMENT | 6.54                  | *****                 |         | *****                    | *****          | *****          | 0      | Continuous            | TotalZ      |
| 50050 Y 0<br>Effluent Gross (Supplementary) | PERMIT REQUIREMENT | 16<br>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 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 knowing violations. | <br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE    | DATE       |            |
| Steve Clouse<br>Senior Vice President & COO |   |   | 210-233-3774 | 09/11/2014 |            |
| TYPED OR PRINTED                            |   |   | AREA Code    | NUMBER     | MM/DD/YYYY |

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

**NAME:** MEDIO CREEK WATER RECYCLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** MEDIO CREEK WATER RECYC. CTR.  
**LOCATION:** 1300FT N USHWY 90 APPROX 1.25M W OF  
IH410  
**ATTN:** STEVEN CLOUSE, SENIOR VP

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

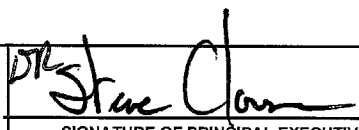
**DMR Mailing ZIP CODE:** 78221  
**MAJOR**  
(SUBR 13)  
DOMESTIC FACILITY - 001  
External Outfall

No Discharge

**REVISED**

2:48 pm, Sep 11, 2014

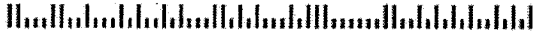
| PARAMETER                       |                    | QUANTITY OR LOADIN |       |       |       | QUALITY OR CONCENTRATION |                 |               | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------------|--------------------|--------------------|-------|-------|-------|--------------------------|-----------------|---------------|--------|-----------------------|-------------|
|                                 |                    | VALUE              | VALUE | VALUE | VALUE | VALUE                    | VALUE           | UNITS         |        |                       |             |
| E. coli                         | SAMPLE MEASUREMENT | *****              | ***** | ***** | ***** | 2.72                     | 11.0            |               | 0      | Daily                 | Grab        |
| 51040 1 0<br>Effluent Gross     | PERMIT REQUIREMENT | *****              | ***** | ***** | ***** | 126<br>DAILY AV          | 394<br>DAILY MX | CFU/100m<br>L |        | Daily                 | GRAB        |
| BOD, carbonaceous, 05 day, 20 C | SAMPLE MEASUREMENT | 91                 | ***** |       | ***** | 2.03                     | 3.00            |               | 0      | Daily                 | Compos      |
| 80082 1 0<br>Effluent Gross     | PERMIT REQUIREMENT | 934<br>DAILY AV    | ***** | lb/d  | ***** | 7<br>DAILY AV            | 20<br>DAILY MX  | mg/L          |        | Daily                 | COMPOS      |

|  |   |   |              |            |
|--|---|---|--------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the 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. | <br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE    | DATE       |
|  |   |   | 210-233-3774 | 09/17/2014 |
| TYPED OR PRINTED                       |   |   | AREA Code    | NUMBER     |

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

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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

**REVISED**

2:48 pm, Sep 11, 2014



|     |               |     |      |     |       |
|-----|---------------|-----|------|-----|-------|
| 40B | WQ0010137-040 | 01  | 14   | 05  | 12654 |
| SYS | PERMIT NUMBER | SET | YEAR | MO. | 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**

| PARAMETER                                | EFFLUENT CONDITION |           | NO. EX. | FREQUENCY OF ANALYSIS |  | SAMPLE TYPE |  |
|--|--------------------|-----------|---------|-----------------------|--|-------------|--|
|  | REPORTED           | VALUE     |         | UNITS                 |  |             |  |
| 500507124<br>FLOW<br>DLY AVG             | REPORTED           | 7.37      | 0       | 02                    |  | 11          |  |
|  | PERMITTED          |           |         |                       |  |             |  |
| 500507128<br>FLOW<br>ANN AVG             | REPORTED           | 7.34      | 0       | 02                    |  | 11          |  |
|  | PERMITTED          |           |         |                       |  |             |  |
| NUMBER<br>OF OPERATOR<br>CERTIFICATE     | REPORTED           | WW0004506 | 0       | 01                    |  | NA          |  |
|  | PERMITTED          |           |         |                       |  |             |  |
| EXPIRATION<br>OF OPERATOR<br>CERTIFICATE | REPORTED           | 170108    | 0       | 01                    |  | NA          |  |
|  | PERMITTED          |           |         |                       |  |             |  |
| CLASS<br>OF OPERATOR<br>CERTIFICATE      | REPORTED           | A         | 0       | 01                    |  | NA          |  |
|  | PERMITTED          |           |         |                       |  |             |  |
|  | 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 CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE. | NAME   | SIGNATURE               | DATE         |
|  | Daniel Rodriguez<br>Manager-Prod & Treat Ops | <i>Daniel Rodriguez</i> | 14 09 12     |
| TELEPHONE NUMBER   | PLANT OPERATOR                               | PLANT OPERATOR          | YEAR MO. DAY |
| 2   1 0   2   3 3   3   7 7 4  | Steve Clouse<br>Senior Vice President & COO  | <i>Steve Clouse</i>     | 14 09 17     |
| AREA CODE  | NUMBER                                       | EXECUTIVE OFFICER       | YEAR MO. DAY |

DISCHARGE MONITORING REPORT (DMR)

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

**NAME:** MEDIO CREEK WATER RECYCLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** MEDIO CREEK WATER RECYC. CTR.  
**LOCATION:** 1300FT N USHWY 90 APPROX 1.25M W OF  
IH410

|                   |                  |
|-------------------|------------------|
| TX0055689         | 001-B            |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 04/01/2014        | 04/30/2014       |

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

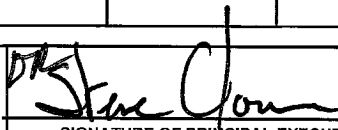
No Discharge

ATTN: STEVEN CLOUSE, SENIOR VP

**REVISED**

2:47 pm, Sep 11, 2014

| PARAMETER                                   |                    | QUANTITY OR LOADING   |                       |         | QUALITY OR CONCENTRATION |                |                |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|-----------------------|-----------------------|---------|--------------------------|----------------|----------------|-------|--------|-----------------------|-------------|
|   |                    | VALUE                 | VALUE                 | VALUE   | VALUE                    | VALUE          | UNITS          | VALUE |        |                       |             |
| Oxygen, dissolved [DO]                      | SAMPLE MEASUREMENT | *****                 | *****                 | *****   | 6.96                     | *****          | *****          |       | 0      | Daily                 | Grab        |
| 00300 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | *****                 | *****                 | *****   | 6<br>MO MIN              | *****          | *****          | mg/L  |        | Daily                 | GRAB        |
| pH  | SAMPLE MEASUREMENT | *****                 | *****                 | *****   | 7.51                     | *****          | 7.99           |       | 0      | Daily                 | Grab        |
| 00400 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | *****                 | *****                 | *****   | 6<br>MINIMUM             | *****          | 9<br>MAXIMUM   | SU    |        | Daily                 | GRAB        |
| Solids, total suspended                     | SAMPLE MEASUREMENT | 73                    | *****                 | *****   | 1.47                     | 3.30           |                |       | 0      | Daily                 | Compos      |
| 00530 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | 2002<br>DAILY AV      | *****                 | lb/d    | *****                    | 15<br>DAILY AV | 30<br>DAILY MX | mg/L  |        | Daily                 | COMPOS      |
| Nitrogen, ammonia total [as N]              | SAMPLE MEASUREMENT | 38                    | *****                 | *****   | 0.72                     | 2.05           |                |       | 0      | Daily                 | Compos      |
| 00610 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | 267<br>DAILY AV       | *****                 | lb/d    | *****                    | 2<br>DAILY AV  | 7<br>DAILY MX  | mg/L  |        | Daily                 | COMPOS      |
| Flow, in conduit or thru treatment plant    | SAMPLE MEASUREMENT | 6.04                  | 7.85                  |         |                          |                |                |       | 0      | Continuous            | TotalZ      |
| 50050 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | Req. Mon.<br>DAILY AV | Req. Mon.<br>DAILY MX | MGD     | *****                    | *****          | *****          | ***** |        | Continuous            | TOTALZ      |
| Flow, in conduit or thru treatment plant    | SAMPLE MEASUREMENT | *****                 | 8278                  |         |                          |                |                |       | 0      | Continuous            | TotalZ      |
| 50050 P 0<br>See Comments                   | PERMIT REQUIREMENT | *****                 | 27778<br>2HR PEAK     | gal/min | *****                    | *****          | *****          | ***** |        | Continuous            | TOTALZ      |
| Flow, in conduit or thru treatment plant    | SAMPLE MEASUREMENT | 6.79                  | *****                 |         |                          |                |                |       | 0      | Continuous            | TotalZ      |
| 50050 Y 0<br>Effluent Gross (Supplementary) | PERMIT REQUIREMENT | 16<br>ANNL AVG        | *****                 | MGD     | *****                    | *****          | *****          | ***** |        | Continuous            | TOTALZ      |

|   |   |   |              |            |            |
|---|---|---|--------------|------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER<br><br>Steve Clouse<br>Senior Vice President & COO<br><br>TYPED OR PRINTED | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, 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. | <br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE    |            | DATE       |
|   |   |   | 210-233-3774 | 09/17/2014 |            |
|   |   |   | AREA Code    | NUMBER     | MM/DD/YYYY |

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

DISCHARGE MONITORING REPORT (DMR)

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 |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 04/01/2014        | 04/30/2014       |

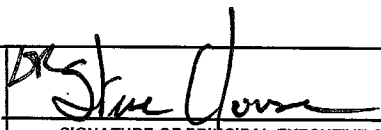
**DMR Mailing ZIP CODE:** 78221  
**MAJOR**  
 (SUBR 13)  
 DOMESTIC FACILITY - 001  
 External Outfall

No Discharge

**REVISED**

2:47 pm, Sep 11, 2014

| PARAMETER                       |                    | QUANTITY OR LOADING |       |       |       | QUANTITY OR CONCENTRATION |                 |               | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------------|--------------------|---------------------|-------|-------|-------|---------------------------|-----------------|---------------|--------|-----------------------|-------------|
|                                 |                    | VALUE               | VALUE | VALUE | VALUE | VALUE                     | VALUE           | UNITS         |        |                       |             |
| E. coli                         | SAMPLE MEASUREMENT | *****               | ***** | ***** | ***** | 6.94                      | 210             |               | 0      | Daily                 | Grab        |
| 51040 1 0<br>Effluent Gross     | PERMIT REQUIREMENT | *****               | ***** | ***** | ***** | 126<br>DAILY AV           | 394<br>DAILY MX | CFU/100m<br>L |        | Daily                 | GRAB        |
| BOD, carbonaceous, 05 day, 20 C | SAMPLE MEASUREMENT | 111                 | ***** |       | ***** | 2.20                      | 5.00            |               | 0      | Daily                 | Compos      |
| 80082 1 0<br>Effluent Gross     | PERMIT REQUIREMENT | 934<br>DAILY AV     | ***** | lb/d  | ***** | 7<br>DAILY AV             | 20<br>DAILY MX  | mg/L          |        | Daily                 | COMPOS      |

|   |   |   |              |            |
|---|---|---|--------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER      | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the 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. | <br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE    | DATE       |
| Steve Clouse<br>Senior Vice President & COO |   |   | 210-233-3774 | 09/17/2014 |
| TYPED OR PRINTED                            |   | AREA Code   | NUMBER       | MM/DD/YYYY |

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

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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

**REVISED**

2:47 pm, Sep 11, 2014



|     |               |     |      |     |       |
|-----|---------------|-----|------|-----|-------|
| 40B | WQ0010137-040 | 01  | 14   | 04  | 12654 |
| SYS | PERMIT NUMBER | SET | YEAR | MO. | 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**

| PARAMETER                          | EFFLUENT CONDITION |           | NO. EX.   | FREQUENCY OF ANALYSIS |       | SAMPLE TYPE |    |       |
|------------------------------------|--------------------|-----------|-----------|-----------------------|-------|-------------|----|-------|
|                                    | REPORTED           | PERMITTED |           | VALUE                 | UNITS |             |    |       |
| 500507124 FLOW DLY AVG             | REPORTED           | PERMITTED | 6.99      | MGD                   | 0     | 02          | 11 |       |
| 500507128 FLOW ANN AVG             | REPORTED           | PERMITTED | 7.42      | MGD                   | 0     | 02          | 11 | CONT  |
| NUMBER OF OPERATOR CERTIFICATE     | REPORTED           | PERMITTED | WW0004506 | NUMBER                | 0     | 01          | 01 | NA NA |
| EXPIRATION OF OPERATOR CERTIFICATE | REPORTED           | PERMITTED | 170108    | DATE                  | 0     | 01          | 01 | NA NA |
| CLASS OF OPERATOR CERTIFICATE      | REPORTED           | PERMITTED | A         | LETTER                | 0     | 01          | 01 | NA NA |
|                                    | REPORTED           | PERMITTED |           |                       |       |             |    |       |
|                                    | 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 CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE. | NAME   | SIGNATURE               | DATE         |
|  | Daniel Rodriguez<br>Manager-Prod & Treat Ops | <i>Daniel Rodriguez</i> | 14 09 12     |
| TELEPHONE NUMBER   | PLANT OPERATOR                               | PLANT OPERATOR          | YEAR MO. DAY |
| 2 1 0 2 3 3 3 7 7 4  | Steve Clouse<br>Senior Vice President & COO  | <i>Steve Clouse</i>     | 14 09 17     |
| AREA CODE NUMBER   | EXECUTIVE OFFICER                            | EXECUTIVE OFFICER       | YEAR MO. DAY |

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

**NAME:** MEDIO CREEK WATER RECYCLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** MEDIO CREEK WATER RECYC. CTR.  
**LOCATION:** 1300FT N USHWY 90 APPROX 1.25M W OF  
IH410

|                   |                  |
|-------------------|------------------|
| TX0055689         | 001-B            |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 03/01/2014        | 03/31/2014       |

DMR Mailing ZIP CODE: 78221

MAJOR (SUBR 13)  
DOMESTIC FACILITY - 001  
External Outfall

No Discharge

ATTN: STEVEN CLOUSE, SENIOR VP

**REVISED**

2:46 pm, Sep 11, 2014

| PARAMETER                                   |                    | QUANTITY OR LOADING   |                       |         | QUALITY OR CONCENTRATION |                |                | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|-----------------------|-----------------------|---------|--------------------------|----------------|----------------|--------|-----------------------|-------------|
|   |                    | VALUE                 | VALUE                 | VALUE   | VALUE                    | VALUE          | UNITS          |        |                       |             |
| Oxygen, dissolved [DO]                      | SAMPLE MEASUREMENT | *****                 | *****                 | *****   | 7.77                     | *****          | *****          | 0      | Daily                 | Grab        |
| 00300 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | *****                 | *****                 | *****   | 6<br>MO MIN              | *****          | *****          |        | Daily                 | GRAB        |
| pH  | SAMPLE MEASUREMENT | *****                 | *****                 | *****   | 7.51                     | *****          | 8.57           | 0      | Daily                 | Grab        |
| 00400 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | *****                 | *****                 | *****   | 6<br>MINIMUM             | *****          | 9<br>MAXIMUM   |        | Daily                 | GRAB        |
| Solids, total suspended                     | SAMPLE MEASUREMENT | 64                    | *****                 | *****   | 1.33                     | 2.20           |                | 0      | Daily                 | Compos      |
| 00530 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | 2002<br>DAILY AV      | *****                 | lb/d    | *****                    | 15<br>DAILY AV | 30<br>DAILY MX |        | Daily                 | COMPOS      |
| Nitrogen, ammonia total [as N]              | SAMPLE MEASUREMENT | 39                    | *****                 | *****   | 0.76                     | 2.43           |                | 0      | Daily                 | Compos      |
| 00610 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | 267<br>DAILY AV       | *****                 | lb/d    | *****                    | 2<br>DAILY AV  | 7<br>DAILY MX  |        | Daily                 | COMPOS      |
| Flow, in conduit or thru treatment plant    | SAMPLE MEASUREMENT | 5.89                  | 7.76                  |         | *****                    | *****          | *****          | 0      | Continuous            | TotalZ      |
| 50050 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | Req. Mon.<br>DAILY AV | Req. Mon.<br>DAILY MX | MGD     | *****                    | *****          | *****          |        | Continuous            | TOTALZ      |
| Flow, in conduit or thru treatment plant    | SAMPLE MEASUREMENT | *****                 | 8171                  |         | *****                    | *****          | *****          | 0      | Continuous            | TotalZ      |
| 50050 P 0<br>See Comments                   | PERMIT REQUIREMENT | *****                 | 27778<br>2HR PEAK     | gal/min | *****                    | *****          | *****          |        | Continuous            | TOTALZ      |
| Flow, in conduit or thru treatment plant    | SAMPLE MEASUREMENT | 6.89                  | *****                 |         | *****                    | *****          | *****          | 0      | Continuous            | TotalZ      |
| 50050 Y 0<br>Effluent Gross (Supplementary) | PERMIT REQUIREMENT | 16<br>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 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 knowing violations. | TELEPHONE | DATE         |
|   |   |           | 210-233-3774 |
| TYPED OR PRINTED                            |   | AREA Code | NUMBER       |
| Steve Clouse<br>Senior Vice President & COO |   |           | MM/DD/YYYY   |
|   |   |           |              |

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



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

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

**NAME:** MEDIO CREEK WATER RECYCLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** MEDIO CREEK WATER RECYC. CTR.  
**LOCATION:** 1300FT N USHWY 90 APPROX 1.25M W OF  
IH410  
**ATTN:** STEVEN CLOUSE, SENIOR VP

|                   |                  |
|-------------------|------------------|
| TX0055689         | 001-B            |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 03/01/2014        | 03/31/2014       |

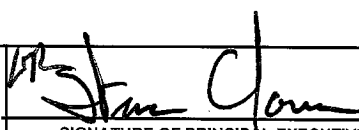
**DMR Mailing ZIP CODE:** 78221  
**MAJOR**  
(SUBR 13)  
DOMESTIC FACILITY - 001  
External Outfall

No Discharge

**REVISED**

2:46 pm, Sep 11, 2014

| PARAMETER                       |                    | QUANTITY OR LOADING |       |       |       | QUALITY OR CONCENTRATION |                 |               | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------------|--------------------|---------------------|-------|-------|-------|--------------------------|-----------------|---------------|--------|-----------------------|-------------|
|                                 |                    | VALUE               | VALUE | VALUE | VALUE | VALUE                    | VALUE           | UNITS         |        |                       |             |
| E. coli                         | SAMPLE MEASUREMENT | *****               | ***** | ***** | ***** | 6.83                     | 74.0            |               | 0      | Daily                 | Grab        |
| 51040 1 0<br>Effluent Gross     | PERMIT REQUIREMENT | *****               | ***** | ***** | ***** | 126<br>DAILY AV          | 394<br>DAILY MX | CFU/100m<br>L |        | Daily                 | GRAB        |
| BOD, carbonaceous, 05 day, 20 C | SAMPLE MEASUREMENT | 101                 | ***** |       | ***** | 2.06                     | 4.00            |               | 0      | Daily                 | Compos      |
| 80082 1 0<br>Effluent Gross     | PERMIT REQUIREMENT | 934<br>DAILY AV     | ***** | lb/d  | ***** | 7<br>DAILY AV            | 20<br>DAILY MX  | mg/L          |        | Daily                 | COMPOS      |

|  |   |   |              |            |            |
|--|---|---|--------------|------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the 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. | <br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE    | DATE       |            |
|  |   |   | 210-233-3774 | 09/17/2014 |            |
| TYPED OR PRINTED                       |   |   | AREA Code    | NUMBER     | MM/DD/YYYY |

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

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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

**REVISED**

2:47 pm, Sep 11, 2014



|     |               |     |      |     |       |
|-----|---------------|-----|------|-----|-------|
| 40B | WQ0010137-040 | 01  | 14   | 03  | 12654 |
| SYS | PERMIT NUMBER | SET | YEAR | MO. | 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**

| PARAMETER                                | EFFLUENT CONDITION |           | NO. EX. | FREQUENCY OF ANALYSIS |    | SAMPLE TYPE |    |
|--|--------------------|-----------|---------|-----------------------|----|-------------|----|
|  | REPORTED           | VALUE     |         | UNITS                 |    |             |    |
| 500507124<br>FLOW<br>DLY AVG             | REPORTED           | 6.94      | MGD     | 0                     | 02 |             | 11 |
|  | PERMITTED          |           |         |                       | 02 | CONT        | 11 |
| 500507128<br>FLOW<br>ANN AVG             | REPORTED           | 7.44      | MGD     | 0                     | 02 |             | 11 |
|  | PERMITTED          |           |         |                       | 02 | CONT        | 11 |
| NUMBER<br>OF OPERATOR<br>CERTIFICATE     | REPORTED           | WW0004506 | NUMBER  | 0                     | 01 |             | NA |
|  | PERMITTED          |           |         |                       | 01 | 01          | NA |
| EXPIRATION<br>OF OPERATOR<br>CERTIFICATE | REPORTED           | 170108    | DATE    | 0                     | 01 |             | NA |
|  | PERMITTED          |           |         |                       | 01 | 01          | NA |
| CLASS<br>OF OPERATOR<br>CERTIFICATE      | REPORTED           | A         | LETTER  | 0                     | 01 |             | NA |
|  | PERMITTED          |           |         |                       | 01 | 01          | NA |
|  | 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 CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE. | NAME   | SIGNATURE               | DATE         |
|  | Daniel Rodriguez<br>Manager-Prod & Treat Ops | <i>Daniel Rodriguez</i> | 11/09/12     |
| TELEPHONE NUMBER   | PLANT OPERATOR                               | PLANT OPERATOR          | YEAR MO. DAY |
| 210 233 3774   | Steve Clouse<br>Senior Vice President & COO  | <i>Steve Clouse</i>     | 11/09/12     |
| AREA CODE  | EXECUTIVE OFFICER                            | EXECUTIVE OFFICER       | YEAR MO. DAY |

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved  
 OMB No. 2040-0004

|               |                  |
|---------------|------------------|
| TX0055689     | 001-B            |
| PERMIT NUMBER | DISCHARGE NUMBER |

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

| MONITORING PERIOD |            |
|-------------------|------------|
| MM/DD/YYYY        | MM/DD/YYYY |
| 2/1/2014          | 2/28/2014  |

No Discharge

**REVISED**

2:45 pm, Sep 11, 2014

| PARAMETER                                   |                    | QUANTITY OR LOADING   |                       |         | QUALITY OR CONCENTRATION |                |                | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|-----------------------|-----------------------|---------|--------------------------|----------------|----------------|--------|-----------------------|-------------|
|   |                    | VALUE                 | VALUE                 | UNITS   | VALUE                    | VALUE          | UNITS          |        |                       |             |
| Oxygen, dissolved (DO)                      | SAMPLE MEASUREMENT | *****                 | *****                 | *****   | 7.28                     | *****          | *****          | 0      | Daily                 | Grab        |
| 00300 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | *****                 | *****                 | *****   | 6<br>MO MIN              | *****          | *****          |        | Daily                 | GRAB        |
| pH  | SAMPLE MEASUREMENT | *****                 | *****                 | *****   | 7.42                     | *****          | 7.89           | 0      | Daily                 | Grab        |
| 00400 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | *****                 | *****                 | *****   | 6<br>MINIMUM             | *****          | 9<br>MAXIMUM   |        | Daily                 | GRAB        |
| Solids, total suspended                     | SAMPLE MEASUREMENT | 57                    | *****                 | *****   | 1.15                     | 1.70           |                | 0      | Daily                 | Compos      |
| 00530 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | 2002<br>DAILY AV      | *****                 | lb/d    | *****                    | 15<br>DAILY AV | 30<br>DAILY MX |        | Daily                 | COMPOS      |
| Nitrogen, ammonia total (as N)              | SAMPLE MEASUREMENT | 27                    | *****                 | *****   | 0.54                     | 2.02           |                | 0      | Daily                 | Compos      |
| 00610 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | 267<br>DAILY AV       | *****                 | lb/d    | *****                    | 2<br>DAILY AV  | 7<br>DAILY MX  |        | Daily                 | COMPOS      |
| Flow, in conduit or thru treatment plant    | SAMPLE MEASUREMENT | 5.95                  | 6.83                  | *****   | *****                    | *****          | *****          | 0      | Continuous            | TotalZ      |
| 50050 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | Req. Mon.<br>DAILY AV | Req. Mon.<br>DAILY MX | MGD     | *****                    | *****          | *****          | *****  | Continuous            | TOTALZ      |
| Flow, in conduit or thru treatment plant    | SAMPLE MEASUREMENT | *****                 | 8810                  | *****   | *****                    | *****          | *****          | 0      | Continuous            | TotalZ      |
| 50050 P 0<br>See Comments                   | PERMIT REQUIREMENT | *****                 | 2778<br>2HR PEAK      | gal/min | *****                    | *****          | *****          | *****  | Continuous            | TOTALZ      |
| Flow, in conduit or thru treatment plant    | SAMPLE MEASUREMENT | 6.99                  | *****                 | *****   | *****                    | *****          | *****          | 0      | Continuous            | TotalZ      |
| 50050 Y 0<br>Effluent Gross (Supplementary) | PERMIT REQUIREMENT | 16<br>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 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 knowing violations. | TELEPHONE  | DATE       |
|   |   | 210-233-3774   | 09/17/2014 |
| TYPED OR PRINTED                            |   | AREA Code  | NUMBER     |
| Steve Clouse<br>Senior Vice President & COO |   |  | MM/DD/YYYY |
|   |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |            |

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

Form Approved  
 OMB No. 2040-0004

|                      |                         |
|----------------------|-------------------------|
| TX0055689            | 001-B                   |
| <b>PERMIT NUMBER</b> | <b>DISCHARGE NUMBER</b> |

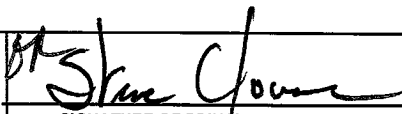
**DMR Mailing ZIP CODE:** 78221  
 MAJOR (SUBR 13)  
 DOMESTIC FACILITY - 001  
 External Outfall

| MONITORING PERIOD |            |
|-------------------|------------|
| MM/DD/YYYY        | MM/DD/YYYY |
| 1/1/2014          | 1/31/2014  |

No Discharge

**REVISED**  
 2:46 pm, Sep 11, 2014

| PARAMETER                       |                           | QUANTITY OR LOADING |       |       |       | QUALITY OR CONCENTRATION |                 |               | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------------|---------------------------|---------------------|-------|-------|-------|--------------------------|-----------------|---------------|--------|-----------------------|-------------|
|                                 |                           | VALUE               | VALUE | VALUE | VALUE | UNITS                    | VALUE           | VALUE         |        |                       |             |
| E. coli                         | <b>SAMPLE MEASUREMENT</b> | *****               | ***** | ***** | ***** | 2.98                     | 160             |               | 0      | Daily                 | Grab        |
| 51040 1 0<br>Effluent Gross     | <b>PERMIT REQUIREMENT</b> | *****               | ***** | ***** | ***** | 126<br>DAILY AV          | 394<br>DAILY MX | CFU/100m<br>L |        | Daily                 | GRAB        |
| BOD, carbonaceous, 05 day, 20 C | <b>SAMPLE MEASUREMENT</b> | 99                  | ***** |       | ***** | 2.0                      | 2.0             |               | 0      | Daily                 | Compos      |
| 80082 1 0<br>Effluent Gross     | <b>PERMIT REQUIREMENT</b> | 934<br>DAILY AV     | ***** | lb/d  | ***** | 7<br>DAILY AV            | 20<br>DAILY MX  | mg/L          |        | Daily                 | COMPOS      |

|   |   |   |                  |               |
|---|---|---|------------------|---------------|
| <b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b> | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, 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. |  | <b>TELEPHONE</b> | <b>DATE</b>   |
| Steve Clouse<br>Senior Vice President & COO   |   |   | 210-233-3774     | 09/17/2014    |
| <b>TYPED OR PRINTED</b>                       |   | <b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>                   | <b>AREA Code</b> | <b>NUMBER</b> |

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

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



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

**REVISED**

2:46 pm, Sep 11, 2014



|     |               |     |      |     |       |
|-----|---------------|-----|------|-----|-------|
| 40B | WQ0010137-040 | 01  | 14   | 02  | 12654 |
| SYS | PERMIT NUMBER | SET | YEAR | MO. | 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**

| PARAMETER                                | EFFLUENT CONDITION |           | NO. EX.   | FREQUENCY OF ANALYSIS |   | SAMPLE TYPE |      |       |
|--|--------------------|-----------|-----------|-----------------------|---|-------------|------|-------|
|  | REPORTED           | PERMITTED |           |                       |   |             |      | VALUE |
| 500507124<br>FLOW<br>DLY AVG             | REPORTED           |           | 7.25      | MGD                   | 0 | 02          | 11   |       |
|  | PERMITTED          |           |           |                       |   | 02          | CONT | 11    |
| 500507128<br>FLOW<br>ANN AVG             | REPORTED           |           | 7.45      | MGD                   | 0 | 02          | 11   |       |
|  | PERMITTED          |           |           |                       |   | 02          | CONT | 11    |
| NUMBER<br>OF OPERATOR<br>CERTIFICATE     | REPORTED           |           | WW0004506 | NUMBER                | 0 | 01          |      | NA    |
|  | PERMITTED          |           |           |                       |   | 01          | 01   | NA    |
| EXPIRATION<br>OF OPERATOR<br>CERTIFICATE | REPORTED           |           | 140108    | DATE                  | 0 | 01          |      | NA    |
|  | PERMITTED          |           |           |                       |   | 01          | 01   | NA    |
| CLASS<br>OF OPERATOR<br>CERTIFICATE      | REPORTED           |           | A         | LETTER                | 0 | 01          |      | NA    |
|  | PERMITTED          |           |           |                       |   | 01          | 01   | NA    |
|  | 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 CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.

| NAME   | SIGNATURE               | DATE     |
|--|-------------------------|----------|
| Daniel Rodriguez<br>Manager-Prod & Treat Ops | <i>Daniel Rodriguez</i> | 11/09/12 |
| Steve Clouse<br>Senior Vice President & COO  | <i>Steve Clouse</i>     | 11/09/17 |

| TELEPHONE NUMBER | PLANT OPERATOR | PLANT OPERATOR | YEAR | MO. | DAY |
|------------------|----------------|----------------|------|-----|-----|
| 210 233 3774     | Steve Clouse   | Steve Clouse   | 11   | 09  | 17  |

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved  
 OMB No. 2040-0004

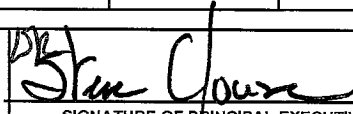
|                   |                  |
|-------------------|------------------|
| TX0055689         | 001-B            |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 1/1/2014          | 1/31/2014        |

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

No Discharge

**REVISED**  
 2:45 pm, Sep 11, 2014

| PARAMETER                                   |                    | QUANTITY OR LOADING   |                       |         | QUALITY OR CONCENTRATION |                |                |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|-----------------------|-----------------------|---------|--------------------------|----------------|----------------|-------|--------|-----------------------|-------------|
|   |                    | VALUE                 | VALUE                 | UNITS   | VALUE                    | VALUE          | UNITS          |       |        |                       |             |
| Oxygen, dissolved (DO)                      | SAMPLE MEASUREMENT | *****                 | *****                 | *****   | 7.55                     | *****          | *****          |       | 0      | Daily                 | Grab        |
| 00300 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | *****                 | *****                 | *****   | 6<br>MO MIN              | *****          | *****          | mg/L  |        | Daily                 | GRAB        |
| pH  | SAMPLE MEASUREMENT | *****                 | *****                 | *****   | 7.29                     | *****          | 8.05           |       | 0      | Daily                 | Grab        |
| 00400 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | *****                 | *****                 | *****   | 6<br>MINIMUM             | *****          | 9<br>MAXIMUM   | SU    |        | Daily                 | GRAB        |
| Solids, total suspended                     | SAMPLE MEASUREMENT | 63                    | *****                 | *****   | *****                    | 1.21           | 2.40           |       | 0      | Daily                 | Compos      |
| 00530 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | 2002<br>DAILY AV      | *****                 | lb/d    | *****                    | 15<br>DAILY AV | 30<br>DAILY MX | mg/L  |        | Daily                 | COMPOS      |
| Nitrogen, ammonia total (as N)              | SAMPLE MEASUREMENT | 37                    | *****                 | *****   | *****                    | 0.68           | 1.89           |       | 0      | Daily                 | Compos      |
| 00610 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | 267<br>DAILY AV       | *****                 | lb/d    | *****                    | 2<br>DAILY AV  | 7<br>DAILY MX  | mg/L  |        | Daily                 | COMPOS      |
| Flow, in conduit or thru treatment plant    | SAMPLE MEASUREMENT | 6.32                  | 8.07                  | *****   | *****                    | *****          | *****          | ***** | 0      | Continuous            | TotalZ      |
| 50050 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | Req. Mon.<br>DAILY AV | Req. Mon.<br>DAILY MX | MGD     | *****                    | *****          | *****          | ***** |        | Continuous            | TOTALZ      |
| Flow, in conduit or thru treatment plant    | SAMPLE MEASUREMENT | *****                 | 8932                  | *****   | *****                    | *****          | *****          | ***** | 0      | Continuous            | TotalZ      |
| 50050 P 0<br>See Comments                   | PERMIT REQUIREMENT | *****                 | 2778<br>2HR PEAK      | gal/min | *****                    | *****          | *****          | ***** |        | Continuous            | TOTALZ      |
| Flow, in conduit or thru treatment plant    | SAMPLE MEASUREMENT | 7.10                  | *****                 | *****   | *****                    | *****          | *****          | ***** | 0      | Continuous            | TotalZ      |
| 50050 Y 0<br>Effluent Gross (Supplementary) | PERMIT REQUIREMENT | 16<br>ANNL AVG        | *****                 | MGD     | *****                    | *****          | *****          | ***** |        | Continuous            | TOTALZ      |

|   |   |   |              |            |            |
|---|---|---|--------------|------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER<br><br>Steve Clouse<br>Senior Vice President & COO<br><br>TYPED OR PRINTED | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, 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. | <br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE    |            | DATE       |
|   |   |   | 210-233-3774 | 09/17/2014 |            |
|   |   |   | AREA Code    | NUMBER     | MM/DD/YYYY |

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

Form Approved  
 OMB No. 2040-0004

|                   |                  |
|-------------------|------------------|
| TX0055689         | 001-B            |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 1/1/2014          | 1/31/2014        |

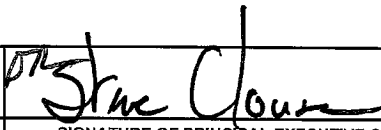
DMR Mailing ZIP CODE: 78221  
 MAJOR (SUBR 13)  
 DOMESTIC FACILITY - 001  
 External Outfall

No Discharge

**REVISED**

2:45 pm, Sep 11, 2014

| PARAMETER                       |                    | QUANTITY OR LOADING |       |       |       | QUALITY OR CONCENTRATION |                 |               | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------------|--------------------|---------------------|-------|-------|-------|--------------------------|-----------------|---------------|--------|-----------------------|-------------|
|                                 |                    | VALUE               | VALUE | UNITS | VALUE | VALUE                    | UNITS           |               |        |                       |             |
| E. coli                         | SAMPLE MEASUREMENT | *****               | ***** | ***** | ***** | 3.76                     | 220             |               | 0      | Daily                 | Grab        |
| 51040 1 0<br>Effluent Gross     | PERMIT REQUIREMENT | *****               | ***** | ***** | ***** | 126<br>DAILY AV          | 394<br>DAILY MX | CFU/100m<br>L |        | Daily                 | GRAB        |
| BOD, carbonaceous, 05 day, 20 C | SAMPLE MEASUREMENT | 108                 | ***** |       | ***** | 2.03                     | 3.00            |               | 0      | Daily                 | Compos      |
| 80082 1 0<br>Effluent Gross     | PERMIT REQUIREMENT | 934<br>DAILY AV     | ***** | lb/d  | ***** | 7<br>DAILY AV            | 20<br>DAILY MX  | mg/L          |        | Daily                 | COMPOS      |

|   |   |   |              |            |
|---|---|---|--------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER      | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the 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. | <br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE    | DATE       |
| Steve Clouse<br>Senior Vice President & COO |   |   | 210-233-3774 | 09/17/2014 |
| TYPED OR PRINTED                            |   | AREA Code   | NUMBER       | MM/DD/YYYY |

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

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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

**REVISED**

2:45 pm, Sep 11, 2014



|     |               |     |      |     |       |
|-----|---------------|-----|------|-----|-------|
| 40B | WQ0010137-040 | 01  | 14   | 01  | 12654 |
| SYS | PERMIT NUMBER | SET | YEAR | MO. | 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**

| PARAMETER                          | EFFLUENT CONDITION |           | NO. EX.   | FREQUENCY OF ANALYSIS |       | SAMPLE TYPE |      |         |
|------------------------------------|--------------------|-----------|-----------|-----------------------|-------|-------------|------|---------|
|                                    | REPORTED           | PERMITTED |           | VALUE                 | UNITS |             |      |         |
| 500507124 FLOW DLY AVG             | REPORTED           |           | 7.33      | MGD                   | 0     | 02          | 11   |         |
|                                    | PERMITTED          |           |           |                       |       | 02          | CONT | 11 CONT |
| 500507128 FLOW ANN AVG             | REPORTED           |           | 7.46      | MGD                   | 0     | 02          | 11   |         |
|                                    | PERMITTED          |           |           |                       |       | 02          | CONT | 11 CONT |
| NUMBER OF OPERATOR CERTIFICATE     | REPORTED           |           | WW0004506 | NUMBER                | 0     | 01          |      | NA      |
|                                    | PERMITTED          |           |           |                       |       | 01          | 01   | NA NA   |
| EXPIRATION OF OPERATOR CERTIFICATE | REPORTED           |           | 140108    | DATE                  | 0     | 01          |      | NA      |
|                                    | PERMITTED          |           |           |                       |       | 01          | 01   | NA NA   |
| CLASS OF OPERATOR CERTIFICATE      | REPORTED           |           | A         | LETTER                | 0     | 01          |      | NA      |
|                                    | PERMITTED          |           |           |                       |       | 01          | 01   | NA NA   |
|                                    | REPORTED           |           |           |                       |       |             |      |         |
|                                    | PERMITTED          |           |           |                       |       |             |      |         |
|                                    | REPORTED           |           |           |                       |       |             |      |         |
|                                    | PERMITTED          |           |           |                       |       |             |      |         |
|                                    | REPORTED           |           |           |                       |       |             |      |         |
|                                    | PERMITTED          |           |           |                       |       |             |      |         |
|                                    | REPORTED           |           |           |                       |       |             |      |         |
|                                    | PERMITTED          |           |           |                       |       |             |      |         |
|                                    | REPORTED           |           |           |                       |       |             |      |         |
|                                    | PERMITTED          |           |           |                       |       |             |      |         |
|                                    | REPORTED           |           |           |                       |       |             |      |         |
|                                    | PERMITTED          |           |           |                       |       |             |      |         |

**COMMENTS AND EXPLANATIONS** *(Reference all attachments here)*

|  |  |                         |              |
|--|--|-------------------------|--------------|
| I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE. | NAME   | SIGNATURE               | DATE         |
|  | Daniel Rodriguez<br>Manager-Prod & Treat Ops | <i>Daniel Rodriguez</i> | 11/09/12     |
| TELEPHONE NUMBER   | PLANT OPERATOR                               | PLANT OPERATOR          | YEAR MO. DAY |
| 210 233 3774   | Steve Clouse<br>Senior Vice President & COO  | <i>Steve Clouse</i>     | 11/09/12     |
| AREA CODE NUMBER   | EXECUTIVE OFFICER                            | EXECUTIVE OFFICER       | YEAR MO. DAY |



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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)**

Form Approved  
 OMB No. 2040-0004

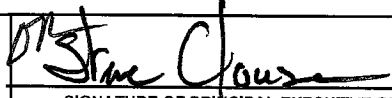
|                          |                         |
|--------------------------|-------------------------|
| TX0055689                | 001-B                   |
| <b>PERMIT NUMBER</b>     | <b>DISCHARGE NUMBER</b> |
| <b>MONITORING PERIOD</b> |                         |
| MM/DD/YYYY               | MM/DD/YYYY              |
| 12/1/2013                | 12/31/2013              |

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

No Discharge

**REVISED**  
 2:44 pm, Sep 11, 2014

| PARAMETER                                   |                    | QUANTITY OR LOADING   |                       |         | QUALITY OR CONCENTRATION |                |                |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|-----------------------|-----------------------|---------|--------------------------|----------------|----------------|-------|--------|-----------------------|-------------|
|   |                    | VALUE                 | VALUE                 | UNITS   | VALUE                    | VALUE          | VALUE          | UNITS |        |                       |             |
| Oxygen, dissolved (DO)                      | SAMPLE MEASUREMENT | *****                 | *****                 | *****   | 7.18                     | *****          | *****          |       | 0      | Daily                 | Grab        |
| 00300 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | *****                 | *****                 | *****   | 6<br>MO MIN              | *****          | *****          | mg/L  |        | Daily                 | GRAB        |
| pH  | SAMPLE MEASUREMENT | *****                 | *****                 | *****   | 7.56                     | *****          | 7.79           |       | 0      | Daily                 | Grab        |
| 00400 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | *****                 | *****                 | *****   | 6<br>MINIMUM             | *****          | 9<br>MAXIMUM   | SU    |        | Daily                 | GRAB        |
| Solids, total suspended                     | SAMPLE MEASUREMENT | 60                    | *****                 | *****   | *****                    | 1.15           | 1.70           |       | 0      | Daily                 | Compos      |
| 00530 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | 2002<br>DAILY AV      | *****                 | lb/d    | *****                    | 15<br>DAILY AV | 30<br>DAILY MX | mg/L  |        | Daily                 | COMPOS      |
| Nitrogen, ammonia total (as N)              | SAMPLE MEASUREMENT | 34                    | *****                 | *****   | *****                    | 0.63           | 1.89           |       | 0      | Daily                 | Compos      |
| 00610 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | 267<br>DAILY AV       | *****                 | lb/d    | *****                    | 2<br>DAILY AV  | 7<br>DAILY MX  | mg/L  |        | Daily                 | COMPOS      |
| Flow, in conduit or thru treatment plant    | SAMPLE MEASUREMENT | 6.32                  | 8.04                  | *****   | *****                    | *****          | *****          | ***** | 0      | Continuous            | TotalZ      |
| 50050 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | Req. Mon.<br>DAILY AV | Req. Mon.<br>DAILY MX | MGD     | *****                    | *****          | *****          | ***** |        | Continuous            | TOTALZ      |
| Flow, in conduit or thru treatment plant    | SAMPLE MEASUREMENT | *****                 | 8287                  | *****   | *****                    | *****          | *****          | ***** | 0      | Continuous            | TotalZ      |
| 50050 P 0<br>See Comments                   | PERMIT REQUIREMENT | *****                 | 27778<br>2HR PEAK     | gal/min | *****                    | *****          | *****          | ***** |        | Continuous            | TOTALZ      |
| Flow, in conduit or thru treatment plant    | SAMPLE MEASUREMENT | 7.20                  | *****                 | *****   | *****                    | *****          | *****          | ***** | 0      | Continuous            | TotalZ      |
| 50050 Y 0<br>Effluent Gross (Supplementary) | PERMIT REQUIREMENT | 16<br>ANNL AVG        | *****                 | MGD     | *****                    | *****          | *****          | ***** |        | Continuous            | TOTALZ      |

|   |   |   |              |            |            |
|---|---|---|--------------|------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER<br><br>Steve Clouse<br>Senior Vice President & COO<br><br>TYPED OR PRINTED | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, 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. | <br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE    |            | DATE       |
|   |   |   | 210-233-3774 | 09/17/2014 |            |
|   |   |   | AREA Code    | NUMBER     | MM/DD/YYYY |

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
**DISCHARGE MONITORING REPORT (DMR)**

Form Approved  
 OMB No. 2040-0004

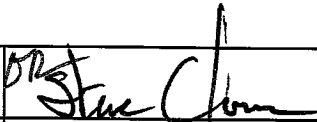
|                          |                         |
|--------------------------|-------------------------|
| TX0055689                | 001-B                   |
| <b>PERMIT NUMBER</b>     | <b>DISCHARGE NUMBER</b> |
| <b>MONITORING PERIOD</b> |                         |
| MM/DD/YYYY               | MM/DD/YYYY              |
| 12/1/2013                | 12/31/2013              |

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

No Discharge

**REVISED**  
 2:44 pm, Sep 11, 2014

| PARAMETER                       |                           | QUANTITY OR LOADING |       |       | QUALITY OR CONCENTRATION |                 |                 |               | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------------|---------------------------|---------------------|-------|-------|--------------------------|-----------------|-----------------|---------------|--------|-----------------------|-------------|
|                                 |                           | VALUE               | VALUE | UNITS | VALUE                    | VALUE           | UNITS           |               |        |                       |             |
| E. coli                         | <b>SAMPLE MEASUREMENT</b> | *****               | ***** | ***** | *****                    | 3.11            | 33.0            |               | 0      | Daily                 | Grab        |
| 51040 1 0<br>Effluent Gross     | <b>PERMIT REQUIREMENT</b> | *****               | ***** | ***** | *****                    | 126<br>DAILY AV | 394<br>DAILY MX | CFU/100m<br>L |        | Daily                 | GRAB        |
| BOD, carbonaceous, 05 day, 20 C | <b>SAMPLE MEASUREMENT</b> | 105                 | ***** |       | *****                    | 2.0             | 2.0             |               | 0      | Daily                 | Compos      |
| 80082 1 0<br>Effluent Gross     | <b>PERMIT REQUIREMENT</b> | 934<br>DAILY AV     | ***** | lb/d  | *****                    | 7<br>DAILY AV   | 20<br>DAILY MX  | mg/L          |        | Daily                 | COMPOS      |

|   |   |   |        |              |
|---|---|---|--------|--------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER<br><br>Steve Clouse<br>Senior Vice President & COO<br><br>TYPED OR PRINTED | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, 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. | TELEPHONE   |        | DATE         |
|   |   | <br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |        | 210-233-3774 |
|   |   | AREA Code   | NUMBER | MM/DD/YYYY   |

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

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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

**REVISED**

2:44 pm, Sep 11, 2014



|     |               |     |      |     |       |
|-----|---------------|-----|------|-----|-------|
| 40B | WQ0010137-040 | 01  | 13   | 12  | 12654 |
| SYS | PERMIT NUMBER | SET | YEAR | MO. | 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**

| PARAMETER                          | EFFLUENT CONDITION |           | NO. EX.   | FREQUENCY OF ANALYSIS | SAMPLE TYPE |       |         |
|------------------------------------|--------------------|-----------|-----------|-----------------------|-------------|-------|---------|
|                                    | REPORTED           | PERMITTED |           |                       | VALUE       | UNITS |         |
| 500507124 FLOW DLY AVG             | REPORTED           |           | 7.32      | MGD                   | 0 02        | 11    |         |
|                                    | PERMITTED          |           |           |                       | 02          | CONT  | 11 CONT |
| 500507128 FLOW ANN AVG             | REPORTED           |           | 7.48      | MGD                   | 0 02        | 11    |         |
|                                    | PERMITTED          |           |           |                       | 02          | CONT  | 11 CONT |
| NUMBER OF OPERATOR CERTIFICATE     | REPORTED           |           | WW0004506 | NUMBER                | 0 01        | NA    |         |
|                                    | PERMITTED          |           |           |                       | 01          | 01    | NA NA   |
| EXPIRATION OF OPERATOR CERTIFICATE | REPORTED           |           | 170108    | DATE                  | 0 01        | NA    |         |
|                                    | PERMITTED          |           |           |                       | 01          | 01    | NA NA   |
| CLASS OF OPERATOR CERTIFICATE      | REPORTED           |           | A         | LETTER                | 0 01        | NA    |         |
|                                    | PERMITTED          |           |           |                       | 01          | 01    | NA NA   |
|                                    | 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 CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE. | NAME   | SIGNATURE               | DATE         |
|  | Daniel Rodriguez<br>Manager-Prod & Treat Ops | <i>Daniel Rodriguez</i> | 11/4/09/12   |
| TELEPHONE NUMBER   | PLANT OPERATOR                               | PLANT OPERATOR          | YEAR MO. DAY |
| 210 233 3774   | Steve Clouse<br>Senior Vice President & COO  | <i>Steve Clouse</i>     | 11/4/09/17   |
| AREA CODE NUMBER   | EXECUTIVE OFFICER                            | EXECUTIVE OFFICER       | YEAR MO. DAY |

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved  
OMB No. 2040-0004

**NAME:** MEDIO CREEK WATER RECYCLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221

DISCHARGE MONITORING REPORT (DMR)

|               |                  |
|---------------|------------------|
| TX0055689     | 001-B            |
| PERMIT NUMBER | DISCHARGE NUMBER |

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

**FACILITY:** MEDIO CREEK WATER RECYC. CTR.  
**LOCATION:** 1300FT N USHWY 90 APPROX 1.25M W OF  
IH410

| MONITORING PERIOD |            |
|-------------------|------------|
| MM/DD/YYYY        | MM/DD/YYYY |
| 11/1/2013         | 11/30/2013 |

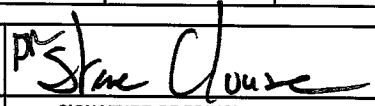
ATTN: STEVEN CLOUSE, SENIOR VP

No Discharge

**REVISED**

2:43 pm, Sep 11, 2014

| PARAMETER                                   |                    | QUANTITY OR LOADING   |                       |         | QUALITY OR CONCENTRATION |                |                |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|-----------------------|-----------------------|---------|--------------------------|----------------|----------------|-------|--------|-----------------------|-------------|
|   |                    | VALUE                 | VALUE                 | UNITS   | VALUE                    | VALUE          | UNITS          |       |        |                       |             |
| Oxygen, dissolved (DO)                      | SAMPLE MEASUREMENT | *****                 | *****                 | *****   | 7.06                     | *****          | *****          |       | 0      | Daily                 | Grab        |
| 00300 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | *****                 | *****                 | *****   | 6<br>MO MIN              | *****          | *****          | mg/L  |        | Daily                 | GRAB        |
| pH  | SAMPLE MEASUREMENT | *****                 | *****                 | *****   | 7.38                     | *****          | 7.99           |       | 0      | Daily                 | Grab        |
| 00400 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | *****                 | *****                 | *****   | 6<br>MINIMUM             | *****          | 9<br>MAXIMUM   | SU    |        | Daily                 | GRAB        |
| Solids, total suspended                     | SAMPLE MEASUREMENT | 65                    | *****                 | *****   | *****                    | 1.20           | 3.10           |       | 0      | Daily                 | Compos      |
| 00530 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | 2002<br>DAILY AV      | *****                 | lb/d    | *****                    | 15<br>DAILY AV | 30<br>DAILY MX | mg/L  |        | Daily                 | COMPOS      |
| Nitrogen, ammonia total (as N)              | SAMPLE MEASUREMENT | 20                    | *****                 | *****   | *****                    | 0.39           | 1.56           |       | 0      | Daily                 | Compos      |
| 00610 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | 267<br>DAILY AV       | *****                 | lb/d    | *****                    | 2<br>DAILY AV  | 7<br>DAILY MX  | mg/L  |        | Daily                 | COMPOS      |
| Flow, in conduit or thru treatment plant    | SAMPLE MEASUREMENT | 6.34                  | 7.83                  | *****   | *****                    | *****          | *****          | ***** | 0      | Continuous            | TotalZ      |
| 50050 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | Req. Mon.<br>DAILY AV | Req. Mon.<br>DAILY MX | MGD     | *****                    | *****          | *****          | ***** |        | Continuous            | TOTALZ      |
| Flow, in conduit or thru treatment plant    | SAMPLE MEASUREMENT | *****                 | 10502                 | *****   | *****                    | *****          | *****          | ***** | 0      | Continuous            | TotalZ      |
| 50050 P 0<br>See Comments                   | PERMIT REQUIREMENT | *****                 | 27778<br>2HR PEAK     | gal/min | *****                    | *****          | *****          | ***** |        | Continuous            | TOTALZ      |
| Flow, in conduit or thru treatment plant    | SAMPLE MEASUREMENT | 7.29                  | *****                 | *****   | *****                    | *****          | *****          | ***** | 0      | Continuous            | TotalZ      |
| 50050 Y 0<br>Effluent Gross (Supplementary) | PERMIT REQUIREMENT | 16<br>ANNL AVG        | *****                 | MGD     | *****                    | *****          | *****          | ***** |        | Continuous            | TOTALZ      |

|   |   |   |              |            |            |
|---|---|---|--------------|------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER<br><br>Steve Clouse<br>Senior Vice President & COO<br><br>TYPED OR PRINTED | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, 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. | <br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE    | DATE       |            |
|   |   |   | 210-233-3774 | 09/17/2014 |            |
|   |   |   | AREA Code    | NUMBER     | MM/DD/YYYY |

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved  
 OMB No. 2040-0004

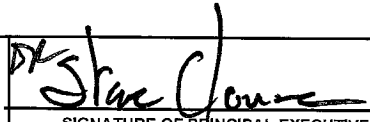
|                   |                  |
|-------------------|------------------|
| TX0055689         | 001-B            |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 11/1/2013         | 11/30/2013       |

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

No Discharge

**REVISED**  
 2:43 pm, Sep 11, 2014

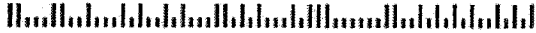
| PARAMETER                       |                    | QUANTITY OR LOADING |       |       |       | QUALITY OR CONCENTRATION |                 |               | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------------|--------------------|---------------------|-------|-------|-------|--------------------------|-----------------|---------------|--------|-----------------------|-------------|
|                                 |                    | VALUE               | VALUE | VALUE | VALUE | VALUE                    | VALUE           | UNITS         |        |                       |             |
| E. coli                         | SAMPLE MEASUREMENT | *****               | ***** | ***** | ***** | 1.84                     | 14.0            |               | 0      | Daily                 | Grab        |
| 51040 1 0<br>Effluent Gross     | PERMIT REQUIREMENT | *****               | ***** | ***** | ***** | 126<br>DAILY AV          | 394<br>DAILY MX | CFU/100m<br>L |        | Daily                 | GRAB        |
| BOD, carbonaceous, 05 day, 20 C | SAMPLE MEASUREMENT | 109                 | ***** |       | ***** | 2.07                     | 4.00            |               | 0      | Daily                 | Compos      |
| 80082 1 0<br>Effluent Gross     | PERMIT REQUIREMENT | 934<br>DAILY AV     | ***** | lb/d  | ***** | 7<br>DAILY AV            | 20<br>DAILY MX  | mg/L          |        | Daily                 | COMPOS      |

|   |   |   |              |            |
|---|---|---|--------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER      | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the 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. | <br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE    | DATE       |
| Steve Clouse<br>Senior Vice President & COO |   |   | 210-233-3774 | 09/11/2014 |
| TYPED OR PRINTED                            |   | AREA Code   | NUMBER       | MM/DD/YYYY |

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

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



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

**REVISED**

2:43 pm, Sep 11, 2014



|     |               |     |      |     |       |
|-----|---------------|-----|------|-----|-------|
| 40B | WQ0010137-040 | 01  | 13   | 11  | 12654 |
| SYS | PERMIT NUMBER | SET | YEAR | MO. | 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**

| PARAMETER                          | EFFLUENT CONDITION |           | NO. EX.   | FREQUENCY OF ANALYSIS | SAMPLE TYPE |       |         |
|------------------------------------|--------------------|-----------|-----------|-----------------------|-------------|-------|---------|
|                                    | REPORTED           | PERMITTED |           |                       | VALUE       | UNITS |         |
| 500507124 FLOW DLY AVG             | REPORTED           |           | 7.37      | MGD                   | 0 02        | 11    |         |
|                                    | PERMITTED          |           |           |                       | 02          | CONT  | 11 CONT |
| 500507128 FLOW ANN AVG             | REPORTED           |           | 7.48      | MGD                   | 0 02        | 11    |         |
|                                    | PERMITTED          |           |           |                       | 02          | CONT  | 11 CONT |
| NUMBER OF OPERATOR CERTIFICATE     | REPORTED           |           | WW0004506 | NUMBER                | 0 01        | NA    |         |
|                                    | PERMITTED          |           |           |                       | 01          | 01    | NA NA   |
| EXPIRATION OF OPERATOR CERTIFICATE | REPORTED           |           | 140108    | DATE                  | 0 01        | NA    |         |
|                                    | PERMITTED          |           |           |                       | 01          | 01    | NA NA   |
| CLASS OF OPERATOR CERTIFICATE      | REPORTED           |           | A         | LETTER                | 0 01        | NA    |         |
|                                    | PERMITTED          |           |           |                       | 01          | 01    | NA NA   |
|                                    | 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 CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.

|                  |  |                   |              |
|------------------|--|-------------------|--------------|
|                  | NAME   | SIGNATURE         | DATE         |
|                  | Daniel Rodriguez<br>Manager-Prod & Treat Ops |                   | 14 09 112    |
| TELEPHONE NUMBER | PLANT OPERATOR                               | PLANT OPERATOR    | YEAR MO. DAY |
| 2 1 0            | Steve Clouse<br>Senior Vice President & COO  |                   | 14 09 117    |
| AREA CODE        | EXECUTIVE OFFICER                            | EXECUTIVE OFFICER | YEAR MO. DAY |
| 2 3 3            |  |                   |              |
| 3 7 7 4          |  |                   |              |

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved  
 OMB No. 2040-0004

TX0055689  
 PERMIT NUMBER

001-B  
 DISCHARGE NUMBER

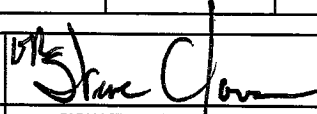
DMR Mailing ZIP CODE: 78221  
 MAJOR (SUBR 13)  
 DOMESTIC FACILITY - 001  
 External Outfall

| MONITORING PERIOD |            |
|-------------------|------------|
| MM/DD/YYYY        | MM/DD/YYYY |
| 10/1/2013         | 10/31/2013 |

No Discharge

**REVISED**  
 2:42 pm, Sep 11, 2014

| PARAMETER                                   |                    | QUANTITY OR LOADING   |                       |         | QUALITY OR CONCENTRATION |                |                | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---|--------------------|-----------------------|-----------------------|---------|--------------------------|----------------|----------------|--------|-----------------------|-------------|
|   |                    | VALUE                 | VALUE                 | UNITS   | VALUE                    | VALUE          | UNITS          |        |                       |             |
| Oxygen, dissolved (DO)                      | SAMPLE MEASUREMENT | *****                 | *****                 | *****   | 6.64                     | *****          | *****          | 0      | Daily                 | Grab        |
| 00300 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | *****                 | *****                 | *****   | 6<br>MO MIN              | *****          | *****          |        | Daily                 | GRAB        |
| pH  | SAMPLE MEASUREMENT | *****                 | *****                 | *****   | 7.01                     | *****          | 8.15           | 0      | Daily                 | Grab        |
| 00400 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | *****                 | *****                 | *****   | 6<br>MINIMUM             | *****          | 9<br>MAXIMUM   |        | Daily                 | GRAB        |
| Solids, total suspended                     | SAMPLE MEASUREMENT | 56                    | *****                 | *****   | 1.08                     | *****          | 1.70           | 0      | Daily                 | Compos      |
| 00530 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | 2002<br>DAILY AV      | *****                 | lb/d    | *****                    | 15<br>DAILY AV | 30<br>DAILY MX |        | Daily                 | COMPOS      |
| Nitrogen, ammonia total (as N)              | SAMPLE MEASUREMENT | 19                    | *****                 | *****   | 0.35                     | *****          | 1.33           | 0      | Daily                 | Compos      |
| 00610 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | 267<br>DAILY AV       | *****                 | lb/d    | *****                    | 2<br>DAILY AV  | 7<br>DAILY MX  |        | Daily                 | COMPOS      |
| Flow, in conduit or thru treatment plant    | SAMPLE MEASUREMENT | 6.24                  | 7.93                  | *****   | *****                    | *****          | *****          | 0      | Continuous            | TotalZ      |
| 50050 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | Req. Mon.<br>DAILY AV | Req. Mon.<br>DAILY MX | MGD     | *****                    | *****          | *****          |        | Continuous            | TOTALZ      |
| Flow, in conduit or thru treatment plant    | SAMPLE MEASUREMENT | *****                 | 8681                  | *****   | *****                    | *****          | *****          | 0      | Continuous            | TotalZ      |
| 50050 P 0<br>See Comments                   | PERMIT REQUIREMENT | *****                 | 2778<br>2HR PEAK      | gal/min | *****                    | *****          | *****          |        | Continuous            | TOTALZ      |
| Flow, in conduit or thru treatment plant    | SAMPLE MEASUREMENT | 7.36                  | *****                 | *****   | *****                    | *****          | *****          | 0      | Continuous            | TotalZ      |
| 50050 Y 0<br>Effluent Gross (Supplementary) | PERMIT REQUIREMENT | 16<br>ANNL AVG        | *****                 | MGD     | *****                    | *****          | *****          |        | Continuous            | TOTALZ      |

|   |   |   |              |            |
|---|---|---|--------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER<br><br>Steve Clouse<br>Senior Vice President & COO<br><br>TYPED OR PRINTED | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, 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. | <br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE    | DATE       |
|   |   |   | 210-233-3774 | 09/17/2014 |
|   |   |   | AREA Code    | NUMBER     |
|   |   |   |              | MM/DD/YYYY |

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved  
 OMB No. 2040-0004

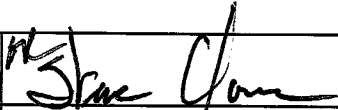
|                   |                  |
|-------------------|------------------|
| TX0055689         | 001-B            |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 10/1/2013         | 10/31/2013       |

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

No Discharge

**REVISED**  
 2:42 pm, Sep 11, 2014

| PARAMETER                       |                    | QUANTITY OR LOADIN |       |       | QUALITY OR CONCENTRATION |                 |                 | NO. EX        | FREQUENCY OF ANALYSIS | SAMPLE TYPE |        |
|---------------------------------|--------------------|--------------------|-------|-------|--------------------------|-----------------|-----------------|---------------|-----------------------|-------------|--------|
|                                 |                    | VALUE              | VALUE | UNITS | VALUE                    | VALUE           | UNITS           |               |                       |             |        |
| E. coli                         | SAMPLE MEASUREMENT | *****              | ***** | ***** | *****                    | 2.41            | 18.0            |               | 0                     | Daily       | Grab   |
| 51040 1 0<br>Effluent Gross     | PERMIT REQUIREMENT | *****              | ***** | ***** | *****                    | 126<br>DAILY AV | 394<br>DAILY MX | CFU/100m<br>L |                       | Daily       | GRAB   |
| BOD, carbonaceous, 05 day, 20 C | SAMPLE MEASUREMENT | 104                | ***** | ***** | *****                    | 2.0             | 2.0             |               | 0                     | Daily       | Compos |
| 80082 1 0<br>Effluent Gross     | PERMIT REQUIREMENT | 934<br>DAILY AV    | ***** | lb/d  | *****                    | 7<br>DAILY AV   | 20<br>DAILY MX  | mg/L          |                       | Daily       | COMPOS |

|   |   |   |  |            |
|---|---|---|--|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER      | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the 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. |  | TELEPHONE  | DATE       |
| Steve Clouse<br>Senior Vice President & COO |   |   | 210-233-3774   | 09/17/2014 |
| TYPED OR PRINTED                            |   |   | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | AREA Code  |

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



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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

REVISED

2:42 pm, Sep 11, 2014



|     |               |     |      |     |       |
|-----|---------------|-----|------|-----|-------|
| 40B | WQ0010137-040 | 01  | 13   | 10  | 12654 |
| SYS | PERMIT NUMBER | SET | YEAR | MO. | 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

| PARAMETER                          | EFFLUENT CONDITION |           | NO. EX.   | FREQUENCY OF ANALYSIS | SAMPLE TYPE |       |         |
|------------------------------------|--------------------|-----------|-----------|-----------------------|-------------|-------|---------|
|                                    | REPORTED           | PERMITTED |           |                       | VALUE       | UNITS |         |
| 500507124 FLOW DLY AVG             | REPORTED           |           | 7.35      | MGD                   | 0 02        | 11    |         |
|                                    | PERMITTED          |           |           |                       | 02          | CONT  | 11 CONT |
| 500507128 FLOW ANN AVG             | REPORTED           |           | 7.47      | MGD                   | 0 02        | 11    |         |
|                                    | PERMITTED          |           |           |                       | 02          | CONT  | 11 CONT |
| NUMBER OF OPERATOR CERTIFICATE     | REPORTED           |           | WW0004506 | NUMBER                | 0 01        |       | NA      |
|                                    | PERMITTED          |           |           |                       | 01          | 01    | NA NA   |
| EXPIRATION OF OPERATOR CERTIFICATE | REPORTED           |           | 140108    | DATE                  | 0 01        |       | NA      |
|                                    | PERMITTED          |           |           |                       | 01          | 01    | NA NA   |
| CLASS OF OPERATOR CERTIFICATE      | REPORTED           |           | A         | LETTER                | 0 01        |       | NA      |
|                                    | PERMITTED          |           |           |                       | 01          | 01    | NA NA   |
|                                    | 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 CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE. |        |      | NAME   | SIGNATURE         | DATE         |
|  |        |      | Daniel Rodriguez<br>Manager-Prod & Treat Ops |                   | 11/09/12     |
| TELEPHONE NUMBER   |        |      | PLANT OPERATOR                               | PLANT OPERATOR    | YEAR MO. DAY |
| 210  | 233    | 3774 | Steve Clouse<br>Senior Vice President & COO  |                   | 11/09/12     |
| AREA CODE  | NUMBER |      | EXECUTIVE OFFICER                            | EXECUTIVE OFFICER | YEAR MO. DAY |

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

**NAME:** MEDIO CREEK WATER RECYCLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
 SAN ANTONIO, TX 78221

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

|                   |                  |
|-------------------|------------------|
| TX0055689         | 001-B            |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 9/1/2013          | 9/30/2013        |

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

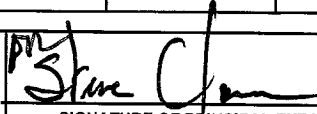
**FACILITY:** MEDIO CREEK WATER RECYC. CTR.  
**LOCATION:** 1300FT N USHWY 90 APPROX 1.25M W OF IH410

**ATTN:** STEVEN CLOUSE, SENIOR VP

No Discharge

**REVISED**  
 2:40 pm, Sep 11, 2014

| PARAMETER                                |                    | QUANTITY OR LOAD   |                    |         | QUALITY OR CONCENTRATION |             |             | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |        |
|--|--------------------|--------------------|--------------------|---------|--------------------------|-------------|-------------|--------|-----------------------|-------------|--------|
|  |                    | VALUE              | VALUE              | UNITS   | VALUE                    | VALUE       | UNITS       |        |                       |             |        |
| Oxygen, dissolved (DO)                   | SAMPLE MEASUREMENT | *****              | *****              | *****   | 6.61                     | *****       | *****       |        | 0                     | Daily       | Grab   |
| 00300 1 0 Effluent Gross                 | PERMIT REQUIREMENT | *****              | *****              | *****   | 6 MO MIN                 | *****       | *****       | mg/L   |                       | Daily       | GRAB   |
| pH                                       | SAMPLE MEASUREMENT | *****              | *****              | *****   | 7.62                     | *****       | 8.52        |        | 0                     | Daily       | Grab   |
| 00400 1 0 Effluent Gross                 | PERMIT REQUIREMENT | *****              | *****              | *****   | 6 MINIMUM                | *****       | 9 MAXIMUM   | SU     |                       | Daily       | GRAB   |
| Solids, total suspended                  | SAMPLE MEASUREMENT | 64                 | *****              | *****   | 1.04                     | 1.60        |             |        | 0                     | Daily       | Compos |
| 00530 1 0 Effluent Gross                 | PERMIT REQUIREMENT | 2002 DAILY AV      | *****              | lb/d    | *****                    | 15 DAILY AV | 30 DAILY MX | mg/L   |                       | Daily       | COMPOS |
| Nitrogen, ammonia total (as N)           | SAMPLE MEASUREMENT | 24                 | *****              | *****   | 0.38                     | 1.08        |             |        | 0                     | Daily       | Compos |
| 00610 1 0 Effluent Gross                 | PERMIT REQUIREMENT | 267 DAILY AV       | *****              | lb/d    | *****                    | 2 DAILY AV  | 7 DAILY MX  | mg/L   |                       | Daily       | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 7.34               | 8.74               | *****   | *****                    | *****       | *****       | *****  | 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 | *****              | 9511               | *****   | *****                    | *****       | *****       | *****  | 0                     | Continuous  | TotalZ |
| 50050 P 0 See Comments                   | PERMIT REQUIREMENT | *****              | 27778 2HR PEAK     | gal/min | *****                    | *****       | *****       | *****  |                       | Continuous  | TOTALZ |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 7.49               | *****              | *****   | *****                    | *****       | *****       | *****  | 0                     | Continuous  | TotalZ |
| 50050 Y 0 Effluent Gross (Supplementary) | PERMIT REQUIREMENT | 16 ANNL AVG        | *****              | MGD     | *****                    | *****       | *****       | *****  |                       | Continuous  | TOTALZ |

|   |   |   |              |            |            |
|---|---|---|--------------|------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER<br><br>Steve Clouse<br>Senior Vice President & COO<br><br>TYPED OR PRINTED | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, 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. | <br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE    | DATE       |            |
|   |   |   | 210-233-3774 | 09/17/2014 |            |
|   |   |   | AREA Code    | NUMBER     | MM/DD/YYYY |

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

See attached letter for exceptions

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)**

Form Approved  
 OMB No. 2040-0004

TX0055689  
**PERMIT NUMBER**

001-B  
**DISCHARGE NUMBER**

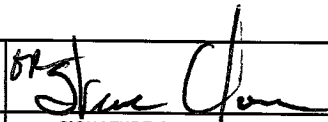
**MONITORING PERIOD**  
 MM/DD/YYYY MM/DD/YYYY  
 9/1/2013 9/30/2013

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

No Discharge

**REVISED**  
 2:40 pm, Sep 11, 2014

| PARAMETER                       |                           | QUANTITY OR LOAD |       |       |       | QUALITY OR CONCENTRATION |                 |               | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------------|---------------------------|------------------|-------|-------|-------|--------------------------|-----------------|---------------|--------|-----------------------|-------------|
|                                 |                           | VALUE            | VALUE | UNITS | VALUE | VALUE                    | UNITS           |               |        |                       |             |
| E. coli                         | <b>SAMPLE MEASUREMENT</b> | *****            | ***** | ***** | ***** | 3.23                     | 2100            |               | 2      | Daily                 | Grab        |
| 51040 1 0<br>Effluent Gross     | <b>PERMIT REQUIREMENT</b> | *****            | ***** | ***** | ***** | 126<br>DAILY AV          | 394<br>DAILY MX | CFU/100m<br>L |        | Daily                 | GRAB        |
| BOD, carbonaceous, 05 day, 20 C | <b>SAMPLE MEASUREMENT</b> | 122              | ***** |       | ***** | 2.0                      | 2.0             |               | 0      | Daily                 | Compos      |
| 80082 1 0<br>Effluent Gross     | <b>PERMIT REQUIREMENT</b> | 934<br>DAILY AV  | ***** | lb/d  | ***** | 7<br>DAILY AV            | 20<br>DAILY MX  | mg/L          |        | Daily                 | COMPOS      |

|   |   |   |              |            |            |
|---|---|---|--------------|------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER<br><br>Steve Clouse<br>Senior Vice President & COO<br><br>TYPED OR PRINTED | I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, 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. | <br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE    | DATE       |            |
|   |   |   | 210-233-3774 | 09/17/2014 |            |
|   |   |   | AREA Code    | NUMBER     | MM/DD/YYYY |

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

See attached letter for exceptions

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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

**REVISED**

2:41 pm, Sep 11, 2014



|     |               |     |      |     |       |
|-----|---------------|-----|------|-----|-------|
| 40B | WQ0010137-040 | 01  | 13   | 09  | 12654 |
| SYS | PERMIT NUMBER | SET | YEAR | MO. | 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**

| PARAMETER                                | EFFLUENT CONDITION |           |        | NO. EX. | FREQUENCY OF ANALYSIS | SAMPLE TYPE |      |
|--|--------------------|-----------|--------|---------|-----------------------|-------------|------|
|  |                    | VALUE     | UNITS  |         |                       |             |      |
| 500507124<br>FLOW<br>DLY AVG             | REPORTED           | 7.51      | MGD    | 0       | 02                    | 11          |      |
|  | PERMITTED          |           |        |         |                       | 02          | CONT |
| 500507128<br>FLOW<br>ANN AVG             | REPORTED           | 7.50      | MGD    | 0       | 02                    | 11          |      |
|  | PERMITTED          |           |        |         |                       | 02          | CONT |
| NUMBER<br>OF OPERATOR<br>CERTIFICATE     | REPORTED           | WW0004506 | NUMBER | 0       | 01                    | NA          |      |
|  | PERMITTED          |           |        |         |                       | 01          | 01   |
| EXPIRATION<br>OF OPERATOR<br>CERTIFICATE | REPORTED           | 140108    | DATE   | 0       | 01                    | NA          |      |
|  | PERMITTED          |           |        |         |                       | 01          | 01   |
| CLASS<br>OF OPERATOR<br>CERTIFICATE      | REPORTED           | A         | LETTER | 0       | 01                    | NA          |      |
|  | PERMITTED          |           |        |         |                       | 01          | 01   |
|  | 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 CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE. | NAME   | SIGNATURE          | DATE              |
|  | Daniel Rodriguez<br>Manager-Prod & Treat Ops | <i>[Signature]</i> | 11/4/09/12        |
| TELEPHONE NUMBER   | PLANT OPERATOR                               | PLANT OPERATOR     | YEAR MO. DAY      |
| 210 233 3774   | Steve Clouse<br>Senior Vice President & COO  | <i>[Signature]</i> | 11/4/09/11        |
| AREA CODE  | NUMBER                                       | EXECUTIVE OFFICER  | EXECUTIVE OFFICER |
|  |  |                    | YEAR MO. DAY      |