

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,

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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Sincerely

Jeffrey V. 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.

Daniel Rodriguez

Manager, Medio Creek WRC

2231 Hunt Lane

San Antonio, TX 78227

cc: Steve Clouse Parviz Chavol

Frederic J. Winter

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved OMB No. 2040-0004

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

DMR Mailing ZIP CODE:

78221

MAJOR (SUBR 13)

AUTHORIZED AGENT

DOMESTIC FACILITY - 001

External Outfall

No Discharge

ATTN: STEVEN CLOUSE, SENIOR VP REVISED QUANTITY OR LOADING QUALITY OR CONCENTRATION FREQUENCY NO. SAMPLE 2:49 pm, Sep 11, 2014 OF ANALYSIS **PARAMETER VALUE** VALUE EX **TYPE** VALUE VALUE UNITS ***** ***** ***** Oxygen, dissolved [DO] SAMPLE ***** 0 6.60 MEASUREMENT Daily Grab ***** PERMIT ***** ***** ***** 00300 1 0 6 mg/L Daily **GRAB** REQUIREMENT Effluent Gross MO MIN SAMPLE ***** ***** ***** ***** MEASUREMENT 7.53 Daily 8.22 0 Grab 00400 1 0 PERMIT ***** ***** 6 9 SU Daily GRAB REQUIREMENT Effluent Gross MINIMUM MAXIMUM Solids, total suspended SAMPLE ***** 44 1.70 MEASUREMENT 1.04 0 Daily Compos 00530 1 0 PERMIT 2002 ***** ***** lb/d 15 30 mg/L COMPOS Daily REQUIREMENT Effluent Gross DAILY AV DAILY AV DAILY MX Nitrogen, ammonia total [as N] SAMPLE ***** ***** 1.83 MEASUREMENT 30 0.70 0 Compos Daily 00610 1 0 PERMIT ***** ***** 267 lb/d 2 7 mg/L Daily COMPOS REQUIREMENT Effluent Gross DAILY AV DAILY AV DAILY MX SAMPLE Flow, in conduit or thru treatment plant ***** **** ***** MEASUREMENT 5.06 7.06 Continuous **TotalZ** 50050 1 0 PERMIT ***** Reg. Mon. Reg. Mon. MGD ***** ***** ***** Continuous **TOTALZ** REQUIREMENT Effluent Gross DAILY AV DAILY MX ***** Flow, in conduit or thru treatment plant SAMPLE ***** 8108 MEASUREMENT Continuous TotalZ 50050 P 0 PERMIT ***** 27778 ***** ***** ***** ***** gal/min Continuous **TOTALZ** REQUIREMENT See Comments 2HR PEAK SAMPLE ***** Flow, in conduit or thru treatment plant ***** ***** ***** **** MEASUREMENT 6.13 Continuous TotalZ 50050 Y 0 PERMIT ***** ***** 16 MGD ***** Continuous TOTALZ Effluent Gross (Supplementary) REQUIREMENT ANNL AVG certify under penalty of law that this document and all attachments were prepared under my direction or NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **TELEPHONE** DATE upervision in accordance with a system designed to assure that qualified personnel properly gather and valuate the information submitted. Based on my inquiry of the person or persons who manage the Steve Clouse system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete 1 am aware that there are 210-233-3774 Senior Vice President & COO significant penalties for submitting false information, including the possibility of fine and imprisonment to SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

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

TYPED OR PRINTED

NUMBER

AREA Code

MIN/DD/Y

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DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

ATTN: STEVEN CLOUSE, SENIOR VP

		QUANTITY OR LOADING			ISEU	QUA ITY OR CONG	ITY OR CONCENTRATION VALUE VALUE UNITS				SAMPLE
PARAMETER		VALUE	VALUE	7 2:49 pm	m, Sep 11, 2014	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli	SAMPLE MEASUREMENT	*****	*****	****	*****	1.93	130		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Daily	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	85	*****		*****	2.0	2.0		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	934 DAILY AV	*****	lb/d	*****	7 DAILY AV	20 DAILY MX	mg/L		Daily	COMPOS

DEVICED

TO THE PROPERTY OF THE CANADA	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and	D4-6	
Steve Clouse	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and bellef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIGNATURE OF PRI	NCIPAL EXECUTIVE OFFICER OR
TYPED OR PRINTED	knowing violations.	AUT	HORIZED AGENT

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

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

NUMBER

TELEPHONE

210-233-3774

AREA Code

DATE

MMADDYYY

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

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

REVISED

2:49 pm, Sep 11, 2014

40B SYS

WQ0010	137-040
PERMIT	NUMBER

01 SET

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

14 07 YEAR MO.

12654 . EID



PAGE

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS. TCEQ COPY PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS. SAMPLE **EFFLUENT CONDITION FREQUENCY** NO. **PARAMETER** VALUE UNITS EX. OF ANALYSIS TYPE 500507124 7.24 11 02 REPORTED 0 MGD FLOW PERMITTED 11 02 CONT CONT DLY AVG 500507128 REPORTED 7.30 11 02 0 FLOW MGD PERMITTED 11 CONT ANN AVG 02 CONT NUMBER WW0004506 NA REPORTED 0 01 NUMBER OF OPERATOR PERMITTED 01 NA CERTIFICATE 01 NA **EXPIRATION** REPORTED 170108 NA 01 0 DATE OF OPERATOR PERMITTED NA 01 01 NA CERTIFICATE CLASS Α REPORTED 01 NA 0 OF OPERATOR LETTER PERMITTED 01 01 NA NA CERTIFICATE REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED

COMMENTS AND EXPLANATIONS (Reference all attachments here)

PERMITTED

	I AM FAMILIAR WITH THE INFORMATION	NAME	A SHONATURE	DATE
	IS REPORT AND THAT TO THE BEST OF MY BELIEF SUCH INFORMATION IS TRUE AND CCURATE.	Daniel Rodriguez Manager-Prod & Treat Ops	lacel box's	114019/12
TEL	EPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2 1 0	2 3 3 3 7 7 4	Steve Clouse Senior Vice President & COO	Stur Couse	114019117
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

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

Form Approved
OMB No. 2040-000

DISCHARGE MONITORING REPORT (DMR) OMB No. 2040-0004 PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) DMR Mailing ZIP CODE: 78221 NAME: MEDIO CREEK WATER RECYCLING CENTER TX0055689 001-B MAJOR PERMIT NUMBER DISCHARGE NUMBER ADDRESS: 3495 VALLEY RD (SUBR 13) SAN ANTONIO, TX 78221 MONITORING PERIOD DOMESTIC FACILITY - 001 FACILITY: MEDIO CREEK WATER RECYC. CTR. MM/DD/YYYY MM/DD/YYYY External Outfall LOCATION: 1300FT N USHWY 90 APPROX 1.25M W OF 06/01/2014 06/30/2014 No Discharge ATTN: STEVEN CLOUSE, SENIOR VP REVISED QUANTITY OR LOADING **BIJALITY OR CONCENTRATION** FREQUENCY NO. SAMPLE 2:48 pm, Sep 11, 2014 OF ANALYSIS PARAMETER VALUE VALUE EΧ TYPE VALUE VALUE UNITS **** ***** Oxygen, dissolved [DO] SAMPLE ***** ***** 0 6.86 MEASUREMENT Daily Grab ***** ***** ***** **** 00300 1 0 PERMIT 6 ***** mg/L Daily GRAB REQUIREMENT Effluent Gross MO MIN ***** SAMPLE ***** ***** MEASUREMENT 7.45 Daily 8.47 0 Grab 00400 1 0 PERMIT ***** ***** ***** 6 SU Daily **GRAB** REQUIREMENT Effluent Gross MINIMUM MAXIMUM Solids, total suspended SAMPLE ***** 46 MEASUREMENT 1.04 1.60 0 Daily Compos 00530 1 0 PERMIT ***** 2002 lb/d 15 30 mg/L Daily COMPOS REQUIREMENT Effluent Gross DAILY AV DAILY AV DAILY MX Nitrogen, ammonia total [as N] SAMPLE ***** ***** MEASUREMENT 35 0.78 3.66 Compos Daily 00610 1 0 PERMIT 267 ***** ***** lb/d 2 mg/L Daily COMPOS REQUIREMENT Effluent Gross DAILY AV DAILY AV DAILY MX Flow, in conduit or thru treatment plant SAMPLE ***** ***** ***** ***** 7.34 MEASUREMENT 5.27 Continuous **TotalZ** PERMIT 50050 1 0 ***** Rea. Mon. Rea. Mon. MGD ***** ***** ***** Continuous **TOTALZ** REQUIREMENT Effluent Gross DAILY AV DAILY MX ***** Flow, in conduit or thru treatment plant SAMPLE **** **** ***** 8144 MEASUREMENT Continuous **TotalZ** 50050 P 0 ***** PERMIT 27778 ***** ***** ***** ***** gal/min Continuous TOTALZ REQUIREMENT See Comments 2HR PEAK Flow, in conduit or thru treatment plant SAMPLE ***** ***** ***** ***** MEASUREMENT 6.33 Continuous TotalZ 50050 Y 0 PERMIT ***** ***** **** 16 MGD ***** Continuous TOTALZ REQUIREMENT Effluent Gross (Supplementary) ANNL AVG certify under penalty of law that this document and all attachments were prepared under my direction or NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE supervision in accordance with a system designed to assure that qualified personnel properly gather and

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

owing violations

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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

Steve Clouse

Senior Vice President & COO

TYPED OR PRINTED

NUMBER

210-233-3774

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

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

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

ATTN: STEVEN CLOUSE, SENIOR VP

				_ KE	VISED							_
	L	QUANTITY OR LOADING		1				TY OR CONCENTRATION			FREQUENCY	
PARAMETER		VALUE	VALUE	2:49 p	om, Sep 11, 2	2014	ALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****		1.94	32.0		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	D.	126 AILY AV	394 DAILY MX	CFU/100m L		Daily	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	91	*****		****		2.07	4.00		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	934 DAILY AV	****	ib/d	*****	D	7 AILY AV	20 DAILY MX	mg/L		Daily	COMPOS

			<u> </u>		
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TYPED OR PRINTED	Towning violations,		AL	JTHC)RI

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

210-233-3774

AREA Code NUMBER

TELEPHONE

NUMBER MM/DD/YYYY

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

DATE

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

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

REVISED

2:48 pm, Sep 11, 2014

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

12654 . EID



PAGE

1

THIS REPORT TO BE USED FOR COMBINED MON 189 for 001/800/900 MEDIO CREEK SEE BACK FOR INSTRUCTIONS AND DEFINITIONS. TCEQ COPY PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS. SAMPLE **EFFLUENT CONDITION FREQUENCY** NO. **PARAMETER** EX. **TYPE** VALUE UNITS OF ANALYSIS 500507124 7.49 11 REPORTED 0 02 FLOW MGD PERMITTED DLY AVG 02 CONT 11 CONT 500507128 REPORTED 7.31 11 02 0 MGD FLOW PERMITTED 02 CONT 11 CONT ANN AVG NUMBER WW0004506 REPORTED 0 NA 101 OF OPERATOR NUMBER PERMITTED CERTIFICATE 01 01 NA NA **EXPIRATION** REPORTED 170108 01 NA 0 OF OPERATOR DATE PERMITTED CERTIFICATE 01 01 NA NA CLASS REPORTED Α 01 0 NA OF OPERATOR LETTER PERMITTED CERTIFICATE 01 01 NA NA REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED COMMENTS AND EXPLANATIONS (Reference all attachments here) I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION NAME SIGNATURE DATE CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND Daniel Rodriguez COMPLETE AND ACCURATE. 112 Manager-Prod & Treat Ops **TELEPHONE NUMBER** PLANT OPERATOR PLANT DPERATOR DAY YEAR MO. Steve Clouse 2110 3,7,7,4 Senior Vice President & COO AREA CODE NUMBER **EXECUTIVE OFFICER** EXECUTIVE OFFICER YEAR MO. DAY TOEQ VIPP Form 0123A / TOEQ-20024 (04-28-06)

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 05/01/2014 05/31/2014

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

ATTN: STEVEN CLOUSE, SENIOR VP REVISED **QUANTITY OR LOADING** 2:48 pm, Sep 11, 2014 ALITY OR CONCENTRATION FREQUENCY NO. SAMPLE **PARAMETER** OF ANALYSIS ΕX TYPE VALUE VALUE VALUE VALUE UNITS ***** ***** Oxygen, dissolved [DO] SAMPLE ***** MEASUREMENT 6.73 0 Daily Grab 00300 1 0 PERMIT ***** ***** ***** 6 ***** ***** mg/L Daily **GRAB** REQUIREMENT Effluent Gross MO MIN SAMPLE ***** ***** ***** ***** MEASUREMENT 7.50 Daily 7.81 Grab ***** 00400 1 0 PERMIT ***** ***** 6 9 SU Daily **GRAB** REQUIREMENT Effluent Gross MINIMUM MAXIMUM Solids, total suspended SAMPLE ***** ***** 52 MEASUREMENT 2.20 1.14 Daily Compos 00530 1 0 PERMIT 2002 ***** ***** lb/d 15 30 COMPOS mg/L Daily REQUIREMENT Effluent Gross DAILY AV DAILY AV DAILY MX Nitrogen, ammonia total [as N] SAMPLE ***** ***** MEASUREMENT 31 0.69 1.97 0 Compos Daily PERMIT 0061010 267 ***** lb/d ***** 2 7 mg/L Daily COMPOS REQUIREMENT Effluent Gross DAILY AV DAILY AV DAILY MX SAMPLE Flow, in conduit or thru treatment plant **** ***** 9.15 MEASUREMENT 5.35 Continuous **TotalZ** 50050 1 0 PERMIT MGD **** ***** ***** Reg. Mon. Req. Mon. ***** Continuous TOTALZ REQUIREMENT Effluent Gross DAILY AV DAILY MX ***** Flow, in conduit or thru treatment plant SAMPLE ***** ***** ***** ***** MEASUREMENT 10055 0 Continuous **TotalZ** 50050 P 0 PERMIT **** ***** ***** 27778 gal/min ***** ***** Continuous TOTALZ REQUIREMENT See Comments 2HR PEAK Flow, in conduit or thru treatment plant SAMPLE ***** **** ***** ***** ***** MEASUREMENT 6.54 Continuous TotalZ 50050 Y 0 PERMIT 16 ***** ***** MGD ***** ***** Continuous TOTALZ REQUIREMENT Effluent Gross (Supplementary) ANNL AVG certify under penalty of law that this document and all attachments were prepared under my direction or NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE supervision in accordance with a system designed to assure that qualified personnel properly gather and valuate the information submitted. Based on my inquiry of the person or persons who manage the Steve Clouse system, or those persons directly responsible for gathering the information, the information submitted is. to the best of my knowledge and belief, true, accurate, and complete, I am aware that there are 210-233-3774 Senior Vice President & COO significant penalties for submitting false information, including the possibility of fine and imprisonment fo SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TYPED OR PRINTED AREA Code

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

NUMBER

MM/DD/YY

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DISCHARGE MONITORING REPORT (DMR)

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MEDIO CREEK WATER RECYC. CTR. FACILITY:

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

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

05/31/2014

DMR Mailing ZIP CODE:

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MAJOR

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

ATTN: STEVEN CLOUSE, SENIOR VP

	_			KEVIS	SF()						
	QUAI	QUANTITY OR LOADING			UALITY OR CONCENTRATION				FREQUENCY	SAMPLE	
PARAMETER	1	VALUE	VALUE	2:48 pm,	Sep 11, 2014	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	******	2.72	11.0		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Daily	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	91	****		*****	2.03	3.00		0	Daily	Compos
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05/01/2014

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REVISED

2:48 pm, Sep 11, 2014

40B SYS

WQ0010	137-040
PERMIT	NUMBER

01 SET 14 05 YEAR MO.

12654 . EID



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External Outfall

No Discharge

REVISED ATTN: STEVEN CLOUSE, SENIOR VP QUANTITY OR LOADING 2:47 pm, Sep 11, 2014 ITY OR CONCENTRATION FREQUENCY NO. SAMPLE OF ANALYSIS **PARAMETER** VALUE EX TYPE VALUE VALUE VALUE UNITS ***** ***** Oxygen, dissolved [DO] SAMPLE ***** ***** 0 6.96 MEASUREMENT Daily Grab ***** ***** ***** ***** 00300 1 0 PERMIT 6 mg/L Daily **GRAB** REQUIREMENT Effluent Gross MO MIN ***** SAMPLE ***** ***** ***** MEASUREMENT Daily 7.51 7.99 0 Grab 00400 1 0 PERMIT ***** ***** ***** ***** 6 9 SU Daily **GRAB** REQUIREMENT Effluent Gross MINIMUM MAXIMUM Solids, total suspended SAMPLE ***** ***** 73 MEASUREMENT 1.47 3.30 0 Daily Compos 00530 1 0 PERMIT ***** ***** 2002 lb/d 15 30 mg/L Daily COMPOS REQUIREMENT Effluent Gross DAILY AV DAILY AV DAILY MX SAMPLE Nitrogen, ammonia total [as N] ***** ***** 38 0.72 2.05 Compos MEASUREMENT 0 Daily 00610 1 0 PERMIT 267 ***** ***** lb/d 2 7 mg/L Daily COMPOS REQUIREMENT Effluent Gross DAILY AV DAILY AV DAILY MX SAMPLE Flow, in conduit or thru treatment plant ***** ***** ***** MEASUREMENT 6.04 7.85 Continuous TotalZ 50050 1 0 PERMIT Req. Mon. Reg. Mon. MGD ***** ***** ***** ***** Continuous TOTALZ REQUIREMENT DAILY AV Effluent Gross DAILY MX SAMPLE ***** Flow, in conduit or thru treatment plant ***** ***** 8278 MEASUREMENT Continuous TotalZ **** 50050 P 0 PERMIT ***** ***** ***** ***** 27778 gal/min TOTALZ Continuous REQUIREMENT See Comments 2HR PEAK ***** Flow, in conduit or thru treatment plant SAMPLE ***** ***** ***** ***** 6.79 MEASUREMENT Continuous TotalZ 50050 Y 0 PERMIT ***** ***** ***** 16 MGD ***** Continuous TOTALZ REQUIREMENT Effluent Gross (Supplementary) ANNL AVG certify under penalty of law that this document and all attachments were prepared under my direction or NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE supervision in accordance with a system designed to assure that qualified personnel properly gather and valuate the information submitted, Based on my inquiry of the person or persons who manage the Steve Clouse system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are

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

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

210-233-3774 AREA Code

NUMBER MM/DD/YY

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 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

				_ KEV	(ISEU						
		QUAI	NTITY OR LOADING	ľ		QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	2:47 p	om, Sep 11, 2	014 VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli	SAMPLE MEASUREMENT	****	****	****	*****	6.94	210		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	****	126 DAILY AV	394 DAILY MX	CFU/100m L		Daily	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	111	*****		****	2.20	5.00		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	934 DAILY AV	*****	lb/d	****	7 DAJLY AV	20 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gether and revaluate the information submitted. Based on my inquiry of the person or persons who manage the
Sonior Vice President & COO	evaluate the information submitted, based on my including you the person or persons won manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.
TYPED OR PRINTED	arowing violations.

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

210-233-3774

TELEPHONE

AREA Code NUMBER

DATE

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

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

REVISED

2:47 pm, Sep 11, 2014



WQ0010137-040 PERMIT NUMBER 01 SET 14 04 YEAR MO.

12654 , EID



PAGE

1

THIS REPORT TO BE USED FOR COMBINED MON 189 for 001/800/900 MEDIO CREEK SEE BACK FOR INSTRUCTIONS AND DEFINITIONS. TCEQ COPY PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS. SAMPLE **EFFLUENT CONDITION FREQUENCY** NO. **PARAMETER** EX. TYPE VALUE UNITS OF ANALYSIS 500507124 6.9911 REPORTED 0 02 FLOW MGD PERMITTED DLY AVG 02 CONT 11 CONT 500507128 REPORTED 7.42 11 02 0 FL.OW MGD PERMITTED 11 CONT 02 CONT ANN AVG NUMBER WW0004506 01 REPORTED 0 NA OF OPERATOR NUMBER PERMITTED NA NA CERTIFICATE 01 01 **EXPIRATION** REPORTED 170108 01 NA 0 OF OPERATOR DATE PERMITTED NA NA CERTIFICATE 01 01 CLASS REPORTED Α 01 NA 0 OF OPERATOR **LETTER** PERMITTED CERTIFICATE 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 NAME DATE SIGNATURE CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND Daniel Rodriguez 019 COMPLETE AND ACCURATE. Manager-Prod & Treat Ops **TELEPHONE NUMBER** PLANT OPERATOR PLANT OPERATOR YEAR MO. DAY Steve Clouse 2110 3,7,74 019 Senior Vice President & COO 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) 78221 **DMR Mailing ZIP CODE:** TX0055689 001-B NAME: MEDIO CREEK WATER RECYCLING CENTER MAJOR DISCHARGE NUMBER PERMIT NUMBER ADDRESS: 3495 VALLEY RD (SUBR 13) SAN ANTONIO, TX 78221 MONITORING PERIOD DOMESTIC FACILITY - 001 FACILITY: MEDIO CREEK WATER RECYC. CTR. MM/DD/YYYY MM/DD/YYYY External Outfall LOCATION: 1300FT N USHWY 90 APPROX 1.25M W OF 03/01/2014 03/31/2014 No Discharge IH410 REVISED ATTN: STEVEN CLOUSE, SENIOR VP QUANTITY OR LOADING ITY OR CONCENTRATION **FREQUENCY** NO. SAMPLE 2:46 pm, Sep 11, 2014 OF ANALYSIS EX PARAMETER VALUE TYPE VALUE VALUE VALUE UNITS ***** ***** ***** ***** Oxygen, dissolved [DO] SAMPLE 0 7.77 MEASUREMENT Daily Grab ***** ***** ***** ***** ***** 00300 1 0 PERMIT 6 mg/L Daily **GRAB** REQUIREMENT Effluent Gross MO MIN SAMPLE ***** ***** ***** MEASUREMENT 7.51 8.57 Daily Grab 00400 1 0 PERMIT ***** ***** ***** ***** 6 SU Daily **GRAB** REQUIREMENT Effluent Gross MINIMUM MAXIMUM Solids, total suspended SAMPLE ***** 64 2.20 MEASUREMENT 1.33 Daily Compos 00530 1 0 PERMIT ***** ***** 2002 lb/d 15 30 COMPOS ma/L Daily REQUIREMENT Effluent Gross DAILY AV DAILY AV DAILY MX SAMPLE Nitrogen, ammonia total [as N] ***** ***** 39 0.76 2.43 MEASUREMENT Compos 0 Daily 00610 1 0 PERMIT 267 ***** ***** lb/d 2 7 mg/L Daily COMPOS REQUIREMENT Effluent Gross DAILY AV DAILY AV DAILY MX SAMPLE ***** **** ***** Flow, in conduit or thru treatment plant ***** 7.76 MEASUREMENT 5.89 Continuous **TotalZ** 50050 1 0 PERMIT Reg. Mon. Reg. Mon. MGD ***** ***** ***** ***** TOTALZ Continuous REQUIREMENT DAILY AV DAILY MX Effluent Gross SAMPLE ***** Flow, in conduit or thru treatment plant ***** 8171 0 MEASUREMENT Continuous TotalZ **** 50050 P 0 PERMIT ***** ***** ***** ***** 27778 gal/min Continuous TOTALZ REQUIREMENT See Comments 2HR PEAK ***** Flow, in conduit or thru treatment plant SAMPLE ***** ***** ***** ***** 6.89 MEASUREMENT Continuous TotalZ 50050 Y 0 PERMIT ***** ***** ***** 16 MGD ***** Continuous TOTALZ REQUIREMENT Effluent Gross (Supplementary) ANNL AVG certify under penalty of law that this document and all attachments were prepared under my direction or NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE DATE supervision in accordance with a system designed to assure that qualified personnel properly gather and valuate the information submitted. Based on my inquiry of the person or persons who manage the Steve Clouse system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete, I am aware that there are 210-233-3774 Senior Vice President & COO SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR significant penalties for submitting false information, including the possibility of fine and imprisonment to mowing violations. **AUTHORIZED AGENT** TYPED OR PRINTED AREA Code NUMBER

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, SENIO	R VP			RE	VISED							
		QUAI	NTITY OR LOADING		ě	QUAL	TY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	2:46	pm, Sep 11, 2	2014	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
E. coli	SAMPLE MEASUREMENT	****	****	*****	*****		6.83	74.0		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****		126 DAILY AV	394 DAILY MX	CFU/100m L		Daily	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	101	****		*****		2.06	4.00		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	934 DAILY AV	****	lb/d	*****		7 DAILY AV	20 DAILY MX	mg/L		Daily	COMPOS

si	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and valuate the information submitted. Based on my inquiry of the person or persons who manage the	MZ
Steve Clouse Senior Vice President & COO	system, or those persons directly responsible for gathering the information, the information submitted is, o the best of my knowledge and belief, true, accurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for	SIG
TYPED OR PRINTED	nowing violations.	

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

210-233-3774 AREA Code

TELEPHONE

NUMBER

DATE

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

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

REVISED

2:47 pm, Sep 11, 2014



WC	20010	137-0)40
PE	TIME	JUME	ER

01 SET 14 03 YEAR MO.

12654 、 EID



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PAGE

THIS REPORT TO BE USED FOR COMBINED MON 189 for 001/800/900 MEDIO CREEK SEE BACK FOR INSTRUCTIONS AND DEFINITIONS. TCEQ COPY PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS. **EFFLUENT CONDITION** SAMPLE **FREQUENCY** NO. **PARAMETER** EX. VALUE UNITS OF ANALYSIS TYPE 500507124 6.94 11 REPORTED 0 02 FLOW MGD PERMITTED DLY AVG 02 CONT 11 CONT 500507128 REPORTED 7.44 11 02 0 FL.OW MGD PERMITTED CONT 11 CONT ANN AVG 02 NUMBER WW0004506 REPORTED 0 01 NA OF OPERATOR NUMBER PERMITTED NA CERTIFICATE 01 01 NA **EXPIRATION** REPORTED 170108 01 NA O OF OPERATOR DATE PERMITTED CERTIFICATE 01 01 NA NA CLASS REPORTED Α 01 NA 0 OF OPERATOR LETTER PERMITTED CERTIFICATE 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 SIGNATURE DATE NAME CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND Daniel Rodriguez COMPLETE AND ACCURATE. 12 Manager-Prod & Treat Ops **TELEPHONE NUMBER** PLANT OPERATOR PLANT OPERATOR MO. DAY YEAR Steve Clouse 2,3,3 2110 3,7,74 Senior Vice President & COO AREA CODE NUMBER **EXECUTIVE OFFICER** EXECUTIVE OFFICER YEAR MO.

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)

TX0055689 001-B PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD

REVISED

AUTHORIZED AGENT

MM/DD/YYYY MM/DD/YYYY 2/1/2014 2/28/2014

Form Approved OMB No. 2040-0004

DMR Mailing ZIP CODE:

78221

MAJOR (SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

				MEVIS							
PARAMETER		QUA	ANTITY OR LOADING	3	Sep 11, 2014	CUALITY OR CON	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1		
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	****	*****	****	7.28	****	*****		0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6 MO MIN	****	*****	mg/L		Daily	GRAB
pH ·	SAMPLE MEASUREMENT	****	*****	*****	7.42	****	7.89		0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	57	*****		*****	1.15	1.70		0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2002 DAILY AV	*****	lb/d	*****	15 DAILY AV	30 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	27	*****		省本港省省本	0.54	2.02		0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	267 DAILY AV	*****	lb/d	*****	2 DAJLY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.95	6.83		*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	8810		*****	*****	*****	*****	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	6.99	*****		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	16 ANNL AVG	*****	MGD	*****	*****	****	*****		Continuous	TOTALZ
NAME/TITLE PRINCIPAL EXECUTIVE O	supervision in	accordance with a system desig	at and all attachments were preparent and all attachments were preparent of the dualified person you inquiry of the person or person	onnel properly gather and	PHS				TELEP	HONE	DATE
Steve Clouse Senior Vice President & CO	system, or tho to the best of r	se persons directly responsible t ny knowledge and belief, true, a alties for submitting false inform	or gathering the information, the i courate, and complete. I am awar ation, including the possibility of fi	information submitted is, re that there are	SIGNA	TURE OF PRINCIPAL	EXECUTIVE OFFICER	ROR	210-23	3-3774	9/17/20

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

TYPED OR PRINTED

NUMBER

AREA Code

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)

TX0055689 PERMIT NUMBER

001-B DISCHARGE NUMBER

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

Form Approved

OMB No. 2040-0004

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

				REVIS	FD						J
		QUA	NTITY OR LOADIN	1 M ² NeCV		QUALITY OR CONG	ENTRATION		NO. EX	FREQUENCY	SAMPLE
PARAMETER				2:46 pm,	Sep 11, 2014					OF ANALYSIS	TYPE
		VALUE	VALUE	\ units	VALUE	VALUE	VALUE	UNITS			
E. coli	SAMPLE MEASUREMENT	*****	****	*****	*****	2.98	160		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Daily	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	99	*****		****	2.0	2.0		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	934 DAILY AV	****	lb/d	****	7 DAILY AV	20 DAILY MX	mg/L		Daily	COMPOS

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and twelvaluate the information submitted. Based on my inquiry of the person or persons who manage the	MS	- (
	0-1-16-0-11-10-000	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling violations.	SIGN	ATURE OF PRINC	IPAL EX
ŀ	TYPED OR PRINTED	anowing violations.		AUTHO	RIZED A

XECUTIVE OFFICER OR AGENT

210-233-3774 AREA Code NUMBER

TELEPHONE

MM/DD/YYYY

DATE

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

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

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

REVISED

2:46 pm, Sep 11, 2014

40B SYS

WC	100	101	37	-0	40	
)EF	IMF	TN	ILIN	/BE	ER	

01 SET

14 02 YEARI MO.

12654 EID

MEDIO CREEK

SIGNATURE

PLANT PPERATOR

EXECUTIVE OFFICER

1000



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DATE

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DAY

DAY

YEAR

YEAR

PAGE

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS. TCEQ COPY PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS. SAMPLE **EFFLUENT CONDITION FREQUENCY** NO. **PARAMETER** EX. OF ANALYSIS TYPE VALUE UNITS 500507124 7.25 11 02 REPORTED 0 MGD FLOW PERMITTED 11 02 CONT CONT DLY AVG 500507128 REPORTED 7.45 11 02 0 MGD FLOW **PERMITTED** 11 CONT 02 CONT ANN AVG NUMBER WW0004506 NA REPORTED 0 01 NUMBER OF OPERATOR PERMITTED CERTIFICATE 01 01 NA NA **EXPIRATION** NA REPORTED 140108 01 0 DATE OF OPERATOR PERMITTED 01 01 NA NA CERTIFICATE CLASS REPORTED Α 01 NA O OF OPERATOR **LETTER** PERMITTED 01 NA NA 01 CERTIFICATE REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED COMMENTS AND EXPLANATIONS (Reference all attachments here)

NAME

Daniel Rodriguez

Manager-Prod & Treat Ops PLANT OPERATOR

Steve Clouse

Senior Vice President & COO

EXECUTIVE OFFICER

COMPLETE AND ACCURATE.

2110

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION

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

TELEPHONE NUMBER

3,7,7,4

NUMBER

NAME: MEDIO CREEK WATER RECYCLING CENTER

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: MEDIO CREEK WATER RECYC. CTR.

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

ATTN: STEVEN CLOUSE, SENIOR VP

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

TX0055689 001-B PERMIT NUMBER DISCHARGE NUMBER

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

Form Approved OMB No. 2040-0004

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge REVISED QUANTITY OR LOADING QUALITY OR CONCENTRATION FREQUENCY NO. EX SAMPLE 2:45 pm, Sep 11, 2014 OF ANALYSIS TYPE **PARAMETER** UNITS VALUE VALUE VALUE VALUE **VALUE** UNITS ***** ***** ***** Oxygen, dissolved (DO) SAMPLE ***** **** 7.55 n Grab MEASUREMENT Daily 00300 1 0 ***** ***** ***** ***** ***** PERMIT 6 mg/L Daily **GRAB** Effluent Gross REQUIREMENT MO MIN ***** ***** ***** SAMPLE **** 7.29 0 8.05 Daily Grab MEASUREMENT 00400 1 0 PERMIT ***** 6 SU GRAB Daily Effluent Gross REQUIREMENT MINIMUM MAXIMUM Solids, total suspended SAMPLE ***** 63 0 Compos 1.21 2.40 Daily MEASUREMENT 00530 1 0 PERMIT 2002 ***** ***** lb/d 15 30 mg/L COMPOS Daily Effluent Gross REQUIREMENT DAILY AV DAILY AV DAILY MX Nitrogen, ammonia total (as N) ***** SAMPLE ***** 37 0.680 1.89 MEASUREMENT Compos Daily 00610 1 0 ***** PERMIT 267 ***** lb/d 2 mg/L Daily COMPOS REQUIREMENT Effluent Gross DAILY AV DAILY AV DAILY MX Flow, in conduit or thru treatment plant SAMPLE ***** ***** ***** 6.32 8.07 n Continuous TotalZ MEASUREMENT 50050 1 0 PERMIT ***** Rea, Mon. Rea. Mon. MGD ***** ***** ***** Continuous TOTALZ Effluent Gross REQUIREMENT DAILY AV DAILY MX ***** Flow, in conduit or thru treatment plant SAMPLE ***** ***** ***** 8932 0 Continuous MEASUREMENT TotalZ 50050 P 0 ***** PERMIT 27778 ***** **** ***** ***** gal/min Continuous TOTALZ See Comments REQUIREMENT 2HR PEAK ***** Flow, in conduit or thru treatment plant SAMPLE ***** ***** ***** ***** Continuous 7.10 0 TotalZ MEASUREMENT 50050 Y 0 PERMIT ***** ***** ***** 16 MGD Continuous TOTALZ Effluent Gross (Supplementary) REQUIREMENT ANNL AVG NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attachments were prepared under my direction or TELEPHONE DATE pervision in accordance with a system designed to assure that qualified personnel properly gather and valuate the information submitted. Based on my inquiry of the person or persons who manage the Steve Clouse system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are 210-233-3774 Senior Vice President & COO significant penalties for submitting false information, including the possibility of fine and imprisonment for SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TYPED OR PRINTED AREA Code NUMBER

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 PERMIT NUMBER

001-B DISCHARGE NUMBER

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

DISCHARGE MONITORING REPORT (DMR)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

OMB No. 2040-0004

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13) DOMESTIC FACILITY - 001

External Outfall

ATTN: STEVEN CLOUSE, SENIOR VP No Discharge REVISED

PARAMETER		QUA	NTITY OR LOADING		2:45 pm, Sep 11, 2014					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	- CHITE	VAL 332	VALUE	VALUE	UNITS	t		
E. coli	SAMPLE MEASUREMENT	****	****	*****	****	3.76	220		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Daily	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	108	*****		****	2.03	3.00		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	934 DAILY AV	*****	lb/d	*****	7 DAILY AV	20 DAILY MX	mg/L		Daily	COMPOS

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

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

210-233-3774

TELEPHONE

AREA Code NUMBER

DATE

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

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

REVISED

2:45 pm, Sep 11, 2014



WQOO	1013	7-040	
PERM	IT NU	MBER	

01 SET

14 01 YEAR MO. 12654 . EID

SIGNATURE

PLANT PPERATOR

EXECUTIVE OFFICER

DATE

MO.

MO.

DAY

DAY

YEAR

YEAR



PAGE

THIS REPORT TO BE USED FOR COMBINED MON 189 for 001/800/900 MEDIO CREEK SEE BACK FOR INSTRUCTIONS AND DEFINITIONS. TCEQ COPY PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS. **EFFLUENT CONDITION** SAMPLE **FREQUENCY** NO. **PARAMETER** EX. VALUE UNITS OF ANALYSIS TYPE 500507124 7.33 11 REPORTED 0 02 FLOW MGD PERMITTED 02 11 CONT DLY AVG CONT 500507128 REPORTED 7.46 11 02 0 FLOW MGD PERMITTED 11 ANN AVG 02 CONT CONT NUMBER WW0004506 REPORTED 0 NA 01 OF OPERATOR NUMBER PERMITTED CERTIFICATE 01 01 NA NA **EXPIRATION** REPORTED 140108 01 NA 0 DATE OF OPERATOR PERMITTED NA CERTIFICATE 01 01 NA **CLASS** REPORTED Α 01 NΑ 0 OF OPERATOR LETTER PERMITTED NA NA CERTIFICATE 01 01 REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED COMMENTS AND EXPLANATIONS (Reference all attachments here)

NAME

Daniel Rodriguez

Manager-Prod & Treat Ops

PLANT OPERATOR

Steve Clouse

Senior Vice President & COO
EXECUTIVE OFFICER

COMPLETE AND ACCURATE.

2:1:0

AREA CODE

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION

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

TELEPHONE NUMBER

2,3,3

NUMBER

3,7,7,4

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)

TX0055689 001-B PERMIT NUMBER DISCHARGE NUMBER

REVICED

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/1/2013 12/31/2013

Form Approved OMB No. 2040-0004

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

				<i>∟KEVI</i>	JEU						
PARAMETER		QUA	NTITY OR LOADING	2:44 pm	2:44 pm, Sep 11, 2014					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	Ť l		
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	7.18	****	*****		0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6 MO MIN	****	*****	mg/L		Daily	GRAB
рН	SAMPLE MEASUREMENT	****	****	*****	7.56	****	7.79		0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	60	*****		*****	1.15	1.70		0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2002 DAILY AV	****	lb/d	*****	15 DAILY AV	30 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	34	*****		*****	0.63	1.89		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	6.32	8.04		*****	*****	*****	*****	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	****	8287		*****	*****	*****	*****	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	7.20	****		*****	****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	16 ANNL AVG	*****	MGD	*****	火有油油水	****	****		Continuous	TOTALZ
NAME/TITLE PRINCIPAL EXECUTIVE O	supervision in a	accordance with a system design	t and all attachments were prepare	nel properly gather and	Mat				TELEPI	HONE	DATE
Stove Clause	evaluate the in:	formation submitted. Based on r	ny inquiry of the person or persons	who manage the	$V \rightarrow V$	in land					

Steve Clouse system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for Senior Vice President & COO TYPED OR PRINTED

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

210-233-3774 AREA Code NUMBER

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)

TX0055689 001-B PERMIT NUMBER DISCHARGE NUMBER

DEVICED

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/1/2013 12/31/2013

Form Approved OMB No. 2040-0004

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

PARAMETER		QUAI	ITITY OR LOADING	2:44 p	m, Sep 11, 20	OUAL ITY OR CONC	ITY OR CONCENTRATION			FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	•		
E. coli	SAMPLE MEASUREMENT	*****	****	*****	****	3.11	33.0		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Daily	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	105	****		****	2.0	2.0		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	934 DAILY AV	*****	lb/d	*****	7 DAILY AV	20 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steve Clouse Senior Vice President & COO TYPED OR PRINTED

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 wing violations.

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

210-233-3774 AREA Code NUMBER

TELEPHONE

DATE

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

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

REVISED

2:44 pm, Sep 11, 2014

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

12654 . EID

SIGNATURE

PLANT OPERATOR

EXECUTIVE OFFICER

DATE

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DAY

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YEAR



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PAGE

THIS REPORT TO BE USED FOR COMBINED MON 189 for 001/800/900 MEDIO CREEK SEE BACK FOR INSTRUCTIONS AND DEFINITIONS. TCEQ COPY PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS. EFFLUENT CONDITION FREQUENCY SAMPLE NO. **PARAMETER** EX. VALUE UNITS OF ANALYSIS TYPE 500507124 7.32 REPORTED 11 0 02 FLOW MGD PERMITTED DLY AVG 11 02 CONT CONT 500507128 REPORTED 7.48 11 0 02 FLOW MGD PERMITTED 02 11 CONT ANN AVG CONT **NUMBER** WW0004506 REPORTED 0 01 NΑ OF OPERATOR NUMBER PERMITTED CERTIFICATE 01 NA 01 NA **EXPIRATION** REPORTED 170108 01 NA 0 OF OPERATOR DATE CERTIFICATE **PERMITTED** 01 01 NA NA **CLASS** REPORTED Α 01 0 NA OF OPERATOR **LETTER** PERMITTED CERTIFICATE 01 01 NA NA REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED COMMENTS AND EXPLANATIONS (Reference all attachments here)

NAME

Daniel Rodriquez

Manager-Prod & Treat Ops

PLANT OPERATOR

Steve Clouse

Senior Vice President & COO EXECUTIVE OFFICER

COMPLETE AND ACCURATE.

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION

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

TELEPHONE NUMBER

NUMBER

3,7,7,4

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)

Form Approved OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

11/1/2013

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

11/30/2013

DMR Mailing ZIP CODE:

78221

MAJOR (SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

	·			REVIS	SED	-				2.00	
PARAMETER	QUANTITY OR LOADING				Sep 11, 2014		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	†		
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	****	7.06	****	****		0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	6 MO MIN	*****	*****	mg/L		Daily	GRAB
Hq	SAMPLE MEASUREMENT	*****	*****	*****	7.38	****	7.99		0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	65	*****		*****	1.20	3.10		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	20	*****	* '	埃安治女女	0.39	1.56		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	6.34	7.83		*****	****	****	*****	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	*****	10502		*****	****	****	*****	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	7.29	****	-	法治法治法治	****	****	*****	0	Continuous	TotalZ
50050 Y 0	PERMIT REQUIREMENT	16 ANNL AVG	****	MGD	*****	****	****	*****		Continuous	TOTALZ

Senior Vice President & COO TYPED OR PRINTED

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 nowing violations,

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

210-233-3774 AREA Code NUMBER

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)

TX0055689 PERMIT NUMBER

001-B DISCHARGE NUMBER

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

Form Approved OMB No. 2040-0004

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

PARAMETER		QUAN	NTITY OR LOADING	REVISED QUALITY OR CONCENTRATION 2:43 pm, Sep 11, 2014					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	C 64 (5 mm)	37A3.195	フ VALUE	VALUE	UNITS			
E. coli	SAMPLE MEASUREMENT	*****	****	*****	****	1.84	14.0		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m		Daily	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	109	*****		*****	2.07	4.00		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	934 DAILY AV	****	lb/d	*****	7 DAILY AV	20 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Steve Clouse Senior Vice President & COO
TYPED OR PRINTED

certify under penalty of law that this document and all attachments were prepared under my direction or upervision in accordance with a system designed to assure that qualified personnel properly gather and 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 wing violations.

SIGNATURE: OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE 210-233-3774 AREA Code NUMBER MIN/DD/YYY

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

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

SAN ANTONIO WATER SYSTEM SAN ANTONIO TX 78221-5201

REVISED

2:43 pm, Sep 11, 2014

40B SYS

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P	F	R	٨	1	T	N	11	1	M	R	F	P	

3225 VALLEY RD

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13 11 YEAR MO.

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MEDIO CREEK



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SEE BACK FOR INSTRUCTIONS AND DEFINITIONS. TCEQ COPY PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS. SAMPLE **EFFLUENT CONDITION** NO. FREQUENCY **PARAMETER** VALUE UNITS EX. OF ANALYSIS TYPE 500507124 7.37 0 02 11 REPORTED FLOW MGD PERMITTED DLY AVG 02 CONT CONT 500507128 REPORTED 7.48 11 0 02 FLOW MGD PERMITTED ANN AVG 02 CONT 11 CONT NUMBER WW0004506 REPORTED 0 01 NA OF OPERATOR NUMBER **PERMITTED** CERTIFICATE 01 01 NA NA **EXPIRATION** REPORTED 140108 01 NA 0 OF OPERATOR DATE PERMITTED 01 CERTIFICATE 01 NA NA **CLASS** REPORTED Α 01 NA 0 OF OPERATOR **LETTER** CERTIFICATE PERMITTED 01 01 NA NA REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED COMMENTS AND EXPLANATIONS (Reference all attachments here) I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION NAME DATE SIGNATURE CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND Daniel Rodriguez COMPLETE AND ACCURATE. 12 Manager-Prod & Treat Ops PLANT DPERATOR TELEPHONE NUMBER PLANT OPERATOR YEAR MÒ. DAY Steve Clouse 3,7,7,4 Senior Vice President & COO our **EXECUTIVE OFFICER** AREA CODE NUMBER **EXECUTIVE OFFICER** YEAR DAY

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)

10/31/2013

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

TX0055689 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

10/1/2013

REVISED

DMR Mailing ZIP CODE:

78221

OMB No. 2040-0004

Form Approved

MAJOR

(SUBR 13) DOMESTIC FACILITY - 001

External Outfall

No Discharge

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PARAMETER		QUA	NTITY OR LOADING	t.		CUALITY OR CON	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	†		
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	6.64	*****	****		0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	6 MO MIN	****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	****	*****	*****	7.01	*****	8.15		0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	56	*****		*****	1.08	1.70		0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2002 DAILY AV	****	lb/d	*****	15 DAILY AV	30 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	19	*****		****	0.35	1.33		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	6.24	7.93		****	*****	*****	*****	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	*****	8681		****	*****	****	*****	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	7.36	*****		*****	****	****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	16 ANNL AVG	****	MGD	*****	****	****	*****		Continuous	TOTALZ
NAME/TITLE PRINCIPAL EXECUTIVE OF	supervision in a	ccordance with a system design	t and all attachments were prepare	nel properly gather and	ME)			T	TELEPI	HONE	DATE
Steve Clouse	system, or thos	e persons directly responsible fo	ny inquiry of the person or persons or gathering the information, the in courate, and complete, I am aware	formation submitted is,	J'su	re you			210 222	2774	11

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

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

nowing violations.

Senior Vice President & COO

TYPED OR PRINTED

NUMBER

210-233-3774

AREA Code

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)

TX0055689 001-B PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 10/1/2013

MM/DD/YYYY 10/31/2013

Form Approved OMB No. 2040-0004

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

				KEVIS	F1)	1					
PARAMETER		QUANTITY OR LOADING				QUALITY OR CON	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE	CINO	VALUE	VALUE	VALUE	UNITS			
E. coli	SAMPLE MEASUREMENT	****	*****	*****	****	2.41	18.0		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	126 DAILY AV	394 DAILY MX	CFU/100m L		Daily	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	104	*****		****	2.0	2.0		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	934 DAILY AV	*****	lb/d	****	7 DAILY AV	20 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steve Clouse Senior Vice President & COO TYPED OR PRINTED

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 lowing violations.

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

210-233-3774

TELEPHONE

AREA Code NUMBER

DATE

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

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

REVISED

2:42 pm, Sep 11, 2014

40B SYS

WQ001	0137-040	
PERMIT	NUMBER	No.

01 SET 13 10 YEAR MO.

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PAGE 1

SO0507124 REPORTED 7.35 MGD 0 02 11 PROPERTIES OF ANALYSIS TO SO0507128 REPORTED 7.47 MGD 0 02 CONT 11 COUNTY AVG PERMITTED 0 02 CONT 11 COUNTY AVG PERMITTED 0 02 CONT 11 COUNTY AVG PERMITTED 0 02 CONT 11 COUNTY AND AVG PERMITTED 0 02 CONT 11 COUNTY AND AVG PERMITTED 0 02 CONT 11 COUNTY AND AVG PERMITTED 0 0 01 D1 NA NA CERTIFICATE PERMITTED 0 0 01 D1 NA NA NA CERTIFICATE PERMITTED 0 0 01 D1 NA	EQ COPY	TCE	T				YOUR RECORDS.	CTIONS AND I	AIN A PHOT	EASE RE			
SO0507124	SAMPLE	Π					raporti il se de la companya de la c		/FTFR	PARA			
FLOW DLY AVG PERMITTED 7.35 MGD 0 02 111 COLOR DLY AVG PERMITTED 0 0 02 CONT 11 COLOR DLY AVG PERMITTED 7.47 MGD 0 02 CONT 11 COLOR DLY ANN AVG PERMITTED 0 0 01 01 NA	TYPE		OF ANALYSIS	1	EX.	UNITS	VALUE						
SOUSDIT128 FLOW ANN AVG PERMITTED NUMBER OF OPERATOR OF OPERATOR CERTIFICATE EXPIRATION OF OPERATOR CERTIFICATE CERTIFICATE PERMITTED ALETTER REPORTED REPORTED ALETTER REPORTED REPORTED ALETTER O 01 NA NA NA NA NA NA NA NA NA N	1	11		02	0	MGD	7.35	REPORTED					
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2 1 0 2 3 3 3 7 7 4 Steve Clouse Senior Vice President & COO Star Community Officer Senior Vice President & COO Senior Vice President	114 019 (17 YEAR MO. DAY	1		<u> </u>		t & COO 🔾	Senior Vice Presider						

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)

TX0055689 001-B PERMIT NUMBER DISCHARGE NUMBER

DEVICED

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

DMR Mailing ZIP CODE:

OMB No. 2040-0004 78221

Form Approved

MAJOR (SUBR 13)

DOMESTIC FACILITY - 001.

External Outfall

No Discharge

				REVISE	D						
PARAMETER		QUA	NTITY OR LOA	3	p 11, 2014	QUALITY OR CON-	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	· · · · · ·
		VALUE	VALUE	UNITS	VALUE	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	*****	*****	大灾灾害灾灾	*****		Continuous	TOTALZ
NAME/TITLE PRINCIPAL EXECUTIVE O	supervision in a	accordance with a system desig	t and all attachments were prepa ned to assure that qualified pers my inquiry of the person or perso	onnel properly gather and	PAL				TELEP	HONE	DATE
Steve Clouse Senior Vice President & CO	system, or those to the best of n	se persons directly responsible f ny knowledge and belief, true, ad	or gathering the information, the occurate, and complete. I am awa ation, including the possibility of the ation.	information submitted is, re that there are		ATURE OF PRINCIPAL	EXECUTIVE OFFICER	OR	210-233	3-3774	9/17/20

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

F PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA Code NUMBER MINDD/YYYY

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

See attached letter for exceptions

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

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

DEMICED

MM/DD/YYYY 9/30/2013

Form Approved OMB No. 2040-0004

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

				KEVISE	:D						
PARAMETER		QUAI	NTITY OR LOAD	9		QUALITY OR CON	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	:	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	†		
E. coli	SAMPLE MEASUREMENT	****	****	*****	安安安安安	3.23	2100		2	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m		Daily	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	122	****		*****	2.0	2.0		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	934 DAILY AV	*****	lb/d	*****	7 DAILY AV	20 DAILY MX	mg/L		Daily	COMPOS

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

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

210-233-3774

TELEPHONE

AREA Code NUMBER MM/DD/YKYY

DATE

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

See attached letter for exceptions

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

HarlfolmldoldmHabbabHhamHabbbbl

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

REVISED

2:41 pm, Sep 11, 2014



WQ0010	0137-040
PERMIT	NUMBER

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YEAR	MO.

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SIGNATURE

PLANT OPERATOR

EXECUTIVE OFFICER

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DATE

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YEAR



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PAGE

THIS REPORT TO BE USED FOR COMBINED MON 189 for 001/800/900 MEDIO CREEK SEE BACK FOR INSTRUCTIONS AND DEFINITIONS. TCEQ COPY PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS. **EFFLUENT CONDITION** NO. **FREQUENCY** SAMPLE **PARAMETER** VALUE UNITS EX. OF ANALYSIS TYPE 500507124 7.51 02 REPORTED 11 0 FLOW MGD DLY AVG PERMITTED 02 CONT 11 CONT 500507128 REPORTED 7.50 02 11 0 FLOW MGD PERMITTED ANN AVG CONT 02 CONT 11 NUMBER WW0004506 REPORTED 0 01 NA OF OPERATOR NUMBER PERMITTED CERTIFICATE 01 01 NA NA **EXPIRATION** REPORTED 140108 01 NA 0 OF OPERATOR DATE PERMITTED CERTIFICATE 01 NA NA 01 **CLASS** REPORTED Α 01 0 NA OF OPERATOR **LETTER** CERTIFICATE PERMITTED 01 01 NA NA REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED REPORTED PERMITTED COMMENTS AND EXPLANATIONS (Reference all attachments here)

NAME

Daniel Rodriguez

Manager-Prod & Treat Ops

PLANT OPERATOR

Steve Clouse Senior Vice President & COO

EXECUTIVE OFFICER

COMPLETE AND ACCURATE.

AREA CODE

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION

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

TELEPHONE NUMBER

NUMBER