



February 17, 2014

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

Via U.S. Certified Mail  
RRR# 7013 2250 0001 9125 5104

U.S. Environmental Protection Agency, Region VI  
Attn: Ms. Judy Edelbrock (6EN-W)  
Environmental Protection Specialist  
Enforcement Branch  
1445 Ross Avenue  
Dallas, TX 75202-2733

Via U.S. Certified Mail  
RRR# 7013 2250 0001 9125 5104

Re: DOJ Case No. [90-5-1-1-09215]  
Consent Decree  
Date of Lodging: July 23, 2013  
Date of Entry: October 15, 2013  
CA No. 5:13-cv-00666-DAE, United States of America and State of Texas v. San Antonio Water System, in the United States District Court for the Western District of Texas, San Antonio Division

Dear Sir/Madam:

Section 12 a. of the above-referenced Consent Decree requires that within 90 days after Lodging the San Antonio Water System shall provide a copy of the monthly compliance report required by its TPDES permits to the United States Environmental Protection Agency at the same time the report is submitted to the Texas Commission on Environmental Quality. A copy of the monthly compliance report for January 2014 is attached and is provided in compliance with Consent Decree requirements.

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

Sincerely,

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

Jeff Haby, P.E.  
Director – Sewer System Improvements

Enc. As stated

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February 17, 2014

U.S. Department of Justice  
Environmental Enforcement Section  
Environment and Natural Resources Division  
P.O. Box 7611  
Washington, D.C. 20044-7611

Via U.S. Certified Mail  
RRR# 7013 2250 0001 9125 5098

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

Consent Decree

Date of Lodging: July 23, 2013

Date of Entry: October 15, 2013

CA No. 5:13-cv-00666-DAE, United States of America and State of Texas v. San Antonio Water System, in the United States District Court for the Western District of Texas, San Antonio Division

Dear Sir/Madam:

Section 12 a. of the above-referenced Consent Decree requires that within 90 days after Lodging the San Antonio Water System shall provide a copy of the monthly compliance report required by its TPDES permits to the United States Environmental Protection Agency at the same time the report is submitted to the Texas Commission on Environmental Quality. A copy of the monthly compliance report for January 2014 is attached and is provided in compliance with Consent Decree requirements.

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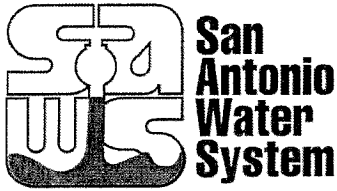
Sincerely,

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

Jeff Haby, P.E.

Director – Sewer System Improvements

Enc. As stated



Texas Commission on Environmental Quality  
Attention: Mr. Johnnie Wu  
Water Quality Information System (MC 244)  
12100 Park 35 Circle, Bldg. F

February 4, 2014

Austin, Texas 78753

Re: Permit No. 10137-033  
Ammonia Nitrogen Excursions for Outfall 001, 002 and 005

Dear Mr. Wu,

A major equipment failure occurred on January 23, 2014 that led to multiple permit excursions for the above referenced permit on January 24, 2014 and on January 27, 2014 for ammonia nitrogen on outfalls 001, 002 and 005.

**Outfall 001**

The value reported for January 24, 2014 was 11.10 mg/l. The permit limit is 7.0 mg/l for the Daily maximum.

The value reported for January 27, 2014 was 7.17 mg/l. The permit limit is 7.0 mg/l for the Daily maximum.

The value reported for the 7 day average Sunday, January 26 – Saturday, February 1 is 4.81 mg/l. The permit limit is 4.0 mg/l.

The value reported for the Daily Average for January is 2.15 mg/l. The permit limit is 2.0 mg/l.

**Outfall 002**

The value reported for January 24, 2014 was 11.10 mg/l. The permit limit is 7.0 mg/l for the Daily maximum.

The value reported for January 27, 2014 was 7.17 mg/l. The permit limit is 7.0 mg/l for the Daily maximum.

The value reported for the Daily Average for January is 2.45 mg/l. The permit limit is 2.0 mg/l.

**Outfall 005**

The value reported for January 24, 2014 was 11.10 mg/l. The permit limit is 7.0 mg/l for the Daily maximum.

The value reported for January 27, 2014 was 7.17 mg/l. The permit limit is 7.0 mg/l for the Daily maximum.

The value reported for the Daily Average for January is 2.09 mg/l. The permit limit is 2.0 mg/l

Steps are currently being taken that should prevent this type of occurrence in the future.

If you need further information, please contact me at 210.233.3190.

Sincerely,

A handwritten signature in black ink, appearing to read 'Tad E. Eaton', is written over a horizontal line.

Tad E. Eaton  
Manager, Dos Rios Water Recycling Center  
San Antonio Water System  
Office: 210.233.3190  
Cell: 210.367.9963

Cc: Plant File  
Parviz Chavol  
Steve Clouse  
Fred Winter



Texas Commission on Environmental Quality  
Attention: Mr. Johnnie Wu  
Water Quality Information System (MC 244)  
12100 Park 35 Circle, Bldg. F  
Austin, Texas 78753

Feb 13, 2014

Re: Permit No. 10137-033  
E-Coli Violation – Reclaimed Water

Dear Mr. Wu,

There was one E-Coli violation on the reclaimed water from Dos Rios Water Recycling Center on January 10, 2014. The value recorded was 370 ct/100mL.

Steps have been taken to prevent this type of occurrence in the future.

If you need further information, please contact me at 210.233.3190.

Sincerely,

A handwritten signature in black ink, appearing to read "Tad E. Eaton", with a large, sweeping flourish at the end.

Tad E. Eaton  
Manager, Dos Rios Water Recycling Center  
San Antonio Water System  
Office: 210.233.3190  
Cell: 210.367.9963

Cc: Plant File  
Parvis Chavol  
Steve Clouse  
Fred Winter



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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME: DOS RIOS WATER RECYCLING CENTER  
ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.  
LOCATION: 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
1/31/2014	1/31/2014

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

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	UNITS	UNITS			
Oxygen, dissolved (DO)	*****	*****	*****	6.6	*****	*****	0	12/Day	Grab
00300 1 0 Effluent Gross pH	*****	*****	*****	6 MO MIN	*****	*****		Daily	GRAB
00400 1 0 Effluent Gross Solids, total suspended	*****	*****	*****	6.6	*****	7.6	0	12/Day	Grab
00500 1 0 Effluent Gross Nitrogen, ammonia total (as N)	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM		Daily	GRAB
00530 1 0 Effluent Gross	1093	*****	*****	*****	*****	6.30	0	Daily	Compos
00550 1 0 Effluent Gross	12510 DAILY AV	*****	*****	*****	*****	40 DAILY MX		Daily	COMPOS
00610 1 0 Effluent Gross	1456	*****	*****	*****	*****	11.10	4	Daily	Compos
Flow, in conduit or thru treatment plant	2085 DAILY AV	*****	*****	*****	*****	7 DAILY MX		Daily	COMPOS
Flow, in conduit or thru treatment plant	78.89	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	Req. Mon. DAILY AV	*****	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	85.80	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	83542	*****	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	173611 2HR PEAK	*****	*****	*****	*****	*****		Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	73.38	*****	*****	*****	*****	*****	0	Continuous	TotalZ
PERMIT REQUIREMENT	125 ANNL AVG	*****	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Steve Clouse	210-233-3774	02/15/2014
Senior Vice President & COO	AREA Code NUMBER	MM/DD/YYYY
TYPED OR PRINTED		

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SEE OTHER REQUIREMENTS NO. 7 ON PAGE 26 OF THE PERMIT.

NA TIONAL POLLUTAN I DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME: DOS RIOS WATER RECYCLING CENTER  
ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.  
LOCATION: 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	001-A
PERMIT NUMBER	DISCHARGE NUMBER
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

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Chlorine, total residual	*****	*****	*****	0.09	mg/L	0	12/Day	Grab	
50060 A 0 Disinfection, Process Complete	*****	*****	*****	.1 INST MAX	mg/L	0	Daily	GRAB	
Chlorine, total residual	*****	*****	1.0	*****	*****	0	12/Day	Grab	
50060 B 0 Prior to Disinfection	*****	*****	1 MO MIN	*****	mg/L	0	Daily	GRAB	
E. coli	*****	*****	*****	330.00	*****	0	Daily	Grab	
51040 1 0 Effluent Gross	*****	*****	*****	126 DAILY AV	CFU/100m L	0	Five Per Week	GRAB	
BOD, carbonaceous, 05 day, 20 C	1361	*****	*****	2.07	*****	0	Daily	Compos	
80082 1 0 Effluent Gross	5213 DAILY AV	*****	*****	5 DAILY AV	mg/L	0	Daily	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Steve Clouse	210-233-3774	02/15/2014
Senior Vice President & COO	AREA Code NUMBER	MM/DD/YYYY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SEE OTHER REQUIREMENTS NO. 7 ON PAGE 26 OF THE PERMIT.

NA TIONAL POLLUTAN I DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME: DOS RIOS WATER RECYCLING CENTER  
ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221

DMR Mailing ZIP CODE: 78221  
MAJOR (SUBR 13)  
DOMESTIC FACILITY - 002  
External Outfall

TX0077801  
PERMIT NUMBER  
002-A  
DISCHARGE NUMBER  
MONITORING PERIOD  
MM/DD/YYYY  
1/31/2014

FACILITY: DOS RIOS WATER RECYCLING CTR.  
LOCATION: 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
ATTN: STEVEN CLOUSE, SENIOR VP

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved (DO)	*****	*****	6.8	*****	*****	*****	0	Daily	Grab
00300 1 0 Effluent Gross pH	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
00400 1 0 Effluent Gross	*****	*****	6.8	*****	*****	SU	0	Daily	Grab
Solids, total suspended	*****	*****	6 MINIMUM	*****	*****			Daily	GRAB
00530 1 0 Effluent Gross	69.84	*****	1.72	*****	*****	mg/L	0	Daily	Compos
Nitrogen, ammonia total (as N)	1251 DAILY AV	*****	15 DAILY AV	*****	*****			Daily	COMPOS
00610 1 0 Effluent Gross	84.68	*****	2.45	*****	*****		3	Daily	Compos
Flow, in conduit or thru treatment plant	167 DAILY AV	*****	2 DAILY AV	*****	*****	mg/L		Daily	COMPOS
50050 1 0 Effluent Gross	5.16	*****	6.86	*****	*****	*****	0	Continuous	TotalZ
Flow, in conduit or thru treatment plant	Req. Mon. DAILY AV	*****	Req. Mon. DAILY MX	*****	*****	*****		Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	4.67	*****	*****	*****	*****	*****	0	Continuous	TotalZ
Chlorine, total residual	10 ANNL AVG	*****	*****	*****	*****	*****		Continuous	TOTALZ
50060 A 0 Disinfection, Process Complete	*****	*****	0.05	*****	*****	mg/L	0	Daily	Grab
	*****	*****	INST MAX	*****	*****			Daily	GRAB

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

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

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

TELEPHONE  
210-233-3774

DATE  
04/15/2014

AREA Code NUMBER  
210-233-3774

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SEE OTHER REQUIREMENT NO. 7 ON PAGE 26 OF THE PERMIT.

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME: DOS RIOS WATER RECYCLING CENTER  
ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.  
LOCATION: 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
1/1/2014	1/31/2014

DMR Mailing ZIP CODE: 78221  
MAJOR (SUBR 13)  
DOMESTIC FACILITY - 002  
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Chlorine, total residual	*****	*****	1.0	*****	*****	*****	0	Daily	Grab
50060 B 0 Prior to Disinfection	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	*****	*****	*****	*****	*****	330.00	0	Daily	Grab
51040 1 0 Effluent Gross	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Three Per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	86.97	*****	*****	2.08	3.00	3.00	0	Daily	Compos
80082 1 0 Effluent Gross	834 DAILY AV	*****	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Steve Clouse	210-233-3774	02/15/2014
Senior Vice President & COO	AREA Code NUMBER	MM/DD/YYYY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME: DOS RIOS WATER RECYCLING CENTER  
ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221

DMR Mailing ZIP CODE: 78221  
MAJOR (SUBR 13)  
DOMESTIC FACILITY - 003  
External Outfall

TX0077801  
PERMIT NUMBER

003-A  
DISCHARGE NUMBER

FACILITY: DOS RIOS WATER RECYCLING CTR.  
LOCATION: 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
ATTN: STEVEN CLOUSE, SENIOR VP

MM/DD/YYYY  
1/31/2014

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

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved (DO)	*****	*****	*****	*****	*****	*****			
00300 1 0 Effluent Gross pH	*****	*****	4 MO MIN	*****	*****	*****	Daily	Daily	GRAB
00400 1 0 Effluent Gross Solids, total suspended	*****	*****	6 MINIMUM	*****	*****	9 MAXIMUM	Daily	Daily	GRAB
00530 1 0 Effluent Gross Nitrogen, ammonia total (as N)	1251 DAILY AV	lb/d	*****	15 DAILY AV	*****	40 DAILY MX	Daily	Daily	COMPOS
00610 1 0 Effluent Gross Flow, in conduit or thru treatment plant	167 DAILY AV	lb/d	*****	2 DAILY AV	*****	7 DAILY MX	Daily	Daily	COMPOS
50050 1 0 Effluent Gross Flow, in conduit or thru treatment plant	Req. Mon. DAILY AV	MGD	*****	*****	*****	*****	Continuous	Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary) Chlorine, total residual	10 ANNL AVG	MGD	*****	*****	*****	*****	Continuous	Continuous	TOTALZ
50060 A 0 Disinfection, Process Complete	*****	*****	*****	*****	*****	.1 INST MAX	Daily	Daily	GRAB

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

TYPED OR PRINTED

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

TELEPHONE  
210-233-3774

DATE  
02/15/2014

AREA Code NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SEE OTHER REQUIREMENT NO. 7 ON PAGE 26 OF THE PERMIT.

No Discharge

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

03/08/2013 Page 1

NA TIONAL POLLUTAN I DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME: DOS RIOS WATER RECYCLING CENTER  
ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221

TX0077801  
PERMIT NUMBER

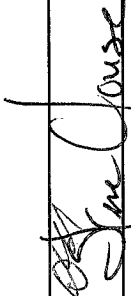
003-A  
DISCHARGE NUMBER

DMR Mailing ZIP CODE:  
MAJOR (SUBR 13)  
DOMESTIC FACILITY - 003  
External Outfall

FACILITY: DOS RIOS WATER RECYCLING CTR.  
LOCATION: 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
ATTN: STEVEN CLOUSE, SENIOR VP

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Chlorine, total residual	*****	*****	*****	*****	*****	*****			
50060 B 0 Prior to Disinfection E. coli	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
51040 1 0 Effluent Gross BOD, carbonaceous, 05 day, 20 C	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Three Per Week	GRAB
80082 1 0 Effluent Gross	834 DAILY AV	*****	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Steve Clouse Senior Vice President & COO	210-233-3774	02/15/2014
TYPED OR PRINTED	AREA Code	NUMBER
	210	233-3774
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		

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.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SEE OTHER REQUIREMENT NO. 7 ON PAGE 26 OF THE PERMIT.

No Discharge



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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME: DOS RIOS WATER RECYCLING CENTER  
 ADDRESS: 3495 VALLEY RD  
 SAN ANTONIO, TX 78221  
 FACILITY: DOS RIOS WATER RECYCLING CTR.  
 LOCATION: 3495 VALLEY RD.  
 SAN ANTONIO, TX 78221  
 ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801  
 PERMIT NUMBER

004-A  
 DISCHARGE NUMBER

MM/DD/YYYY  
 1/31/2014

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

DMR Mailing ZIP CODE: 78221

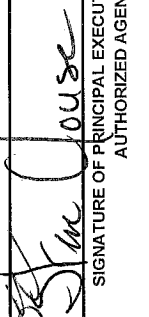
MAJOR (SUBR 13)  
 DOMESTIC FACILITY - 004  
 External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved (DO)	*****	*****	*****	*****	*****	*****		Daily	Grab
00300 1 0 Effluent Gross pH	*****	*****	5 MO MIN	*****	*****	mg/L		Daily	GRAB
00400 1 0 Effluent Gross Solids, total suspended	*****	*****	6 MINIMUM	*****	*****	SU		Daily	Grab
00530 1 0 Effluent Gross Nitrogen, ammonia total (as N)	375 DAILY AV	lb/d	*****	*****	*****	40 DAILY MX		Daily	COMPOS
00610 1 0 Effluent Gross Flow, in conduit or thru treatment plant	50 DAILY AV	lb/d	*****	*****	*****	7 DAILY MX		Daily	COMPOS
50050 1 0 Effluent Gross Flow, in conduit or thru treatment plant	Req. Mon. DAILY AV	MGD	*****	*****	*****	*****		Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary) Chlorine, total residual	3 ANLN-AVG	MGD	*****	*****	*****	*****		Continuous	TOTALZ
50060 A 0 Disinfection, Process Complete	*****	*****	*****	*****	*****	1 INST MAX		Daily	GRAB

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

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE  
 210-233-3774

DATE  
 02/15/2014

AREA Code NUMBER  
 210-233-3774

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 SEE OTHER REQUIREMENT NO. 7 ON PAGE 26 OF THE PERMIT.

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME: DOS RIOS WATER RECYCLING CENTER  
ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221

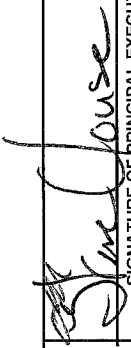
FACILITY: DOS RIOS WATER RECYCLING CTR.  
LOCATION: 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801 PERMIT NUMBER	004-A DISCHARGE NUMBER
MM/DD/YYYY 1/31/2014	MM/DD/YYYY 1/31/2014

DMR Mailing ZIP CODE: 78221  
MAJOR (SUBR 13)  
DOMESTIC FACILITY - 004  
External Outfall

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steve Clouse Senior Vice President & COO TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 210-233-3774 AREA Code NUMBER	DATE 02/15/2014 MM/DD/YYYY
---	---	---	----------------------------------

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SEE OTHER REQUIREMENT NO. 7 ON PAGE 26 OF THE PERMIT.

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME: DOS RIOS WATER RECYCLING CENTER  
ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.  
LOCATION: 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	005-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
1/31/2014	1/31/2014

DMR Mailing ZIP CODE: 78221  
MAJOR (SUBR 13)  
DOMESTIC FACILITY - 005  
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	*****	*****	*****	6.2	*****	*****	0	Daily	Grab
00300 1 0 Effluent Gross	*****	*****	*****	4	*****	mg/L		Daily	GRAB
pH	*****	*****	*****	6.8	*****	7.6	0	Daily	Grab
00400 1 0 Effluent Gross	*****	*****	*****	6	*****	SU		Daily	GRAB
Solids, total suspended	5.80	*****	*****	*****	*****	6.30	0	Daily	Compos
00530 1 0 Effluent Gross	325	*****	*****	*****	*****	40		Daily	COMPOS
Nitrogen, ammonia total (as N)	5.74	*****	*****	*****	*****	11.10	3	Daily	Compos
00610 1 0 Effluent Gross	43	*****	*****	*****	*****	7		Daily	COMPOS
Flow, in conduit or thru treatment plant	0.48	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	Req. Mon. DAILY AV	0.95	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	0.52	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	Req. Mon. ANNL AVG	2.6	*****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	*****	*****	*****	*****	*****	0.05	0	Daily	Grab
50060 A 0 Disinfection, Process Complete	*****	*****	*****	*****	*****	.1		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Steve Clouse	210-233-3774	02/15/2014
Senior Vice President & COO	AREA Code NUMBER	#MMDDYYYY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SEE OTHER REQUIREMENT NO. 7 ON PAGE 26 OF THE PERMIT.

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME: DOS RIOS WATER RECYCLING CENTER  
 ADDRESS: 3495 VALLEY RD  
 SAN ANTONIO, TX 78221  
 FACILITY: DOS RIOS WATER RECYCLING CTR.  
 LOCATION: 3495 VALLEY RD.  
 SAN ANTONIO, TX 78221  
 ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	005-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MONITORING PERIOD
1/1/2014	MM/DD/YYYY
	1/31/2014

DMR Mailing ZIP CODE: 78221  
 MAJOR (SUBR 13)  
 DOMESTIC FACILITY - 005  
 External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Chlorine, total residual	*****	*****	1.0	*****	*****	*****	0	Daily	Grab
50060 B 0 Prior to Disinfection	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	*****	*****	*****	*****	*****	330.00	0	Daily	Grab
51040 1 0 Effluent Gross	*****	*****	*****	126 DAILY AV	394 DAILY MIX	CFU/100m L		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	*****	*****	8.38	*****	*****	3.00	0	Daily	Compos
80082 1 0 Effluent Gross	*****	*****	*****	10 DAILY AV	25 DAILY MIX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Steve Clouse	210-233-3774	02/15/2014
Senior Vice President & COO	AREA Code NUMBER	MMDDYYYY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
<p>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.</p>		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 SEE OTHER REQUIREMENT NO. 7 ON PAGE 26 OF THE PERMIT.

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME: DOS RIOS WATER RECYCLING CENTER  
ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221

DMR Mailing ZIP CODE: 78221  
MAJOR (SUBR 13)  
DOMESTIC FACILITY - 006  
External Outfall

TX0077801  
PERMIT NUMBER

006-A  
DISCHARGE NUMBER

MM/DD/YYYY  
1/31/2014

FACILITY: DOS RIOS WATER RECYCLING CTR.  
LOCATION: 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
ATTN: STEVEN CLOUSE, SENIOR VP

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved (DO)	*****	*****	*****	*****	*****	*****			
00300 10 Effluent Gross pH	*****	*****	4 MO MIN	*****	*****	mg/L	Daily	GRAB	
00400 10 Effluent Gross Solids, total suspended	*****	*****	6 MINIMUM	*****	*****	SU	Daily	GRAB	
00530 10 Effluent Gross Nitrogen, ammonia total (as N)	5755 DAILY AV	lb/d	*****	15 DAILY AV	*****	mg/L	Daily	COMPOS	
00610 10 Effluent Gross Flow, in conduit or thru treatment plant	767 DAILY AV	lb/d	*****	2 DAILY AV	*****	mg/L	Daily	COMPOS	
50050 10 Effluent Gross Flow, in conduit or thru treatment plant	Req. Mon. DAILY AV	MGD	*****	*****	*****	*****	Continuous	TOTALZ	
50050 Y 0 Effluent Gross (Supplementary) Chlorine, total residual	46 ANNL AVG	MGD	*****	*****	*****	*****	Continuous	TOTALZ	
50060 A 0 Disinfection, Process Complete	*****	*****	*****	*****	*****	mg/L	Daily	GRAB	

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

TYPED OR PRINTED

TELEPHONE  
210-233-3774

DATE  
02/15/2014

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

AREA Code NUMBER

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.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SEE OTHER REQUIREMENT NO. 7 ON PAGE 26 OF THE PERMIT.

No Discharge

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

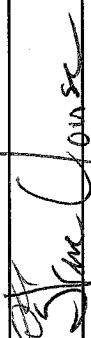
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME: DOS RIOS WATER RECYCLING CENTER  
 ADDRESS: 3495 VALLEY RD  
 SAN ANTONIO, TX 78221  
 FACILITY: DOS RIOS WATER RECYCLING CTR.  
 LOCATION: 3495 VALLEY RD.  
 SAN ANTONIO, TX 78221  
 ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801 PERMIT NUMBER	006-A DISCHARGE NUMBER
MM/DD/YYYY 1/1/2014	MM/DD/YYYY 1/31/2014

DMR Mailing ZIP CODE: 78221  
 MAJOR (SUBR 13)  
 DOMESTIC FACILITY - 006  
 External Outfall

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steve Clouse Senior Vice President & COO	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 210-233-3774	DATE 02/15/2014
TYPED OR PRINTED		AREA Code	NUMBER

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.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 SEE OTHER REQUIREMENT NO. 7 ON PAGE 26 OF THE PERMIT.

No Discharge



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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME: DOS RIOS WATER RECYCLING CENTER  
ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221


DMR Mailing ZIP CODE: 78221  
MAJOR (SUBR 13)  
DOMESTIC WASTEWATER - 101  
Internal Outfall

TX0077801	101-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MONITORING PERIOD
1/1/2014	MM/DD/YYYY
	1/31/2014

FACILITY: DOS RIOS WATER RECYCLING CTR.  
LOCATION: 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
ATTN: STEVEN CLOUSE, SENIOR VP

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Flow, in conduit or thru treatment plant	5.14		9.74	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	Req. Mon. DAILY AV		Req. Mon. DAILY MX	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	5.87		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	Req. Mon. ANNL AVG	MGD	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Steve Clouse		02/15/2014
Senior Vice President & COO	AREA Code	NUMBER
TYPED OR PRINTED		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		

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.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
WASTEWATER CONTRIBUTIONS FROM THE DOS RIOS WATER RECYCLING CENTER TO THE REUSE WATER SYSTEM SHALL BE MONITORED FOR FLOW AFTER CHLORINATION AT THE RECYCLED WATER PUMP AND REPORTED AS OUTFALL 101.

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME: DOS RIOS WATER RECYCLING CENTER  
ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221

DMR Mailing ZIP CODE: 78221  
MAJOR (SUBR 13)  
TOTAL DISCHARGE - 001 & 101  
Internal Outfall

102-A  
DISCHARGE NUMBER

TX0077801  
PERMIT NUMBER

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

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Flow, in conduit or thru treatment plant	83.87		91.23	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	Req. Mon. DAILY AV		Req. Mon. DAILY MX	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	79.14		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	125 ANNL AVG		*****	*****	*****	*****		Continuous	TOTALZ

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

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

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

TELEPHONE NUMBER  
210-233-3774  
AREA Code

DATE  
02/15/2014  
MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
THE TOTAL DISCHARGE FROM OUTFALL 001 & OUTFALL 101 SHALL NEVER EXCEED 125 MGD AND SHALL BE REPORTED AS OUTFALL 102.

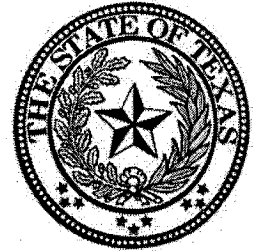
EPA Form 3320-1 (Rev.01/06) Previous editions may be used. 03/08/2013 Page 1

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



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



40B	WQ0010137-033	02	14	01	12551
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE I

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	REPORTED	PERMITTED			VALUE	UNITS	
000085342 TRANSFER DAYS/MON	REPORTED		17	DAY	01	01	
	PERMITTED				01	NA	NA
316164024 E-COLI DLY AVG	REPORTED		7.65	#/100 ML	08	1/Day	03
	PERMITTED		20.000		11	2/WEEK	03 GRABPKLOAD
316164030 E-COLI IND GRAB	REPORTED		370.00	#/100 ML	1 08	1/Day	03
	PERMITTED		75.000		11	2/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		5.14	MGD	02		11
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		1.28	MGD	02		11
	PERMITTED				02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED		2.06	MG/L	08	1/Day	10 12-PRT-COM
	PERMITTED		5.000		11	2/WEEK	03 GRABPKLOAD
820796624 TURBIDITY 30DAYAVG	REPORTED		1.17	NTU	08	1/Day	10 12-PRT-COM
	PERMITTED		3.000		11	2/WEEK	03 GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0013780	NUMBER	0 01		NA
	PERMITTED				01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		160715	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						

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

E-Coli substituted for Fecal Coliform

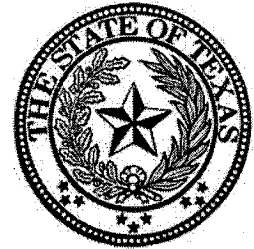
I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Tad Eaton Manager-Prod & Treat Ops		11/4 01/2 11/3
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2 1 0   2 3 3   3 7 7 4	Steven Clouse Senior Vice President & COO		11/4 01/2 11/5
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



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



40B	WQ0010137-033	02	14	01	12552
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	REPORTED	PERMITTED			VALUE	UNITS	
000085342 TRANSFER DAYS/MON	REPORTED		0				
	PERMITTED			01	NA	01	NA
316164024 FEC. COLI DLY AVG	REPORTED						
	PERMITTED	200.000		14	1/WEEK	03	GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED						
	PERMITTED	800.000		14	1/WEEK	03	GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED						
	PERMITTED			02	CONT	11	CONT
500507128 FLOW ANN AVG	REPORTED						
	PERMITTED			02	CONT	11	CONT
800821024 BOD CARB DLY AVG	REPORTED						
	PERMITTED	20.000		14	1/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0013780	0	01			NA
	PERMITTED			01	01		NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	160715	0	01			NA
	PERMITTED			01	01		NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	0	01			NA
	PERMITTED			01	01		NA NA
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

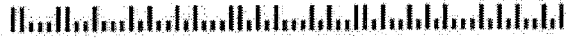
COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Tad Eaton Manager-Prod & Treat Ops		11/4/01 2/13
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2   10   2   33   3   774	Steven Clouse Senior Vice President & COO		11/4/01 2/15
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



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



40B	WQ0010137-033	02	14	01	12647
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE			UNITS	
500507124 FLOW DLY AVG	REPORTED	83.87	MGD	02		11
	PERMITTED					
500507128 FLOW ANN AVG	REPORTED	79.14	MGD	02		11
	PERMITTED					
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0013780	NUMBER	0	01	NA
	PERMITTED					
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	160715	DATE	0	01	NA
	PERMITTED					
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	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.

TELEPHONE NUMBER	NAME	SIGNATURE	DATE
210   233   3774	Tad Eaton Manager-Prod & Treat Ops		114   012   13
	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
	Steven Clouse Senior Vice President & COO		114   012   15
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
			YEAR MO. DAY

February 12, 2014

Texas Commission on Environmental Quality  
Attention: Mr. Johnnie Wu  
Water Quality Information Systems (MC 244)  
12100 Park 35 Circle, Bldg. F  
Austin, TX 78753

RE: Permit No. 10137-003  
E-Coli Violation

Dear Johnnie,

There were two E-Coli violations recorded on reclaimed water from the Leon Creek Water Recycling Center:

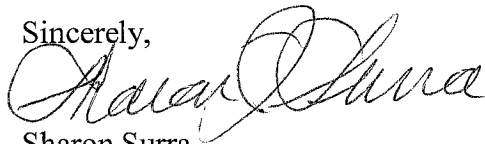
1-2-14	>800 ct/100 mL
1-17-14	160 ct/100 mL

There was an accumulation of sludge that resulted in rising sludge in one of the three chlorine contact tanks and a broken valve actuator restricted the isolation of this tank. This actuator was replaced on February 7, 2014 and the tank is being thoroughly cleaned at this time.

Regularly scheduled alternation and cleaning of chlorine contact tanks has been established to avoid any more E-Coli excursions.

If additional information is required, please contact me at (210) 233-3514.

Sincerely,



Sharon Surra  
Manager, Leon Creek WRC  
1104 Mauermann Road  
San Antonio, TX 78224

cc: Steve Clouse  
Parviz Chavol  
Frederic J. Winter  
Floramie Welch



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

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)  
NAME: SAN ANTONIO WATER SYSTEM  
ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC. CTR.  
LOCATION: 1104 MAJERMAN ROAD  
SAN ANTONIO, TX 78224  
ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/1/2014	1/31/2014

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

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	UNITS	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	*****	*****	*****	6.6	*****	*****	0	12/Day	Grab
00300 1 0 Effluent Gross pH	*****	*****	*****	5 MO MIN	*****	*****		Daily	GRAB
00400 1 0 Effluent Gross Solids, total suspended	*****	*****	*****	6.5	*****	7.8	0	12/Day	Grab
00530 1 0 Effluent Gross Nitrogen, ammonia total (as N)	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	0	Daily	GRAB
00610 1 0 Effluent Gross Flow, in conduit or thru treatment plant	189	*****	*****	1.04	*****	1.80	0	Daily	Compos
50050 1 0 Effluent Gross Flow, in conduit or thru treatment plant	5755 DAILY AV	*****	*****	15 DAILY AV	*****	40 DAILY MX		Daily	COMPOS
50050 1 0 Effluent Gross Flow, in conduit or thru treatment plant	52	*****	*****	0.28	*****	0.71	0	Daily	Compos
50050 P 0 See Comments Flow, in conduit or thru treatment plant	767 DAILY AV	*****	*****	2 DAILY AV	*****	7 DAILY MX	0	Daily	COMPOS
50050 P 0 See Comments Flow, in conduit or thru treatment plant	21.72	*****	*****	26.94	*****	*****	0	Continuous	TotalZ
50050 P 0 See Comments Flow, in conduit or thru treatment plant	Req. Mon. DAILY AV	*****	*****	Req. Mon. DAILY MX	*****	*****		Continuous	TOTALZ
50050 P 0 See Comments Flow, in conduit or thru treatment plant	25694	*****	*****	63889 2HR PEAK	*****	*****	0	Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	30.37	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	46 ANNL AVG	*****	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Steven Clouse Senior Vice President & COO	210-233-3774	02/15/2014
TYPED OR PRINTED	AREA Code	NUMBER
	210	3774

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

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.

Signature: *Steven Clouse*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME: SAN ANTONIO WATER SYSTEM  
ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC. CTR.  
LOCATION: 1104 MAUERMAN ROAD  
SAN ANTONIO, TX 78224  
ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/1/2014	1/31/2014

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

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Chlorine, total residual	*****	*****	*****	0.09		0	12/Day	Grab	
50060 A 0 Disinfection, Process Complete	*****	*****	*****	.1	mg/L		Daily	GRAB	
Chlorine, total residual	*****	*****	*****	1.1	INST MAX	0	12/Day	Grab	
50060 B 0 Prior to Disinfection	*****	*****	*****	1	mg/L		Daily	GRAB	
E. coli	*****	*****	*****	MO MIN		0	Daily	Grab	
51040 1 0 Effluent Gross	*****	*****	*****	2.64	CFU/100mL		Five Per Week	GRAB	
BOD, carbonaceous, 05 day, 20 C	*****	*****	*****	126	DAILY MX	0	Daily	Compos	
80082 1 0 Effluent Gross	363	lb/d	*****	2.00	DAILY AV		Daily	COMPOS	
	2686	DAILY AV	*****	7	DAILY MX		Daily		

*Signature*

*Steven Clouse*

TELEPHONE: 210-233-3774  
NUMBER: 02/15/2014  
AREA Code: MMDDYYYY

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Steven Clouse  
Senior Vice President & COO

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME: SAN ANTONIO WATER SYSTEM  
ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC. CTR.  
LOCATION: 1104 MAJERMAN ROAD  
SAN ANTONIO, TX 78224  
ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639  
PERMIT NUMBER

002-A  
DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 78221  
MAJOR (SUBR 13)  
DOMESTIC FACILITY - 002  
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved (DO)	*****	*****	7.1	*****	*****	*****	0	12/Day	Grab
00300 1 0 Effluent Gross	*****	*****	5 MO MIN	*****	*****	*****		Daily	GRAB
pH	*****	*****	6.6	*****	*****	7.7	0	12/Day	Grab
00400 1 0 Effluent Gross	*****	*****	6 MINIMUM	*****	*****	9 MAXIMUM		Daily	GRAB
Solids, total suspended	*****	*****	48.76	*****	*****	1.00	0	Daily	Compos
00530 1 0 Effluent Gross	*****	*****	5755 DAILY AV	*****	*****	15 DAILY AV		Daily	COMPOS
Nitrogen, ammonia total (as N)	*****	*****	14.11	*****	*****	0.28	0	Daily	Compos
00610 1 0 Effluent Gross	*****	*****	767 DAILY AV	*****	*****	2 DAILY AV		Daily	COMPOS
Flow, in conduit or thru treatment plant	*****	*****	5.85	*****	*****	7.75	0	Continuous	TotalZ
50050 1 0 Effluent Gross	*****	*****	Req. Mon. DAILY AV	*****	*****	Req. Mon. DAILY MX		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	*****	*****	6250	*****	*****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	*****	*****	63889 2HR PEAK	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	*****	*****	1.95	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	*****	*****	46 ANNL AVG	*****	*****	*****		Continuous	TOTALZ

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

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

TELEPHONE  
210-233-3774  
AREA Code NUMBER

DATE  
02/15/2014  
MM/DD/YYYY

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

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

03/08/2013 Page 1

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME: SAN ANTONIO WATER SYSTEM  
ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC. CTR.  
LOCATION: 1104 MAJERMAN ROAD  
SAN ANTONIO, TX 78224  
ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
1/1/2014	1/31/2014

DMR Mailing ZIP CODE: 78221  
MAJOR (SUBR 13)  
DOMESTIC FACILITY - 002  
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Chlorine, total residual	*****	*****	*****	0.09	mg/L	0	12/Day	Grab	
50060 A 0 Disinfection, Process Complete	*****	*****	*****	.1 INST MAX	mg/L	0	Daily	GRAB	
Chlorine, total residual	*****	*****	1.2	*****	*****	0	12/Day	Grab	
50060 B 0 Prior to Disinfection	*****	*****	1 MO MIN	*****	mg/L	0	Daily	GRAB	
E. coli	*****	*****	*****	*****	*****	0	Daily	Grab	
51040 1 0 Effluent Gross	*****	*****	5.93	110.00	CFU/100m L	0	Daily	GRAB	
BOD, carbonaceous, 05 day, 20 C	*****	*****	126 DAILY AV	394 DAILY MX	*****	0	Five Per Week	GRAB	
80082 1 0 Effluent Gross	97.52	*****	2.00	2.00	mg/L	0	Daily	Compos	
	2686 DAILY AV	*****	7 DAILY AV	17 DAILY MX	*****	0	Daily	COMPOS	

*Handwritten initials*

*Signature of Steven Clouse*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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.

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

TELEPHONE	DATE
210-233-3774	02/15/2014
AREA Code NUMBER	MMDDYYYY
210-233-3774	02/15/2014

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

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME: SAN ANTONIO WATER SYSTEM  
ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC. CTR.  
LOCATION: 1104 MAURERMAN ROAD  
SAN ANTONIO, TX 78224  
ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639  
PERMIT NUMBER

101-A  
DISCHARGE NUMBER

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

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

DMR Mailing ZIP CODE: 78221  
MAJOR (SUBR 13)  
COMBINED OUTFALLS 001 & 002  
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Solids, total suspended	198	*****	*****	*****	*****	*****	0	Daily	Compos
00530 J 0 Intermediate Treatment, Process Nitrogen, ammonia total (as N)	5755 DAILY AV	*****	*****	*****	*****	*****	0	Daily	COMPOS
00610 J 0 Intermediate Treatment, Process Flow, in conduit or thru treatment plant	54	*****	*****	*****	*****	*****	0	Daily	Compos
00610 J 0 Intermediate Treatment, Process Flow, in conduit or thru treatment plant	767 DAILY AV	*****	*****	*****	*****	*****	0	Daily	COMPOS
50050 1 0 Effluent Gross	22.85	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	Req. Mon. DAILY AV *****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 P 0 See Comments	26389	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	63889 2HR PEAK	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	31.49	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	46 ANNL AVG	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
BOD, carbonaceous, 05 day, 20 C	382	*****	*****	*****	*****	*****	0	Daily	Compos
80082 J 0 Intermediate Treatment, Process	2686 DAILY AV	*****	*****	*****	*****	*****	0	Daily	COMPOS

*Signature*

STEVEN CLOUSE  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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.

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

TELEPHONE  
210-233-3774  
AREA Code NUMBER  
02/15/2014  
DATE  
MM/DD/YYYY

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME: SAN ANTONIO WATER SYSTEM  
 ADDRESS: 3495 VALLEY RD  
 SAN ANTONIO, TX 78221  
 FACILITY: MITCHELL LAKE  
 LOCATION: 1M S LOOP 410 E PLEASANTON RD  
 SAN ANTONIO, TX 782982449  
 ATTN: STEVEN CLOUSE, SEN. VP & COO

TX0065641	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/1/2014	1/31/2014

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

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved (DO)	*****	*****	*****	*****	*****	*****			
00300 10 Effluent Gross	*****	*****	4 MO MIN	*****	*****	mg/L	Daily	GRAB	
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	*****	mg/L	Daily	GRAB	
00310 10 Effluent Gross	*****	*****	30 DAILY AV	*****	*****	mg/L	Daily	GRAB	
pH	*****	*****	*****	*****	*****				
00400 10 Effluent Gross	*****	*****	6 MINIMUM	*****	*****	SU	Daily	GRAB	
Solids, total suspended	*****	*****	*****	*****	*****				
00530 10 Effluent Gross	*****	*****	90 DAILY AV	*****	*****	mg/L	Daily	GRAB	
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****				
50050 10 Effluent Gross	Req. Mon. DAILY AV	*****	*****	*****	*****		Daily	INSTAN	
E. coli	*****	*****	*****	*****	*****				
51040 10 Effluent Gross	*****	*****	126 DAILY AV	*****	*****	CFU/100mL	Monthly	GRAB	

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

TELEPHONE	DATE
210-233-3774	02/15/2014
AREA Code	NUMBER

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.

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 MONITORING SHALL OCCUR WHEN DISCHARGING.  
 SAMPLES FOR BACTERIA MONITORING SHALL BE TAKEN AT THE INFLOW PIPE FROM THE ELEON CREEK WRC.

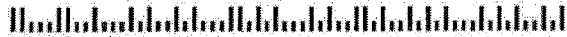
No Discharge

EPA Form 3320-1 (Rev.01/06) Previous editions may be used. 03/08/2013 Page 1

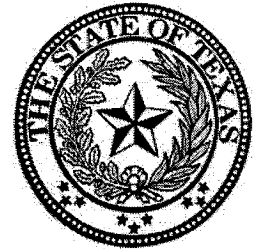


# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



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



40B	WQ0010137-003	02	14	01	12645
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

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		25.25	MGD	0 02	11	
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		36.44	MGD	0 02	11	
	PERMITTED				02	CONT	11 CONT
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0036067	NUMBER	0 01		NA
	PERMITTED				01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		140122	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	
			Sharon Surra Manager Prod & Treat Ops				14 02 13	
TELEPHONE NUMBER			PLANT OPERATOR		PLANT OPERATOR		YEAR MO. DAY	
210 233 3774			Steve Clouse Senior Vice President & COO				14 02 15	
AREA CODE NUMBER			EXECUTIVE OFFICER		EXECUTIVE OFFICER		YEAR MO. DAY	

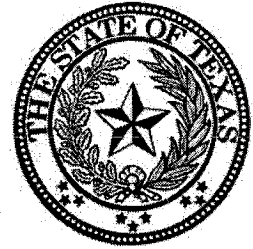
# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

PAGE 1



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



40B	WQ0010137-003	02	14	01	12547
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE I 800

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	REPORTED	PERMITTED			VALUE	UNITS	
000085342 TRANSFER DAYS/MON	REPORTED		31	DAY	0 01	01	
	PERMITTED				01	NA	01 NA
316164024 E-COLI DLY AVG	REPORTED		1.75	#/100 ML	08	1/Day	03
	PERMITTED		20.000		11	2/WEEK	03 GRABPKLOAD
316164030 E-COLI IND GRAB	REPORTED		800.00	#/100 ML	2 08	1/Day	03
	PERMITTED		75.000		11	2/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		2.40	MGD	02		11
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		4.95	MGD	02		11
	PERMITTED				02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED		2.00	MG/L	08	1/Day	10 12-prt-com
	PERMITTED		5.000		11	2/WEEK	03 GRABPKLOAD
820786624 TURBIDITY 30DAY AV	REPORTED		0.62	NTU	08	1/Day	10 12-prt-com
	PERMITTED		3.000		11	2/WEEK	03 GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0036067	NUMBER	0 01		NA
	PERMITTED				01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		140122	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						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

E-Coli substituted for Fecal Coliform

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME Sharon Surra Manager Prod & Treat Ops	SIGNATURE 	DATE 11/4/02/13
TELEPHONE NUMBER 210 233 3774	PLANT OPERATOR Steve Clouse Senior Vice President & COO	PLANT OPERATOR 	YEAR MO. DAY 11/4/02/15
AREA CODE   NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



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



40B	WQ0010137-003	02	14	01	12548
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE II 900

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE	
	REPORTED	PERMITTED		VALUE	UNITS		
000085342 TRANSFER DAYS/MON	REPORTED		0	01		01	
	PERMITTED			01	NA	01	NA
316164024 FEC. COLI DLY AVG	REPORTED						
	PERMITTED		200.000		14	1/WEEK	03 GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED						
	PERMITTED		800.000		14	1/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED						
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED						
	PERMITTED				02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED						
	PERMITTED		15.000		14	1/WEEK	03 GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0036067	0	01		NA
	PERMITTED				01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		140122	0	01		NA
	PERMITTED				01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	0	01		NA
	PERMITTED				01	01	NA NA
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.

	NAME	SIGNATURE	DATE
	Sharon Surra Manager Prod & Treat Ops	<i>Sharon Surra</i>	11/4/02/13
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3774	Steve Clouse Senior Vice President & COO	<i>Steve Clouse</i>	11/4/02/15
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER





February 08, 2014

Texas Commission on Environmental Quality

Attention: Mr. Johnnie Wu

Water Quality Information System (MC 244)

12100 Park 35 Circle, Bldg. F

Austin, TX 78753

RE: Permit No. 10137-040

E-Coli Violation

Dear Mr. Wu,

On January 08, 2014 our lab technician reported a result of >800 count/100 ml on the E-Coli sample, causing a violation on our 800 Type 1 Reclaim Water Permit. The chlorine residual was a 1.60 mg/l when sample was collected

Investigation showed a violation was due to improper sampling procedures by plant operator. The operator has been instructed in the use of proper sampling techniques since this investigation was completed.

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

Sincerely,

A handwritten signature in black ink that reads "Daniel Rodriguez". The signature is written in a cursive style with a large initial "D" and "R".

Daniel Rodriguez  
Manager, Medio Creek Water Recycling Center  
San Antonio Water System  
2231 Hunt Lane  
San Antonio, TX 78227

cc: Steve Clouse  
Parviz Chavol  
Frederic J. Winter

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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
1/31/2014	1/31/2014

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

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	*****	*****	7.55	*****	*****	*****	0	Daily	Grab
00300 1 0 Effluent Gross	*****	*****	6 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	*****	*****	7.29	*****	8.05		0	Daily	Grab
00400 1 0 Effluent Gross	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	74	*****	1.21	*****	2.40		0	Daily	Compos
00530 1 0 Effluent Gross	2002 DAILY AV	*****	15 DAILY AV	*****	30 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total (as N)	42	*****	0.68	*****	1.89		0	Daily	Compos
00610 1 0 Effluent Gross	267 DAILY AV	*****	2 DAILY AV	*****	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	7.33	*****	8.30	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	Req. Mon. DAILY AV	*****	Req. Mon. DAILY MX	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	*****	*****	8932	*****	*****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	*****	*****	27778 2HR PEAK	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	7.46	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	16 ANNL AVG	*****	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Steve Clouse	210-233-3774	02/15/2014
Senior Vice President & COO	AREA Code NUMBER	#/MM/DD/YYYY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
		

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

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.

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

03/08/2013 Page 1

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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
1/1/2014	1/31/2014

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

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
E. coli	*****	*****	*****	3.76	220.00	0	Daily	Grab	
51040 1 0 Effluent Gross	*****	*****	*****	126 DAILY AV	394 DAILY MX		Daily	GRAB	
BOD, carbonaceous, 05 day, 20 C	124	*****	*****	2.03	3.00	0	Daily	Compos	
80082 1 0 Effluent Gross	934 DAILY AV	*****	*****	7 DAILY AV	20 DAILY MX		Daily	COMPOS	

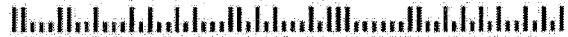
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Steve Clouse	210-233-3774	02/15/2014
Senior Vice President & COO	AREA Code NUMBER	MM/DD/YYYY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	

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.

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



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	
		VALUE			UNITS	
500507124 FLOW DLY AVG	REPORTED	8.34	MGD	0	02	11
	PERMITTED					
500507128 FLOW ANN AVG	REPORTED	7.82	MGD	0	02	11
	PERMITTED					
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0004506	NUMBER	0	01	NA
	PERMITTED					
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	140108	DATE	0	01	NA
	PERMITTED					
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01	NA
	PERMITTED					
	REPORTED					
	PERMITTED					
	REPORTED					
	PERMITTED					
	REPORTED					
	PERMITTED					
	REPORTED					
	PERMITTED					
	REPORTED					
	PERMITTED					
	REPORTED					
	PERMITTED					

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

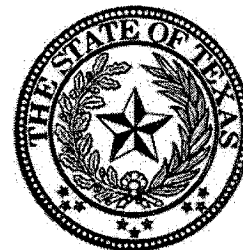
I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Daniel Rodriguez Manager-Prod & Treat Ops	<i>Daniel Rodriguez</i>	11/4/012/113
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3774	Steve Clouse Senior Vice President & COO	<i>Steve Clouse</i>	11/4/012/115
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
			YEAR MO. DAY

# 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



40B	WQ0010137-040	01	14	01	12553
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE I 800

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

**TCEQ COPY**

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	REPORTED	PERMITTED			VALUE	UNITS	TYPE
000085342 TRANSFER DAYS/MON	REPORTED		27	DAY	0 01	01	
	PERMITTED				01	NA	01 NA
316164024 FEC. COLI DLY AVG	REPORTED		2.37	#/100 ML	0 08	1/Day	03
	PERMITTED		20.000		11	2/WEEK	03 GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED		800.00	#/100 ML	1 08	1/Day	03
	PERMITTED		75.000		11	2/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		1.16	MGD	0 02		11
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		1.31	MGD	0 02		11
	PERMITTED				02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED		2.00	MG/L	0 08	1/Day	10 12-prt-com
	PERMITTED		5.000		11	2/WEEK	03 GRABPKLOAD
820796624 TURBDITY 30DAYAVG	REPORTED		0.72	NTU	0 08	1/Day	10 12-prt-com
	PERMITTED		3.000		11	2/WEEK	03 GRABPKLOAD
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						

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 Manager-Prod & Treat Ops		114 012 113
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3774	Steve Clouse Senior Vice President & COO		114 012 115
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
			YEAR MO. DAY

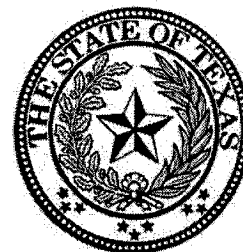


# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



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



40B	WQ0010137-040	02	14	01	12554
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE II 900

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	REPORTED	PERMITTED			VALUE	UNITS
000085342 TRANSFER DAYS/MON	REPORTED		0	01	0	01
	PERMITTED			01	NA	01 NA
316164024 FEC. COLI DLY AVG	REPORTED					
	PERMITTED		200.000	14	1/WEEK	03 GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED					
	PERMITTED		800.000	14	1/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED					
	PERMITTED			02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED					
	PERMITTED			02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED					
	PERMITTED		20.000	14	1/WEEK	03 GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0004506	0	01	NA
	PERMITTED			01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		140108	0	01	NA
	PERMITTED			01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	0	01	NA
	PERMITTED			01	01	NA NA
	REPORTED					
	PERMITTED					
	REPORTED					
	PERMITTED					

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Daniel Rodriguez Manager-Prod & Treat Ops		14   02   13
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210   233   3774	Steve Clouse Senior Vice President & COO		14   02   15
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

# OVERFLOW REPORT

PERIOD: January 2014

WATERSHED: DOS RIOS

TCEQ PERMIT # 10137-033

EPA PERMIT # 0077801

WO #	INSPT#	SR #	DATE	ADDRESS	GALLONS	CAUSE	ACTION	HRS	COMMENTS
	261930	348536	1/29/2014	FLORES ST S	3817	10 Grease	CLEANED MAIN	0.80	Area Cleaned and Disinfected, Flushed Area with H2O
	261490	343897	1/23/2014	MAIN AVE N	911	50 Debris	CLEANED MAIN	0.50	Area Cleaned and Disinfected, Flushed Area with H2O
946077		339747	1/16/2014	MAIN AVE N	911	500 Structural	WILL REPLACE LATERAL	0.75	Area Cleaned and Disinfected, Created Work Order To Relay Lateral
	256426	331006	1/6/2014	WOODCLIFFE DR	2819	25 Grease	CLEANED MAIN	2.87	Area Cleaned and Disinfected, Flushed Area with H2O
934160			1/6/2014	GENERAL MCMULLEN S	519	50 Structural	REPAIRED LATERAL	1.00	Area Cleaned and Disinfected, Repaired Lateral
	256304	330661	1/4/2014	FERNLEAF AVE	130	20 Debris	CLEANED MAIN	0.98	Area Cleaned and Disinfected, Flushed Area with H2O
	249153	328886	1/1/2014	BRAZOS ST S	806	40 Grease	CLEANED MAIN	1.08	Area Cleaned and Disinfected, Flushed Area with H2O
TOTAL EVENTS	7			TOTAL GALLONS:	695		TOTAL DURATION:	7.98	

Monday, February 10, 2014

# OVERFLOW REPORT

PERIOD: January 2014

WATERSHED: LEON CREEK

TCEQ PERMIT # 10137-003

EPA PERMIT # 0052639

WO #	INSPT#	SR #	DATE	ADDRESS	GALLONS	CAUSE	ACTION	HRS	COMMENTS
	259441	342321	1/21/2014	LOOP 410 NW	6100	Debris	CLEANED MAIN	1.27	Area Cleaned and Disinfected, Flushed Area with H2O
			1/19/2014	PLUMNEAR	4464	Contractor	CLEANED AREA	1.00	Area Cleaned and Disinfected, Contractor Installed By-pass. Main To Be Replaced
	259302	341474	1/19/2014	CLEAR VALLEY DR	7003	Vandalism	CLEANED MAIN	2.93	Area Cleaned and Disinfected, - Manhole Lid Has Been Replaced And Bolted Down
	257357	335504	1/11/2014	KENROCK	1302	Grease	CLEANED MAIN	1.87	Area Cleaned and Disinfected, Flushed Area with H2O
		332242	1/7/2014	LOOP 410 SW	8645	Contractor	REMOVED PLUG	0.25	Contractor Removed Plug From Main
	249173	328878	1/1/2014	HAVENCREST DR	5422	Grease	CLEANED MAIN	1.78	Area Cleaned and Disinfected, Flushed Area with H2O
TOTAL EVENTS	6			TOTAL GALLONS:	6,745		TOTAL DURATION:	9.10	

Monday, February 10, 2014

# OVERFLOW REPORT

PERIOD: January 2014

WATERSHED: MEDIO CREEK

TCEQ PERMIT # 10137-040

EPA PERMIT # 0055689

WO #	INSPT#	SR #	DATE	ADDRESS	GALLONS	CAUSE	ACTION	HRS	COMMENTS
945080			1/19/2014	CAGNON RD 6785	2,300	Lift Station	REPLACED MOTOR	0.13	Area Cleaned and Disinfected, Lift Station #199, Replaced Motor On Pump
				TOTAL GALLONS:	2,300			TOTAL DURATION:	0.13

Monday, February 10, 2014

# OVERFLOW REPORT

PERIOD: January 2014

WATERSHED: SALADO CREEK

TCEQ PERMIT # 10137-008

EPA PERMIT # 0052647

WO #	INSP#	SR #	DATE	ADDRESS	GALLONS	CAUSE	ACTION	HRS	COMMENTS
945565			1/21/2014	THOUSAND OAKS	3847	300	Lift Station	1.17	Area Cleaned and Disinfected, Repaired Pumps - L/s #11
	259287	341401	1/18/2014	OLD PERRIN-BITTEL RD	11531	500	Grease	1.12	Area Cleaned and Disinfected, Flushed Area with H2O
	256305	330668	1/4/2014	BROADWAY	9307	40	Grease	1.55	Area Cleaned and Disinfected, Flushed Area with H2O
TOTAL EVENTS	3			TOTAL GALLONS:	840		TOTAL DURATION:	3.84	

Monday, February 10, 2014