



August 15, 2014

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

Via U.S. Certified Mail
RRR# 7010 1060 0000 0870 4608

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 July 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 black ink, appearing to read "Jeff Haby", is written over the typed name.

Jeff Haby, P.E.

Director – Sewer System Improvements

Enc. As stated



August 15, 2014

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

Via U.S. Certified Mail
RRR# 7010 1060 0000 0870 4615

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

Via U.S. Certified Mail
RRR# 7010 1060 0000 0870 4615

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

Consent Decree

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Dear Sir/Madam:

Section 12 a. of the above-referenced Consent Decree requires that within 90 days after Lodging the San Antonio Water System shall provide a copy of the monthly compliance report required by its TPDES permits to the United States Environmental Protection Agency at the same time the report is submitted to the Texas Commission on Environmental Quality. A copy of the monthly compliance report for July 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 black ink, appearing to read "Jeff Haby".

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

Enc. As stated



July 7, 2014

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

Re: Permit No. 10137-033
De-Chlorination Violation – Remote Outfall 005

Dear Mr. Wu,

On July 5, 2014 a De-Chlorination Violation occurred when a check valve in the de-chlorination system at Remote Outfall 005 failed resulting in a Chlorine residual of 0.36 mg/L being discharged.

Discharge from the Remote Outfall was ceased immediately upon detecting the problem, and did not resume until the defective check valve was replaced.

If you need any further information, please contact me at 210-233-3931.

Sincerely,

A handwritten signature in black ink, appearing to read "Frank Snyder", with a long, sweeping underline.

Frank Snyder
Supervisor, Recycle Operations
San Antonio Water System
Office: 210-233-3931
Cell: 210-416-3003

Cc: File
Parviz Chavol
Sharon Surra
Steve Clouse
Fred Winter

OVERFLOW REPORT

PERIOD: July 2014

WATERSHED: DOS RIOS

TCEQ PERMIT # 10137-033

EPA PERMIT # 0077801

WO #	INSPT#	SR #	DATE	ADDRESS	GALLON	CAUSE	ACTION	HRS	DISCHARGED TO	COMMENTS	
	306952	518262	7/20/2014	SOLEDAD ST	454	200	Grease	CLEANED MAIN	1.60	STREET	Area Cleaned and Disinfected, Flushed Area with H2O
1009002			7/15/2014	VALLEY RD	3495	2,000	Other	CLEANED AREA	0.33	DRAINAGE CULVERT	Work Order Made To Investigate And Repair Sensor Failure.
1008518	306167	509664	7/12/2014	BERYL DR	203	30	Debris	CLEANED MAIN	0.70	CREEK BED OF MARTINEZ CRK	Area Cleaned and Disinfected, Flushed Area with H2O - Work Order Made For Excavating The Wire Object From The Main.
1007514	305930	506187	7/9/2014	MONTEREY ST	1022	100	Structural	CLEANED AREA	0.78	STREET	Area Cleaned and Disinfected, Flushed Area with H2O - 6 Inch Sewer Lateral - Unstopped Lateral - Work Order Created To Repair Lateral
	305088	499053	7/2/2014	GROOS AVE	500	300	Grease	CLEANED MAIN	0.83	STREET	Area Cleaned and Disinfected, Flushed Area with H2O
TOTAL EVENTS	5			TOTAL GALLONS:	2,630			TOTAL DURATION:	4.24		

Thursday, August 07, 2014

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

OVERFLOW REPORT

PERIOD: July 2014

WATERSHED: SALADO CREEK

TCEQ PERMIT # 10137-008

EPA PERMIT # 0052647

WO #	INSPT#	SR #	DATE	ADDRESS	GALLON	CAUSE	ACTION	HRS	DISCHARGED TO	COMMENTS	
	308008	534885	7/31/2014	SHERWOOD WAY	4451	8,450	Debris	CLEANED MAIN	2.82	DRAINAGE CULVERT	Area Cleaned and Disinfected, Flushed Area with H2O
1012402		524147	7/23/2014	GLACIER LAKE	3570	400	Contractor	INSTALLED CLAMP ON FORCE MAIN	1.50	DRAINAGE CULVERT	Area Cleaned and Disinfected, Flushed Area with H2O Repaired Force Main
	306665	516126	7/17/2014	DONELLA DR	106	3,000	Grease	CLEANED MAIN	0.53	STORMDRAIN	Area Cleaned and Disinfected, Flushed Area with H2O
	306639	516333	7/17/2014	PERRIN BEITEL	8501	100	Contractor	CLEANED AREA	1.08	GROUND	Area Cleaned and Disinfected, Flushed Area with H2O - Sewer Main Is Being Monitored And Vacuumed As Needed, Work Orders Will Be Created To Install A Smart Cover And To Replace Sewer Main From Manhole To Where The Contractor Capped The Sewer Main
TOTAL EVENTS		4	TOTAL GALLONS:		11,950	TOTAL DURATION:		5.93			

Thursday, August 07, 2014

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

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

Form Approved
OMB No. 2040-0004

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

NAME: DOS RIOS WATER RECYLING CENTER

ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221

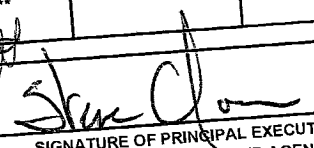
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Oxygen, dissolved [DO]		*****	*****	*****	6.9	*****	*****		0	12/Day	Grab	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MO MIN	*****	*****	mg/L		Daily	GRAB	
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	8.0		0	12/Day	Grab	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB	
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6 MINIMUM	*****	1.11	1.80	0	Daily	Compos	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	12 DAILY AV	40 DAILY MX	mg/L	Daily	COMPOS	
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	696	*****	lb/d	*****	*****	0.26	0.52	0	Daily	Compos	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	12510 DAILY AV	*****	*****	*****	*****	*****	*****	*****	Daily	COMPOS	
00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	165	*****	lb/d	*****	*****	2 DAILY AV	7 DAILY MX	mg/L	Daily	COMPOS	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	2085 DAILY AV	*****	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	75.09	108.30	MGD	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	SAMPLE MEASUREMENT	*****	93333	gal/min	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	173611 2HR PEAK	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	76.75	*****	MGD	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125 ANNL AVG	*****	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steven Clouse Senior Vice President & COO TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE	
			210-233-3774	08/13/2014	
			AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

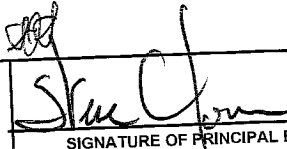
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DOS RIOS WATER RECYLING CENTER
ADDRESS: 3495 VALLEY RD
 SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
 SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

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	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual 50060 A 0 Disinfection, Process Complete	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.080		0	12/Day	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB
Chlorine, total residual 50060 B 0 Prior to Disinfection	SAMPLE MEASUREMENT	*****	*****	*****	1.0	*****	*****		0	12/Day	Grab
	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.46	32.0		0	Daily	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Five Per Week	GRAB
BOD, carbonaceous, 05 day, 20 C 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	1252	*****		*****	2.0	2.0		0	Daily	Compos
	PERMIT REQUIREMENT	5213 DAILY AV	*****	lb/d	*****	5 DAILY AV	20 DAILY MX	mg/L		Daily	COMPOS

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			AREA Code	NUMBER
				MM/DD/YYYY

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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)

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ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221

TX0077801	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 78221

MAJOR
(SUBR 13)
DOMESTIC FACILITY - 002
External Outfall

No Discharge

ATTN: STEVEN CLOUSE, SENIOR VP

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	*****		0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.3		0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	53.7	*****	*****	*****	1.10	1.80		0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	12.4	*****	*****	*****	0.26	0.52		0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	167 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.84	6.34	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.18	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	10 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.050		0	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB

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		210-233-3774	08/13/2014	
Steven Clouse Senior Vice President & COO	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED				

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

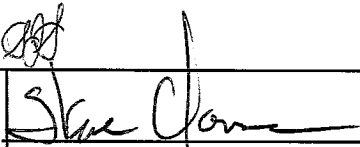
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DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
DOMESTIC FACILITY - 002
External Outfall

No Discharge

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual 50060 B 0 Prior to Disinfection	SAMPLE MEASUREMENT	*****	*****	*****	1.0	*****	*****		0	Daily	Grab
	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.55	32.0		0	Daily	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Three Per Week	GRAB
BOD, carbonaceous, 05 day, 20 C 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	97.4	*****		*****	2.0	2.0		0	Daily	Compos
	PERMIT REQUIREMENT	834 DAILY AV	*****	lb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

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			210-233-3774	08/13/2014	
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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

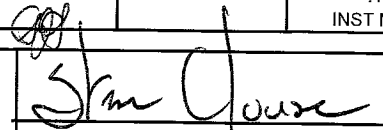
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TX0077801	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

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

No Discharge

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

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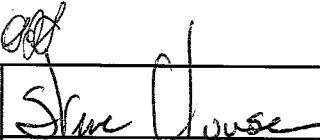
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FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE	
Steven Clouse Senior Vice President & COO			210-233-3774	08/13/2014	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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

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

No Discharge

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

Form Approved
OMB No. 2040-0004

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

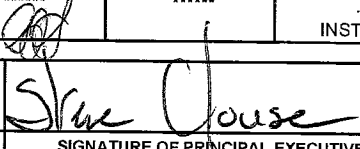
NAME: DOS RIOS WATER RECYLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	004-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		*****		*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT		*****		*****						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	50 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	3 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Steven Clouse Senior Vice President & COO			210-233-3774	08/13/2014
TYPED OR PRINTED			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

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

Form Approved
OMB No. 2040-0004

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

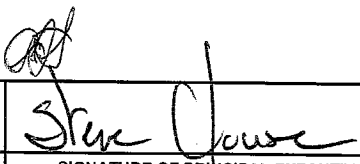
NAME: DOS RIOS WATER RECYLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	004-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE	
Steven Clouse Senior Vice President & COO			210-233-3774	08/13/2014	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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

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

No Discharge

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

Form Approved
OMB No. 2040-0004

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

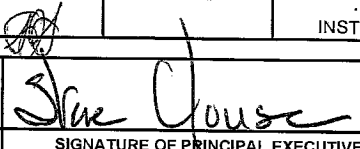
NAME: DOS RIOS WATER RECYLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	005-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
00300 1 0 Oxygen, dissolved [DO] Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	*****		0	Daily	Grab
	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
00400 1 0 pH Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.4		0	Daily	Grab
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
00530 1 0 Solids, total suspended Effluent Gross	SAMPLE MEASUREMENT	10.5	*****	*****	*****	1.11	1.80		0	Daily	Compos
	PERMIT REQUIREMENT	325 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
00610 1 0 Nitrogen, ammonia total [as N] Effluent Gross	SAMPLE MEASUREMENT	2.5	*****	*****	*****	0.26	0.52		0	Daily	Compos
	PERMIT REQUIREMENT	43 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
50050 1 0 Flow, in conduit or thru treatment plant Effluent Gross	SAMPLE MEASUREMENT	1.14	1.26	*****	*****	*****	*****	*****	0	Continuous	TotalZ
	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
50050 Y 0 Flow, in conduit or thru treatment plant Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	0.60	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ
	PERMIT REQUIREMENT	2.6 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
50060 A 0 Chlorine, total residual Disinfection, Process Complete	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.36		1	Daily	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steven Clouse Senior Vice President & COO TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
			210-233-3774	08/13/2014
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

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

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

See attached letter for exceptions

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

Form Approved
OMB No. 2040-0004

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

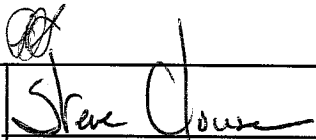
NAME: DOS RIOS WATER RECYLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	005-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual 50060 B 0 Prior to Disinfection	SAMPLE MEASUREMENT	*****	*****	*****	1.0	*****	*****		0	Daily	Grab
	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.46	32.0		0	Daily	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	19.0	*****	*****	*****	2.0	2.0		0	Daily	Compos
	PERMIT REQUIREMENT	217 DAILY AV	*****	lb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

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Steven Clouse Senior Vice President & COO			210-233-3774		08/13/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

See attached letter for exceptions

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: DOS RIOS WATER RECYLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221

TX0077801	006-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

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

ATTN: STEVEN CLOUSE, SENIOR VP

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		*****		*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	5755 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT		*****		*****						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	767 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE	
				TYPED OR PRINTED
Steven Clouse Senior Vice President & COO		210-233-3774	08/13/2014	

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

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

No Discharge

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

Form Approved
OMB No. 2040-0004

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

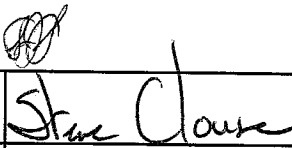
NAME: DOS RIOS WATER RECYLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	006-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Steven Clouse Senior Vice President & COO			210-233-3774	08/13/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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

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

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

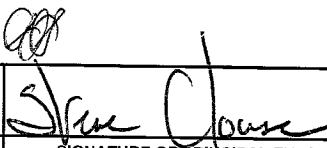
NAME: DOS RIOS WATER RECYLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	101-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.56	10.39		*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.97	*****		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	Req. Mon. ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Steven Clouse Senior Vice President & COO			210-233-3774	08/13/2014
TYPED OR PRINTED			AREA Code	NUMBER

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

WASTEWATER CONTRIBUTIONS FROM THE DOS RIOS WATER RECYCLING CENTER TO THE REUSE WATER SYSTEM SHALL BE MONITORED FOR FLOW AFTER CHLORINATION AT THE RECYCLED WATER PUMP AND REPORTED AS OUTFALL 101.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

TX0077801	102-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	82.64	113.61		*****	*****	*****	*****	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	82.70	*****		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE	
				TYPED OR PRINTED
Steven Clouse Senior Vice President & COO		210-233-3774	08/13/2014	

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.

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

Form Approved
OMB No. 2040-0004

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

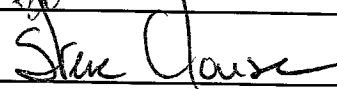
NAME: DOS RIOS WATER RECYLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	09/30/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
7-DAY CHRONIC FRESHWATER - 001
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1 22415 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****			*****			See Permit	Comp24
	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MN	*****	pass=0/fail= 1			
Whole effluent toxicity - retest #2 22416 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****			*****			See Permit	Comp24
	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MN	*****	pass=0/fail= 1			
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic TLP3B 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****		0	Quarterly	Comp24
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail= 1			
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic TLP6C 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****		0	Quarterly	Comp24
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail= 1			
NOEC Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia TOP3B 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	99	99	*****		0	Quarterly	Comp24
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%			
NOEC Lethal Static Renewal 7 Day Chronic Pimephales promelas TOP6C 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	99	99	*****		0	Quarterly	Comp24
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia TPP3B 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	99	99	*****		0	Quarterly	Comp24
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steven Clouse Senior Vice President & COO TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			210-233-3774	08/13/2014
			AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION ABOVE.

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

Form Approved
OMB No. 2040-0004

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


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

TX0077801	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	03/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
7-DAY CHRONIC FRESHWATER - 001
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	99	99	*****		0	Quarterly	Comp24
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****		0	Quarterly	Comp24
TWP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****		0	Quarterly	Comp24
TWP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	Q	Q	*****		0	Quarterly	Comp24
TXP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	Q	Q	*****		0	Quarterly	Comp24
TXP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	Q	Q	*****		0	Quarterly	Comp24
TYP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	Q	Q	*****		0	Quarterly	Comp24
TYP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24

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Steven Clouse Senior Vice President & COO			210-233-3774	08/13/2014
TYPED OR PRINTED			AREA Code	NUMBER

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

Form Approved
OMB No. 2040-0004

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

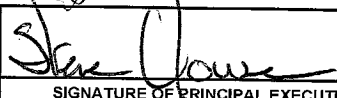
NAME: DOS RIOS WATER RECYLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	TX2-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	03/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
7-DAY CHRONIC FRESHWATER - 002
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	*****	*****							
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MN	*****	pass=0/fail= 1		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****							
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MN	*****	pass=0/fail= 1		See Permit	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****							
TLP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail= 1		Quarterly	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****							
TLP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail= 1		Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****							
TOP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****							
TOP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NOEC Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****							
TPP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steven Clouse Senior Vice President & COO TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
			210-233-3774	08/13/2014	
			AREA Code	NUMBER	MM/DD/YYYY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION ABOVE.

No Discharge

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

Form Approved
OMB No. 2040-0004

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

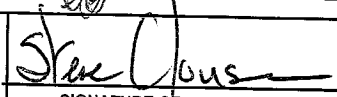
NAME: DOS RIOS WATER RECYLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	TX2-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	03/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
7-DAY CHRONIC FRESHWATER - 002
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****				*****			
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN		*****	%	Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****				*****			
TWP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN		*****	pass=0/fail=1	Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	SAMPLE MEASUREMENT	*****	*****	*****				*****			
TWP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN		*****	pass=0/fail=1	Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****				*****			
TXP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN		*****	%	Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****				*****			
TXP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN		*****	%	Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****				*****			
TYP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN		*****	%	Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****				*****			
TYP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN		*****	%	Quarterly	COMP24

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Steven Clouse Senior Vice President & COO			210-233-3774	08/13/2014
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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No Discharge

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

Form Approved
OMB No. 2040-0004

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

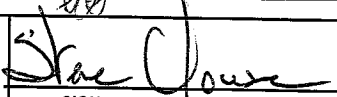
NAME: DOS RIOS WATER RECYLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	TX3-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	03/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
7-DAY CHRONIC FRESHWATER - 003
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	*****	*****							
22415 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MN	*****	pass=0/fail=1		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****							
22416 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MN	*****	pass=0/fail=1		See Permit	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****							
TLP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****							
TLP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****							
TOP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****							
TOP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NOEC Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****							
TPP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24

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Steven Clouse Senior Vice President & COO			210-233-3774	08/13/2014
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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No Discharge

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

Form Approved
OMB No. 2040-0004

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

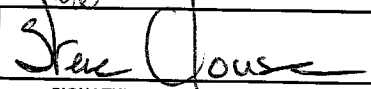
NAME: DOS RIOS WATER RECYLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	TX3-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	03/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
7-DAY CHRONIC FRESHWATER - 003
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TWP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TWP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TXP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TXP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TYP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TYP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24

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Steven Clouse Senior Vice President & COO			210-233-3774	08/13/2014
TYPED OR PRINTED			AREA Code	NUMBER

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

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No Discharge

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

Form Approved
OMB No. 2040-0004

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

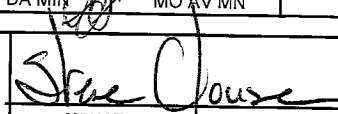
NAME: DOS RIOS WATER RECYLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	TX4-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	03/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
7-DAY CHRONIC FRESHWATER - 004
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	*****	*****			*****				
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MN	*****	pass=0/fail= 1		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****			*****				
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MN	*****	pass=0/fail= 1		See Permit	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TLP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail= 1		Quarterly	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TLP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail= 1		Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TOP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TOP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NOEC Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TPP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Steven Clouse Senior Vice President & COO			210-233-3774	08/13/2014
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION ABOVE.

No Discharge

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

Form Approved
OMB No. 2040-0004

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

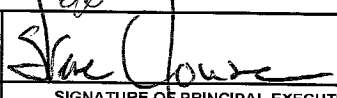
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	03/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
7-DAY CHRONIC FRESHWATER - 004
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TWP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TWP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TXP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TXP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TYP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TYP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24

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Steven Clouse Senior Vice President & COO			210-233-3774	08/13/2014
TYPED OR PRINTED			AREA Code	NUMBER

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No Discharge

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

Form Approved
OMB No. 2040-0004

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

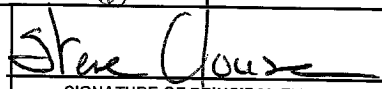
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FACILITY: DOS RIOS WATER RECYCLING CTR.
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SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	TX5-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	03/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
7-DAY CHRONIC FRESHWATER - 005
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	*****	*****							
22415 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MN	*****	pass=0/fail= 1		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****							
22416 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MN	*****	pass=0/fail= 1		See Permit	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****							
TLP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail= 1		Quarterly	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****							
TLP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail= 1		Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****							
TOP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****							
TOP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NOEC Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****							
TPP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24

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			210-233-3774	08/13/2014
			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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No Discharge

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

Form Approved
OMB No. 2040-0004

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

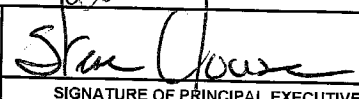
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ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	TX5-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	03/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
7-DAY CHRONIC FRESHWATER - 005
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****				*****			
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN		*****	%	Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****				*****			
TWP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN		*****	pass=0/fail=1	Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	SAMPLE MEASUREMENT	*****	*****	*****				*****			
TWP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN		*****	pass=0/fail=1	Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****				*****			
TXP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN		*****	%	Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****				*****			
TXP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN		*****	%	Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****				*****			
TYP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN		*****	%	Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****				*****			
TYP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN		*****	%	Quarterly	COMP24

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			210-233-3774	08/13/2014
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No Discharge

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

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

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

TX0077801	TX6-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	03/31/2014

DMR Mailing ZIP CODE: 78281
MAJOR (SUBR 13)
7-DAY CHROINC FRESHWATER - 006
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	*****	*****			*****				
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MN	*****	pass=0/fail= 1		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****			*****				
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MN	*****	pass=0/fail= 1		See Permit	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TLP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail= 1		Quarterly	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TLP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail= 1		Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TOP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TOP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NOEC Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TPP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24

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Steven Clouse Senior Vice President & COO		210-233-3774	08/13/2014
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

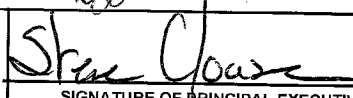
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TX0077801	TX6-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	03/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
7-DAY CHROINC FRESHWATER - 006
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TWP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TWP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TXP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
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LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TYP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****			*****				
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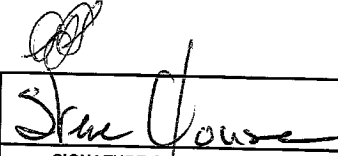
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TX0077801	TX1-S
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
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07/01/2014	12/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
24-HOUR ACUTE FRESHWATER - 001
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	*****	*****	*****						
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Opt. Mon. SINGSAMP	*****	pass=0/fail=1		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****	*****						
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Opt. Mon. SINGSAMP	*****	pass=0/fail=1		See Permit	COMP24
LC50 Pass/Fail Static 24Hr Acute D. Pulex	SAMPLE MEASUREMENT	*****	*****	*****	*****						
TIE3D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. SINGSAMP	*****	pass=0/fail=1	0	Once Every 6 Months	Comp24
LC50 Pass/Fail Static 24Hr Acute Pimphales	SAMPLE MEASUREMENT	*****	*****	*****	*****						
TIE6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. SINGSAMP	*****	pass=0/fail=1	0	Once Every 6 Months	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steven Clouse Senior Vice President & COO TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			210-233-3774	08/13/2014
			AREA Code	NUMBER

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION ABOVE.

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

Form Approved
OMB No. 2040-0004

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

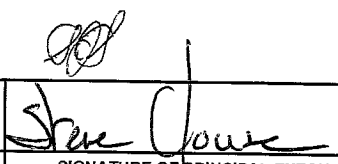
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	TX2-S
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	12/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
24-HOUR ACUTE FRESHWATER - 002
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	*****	*****	*****						
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Opt. Mon. SINGSAMP	*****	pass=0/fail=1		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****	*****						
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Opt. Mon. SINGSAMP	*****	pass=0/fail=1		See Permit	COMP24
LC50 Pass/Fail Static 24Hr Acute D. Pulex	SAMPLE MEASUREMENT	*****	*****	*****	*****						
TIE3D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. SINGSAMP	*****	pass=0/fail=1		Once Every 6 Months	COMP24
LC50 Pass/Fail Static 24Hr Acute Pimphales	SAMPLE MEASUREMENT	*****	*****	*****	*****						
TIE6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. SINGSAMP	*****	pass=0/fail=1		Once Every 6 Months	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steven Clouse Senior Vice President & COO TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
			210-233-3774	08/13/2014	
			AREA Code	NUMBER	MMDD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION ABOVE.

No Discharge

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

Form Approved
OMB No. 2040-0004

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

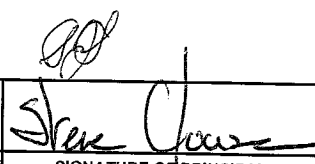
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	TX3-S
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	12/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
24-HOUR ACUTE FRESHWATER - 003
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	*****	*****	*****					
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Opt. Mon. SINGSAMP	*****	pass=0/fail=1	See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****	*****					
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Opt. Mon. SINGSAMP	*****	pass=0/fail=1	See Permit	COMP24
LC50 Pass/Fail Static 24Hr Acute D. Pulex	SAMPLE MEASUREMENT	*****	*****	*****	*****					
TIE3D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. SINGSAMP	*****	pass=0/fail=1	Once Every 6 Months	COMP24
LC50 Pass/Fail Static 24Hr Acute Pimphales	SAMPLE MEASUREMENT	*****	*****	*****	*****					
TIE6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. SINGSAMP	*****	pass=0/fail=1	Once Every 6 Months	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steven Clouse Senior Vice President & COO TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
			210-233-3774	08/13/2014	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION ABOVE.

No Discharge

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

Form Approved
OMB No. 2040-0004

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

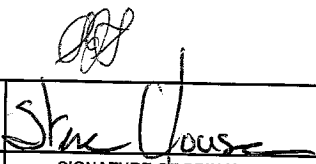
NAME: DOS RIOS WATER RECYLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	TX4-S
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	12/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
24-HR ACUTE FRESHWATER - 004
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	*****	*****	*****						
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Opt. Mon. SINGSAMP	*****	pass=0/fail=1		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****	*****						
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Opt. Mon. SINGSAMP	*****	pass=0/fail=1		See Permit	COMP24
LC50 Pass/Fail Static 24Hr Acute D. Pulex	SAMPLE MEASUREMENT	*****	*****	*****	*****						
TIE3D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. SINGSAMP	*****	pass=0/fail=1		Once Every 6 Months	COMP24
LC50 Pass/Fail Static 24Hr Acute Pimphales	SAMPLE MEASUREMENT	*****	*****	*****	*****						
TIE6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. SINGSAMP	*****	pass=0/fail=1		Once Every 6 Months	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Steven Clouse Senior Vice President & COO			210-233-3774	08/13/2014
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION ABOVE.

No Discharge

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

Form Approved
OMB No. 2040-0004

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

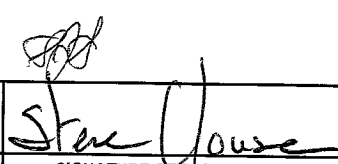
NAME: DOS RIOS WATER RECYLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	TX5-S
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	12/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
24-HOUR ACUTE FRESHWATER - 005
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	*****	*****	*****						
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Opt. Mon. SINGSAMP	*****	pass=0/fail=1		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****	*****						
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Opt. Mon. SINGSAMP	*****	pass=0/fail=1		See Permit	COMP24
LC50 Pass/Fail Static 24Hr Acute D. Pulex	SAMPLE MEASUREMENT	*****	*****	*****	*****						
TIE3D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. SINGSAMP	*****	pass=0/fail=1		Once Every 6 Months	COMP24
LC50 Pass/Fail Static 24Hr Acute Pimphales	SAMPLE MEASUREMENT	*****	*****	*****	*****						
TIE6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. SINGSAMP	*****	pass=0/fail=1		Once Every 6 Months	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Steven Clouse Senior Vice President & COO			210-233-3774	08/13/2014
TYPED OR PRINTED			AREA Code	NUMBER

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION ABOVE.

No Discharge

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

Form Approved
OMB No. 2040-0004

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

NAME: DOS RIOS WATER 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	TX6-S
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	12/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
24-HOUR ACUTE FRESHWATER - 006
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Opt. Mon. SINGSAMP	*****	pass=0/fail= 1		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Opt. Mon. SINGSAMP	*****	pass=0/fail= 1		See Permit	COMP24
LC50 Pass/Fail Static 24Hr Acute D. Pulex	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
TIE3D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. SINGSAMP	*****	pass=0/fail= 1		Once Every 6 Months	COMP24
LC50 Pass/Fail Static 24Hr Acute Pimphales	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
TIE6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. SINGSAMP	*****	pass=0/fail= 1		Once Every 6 Months	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE	
Steven Clouse Senior Vice President & COO		210-233-3774		08/13/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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No Discharge

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

Form Approved
OMB No. 2040-0004

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

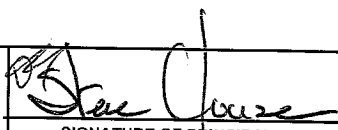
NAME: DOS RIOS WATER RECYLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	SLD-F
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	07/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
LANDFILL- SLDF
Other

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Compliance w/part 258 sludge requirement 49030 SL 0 Sludge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1		0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	Y=1;N=0			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steven Clouse Senior Vice President & COO TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
			210-233-3774	08/13/2014	
			AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

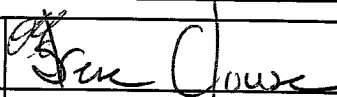
NAME: DOS RIOS WATER RECYLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	SLD-P
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	07/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
PRODUCTION AND USE - SLDP
Other

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Polychlorinated biphenyls [PCBs] 39516 SL 0 Sludge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.13		0	See Permit	Batch
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	49 ANNL MAX	mg/kg		See Permit	BATCH
Toxicity characteristic leaching procedure 46390 SL 0 Sludge	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	*****		0	See Permit	Batch
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	*****	pass=0/fail=1		See Permit	BATCH
Ann. amt sludge disposed by other method 49017 V 0 See Comments	SAMPLE MEASUREMENT	*****	12045		*****	*****	*****	*****	0	Annual	Estima
	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	*****	*****	*****		Annual	ESTIMA
Annual amt of sludge incinerated 49018 SL 0 Sludge	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****	0	Annual	Estima
	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	*****	*****	*****		Annual	ESTIMA
Annual sludge production, total 49019 SL 0 Sludge	SAMPLE MEASUREMENT	*****	34428		*****	*****	*****	*****	0	Annual	Estima
	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	*****	*****	*****		Annual	ESTIMA
Annual amount of sludge land applied 49020 SL 0 Sludge	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****	0	Annual	Estima
	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	*****	*****	*****		Annual	ESTIMA
Annual amt. sludge disposed surface unit 49021 SL 0 Sludge	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****	0	Annual	Estima
	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	*****	*****	*****		Annual	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steven Clouse Senior Vice President & COO TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
			210-233-3774	08/13/2014	
			AREA Code	NUMBER	MM/DD/YYYY

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

V= IF ANNUAL SLUDGE DISPOSED BY OTHER METHODS IS APPLICABLE, EXPLAIN METHOD OF DISPOSAL.

12045 dry metric tons hauled by Rafter P (23606) to New Earth Soils & Compost (42032) for Class "A" Composting.

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

Form Approved
OMB No. 2040-0004

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

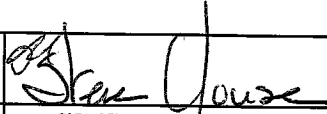
NAME: DOS RIOS WATER RECYLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	SLD-P
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	07/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
PRODUCTION AND USE - SLDP
Other

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Annual amt sludge disposed in landfill 49022 SL 0 Sludge	SAMPLE MEASUREMENT	*****	22384		*****	*****	*****	*****	0	Annual	Estima
	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	*****	*****	*****		Annual	ESTIMA
Annual amt sludge transported interstate 49023 SL 0 Sludge	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****	0	Annual	Estima
	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	*****	*****	*****		Annual	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steven Clouse Senior Vice President & COO TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			210-233-3774	08/13/2014
			AREA Code	NUMBER
				MM/DD/YYYY

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

V= IF ANNUAL SLUDGE DISPOSED BY OTHER METHODS IS APPLICABLE, EXPLAIN METHOD OF DISPOSAL.

12045 dry metric tons hauled by Rafter P (23606) to New Earth Soils & Compost (42032) for Class "A" Composting.

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

Form Approved
 OMB No. 2040-0004

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

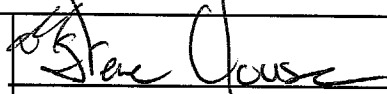
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
 SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
 SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	07/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
 (SUBR 13)
 LAND APPLICATION - SLLA
 Other

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight 01003 R 0 See Comments	SAMPLE MEASUREMENT	*****			*****						
	PERMIT REQUIREMENT	*****	36 MX VALUE	lb/acr	*****	41 SINGSAMP	75 MAXIMUM	mg/kg		Annual	BATCH
Selenium, dry weight 01148 R 0 See Comments	SAMPLE MEASUREMENT	*****			*****						
	PERMIT REQUIREMENT	*****	89 MX VALUE	lb/acr	*****	36 SINGSAMP	100 MAXIMUM	mg/kg		Annual	BATCH
Copper, dry weight 46394 R 0 See Comments	SAMPLE MEASUREMENT	*****			*****						
	PERMIT REQUIREMENT	*****	1339 MX VALUE	lb/acr	*****	1500 SINGSAMP	4300 MAXIMUM	mg/kg		Annual	BATCH
Cadmium, dry weight 46395 R 0 See Comments	SAMPLE MEASUREMENT	*****			*****						
	PERMIT REQUIREMENT	*****	35 MX VALUE	lb/acr	*****	39 SINGSAMP	85 MAXIMUM	mg/kg		Annual	BATCH
Annual whole sludge application rate 49016 P 0 See Comments	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	Opt. Mon. MX VALUE	met t/ha/yr	*****	*****	*****	*****			
Molybdenum, dry weight 78465 R 0 See Comments	SAMPLE MEASUREMENT	*****			*****						
	PERMIT REQUIREMENT	*****	Req. Mon. MX VALUE	lb/acr	*****	Req. Mon. SINGSAMP	75 MAXIMUM	mg/kg		Annual	BATCH
Zinc, dry weight 78467 R 0 See Comments	SAMPLE MEASUREMENT	*****			*****						
	PERMIT REQUIREMENT	*****	2500 MX VALUE	lb/acr	*****	2800 SINGSAMP	7500 MAXIMUM	mg/kg		Annual	BATCH

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			AREA Code	NUMBER
				MM/DD/YYYY

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

P= ANNUAL WHOLE SLUDGE APPLICATIONRATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. R= REPORTLOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. S= TABLE NUMBER: REPORT (2,3 OR 4). T= STATE CLASS:A = 1, B = 2, NONE = 0.

No Discharge

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

Form Approved
OMB No. 2040-0004

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

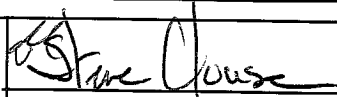
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SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	07/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
LAND APPLICATION - SLLA
Other

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, dry weight	SAMPLE MEASUREMENT	*****			*****						
78468 R 0 See Comments	PERMIT REQUIREMENT	*****	268 MX VALUE	lb/acr	*****	300 SINGSAMP	840 MAXIMUM	mg/kg		Annual	BATCH
Nickel, dry weight	SAMPLE MEASUREMENT	*****			*****						
78469 R 0 See Comments	PERMIT REQUIREMENT	*****	375 MX VALUE	lb/acr	*****	420 SINGSAMP	420 MAXIMUM	mg/kg		Annual	BATCH
Mercury, dry weight	SAMPLE MEASUREMENT	*****			*****						
78471 R 0 See Comments	PERMIT REQUIREMENT	*****	15 MX VALUE	lb/acr	*****	17 SINGSAMP	57 MAXIMUM	mg/kg		Annual	BATCH
Chromium, dry weight	SAMPLE MEASUREMENT	*****			*****						
78473 R 0 See Comments	PERMIT REQUIREMENT	*****	2677 MX VALUE	lb/acr	*****	1200 SINGSAMP	3000 MAXIMUM	mg/kg		Annual	BATCH
Pollutant table from 503.13	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
84367 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	table #			
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
84368 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MX VALUE	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
84369 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	alt #		See Permit	BATCH

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			210-233-3774	08/13/2014	
			AREA Code	NUMBER	MMDD/YYYY

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

P= ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. R= REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. S= TABLE NUMBER: REPORT (2,3 OR 4). T= STATE CLASS: A = 1, B = 2, NONE = 0.

No Discharge

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

Form Approved
OMB No. 2040-0004

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

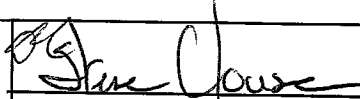
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TX0077801	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	07/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
LAND APPLICATION - SLLA
Other

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Vector attraction reduction alternative used 84370 SL 0 Sludge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	alt #		Report	BATCH

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DISCHARGE MONITORING REPORT (DMR)

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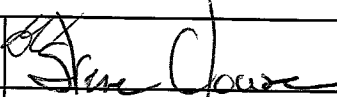
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TX0077801	SLL-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	07/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
SECTION I, C - SLLY
Other

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Fecal coliform	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
31641 R 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MAXIMUM	MPN/g	*****	*****	*****	*****		See Permit	BATCH
Salmonella	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
71204 R 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MAXIMUM	MPN/g	*****	*****	*****	*****		See Permit	BATCH

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

R= SLUDGE; SEE PERMIT FOR REPORTING REQUIREMENTS.

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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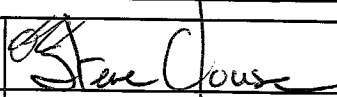
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TX0077801	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
08/01/2013	07/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
SURFACE DISPOSAL-SLSA
Other

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00400 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SINGSAMP	SU		Contingent	BATCH
Arsenic, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01003 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01067 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Unit w/liner/leachate collection system	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
49028 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	Y=1;N=0			
Boundary areas	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51004 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	acr			
Chromium, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****						
78473 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
84368 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SINGSAMP	state class		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steven Clouse Senior Vice President & COO TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
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No Discharge

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DISCHARGE MONITORING REPORT (DMR)

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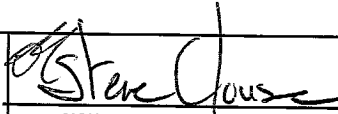
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TX0077801	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
08/01/2013	07/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
SURFACE DISPOSAL-SLSA
Other

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Description of pathogen option used 84369 SL 0 Sludge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	alt #		Contingent	BATCH
Vector attraction reduction alternative used 84370 SL 0 Sludge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	alt #		Contingent	BATCH

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No Discharge

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	WQ0010137-033	02	14	07	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		
	REPORTED	PERMITTED		VALUE	UNITS			
500507124 FLOW DLY AVG	REPORTED		82.65	MGD	0	02	11	
	PERMITTED					02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		82.70	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		170111	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 Sharon Surra Manager-Prod & Treat Ops	SIGNATURE 	DATE 11/4/08/08 YEAR MO. DAY
TELEPHONE NUMBER 210 233 3774	PLANT OPERATOR Steven Clouse Senior Vice President & COO	PLANT OPERATOR 	11/4/08/13 YEAR MO. DAY
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	WQ0010137-033	02	14	07	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		28	DAY	0	01	01	
	PERMITTED					01	NA	01 NA
316164024 E-COLI DLY AVG	REPORTED		1.08	#/100 ML	0	08	1/Day	03
	PERMITTED		20.000			11	2/WEEK	03 GRABPKLOAD
316164030 E-COLI IND GRAB	REPORTED		3.00	#/100 ML	0	08	1/Day	03
	PERMITTED		75.000			11	2/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		1.53	MGD	0	02		11
	PERMITTED					02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		0.63	MGD	0	02		11
	PERMITTED					02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED		2.0	MG/L	0	08	1/Day	10 12-PRT-COM
	PERMITTED		5.000			11	2/WEEK	03 GRABPKLOAD
820796624 TURBIDITY 30DAYAVG	REPORTED		0.68	NTU	0	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		170111	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
	Sharon Surra Manager-Prod & Treat Ops		14 08 08
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3774	Steven Clouse Senior Vice President & COO		14 08 13
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	WQ0010137-033	02	14	07	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	VALUE			UNITS	
000085342 TRANSFER DAYS/MON	REPORTED	0	DAY	0		
	PERMITTED					
316164024 FEC. COLI DLY AVG	REPORTED		#/100 ML	01	NA	01 NA
	PERMITTED	200.000		14	1/WEEK	03 GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED		#/100 ML			
	PERMITTED	800.000		14	1/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		MGD			
	PERMITTED			02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		MGD			
	PERMITTED			02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED		MG/L			
	PERMITTED	20.000		14	1/WEEK	03 GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0036067	NUMBER	0	01	NA
	PERMITTED				01	01
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	170111	DATE	0	01	NA
	PERMITTED				01	01
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01	NA
	PERMITTED				01	01
	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 | 08 | 08

TELEPHONE NUMBER

PLANT OPERATOR

PLANT OPERATOR

YEAR MO. DAY

2110 | 233 | 3774

Steven Clouse
Senior Vice President & COO

14 | 08 | 13

AREA CODE | NUMBER

EXECUTIVE OFFICER

EXECUTIVE OFFICER

YEAR MO. DAY

OVERFLOW REPORT

PERIOD: July 2014

WATERSHED: LEON CREEK

TCEQ PERMIT # 10137-003

EPA PERMIT # 0052639

WO #	INSPT#	SR #	DATE	ADDRESS	GALLON	CAUSE	ACTION	HRS	DISCHARGED TO	COMMENTS	
	307588	528746	7/28/2014	GREY	89	25	Vandalism	CLEANED MAIN	0.98	STREET	Area Cleaned and Disinfected, Flushed Area with H2O Bolted Down Manhole Covers
	307537	527630	7/27/2014	CALLAGHAN RD	1303	150	Grease	CLEANED MAIN	1.90	STREET	Area Cleaned and Disinfected, Flushed Area with H2O
1013999	307330	525694	7/24/2014	SILICON DR	12672	1,500	Structural	CLEANED MAIN	1.15	DRAINAGE CULVERT	Area Cleaned and Disinfected, Flushed Area with H2O Work Order Has Been Created For Repairs
		518271	7/20/2014	QUINTANA RD	7713	10,880	Contractor	CLEANED AREA	15.68	GROUND	Contractor Turned On The By-pass Pumps To Assist In Restoring Flow.
	306366	511548	7/14/2014	HORN BLVD	10718	500	Grease	CLEANED MAIN	0.37	DRAINAGE CULVERT	Area Cleaned and Disinfected, Flushed Area with H2O
TOTAL EVENTS		5	TOTAL GALLONS:			13,055	TOTAL DURATION:		20.08		

Thursday, August 07, 2014

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



August 5, 2014

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

RE: Permit No. 10137-003 - Leon Creek WRC
E-Coli Violation

Dear Ms. Thurston-Cook:

On July 5, 2014 our laboratory reported an E-Coli violation for July, 4, 2014 of 2100 cfu/100 ml for Outfalls 001 and 002. At the time of sampling the chlorine residual was reported at 2.5 mg/l.

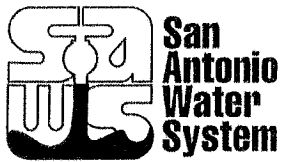
Sampling procedures for this day was reviewed with the operator, and no noted errors were found. Investigations appeared to show that the sample may have been cross-contaminated. There were no plant process upsets reported during the day that the violation occurred. Samples taken on the previous and following days showed levels for E-Coli below 1 cfu/100 ml.

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

A handwritten signature in black ink, appearing to read "Daniel Rodriguez", with a stylized flourish at the end.

Daniel Rodriguez
Manager, Medio & Leon Creek WRC's
2231 Hunt Lane
San Antonio, TX 78227

cc: Steve Clouse
Parviz Chavol
Frederic J. Winter



Ms. Rosie Garza
Texas Commission on Environmental Quality
Water Quality Management Information Systems (MC 224)
12100 Park 35 Circle, Bldg F.
Austin, Texas 78711-3087

August 5, 2014

Re: Non-Compliance Notification
TPDES Permit No. 10137-004, Mitchell Lake
EPA ID No. TX0065641


Dear Ms. Garza,

The dates below show the Mitchell Lake Dam effluent excursions for the month of July 2014. As of July 19, 2014 the Mitchell Lake Dam has stop overflowing, so sampling events were discontinued.

pH	DO	E-Coli Daily Max.
July 01, 2014 - 9.85 mg/l	July 19, 2014 - 3.21 mg/l	2100 cfu/100 ml
July 02, 2014 - 9.25 mg/l		
July 11, 2014 - 9.09 mg/l	Monthly BOD Avg. 35.75 mg/l	Monthly TSS Avg. 144.39 mg/l

7-Day Average
Week of 6.29.14 - TSS - 139.14 mg/l
Week of 7.13.14 - TSS - 540.00 mg/l BOD 54.00 mg/l

If additional discussion is needed regarding this event, please contact Daniel Rodriguez at 210-233-3922.


Daniel Rodriguez
Manager, Leon Creek WRC
1104 Mauermann Rd.
San Antonio, TX 78224

cc: Steve Clouse
Parviz Chavol
Frederic J. Winter

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

Form Approved
OMB No. 2040-0004

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

NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYC. CTR.
LOCATION: 1104 MAUERMAN ROAD
SAN ANTONIO, TX 78224
ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	*****		0	12/Day	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	7.3		0	12/Day	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	280	*****	*****	1.21	3.40			0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	5755 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	68	*****	*****	0.29	1.46			0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	767 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	27.81	42.21		*****	*****	*****	*****	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	*****	36111		*****	*****	*****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	63889 2HR PEAK	gal/min	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	24.94	*****		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Steven Clouse Senior Vice President & COO		210-233-3774	08/13/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

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

See attached letter for exceptions

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

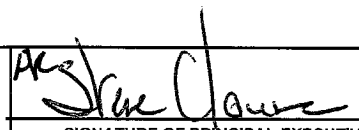
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYC. CTR.
LOCATION: 1104 MAUERMAN ROAD
SAN ANTONIO, TX 78224
ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.090		0	12/Day	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	1.0	*****	*****		0	12/Day	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.44	2100		1	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Five Per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	464	*****	*****	*****	2.0	2.0		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	2686 DAILY AV	*****	lb/d	*****	7 DAILY AV	17 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steven Clouse Senior Vice President & COO TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
			210-233-3774	08/13/2014	
			AREA Code	NUMBER	MM/DD/YYYY

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

See attached letter for exceptions

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

Form Approved
OMB No. 2040-0004

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

NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC. CTR.

LOCATION: 1104 MAURERMAN ROAD
SAN ANTONIO, TX 78224

ATTN: STEVEN CLOUSE, SENIOR VP

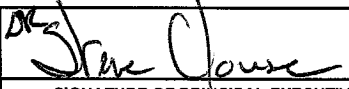
TX0052639	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

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	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	*****		0	12/Day	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	7.2		0	12/Day	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	7.8	*****	*****	*****	1.23	3.40		0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	5755 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.6	*****	*****	*****	0.25	0.32		0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	767 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.73	1.12		*****	*****	*****	*****	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	*****	1389		*****	*****	*****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	63889 2HR PEAK	gal/min	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.78	*****		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ

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

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

See attached letter for exceptions

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYC. CTR.
LOCATION: 1104 MAUERMAN ROAD
SAN ANTONIO, TX 78224
ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.080		0	12/Day	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	1.0	*****	*****		0	12/Day	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.49	2100		1	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Five Per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	12.1	*****		*****	2.0	2.0		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	2686 DAILY AV	*****	lb/d	*****	7 DAILY AV	17 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Steven Clouse Senior Vice President & COO		210-233-3774	08/13/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

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

See attached letter for exceptions

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)

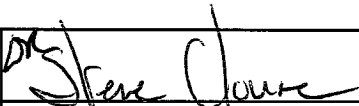
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ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYC. CTR.
LOCATION: 1104 MAURERMAN ROAD
SAN ANTONIO, TX 78224
ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	101-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended 00530 J 0 Intermediate Treatment, Process	SAMPLE MEASUREMENT	285	*****		*****	*****	*****	*****	0	Daily	Compos
	PERMIT REQUIREMENT	5755 DAILY AV	*****	lb/d	*****	*****	*****	*****		Daily	COMPOS
Nitrogen, ammonia total [as N] 00610 J 0 Intermediate Treatment, Process	SAMPLE MEASUREMENT	69	*****		*****	*****	*****	*****	0	Daily	Compos
	PERMIT REQUIREMENT	767 DAILY AV	*****	lb/d	*****	*****	*****	*****		Daily	COMPOS
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	28.30	42.21		*****	*****	*****	*****	0	Continuous	TotalZ
	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant 50050 P 0 See Comments	SAMPLE MEASUREMENT	*****	36111		*****	*****	*****	*****	0	Continuous	TotalZ
	PERMIT REQUIREMENT	*****	63889 2HR PEAK	gal/min	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant 50050 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	25.85	*****		*****	*****	*****	*****	0	Continuous	TotalZ
	PERMIT REQUIREMENT	46 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
BOD, carbonaceous, 05 day, 20 C 80082 J 0 Intermediate Treatment, Process	SAMPLE MEASUREMENT	472	*****		*****	*****	*****	*****	0	Daily	Compos
	PERMIT REQUIREMENT	2686 DAILY AV	*****	lb/d	*****	*****	*****	*****		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steven Clouse Senior Vice President & COO TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			210-233-3774	08/13/2014	AREA Code

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

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

Form Approved
OMB No. 2040-0004

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

NAME: 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	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	09/30/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
7-DAY CHRONIC FRESHWATER - 001
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	*****	*****			*****				
22415 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MN	*****	pass=0/fail=1		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****			*****				
22416 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MN	*****	pass=0/fail=1		See Permit	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****		0	Quarterly	Comp24
TLP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****		0	Quarterly	Comp24
TLP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****		0	Quarterly	Comp24
TOP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****		0	Quarterly	Comp24
TOP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NOEC Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****		0	Quarterly	Comp24
TPP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV, MN	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Steven Clouse Senior Vice President & COO		210-233-3774	08/13/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
(PASS = 0, FAIL = 1) REPORT PASS AS "0" AND FAIL AS "1" IN CONCENTRATION ABOVE.

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

Form Approved
OMB No. 2040-0004

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

NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYC. CTR.
LOCATION: 1104 MAURERMAN ROAD
SAN ANTONIO, TX 78224
ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	09/30/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
7-DAY CHRONIC FRESHWATER - 001
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****		0	Quarterly	Comp24
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****		0	Quarterly	Comp24
TWP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****		0	Quarterly	Comp24
TWP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	Q	Q	*****		0	Quarterly	Comp24
TXP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	Q	Q	*****		0	Quarterly	Comp24
TXP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	Q	Q	*****		0	Quarterly	Comp24
TYP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	Q	Q	*****		0	Quarterly	Comp24
TYP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Steven Clouse Senior Vice President & COO		210-233-3774	08/13/2014
TYPED OR PRINTED			AREA Code

DRJ Steven Clouse
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
(PASS = 0, FAIL = 1) REPORT PASS AS "0" AND FAIL AS "1" IN CONCENTRATION ABOVE.

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

Form Approved
OMB No. 2040-0004

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

NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYC. CTR.
LOCATION: 1104 MAURERMAN ROAD
SAN ANTONIO, TX 78224
ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	TX2-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	09/30/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
7-DAY CHRONIC FRESHWATER - 002
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	*****	*****			*****				
22415 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MN	*****	pass=0/fail= 1		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****			*****				
22416 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MN	*****	pass=0/fail= 1		See Permit	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TLP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail= 1		Quarterly	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TLP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail= 1		Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TOP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TOP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NOEC Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TPP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Steven Clouse Senior Vice President & COO		210-233-3774	08/13/2014
TYPED OR PRINTED			AREA Code

Steve Clouse
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
(PASS = 0, FAIL = 1) REPORT PASS AS "0" AND FAIL AS "1" IN CONCENTRATION ABOVE.

No Discharge

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

Form Approved
OMB No. 2040-0004

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

NAME: 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	TX2-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	09/30/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
7-DAY CHRONIC FRESHWATER - 002
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TWP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TWP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TXP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TXP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TYP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TYP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Steven Clouse Senior Vice President & COO		210-233-3774	08/13/2014
TYPED OR PRINTED		AREA Code	NUMBER

Steven Clouse
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
(PASS = 0, FAIL = 1) REPORT PASS AS "0" AND FAIL AS "1" IN CONCENTRATION ABOVE.

No Discharge

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

Form Approved
OMB No. 2040-0004

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

NAME: 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

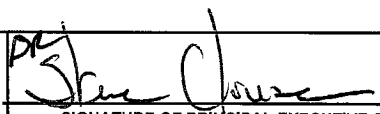
ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	TXA-S
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	12/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
24-HR ACUTE FRESHWATER - 001
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Opt. Mon. SINGSAMP	*****	pass=0/fail=1		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Opt. Mon. SINGSAMP	*****	pass=0/fail=1		See Permit	COMP24
LC50 Pass/Fail Static 24Hr Acute D. Pulex	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	*****		0	Once Every 6 Months	Comp24
TIE3D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. SINGSAMP	*****	pass=0/fail=1		Once Every 6 Months	COMP24
LC50 Pass/Fail Static 24Hr Acute Pimphales	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	*****		0	Once Every 6 Months	Comp24
TIE6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. SINGSAMP	*****	pass=0/fail=1		Once Every 6 Months	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Steven Clouse Senior Vice President & COO			210-233-3774	08/13/2014
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION AVERAGE ABOVE.

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

Form Approved
OMB No. 2040-0004

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

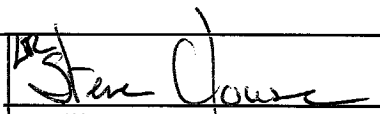
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYC. CTR.
LOCATION: 1104 MAURERMAN ROAD
SAN ANTONIO, TX 78224
ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	TXB-S
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2014	06/30/2014

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
24-HR ACUTE FRESHWATER - 002
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
22415 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Opt. Mon. SINGSAMP	*****	pass=0/fail=1		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
22416 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Opt. Mon. SINGSAMP	*****	pass=0/fail=1		See Permit	COMP24
LC50 Pass/Fail Static 24Hr Acute D. Pulex	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
TIE3D 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. SINGSAMP	*****	pass=0/fail=1		Once Every 6 Months	COMP24
LC50 Pass/Fail Static 24Hr Acute Pimphales	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
TIE6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. SINGSAMP	*****	pass=0/fail=1		Once Every 6 Months	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steven Clouse Senior Vice President & COO TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			210-233-3774	08/13/2014
			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION AVERAGE ABOVE.

No Discharge

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

Form Approved
OMB No. 2040-0004

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

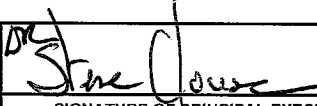
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: MITCHELL LAKE
LOCATION: 1M S LOOP 410 E PLEASANTON RD
SAN ANTONIO, TX 782982449
ATTN: STEVEN CLOUSE, SEN. VP & COO

TX0065641	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

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	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	3.21	*****	*****		1	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	35.8	54.0		2	Daily	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	100 SINGGRAB	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.45	*****	9.85		3	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	144.4	*****		3	Daily	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	90 DAILY AV	*****	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.77	2.99	*****	*****	*****	*****	*****	0	Daily	Instan
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Daily	INSTAN
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.38	2100		1	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 SINGGRAB	CFU/100m L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steven Clouse Senior Vice President & COO TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
			210-233-3774	08/13/2014	
			AREA Code	NUMBER	MM/DD/YYYY

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 TH ELEON CREEK WRC.

See attached letter for exceptions.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: SAN ANTONIO WATER SYSTEM

ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC. CTR.

LOCATION: 1104 MAUERMAN ROAD
SAN ANTONIO, TX 78224

ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	SLD-F
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	07/31/2014

DMR Mailing ZIP CODE: 78221

MAJOR

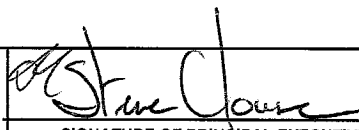
(SUBR 13)

LANDFILL- SLDF

Other

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Compliance w/part 258 sludge requirement	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
49030 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	Y=1;N=0			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
			210-233-3774	08/13/2014	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: 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

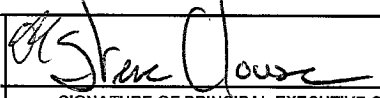
ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	SLD-P
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	07/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
PRODUCTION AND USE - SLDP
Other

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N/A				
39516 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	49 ANNL MAX	mg/kg		See Permit	BATCH
Toxicity characteristic leaching procedure	SAMPLE MEASUREMENT	*****	*****	*****	N/A	*****	*****				
46390 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	*****	pass=0/fail=1		See Permit	BATCH
Ann. amt sludge disposed by other method	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****	0	Annual	Estima
49017 V 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	*****	*****	*****		Annual	ESTIMA
Annual amt of sludge incinerated	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****	0	Annual	Estima
49018 SL 0 Sludge	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	*****	*****	*****		Annual	ESTIMA
Annual sludge production, total	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****	0	Annual	Estima
49019 SL 0 Sludge	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	*****	*****	*****		Annual	ESTIMA
Annual amount of sludge land applied	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****	0	Annual	Estima
49020 SL 0 Sludge	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	*****	*****	*****		Annual	ESTIMA
Annual amt. sludge disposed surface unit	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****	0	Annual	Estima
49021 SL 0 Sludge	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	*****	*****	*****		Annual	ESTIMA

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			210-233-3774	08/13/2014	
			AREA Code	NUMBER	MM/DD/YYYY

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

V= IF ANNUAL SLUDGE DISPOSED BY OTHER METHODS IS APPLICABLE, EXPLAIN METHOD OF DISPOSAL.

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)

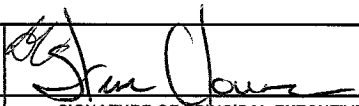
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYC. CTR.
LOCATION: 1104 MAUERMAN ROAD
SAN ANTONIO, TX 78224
ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	SLD-P
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	07/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
PRODUCTION AND USE - SLDP
Other

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Annual amt sludge disposed in landfill 49022 SL 0 Sludge	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****	0	Annual	Estima
	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	*****	*****	*****		Annual	ESTIMA
Annual amt sludge transported interstate 49023 SL 0 Sludge	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****	0	Annual	Estima
	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	*****	*****	*****		Annual	ESTIMA

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			AREA Code	NUMBER
				MM/DD/YYYY

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

V= IF ANNUAL SLUDGE DISPOSED BY OTHER METHODS IS APPLICABLE, EXPLAIN METHOD OF DISPOSAL.

DISCHARGE MONITORING REPORT (DMR)

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SAN ANTONIO, TX 78224

ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	07/31/2014

DMR Mailing ZIP CODE: 78221

MAJOR

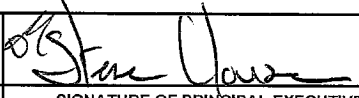
(SUBR 13)

LAND APPLICATION - SLLA

Other

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	*****			*****						
01003 R 0 See Comments	PERMIT REQUIREMENT	*****	36 MX VALUE	lb/acr	*****	41 SINGSAMP	75 MAXIMUM	mg/kg		Annual	BATCH
Selenium, dry weight	SAMPLE MEASUREMENT	*****			*****						
01148 R 0 See Comments	PERMIT REQUIREMENT	*****	89 MX VALUE	lb/acr	*****	36 SINGSAMP	100 MAXIMUM	mg/kg		Annual	BATCH
Copper, dry weight	SAMPLE MEASUREMENT	*****			*****						
46394 R 0 See Comments	PERMIT REQUIREMENT	*****	1339 MX VALUE	lb/acr	*****	1500 SINGSAMP	4300 MAXIMUM	mg/kg		Annual	BATCH
Cadmium, dry weight	SAMPLE MEASUREMENT	*****			*****						
46395 R 0 See Comments	PERMIT REQUIREMENT	*****	35 MX VALUE	lb/acr	*****	39 SINGSAMP	85 MAXIMUM	mg/kg		Annual	BATCH
Annual whole sludge application rate	SAMPLE MEASUREMENT	*****			*****						
49016 P 0 See Comments	PERMIT REQUIREMENT	*****	Opt. Mon. MX VALUE	met t/ha/yr	*****						
Molybdenum, dry weight	SAMPLE MEASUREMENT	*****			*****						
78465 R 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MX VALUE	lb/acr	*****	Req. Mon. SINGSAMP	75 MAXIMUM	mg/kg		Annual	BATCH
Zinc, dry weight	SAMPLE MEASUREMENT	*****			*****						
78467 R 0 See Comments	PERMIT REQUIREMENT	*****	2500 MX VALUE	lb/acr	*****	2800 SINGSAMP	7500 MAXIMUM	mg/kg		Annual	BATCH

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			210-233-3774	08/13/2014	
			AREA Code	NUMBER	MM/DD/YYYY

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

P= ANNUAL WHOLE SLUDGE APPLICATIONRATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. R= REPORTLOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. S= TABLE NUMBER: REPORT (2,3 OR 4). T= STATE CLASS:A = 1, B = 2, NONE = 0.

No Discharge

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

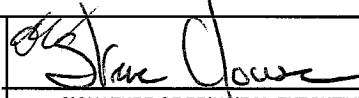
ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	07/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
LAND APPLICATION - SLLA
Other

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, dry weight	SAMPLE MEASUREMENT	*****			*****						
78468 R 0 See Comments	PERMIT REQUIREMENT	*****	268 MX VALUE	lb/acr	*****	300 SINGSAMP	840 MAXIMUM	mg/kg		Annual	BATCH
Nickel, dry weight	SAMPLE MEASUREMENT	*****			*****						
78469 R 0 See Comments	PERMIT REQUIREMENT	*****	375 MX VALUE	lb/acr	*****	420 SINGSAMP	420 MAXIMUM	mg/kg		Annual	BATCH
Mercury, dry weight	SAMPLE MEASUREMENT	*****			*****						
78471 R 0 See Comments	PERMIT REQUIREMENT	*****	15 MX VALUE	lb/acr	*****	17 SINGSAMP	57 MAXIMUM	mg/kg		Annual	BATCH
Chromium, dry weight	SAMPLE MEASUREMENT	*****			*****						
78473 R 0 See Comments	PERMIT REQUIREMENT	*****	2677 MX VALUE	lb/acr	*****	1200 SINGSAMP	3000 MAXIMUM	mg/kg		Annual	BATCH
Pollutant table from 503.13	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
84367 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	table #			
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
84368 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MX VALUE	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
84369 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	alt #		See Permit	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Steven Clouse Senior Vice President & COO			210-233-3774	08/13/2014
TYPED OR PRINTED			AREA Code	NUMBER

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

P= ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. R= REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. S= TABLE NUMBER: REPORT (2,3 OR 4). T= STATE CLASS: A = 1, B = 2, NONE = 0.

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

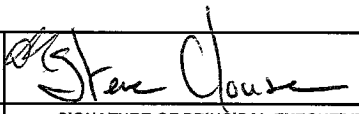
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYC. CTR.
LOCATION: 1104 MAUERMAN ROAD
SAN ANTONIO, TX 78224
ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	07/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
LAND APPLICATION - SLLA
Other

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
84370 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	alt #		Report	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steven Clouse Senior Vice President & COO TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
			210-233-3774	08/13/2014	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: 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	SLL-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	07/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
SECTION I, C - SLLY
Other

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Fecal coliform	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
31641 R 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MAXIMUM	MPN/g	*****	*****	*****	*****		See Permit	BATCH
Salmonella	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
71204 R 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MAXIMUM	MPN/g	*****	*****	*****	*****		See Permit	BATCH

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			210-233-3774
Steven Clouse Senior Vice President & COO	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
TYPED OR PRINTED			

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

R= SLUDGE; SEE PERMIT FOR REPORTING REQUIREMENTS.

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

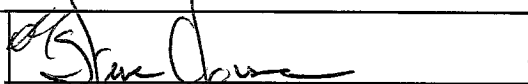
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SAN ANTONIO, TX 78224
ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	07/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
SURFACE DISPOSAL-SLSA
Other

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00400 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SINGSAMP	SU		Contingent	BATCH
Arsenic, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01003 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01067 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Unit w/liner/leachate collection system	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
49028 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	Y=1;N=0			
Boundary areas	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51004 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	acr			
Chromium, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****						
78473 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
84368 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SINGSAMP	state class		Contingent	BATCH

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

T = STATE CLASS: A=1, B=2, NONE=0.

No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

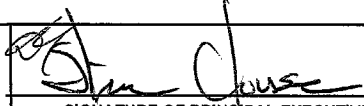
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TX0052639	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	07/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
SURFACE DISPOSAL-SLSA
Other

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Description of pathogen option used 84369 SL 0 Sludge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	alt #		Contingent	BATCH
Vector attraction reduction alternative used 84370 SL 0 Sludge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	alt #		Contingent	BATCH

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			210-233-3774	08/13/2014
			AREA Code	NUMBER
				MM/DD/YYYY

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

T = STATE CLASS: A=1, B=2, NONE=0.

No Discharge

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	07	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		33.12	MGD	0	02	11	
	PERMITTED					02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		30.58	MGD	0	02	11	
	PERMITTED					02	CONT	11 CONT
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0004506	NUMBER	0	01		NA
	PERMITTED					01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		170108	DATE	0	01		NA
	PERMITTED					01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	LETTER	0	01		NA
	PERMITTED					01	01	NA NA
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Daniel Rodriguez Manager Prod & Treat Ops		11/4/08/08
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2 1 0 2 3 3 3 7 7 4	Steve Clouse Senior Vice President & COO		11/4/08/13
AREA CODE	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	07	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	PERMITTED	31	DAY	0 01		01	
316164024 E-COLI DLY AVG	REPORTED	PERMITTED	1.23	#/100 ML	0 08	1/Day	03	
316164030 E-COLI IND GRAB	REPORTED	PERMITTED	20.000	#/100 ML	0 11	2/WEEK	03	GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED	PERMITTED	20.0	#/100 ML	0 08	1/Day	03	
500507128 FLOW ANN AVG	REPORTED	PERMITTED	4.82	MGD	0 11	2/WEEK	03	GRABPKLOAD
800821024 BOD CARB DLY AVG	REPORTED	PERMITTED	4.73	MGD	0 02		11	
820786624 TURBIDITY 30DAY AV	REPORTED	PERMITTED	2.0	MG/L	0 02	CONT	11	CONT
NUMBER OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	WW0004506	NUMBER	0 08	1/Day	10	12-prt-com
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	5.000		0 11	2/WEEK	03	GRABPKLOAD
CLASS OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	0.78	NTU	0 08	1/Day	10	12-prt-com
	REPORTED	PERMITTED	3.000		0 11	2/WEEK	03	GRABPKLOAD
	REPORTED	PERMITTED			0 01		NA	
	REPORTED	PERMITTED			0 01	01	NA	NA
	REPORTED	PERMITTED			0 01		NA	
	REPORTED	PERMITTED			0 01	01	NA	NA

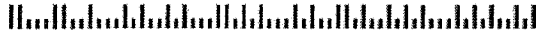
COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

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 Daniel Rodriguez Manager Prod & Treat Ops	SIGNATURE 	DATE 14 08 08
TELEPHONE NUMBER 2 1 0 2 3 3 3 7 7 4	PLANT OPERATOR Steve Clouse Senior Vice President & COO	PLANT OPERATOR 	YEAR MO. DAY 14 08 13
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	07	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	PERMITTED	0	01		01	
				01	NA	01	NA
316164024 FEC. COLI DLY AVG	REPORTED	PERMITTED					
				14	1/WEEK	03	GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED	PERMITTED					
				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					
				14	1/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	WW0004506	NUMBER	0	01	NA
					01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	170108	DATE	0	01	NA
					01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	A	LETTER	0	01	NA
					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	<i>Daniel Rodriguez</i>	14 08 08
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2 1 0 2 3 3 3 7 7 4	Steve Clouse Senior Vice President & COO	<i>Steve Clouse</i>	14 08 13
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

OVERFLOW REPORT

PERIOD:

WATERSHED: MEDIO CREEK

TCEQ PERMIT # 10137-040

EPA PERMIT # 0055689

WO #	INSPT#	SR #	DATE	ADDRESS	GALLON	CAUSE	ACTION	HRS	DISCHARGED TO	COMMENTS	
TOTAL EVENTS		TOTAL GALLONS:			TOTAL DURATION:						

Thursday, August 07, 2014

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

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

Form Approved
OMB No. 2040-0004

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

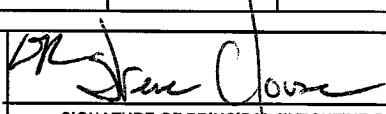
NAME: MEDIO CREEK WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: MEDIO CREEK WATER RECYC. CTR.
LOCATION: 1300FT N USHWY 90 APPROX 1.25M W OF
IH410
ATTN: STEVEN CLOUSE, SENIOR VP

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

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	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.60	*****	*****		0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.53	*****	8.22		0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	63	*****	*****	*****	1.04	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	43	*****	*****	*****	0.70	1.83		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	7.24	7.98		*****	*****	*****	*****	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	*****	8108		*****	*****	*****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	2778 2HR PEAK	gal/min	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.30	*****		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	16 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steve Clouse Senior Vice President & COO TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			210-233-3774	08/13/2014	
			AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

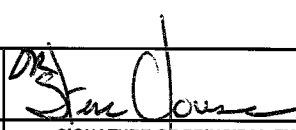
NAME: MEDIO CREEK WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: MEDIO CREEK WATER RECYC. CTR.
LOCATION: 1300FT N USHWY 90 APPROX 1.25M W OF
IH410
ATTN: STEVEN CLOUSE, SENIOR VP

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

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	121	*****		*****	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	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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Steve Clouse Senior Vice President & COO			210-233-3774	08/13/2014
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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


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

TX0055689	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	09/30/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
48-HOUR ACUTE FRESHWATER - 001
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	*****	*****			*****				
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	*****	pass=0/fail= 1		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****			*****				
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MN	*****	pass=0/fail= 1		See Permit	COMP24
LF Pass/Fail Statre 48Hr Acute Daphnia Pulex	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****		0	Quarterly	Comp24
TEM3D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	Req. Mon. MO AV MN	*****	pass=0/fail= 1		Quarterly	COMP24
LF Pass/Fail Statre 48Hr Acute Pimephales Promela	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****		0	Quarterly	Comp24
TEM6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	Req. Mon. MO AV MN	*****	pass=0/fail= 1		Quarterly	COMP24
NOEC Lethal Static Renewal 48HR Acute Daphnia pulex	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****		0	Quarterly	Comp24
TOM3D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NOEC Lethal Static Renewal 48HR Acute Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****		0	Quarterly	Comp24
TOM6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 48HR Acute Daphnia pulex	SAMPLE MEASUREMENT	*****	*****	*****	Q	Q	*****		0	Quarterly	Comp24
TXM3D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steve Clouse Senior Vice President & COO TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
			210-233-3774	08/13/2014	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
(PASS = 0 FAIL = 1) REPORT PASS AS '0' AND REPORT FAIL AS '1' IN CONCENTRATION ABOVE. _____ 10137-040

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

Form Approved
OMB No. 2040-0004

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

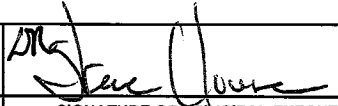
NAME: MEDIO CREEK WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: MEDIO CREEK WATER RECYC. CTR.
LOCATION: 1300FT N USHWY 90 APPROX 1.25M W OF
IH410
ATTN: STEVEN CLOUSE, SENIOR VP

TX0055689	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	09/30/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
48-HOUR ACUTE FRESHWATER - 001
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
LOEC Lethal Survival Static Renewal 48HR Acute Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	Q	Q	*****			Quarterly	Comp24
TXM6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Steve Clouse Senior Vice President & COO			210-233-3774	08/13/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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

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

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

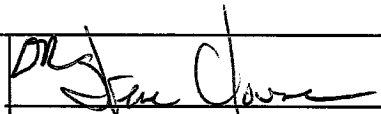
TX0055689	TXA-S
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	12/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
24-HOUR ACUTE FRESHWATER - 001
External Outfall

No Discharge

ATTN: STEVEN CLOUSE, SENIOR VP

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Opt. Mon. SINGSAMP	*****	pass=0/fail=1		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Opt. Mon. SINGSAMP	*****	pass=0/fail=1		See Permit	COMP24
LC50 Pass/Fail Static 24Hr Acute D. Pulex	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	*****		0	Once Every 6 Months	Comp24
TIE3D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. SINGSAMP	*****	pass=0/fail=1		Once Every 6 Months	COMP24
LC50 Pass/Fail Static 24Hr Acute Pimphales	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	*****		0	Once Every 6 Months	Comp24
TIE6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. SINGSAMP	*****	pass=0/fail=1		Once Every 6 Months	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Steve Clouse Senior Vice President & COO TYPED OR PRINTED			210-233-3774	08/13/2014
			AREA Code	NUMBER
				MM/DD/YYYY

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

(PASS = 0 FAIL = 1) REPORT PASS AS "0" AND REPORT FAIL AS "1" IN CONCENTRATION ABOVE. _____ WQ10137-040

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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

TX0055689	SLD-F
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	07/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
LANDFILL- SLDF
Other

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Compliance w/part 258 sludge requirement	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
49030 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	Y=1;N=0			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Steve Clouse Senior Vice President & COO		210-233-3774		08/13/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER MM/DD/YYYY

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

_____ 10137-040

No Discharge

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

Form Approved
OMB No. 2040-0004

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

NAME: 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

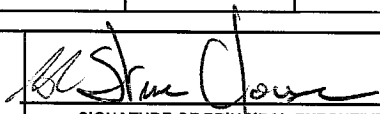
TX0055689	SLD-P
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	07/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
PRODUCTION AND USE - SLDP
Other

No Discharge

ATTN: STEVEN CLOUSE, SENIOR VP

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	N/A				
39516 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	49 ANNL MAX	mg/kg		See Permit	BATCH
Toxicity characteristic leaching procedure	SAMPLE MEASUREMENT	*****	*****	*****	N/A	*****	*****				
46390 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AV MN	*****	*****	pass=0/fail=1		See Permit	BATCH
Ann. amt sludge disposed by other method	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****	0	Annual	Estima
49017 V 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	*****	*****	*****		Annual	ESTIMA
Annual amt of sludge incinerated	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****	0	Annual	Estima
49018 SL 0 Sludge	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	*****	*****	*****		Annual	ESTIMA
Annual sludge production, total	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****	0	Annual	Estima
49019 SL 0 Sludge	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	*****	*****	*****		Annual	ESTIMA
Annual amount of sludge land applied	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****	0	Annual	Estima
49020 SL 0 Sludge	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	*****	*****	*****		Annual	ESTIMA
Annual amt. sludge disposed surface unit	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****	0	Annual	Estima
49021 SL 0 Sludge	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	*****	*****	*****		Annual	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steve Clouse Senior Vice President & COO TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
			210-233-3774	08/13/2014	
			AREA Code	NUMBER	MM/DD/YYYY

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

V= IF ANNUAL SLUDGE DISPOSED BY OTHER METHODS IS APPLICABLE, EXPLAIN METHOD OF DISPOSAL. _____ 10137-040

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

Form Approved
OMB No. 2040-0004

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

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

TX0055689	SLD-P
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	07/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
PRODUCTION AND USE - SLDP
Other

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Annual amt sludge disposed in landfill	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****	0	Annual	Estima
49022 SL 0 Sludge	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	*****	*****	*****		Annual	ESTIMA
Annual amt sludge transported interstate	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****	0	Annual	Estima
49023 SL 0 Sludge	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	DMT/y	*****	*****	*****	*****		Annual	ESTIMA

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Steve Clouse Senior Vice President & COO		210-233-3774	08/13/2014
TYPED OR PRINTED		AREA Code	NUMBER

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

V= IF ANNUAL SLUDGE DISPOSED BY OTHER METHODS IS APPLICABLE, EXPLAIN METHOD OF DISPOSAL. _____ 10137-040

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)

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SAN ANTONIO, TX 78221
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IH410


TX0055689	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	07/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
LAND APPLICATION - SLLA
Other

ATTN: STEVEN CLOUSE, SENIOR VP

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	*****			*****						
01003 R 0 See Comments	PERMIT REQUIREMENT	*****	36 MX VALUE	lb/acr	*****	41 SINGSAMP	75 MAXIMUM	mg/kg		Annual	BATCH
Selenium, dry weight	SAMPLE MEASUREMENT	*****			*****						
01148 R 0 See Comments	PERMIT REQUIREMENT	*****	89 MX VALUE	lb/acr	*****	36 SINGSAMP	100 MAXIMUM	mg/kg		Annual	BATCH
Copper, dry weight	SAMPLE MEASUREMENT	*****			*****						
46394 R 0 See Comments	PERMIT REQUIREMENT	*****	1339 MX VALUE	lb/acr	*****	1500 SINGSAMP	4300 MAXIMUM	mg/kg		Annual	BATCH
Cadmium, dry weight	SAMPLE MEASUREMENT	*****			*****						
46395 R 0 See Comments	PERMIT REQUIREMENT	*****	35 MX VALUE	lb/acr	*****	39 SINGSAMP	85 MAXIMUM	mg/kg		Annual	BATCH
Annual whole sludge application rate	SAMPLE MEASUREMENT	*****			*****						
49016 P 0 See Comments	PERMIT REQUIREMENT	*****	Opt. Mon. MX VALUE	met t/ha/yr	*****	*****	*****	*****			
Molybdenum, dry weight	SAMPLE MEASUREMENT	*****			*****						
78465 R 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MX VALUE	lb/acr	*****	Req. Mon. SINGSAMP	75 MAXIMUM	mg/kg		Annual	BATCH
Zinc, dry weight	SAMPLE MEASUREMENT	*****			*****						
78467 R 0 See Comments	PERMIT REQUIREMENT	*****	2500 MX VALUE	lb/acr	*****	2800 SINGSAMP	7500 MAXIMUM	mg/kg		Annual	BATCH

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			210-233-3774	08/13/2014	
			AREA Code	NUMBER	MM/DD/YYYY

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

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3."R" - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2,3 OR 4)."T" - STATE CLASS: A = 1, B = 2, NONE = 0. _____10137-040

No Discharge

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

Form Approved
OMB No. 2040-0004

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

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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	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	07/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
LAND APPLICATION - SLLA
Other

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, dry weight	SAMPLE MEASUREMENT	*****			*****						
78468 R 0 See Comments	PERMIT REQUIREMENT	*****	268 MX VALUE	lb/acr	*****	300 SINGSAMP	840 MAXIMUM	mg/kg		Annual	BATCH
Nickel, dry weight	SAMPLE MEASUREMENT	*****			*****						
78469 R 0 See Comments	PERMIT REQUIREMENT	*****	375 MX VALUE	lb/acr	*****	420 SINGSAMP	420 MAXIMUM	mg/kg		Annual	BATCH
Mercury, dry weight	SAMPLE MEASUREMENT	*****			*****						
78471 R 0 See Comments	PERMIT REQUIREMENT	*****	15 MX VALUE	lb/acr	*****	17 SINGSAMP	57 MAXIMUM	mg/kg		Annual	BATCH
Chromium, dry weight	SAMPLE MEASUREMENT	*****			*****						
78473 R 0 See Comments	PERMIT REQUIREMENT	*****	2677 MX VALUE	lb/acr	*****	1200 SINGSAMP	3000 MAXIMUM	mg/kg		Annual	BATCH
Pollutant table from 503.13	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
84367 S 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	table #			
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
84368 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MX VALUE	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
84369 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	alt #		See Permit	BATCH

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

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

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3."R" - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2,3 OR 4)."T" - STATE CLASS: A = 1, B = 2, NONE = 0. 10137-040

No Discharge

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

Form Approved
OMB No. 2040-0004

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

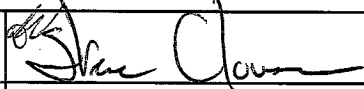
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SAN ANTONIO, TX 78221
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ATTN: STEVEN CLOUSE, SENIOR VP

TX0055689	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	07/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
LAND APPLICATION - SLLA
Other

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
84370 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	alt #		Report	BATCH

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

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No Discharge

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

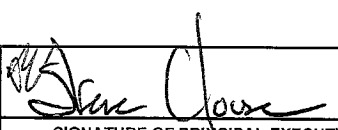
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IH410
ATTN: STEVEN CLOUSE, SENIOR VP

TX0055689	SLL-Y
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	07/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
SECTION I, C - SLLY
Other

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Fecal coliform	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
31641 R 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MAXIMUM	MPN/g	*****	*****	*****	*****		See Permit	BATCH
Salmonella	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
71204 R 0 See Comments	PERMIT REQUIREMENT	*****	Req. Mon. MAXIMUM	MPN/g	*****	*****	*****	*****		See Permit	BATCH

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			210-233-3774	08/13/2014	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

R= SLUDGE; SEE PERMIT FOR REPORTING REQUIREMENTS. _____ 10137-040

No Discharge

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

Form Approved
OMB No. 2040-0004

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

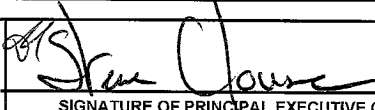
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ATTN: STEVEN CLOUSE, SENIOR VP

TX0055689	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	07/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
SURFACE DISPOSAL-SLSA
Other

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
00400 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	*****	SU		Contingent	BATCH
Arsenic, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01003 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01067 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Unit w/liner/leachate collection system	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
49028 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	Y=1;N=0			
Boundary areas	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51004 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	acr			
Chromium, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****						
78473 SL 0 Sludge	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
84368 T 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SINGSAMP	state class		Contingent	BATCH

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

T = STATE CLASS: A=1, B=2, NONE=0. 10137-040

No Discharge

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

Form Approved
OMB No. 2040-0004

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

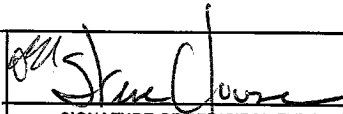
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TX0055689	SLS-A
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MM/DD/YYYY	MM/DD/YYYY
08/01/2013	07/31/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
SURFACE DISPOSAL-SLSA
Other

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Description of pathogen option used 84369 SL 0 Sludge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	alt #		Contingent	BATCH
Vector attraction reduction alternative used 84370 SL 0 Sludge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steve Clouse Senior Vice President & COO TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
			210-233-3774	08/13/2014	
			AREA Code	NUMBER	MM/DD/YYYY

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

T = STATE CLASS: A=1, B=2, NONE=0. _____ 10137-040

No Discharge

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



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

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

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	REPORTED	VALUE	UNITS			PERMITTED	CONT
500507124 FLOW DLY AVG	REPORTED	9.39	MGD	0	02		11
	PERMITTED				02	CONT	11
500507128 FLOW ANN AVG	REPORTED	8.46	MGD	0	02		11
	PERMITTED				02	CONT	11
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0004506	NUMBER	0	01		NA
	PERMITTED				01	01	NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	170108	DATE	0	01		NA
	PERMITTED				01	01	NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01		NA
	PERMITTED				01	01	NA
	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>	11/4/08/08
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3774	Steve Clouse Senior Vice President & COO	<i>Steve Clouse</i>	14/08/13
AREA CODE NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



40B	WQ0010137-040	01	14	07	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	VALUE	UNITS			TYPE	TYPE
000085342 TRANSFER DAYS/MON	REPORTED	29	DAY	0	01		01
	PERMITTED				01	NA	01 NA
316164024 FEC. COLI DLY AVG	REPORTED	1.11	#/100 ML	0	08	1/Day	03
	PERMITTED	20.000			11	2/WEEK	03 GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED	5.00	#/100 ML	0	08	1/Day	03
	PERMITTED	75.000			11	2/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED	2.30	MGD	0	02		11
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED	1.80	MGD	0	02		11
	PERMITTED				02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED	2.0	MG/L	0	08	1/Day	10 12-prt-com
	PERMITTED	5.000			11	2/WEEK	03 GRABPKLOAD
820796624 TURBIDITY 30DAYAVG	REPORTED	0.71	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	170108	DATE	0	01		NA
	PERMITTED				01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01		NA
	PERMITTED				01	01	NA NA
	REPORTED						
	PERMITTED						

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 08 08
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2 1 0 2 3 3 3 7 7 4	Steve Clouse Senior Vice President & COO		14 08 13
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



40B	WQ0010137-040	02	14	07	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.

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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		20.000		14 1/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0004506	NUMBER	0 01		NA
	PERMITTED				01 01		NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		170108	DATE	0 01		NA
	PERMITTED				01 01		NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	LETTER	0 01		NA
	PERMITTED				01 01		NA NA
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

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 08 08	
TELEPHONE NUMBER			PLANT OPERATOR		PLANT OPERATOR		YEAR MO. DAY	
210 233 3774			Steve Clouse Senior Vice President & COO				14 08 13	
AREA CODE NUMBER			EXECUTIVE OFFICER		EXECUTIVE OFFICER		YEAR MO. DAY	