



October 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 0867 3959

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 September 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 "Parviz Chavol", is written over a horizontal line.

Parviz Chavol, P.E.
Sr. Director – Production & Treatment

Enc. As stated



October 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 0867 3942

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 0867 3942

Re: DOJ Case No. [90-5-1-1-09215]
Consent Decree
Date of Lodging: July 23, 2013
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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 September 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 "Parvis Chavol", is written over a horizontal line.

Parvis Chavol, P.E.
Sr. Director – Production & Treatment

Enc. As stated

OVERFLOW REPORT

PERIOD: September 2014

WATERSHED: DOS RIOS

TCEQ PERMIT # 10137-033

EPA PERMIT # 0077801

WO #	INSPT#	SR #	DATE	ADDRESS	GALLON	CAUSE	ACTION	HRS	DISCHARGED TO	COMMENTS
1037171	313118	610553	9/28/2014	WOODLAWN W 116	50	Contractor	CLEANED MAIN	1.37	GROUND	Area Cleaned and Disinfected, Flushed Area with H2O - Work Order Has Been Created To Repair Sewer Main
1036685	313022	610480	9/27/2014	ARAPAHOE 202	100	Structural	CLEANED AREA	0.25	STREET	Work Order To Repair Sewer Main
1030842	311545	588654	9/10/2014	OLD HICKORY 2511	20	Roots	CLEANED LATERAL	2.88	STREET	Area Cleaned and Disinfected, Flushed Area with H2O Work Order Created To Relay Lateral
TOTAL EVENTS	3			TOTAL GALLONS:	170			TOTAL DURATION:	4.50	

Wednesday, October 01, 2014

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

OVERFLOW REPORT

PERIOD: September 2014

WATERSHED: SALADO CREEK

TCEQ PERMIT # 10137-008

EPA PERMIT # 0052647

WO #	INSPT#	SR #	DATE	ADDRESS	GALLON	CAUSE	ACTION	HRS	DISCHARGED TO	COMMENTS	
	311277	583083	9/7/2014	CASTLE KNIGHT DR	5642	130	Grease	CLEANED MAIN	0.75	DRAINAGE CULVERT	Area Cleaned and Disinfected, Flushed Area with H2O
TOTAL EVENTS	1	TOTAL GALLONS:			130			TOTAL DURATION:	0.75		

Wednesday, October 01, 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 RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

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	*****	*****	*****	6.8	*****	*****		0	12/Day	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.6		0	12/Day	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	842	*****	*****	*****	1.26	2.40		0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	12510 DAILY AV	*****	lb/d	*****	12 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	286	*****	*****	*****	0.42	3.72		0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	2085 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	79.87	91.1		*****	*****	*****	*****	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	*****	87500		*****	*****	*****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	173611 2HR PEAK	gal/min	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	78.37	*****		*****	*****	*****	*****	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.	 RE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Steven Clouse Senior Vice President & COO			210-233-3774	10/13/2014
TYPED OR PRINTED			AREA Code	NUMBER

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)

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09/01/2014	09/30/2014

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	*****	*****	*****	*****	*****	0.090		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	*****	*****	*****	*****	1.27	20.0		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	1332	*****		*****	2.0	2.0		0	Daily	Compos
	PERMIT REQUIREMENT	5213 DAILY AV	*****	lb/d	*****	5 DAILY AV	20 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	10/13/2014
			AREA Code	NUMBER
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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)

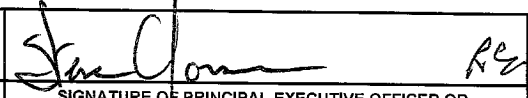
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

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	*****	*****	*****	6.1	*****	*****		0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.6		0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	50.5	*****	*****	*****	1.23	2.40		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	12.6	*****	*****	*****	0.31	0.86		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	5.00	7.02		*****	*****	*****	*****	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	*****	*****	*****	*****	*****	0.090		0	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB

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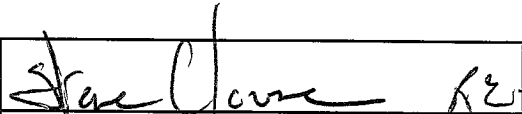
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TX0077801	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

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	SAMPLE MEASUREMENT	*****	*****	*****	1.0	*****	*****		0	Daily	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.29	20.0		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Three Per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	83.4	*****	*****	*****	2.0	2.0		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	834 DAILY AV	*****	lb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

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Steven Clouse Senior Vice President & COO			210-233-3774	10/13/2014
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DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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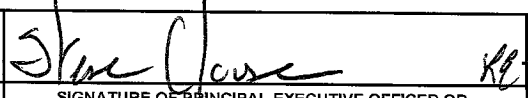
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PERMIT NUMBER	DISCHARGE NUMBER
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MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

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

No Discharge

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		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	*****	*****	*****	*****	*****					
50080 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB

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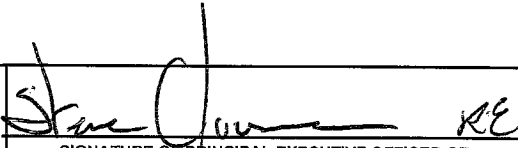
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MAJOR
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DOMESTIC FACILITY - 003
External Outfall

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		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		Three Per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT		*****		*****						
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	834 DAILY AV	*****	lb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

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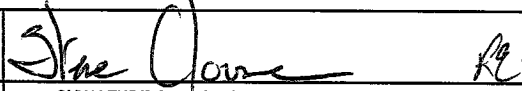
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MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

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 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	10/13/2014	
			AREA Code	NUMBER	MM/DD/YYYY

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

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

No Discharge

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)

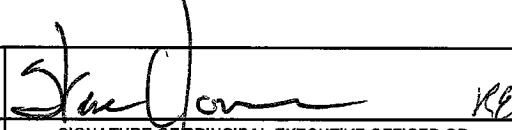
NAME: DOS RIOS WATER RECYLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	004-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

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	10/13/2014
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)

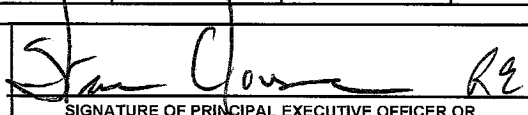
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	005-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

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			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	*****		0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.2		0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	7.2	*****	*****	*****	1.23	2.40		0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	325 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.8	*****	*****	*****	0.31	0.86		0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	43 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.70	1.01	*****	*****	*****	*****	*****	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	0.64	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2.6 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.080		0	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE 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	10/13/2014
TYPED OR PRINTED		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.

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)

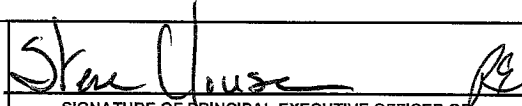
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	005-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

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	SAMPLE MEASUREMENT	*****	*****	*****	1.0	*****	*****		0	Daily	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.29	20.0		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	384 DAILY MX	CFU/100m L		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	11.7	*****		*****	2.0	2.0		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	217 DAILY AV	*****	lb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly 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	10/13/2014
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.

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)

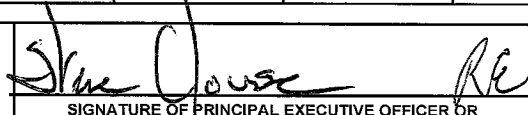
NAME: DOS RIOS WATER RECYLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	006-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

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			
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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Steven Clouse Senior Vice President & COO			210-233-3774	09/13/2014	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

No Discharge

DISCHARGE MONITORING REPORT (DMR)

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
09/01/2014	09/30/2014

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	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****						
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Five Per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT		*****		*****						
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	3836 DAILY AV	*****	lb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and 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		10/13/2014	
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

DISCHARGE MONITORING REPORT (DMR)

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

NAME: DOS RIOS WATER RECYCLING CENTER

ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221

ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	101-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 78221

MAJOR

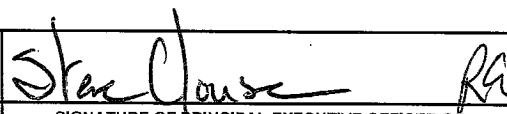
(SUBR 13)

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	7.11	10.74		*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.03	*****		*****	*****	*****	*****	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	10/13/2014
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

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)

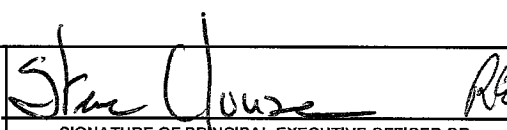
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	102-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

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	86.98	96.35		*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	84.40	*****		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125 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
			210-233-3774	10/13/2014
			AREA Code	NUMBER
				MM/DD/YYYY

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

THE TOTAL DISCHARGE FROM OUTFALL 001 & OUTFALL 101 SHALL NEVER 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)

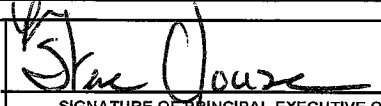
NAME: DOS RIOS WATER RECYLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	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 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		10/13/2014
			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 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-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 10 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 10 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 10 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 10 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 10 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 10 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 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	10/13/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

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

(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-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 - 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 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.	TELEPHONE	DATE
Steven Clouse Senior Vice President & COO		210-233-3774	10/13/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

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

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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 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-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 - 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 10 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 10 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 10 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 10 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 10 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 10 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 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	10/13/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
(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	TX4-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 - 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.	TELEPHONE	DATE
Steven Clouse Senior Vice President & COO		210-233-3774	10/13/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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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
07/01/2014	09/30/2014

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 10 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 10 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 10 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 10 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 10 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 10 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 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	10/13/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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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 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	TX5-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 - 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. 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	10/13/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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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	TX5-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 - 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 10 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 10 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 10 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 10 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 10 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 10 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 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MJN	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	10/13/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

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

(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)

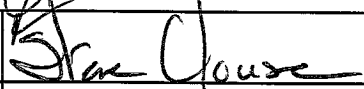
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	TX6-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 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

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		10/13/2014
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
(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-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 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	*****	*****	*****			*****				
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	10/13/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

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

(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	TX2-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	06/30/2014

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 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.	TELEPHONE 210-233-3774 AREA Code NUMBER	DATE 10/13/2014 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

TX0077801	TX2-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	06/30/2014

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
7-DAY CHRONIC FRESHWATER - 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			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****							
TPP6C 10 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 10 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 10 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 10 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 10 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 10 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 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	10/13/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

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

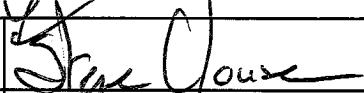
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	TX3-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	06/30/2014

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 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	10/13/2014	
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 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	TX3-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	06/30/2014

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	*****	*****	*****			*****				
TTP6C 10 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 10 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 10 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 10 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 10 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 10 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 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	10/13/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

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

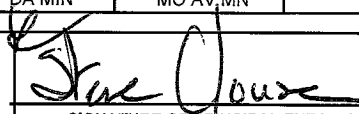
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	TX4-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	06/30/2014

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

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Steven Clouse Senior Vice President & COO			210-233-3774	10/13/2014	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

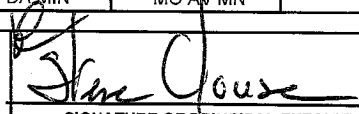
TX0077801	TX4-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	06/30/2014

DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
7-DAY CHRONIC FRESHWATER - 004
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			
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 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	10/13/2014	
			AREA Code	NUMBER	MM/DD/YYYY

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)

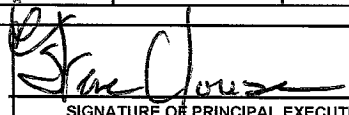
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	TX5-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	06/30/2014

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 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	10/13/2014	
			AREA Code	NUMBER	MM/DD/YYYY

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)

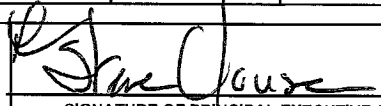
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	TX5-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	06/30/2014

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 10 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 10 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 10 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 10 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 10 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 10 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 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24

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			210-233-3774	10/13/2014	
			AREA Code	NUMBER	MM/DD/YYYY

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)

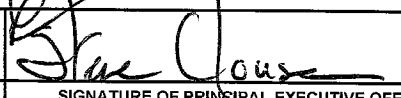
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	TX6-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	06/30/2014

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			
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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			210-233-3774		10/13/2014
			AREA Code	NUMBER	MM/DD/YYYY

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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)

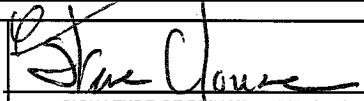
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FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
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ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	TX6-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	06/30/2014

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	*****	*****	*****			*****				
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 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	10/13/2014	
			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

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	09	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	VALUE	UNITS				
500507124 FLOW DLY AVG	REPORTED	86.99	MGD	0	02	11	
	PERMITTED				02	CONT	11
500507128 FLOW ANN AVG	REPORTED	84.40	MGD	0	02	11	
	PERMITTED				02	CONT	11
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0028454	NUMBER	0	01	NA	
	PERMITTED				01	01	NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	170602	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						
	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
	Robert Escobar Interim Manager-Prod & Treat Ops	<i>Robert Escobar</i>	11/10/10
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3774	Steven Clouse Senior Vice President & COO	<i>Steve Clouse</i>	11/10/13
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	09	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	TYPE
000085342 TRANSFER DAYS/MON	REPORTED		25	DAY	0 01	01	
	PERMITTED				01 NA	01 NA	
316164024 E-COLI DLY AVG	REPORTED		1.0	#/100 ML	0 08	1/Day	03
	PERMITTED		20.000		11 2/WEEK	03 GRABPKLOAD	
316164030 E-COLI IND GRAB	REPORTED		1.0	#/100 ML	0 08	1/Day	03
	PERMITTED		75.000		11 2/WEEK	03 GRABPKLOAD	
500507124 FLOW DLY AVG	REPORTED		2.07	MGD	0 02		11
	PERMITTED				02 CONT	11 CONT	
500507128 FLOW ANN AVG	REPORTED		0.60	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		WW0028454	NUMBER	0 01		NA
	PERMITTED				01 01	NA NA	
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		170602	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
	Robert Escobar Interim Manager-Prod & Treat Ops	<i>Robert Escobar</i>	11/10/10
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3774	Steven Clouse Senior Vice President & COO	<i>Steve Clouse</i>	11/10/10
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



PAGE 1

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



40B	WQ0010137-033	02	14	09	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				
	PERMITTED	200.000					
316164030 FEC. COLI IND GRAB	REPORTED		#/100 ML				
	PERMITTED	800.000					
500507124 FLOW DLY AVG	REPORTED		MGD				
	PERMITTED						
500507128 FLOW ANN AVG	REPORTED		MGD				
	PERMITTED						
800821024 BOD CARB DLY AVG	REPORTED		MG/L				
	PERMITTED	20.000					
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0028454	NUMBER	0	01		NA
	PERMITTED						
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	170602	DATE	0	01		NA
	PERMITTED						
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01		NA
	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
	Robert Escobar Interim Manager-Prod & Treat Ops	<i>Robert Escobar</i>	11/4/10 10
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2 1 0 2 3 3 3 7 7 4	Steven Clouse Senior Vice President & COO	<i>Steve Clouse</i>	11 4 10 13
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
			YEAR MO. DAY



October 7, 2014

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

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

Dear Joy,

In the month of September 2014 our lab technicians reported E-Coli violations for September 13, 2014 of 1200 cfu/100 ml and for September 26, 2014 of 490 cfu/100 ml on Outfalls on 001 and 002. At the time of sample collections the chlorine residuals were 1.83 mg/l and a 2.19 mg/l.

We are in the process of working with our laboratory personnel in investigating the cause to ensure that this does not occur again.

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

A handwritten signature in black ink, appearing to read 'Daniel Rodriguez', is written over a white background.

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

cc: Steve Clouse
Parviz Chavol
Frederic J. Winter

OVERFLOW REPORT

PERIOD: September 2014

WATERSHED: LEON CREEK

TCEQ PERMIT # 10137-003

EPA PERMIT # 0052639

WO #	INSPT#	SR #	DATE	ADDRESS	GALLON	CAUSE	ACTION	HRS	DISCHARGED TO	COMMENTS
		593557	9/15/2014	BANDERA RD 10402	30	Debris	CLEANED LATERAL	1.55	GROUND	Area Cleaned and Disinfected, Unstopped Lateral
TOTAL EVENTS	1			TOTAL GALLONS:	30		TOTAL DURATION:	1.55		

Wednesday, October 01, 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: 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	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

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	*****	*****	*****	6.0	*****	*****		0	12/Day	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	7.5		0	12/Day	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	238	*****	*****	1.19	2.00			0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	5755 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	61	*****	*****	0.30	1.59			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	24.10	27.38	*****	*****	*****	*****	*****	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	*****	27083	*****	*****	*****	*****	*****	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	23.63	*****	*****	*****	*****	*****	*****	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 & CO2.00		210-233-3774	10/13/2014
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
09/01/2014	09/30/2014

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	*****	*****	*****	*****	*****	0.090		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	*****	*****	*****	*****	5.41	1200		2	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	402	*****		*****	2.0	2.0		0	Daily	Compos
	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 & CO2.00		210-233-3774	10/13/2014
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	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 78221

MAJOR

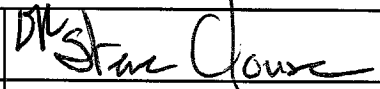
(SUBR 13)

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	*****	*****	*****	6.0	*****	*****		0	12/Day	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	7.5		0	12/Day	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	18.4	*****	*****	*****	1.17	1.90		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	4.3	*****	*****	*****	0.32	1.59		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	1.90	8.04		*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	6944		*****	*****	*****	*****	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	1.67	*****		*****	*****	*****	*****	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Steven Clouse Senior Vice President & CO2.00			210-233-3774	10/13/2014
TYPED OR PRINTED		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)

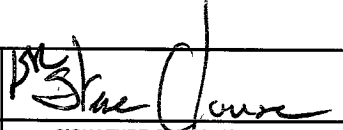
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYC. CTR.
LOCATION: 1104 MAUERMAN ROAD
SAN ANTONIO, TX 78224
ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

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	*****	*****	*****	*****	*****	0.090		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	*****	*****	*****	*****	7.34	1200		2	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	31.8	*****		*****	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Steven Clouse Senior Vice President & CO2.00			210-233-3774	10/13/2014
TYPED OR PRINTED		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)

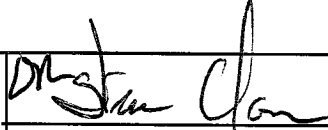
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYC. CTR.
LOCATION: 1104 MAURMAN ROAD
SAN ANTONIO, TX 78224
ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	101-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

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	252	*****		*****	*****	*****	*****	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	64	*****		*****	*****	*****	*****	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	25.56	34.73		*****	*****	*****	*****	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	*****	28264		*****	*****	*****	*****	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	24.50	*****		*****	*****	*****	*****	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	426	*****		*****	*****	*****	*****	0	Daily	Compos
	PERMIT REQUIREMENT	2686 DAILY AV	*****	lb/d	*****	*****	*****	*****		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steven Clouse Senior Vice President & CO2.00 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		10/13/2014
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA Code	NUMBER	MM/DD/YYYY

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

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
09/01/2014	09/30/2014

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] 00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****							
	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
BOD, 5-day, 20 deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	100 SINGGRAB	mg/L		Daily	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****							
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	90 DAILY AV	*****	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT				*****	*****	*****	*****			
	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Daily	INSTAN
E. coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 SINGGRAB	CFU/100m L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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	10/13/2014
TYPED OR PRINTED			AREA Code
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	

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.

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	09	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	VALUE	UNITS				
500507124 FLOW DLY AVG	REPORTED	29.83	MGD	0	02		11
	PERMITTED					02	CONT
500507128 FLOW ANN AVG	REPORTED	28.82	MGD	0	02		11
	PERMITTED					02	CONT
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0004506	NUMBER	0	01		NA
	PERMITTED					01	01
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	170108	DATE	0	01		NA
	PERMITTED					01	01
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01		NA
	PERMITTED					01	01
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Daniel Rodriguez Manager Prod & Treat Ops	<i>Daniel Rodriguez</i>	14 10 09
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 10 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	09	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		30	DAY	0 01	01	
	PERMITTED				01	NA	01 NA
316164024 E-COLI DLY AVG	REPORTED		1.33	#/100 ML	0 08	1/Day	03
	PERMITTED		20.000		11	2/WEEK	03 GRABPKLOAD
316164030 E-COLI IND GRAB	REPORTED		12.0	#/100 ML	0 08	1/Day	03
	PERMITTED		75.000		11	2/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		4.26	MGD	0 02		11
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		4.32	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
820786624 TURBIDITY 30DAY AV	REPORTED		0.73	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)*

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
Daniel Rodriguez Manager Prod & Treat Ops		14 10 09
TELEPHONE NUMBER	PLANT OPERATOR	YEAR MO. DAY
2 1 0 2 3 3 3 7 7 4	Steve Clouse Senior Vice President & COO	14 10 13
AREA CODE	EXECUTIVE OFFICER	YEAR MO. DAY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-003	02	14	09	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	0		0	01		01	
				01	NA	01	NA
316164024 FEC. COLI DLY AVG							
				14	1/WEEK	03	GRABPKLOAD
316164030 FEC. COLI IND GRAB							
				14	1/WEEK	03	GRABPKLOAD
500507124 FLOW DLY AVG							
				02	CONT	11	CONT
500507128 FLOW ANN AVG							
				02	CONT	11	CONT
800821024 BOD CARB DLY AVG							
				14	1/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	WW0004506		0	01		NA	
				01	01	NA	NA
EXPIRATION OF OPERATOR CERTIFICATE	170108		0	01		NA	
				01	01	NA	NA
CLASS OF OPERATOR CERTIFICATE	A		0	01		NA	
				01	01	NA	NA

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>	11/10/09
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2110 233 3774	Steve Clouse Senior Vice President & COO	<i>Steve Clouse</i>	11/10/13
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:					

Wednesday, October 01, 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)

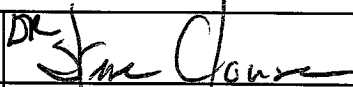
NAME: MEDIO CREEK WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: MEDIO CREEK WATER RECYC. CTR.
LOCATION: 1300FT N USHWY 90 APPROX 1.25M W OF
IH410
ATTN: STEVEN CLOUSE, SENIOR VP

TX0055689	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

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] 00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6.68	*****	*****		0	Daily	Grab
	PERMIT REQUIREMENT	*****	*****	*****	6 MO MIN	*****	*****	mg/L		Daily	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.61	*****	8.31		0	Daily	Grab
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	42	*****	*****	1.07	1.60			0	Daily	Compos
	PERMIT REQUIREMENT	2002 DAILY AV	*****	lb/d	*****	15 DAILY AV	30 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N] 00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	31	*****	*****	0.73	3.24			0	Daily	Compos
	PERMIT REQUIREMENT	267 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	4.73	6.05		*****	*****	*****	*****	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	*****	8370		*****	*****	*****	*****	0	Continuous	TotalZ
	PERMIT REQUIREMENT	*****	27778 2HR PEAK	gal/min	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant 50050 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	5.75	*****		*****	*****	*****	*****	0	Continuous	TotalZ
	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	10/13/2014
			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)

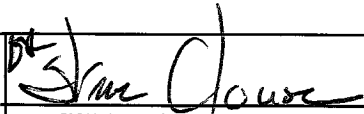
NAME: MEDIO CREEK WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: MEDIO CREEK WATER RECYC. CTR.
LOCATION: 1300FT N USHWY 90 APPROX 1.25M W OF
IH410
ATTN: STEVEN CLOUSE, SENIOR VP

TX0055689	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

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	*****	*****	*****	*****	4.59	45.0		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Daily	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	82	*****		*****	2.08	3.34		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	934 DAILY AV	*****	lb/d	*****	7 DAILY AV	20 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steve Clouse Senior Vice President & COO TYPED OR PRINTED	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	10/13/2014
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-040	01	14	09	12654
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	REPORTED	PERMITTED			VALUE	UNITS	
500507124 FLOW DLY AVG	REPORTED		7.51	MGD	0 02	11	
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		7.29	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						
	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>	11/10/09
TELEPHONE NUMBER	PLANT OPERATOR	EXECUTIVE OFFICER	EXECUTIVE OFFICER
210 233 3774	Steve Clouse Senior Vice President & COO	<i>Steve Clouse</i>	11/10/13
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
3225 VALLEY RD
SAN ANTONIO TX 78221-5201



40B	WQ0010137-040	01	14	09	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			01	02
000085342 TRANSFER DAYS/MON	REPORTED	30	DAY	0	01	01	
	PERMITTED				01	NA	01 NA
316164024 FEC. COLI DLY AVG	REPORTED	1.24	#/100 ML	0	08	1/Day	03
	PERMITTED	20.000			11	2/WEEK	03 GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED	58.0	#/100 ML	0	08	1/Day	03
	PERMITTED	75.000			11	2/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED	2.79	MGD	0	02		11
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED	2.01	MGD	0	02		11
	PERMITTED				02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED	2.08	MG/L	0	08	1/Day	10 12-prt-com
	PERMITTED	5.000			11	2/WEEK	03 GRABPKLOAD
820796624 TURBDITY 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	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)*

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
	Daniel Rodriguez Manager-Prod & Treat Ops		114 10 09 YEAR MO. DAY
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		114 10 13 YEAR MO. DAY
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



PAGE 1

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



40B	WQ0010137-040	02	14	09	12554
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE II 900
SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.
 PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS. **TCEQ COPY**

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	REPORTED	PERMITTED			VALUE	UNITS	
000085342 TRANSFER DAYS/MON	REPORTED		0	01		01	
	PERMITTED			01	NA	01	NA
316164024 FEC. COLI DLY AVG	REPORTED						
	PERMITTED	200.000		14	1/WEEK	03	GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED						
	PERMITTED	800.000		14	1/WEEK	03	GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED						
	PERMITTED			02	CONT	11	CONT
500507128 FLOW ANN AVG	REPORTED						
	PERMITTED			02	CONT	11	CONT
800821024 BOD CARB DLY AVG	REPORTED						
	PERMITTED	20.000		14	1/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0004506	0	01			NA
	PERMITTED			01	01		NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	170108	0	01			NA
	PERMITTED			01	01		NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	0	01			NA
	PERMITTED			01	01		NA NA
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

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

NAME	SIGNATURE	DATE
Daniel Rodriguez Manager-Prod & Treat Ops		14/10/09
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR
210 233 3774	Steve Clouse Senior Vice President & COO	
AREA CODE	NUMBER	EXECUTIVE OFFICER
		Steve Clouse EXECUTIVE OFFICER
		14/10/13
		YEAR MO. DAY