



December 15, 2014

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

Via U.S. Certified Mail  
RRR# 7010 1060 0000 0870 4929

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 November 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 "Jeffrey J. Haby".

Jeffrey J. Haby, P.E.  
Senior Director – Sewer System Improvements

Enc. As stated



December 15, 2014

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

Via U.S. Certified Mail  
RRR# 7010 1060 0000 0870 4936

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

Via U.S. Certified Mail  
RRR# 7010 1060 0000 0870 4936

Re: DOJ Case No. [90-5-1-1-09215]  
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Jeffrey J. Haby, P.E.  
Senior Director – Sewer System Improvements

Enc. As stated

---

# OVERFLOW REPORT

PERIOD: November 2014

WATERSHED: DOS RIOS

TCEQ PERMIT # 10137-033

EPA PERMIT # 0077801

WO #	INSPT#	SR #	DATE	ADDRESS	GALLON	CAUSE	ACTION	HRS	DISCHARGED TO	COMMENTS	
	318486	682652	11/29/2014	YUCCA ST	216	25	Grease	CLEANED MAIN	0.95	STORMDRAIN	Area Cleaned and Disinfected,
1057976	317966	677968	11/22/2014	LEMING DR	310	150	Vandalism	CLEANED MAIN	1.63	STORMDRAIN	Area Cleaned and Disinfected, Flushed Area with H2O Work Order Has Been Created To Install Mh Ring And Lock Cover
1055550	317330	669813	11/16/2014	NORMA ST	200	150	Structural	CLEANED MAIN	0.80	DRAINAGE CULVERT	Area Cleaned and Disinfected, Flushed Area with H2O Work Order Has Been Created For Repairs
	316886	664304	11/11/2014	AGANIER AVE	402	844	Debris	CLEANED MAIN	6.20	GROUND	Area Cleaned and Disinfected, Flushed Area with H2O
TOTAL EVENTS	4			TOTAL GALLONS:	1,169			TOTAL DURATION:	9.58		

**Thursday, December 04, 2014**

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

# OVERFLOW REPORT

PERIOD: November 2014

WATERSHED: SALADO CREEK

TCEQ PERMIT # 10137-008

EPA PERMIT # 0052647

WO #	INSPT#	SR #	DATE	ADDRESS		GALLON	CAUSE	ACTION	HRS	DISCHARGED TO	COMMENTS	
	318573	682756	11/30/2014	SANTA CATALINA CV	4919	450	Debris	CLEANED MAIN	2.25	STREET	Area Cleaned and Disinfected, Flushed Area with H2O	
	318430	682481	11/27/2014	STARCREST DR	11400	300	Other	CLEANED MAIN	3.02	CREEK BED - DRY MUDD	Area Cleaned and Disinfected, Flushed Area with H2O	
1057140	317806	675592	11/20/2014	SNELL DR	5666	188,500	Structural	INSTALLED BY-PASS PUMP	16.50	CREEK BED - ROSSILLO CREEK	Work Order Created To Repair Sewer Main	
	316914	664348	11/11/2014	MARYMONT PARK	9255	2,475	Debris	CLEANED MAIN	3.07	GROUND	Area Cleaned and Disinfected,	
1051755	316522	658731	11/6/2014	HIGHCLIFF DR	3930	53,500	Structural	CLEANED MAIN	2.80	DRAINAGE CULVERT	Made Work Order To Repair Main	
		656325	11/4/2014	HOLBROOK	902	201,350	I/I	DILUTED BY HEAVY RAIN WATER	0.00	CREEK BED - SALADO CREEK	Monitored Area	
		656308	11/4/2014	STARCREST DR	11400	59,700	I/I	DILUTED BY HEAVY RAIN WATER	0.00	CREEK BED - SALADO CREEK	Monitored Area	
		656306	11/4/2014	ARION CIR	1074	137,000	I/I	DILUTED BY HEAVY RAIN WATER	0.00	CREEK BED - SALADO CREEK	Monitored Area	
TOTAL EVENTS		8	TOTAL GALLONS: 643,275				TOTAL DURATION: 27.64					

**Thursday, December 04, 2014**

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

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

Form Approved  
OMB No. 2040-0004

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

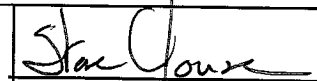
**NAME:** DOS RIOS WATER RECYLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** DOS RIOS WATER RECYCLING CTR.  
**LOCATION:** 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
**ATTN:** STEVEN CLOUSE, SENIOR VP

TX0077801	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

**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	*****	*****	*****	6.7	*****	7.7		0	12/Day	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	895	*****	*****	*****	1.24	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	263	*****	*****	*****	0.36	1.28		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	87.86	143.40		*****	*****	*****	*****	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	*****	113819		*****	*****	*****	*****	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	79.46	*****		*****	*****	*****	*****	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	12/11/2014
			AREA Code	NUMBER
				MM/DD/YYYY

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

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

Form Approved  
OMB No. 2040-0004

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

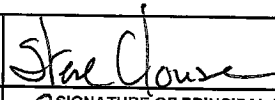
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SAN ANTONIO, TX 78221  
**ATTN:** STEVEN CLOUSE, SENIOR VP

TX0077801	001-A
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

**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	*****	*****	*****	*****	*****	0.080		0	12/Day	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB
Chlorine, total residual 50060 B 0 Prior to Disinfection	SAMPLE MEASUREMENT	*****	*****	*****	1.0	*****	*****		0	12/Day	Grab
	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.20	3.00		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	1466	*****		*****	2.0	2.0		0	Daily	Compos
	PERMIT REQUIREMENT	5213 DAILY AV	*****	lb/d	*****	5 DAILY AV	20 DAILY MX	mg/L		Daily	COMPOS

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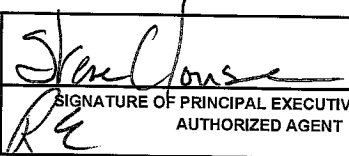
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**ATTN:** STEVEN CLOUSE, SENIOR VP

TX0077801	002-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

**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	*****	*****	*****	6.4	*****	*****		0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	8.0		0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	38.9	*****	*****	*****	1.25	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	11.2	*****	*****	*****	0.36	1.28		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	3.66	4.18		*****	*****	*****	*****	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	5.15	*****		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	10 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.060		0	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB

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

Form Approved  
OMB No. 2040-0004

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

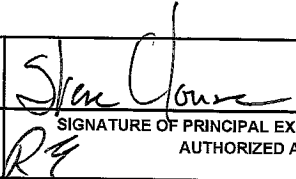
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**ATTN:** STEVEN CLOUSE, SENIOR VP

TX0077801	002-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

**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	*****	*****	*****	*****	1.21	3.00		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	61.0	*****		*****	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

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

Form Approved  
OMB No. 2040-0004

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

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SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.  
SAN ANTONIO, TX 78221

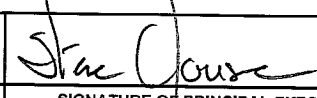
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

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

No Discharge

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

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Steven Clouse Senior Vice President & COO			210-233-3774	12/11/2014
TYPED OR PRINTED			AREA Code	NUMBER

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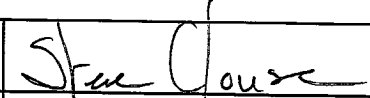
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**ATTN:** STEVEN CLOUSE, SENIOR VP

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MM/DD/YYYY	MM/DD/YYYY
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**MAJOR**  
(SUBR 13)  
**DOMESTIC FACILITY - 003**  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	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

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	12/11/2014	
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**

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)

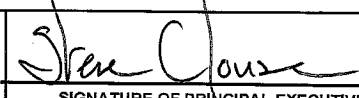
**NAME:** DOS RIOS WATER RECYLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** DOS RIOS WATER RECYCLING CTR.  
**LOCATION:** 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
**ATTN:** STEVEN CLOUSE, SENIOR VP

TX0077801	004-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

**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	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	12/11/2014
TYPED OR PRINTED		RE	AREA Code	NUMBER

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

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

**No Discharge**

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

Form Approved  
OMB No. 2040-0004

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

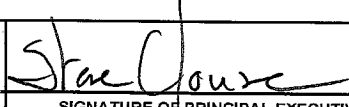
**NAME:** DOS RIOS WATER RECYLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** DOS RIOS WATER RECYCLING CTR.  
**LOCATION:** 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
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TX0077801	004-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
11/01/2014	11/30/2014

**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  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	12/11/2014	
			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)

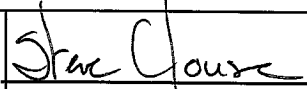
**NAME:** DOS RIOS WATER RECYLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** DOS RIOS WATER RECYCLING CTR.  
**LOCATION:** 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
**ATTN:** STEVEN CLOUSE, SENIOR VP

TX0077801	005-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

**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	*****	*****	*****	6.7	*****	7.2		0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	5.1	*****	*****	*****	1.25	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	1.5	*****	*****	*****	0.36	1.28		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	0.48	0.81		*****	*****	*****	*****	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	0.65	*****		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2.6 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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Steven Clouse Senior Vice President & COO			210-233-3774	12/11/2014
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)

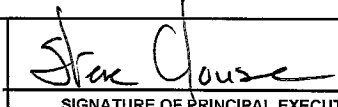
**NAME:** DOS RIOS WATER RECYLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** DOS RIOS WATER RECYCLING CTR.  
**LOCATION:** 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
**ATTN:** STEVEN CLOUSE, SENIOR VP

TX0077801	005-A
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

**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	*****	*****	*****	*****	1.21	3.00		0	Daily	Grab
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	8.0	*****	*****	*****	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.		TELEPHONE	DATE	
Steven Clouse Senior Vice President & COO			210-233-3774	12/11/2014	
TYPED OR PRINTED			RE	AREA Code	NUMBER

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

Form Approved  
OMB No. 2040-0004

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

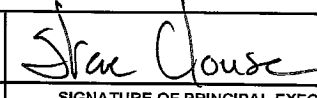
**NAME:** DOS RIOS WATER RECYLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** DOS RIOS WATER RECYCLING CTR.  
**LOCATION:** 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
**ATTN:** STEVEN CLOUSE, SENIOR VP

TX0077801	006-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

**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  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 RE	TELEPHONE	DATE	
			210-233-3774	12/11/2014	
			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)

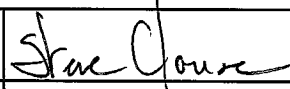
**NAME:** DOS RIOS WATER RECYCLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** DOS RIOS WATER RECYCLING CTR.  
**LOCATION:** 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
**ATTN:** STEVEN CLOUSE, SENIOR VP

TX0077801	006-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

**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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Steven Clouse Senior Vice President & COO			210-233-3774	12/11/2014
TYPED OR PRINTED			RE 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)

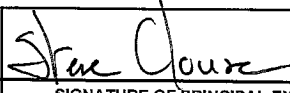

**NAME:** DOS RIOS WATER RECYCLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** DOS RIOS WATER RECYCLING CTR.  
**LOCATION:** 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
**ATTN:** STEVEN CLOUSE, SENIOR VP

TX0077801	101-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

**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 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	<b>3.33</b>	<b>6.20</b>		*****	*****	*****	*****	<b>0</b>	Continuous	TotalZ
	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****			
Flow, in conduit or thru treatment plant 50050 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	<b>5.73</b>	*****		*****	*****	*****	*****	<b>0</b>	Continuous	TotalZ
	PERMIT REQUIREMENT	Req. Mon. ANNL AVG	*****	MGD	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Steven Clouse Senior Vice President & COO	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	12/11/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
					

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

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)

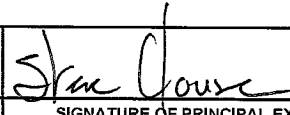
**NAME:** DOS RIOS WATER RECYCLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** DOS RIOS WATER RECYCLING CTR.  
**LOCATION:** 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
**ATTN:** STEVEN CLOUSE, SENIOR VP

TX0077801	102-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
11/01/2014	11/30/2014

**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	<b>SAMPLE MEASUREMENT</b>	<b>91.19</b>	<b>144.46</b>		*****	*****	*****	*****	<b>0</b>	<b>Continuous</b>	<b>TotalZ</b>
50050 1 0 Effluent Gross	<b>PERMIT REQUIREMENT</b>	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	<b>SAMPLE MEASUREMENT</b>	<b>85.19</b>	*****		*****	*****	*****	*****	<b>0</b>	<b>Continuous</b>	<b>TotalZ</b>
50050 Y 0 Effluent Gross (Supplementary)	<b>PERMIT REQUIREMENT</b>	125 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		<b>TELEPHONE</b>	<b>DATE</b>	
Steven Clouse Senior Vice President & COO			210-233-3774	12/11/2014	
<b>TYPED OR PRINTED</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	RE	<b>AREA Code</b>	<b>NUMBER</b>

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)

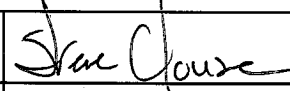

**NAME:** DOS RIOS WATER RECYCLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** DOS RIOS WATER RECYCLING CTR.  
**LOCATION:** 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
**ATTN:** STEVEN CLOUSE, SENIOR VP

TX0077801	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	12/31/2014

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	*****	*****							
22415 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MN	*****	pass=0/fail=1		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****							
22416 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MN	*****	pass=0/fail=1		See Permit	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****		0	Quarterly	Comp24
TLP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****		0	Quarterly	Comp24
TLP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	99	99	*****		0	Quarterly	Comp24
TOP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	99	99	*****		0	Quarterly	Comp24
TOP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NOEC Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	99	99	*****		0	Quarterly	Comp24
TPP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  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	12/1/2014
			AREA Code	NUMBER
				MM/DD/YYYY

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

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

Form Approved  
OMB No. 2040-0004

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

NAME: DOS RIOS WATER 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	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	12/31/2014

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

No Discharge

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

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	12/11/2014	
TYPED OR PRINTED				AREA Code	NUMBER

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

Form Approved  
OMB No. 2040-0004

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

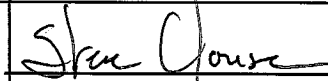
NAME: DOS RIOS WATER RECYCLING CENTER  
ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
FACILITY: DOS RIOS WATER RECYCLING CTR.  
LOCATION: 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	TX2-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	12/31/2014

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Steven Clouse Senior Vice President & COO			210-233-3774	12/11/2014
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)

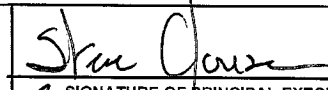
NAME: DOS RIOS WATER RECYCLING CENTER  
ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
FACILITY: DOS RIOS WATER RECYCLING CTR.  
LOCATION: 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	TX2-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	12/31/2014

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

No Discharge

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

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	12/11/2014	
			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)

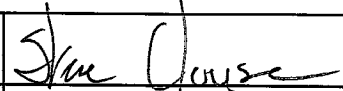
NAME: DOS RIOS WATER RECYCLING CENTER  
ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
FACILITY: DOS RIOS WATER RECYCLING CTR.  
LOCATION: 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	TX3-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	12/31/2014

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	*****	*****			*****				
22415 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	12/11/2014	
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 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
10/01/2014	12/31/2014

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

No Discharge

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

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	12/11/2014
TYPED OR PRINTED		AREA Code	NUMBER

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

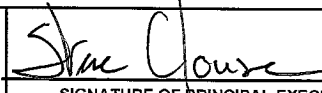
NAME: DOS RIOS WATER RECYCLING CENTER  
ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
FACILITY: DOS RIOS WATER RECYCLING CTR.  
LOCATION: 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	TX4-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	12/31/2014

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Steven Clouse Senior Vice President & COO			210-233-3774	12/11/2014	
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	TX4-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	12/31/2014

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TPP6C 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	12/11/2014
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)

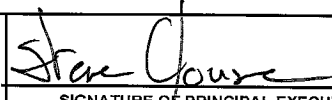

NAME: DOS RIOS WATER RECYCLING CENTER  
ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
FACILITY: DOS RIOS WATER RECYCLING CTR.  
LOCATION: 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	TX5-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	12/31/2014

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	*****	*****			*****				
22415 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	12/11/2014
TYPED OR PRINTED			AREA Code	NUMBER

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

No Discharge

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

Form Approved  
OMB No. 2040-0004

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

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

TX0077801	TX5-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	12/31/2014

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TPP6C 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	*****	*****	*****			*****				
TWP6C 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. MQ 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	12/11/2014
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)

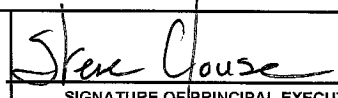
NAME: DOS RIOS WATER RECYCLING CENTER  
ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
FACILITY: DOS RIOS WATER RECYCLING CTR.  
LOCATION: 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
ATTN: STEVEN CLOUSE, SENIOR VP

TX0077801	TX6-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	12/31/2014

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Steven Clouse Senior Vice President & COO			210-233-3774	12/11/2014
TYPED OR PRINTED		RE	AREA Code	NUMBER

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

No Discharge

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

Form Approved  
OMB No. 2040-0004

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

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

TX0077801	TX6-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	12/31/2014

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TWP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TWP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TXP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
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		12/11/2014	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

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



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



40B	WQ0010137-033	02	14	11	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	91.19	MGD	0	02		11
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED	85.19	MGD	0	02		11
	PERMITTED				02	CONT	11 CONT
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						
	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>	11/12/11
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3774	Steven Clouse Senior Vice President & COO	<i>Steven Clouse</i>	11/12/11
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	WQ0010137-033	02	14	11	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	VALUE	UNITS			01	02
000085342 TRANSFER DAYS/MON	REPORTED	4	DAY	0	01		01
	PERMITTED					01	NA
316164024 E-COLI DLY AVG	REPORTED	1.0	#/100 ML	0	08	1/Day	03
	PERMITTED	20.000				11	2/WEEK
316164030 E-COLI IND GRAB	REPORTED	1.0	#/100 ML	0	08	1/Day	03
	PERMITTED	75.000				11	2/WEEK
500507124 FLOW DLY AVG	REPORTED	0.87	MGD	0	02		11
	PERMITTED					02	CONT
500507128 FLOW ANN AVG	REPORTED	0.34	MGD	0	02		11
	PERMITTED					02	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
820796624 TURBIDITY 30DAYAVG	REPORTED	0.73	NTU	0	08	1/Day	10 12-PRT-COM
	PERMITTED	3.000				11	2/WEEK
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0028454	NUMBER	0	01		NA
	PERMITTED					01	01
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	170602	DATE	0	01		NA
	PERMITTED					01	01
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01		NA
	PERMITTED					01	01
	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>	11/11/10
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3774	Steven Clouse Senior Vice President & COO	<i>Steve Clouse</i>	11 11 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	11	12552
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE II

**SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.**

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE	
	REPORTED	PERMITTED					
000085342 TRANSFER DAYS/MON	REPORTED	0	DAY	0			
	PERMITTED			01	NA	01	NA
316164024 FEC. COLI DLY AVG	REPORTED		#/100 ML				
	PERMITTED	200.000		14	1/WEEK	03	GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED		#/100 ML				
	PERMITTED	800.000		14	1/WEEK	03	GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		MGD				
	PERMITTED			02	CONT	11	CONT
500507128 FLOW ANN AVG	REPORTED		MGD				
	PERMITTED			02	CONT	11	CONT
800821024 BOD CARB DLY AVG	REPORTED		MG/L				
	PERMITTED	20.000		14	1/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED	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						
	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		11	12	10
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY		
2   1   0	Steven Clouse Senior Vice President & COO		11	12	11
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY		
NUMBER					
2   3   3					
3   7   7   4					

# OVERFLOW REPORT

PERIOD: November 2014

WATERSHED: LEON CREEK

TCEQ PERMIT # 10137-003

EPA PERMIT # 0052639

WO #	INSPT#	SR #	DATE	ADDRESS	GALLON	CAUSE	ACTION	HRS	DISCHARGED TO	COMMENTS	
	317188	668460	11/13/2014	OAK DR	7080	10	Debris	CLEANED MAIN	7.43	STREET	Area Cleaned and Disinfected, Flushed Area with H2O
		659697	11/6/2014	QUINTANA RD	7707	170	I/I	DILUTED BY HEAVY RAIN WATER	2.70	GROUND	Monitored Area
TOTAL EVENTS	2			TOTAL GALLONS:	180			TOTAL DURATION:	10.13		

Thursday, December 04, 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

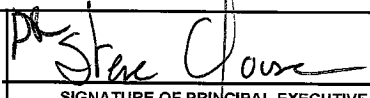
ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

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	*****	*****	*****	5 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.4		0	12/Day	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	261	*****	*****	*****	1.10	2.30		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	88	*****	*****	*****	0.36	1.77		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	28.58	42.29		*****	*****	*****	*****	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	*****	30903		*****	*****	*****	*****	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	23.06	*****		*****	*****	*****	*****	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 & COO2.03			210-233-3774	12/11/2014
TYPED OR PRINTED			AREA Code	NUMBER

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

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

Form Approved  
OMB No. 2040-0004

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

NAME: SAN ANTONIO WATER SYSTEM

ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC. CTR.

LOCATION: 1104 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
11/01/2014	11/30/2014

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	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	*****	*****	*****	*****	1.19	4.00		0	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	484	*****		*****	2.03	3.00		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	2686 DAILY AV	*****	lb/d	*****	7 DAILY AV	17 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Steven Clouse Senior Vice President & COO2.03		210-233-3774	12/11/2014
TYPED OR PRINTED			AREA Code

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

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

Form Approved  
OMB No. 2040-0004

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

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

TX0052639	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

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	*****	*****	*****	7.3	*****	*****		0	12/Day	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.3		0	12/Day	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	4.1	*****	*****	*****	1.10	1.30		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	0.9	*****	*****	*****	0.25	0.25		0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	767 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.45	0.79	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	1389	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	63889 2HR PEAK	gal/min	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.27	*****	*****	*****	*****	*****	*****	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 & COO2.03		210-233-3774	12/11/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

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

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

Form Approved  
OMB No. 2040-0004

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

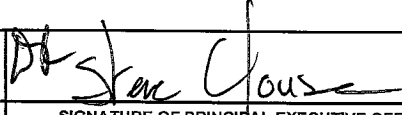
**NAME:** SAN ANTONIO WATER SYSTEM  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** LEON CREEK WATER RECYC. CTR.  
**LOCATION:** 1104 MAUERMAN ROAD  
SAN ANTONIO, TX 78224  
**ATTN:** STEVEN CLOUSE, SENIOR VP

TX0052639	002-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

**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 50060 A 0 Disinfection, Process Complete	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<b>0.080</b>		<b>0</b>	<b>12/Day</b>	<b>Grab</b>
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB
Chlorine, total residual 50060 B 0 Prior to Disinfection	SAMPLE MEASUREMENT	*****	*****	*****	<b>1.2</b>	*****	*****		<b>0</b>	<b>12/Day</b>	<b>Grab</b>
	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<b>1.00</b>	<b>1.00</b>		<b>0</b>	<b>Daily</b>	<b>Grab</b>
	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	<b>7.5</b>	*****		*****	<b>2.0</b>	<b>2.0</b>		<b>0</b>	<b>Daily</b>	<b>Compos</b>
	PERMIT REQUIREMENT	2686 DAILY AV	*****	lb/d	*****	7 DAILY AV	17 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Steven Clouse Senior Vice President & COO2.03  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		12/11/2014
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)

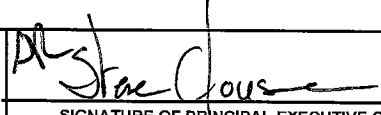
NAME: SAN ANTONIO WATER SYSTEM  
ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
FACILITY: LEON CREEK WATER RECYC. CTR.  
LOCATION: 1104 MAURERMAN ROAD  
SAN ANTONIO, TX 78224  
ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	101-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

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	262	*****		*****	*****	*****	*****	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	88	*****		*****	*****	*****	*****	0	Daily	Compos
	PERMIT REQUIREMENT	767 DAILY AV	*****	lb/d	*****	*****	*****	*****		Daily	COMPOS
Flow, in conduit or thru treatment plant 50050 I 0 Effluent Gross	SAMPLE MEASUREMENT	28.62	42.29		*****	*****	*****	*****	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	*****	30903		*****	*****	*****	*****	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	24.26	*****		*****	*****	*****	*****	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	485	*****		*****	*****	*****	*****	0	Daily	Compos
	PERMIT REQUIREMENT	2686 DAILY AV	*****	lb/d	*****	*****	*****	*****		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Steven Clouse Senior Vice President & COO2.03  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	12/11/2014
			AREA Code	NUMBER

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

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

Form Approved  
OMB No. 2040-0004

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

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

TX0052639	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	12/31/2014

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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	*****	*****	*****	0	0	*****		0	Quarterly	Comp24
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	*****	*****	*****	0	0	*****		0	Quarterly	Comp24
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	*****	*****	*****	100	100	*****		0	Quarterly	Comp24
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	*****	*****	*****	100	100	*****		0	Quarterly	Comp24
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	*****	*****	*****	100	100	*****		0	Quarterly	Comp24
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	12/11/2014
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" AND FAIL AS "1" IN CONCENTRATION ABOVE.



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

Form Approved  
OMB No. 2040-0004

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

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

TX0052639	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	12/31/2014

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Steven Clouse Senior Vice President & COO		210-233-3774	12/11/2014
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" AND FAIL AS "1" IN CONCENTRATION ABOVE.

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

Form Approved  
OMB No. 2040-0004

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

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

TX0052639	TX2-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	12/31/2014

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	210-233-3774
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" AND FAIL AS "1" IN CONCENTRATION ABOVE.

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

Form Approved  
OMB No. 2040-0004

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

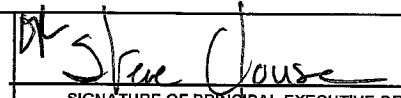
**NAME:** SAN ANTONIO WATER SYSTEM  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** LEON CREEK WATER RECYC. CTR.  
**LOCATION:** 1104 MAURERMAN ROAD  
SAN ANTONIO, TX 78224  
**ATTN:** STEVEN CLOUSE, SENIOR VP

TX0052639	TX2-Q
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
10/01/2014	12/31/2014

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

No Discharge

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

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>  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		12/11/2014
			AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved  
OMB No. 2040-0004

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

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

TX0085641	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

**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]	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	100 SINGGRAB	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	*****	*****	*****	*****	90 DAILY AV	*****	mg/L		Daily	GRAB
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	*****	*****	*****	*****		Daily	INSTAN
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****						
51040 1 0 Effluent Gross	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	12/11/2014
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

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



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



40B	WQ0010137-003	02	14	11	12645
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

**SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.**

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE		
	REPORTED	PERMITTED		VALUE	UNITS			
500507124 FLOW DLY AVG	REPORTED		30.97	MGD	0	02	11	
	PERMITTED					02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		28.74	MGD	0	02	11	
	PERMITTED					02	CONT	11 CONT
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0004506	NUMBER	0	01		NA
	PERMITTED					01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		170108	DATE	0	01		NA
	PERMITTED					01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	LETTER	0	01		NA
	PERMITTED					01	01	NA NA
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							

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

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Daniel Rodriguez Manager Prod & Treat Ops		14   12   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		14   12   11
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
			YEAR MO. DAY

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



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



40B	WQ0010137-003	02	14	11	12547
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE I 800

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE		
	REPORTED	PERMITTED		VALUE	UNITS			
000085342 TRANSFER DAYS/MON	REPORTED	PERMITTED	30	DAY	0 01		01	
316164024 E-COLI DLY AVG	REPORTED	PERMITTED	1.08	#/100 ML	0 08	1/Day	03	
316164030 E-COLI IND GRAB	REPORTED	PERMITTED	9.00	#/100 ML	0 08	1/Day	03	
500507124 FLOW DLY AVG	REPORTED	PERMITTED	2.35	MGD	0 02		11	
500507128 FLOW ANN AVG	REPORTED	PERMITTED	4.48	MGD	0 02		11	
800821024 BOD CARB DLY AVG	REPORTED	PERMITTED	2.03	MG/L	0 08	1/Day	10	12-prt-com
820786624 TURBIDITY 30DAY AV	REPORTED	PERMITTED	0.72	NTU	0 08	1/Day	10	12-prt-com
NUMBER OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	WW0004506	NUMBER	0 01		NA	
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	170108	DATE	0 01		NA	
CLASS OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	A	LETTER	0 01		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		11/4/12 019
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3774	Steve Clouse Senior Vice President & COO		11/4/12 11
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
			YEAR MO. DAY

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-003	02	14	11	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	VALUE		UNITS			
000085342 TRANSFER DAYS/MON	REPORTED	0	DAY	0	01		01
	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	15.000					
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0004506	NUMBER	0	01		NA
	PERMITTED						
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	170108	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
	Daniel Rodriguez Manager Prod & Treat Ops		11/4/12/09
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		11   4   12   11
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

# OVERFLOW REPORT

PERIOD: November 2014

WATERSHED: MEDIO CREEK

TCEQ PERMIT # 10137-040

EPA PERMIT # 0055689

WO #	INSPT#	SR #	DATE	ADDRESS		GALLON	CAUSE	ACTION	HRS	DISCHARGED TO	COMMENTS
	317985	678075	11/23/2014	HUMMINGBIRD	1303	2,620	Debris	CLEANED MAIN	3.13	GROUND	Area Cleaned and Disinfected, Flushed Area with H2O
1054097		665653	11/12/2014	MOSS VALLEY DR	158	400	Structural	REPAIRED LATERAL	1.60	GROUND	Work Order Created To Repair Lateral
TOTAL EVENTS	2			TOTAL GALLONS:	3,020			TOTAL DURATION:	4.73		

Thursday, December 04, 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

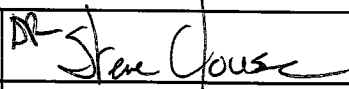
TX0055689	001-B
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
11/01/2014	11/30/2014

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

No Discharge

ATTN: STEVEN CLOUSE, SENIOR VP

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.57	*****	*****		0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.64	*****	8.13		0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	41	*****	*****	1.04	1.80			0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2002 DAILY AV	*****	lb/d	15 DAILY AV	30 DAILY MX		mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	25	*****	*****	0.64	2.45			0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	267 DAILY AV	*****	lb/d	2 DAILY AV	7 DAILY MX		mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.60	9.58						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	*****	9126						0	Continuous	TotalZ
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	27778 2HR PEAK	gal/min						Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.42	*****						0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	16 ANNL AVG	*****	MGD						Continuous	TOTALZ

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>  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		12/11/2014
			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

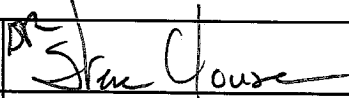
TX0055689	001-B
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
11/01/2014	11/30/2014

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

No Discharge

ATTN: STEVEN CLOUSE, SENIOR VP

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.06	3.00		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	77	*****		*****	2.0	2.0		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	934 DAILY AV	*****	lb/d	*****	7 DAILY AV	20 DAILY MX	mg/L		Daily	COMPOS

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>  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	12/11/2014
			AREA Code	NUMBER

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

TX0055689	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	12/31/2014

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

No Discharge

ATTN: STEVEN CLOUSE, SENIOR VP

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Steve Clouse Senior Vice President & COO		210-233-3774	12/11/2014
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' AND REPORT FAIL AS '1' IN CONCENTRATION ABOVE. \_\_\_\_\_ 10137-040

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

Form Approved  
OMB No. 2040-0004

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

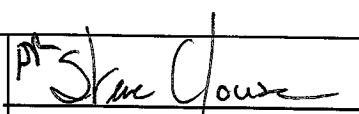
**NAME:** MEDIO CREEK WATER RECYCLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** MEDIO CREEK WATER RECYC. CTR.  
**LOCATION:** 1300FT N USHWY 90 APPROX 1.25M W OF  
IH410  
**ATTN:** STEVEN CLOUSE, SENIOR VP

TX0055689	TX1-Q
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
10/01/2014	12/31/2014

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

No Discharge

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

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>  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	<b>TELEPHONE</b>	<b>DATE</b>
			210-233-3774	12/11/2014
			AREA Code NUMBER	MM/DD/YYYY

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

# 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	11	12654
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

**SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.**

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE	
	REPORTED	PERMITTED		VALUE	UNITS		
500507124 FLOW DLY AVG	REPORTED		6.79	MGD	0	02	11
	PERMITTED					02	CONT
500507128 FLOW ANN AVG	REPORTED		7.16	MGD	0	02	11
	PERMITTED					02	CONT
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WWW0004506	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		14 / 12 / 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		14 / 12 / 11
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	11	12553
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE I 800  
SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.  
PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

**TCEQ COPY**

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	REPORTED	PERMITTED			VALUE	UNITS	
000085342 TRANSFER DAYS/MON	REPORTED		30	DAY	0 01	01	
	PERMITTED				01	NA	01 NA
316164024 FEC. COLI DLY AVG	REPORTED		1.00	#/100 ML	0 08	1/Day	03
	PERMITTED		20.000		11	2/WEEK	03 GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED		1.00	#/100 ML	0 08	1/Day	03
	PERMITTED		75.000		11	2/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		2.20	MGD	0 02		11
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		2.14	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 TURBDITY 30DAYAVG	REPORTED		0.61	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		11/12/09
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3774	Steve Clouse Senior Vice President & COO		11/12/11
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	02	14	11	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	0		0	01		01	
				01	NA	01	NA
316164024 FEC. COLI DLY AVG							
		200.000		14	1/WEEK	03	GRABPKLOAD
316164030 FEC. COLI IND GRAB							
		800.000		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							
		20.000		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		19   12   09
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2   1   0	Steve Clouse Senior Vice President & COO		1   14   12   1   1   1
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY