



July 14, 2015

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# 7014 2870 0000 7135 5075

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 June 2015 is attached and is provided in compliance with Consent Decree requirements.

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

Sincerely,

A handwritten signature in blue ink, appearing to read "Jeffrey J. Haby".

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

Enc. As stated



July 14, 2015

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 #7014 2870 0000 7135 5068

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 #7014 2870 0000 7135 5068

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 June 2015 is attached and is provided in compliance with Consent Decree requirements.

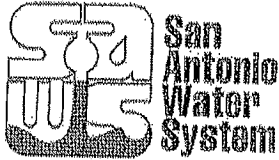
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage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

Sincerely,

A handwritten signature in blue ink, appearing to read "Jeffrey J. Haby".

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

Enc. As stated



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

July 10, 2015

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

Dear Ms. Garza,

The dates below show the Mitchell Lake Dam effluent excursions for the month of June 2015, as Mitchell Lake continues to discharge over the dam site due to May and June rain events.

pH	DO
June 6, 2015 - 9.80 SU	June 3, 2015 - 2.90 mg/l
June 7, 2015 - 9.50 SU	June 6, 2015 - 2.80 mg/l
June 9, 2015 - 9.14 SU	June 20, 2015 - 1.50 mg/l
June 10, 2015 - 9.27 SU	June 27, 2015 - 2.10 mg/l
June 18, 2015 - 9.12 SU	
June 22, 2015 - 9.10 SU	
June 23, 2015 - 9.10 SU	
June 24, 2015 - 9.30 SU	
June 25, 2015 - 9.55 SU	
June 26, 2015 - 9.40 SU	
June 28, 2015 - 9.40 SU	

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

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

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

cc: Steve Clouse
Parviz Chavol
Floramie Welch

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: 2800 US HWY 281 NORTH
 SAN ANTONIO, TX 78212
ATTN: STEVEN CLOUSE, SEN. VP & COO

TX0065641	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015
MONITORING PERIOD	

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

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	*****	*****	7.9	*****	*****	4		
00300 1 0 Effluent Gross	*****	*****	4	*****	*****		Daily	GRAB
BOD, 5-day, 20 deg. C	*****	*****	*****	*****	*****			
00310 1 0 Effluent Gross	*****	*****	25	*****	*****			
pH	*****	*****	30	*****	*****		Daily	GRAB
00400 1 0 Effluent Gross	*****	*****	8.8	*****	*****	14		
Solids, total suspended	*****	*****	*****	*****	*****			
00530 1 0 Effluent Gross	*****	*****	83	*****	*****	0		
Flow, in conduit or thru treatment plant	*****	*****	90	*****	*****		Daily	GRAB
50050 1 0 Effluent Gross	*****	*****	*****	*****	*****	0	Daily	INSTAN
E. coli	*****	*****	*****	*****	*****			
51040 1 0 Effluent Gross	*****	*****	126	*****	*****		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations	210-233-3239	07/14/16
TYPED OR PRINTED	AREA Code	NUMBER
	210	3239
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
MM/DD/YYYY		
07/14/16		

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

OVERFLOW REPORT

PERIOD:

WATERSHED: MEDIO CREEK

TCEQ PERMIT # 10137-040

EPA PERMIT # 0055689

WO #	INSPT#	SR #	Date	Address	Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments	
Total Events:				Total Gallons:		Total Duration:						
Monday, July 06, 2015												

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

OVERFLOW REPORT - REVISED REPORT 07/01/2015

PERIOD: MAY 2015
 WATERSHED: MEDIO CREEK
 TCEQ PERMIT # 10137-040
 EPA PERMIT # 0055689

WO #	INSPT#	SR #	Date	Address	Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments
1126309		882403	5/23/2015	Valley HI Dr	818	16,500 /I	Diluted By Heavy Rain Water	2.75	0.00	Ground	24 Inch Sewer Main
1123163			5/17/2015	Valley HI Dr	818	9,450	Lift Station Restored Power	0.45	0.35	Ground	Area Cleaned and Disinfected, Ls #188
Total					25,950		3.20				
Events:					Total Gallons:		Total Duration:				

Wednesday, July 01, 2015
 Note: Comments reflect status reported on the 5-Day report Note 2: On 06/24/15 LS Manager discovered that this spill was not reported due to miscommunication among staff during the storm event.

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
 SAN ANTONIO, TX 78221
ATTN: PARIZ CHAVOL SR DIR

TX0055689	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015


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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Oxygen, dissolved [DO]	MEASUREMENT	7.4	*****	6	*****	9	*****	0	Daily	Grab
00300 1 0	PERMIT REQUIREMENT	*****	*****	MO. MIN	*****	*****	*****	0	Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	7.5	*****	7.9	*****	0	Daily	Grab
pH	PERMIT REQUIREMENT	*****	*****	MINIMUM	*****	MAXIMUM	*****	0	Daily	GRAB
00400 1 0	PERMIT REQUIREMENT	*****	*****	6	*****	9	*****	0	Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	47	*****	1.02	*****	1.30	*****	0	Daily	Compos
00530 1 0	PERMIT REQUIREMENT	2002 DAILY AV	*****	15	*****	30	*****	0	Daily	Compos
Effluent Gross	SAMPLE MEASUREMENT	16	*****	0.35	*****	1.30	*****	0	Daily	Compos
Nitrogen, ammonia total [as N]	PERMIT REQUIREMENT	267 DAILY AV	*****	2	*****	7	*****	0	Daily	Compos
00610 1 0	PERMIT REQUIREMENT	5.56	*****	7.98	*****	*****	*****	0	Continuous	TotalZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	Req. Mon. DAILY AV	*****	Req. Mon. DAILY MX	*****	*****	*****	0	Continuous	TotalZ
50050 1 0	PERMIT REQUIREMENT	*****	*****	8779	*****	*****	*****	0	Continuous	TotalZ
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	2778	*****	*****	*****	0	Continuous	TotalZ
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	4.71	*****	2HR PEAK	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0	PERMIT REQUIREMENT	16 ANNL AVG	*****	MGD	*****	*****	*****	0	Continuous	TotalZ
Effluent Gross (Supplementary)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Pariz Chavol - Senior Director
 Production & Treatment Operations
 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: 210-233-3239
 AREA CODE: 210-233-3239
 NUMBER: 07/14/15
 DATE: 07/14/15

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
 SAN ANTONIO, TX 78212
ATTN: PARIZ CHAVOL SR DIR

TX0055689	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	PERMIT REQUIREMENT	VALUE	UNITS	PERMIT REQUIREMENT			
E. coli	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
51040 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100ml	0	Daily	GRAB
BOD, carbonaceous, 05 day, 20 C	PERMIT REQUIREMENT	93	*****	*****	2.00	*****	*****	0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	934 DAILY AV	*****	*****	7 DAILY AV	20 DAILY MX	mg/L	0	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.	
Parviz Chavol - Senior Director Production & Treatment Operations		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
TYPED OR PRINTED			
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			
TELEPHONE		DATE	
210-233-3239		07/14/15	
AREA CODE	NUMBER	MM/DD/YYYY	
210	233-3239	07/14/15	

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
 SAN ANTONIO, TX 78221
ATTN: PARIZ CHAVOL SR DIR

TX0056689	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	06/30/2015

DMR Mailing ZIP CODE: 78221
 MAJOR (SUBR 13)
 48-HOUR ACUTE FRESHWATER - 001
 External Outfall
 No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS				
Whole effluent toxicity - retest #1	PERMIT REQUIREMENT	*****	*****	*****	N/A	N/A	*****				
22415 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MIN	*****	pass=0/fail=1	See Permit	COMP24	
Whole effluent toxicity - retest #2	PERMIT REQUIREMENT	*****	*****	*****	N/A	N/A	*****				
22416 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 48HR MIN	Opt. Mon. MO AV MIN	*****	pass=0/fail=1	See Permit	COMP24	
LF Pass/Fail Statre 48Hr Acute Daphnia Pulex	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****		0	Quarterly	Comp24
TEM3D 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. 48HR MIN	Reg. Mon. MO AV MIN	*****	pass=0/fail=1	0	Quarterly	COMP24
LF Pass/Fail Statre 48Hr Acute Pimephales Promela	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****		0	Quarterly	Comp24
TEM6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. 48HR MIN	Reg. Mon. MO AV MIN	*****	pass=0/fail=1	0	Quarterly	COMP24
NOEC Lethal Static Renewal 48HR Acute Daphnia pulex	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****		0	Quarterly	Comp24
TOM3D 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. 48HR MIN	Reg. Mon. MO AV MIN	*****	%	0	Quarterly	COMP24
NOEC Lethal Static Renewal 48HR Acute Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****		0	Quarterly	Comp24
TOM6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. 48HR MIN	Reg. Mon. MO AV MIN	*****	%	0	Quarterly	COMP24
LOEC Lethal Survival Static Renewal 48HR Acute Daphnia pulex	SAMPLE MEASUREMENT	*****	*****	*****	Q	Q	*****		0	Quarterly	Comp24
TXM3D 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. 48HR MIN	Reg. Mon. MO AV MIN	*****	%	0	Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Parviz Chavol - Senior Director
Production & Treatment Operations

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 210-233-3239 **DATE** 07/14/15

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

EPA Form 3320-1 (Rev.01/06) Previous editions may be used. 03/20/2015 Page 1

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
 SAN ANTONIO, TX 78246
ATTN: PARIZ CHAVOL SR DIR

TX0055689 PERMIT NUMBER	TX1-Q DISCHARGE NUMBER
MM/DD/YYYY 04/01/2015 MONITORING PERIOD	MM/DD/YYYY 06/30/2015

DMR Mailing ZIP CODE: 78221
MAJOR
 (SUBR 13)
 48-HOUR ACUTE FRESHWATER - 001
 External Outfall
 No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	PERMIT REQUIREMENT	VALUE	UNITS	PERMIT REQUIREMENT			
LOEC Lethal Survival Static Renewal 48HR Acute Pimephales		*****	*****	*****	Q	Q	*****	0	Quarterly	Comp24
TXM6C 1 0 Effluent Gross		*****	*****	*****	Reg: Mon. 48HR MIN	Reg: Mon. MO AV MIN	*****	%	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 violators.		TELEPHONE	DATE
Parviz Chavol - Senior Director			210-233-3239	07/14/15
Production & Treatment Operations		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER
TYPED OR PRINTED			210	233-3239

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

OVERFLOW REPORT

PERIOD: JUNE 2015

WATERSHED: LEON CREEK

TCEQ PERMIT # 10137-003

EPA PERMIT # 0052639

WO #	INSPT#	SR #	Date	Address	Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments
		914476	6/17/2015	Volanda	111	9,600	I/I	2.00	0.62	Drainage Culvert	Monitored Area
		896594	6/1/2015	1h 10 WV	23500	95,880	I/I	50.50	0.00	Creek Bed Spilled Into Leon Creek	Manholes Were Raised, A Low Water Crossing In The Area Was Cut Open To Allow The Creek To Flow Through
Total Events:					2	Total Gallons:		105,480	Total Duration:		52.50

Monday, July 06, 2015

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

TX0052639 PERMIT NUMBER	001-A DISCHARGE NUMBER
MM/DD/YYYY 06/01/2015	MM/DD/YYYY 06/30/2015

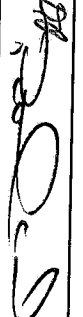
DMR Mailing ZIP CODE: 78221
 MAJOR (SUBR 13)
 DOMESTIC FACILITY - 001
 External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE				
Oxygen, dissolved [DO]	PERMIT MEASUREMENT	*****	*****	5.6	*****	*****		0	12/Day	Grab
00300 1 0 Effluent Gross	PERMIT MEASUREMENT	*****	*****	5	*****	*****	mg/L	0	Daily	GRAB
PH	SAMPLE MEASUREMENT	*****	*****	6.0	*****	*****		0	12/Day	Grab
00400 1 0 Effluent Gross	PERMIT MEASUREMENT	*****	*****	6	*****	*****	SU	0	Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	339	*****	1.09	*****	1.90		0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT MEASUREMENT	5755	*****	15	*****	40	mg/L	0	Daily	Compos
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	92	*****	0.30	*****	0.75		0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT MEASUREMENT	767	*****	2	*****	7	mg/L	0	Daily	Compos
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	37.3	*****	56.3	*****	*****		0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT MEASUREMENT	Req. Mon DAILY AV	Req. Mon DAILY MX	43056	*****	*****	MGD	0	Continuous	TotalZ
50050 P 0 See Comments	PERMIT MEASUREMENT	*****	63889	2HR PEAK	*****	*****	gal/min	0	Continuous	TotalZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT MEASUREMENT	46	*****	*****	*****	*****	MGD	0	Continuous	TotalZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Parviz Chavol - Senior Director
 Production & Treatment Operations
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE: 210-233-3239
 AREA Code: 210
 NUMBER: 233-3239
 DATE: 07/14/16

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
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 78221
 MAJOR (SUBR 13)
 DOMESTIC FACILITY - 001
 External Outfall
 No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Chlorine, total residual	*****	*****	*****	*****	*****	*****	*****	0	12/Day	Grab	
50060 A 0 Disinfection, Process Complete	*****	*****	*****	*****	*****	*****	*****	0	12/Day	GRAB	
Chlorine, total residual	*****	*****	*****	*****	*****	*****	*****	0	12/Day	Grab	
50060 B 0 Prior to Disinfection	*****	*****	*****	*****	*****	*****	*****	0	Daily	GRAB	
E. coli	*****	*****	*****	*****	*****	*****	*****	0	Daily	GRAB	
51040 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	Five per Week	GRAB	
BOD, carbonaceous, 05 day, 20 C	*****	*****	*****	*****	*****	*****	*****	0	Daily	Compos	
80082 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	Daily	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Parviz Chavol - Senior Director	TELEPHONE	210-233-3239	DATE	07/14/15
Production & Treatment Operations	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)

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
 SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYC. CTR.
LOCATION: 1104 MAUERMAN ROAD
 SAN ANTONIO, TX 78224
ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 78221
 MAJOR (SUBR 13)
 DOMESTIC FACILITY - 002
 External Outfall
 No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Oxygen, dissolved [DO]	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	12/Day	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	5	MO MIN	*****	*****	0	Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	12/Day	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	6	MINIMUM	*****	*****	0	Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	5/75	DAI LY AV	*****	*****	*****	*****	0	Daily	Compos
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	767	DAI LY AV	*****	*****	*****	*****	0	Daily	Compos
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	*****	*****	*****	*****	0	Continuous	TOTALZ
See Comments	SAMPLE MEASUREMENT	*****	*****	63889	ZHR PEAK	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46	ANNL AVG	*****	*****	*****	*****	0	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 the requirements of the NPDES program. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for providing such information knowingly and willfully.	TELEPHONE	DATE
Parviz Chavol - Senior Director		210-233-3239	6/14/15
Production & Treatment Operations		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
TYPED OR PRINTED		AREA Code	NUMBER
			MM/DD/YYYY

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

NO DISCHARGE


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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
 SAN ANTONIO, TX 78224
FACILITY: LEON CREEK WATER RECYC. CTR.
LOCATION: 1104 MAUERMAN ROAD
 SAN ANTONIO, TX 78224
ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 78221
 MAJOR (SUBR 13)
 DOMESTIC FACILITY - 002
 External Outfall
 No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	*****	*****	*****	*****	*****	*****	0	12/Day	Grab	
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	INST MAX	0	Daily	GRAB	
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	12/Day	Grab	
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	1	*****	*****	0	Daily	GRAB	
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	Daily	Grab	
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	394	0	Five per Week	GRAB	
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	*****	*****	*****	*****	DAILY AV	0	Daily	Compos	
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	2686	*****	*****	*****	DAILY AV	0	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, evaluate, and report the information submitted. Based on my inquiry of the person or persons who made the and 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
Parviz Chavol - Senior Director			210-233-3239	6/14/16
Production & Treatment Operations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
TYPED OR PRINTED			210-233-3239	6/14/16

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

NO DISCHARGE

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
 SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYC. CTR.
LOCATION: 1104 MAUJERMAN 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
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 78221
 MAJOR (SUBR 13)
 COMBINED OUTFALLS 001 & 002
 External Outfall
 No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	339	*****	*****	*****	*****	*****	*****	0	Daily	Compos
00630 J 0 Intermediate Treatment, Process	PERMIT REQUIREMENT 5755 DAILY AV	*****	*****	*****	*****	*****	*****	0	Daily	COMPOS
Nitrogen, ammonia total [as N]	92	*****	*****	*****	*****	*****	*****	0	Daily	Compos
00610 J 0 Intermediate Treatment, Process	PERMIT REQUIREMENT 767 DAILY AV	*****	*****	*****	*****	*****	*****	0	Daily	COMPOS
Flow, in conduit or thru treatment plant	37.3	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT Req. Mon. DAILY AV *****	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ
Flow, in conduit or thru treatment plant	43056	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	PERMIT REQUIREMENT *****	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ
Flow, in conduit or thru treatment plant	29.6	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT 46 ANNL AVG	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ
BOD, carbonaceous, 05 day, 20 C	623	*****	*****	*****	*****	*****	*****	0	Daily	Compos
80082 J 0 Intermediate Treatment, Process	PERMIT REQUIREMENT 2686 DAILY AV	*****	*****	*****	*****	*****	*****	0	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 the provisions of the NPDES permit. I am a duly authorized representative of the permittee and I am providing this information 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
Parviz Chavol - Senior Director		210-233-3239	07/14/15
Production & Treatment Operations		AREA Code NUMBER	MM/DD/YYYY
TYPED OR PRINTED			
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
 SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYC. CTR.
LOCATION: 1104 MAUERMAN ROAD
 SAN ANTONIO, TX 78224
ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	06/30/2015

DMR Mailing ZIP CODE: 78221
 MAJOR (SUBR 13)
 7-DAY CHRONIC FRESHWATER - 001
 External Outfall
 No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	*****	*****	N/A	N/A	*****			
22415 1 0	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MIN	*****		See Permit	COMP24
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	N/A	N/A	*****			
Whole effluent toxicity - retest #2	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MIN	*****		pass=0/fail=1	
22416 1 0	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****	0	Quarterly	Comp 24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****		pass=0/fail=1	
Low Flow Pass/Fail Survival Test	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****			
Static Renewal 7 Day Chronic	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****			
TLP6C 1 0	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****	0	Quarterly	Comp 24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****			
NOEC Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****	0	Quarterly	Comp 24
TOP3B 1 0	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****			
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****			
NOEC Lethal Static Renewal 7 Day Chronic Pimephales promelas	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****			
TOP6C 1 0	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****			
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****			
TPP3B 1 0	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****			
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Parviz Chavol - Senior Director
Production & Treatment Operations

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: 210-233-3239
 DATE: 07/14/15
 AREA CODE: 210
 NUMBER: 233-3239
 MM/DD/YYYY: 07/14/15

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

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


TX0052639	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	06/30/2015

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

ATTN: STEVEN CLOUSE, SENIOR VP

No Discharge

PARAMETER	MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. OF ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****	*****	0	Quarterly	Comp 24
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	%	0	Quarterly	Comp 24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****	pass=0/fail=1	0	Quarterly	Comp 24
TWP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	pass=0/fail=1	0	Quarterly	Comp 24
TWP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	%	0	Quarterly	Comp 24
LOEC Lethal Survival Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	Q	Q	*****	%	0	Quarterly	Comp 24
TXP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	%	0	Quarterly	Comp 24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	Q	Q	*****	%	0	Quarterly	Comp 24
TXP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	%	0	Quarterly	Comp 24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	Q	Q	*****	%	0	Quarterly	Comp 24
TXP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	%	0	Quarterly	Comp 24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	Q	Q	*****	%	0	Quarterly	Comp 24
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	%	0	Quarterly	Comp 24

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 persons 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.	
Parviz Chavol - Senior Director Production & Treatment Operations		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NUMBER
		210-233-3239
		DATE 07/14/16
		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

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

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

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

TX0052639	TX2-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	06/30/2015

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
7-DAY CHRONIC FRESHWATER - 002
External Outfall
No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1	MEASUREMENT	*****	*****	*****	*****	*****	*****			
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MIN	*****	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 MIN	*****	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 MIN	*****	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 MIN	*****	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 MIN	*****	%	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 MIN	*****	%	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 MIN	*****	%	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.	
Parviz Chavol - Senior Director Production & Treatment Operations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
TELEPHONE	DATE	
210-233-3239	07/14/15	
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.

No Discharge

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
 SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYC. CTR.
LOCATION: 1104 MAUERMAN ROAD
 SAN ANTONIO, TX 78224
ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639 PERMIT NUMBER	TX2-Q DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 04/01/2015	MM/DD/YYYY 06/30/2015

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
 7-DAY CHRONIC FRESHWATER - 002
 External Outfall
No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
NOEC Sub-lethal Static Renewal 7 Day Chronic Pimephales promelas	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
TPP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
Pass/Fail Sub-lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
TWP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
Pass/Fail Sub-lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
TWP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
TXP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
TXP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
LOEC Sub-lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
TYP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
LOEC Sub-lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
TYP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		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.
Parviz Chavol - Senior Director	
Production & Treatment Operations	
TYPED OR PRINTED	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
TELEPHONE	DATE
210-233-3239	04/14/15
AREA Code	NUMBER
210	233-3239
MM/DD/YYYY	
04/14/15	

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

No Discharge

OVERFLOW REPORT

PERIOD: JUNE 2015
 WATERSHED: DOS RIOS
 TCEQ PERMIT # 10137-033
 EPA PERMIT # 0077801

WO #	INSPT#	SR #	Date	Address	Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments
361422	923482		6/25/2015	Commerce St W	4303	Grease	Cleaned Main	0.67	0.42	Street	Area Cleaned and Disinfected, Flushed Area with H2O
360992	919325		6/22/2015	Mossrock	2639	Debris	Cleaned Main	1.80	1.30	Street	Area Cleaned and Disinfected, Flushed Area with H2O
916303			6/19/2015	Manor Dr	908		Diluted By Heavy Rainwater	2.25	0.00	Street	Monitored Area
914487			6/17/2015	Kampmann Blvd	310		Diluted By Heavy Rain Water	3.00	2.02	Creek Bed (Spilled Into Woodlawn Lake)	Monitored Area
360216	912741		6/16/2015	San Francisco	1426	Debris	Cleaned Main	1.05	0.48	Street	Area Cleaned and Disinfected, Flushed Area with H2O
910640			6/14/2015	Mission Rd	1135		Diluted By Heavy Rain Water	2.50	0.00	Stormdrain	Monitored Area
908788			6/14/2015	Woodlawn W	2302		Diluted By Heavy Rain Water	4.03	0.47	Creek Bed (Spilled Into Woodlawn Lake)	Monitored Area
908767			6/14/2015	Tulane	407		Diluted By Heavy Rainwater	5.35	1.40	Street	Monitored Area
908796			6/14/2015	Cheyl Dr E	409		Diluted By Heavy Rain Water	1.65	0.10	Street	Monitored Area
908763			6/14/2015	Poplar St W	2204		Diluted By Heavy Rain Water	3.28	0.53	Creek Bed (Spilled Into Alazan Creek)	Monitored Area
908811			6/14/2015	Leal St	1026		Diluted By Heavy Rain Water	4.75	1.23	Creek Bed (Spilled Into Alazan Creek)	Monitored Area
908780			6/14/2015	Lombrano	1235		Diluted By Heavy Rain Water	6.00	1.92	Creek Bed (Spilled Into Alazan Creek)	Monitored Area
Total Events:	12			Total Gallons:	141,155		Total Duration:	36.33			

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

359416	902789	6/9/2015	Rimcrest Dr	10606	25	Debris	Cleaned Main	3.60	1.85	Easement	Area Cleaned and Disinfected, Flushed Area with H2O
358928	896534	6/4/2015	Benham	4903	100	Grease	Cleaned Main	0.98	0.52	Street	Area Cleaned and Disinfected, Flushed Area with H2O
Total Events:	15						Total Gallons:	226,399		Total Duration:	90.30

Monday, July 06, 2015

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

OVERFLOW REPORT

PERIOD: JUNE 2015

WATERSHED: SALADO CREEK

TCEQ PERMIT # 10137-008

EPA PERMIT # 0052647

WO #	INSPT#	SR #	Date	Address	Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments	
361951	930626		6/30/2015	Mission Rdg	15751	2,000	Vandalism	Cleaned Main	1.33	0.83	Drainage Culvert	Diluted By Heavy Rainwater, Area Cleaned, The Contained Diluted Sewage Was Vacuumed Up
1139854			6/22/2015	Holbrook	700	90,200	IF	Cleanup Is On-going And Fresh Soil Is Being Placed To Bring The Area Back To Natural Grade	16.57	0.57	Creek Bed (Spilled Into Salado Creek)	Work Order Created To Repair Manhole Ring And Cover
	917555		6/21/2015	Holbrook	668	9,000	IF	Diluted By Heavy Rain Water	10.00	0.00	Creek Bed (Spilled Into Salado Creek)	Monitored Area
	917508		6/20/2015	Holbrook	668	9,000	IF	Diluted By Heavy Rain Water	10.00	0.00	Creek Bed (Spilled Into Salado Creek)	Monitored Area
	916310		6/19/2015	Harry Wuizbach	1427	2,600	IF	Diluted By Heavy Rain Water	2.17	0.00	Drainage Culvert	Monitored Area
	916690		6/19/2015	Anton Cir	1074	7,500	IF	Diluted By Heavy Rain Water	5.00	0.00	Creek Bed (Spilled Into Salado Creek)	Monitored Area
	916338		6/19/2015	Ira Lee Rd	200	43,500	IF	Diluted By Heavy Rain Water	7.25	0.00	Street	Monitored Area
	916839		6/19/2015	Holbrook	700	43,750	IF	Diluted By Heavy Rain Water	14.58	0.00	Creek Bed (Spilled Into Salado Creek)	Monitored Area
1138324			6/17/2015	Pyrite Loop	6138	850	Lift Station	Diluted By Heavy Rainwater, Also Disinfected Area	0.57	0.00	Ground	Restored The Power To Lift Station #261
	914530		6/17/2015	Starcrest Dr	11400	4,950	IF	Diluted By Heavy Rain Water	2.75	0.00	Ground	Monitored Area
1136547			6/14/2015	Eagle Ctk	3540	10,100	Lift Station	Lift Station Honeywagon Removed Several Loads From The Wet Well	3.37	0.00	Drainage Culvert	Power Was Restored By Cps Energy Ls #156
	908801		6/14/2015	Arrowhead Dr	83	204	Other	Diluted By Heavy Rainwater	3.40	0.60	Stormdrain	Monitored Area
	359612		6/10/2015	La Pena Dr	21023	2,620	Debris	Cleaned Main	8.73	1.07	Drainage Culvert	Cleanup Efforts Are Ongoing

OVERFLOW REPORT

PERIOD:

WATERSHED: SUBSCRIBER

TCEQ PERMIT # Subscriber

EPA PERMIT # Subscriber

WO #	INSPT#	SR #	Date	Address	Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments
Total Events:											
Total Gallons:											
Total Duration:											

Monday, July 06, 2015

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
 SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
 SAN ANTONIO, TX 78221
ATTN: PARIZ CHAVOL SR DIR


TX0077801 PERMIT NUMBER	001-A DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 06/01/2015	MM/DD/YYYY 06/30/2015

DMR Mailing ZIP CODE: 78221
 MAJOR (SUBR 13)
 DOMESTIC FACILITY - 001
 External Outfall
 No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	PERMIT REQUIREMENT	VALUE	UNITS	PERMIT REQUIREMENT			
Oxygen, dissolved [DO]	MEASUREMENT	*****	*****	*****	7.2	*****	*****	0	Daily	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6	*****	*****	0	Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	*****	0	Daily	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6	*****	*****	0	Daily	GRAB
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	6	*****	*****	0	Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	2.6	*****	*****	0	Daily	Compos
Solids, total suspended	PERMIT REQUIREMENT	*****	*****	*****	2.6	*****	*****	0	Daily	Compos
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	12	*****	*****	0	Daily	Compos
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	0.40	*****	*****	0	Daily	Compos
Nitrogen, ammonia total [as N]	PERMIT REQUIREMENT	*****	*****	*****	4.2	*****	*****	0	Daily	Compos
00610 1 0	PERMIT REQUIREMENT	*****	*****	*****	2	*****	*****	0	Daily	Compos
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	108	*****	*****	0	Continuous	TotalZ
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	*****	*****	*****	166	*****	*****	0	Continuous	TotalZ
50050 1 0	PERMIT REQUIREMENT	*****	*****	*****	141389	*****	*****	0	Continuous	TotalZ
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	173611	*****	*****	0	Continuous	TotalZ
See Comments	PERMIT REQUIREMENT	*****	*****	*****	2HR PEAK	*****	*****	0	Continuous	TotalZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	87	*****	*****	0	Daily	Grab
50050 Y 0	PERMIT REQUIREMENT	*****	*****	*****	125	*****	*****	0	Continuous	TotalZ
Effluent Gross (Supplementary)	PERMIT REQUIREMENT	*****	*****	*****	87	*****	*****	0	Daily	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Parviz Chavol - Senior Director
 Production & Treatment Operations
 TYPED OR PRINTED

IDENTIFY 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 MAINTAIN INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THE 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: 210-233-3239
 DATE: 07/11/15
 AREA CODE: 210
 NUMBER: 233-3239
 MM/DD/YYYY: 07/11/15

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

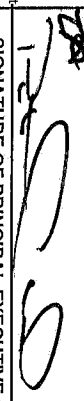
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221

ATTN: PARIZ CHAVOL SR DIR

TX0077801	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
DOMESTIC FACILITY - 001
External Outfall
No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Chlorine, total residual	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab	
50060 A 0 Disinfection, Process Complete	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab	
Chlorine, total residual	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab	
50060 B 0 Prior to Disinfection	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab	
E. coli	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab	
51040 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	Five per Week	GRAB	
BOD, carbonaceous, 05 day, 20 C	*****	*****	*****	*****	*****	*****	*****	0	Daily	Compos	
80082 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	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 report the information submitted. Based on my inquiry of the person or persons who manage the system of these reports, I am satisfied that the information submitted is true and correct. I understand 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
Parviz Chavol - Senior Director			210-233-3239	07/14/15
Production & Treatment Operations			AREA Code	NUMBER
TYPED OR PRINTED				MM/DD/YYYY

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

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


Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DOS RIOS WATER 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: PARIZ CHAVOL SR DIR

TX0077801	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 78221
 MAJOR (SUBR 13)
 DOMESTIC FACILITY - 002
 External Outfall
 No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Oxygen, dissolved [DO]	PERMIT REQUIREMENT	*****	*****	*****	6.5	*****	*****	*****	0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4	*****	*****	*****	0	Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	*****	*****	0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6	*****	*****	*****	0	Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	MINIMUM	*****	*****	*****	0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251	*****	*****	15	*****	*****	*****	0	Daily	Compos
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	DAILY AV	*****	*****	DAILY AV	*****	*****	*****	0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	167	*****	*****	2	*****	*****	*****	0	Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	DAILY AV	*****	*****	DAILY AV	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	3.5	*****	*****	4.5	*****	*****	*****	0	Continuous	TotalZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	Req. Mon. DAILY AV	*****	*****	Req. Mon. DAILY MX	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	10	*****	*****	MGD	*****	*****	*****	0	Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	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 and to the best of my knowledge and belief, the person or persons who manage the system are aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NUMBER	DATE
Pariz Chavol - Senior Director			210-233-3239	06/14/15
Production & Treatment Operations			AREA Code	MM/DD/YYYY
TYPED OR PRINTED			NUMBER	

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

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

Form Approved
OMB No. 2040-0004

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

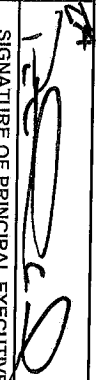
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: PARIZ CHAVOL SR DIR

TX0077801	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Chlorine, total residual	MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Daily	Grab
50060 B 0	PERMIT REQUIREMENT	*****	*****	1.0	*****	*****	*****	0	Daily	Grab
Prior to Disinfection	SAMPLE MEASUREMENT	*****	*****	1	MO/MIN	*****	*****	0	Daily	GRAB
E. coli	PERMIT REQUIREMENT	*****	*****	1.3	126 DAILY AV	1.8	394 DAILY MX	0	Daily	Grab
51040 1 0	PERMIT REQUIREMENT	*****	*****	2.0	10 DAILY AV	3.0	25 DAILY MX	0	Three per Week	GRAB
Effluent Gross	SAMPLE MEASUREMENT	60	*****	*****	*****	*****	*****	0	Daily	Grab
BOD, carbonaceous, 05 day, 20 C	PERMIT REQUIREMENT	834	DAILY AV	*****	*****	*****	*****	0	Daily	COMPOS
80082 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Daily	COMPOS
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	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.	
Parviz Chavol - Senior Director Production & Treatment Operations	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
TELEPHONE	DATE	
210-233-3239	07/19/15	
AREA Code NUMBER	MM/DD/YYYY	
210-233-3239	07/19/15	

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
 SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
 SAN ANTONIO, TX 78221
ATTN: PARIZ CHAVOL SR DIR

TX0077801	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 78221
 MAJOR (SUBR 13)
 DOMESTIC FACILITY - 003
 External Outfall
 No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Oxygen, dissolved [DO]	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4	NO MIN	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****			*****				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6	MINIMUM	*****	SU		Daily	GRAB
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT										
Nitrogen, ammonia total [as N]	PERMIT REQUIREMENT	1251	*****	lb/d	*****	15	40	mg/L		Daily	COMPOS
00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	167	*****	lb/d	*****	2	7	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	MGD	*****	*****	*****				
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT										
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	MGD	*****	*****	*****				
50050 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	10	*****	MGD	*****	*****	*****				
Chlorine, total residual	PERMIT REQUIREMENT	ANNL AVG	*****	*****	*****	*****	*****				
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1	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 the information submitted is 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.
Parviz Chavol - Senior Director	
Production & Treatment Operations	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
AREA Code	TELEPHONE NUMBER
210-233-3239	210-233-3239
MM/DD/YYYY	DATE
07/14/15	07/14/15

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: PARIZ CHAVOL SR DIR

TX0077801	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	PERMIT REQUIREMENT	VALUE	UNITS	PERMIT REQUIREMENT			
Chlorine, total residual	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
50060 B 0	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Prior to Disinfection	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
E. coli	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
51040 1 0	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Effluent Gross	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
BOD, carbonaceous, 05 day, 20 C	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
80082 1 0	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Effluent Gross	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Parviz Chavol - Senior Director	TELEPHONE	210-233-3239	DATE	7/14/15
Production & Treatment Operations		AREA Code	210	NUMBER	233-3239
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

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

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

No Discharge

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

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: PARIZ CHAVOL SR DIR

TX0077801 PERMIT NUMBER	004-A DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 06/01/2015	MM/DD/YYYY 06/30/2015

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
DOMESTIC FACILITY - 004
External Outfall
No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE			
Oxygen, dissolved [DO]	PERMIT REQUIREMENT	*****	*****	*****	6.8	*****	*****	0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MO MIN	*****	*****	0	Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	*****	0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	0	Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	25	*****	*****	3.4	*****	*****	0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 DAILY AV	*****	*****	15 DAILY AV	*****	*****	0	Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	6.4	*****	*****	0.75	*****	*****	0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	50 DAILY AV	*****	*****	2 DAILY AV	*****	*****	0	Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.83	1.2	M/GD	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. DAILY AV	*****	M/GD	*****	*****	*****	0	Continuous	TotalZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.68	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	3 ANNUL AVG	*****	M/GD	*****	*****	*****	0	Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol - Senior Director Production & Treatment Operations	1. 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
TYPED OR PRINTED			210-233-3239	07/14/15
			AREA Code NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
 SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD
 SAN ANTONIO, TX 78221
ATTN: PARIZ CHAVOL SR DIR

TX0077801	004-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 78221
 MAJOR (SUBR 13)
 DOMESTIC FACILITY - 004
 External Outfall
 No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Chlorine, total residual	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab	
50060 B.0 Prior to Disinfection	*****	*****	*****	*****	1.0	*****	*****	0	Daily	Grab	
E. coli	*****	*****	*****	*****	1	*****	*****	0	Daily	Grab	
51040 1.0 Effluent Gross	*****	*****	*****	*****	1.2	*****	*****	0	Daily	Grab	
BOD, carbonaceous, 05 day, 20 C	*****	*****	*****	*****	126	*****	*****	0	Weekly	GRAB	
80062 1.0 Effluent Gross	*****	*****	*****	*****	2.0	*****	*****	0	Daily	Grab	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol - Senior Director	210-233-3239	6/14/15
Production & Treatment Operations	AREA Code	NUMBER
TYPED OR PRINTED	MM/DD/YYYY	

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
 SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
 SAN ANTONIO, TX 78221
 ATTN: PARIZ CHAVOL SR DIR

TX0077801	005-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 78221
 MAJOR (SUBR 13)
 DOMESTIC FACILITY - 005
 External Outfall
 No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Oxygen, dissolved [DO]	PERMIT REQUIREMENT	*****	*****	*****	6.7	*****	*****	*****	0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4	*****	*****	mg/L	0	Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	*****	*****	0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6	*****	*****	SU	0	Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	19	*****	*****	2.9	*****	*****	*****	0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	325	*****	*****	15	*****	*****	mg/L	0	Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	3.0	*****	*****	0.42	*****	*****	*****	0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	43	*****	*****	2	*****	*****	mg/L	0	Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.81	*****	*****	1.1	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.64	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2.6	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	12-233-3239	TELEPHONE	DATE
Pariz Chavol - Senior Director	210-233-3239	571/1/15	
Production & Treatment Operations			
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
		MM/DD/YYYY	

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

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: PARIZ CHAVOL SR DIR

TX0077801	005-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 78221
 MAJOR (SUBR 13)
 DOMESTIC FACILITY - 005
 External Outfall
 No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	PERMIT REQUIREMENT	VALUE	UNITS	PERMIT REQUIREMENT			
Chlorine, total residual	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab
50060 B 0 Prior to Disinfection	*****	*****	*****	1.0	*****	*****	*****	0	Daily	Grab
E. coli	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab
51040 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
BOD, carbonaceous; 05 day, 20 C	*****	*****	*****	1.3	*****	*****	*****	0	Daily	Grab
80082 1 0 Effluent Gross	*****	*****	*****	14	*****	*****	*****	0	Daily	Grab
	*****	*****	*****	2.0	*****	*****	*****	0	Daily	Grab
	*****	*****	*****	14	*****	*****	*****	0	Daily	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	1 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 fines and imprisonment for knowing violations.	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations		210-233-3239	07/14/15
TYPED OR PRINTED		AREA Code	NUMBER
			MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
 SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
 SAN ANTONIO, TX 78221
ATTN: PARIZ CHAVOL SR DIR

TX0077801	006-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
 DOMESTIC FACILITY - 006
 External Outfall
No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
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	*****			Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****			*****	SU			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	5/755	*****	*****	15	DAILY AV	*****	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	DAILY AV	*****	*****	40	DAILY MX	*****	mg/L			
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	767	*****	*****	2	DAILY AV	*****	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	DAILY AV	*****	*****	7	DAILY MX	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	*****	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	Req. Mon. DAILY AV	*****	*****	*****	*****	*****	*****			
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46	*****	*****	*****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	ANNL_AVG	*****	*****	*****	*****	*****	*****			
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	1 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 knowledge and belief, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations			210-233-3239	07/14/15
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 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: PARIZ CHAVOL SR DIR

TX0077801	006-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 78221
 MAJOR (SUBR 13)
 DOMESTIC FACILITY - 006
 External Outfall
 No Discharge

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

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 the requirements of this permit. I declare that the information submitted herein is true, accurate, and complete, and that I am not providing any false or misleading information. I understand that anyone who furnishes false or misleading information on this report or who omits material or information requested on the report may be subject to criminal sanctions (including fines and imprisonment) and/or civil penalties for submitting false information, including the possibility of the revocation of the permit for this facility.	
Parviz Chavol - Senior Director		
Production & Treatment Operations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
TYPED OR PRINTED	AREA Code	NUMBER
	210-233-3239	07/14/15

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)

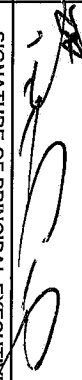
Form Approved
OMB No. 2040-0004

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: PARIZ CHAVOL SR DIR

TX0077801	101-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
 DOMESTIC WASTEWATER - 101
 Internal Outfall
 No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS				
Flow, in conduit or thru treatment plant	MEASUREMENT	3.9		*****		*****		*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	MGD	*****		*****		*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.5		*****		*****		*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	Req. Mon. ANNUAL 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 certified personnel prepare true and accurate information submitted to the public in compliance with 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.		
Pariz Chavol - Senior Director			
Production & Treatment Operations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY
	210-233-3239	0714	15

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: PARIZ CHAVOL SR DIR

TX0077801	102-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

DMR Waiting ZIP CODE: 78221
MAJOR (SUBR 13)
 TOTAL DISCHARGE - 001 & 101
 Internal Outfall
 No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	REQ. MON. DAILY AV	VALUE	UNITS	VALUE			
Flow, in conduit or thru treatment plant	112			Req. Mon. DAILY AV	*****		*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT SAMPLE MEASUREMENT			*****			*****	0	Continuous	TotalZ
Flow, in conduit or thru treatment plant	91			Req. Mon. DAILY AV	*****		*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125	MGD	ANNUAL AVG	*****		*****		Continuous	TotalZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Parviz Chavol - Senior Director Production & Treatment Operations	1. 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 made the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	210-233-3239	6/14/16
				AREA Code NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

NAME: DOS RIOS WATER 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: PARIZ CHAVOL SR DIR


TX0077801	TX-1-Q
PERMIT NUMBER	DISCHARGE NUMBER

MM/DD/YYYY	MM/DD/YYYY
04/01/2015	06/30/2015

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol - Senior Director	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	
Production & Treatment Operations			210-233-3239	07/14/16	
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.

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: PARIZ CHAVOL SR DIR

TX0077801	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	06/30/2015

DMR Mailing ZIP CODE: 78221
 MAJOR (SUBR 13)
 7-DAY CHRONIC FRESHWATER - 001
 External Outfall
 No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	PERMIT REQUIREMENT	*****	*****	*****	99	99	*****	0	Quarterly	Comp24
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	0	0	*****	0	Quarterly	Comp24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****	0	Quarterly	Comp24
TMF3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	0	0	*****	0	Quarterly	Comp24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****	0	Quarterly	Comp24
TMF6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	0	0	*****	0	Quarterly	Comp24
LOEC Lethal Survival Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	Q	Q	*****	0	Quarterly	Comp24
TXP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Q	Q	*****	0	Quarterly	Comp24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	Q	Q	*****	0	Quarterly	Comp24
TXP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Q	Q	*****	0	Quarterly	Comp24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	Q	Q	*****	0	Quarterly	Comp24
TPP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Q	Q	*****	0	Quarterly	Comp24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	Q	Q	*****	0	Quarterly	Comp24
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Q	Q	*****	0	Quarterly	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Parviz Chavol - Senior Director
 Production & Treatment Operations
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

 TELEPHONE: 210-233-3239
 DATE: 07/14/15

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: PARIZ CHAVOL SR DIR


TX0077801	TX2-Q
PERMIT NUMBER	DISCHARGE NUMBER

MM/DD/YYYY	MM/DD/YYYY
04/01/2015	06/30/2015

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	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 MIN	*****	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 MIN	*****	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 MIN	*****	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 MIN	*****	pass=0/fail=1	Quarterly	COMP24	
NOEC Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
NOEC Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	PERMIT REQUIREMENT	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	%	Quarterly	COMP24	
TOP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
NOEC Lethal Static Renewal 7 Day Chronic Prinephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
NOEC Lethal Static Renewal 7 Day Chronic Prinephales promelas	PERMIT REQUIREMENT	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	%	Quarterly	COMP24	
TOP6C 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	PERMIT REQUIREMENT	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	%	Quarterly	COMP24	
TPP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	%	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 prepared the information and on the best of my knowledge and belief, this accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.	
Parviz Chavol - Senior Director		
Production & Treatment Operations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
TYPED OR PRINTED	TELEPHONE	DATE
	210-233-3239	07/14/15
	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: PARIZ CHAVOL SR DIR

TX0077801	TX2-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	06/30/2015

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

No Discharge

PARAMETER	SAMPLING REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	%	Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Centrodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	pass=0/fail=1	Quarterly	COMP24
TPM3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	pass=0/fail=1	Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	pass=0/fail=1	Quarterly	COMP24
TPM6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	%	Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	%	Quarterly	COMP24
TXP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	%	Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pinephales	SAMPLE MEASUREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	%	Quarterly	COMP24
TXP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	%	Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	%	Quarterly	COMP24
TP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	%	Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	%	Quarterly	COMP24
TP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	%	Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Pariz Chavol - Senior Director
Production & Treatment Operations
TYPED OR PRINTED

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and analyze the information submitted, that the information submitted is true, accurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 210-233-3239
DATE: 07/14/15

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: PARIZ CHAVOL SR DIR

TX0077801	TX3-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	08/30/2015

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	*****	*****						
22415 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 7-DA MIN	Opt. Mon. MO.AV. MIN	*****	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. MIN	*****	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. MIN	*****	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. MIN	*****	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. MIN	*****	%	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. MIN	*****	%	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. MIN	*****	%	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.	
Parviz Chavol - Senior Director Production & Treatment Operations		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE
		210-233-3239
		01/14/15
		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: PARIZ CHAVOL SR DIR

TX0077801
PERMIT NUMBER

TX3-Q
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY
04/01/2015

MM/DD/YYYY
06/30/2015

DMR Mailing ZIP CODE: 78221

MAJOR (SUBR 13)

7-DAY CHRONIC FRESHWATER - 003
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	*****	%		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	*****	pass=0/fail=1		Quarterly	COMP24
TPP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	*****	pass=0/fail=1		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	*****	pass=0/fail=1		Quarterly	COMP24
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	*****	%		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	*****	%		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pinephales	SAMPLE MEASUREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	*****	%		Quarterly	COMP24
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	*****	%		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	*****	%		Quarterly	COMP24
TPP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	*****	%		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	*****	%		Quarterly	COMP24
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Pariz Chavol - Senior Director
Production & Treatment Operations
TYPED OR PRINTED

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and analyze the information submitted in this report; that the information submitted is 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: 210-233-3239
DATE: 07/14/15

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: PARIZ CHAVOL SR DIR

TX0077801	TX4-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	08/30/2015

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

No Discharge

PARAMETER	SAMPLING REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	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 MIN	*****	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 MIN	*****	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 MIN	*****	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 MIN	*****	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 MIN	*****	%	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 MIN	*****	%	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 MIN	*****	%	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 fines and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations	TYPED OR PRINTED			210-233-3239	07/14/15
				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: PARIZ CHAVOL SR DIR

TX0077801	TX4-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	06/30/2015

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

No Discharge

PARAMETER	SAMPLING REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. 7 DA MIN	Reg. Mon. MO AV MIN	*****	%	Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	Reg. Mon. 7 DA MIN	Reg. Mon. MO AV MIN	*****	pass=0/fail=1	Quarterly	COMP24
TPP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. 7 DA MIN	Reg. Mon. MO AV MIN	*****	%	Quarterly	COMP24
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. 7 DA MIN	Reg. Mon. MO AV MIN	*****	pass=0/fail=1	Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	Reg. Mon. 7 DA MIN	Reg. Mon. MO AV MIN	*****	%	Quarterly	COMP24
TXP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. 7 DA MIN	Reg. Mon. MO AV MIN	*****	%	Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	Reg. Mon. 7 DA MIN	Reg. Mon. MO AV MIN	*****	%	Quarterly	COMP24
TPP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. 7 DA MIN	Reg. Mon. MO AV MIN	*****	%	Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	Reg. Mon. 7 DA MIN	Reg. Mon. MO AV MIN	*****	%	Quarterly	COMP24
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Reg. Mon. 7 DA MIN	Reg. Mon. MO AV MIN	*****	%	Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Parviz Chavol - Senior Director
 Production & Treatment Operations

TELEPHONE: 210-233-3239
 DATE: 07/14/15

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: PARIZ CHAVOL SR DIR

TX0077801	TX5-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MM/DD/YYYY
04/01/2015	06/30/2015

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MIN	*****	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 MIN	*****	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 MIN	*****	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 MIN	*****	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 MIN	*****	%	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 MIN	*****	%	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 MIN	*****	%	Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and analyze the information submitted by others, that the information submitted is 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
Parviz Chavol - Senior Director Production & Treatment Operations			210-233-3239	07/14/15
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

TX0077801	TXS-Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 78221

MAJOR (SUBR 13)

7-DAY CHRONIC FRESHWATER - 005
External Outfall

No Discharge

ATTN: PARIZ CHAVOL SR DIR

MM/DD/YYYY	MM/DD/YYYY
04/01/2015	06/30/2015

PARAMETER	SAMPLING METHOD	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
TPP6C 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Centodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
TPP3B 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
TPP6C 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
TPP3B 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
TPP6C 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
TPP3B 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
TPP6C 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Parviz Chavol - Senior Director

Production & Treatment Operations

TELEPHONE: 210-233-3239

DATE: 07/04/15

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE: 210 NUMBER: 233-3239

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: PARIZ CHAVOL SR DIR

TX0077801	TX6-Q
PERMIT NUMBER	DISCHARGE NUMBER

MM/DD/YYYY	MM/DD/YYYY
04/01/2015	06/30/2015
MONITORING PERIOD	


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

No Discharge

PARAMETER	SAMPLING REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO.AV MIN	*****	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 MIN	*****	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 MIN	*****	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 MIN	*****	pass=0/fail=1		Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****			*****				
NOEC Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO.AV MIN	*****	%		Quarterly	COMP24
TOP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO.AV MIN	*****	%		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 MIN	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Pariz Chavol - Senior Director
Production & Treatment Operations

TELEPHONE: 210-233-3239
DATE: 07/14/15

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: PARIZ CHAVOL SR DIR

TX0077801	TX6-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	06/30/2015

DMR Mailing ZIP CODE: 78221

MAJOR (SUBR 13)

7-DAY CHROING FRESHWATER - 006
External Outfall

No Discharge

PARAMETER	SAMPLING MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
TPP6C 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	%	Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
TM/3B 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	pass=0/fail=1	Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
TM/6C 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	pass=0/fail=1	Quarterly	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
TXP3B 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	%	Quarterly	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pinephales	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
TXP6C 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	%	Quarterly	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
TYP3B 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	%	Quarterly	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
TYP6C 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	%	Quarterly	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that I am a duly licensed professional engineer and duly registered in the State of Texas. 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
Parviz Chavol - Senior Director Production & Treatment Operations			210-233-3239	6/14/15
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