



April 16, 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 1200 0001 8535 5749

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 March 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



April 16, 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 1200 0001 8535 5725

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 1200 0001 8535 5725

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 March 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

---

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: 2800 US HWY 281 N  
SAN ANTONIO, TX 78212

FACILITY: SAN ANTONIO WATER SYSTEM PORTABLE WTP

LOCATION: 6725 MORENO ST 1.6M NW IH35  
SAN ANTONIO, TX 78224

ATTN: PARIZ CHAVOL

TX0125083	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 78212

MINOR

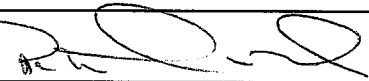
(SUBR 13)

WATER TREATMENT WASTES - 001

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	45 DAILY MX	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Daily	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations			210-233-3239	4.15.15
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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

SEE OTHER REQUIREMENTS NO. 2. WHEN DISCHARGING. WQ0004437-000

No Discharge

# 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:					

Thursday, April 02, 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: MEDIO CREEK WATER RECYCLING CENTER

ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221

FACILITY: MEDIO CREEK WATER RECYC. CTR.

LOCATION: 1300FT N USHWY 90 APPROX 1.25M W OF  
IH410

ATTN: PARIZ CHAVOL SR DIR

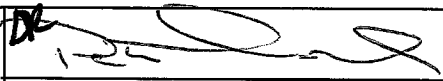
TX0055689	001-B
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 78221

MAJOR  
(SUBR 13)  
DOMESTIC FACILITY - 001  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.03	*****	*****		0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.50	*****	8.12		0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	32	*****	*****	1.07	1.60			0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2002 DAILY AV	*****	lb/d	*****	15 DAILY AV	30 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	15	*****	*****	0.50	1.81			0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	267 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.65	8.01		*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	7271		*****	*****	*****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	27778 2HR PEAK	gal/min	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.74	*****		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	16 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Parviz 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.		TELEPHONE	DATE	
			210-233-3239		4/15/15
			AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved  
OMB No. 2040-0004

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

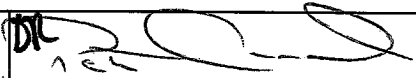
**NAME:** MEDIO CREEK WATER RECYCLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** MEDIO CREEK WATER RECYC. CTR.  
**LOCATION:** 1300FT N USHWY 90 APPROX 1.25M W OF  
IH410  
SAN ANTONIO, TX 78245  
**ATTN:** PARIZ CHAVOL SR DIR

TX0055689	001-B
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
03/01/2015	03/31/2015

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.53	95.0		0	Daily	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Daily	GRAB
BOD, carbonaceous, 05 day, 20 C 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	63	*****		*****	2.09	3.34		0	Daily	Compos
	PERMIT REQUIREMENT	934 DAILY AV	*****	lb/d	*****	7 DAILY AV	20 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE 4.15.15	
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		210-233-3239
			AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved  
OMB No. 2040-0004

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

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

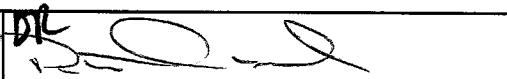
TX0055689	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	03/31/2015

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

No Discharge

ATTN: STEVEN CLOUSE, SENIOR VP

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Parviz Chavol Senior Director - Production & Treatment  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
			210-233-3239		9.15.15
			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

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

Form Approved  
OMB No. 2040-0004

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


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

TX0055689	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	03/31/2015

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Parviz Chavol Senior Director - Production & Treatment  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE 4.15.15	
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		210-233-3239
		AREA Code		NUMBER	MM/DD/YYYY

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

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



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

Form Approved  
OMB No. 2040-0004

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

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

TX0055689	TXA-S
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	06/30/2015

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Parviz Chavol Senior Director - Production & Treatment		210-233-3239	4-15-15
TYPED OR PRINTED			AREA Code
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	

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

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

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-040	01	15	03	12654
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

THIS REPORT TO BE USED FOR **COMBINED MON 189 for 001/800/900 MEDIO CREEK**  
**SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.**  
**PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.**

**TCEQ COPY**

PARAMETER	EFFLUENT CONDITION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	UNITS				
500507124 FLOW DLY AVG	REPORTED	5.89	MGD	0	02		11
	PERMITTED					02	CONT
500507128 FLOW ANN AVG	REPORTED	6.81	MGD	0	02		11
	PERMITTED					02	CONT
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0004506	NUMBER	0	01		NA
	PERMITTED					01	01
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	170108	DATE	0	01		NA
	PERMITTED					01	01
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01		NA
	PERMITTED					01	01
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.			NAME	SIGNATURE 	DATE
			Daniel Rodriguez Manager-Prod & Treat Ops		15 04 09
TELEPHONE NUMBER			PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2 1 0	2 3 3	3 2 3 9	Parviz Chavol - Senior Director Production & Treatment		1 5 0 4 1 5
AREA CODE	NUMBER		EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-040	01	15	03	12553
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	REPORTED	VALUE	UNITS					
000085342 TRANSFER DAYS/MON	REPORTED	30	DAY	0	01		01	
	PERMITTED						01	NA
316164024 FEC. COLI DLY AVG	REPORTED	1.88	#/100 ML	0	11		03	
	PERMITTED	20.000					11	2/WEEK
316164030 FEC. COLI IND GRAB	REPORTED	8.00	#/100 ML	0	11		03	
	PERMITTED	75.000					11	2/WEEK
500507124 FLOW DLY AVG	REPORTED	2.32	MGD	0	02		11	
	PERMITTED						02	CONT
500507128 FLOW ANN AVG	REPORTED	2.31	MGD	0	02		11	
	PERMITTED						02	CONT
800821024 BOD CARB DLY AVG	REPORTED	2.0	MG/L	0	08	1/Day	10	12-prt-com
	PERMITTED	5.000					11	2/WEEK
820796624 TURBDITY 30DAYAVG	REPORTED	0.68	NTU	0	08	1/Day	10	12-prt-com
	PERMITTED	3.000					11	2/WEEK
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0004506	NUMBER	0	01		NA	
	PERMITTED						01	01
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	170108	DATE	0	01		NA	
	PERMITTED						01	01
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01		NA	
	PERMITTED						01	01
	REPORTED							
	PERMITTED							

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

E-Coli substituted for Fecal Coliform

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Daniel Rodriguez Manager-Prod & Treat Ops		1/5/04/09
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210   233   3239	Parviz Chavol - Senior Director Production & Treatment		1/5/04/15
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-040	02	15	03	12554
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE II 900

**SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.**

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	REPORTED	VALUE	UNITS				
000085342 TRANSFER DAYS/MON	REPORTED	0	DAY	0	01	01	
	PERMITTED						
316164024 FEC. COLI DLY AVG	REPORTED		#/100 ML				
	PERMITTED	200.000					
316164030 FEC. COLI IND GRAB	REPORTED		#/100 ML				
	PERMITTED	800.000					
500507124 FLOW DLY AVG	REPORTED		MGD				
	PERMITTED						
500507128 FLOW ANN AVG	REPORTED		MGD				
	PERMITTED						
800821024 BOD CARB DLY AVG	REPORTED		MG/L				
	PERMITTED	20.000					
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0004506	NUMBER	0	01		NA
	PERMITTED						
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	170108	DATE	0	01		NA
	PERMITTED						
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01		NA
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

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

	NAME	SIGNATURE	DATE
	Daniel Rodriguez Manager-Prod & Treat Ops		15   04   09
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2   1   0   2   3   3   3   2   3   9	Parviz Chavol - Senior Director Production & Treatment		15   04   15
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

# OVERFLOW REPORT

PERIOD: MARCH 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			
	336718	796652	3/16/2015	Sid Katz	4711	7,100	Debris	Cleaned Main	0.85	0.52	Drainage Culvert	Area Cleaned and Disinfected, Flushed Area with H2O Clean Up Still In Progress.		
	336574	795629	3/14/2015	Bandera Rd	7730	56,200	Roots	Cleaned Main	4.68	2.77	Creek Bed - Spilled Into Leon Creek	Area Cleaned and Disinfected, Flushed Area with H2O Cleanup Efforts Ongoing		
		789203	3/9/2015	Quintana Rd	7703	4,175	I/I	Diluted By Heavy Rainwater	2.78	0.27	Creek Bed - Spilled Into Leon Creek	Monitored Area		
<b>Total Events:</b>		3		<b>Total Gallons:</b>			67,475			<b>Total Duration:</b>			8.31	

Thursday, April 02, 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	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 78221

MAJOR  
(SUBR 13)  
DOMESTIC FACILITY - 001  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	*****		0	12/Day	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.7		0	12/Day	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	282	*****	*****	*****	1.09	1.60		0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	5755 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	108	*****	*****	*****	0.40	1.43		0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	767 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	30.92	44.13		*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	34028		*****	*****	*****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	63889 2HR PEAK	gal/min	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	25.23	*****		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
			210-233-3239		4.15.15
			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

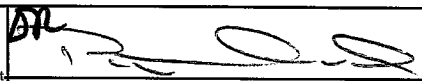
ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual 50060 A 0 Disinfection, Process Complete	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.090		0	12/Day	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB
Chlorine, total residual 50060 B 0 Prior to Disinfection	SAMPLE MEASUREMENT	*****	*****	*****	1.0	*****	*****		0	12/Day	Grab
	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.06	3.00		0	Daily	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Five per Week	GRAB
BOD, carbonaceous, 05 day, 20 C 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	516	*****	*****	*****	2.0	2.0		0	Daily	Compos
	PERMIT REQUIREMENT	2686 DAILY AV	*****	lb/d	*****	7 DAILY AV	17 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE 4.18.15
			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
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 78221

MAJOR  
(SUBR 13)  
DOMESTIC FACILITY - 002  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	*****		0	12/Day	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.5		0	12/Day	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	0.01	*****	*****	*****	1.20	1.40		0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	5755 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	< 0.01	*****	*****	*****	0.25	0.25		0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	767 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.0011	0.0014		*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	1389		*****	*****	*****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	63889 2HR PEAK	gal/min	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.14	*****		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations		210-233-3239	4.15.15
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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



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

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
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 78221

MAJOR (SUBR 13)  
DOMESTIC FACILITY - 002  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.080		0	12/Day	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	1.1	*****	*****		0	12/Day	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.0	1.0		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Five per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	0.02	*****	*****	*****	2.0	2.0		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	2686 DAILY AV	*****	lb/d	*****	7 DAILY AV	17 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations		210-233-3239	4.13.15
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

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	101-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 78221

MAJOR

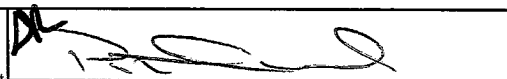
(SUBR 13)

COMBINED OUTFALLS 001 & 002

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	282	*****		*****	*****	*****	*****	0	Daily	Compos
00530 J 0 Intermediate Treatment, Process	PERMIT REQUIREMENT	5755 DAILY AV	*****	lb/d	*****	*****	*****	*****		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	108	*****		*****	*****	*****	*****	0	Daily	Compos
00610 J 0 Intermediate Treatment, Process	PERMIT REQUIREMENT	767 DAILY AV	*****	lb/d	*****	*****	*****	*****		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	30.92	44.13		*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	34028		*****	*****	*****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	63889 2HR PEAK	gal/min	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	26.12	*****		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	516	*****		*****	*****	*****	*****	0	Daily	Compos
80082 J 0 Intermediate Treatment, Process	PERMIT REQUIREMENT	2686 DAILY AV	*****	lb/d	*****	*****	*****	*****		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
			210-233-3239		4-15-15
			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	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	03/31/2015

DMR Mailing ZIP CODE: 78221

MAJOR

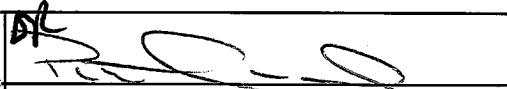
(SUBR 13)

7-DAY CHRONIC FRESHWATER - 001

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	*****	*****	N/A	N/A	*****				
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MN	*****	pass=0/fail =1		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****	N/A	N/A	*****				
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MN	*****	pass=0/fail =1		See Permit	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****		0	Quarterly	Comp 24
TLP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail =1		Quarterly	COMP24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****		0	Quarterly	Comp 24
TLP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail =1		Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****		0	Quarterly	Comp 24
TOP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NOEC Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****		0	Quarterly	Comp 24
TOP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
NOEC Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****		0	Quarterly	Comp 24
TPP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			210-233-3239		4-15-15
			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.

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	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	03/31/2015

DMR Mailing ZIP CODE: 78221

MAJOR

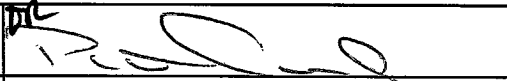
(SUBR 13)

7-DAY CHRONIC FRESHWATER - 001

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****		0	Quarterly	Comp 24
TPP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****		0	Quarterly	Comp 24
TWP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****		0	Quarterly	Comp 24
TWP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	Q	Q	*****		0	Quarterly	Comp 24
TXP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	Q	Q	*****		0	Quarterly	Comp 24
TXP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	Q	Q	*****		0	Quarterly	Comp 24
TYP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	Q	Q	*****		0	Quarterly	Comp 24
TYP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
			210-233-3239		4-03-15
			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.

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

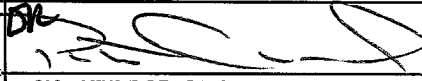
ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	TX2-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	03/31/2015

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
			210-233-3239		4.15.15
			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)

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	TX2-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	03/31/2015

DMR Mailing ZIP CODE: 78221

MAJOR

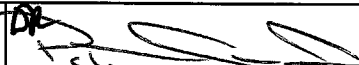
(SUBR 13)

7-DAY CHRONIC FRESHWATER - 002

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TPP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TWP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TWP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TXP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TXP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TYP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TYP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			210-233-3239	4.15.15
			AREA Code	NUMBER

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

**No Discharge**

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

Form Approved  
OMB No. 2040-0004

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

NAME: SAN ANTONIO WATER SYSTEM

ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC. CTR.

LOCATION: 1104 MAUERMAN ROAD  
SAN ANTONIO, TX 78224

ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	TXA-S
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	06/30/2015

DMR Mailing ZIP CODE: 78221

MAJOR

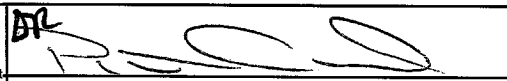
(SUBR 13)

24-HR ACUTE FRESHWATER - 001

External Outfall

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
			210-233-3239		4.15.15
			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 AVERAGE ABOVE.

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

Form Approved  
OMB No. 2040-0004

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

NAME: SAN ANTONIO WATER SYSTEM

ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC. CTR.

LOCATION: 1104 MAUERMAN ROAD  
SAN ANTONIO, TX 78224

ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	TXB-S
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	06/30/2015

DMR Mailing ZIP CODE: 78221

MAJOR

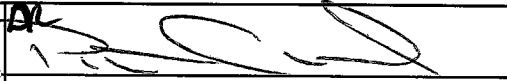
(SUBR 13)

24-HR ACUTE FRESHWATER - 002

External Outfall

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations			210-233-3239	9.15.15
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 AVERAGE ABOVE.

No Discharge



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

Form Approved  
OMB No. 2040-0004

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

NAME: SAN ANTONIO WATER SYSTEM

ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221

FACILITY: MITCHELL LAKE

LOCATION: 2800 US HWY 281 NORTH  
SAN ANTONIO, TX 78212

ATTN: STEVEN CLOUSE, SEN. VP & COO


TX0065641	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

DMR Mailing ZIP CODE: 78221

MINOR  
(SUBR 13)  
DOMESTIC FACILITY - 001  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	100 SINGGRAB	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****		*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	90 DAILY AV	*****	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Daily	INSTAN
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****						
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 SINGGRAB	CFU/100m L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations			210-233-3239	9.15.15
TYPED OR PRINTED			AREA Code	NUMBER

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

MONITORING SHALL OCCUR WHEN DISCHARGING.  
SAMPLES FOR BACTERIA MONITORING SHALL BE TAKEN AT THE INFLOW PIPE FROM TH ELEON CREEK WRC.

**No Discharge**

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-003	02	15	03	12645
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

THIS REPORT TO BE USED FOR COMBINED MON 189 for 001/002/800/900  
**SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.**  
 PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

**TCEQ COPY**

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	REPORTED	PERMITTED			VALUE	UNITS	
500507124 FLOW DLY AVG	REPORTED		33.00	MGD	0 02	11	
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		30.20	MGD	0 02	11	
	PERMITTED				02	CONT	11 CONT
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0004506	NUMBER	0 01		NA
	PERMITTED				01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		170108	DATE	0 01		NA
	PERMITTED				01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	LETTER	0 01		NA
	PERMITTED				01	01	NA NA
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Daniel Rodriguez - Manager Prod & Treat Ops.		15 04 09
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2 1 0   2 3 3   3 2 3 9	Parviz Chavol Senior Director - Production & Treatment		15 04 15
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-003	02	15	03	12547
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	REPORTED	VALUE	UNITS					
000085342 TRANSFER DAYS/MON	REPORTED	29	DAY	0	01		01	
	PERMITTED					01	NA	01
316164024 E-COLI DLY AVG	REPORTED	1.19	#/100 ML	0	11		03	
	PERMITTED	20.000				11	2/WEEK	03
316164030 E-COLI IND GRAB	REPORTED	4.00	#/100 ML	0	11		03	
	PERMITTED	75.000				11	2/WEEK	03
500507124 FLOW DLY AVG	REPORTED	2.22	MGD	0	02		11	
	PERMITTED					02	CONT	11
500507128 FLOW ANN AVG	REPORTED	4.11	MGD	0	02		11	
	PERMITTED					02	CONT	11
800821024 BOD CARB DLY AVG	REPORTED	2.0	MG/L	0	08	1/Day	10	12-prt-com
	PERMITTED	5.000				11	2/WEEK	03
820786624 TURBDITY 30DAY AV	REPORTED	0.66	NTU	0	08	1/Day	10	12-prt-com
	PERMITTED	3.000				11	2/WEEK	03
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0004506	NUMBER	0	01		NA	
	PERMITTED					01	01	NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	170108	DATE	0	01		NA	
	PERMITTED					01	01	NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01		NA	
	PERMITTED					01	01	NA
	REPORTED							
	PERMITTED							

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

E-Coli substituted for Fecal Coliform

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	<b>NAME</b> Daniel Rodriguez - Manager Prod & Treat Ops.	<b>SIGNATURE</b> 	<b>DATE</b> 15   04   09
<b>TELEPHONE NUMBER</b> 2   1   0    2   3   3    3   2   3   9	<b>PLANT OPERATOR</b> Parviz Chavol Senior Director - Production & Treatment	<b>PLANT OPERATOR</b> 	YEAR MO. DAY 15   04   15
<b>AREA CODE</b> <b>NUMBER</b>	<b>EXECUTIVE OFFICER</b>	<b>EXECUTIVE OFFICER</b>	YEAR MO. DAY

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-003	02	15	03	12548
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE	
	REPORTED	VALUE		UNITS			
000085342 TRANSFER DAYS/MON	REPORTED	0	DAY	0	01		01
	PERMITTED						
316164024 FEC. COLI DLY AVG	REPORTED		#/100 ML				
	PERMITTED	200.000					
316164030 FEC. COLI IND GRAB	REPORTED		#/100 ML				
	PERMITTED	800.000					
500507124 FLOW DLY AVG	REPORTED		MGD				
	PERMITTED						
500507128 FLOW ANN AVG	REPORTED		MGD				
	PERMITTED						
800821024 BOD CARB DLY AVG	REPORTED		MG/L				
	PERMITTED	15.000					
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0004506	NUMBER	0	01		NA
	PERMITTED						
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	170108	DATE	0	01		NA
	PERMITTED						
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01		NA
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Daniel Rodriguez - Manager Prod & Treat Ops.		15   04   09
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2   1   0    2   3   3    3   2   3   9	Parviz Chavol Senior Director - Production & Treatment		15   04   15
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

# OVERFLOW REPORT

PERIOD: MARCH 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
1101866		817990	3/31/2015	Wetmore Rd 12133	1,590	Lift Station	Cleaned Area	0.88	0.22	Drainage Culvert	L S #111 - Grease Was Broken Up And Removed, Floats Were Tested And Verbatim Was Checked, Mechanical Was Operating Properly, Work Order Will Be Issued To Bolt Down 2 Manholes Upstream Of Lift Station
1098929	338264	811304	3/25/2015	Allen Chase 2	1,725	Structural	Cleaned Main	5.73	0.23	Ground	Area Cleaned and Disinfected, Flushed Area with H2O Work Order Created To Repair Sewer Main
		805420	3/21/2015	Holbrook 900	3,240	I/I	Diluted By Heavy Rainwater	2.02	0.02	Creek Bed - Spilled Into Salado Creek	Monitored Area
	337727	805338	3/21/2015	Modesta Place 14203	6,300	Grease	Cleaned Main	2.57	0.82	Drainage Culvert	Area Cleaned and Disinfected, Flushed Area with H2O
	336366	792223	3/11/2015	Bitters Rd 841	3,500	Grease	Cleaned Main	0.58	0.43	Stormdrain	Area Cleaned and Disinfected, Flushed Area with H2O
	336239	791279	3/10/2015	Spotted Bear 107	50	Grease	Cleaned Main	1.43	0.93	Ground	Area Cleaned and Disinfected, Flushed Area with H2O
	336237	790945	3/10/2015	Lindbergh Landing 8045	180	Debris	Cleaned Main	1.53	0.53	Stormdrain	Area Cleaned and Disinfected, Flushed Area with H2O
		789587	3/9/2015	Holbrook 902	690	I/I	Diluted By Heavy Rainwater	3.35	0.60	Creek Bed - Spilled Into Salado Creek	Monitored Area
	335559	786454	3/5/2015	Summer Wind St 9219	10	Grease	Cleaned Main	1.93	0.77	Street	Area Cleaned and Disinfected, Flushed Area with H2O
<b>Total Events:</b>		9			<b>Total Gallons:</b>	17,285	<b>Total Duration:</b>		20.02		

Thursday, April 02, 2015

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

# OVERFLOW REPORT

PERIOD: MARCH 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	
	346031	815297	3/30/2015	Old Gate	2507	1,155	Debris	Cleaned Main	1.27	1.02	Drainage Culvert	Area Cleaned and Disinfected, Flushed Area with H2O
	338007	809103	3/24/2015	Rexford	827	12,900	Debris	Cleaned Main	1.43	0.27	Alley	Area Cleaned and Disinfected, Flushed Area with H2O
	337707	805398	3/21/2015	Leal St	1337	20	Grease	Cleaned Main	2.60	2.10	Ground	Area Cleaned and Disinfected, Flushed Area with H2O
	337706	805317	3/21/2015	Greenlawn	227	10	Debris	Cleaned Main	3.77	3.52	Ground	Area Cleaned and Disinfected, Flushed Area with H2O
	337612	804160	3/20/2015	Jones Maltsberger Rd	8620	9,000	Debris	Cleaned Main	1.50	0.08	Stormdrain	Area Cleaned and Disinfected, Flushed Area with H2O
1094437	336506	794861	3/12/2015	Garcia St	519	1,500	Contractor	Cleaned Main	1.00	0.00	Ground	Area Cleaned and Disinfected, Flushed Area with H2O Work Order Created To Repair Sewer Main
		793867	3/12/2015	Gibbs St	1342	30	Grease	Cleaned Lateral	0.92	0.42	Street	6 Inch Lateral, Unstopped Lateral
	336308	791900	3/11/2015	Vance Jackson	1106	200	Grease	Cleaned Main	1.12	0.78	Stormdrain	Area Cleaned and Disinfected, Flushed Area with H2O
	336207	790505	3/10/2015	Oakbrook	8903	50	Debris	Cleaned Main	2.73	1.73	Easement	Area Cleaned and Disinfected, Flushed Area with H2O
1094302	336233	791047	3/10/2015	Craig Place W	1224	300	Structural	Cleaned Main	1.00	0.00	Stormdrain	Area Cleaned and Disinfected, Flushed Area with H2O Work Order Created To Repair Sewer Main
	336238	791276	3/10/2015	Rigsby Ave	1889	100	Grease	Cleaned Main	0.68	0.43	Street	Area Cleaned and Disinfected, Flushed Area with H2O
<b>Total Events:</b>	11				<b>Total Gallons:</b>	25,265		<b>Total Duration:</b>	18.02			

**Thursday, April 02, 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 RECYLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** DOS RIOS WATER RECYCLING CTR.  
**LOCATION:** 3495 VALLEY RD.  
SAN ANTONIO, TX 78221

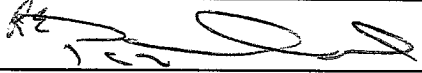
TX0077801	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

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

No Discharge

ATTN: PARIZ CHAVOL SR DIR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	*****		0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	8.2		0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1136	*****	*****	1.52	2.60			0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	12510 DAILY AV	*****	lb/d	*****	12 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	295	*****	*****	0.38	1.67			0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	2085 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	88.98	134.20		*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	106250		*****	*****	*****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	173611 2HR PEAK	gal/min	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	81.04	*****		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE	
			210-233-3239	4.15.15	
		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 REQUIREMENTS NO. 7 ON PAGE 26 OF THE PERMIT.



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

Form Approved  
OMB No. 2040-0004

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

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

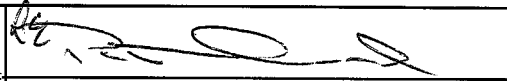
TX0077801	001-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
03/01/2015	03/31/2015

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

No Discharge

ATTN: PARIZ CHAVOL SR DIR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.080		0	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	1.0	*****	*****		0	Daily	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.31	4.00		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Five per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	1484	*****		*****	2.0	2.0		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	5213 DAILY AV	*****	lb/d	*****	5 DAILY AV	20 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE	
			210-233-3239	4.15.15	
		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 REQUIREMENTS NO. 7 ON PAGE 26 OF THE PERMIT.

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

Form Approved  
OMB No. 2040-0004

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

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

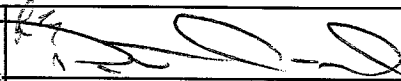
TX0077801	002-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

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

No Discharge

ATTN: PARIZ CHAVOL SR DIR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	*****		0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.5		0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	46.5	*****	*****	*****	1.46	2.60		0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	11.9	*****	*****	*****	0.37	1.67		0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	167 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.83	4.75		*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.57	*****		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	10 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.080		0	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE 4.15.15	
			210-233-3239		
			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)

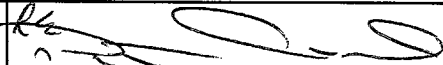
**NAME:** DOS RIOS WATER RECYCLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** DOS RIOS WATER RECYCLING CTR.  
**LOCATION:** 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
**ATTN:** PARIZ CHAVOL SR DIR

TX0077801	002-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	1.0	*****	*****		0	Daily	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.31	4.00		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Three per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	63.8	*****		*****	2.0	2.0		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	834 DAILY AV	*****	lb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE 4-15-18	
			210-233-3239		
		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 RECYLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** DOS RIOS WATER RECYCLING CTR.  
**LOCATION:** 3495 VALLEY RD.  
SAN ANTONIO, TX 78221

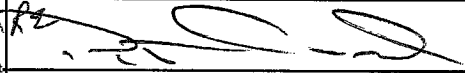
TX0077801	003-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
03/01/2015	03/31/2015

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

No Discharge

ATTN: PARIZ CHAVOL SR DIR

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
			210-233-3239		4.15.15
			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.

No Discharge

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

Form Approved  
OMB No. 2040-0004

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

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


TX0077801	003-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
03/01/2015	03/31/2015

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

No Discharge

ATTN: PARIZ CHAVOL SR DIR

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE 4.15.15	
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		210-233-3239
			AREA Code	NUMBER	MM/DD/YYYY

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

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

**No Discharge**

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

Form Approved  
OMB No. 2040-0004

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

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

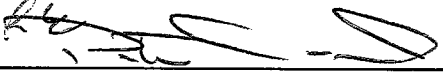
TX0077801	004-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

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

No Discharge

ATTN: PARIZ CHAVOL SR DIR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.2	*****	*****		0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3		0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	7.4	*****	*****	1.50	1.90			0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.7	*****	*****	0.34	0.43			0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	50 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.60	0.64	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.60	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	3 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.060			0	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 INST MAX		mg/L		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
			210-233-3239		4-15-15
			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 RECYLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** DOS RIOS WATER RECYCLING CTR.  
**LOCATION:** 3495 VALLEY RD.  
SAN ANTONIO, TX 78221

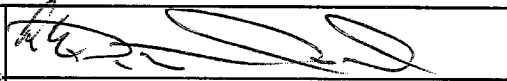
TX0077801	004-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
<b>MM/DD/YYYY</b>	<b>MM/DD/YYYY</b>
03/01/2015	03/31/2015

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

No Discharge

ATTN: PARIZ CHAVOL SR DIR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	1.1	*****	*****		0	Daily	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.00	2.00		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	10.1	*****		*****	2.0	2.0		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	250 DAILY AV	*****	lb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE	
			210-233-3239	4.15.15	
		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 RECYLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** DOS RIOS WATER RECYCLING CTR.  
**LOCATION:** 3495 VALLEY RD.  
SAN ANTONIO, TX 78221


TX0077801	005-A
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

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

No Discharge

ATTN: PARIZ CHAVOL SR DIR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	*****		0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.4		0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	6.0	*****	*****	*****	1.46	2.60		0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	325 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.6	*****	*****	*****	0.37	1.67		0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	43 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.50	0.55	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.64	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2.6 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.090		0	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
			210-233-3239		4.15.15
			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 RECYLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** DOS RIOS WATER RECYCLING CTR.  
**LOCATION:** 3495 VALLEY RD.  
SAN ANTONIO, TX 78221


TX0077801	005-A
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

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

No Discharge

ATTN: PARIZ CHAVOL SR DIR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual 50060 B 0 Prior to Disinfection	SAMPLE MEASUREMENT	*****	*****	*****	1.0	*****	*****		0	Daily	Grab
	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.31	4.00		0	Daily	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	8.3	*****	*****	*****	2.0	2.0		0	Daily	Compos
	PERMIT REQUIREMENT	217 DAILY AV	*****	lb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE	
			210-233-3239	4.15.10	
		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 RECYLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** DOS RIOS WATER RECYCLING CTR.  
**LOCATION:** 3495 VALLEY RD.  
SAN ANTONIO, TX 78221

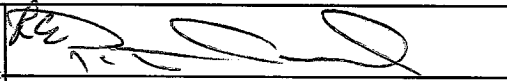
TX0077801	006-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

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

No Discharge

ATTN: PARIZ CHAVOL SR DIR

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
			210-233-3239		4-25-15
			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.

No Discharge

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

Form Approved  
OMB No. 2040-0004

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

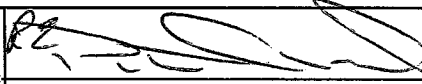
**NAME:** DOS RIOS WATER RECYLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** DOS RIOS WATER RECYCLING CTR.  
**LOCATION:** 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
**ATTN:** PARIZ CHAVOL SR DIR

TX0077801	006-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
			210-233-3239		4.15.13
			AREA Code	NUMBER	MM/DD/YYYY

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

No Discharge

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

Form Approved  
OMB No. 2040-0004

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

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


TX0077801	101-A
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

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

No Discharge

ATTN: PARIZ CHAVOL SR DIR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	2.63	8.97		*****	*****	*****	*****	0	Continuous	TotalZ
	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant 50050 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	4.95	*****		*****	*****	*****	*****	0	Continuous	TotalZ
	PERMIT REQUIREMENT	Req. Mon. ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b>  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE	
			210-233-3239		9-15-15
			AREA Code	NUMBER	MM/DD/YYYY

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

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

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

Form Approved  
OMB No. 2040-0004

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

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


TX0077801	102-A
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
03/01/2015	03/31/2015

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

No Discharge

ATTN: PARIZ CHAVOL SR DIR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	<b>SAMPLE MEASUREMENT</b>	<b>91.60</b>	<b>134.21</b>		*****	*****	*****	*****	<b>0</b>	<b>Continuous</b>	<b>TotalZ</b>
	<b>PERMIT REQUIREMENT</b>	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant 50050 Y 0 Effluent Gross (Supplementary)	<b>SAMPLE MEASUREMENT</b>	<b>85.97</b>	*****		*****	*****	*****	*****	<b>0</b>	<b>Continuous</b>	<b>TotalZ</b>
	<b>PERMIT REQUIREMENT</b>	125 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>  <b>Parviz Chavol - Senior Director</b> <b>Production &amp; Treatment Operations</b>  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			210-233-3239		4.15.15
			AREA Code	NUMBER	MM/DD/YYYY

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

THE TOTAL DISCHARGE FROM OUTFALL 001 & OUTFALL 101 SHALL NEVER EXCEED 125 MGD AND SHALL BE REPORTED AS OUTFALL 102.

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

Form Approved  
OMB No. 2040-0004

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


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

TX0077801	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	03/31/2015

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			210-233-3239	9.15.15
			AREA Code	NUMBER

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

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

Form Approved  
OMB No. 2040-0004

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

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


TX0077801	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	03/31/2015

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

No Discharge

ATTN: PARIZ CHAVOL SR DIR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	99	99	*****		0	Quarterly	Comp24
TPP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****		0	Quarterly	Comp24
TWP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****		0	Quarterly	Comp24
TWP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	Q	Q	*****		0	Quarterly	Comp24
TXP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	Q	Q	*****		0	Quarterly	Comp24
TXP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	Q	Q	*****		0	Quarterly	Comp24
TYP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	Q	Q	*****		0	Quarterly	Comp24
TYP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			210-233-3239		7-15-15
			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.

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)

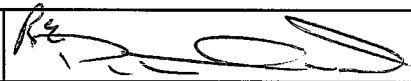
**NAME:** DOS RIOS WATER RECYCLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** DOS RIOS WATER RECYCLING CTR.  
**LOCATION:** 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
**ATTN:** PARIZ CHAVOL SR DIR

TX0077801	TX2-Q
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	03/31/2015

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
			210-233-3239		7.15.15
			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)

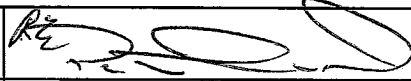
**NAME:** DOS RIOS WATER RECYLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** DOS RIOS WATER RECYCLING CTR.  
**LOCATION:** 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
**ATTN:** PARIZ CHAVOL SR DIR

TX0077801	TX2-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	03/31/2015

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TPP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TWP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TWP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TXP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TXP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TYP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TYP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
			210-233-3239		4.15.15
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA Code	NUMBER	MM/DD/YYYY

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

No Discharge

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

Form Approved  
OMB No. 2040-0004

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

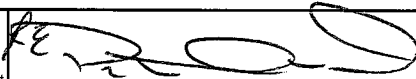
**NAME:** DOS RIOS WATER RECYLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** DOS RIOS WATER RECYCLING CTR.  
**LOCATION:** 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
**ATTN:** PARIZ CHAVOL SR DIR

TX0077801	TX3-Q
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	03/31/2015

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
			210-233-3239		4.15.15
			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 RECYLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** DOS RIOS WATER RECYCLING CTR.  
**LOCATION:** 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
**ATTN:** PARIZ CHAVOL SR DIR

TX0077801	TX3-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	03/31/2015

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TPP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TWP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TWP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TXP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TXP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TYP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TYP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
		210-233-3239	4-15-15
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
			MM/DD/YYYY

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

No Discharge

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

Form Approved  
OMB No. 2040-0004

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

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

TX0077801	TX4-Q
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	03/31/2015

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
		210-233-3239	4-15-15
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
			MM/DD/YYYY

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

**No Discharge**

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

Form Approved  
OMB No. 2040-0004

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

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

TX0077801	TX4-Q
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	03/31/2015

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TPP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TWP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TWP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TXP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TXP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TYP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TYP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
		<b>210-233-3239</b>	7.15.13
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
			MM/DD/YYYY

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

**No Discharge**

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

Form Approved  
OMB No. 2040-0004

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


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

TX0077801	TX5-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	03/31/2015

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
			210-233-3239		7-13-15
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA Code	NUMBER	MM/DD/YYYY

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

No Discharge

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

Form Approved  
OMB No. 2040-0004

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


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

TX0077801	TX5-Q
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	03/31/2015

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TPP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TWP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TWP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TXP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TXP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TYP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TYP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>  <b>Parviz Chavol - Senior Director</b> <b>Production &amp; Treatment Operations</b>  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			210-233-3239	9-15-15
			AREA Code	NUMBER

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

**No Discharge**

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

Form Approved  
OMB No. 2040-0004

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


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

TX0077801	TX6-Q
<b>PERMIT NUMBER</b>	<b>DISCHARGE NUMBER</b>
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	03/31/2015

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
			210-233-3239		9-15-13
			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)

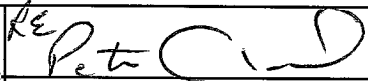
**NAME:** DOS RIOS WATER RECYCLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** DOS RIOS WATER RECYCLING CTR.  
**LOCATION:** 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
**ATTN:** PARIZ CHAVOL SR DIR

TX0077801	TX6-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	03/31/2015

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TPP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TWP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TWP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TXP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TXP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TYP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****			*****				
TYP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
			210-233-3239		4-15-15
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA Code	NUMBER	MM/DD/YYYY

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

**No Discharge**

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

Form Approved  
OMB No. 2040-0004

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

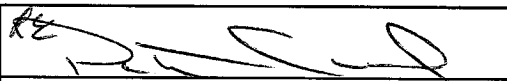
**NAME:** DOS RIOS WATER RECYLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
**FACILITY:** DOS RIOS WATER RECYCLING CTR.  
**LOCATION:** 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
**ATTN:** PARIZ CHAVOL SR DIR

TX0077801	TX1-S
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	06/30/2015

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE 1-15-15
			210-233-3239		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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)

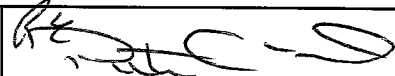
NAME: DOS RIOS WATER RECYCLING CENTER  
ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
FACILITY: DOS RIOS WATER RECYCLING CTR.  
LOCATION: 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
ATTN: PARIZ CHAVOL SR DIR

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

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Parviz 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.		TELEPHONE		DATE
			210-233-3239		9-23-15
			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)

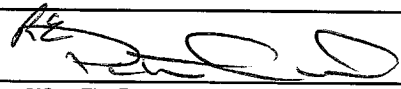
NAME: DOS RIOS WATER RECYLING CENTER  
ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
FACILITY: DOS RIOS WATER RECYCLING CTR.  
LOCATION: 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
ATTN: PARIZ CHAVOL SR DIR

TX0077801	TX3-S
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	06/30/2015

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE	
			210-233-3239		9-15-15
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

No Discharge

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

Form Approved  
OMB No. 2040-0004

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


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

TX0077801	TX4-S
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	06/30/2015

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

No Discharge

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

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>  <b>Parviz Chavol - Senior Director</b> <b>Production &amp; Treatment Operations</b>  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
			210-233-3239		7-15-15
			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)

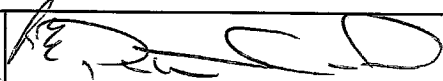
NAME: DOS RIOS WATER RECYCLING CENTER  
ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
FACILITY: DOS RIOS WATER RECYCLING CTR.  
LOCATION: 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
ATTN: PARIZ CHAVOL SR DIR

TX0077801	TX5-S
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	06/30/2015

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
Parviz Chavol - Senior Director Production & Treatment Operations			210-233-3239		7-15-15
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)

(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-S
PERMIT NUMBER	DISCHARGE NUMBER
<b>MONITORING PERIOD</b>	
MM/DD/YYYY	MM/DD/YYYY
01/01/2015	06/30/2015

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b> TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
			210-233-3239	7-25-15	
			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**

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



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



40B	WQ0010137-033	02	15	03	12647
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	REPORTED	PERMITTED				
500507124 FLOW DLY AVG	REPORTED	91.60	MGD	0 02		11
	PERMITTED					CONT
500507128 FLOW ANN AVG	REPORTED	85.98	MGD	0 02		11
	PERMITTED					CONT
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0028454	NUMBER	0 01		NA
	PERMITTED					01 01
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	170602	DATE	0 01		NA
	PERMITTED					01 01
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0 01		NA
	PERMITTED					01 01
	REPORTED					
	PERMITTED					
	REPORTED					
	PERMITTED					
	REPORTED					
	PERMITTED					
	REPORTED					
	PERMITTED					
	REPORTED					
	PERMITTED					

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Robert Escobar Interim Manager-Prod & Treat Ops		115019110
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director - Production & Treatment		115014111
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
			YEAR MO. DAY



# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



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



40B	WQ0010137-033	02	15	03	12551
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE		
	REPORTED	PERMITTED		VALUE	UNITS			
000085342 TRANSFER DAYS/MON	REPORTED	PERMITTED	7	DAY	0 01		01	
						01	NA	
316164024 E-COLI DLY AVG	REPORTED	PERMITTED	1.06	#/100 ML	0 11		03	
			20.000			11	2/WEEK	03 GRABPKLOAD
316164030 E-COLI IND GRAB	REPORTED	PERMITTED	1.20	#/100 ML	0 11		03	
			75.000			11	2/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED	PERMITTED	1.85	MGD	0 02		11	
						02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED	PERMITTED	1.87	MGD	0 02		11	
						02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED	PERMITTED	2.0	MG/L	0 08	1/Day	10	12-PRT-COM
			5.000			11	2/WEEK	03 GRABPKLOAD
820796624 TURBIDITY 30DAYAVG	REPORTED	PERMITTED	0.91	NTU	0 08	1/Day	10	12-PRT-COM
			3.000			11	2/WEEK	03 GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	WW0028454	NUMBER	0 01		NA	
						01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	170602	DATE	0 01		NA	
						01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	A	LETTER	0 01		NA	
						01	01	NA NA
	REPORTED	PERMITTED						

**COMMENTS AND EXPLANATIONS** *(Reference all attachments here)*  
 E-Coli substituted for Fecal Coliform

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Robert Escobar Interim Manager-Prod & Treat Ops		115014110
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2110 233 3239	Parviz Chavol Senior Director - Production & Treatment		115014118
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



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



40B	WQ0010137-033	02	15	03	12552
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	REPORTED	PERMITTED			VALUE	UNITS
000085342 TRANSFER DAYS/MON	REPORTED	0	DAY	0		
	PERMITTED			01	NA	01 NA
316164024 FEC. COLI DLY AVG	REPORTED		#/100 ML			
	PERMITTED	200.000		14	1/WEEK	03 GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED		#/100 ML			
	PERMITTED	800.000		14	1/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		MGD			
	PERMITTED			02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		MGD			
	PERMITTED			02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED		MG/L			
	PERMITTED	20.000		14	1/WEEK	03 GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0028454	NUMBER	0 01		NA
	PERMITTED			01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	170602	DATE	0 01		NA
	PERMITTED			01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0 01		NA
	PERMITTED			01	01	NA NA
	REPORTED					
	PERMITTED					
	REPORTED					
	PERMITTED					

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Robert Escobar Interim Manager-Prod & Treat Ops		1/5/04/10
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2 1 0    2 3 3    3 2 3 9	Parviz Chavol Senior Director - Production & Treatment		1 5 0 4 1 5
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY