



August 14, 2015

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

Via U.S. Certified Mail  
RRR# 7014 2870 0000 7135 5143

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

Consent Decree

Date of Lodging: July 23, 2013

Date of Entry: October 15, 2013

CA No. 5:13-cv-00666-DAE, United States of America and State of Texas v. San Antonio Water System, in the United States District Court for the Western District of Texas, San Antonio Division

Dear Sir/Madam:

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

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

Enc. As stated



August 14, 2015

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

Via U.S. Certified Mail  
RRR #7014 2870 0000 7135 5150

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

Via U.S. Certified Mail  
RRR #7014 2870 0000 7135 5150

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

Consent Decree

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

Enc. As stated



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

August 12, 2015

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

Dear Ms. Garza,

The dates below show the Mitchell Lake Dam effluent excursions for the month of July 2015.

As of July 15, 2015 there was no longer any flow discharging from Mitchell Lake Dam site.

pH	DO
1.) July 1, 2015 - 9.40 SU	1.) July 11, 2015 - 0.40 mg/l
2.) July 2, 2015 - 9.10 SU	
3.) July 3, 2015 - 9.30 SU	Monthly Average TSS mg/l
4.) July 4, 2015 - 9.90 SU	
5.) July 5, 2015 - 10.00 SU	1.) 108.31 mg/l
6.) July 6, 2015 - 9.30 SU	
7.) July 7, 2015 - 9.20 SU	
8.) July 9, 2015 - 9.30 SU	
9.) July 10, 2015 - 9.90 SU	
10.) July 12, 2015 - 9.60 SU	

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

A handwritten signature in black ink, appearing to read 'Daniel Rodriguez'.

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

cc: Steve Clouse  
Parviz Chavol  
Floramie Welch

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

Form Approved  
OMB No. 2040-0004

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

NAME: SAN ANTONIO WATER SYSTEM  
ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
FACILITY: MITCHELL LAKE  
LOCATION: 2800 US HWY 281 NORTH  
SAN ANTONIO, TX 78212


ATTN: STEVEN CLOUSE, SEN. VP & COO

TX0065641	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015
MONITORING PERIOD	

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS				
Oxygen, dissolved [DO]	PERMIT REQUIREMENT	*****	*****	0.40	*****	*****	*****	1		
00300 10 Effluent Gross BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	4 MO MIN	*****	*****	*****		Daily	GRAB
00310 10 Effluent Gross pH	PERMIT REQUIREMENT	*****	*****	*****	*****	24.4	*****	0		
00400 10 Effluent Gross Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	8.2	*****	30 DAILY AV	*****	10	Daily	GRAB
00530 10 Effluent Gross Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	*****	*****	6 MINIMUM	*****	*****	*****		Daily	GRAB
50050 10 Effluent Gross E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	108.3	*****	1	Daily	GRAB
51040 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	90 DAILY AV	*****	0	Daily	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Daily	INSTAN
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0	*****	0	Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations	210-233-3239	08-14-15
TYPED OR PRINTED	AREA Code	NUMBER
	210	233-3239
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		

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

# 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:											

Wednesday, August 05, 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  
 CARI ANTONIO TR 7004E  
**ATTN:** PARIZ CHAVOL SR DIR

TX0055689	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	6	MO MIN	*****	*****	0	Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	7.5	*****	*****	*****	0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	6	MINIMUM	*****	*****	0	Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	40	*****	1.0	*****	1.8	*****	0	Daily	Compos
00630 1 0 Effluent Gross	PERMIT REQUIREMENT	2002	*****	15	DAILY AV	30	DAILY MX	0	Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	15	*****	0.38	DAILY AV	1.3	DAILY MX	0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	267	*****	2	DAILY AV	7	DAILY MX	0	Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.7	*****	7.0	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	6802	*****	*****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	2778	gal/min	*****	*****	0	Continuous	TotalZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.7	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	16	*****	*****	*****	*****	*****	0	Continuous	TotalZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Parviz Chavol - Senior Director  
 Production & Treatment Operations

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 210-233-3239  
 AREA CODE: 210  
 NUMBER: 233-3239  
 DATE: 08-14-15

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

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)  
**NAME:** MEDIO CREEK WATER RECYCLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
 SAN ANTONIO, TX 78221  
**FACILITY:** MEDIO CREEK WATER RECYC. CTR.  
**LOCATION:** 1300FT N USHWY 90 APPROX 1.25M W OF  
 IH410  
 CARI ANTONIO SR DIR 70042  
**ATTN:** PARIZ CHAVOL SR DIR

TX0055689	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	PERMIT REQUIREMENT	VALUE	UNITS	PERMIT REQUIREMENT			
E. coli	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab
51040 1 0 Effluent Gross	*****	*****	*****	*****	1.0	126 DAILY AV	394 DAILY MX	0	Daily	GRAB
BOD, carbonaceous, 05 day, 20 C	*****	*****	*****	*****	2.0	7 DAILY AV	20 DAILY MX	0	Daily	Compos
80082 1 0 Effluent Gross	*****	*****	*****	*****	80	934 DAILY AV	*****	0	Daily	COMPOS

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<b>TELEPHONE</b>	<b>DATE</b>
<b>Pariz Chavol - Senior Director Production &amp; Treatment Operations</b>		210-233-3239	08-19-15
<b>TYPED OR PRINTED</b>		<b>AREA CODE</b>	<b>NUMBER</b>
			MM/DD/YYYY

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

# OVERFLOW REPORT

PERIOD: JULY 2015

WATERSHED: LEON CREEK

TCEQ PERMIT # 10137-003

EPA PERMIT # 0052639

WO #	INSP#	SR #	Date	Address	Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments
	365349	964734	7/28/2015	Greencastle Dr	6875	30 Grease	Cleaned Main	2.68	1.68	Alley	Area Cleaned and Disinfected, Flushed Area with H2O
Total Events:					1	Total Gallons:		30	Total Duration:		2.68

Wednesday, August 05, 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
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Oxygen, dissolved [DO]	MEASUREMENT	*****	*****	*****	*****	*****	*****	0	12/Day	Grab
00300 1 0	PERMIT REQUIREMENT	*****	*****	5	MO MIN	*****	*****	0	Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	6.6	*****	*****	*****	0	12/Day	Grab
pH	PERMIT REQUIREMENT	*****	*****	6	MINIMUM	*****	*****	0	Daily	GRAB
00400 1 0	PERMIT REQUIREMENT	*****	*****	1.1	DAILY AV	*****	*****	0	Daily	Compos
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	1.9	DAILY MX	*****	*****	0	Daily	Compos
Solids, total suspended	PERMIT REQUIREMENT	*****	*****	0.4	DAILY AV	*****	*****	0	Daily	Compos
00530 1 0	PERMIT REQUIREMENT	*****	*****	1.0	DAILY MX	*****	*****	0	Continuous	TOTALZ
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	28.9	ANNL AVG	*****	*****	0	Continuous	TOTALZ
Nitrogen, ammonia total [as N]	PERMIT REQUIREMENT	*****	*****	37.3	Req. Mon. DAILY MX	*****	*****	0	Continuous	TOTALZ
00610 1 0	PERMIT REQUIREMENT	*****	*****	33333	Req. Mon. DAILY MX	*****	*****	0	Continuous	TOTALZ
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	63889	gal/min	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	*****	*****	2HR PEAK	*****	*****	*****	0	Continuous	TOTALZ
50050 P 0	SAMPLE MEASUREMENT	*****	*****	46	MGD	*****	*****	0	Continuous	TOTALZ
See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 Y 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
Effluent Gross (Supplementary)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b>	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 <b>210-233-3239</b>	DATE <b>08.14.15</b>	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved  
OMB No. 2040-0004

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

NAME: 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

MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015
MONITORING PERIOD	

DMR Mailing ZIP CODE: 78221

MAJOR (SUBR 13)  
DOMESTIC FACILITY - 001

External Outfall

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Parviz Chavol - Senior Director Production & Treatment Operations	TELEPHONE	210-233-3239	DATE	08-14-15
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	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					

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
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Oxygen, dissolved [DO]	*****	*****	*****	*****	*****	*****	*****	0	12/Day	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	5	MO MIN	*****	*****	0	Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	6.6	*****	*****	*****	0	12/Day	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	6	MINIMUM	*****	*****	0	Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	9.3	*****	1.2	*****	1.9	*****	0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	5755	lb/d	15	DAILY AV	40	DAILY MIX	0	Daily	Compos
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	3.3	*****	0.4	*****	1.0	*****	0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	767	lb/d	*****	*****	*****	*****	0	Daily	Compos
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.92	*****	1.1	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	MGD	Req. Mon. DAILY MX	*****	*****	*****	0	Continuous	TotalZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	1319	*****	*****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	63889	gal/min	*****	*****	0	Continuous	TotalZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.3	*****	2HR PEAK	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46	ANNUL AVG	*****	*****	*****	*****	0	Continuous	TotalZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Parviz Chavoi - Senior Director	Signature of Principal Executive Officer or Authorized Agent	TELEPHONE	210-233-3239	DATE	08.14.15
Production & Treatment Operations	Typed or Printed		AREA Code	NUMBER	MM/DD/YYYY	

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

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

Form Approved  
OMB No. 2040-0004

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

TX0052639	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Parviz Chavol - Senior Director Production & Treatment Operations	TELEPHONE	210-233-3239	DATE	08.19.15
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	
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					

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
07/01/2015	07/31/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Solids, total suspended	247	*****	*****	*****	*****	*****	0	Daily	Compos	
00530 J 0 Intermediate Treatment, Process	5755 DAILY AV	*****	*****	*****	*****	*****	0	Daily	Compos	
Nitrogen, ammonia total [as N]	84	*****	*****	*****	*****	*****	0	Daily	Compos	
00610 J 0 Intermediate Treatment, Process	767 DAILY AV	*****	*****	*****	*****	*****	0	Daily	Compos	
Flow, in conduit or thru treatment plant	26.6	*****	*****	*****	*****	*****	0	Continuous	TotalZ	
50050 1 0 Effluent Gross	Req. Mon. DAILY AV	*****	*****	*****	*****	*****	0	Continuous	TotalZ	
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ	
50050 P 0 See Comments	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ	
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ	
50050 Y 0 Effluent Gross (Supplementary)	46 ANNL AVG	*****	*****	*****	*****	*****	0	Continuous	TotalZ	
BOD, carbonaceous, 05 day, 20 C	448	*****	*****	*****	*****	*****	0	Daily	Compos	
80082 J 0 Intermediate Treatment, Process	2686 DAILY AV	*****	*****	*****	*****	*****	0	Daily	Compos	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Parviz Chavol - Senior Director Production & Treatment Operations	TELEPHONE	210-233-3239	DATE	08-19-15
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	
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			

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

# OVERFLOW REPORT

PERIOD: JULY 2015

WATERSHED: DOS RIOS

TCEQ PERMIT # 10137-033

EPA PERMIT # 0077801

WO #	INSP#	SR #	Date	Address	Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments	
	365964	970082	7/30/2015	Mission Rd	1515	200.575	Structural	Repaired Main	7.00	0.00	Creek Bed ( Spilled Into San Antonio River )	Area Cleaned and Disinfected, Flushed Area with H2O A Blind Flange And Cap Were Installed On The Two (2) Pipes From The Abandoned Lift Station That Were Connected To The 54-inch Sewer Main.
	364888	958426	7/22/2015	Martin St W	4215	90	Roots	Cleaned Main	0.92	0.17	Ground	Area Cleaned and Disinfected, Flushed Area with H2O
	363916	950047	7/15/2015	Alamo St N	2222	1,830	Grease	Cleaned Main	5.08	0.00	Ground	Area Cleaned and Disinfected, Flushed Area with H2O
	363901	947902	7/15/2015	Blanco Rd	2922	120	Grease	Cleaned Main	1.00	0.75	Street	Area Cleaned and Disinfected, Flushed Area with H2O
	1145226	934777	7/21/2015	Industrial Vw	303	50	Lift Station	Replaced Broken Discharge Pipe On Gravity Line	0.00	0.00	Ground	Broken Discharge Pipe On Gravity Line Was Replaced With New 4-inch Pipe Including Unions That Replaced The Leaking Cap L#313. Area Cleaned And Disinfected
<b>Total Events:</b>	<b>5</b>				<b>Total Gallons:</b>	<b>202,665</b>		<b>Total Duration:</b>	<b>14.00</b>			

Wednesday, August 05, 2015

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

# OVERFLOW REPORT

PERIOD:

WATERSHED: SUBSCRIBER

TCEQ PERMIT # Subscriber

EPA PERMIT # Subscriber

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

Wednesday, August 05, 2015

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

# OVERFLOW REPORT

PERIOD:

WATERSHED: SALADO CREEK

TCEQ PERMIT # 10137-008

EPA PERMIT # 0052647

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

Wednesday, August 05, 2015

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



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

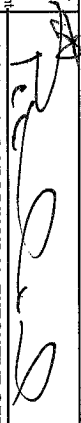
Form Approved  
OMB No. 2040-0004

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

TX0077801	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	6.3	*****	*****	0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6	M/O MIN	*****	0	Daily	GRAB
pH	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	6.9	*****	*****	0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6	MINIMUM	*****	0	Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT REQUIREMENT	2160	*****	*****	2.8	MAXIMUM	*****	0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	12510 DAILY AV	*****	lb/d	*****	12 DAILY AV	*****	0	Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT REQUIREMENT	313	*****	*****	0.4	40 DAILY MX	*****	0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	2085 DAILY AV	*****	lb/d	*****	2 DAILY AV	*****	0	Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT REQUIREMENT	91.4	111.5	MGD	*****	*****	*****	0	Continuous	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT REQUIREMENT	*****	89722	gal/min	*****	*****	*****	0	Continuous	TOTALZ
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	173611 2HR PEAK	gal/min	*****	*****	*****	0	Daily	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT REQUIREMENT	88.3	*****	*****	*****	*****	*****	0	Daily	Grab
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125 ANNL AVG	*****	MGD	*****	*****	*****	0	Continuous	TOTALZ

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of the and imprisonment for knowing violations.	<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>TELEPHONE</b>	<b>DATE</b>
<b>Parviz Chavol - Senior Director</b>			210-233-3239	08.14.15
<b>Production &amp; Treatment Operations</b>			AREA Code NUMBER	MM/DD/YYYY
TYPED OR PRINTED				

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

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


Form Approved  
OMB No. 2040-0004

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

TX0077801	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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

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

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b> Parviz Chavol - Senior Director Production & Treatment Operations	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>
<b>TYPED OR PRINTED</b>			
<b>TELEPHONE</b>	<b>DATE</b>		
210-233-3239	08-14-15		
<b>AREA CODE</b>	<b>NUMBER</b>	<b>MM/DD/YYYY</b>	

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

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

Form Approved  
OMB No. 2040-0004

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

TX0077801	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	5.5	*****	*****	*****	0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4	MO MIN	*****	mg/L	0	Daily	GRAB
pH	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	6.8	*****	*****	*****	0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6	MINIMUM	*****	SU	0	Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT REQUIREMENT	82.1	*****	*****	2.8	*****	MAXIMUM	*****	0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251	DAILY AV	lb/d	15	DAILY AV	40	mg/L	0	Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT REQUIREMENT	10.8	*****	*****	0.4	*****	*****	*****	0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	167	DAILY AV	lb/d	2	DAILY AV	7	mg/L	0	Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT REQUIREMENT	3.5	*****	*****	3.8	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT REQUIREMENT	3.9	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	10	ANNL AVG	MGD	*****	*****	*****	*****	0	Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	INST MAX	mg/L	0	Daily	GRAB

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

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 210-233-3239  
 AREA Code: NUMBER: MM/DD/YYYY: 08.14.15

DATE

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

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

Form Approved  
OMB No. 2040-0004

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

TX0077801	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. OF ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Chlorine, total residual	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab	
50060 B 0	*****	*****	*****	1	*****	*****	mg/L	0	Daily	Grab	
Prior to Disinfection	*****	*****	*****	MO MIN	*****	*****	mg/L	0	Daily	Grab	
E. coli	*****	*****	*****	*****	*****	*****	CFU/100mL	0	Three per Week	GRAB	
51040 1 0	*****	*****	*****	*****	*****	*****	L	0	Daily	Grab	
Effluent Gross	*****	*****	*****	*****	*****	*****	CFU/100mL	0	Daily	Grab	
BOD, carbonaceous, 05 day, 20 C	*****	*****	*****	*****	*****	*****	mg/L	0	Daily	Grab	
80082 1 0	*****	*****	*****	*****	*****	*****	mg/L	0	Daily	Grab	
Effluent Gross	*****	*****	*****	*****	*****	*****	mg/L	0	Daily	Grab	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
Parviz Chavol - Senior Director Production & Treatment Operations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
TYPED OR PRINTED	TELEPHONE	
	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	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4	MO MIN	*****			Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****							
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6	MINIMUM	*****			Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT					MAXIMUM					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251	*****	lb/d	*****	15	40	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	167	*****	lb/d	*****	2	7	mg/L		Daily	COMPOS
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	DAILY AV	*****		*****	DAILY AV	DAILY MX	*****			
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	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1	mg/L		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that 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	
TYPED OR PRINTED				AREA Code NUMBER	MM/DD/YYYY

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

**No Discharge**



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

Form Approved  
OMB No. 2040-0004

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


TX0077801	004-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	MINIMUM	VALUE	UNITS	MAXIMUM			
Oxygen, dissolved [DO]	PERMIT SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT SAMPLE MEASUREMENT	*****	*****	5	*****	*****	*****	0	Daily	GRAB
pH	PERMIT SAMPLE MEASUREMENT	*****	*****	6.9	*****	*****	*****	0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT SAMPLE MEASUREMENT	*****	*****	6	*****	*****	*****	0	Daily	GRAB
Solids, total suspended	PERMIT SAMPLE MEASUREMENT	25	lb/d	*****	2.9	*****	*****	0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT SAMPLE MEASUREMENT	375	lb/d	*****	*****	*****	*****	0	Daily	Compos
Nitrogen, ammonia total [as N]	PERMIT SAMPLE MEASUREMENT	3.7	*****	*****	*****	*****	*****	0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT SAMPLE MEASUREMENT	50	lb/d	*****	*****	*****	*****	0	Daily	COMPOS
Flow, in conduit or thru treatment plant	PERMIT SAMPLE MEASUREMENT	1.0	MGD	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 1 0 Effluent Gross	PERMIT SAMPLE MEASUREMENT	Reg. Mon. DAILY AV	MGD	*****	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	PERMIT SAMPLE MEASUREMENT	0.8	MGD	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT SAMPLE MEASUREMENT	ANNL AVG	MGD	*****	*****	*****	*****	0	Continuous	TOTALZ
Chlorine, total residual	PERMIT SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Daily	GRAB

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE: 210-233-3239  
 DATE: 08.14.15

AREA Code: NUMBER: MM/DD/YYYY

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

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


Form Approved  
OMB No. 2040-0004

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

TX0077801	004-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Chlorine, total residual	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab	
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1.0	*****	*****	0	Daily	Grab	
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	1.6	*****	*****	0	Daily	Grab	
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1.26	*****	*****	0	Weekly	GRAB	
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	*****	*****	*****	2.0	*****	*****	0	Daily	Grab	
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	250	*****	*****	10	*****	*****	0	Daily	COMPOS	
		DAILY AV		lb/d	DAILY AV		25				
							mg/L				

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>TELEPHONE</b>	<b>DATE</b>
<b>Patriz Chavol - Senior Director Production &amp; Treatment Operations</b>				210-233-3239	08-14-15
<b>TYPED OR PRINTED</b>				<b>AREA CODE</b>	<b>NUMBER</b>
					MM/DD/YYYY

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



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

Form Approved  
OMB No. 2040-0004

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

TX0077801	005-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	*****	0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4	*****	*****	0	Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	*****	0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6	*****	*****	0	Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.8	*****	*****	0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15	*****	*****	0	Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	0.4	*****	*****	0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	43	*****	*****	0	Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	1.2	*****	*****	0	Continuous	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1.3	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	0.65	*****	*****	0	Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	*****	*****	*****	2.6	*****	*****	0	Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Parviz Chavol - Senior Director</b>	I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Production & Treatment Operations			210-233-3239	07-19-15	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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


Form Approved  
OMB No. 2040-0004

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

TX0077801	005-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Chlorine, total residual	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab	
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1.0	MO MIN	*****	0	Daily	Grab	
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	1.4	126	394	0	Daily	Grab	
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1.4	DAILY AV	DAILY MX		Weekly	GRAB	
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	*****	*****	*****	2.0	DAILY AV	DAILY MX		Daily	Grab	
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	2.0	DAILY AV	DAILY MX		Daily	Grab	
			217	DAILY AV	*****	10	25	mg/L			

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>TELEPHONE</b>	<b>DATE</b>
<b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b>			210-233-3239	08-14-15
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

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

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

Form Approved  
OMB No. 2040-0004

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

TX0077801	006-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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

No Discharge

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

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	Parviz Chavol - Senior Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	210-233-3239	08-14-15
<b>TYPED OR PRINTED</b>	Production & Treatment Operations				
<b>TELEPHONE</b>	210-233-3239	<b>DATE</b>	08-14-15	<b>AREA CODE</b>	210
<b>NUMBER</b>	233-3239	<b>MM/DD/YYYY</b>	08-14-15	<b>MM/DD/YYYY</b>	08-14-15

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

No Discharge

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

Form Approved  
OMB No. 2040-0004

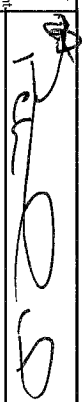
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
**NAME:** DOS RIOS WATER RECYCLING CENTER  
**ADDRESS:** 3495 VALLEY RD  
 SAN ANTONIO, TX 78221  
**FACILITY:** DOS RIOS WATER RECYCLING CTR.  
**LOCATION:** 3495 VALLEY RD.  
 SAN ANTONIO, TX 78221  
**ATTN:** PARIZ CHAVOL SR DIR

TX0077801	006-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE							
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****							
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1	*****	*****	mg/L		Daily	GRAB			
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****							
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	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	*****	*****	*****	*****	10	DAILY AV	25	DAILY MX	mg/L	Daily	COMPOS

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
<b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b>			210-233-3239	06/14/15	
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY

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

No Discharge

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

Form Approved  
OMB No. 2040-0004


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

TX0077801	101-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	REQ. MON. DAILY AV	VALUE	UNITS	VALUE			
Flow, in conduit or thru treatment plant	6.8	Req. Mon. DAILY AV	MGD	*****	*****	*****	0	Continuous	TOTALZ	
50050 1 0 Effluent Gross	9.8	Req. Mon. DAILY AV	MGD	*****	*****	*****	0	Continuous	TOTALZ	
Flow, in conduit or thru treatment plant	4.4	Req. Mon. DAILY AV	MGD	*****	*****	*****	0	Continuous	TOTALZ	
50050 Y 0 Effluent Gross (Supplementary)		Req. Mon. ANNL AVG	MGD	*****	*****	*****		Continuous	TOTALZ	

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	<b>TELEPHONE</b>	<b>DATE</b>
<b>Parviz Chavol - Senior Director Production &amp; Treatment Operations</b>				210-233-3239	08-14-15
<b>TYPED OR PRINTED</b>				<b>AREA CODE</b>	<b>NUMBER</b>
					MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 WASTEWATER CONTRIBUTIONS FROM THE DOS RIOS WATER RECYCLING CENTER TO THE REUSE WATER SYSTEM SHALL BE MONITORED FOR FLOW AFTER CHLORINATION AT THE RECYCLED WATER PUMP AND REPORTED AS OUTFALL 101.

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

Form Approved  
OMB No. 2040-0004

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

TX0077801	102-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	07/31/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Flow, in conduit or thru treatment plant	98.2	114.7	MGD	*****	*****	*****	0	Continuous	TotalZ	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	MGD	*****	*****	*****		Continuous	TOTALZ	
Flow, in conduit or thru treatment plant	92.7	*****	*****	*****	*****	*****	0	Continuous	TotalZ	
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125 ANNL AVG	MGD	*****	*****	*****		Continuous	TOTALZ	

<b>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</b>	Identify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violators.	<b>TELEPHONE</b>	<b>DATE</b>
<b>Parviz Chavol - Senior Director</b>		210-233-3239	08-14-15
<b>Production &amp; Treatment Operations</b>		<b>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b>	
<b>TYPED OR PRINTED</b>		<b>AREA CODE</b>	<b>NUMBER</b>
			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.