



September 17, 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 5266

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 August 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 that reads "Jeffrey J. Haby".

Jeffrey J. Haby, P.E.

Senior Director – Sewer System Improvements

Enc. As stated



September 17, 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 5259

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 5259

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 August 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', is written over the typed name.

Jeffrey J. Haby, P.E.

Senior Director – Sewer System Improvements

Enc. As stated

OVERFLOW REPORT

PERIOD: AUGUST 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
		1008858	8/31/2015	Escalon Ave	230	Dabris	Cleaned Lateral	1.52	0.68	Ground	Unstopped 6" Lateral
		373765	8/31/2015	Travis St W	1714	Grease	Cleaned Main	1.85	0.60	Creek Bed (Spilled Into Alazan Creek)	Area Cleaned and Disinfected, Flushed Area with H2O The 8" Siphon Was Cleaned
		373674	8/29/2015	24th St Nw	602	Grease	Cleaned Lateral	2.02	1.77	Stormdrain	Area Cleaned and Disinfected, Flushed Area with H2O
Total					3	Total Gallons:		1,155	Total Duration:		5.39

Wednesday, September 09, 2015

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

OVERFLOW REPORT

PERIOD: AUGUST 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	
373598	1007495	8/28/2015	West Ave	12798	100	Grease	Cleaned Main	1.35	0.83	Street	Area Cleaned and Disinfected, Flushed Area with H2O	
372512	993116	8/18/2015	Trophy Rdg	17	660	Debris	Cleaned Main	10.33	1.52	Creek Bed (Spilled Into Dry Mudd Creek)	Area Cleaned and Disinfected, Flushed Area with H2O	
371420	990470	8/17/2015	Perrin Beitel	11612	8,400	Grease	Cleaned Main	0.70	0.37	Drainage Culvert	Area Cleaned and Disinfected, Flushed Area with H2O	
Total Events: 3					Total Gallons: 9,160		Total Duration: 12.38					

Wednesday, September 09, 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 Gallons:							
				Total Duration:							
Total Events:											

Wednesday, September 09, 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 CHAYOL SR DIR

TX0077801	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

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	REQUIREMENT	VALUE	UNITS	REQUIREMENT			
Oxygen, dissolved [DO]	PERMIT MEASUREMENT	*****	*****	*****	6.40	*****	*****	0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT MEASUREMENT	*****	*****	*****	6	*****	*****	0	Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.50	*****	*****	0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT MEASUREMENT	*****	*****	*****	6	*****	*****	0	Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	MINIMUM	*****	*****	0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT MEASUREMENT	12510	lb/d	*****	2.80	*****	*****	0	Daily	Compos
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	470	*****	*****	0.70	*****	*****	0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT MEASUREMENT	2085	lb/d	*****	2	*****	*****	0	Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	82.6	*****	*****	91.2	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT MEASUREMENT	Req. Mon. DAILY AV	MGD	*****	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	80069	*****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	PERMIT MEASUREMENT	*****	*****	*****	173611	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	88.8	*****	*****	*****	*****	*****	0	Daily	Grab
50050 Y 0 Effluent Gross (Supplementary)	PERMIT MEASUREMENT	125	MGD	*****	*****	*****	*****	0	Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Parviz Chavol - Senior Director	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	7/14/2015	
TYPED OR PRINTED		AREA Code	210	NUMBER

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

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

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
08/01/2015	08/31/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			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	Daily	GRAB	
BOD, carbonaceous, 05 day, 20 C	*****	*****	*****	*****	*****	*****	*****	0	Daily	Compos	
80082 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	Daily	Compos	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Parviz Chavol - Senior Director	TELEPHONE	210-233-3239	DATE	08/14/2015
Production & Treatment Operations	TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 SEE OTHER 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
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

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			
Oxygen, dissolved [DO]	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab
00300 1 0 Effluent Gross	*****	*****	*****	4	*****	*****	*****	0	Daily	GRAB
pH	*****	*****	*****	6.70	*****	*****	*****	0	Daily	Grab
00400 1 0 Effluent Gross	*****	*****	*****	6	*****	*****	*****	0	Daily	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	*****	*****	0	Daily	Compos
00530 1 0 Effluent Gross	*****	*****	*****	1251	*****	*****	*****	0	Daily	Compos
Nitrogen, ammonia total [as N]	*****	*****	*****	18.0	*****	*****	*****	0	Daily	Compos
00610 1 0 Effluent Gross	*****	*****	*****	167	*****	*****	*****	0	Daily	COMP
Flow, in conduit or thru treatment plant	*****	*****	*****	4.10	*****	*****	*****	0	Continuous	TOTALZ
50050 1 0 Effluent Gross	*****	*****	*****	3.50	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	*****	*****	*****	3.70	*****	*****	*****	0	Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	*****	*****	*****	10	*****	*****	*****	0	Continuous	TOTALZ
Chlorine, total residual	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab
50060 A 0 Disinfection, Process Complete	*****	*****	*****	*****	*****	*****	*****	0	Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Parviz Chavol - Senior Director	Signature of Principal Executive Officer or Authorized Agent	TELEPHONE	210-233-3239	DATE	8/14/2015
Production & Treatment Operations	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)

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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
08/01/2015	08/31/2015

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			
Chlorine, total residual	*****	*****	*****	1.00	*****	*****	0	Daily	Grab	
50060 B 0 Prior to Disinfection	*****	*****	*****	1	*****	*****	0	Daily	Grab	
E. coli	*****	*****	*****	1.40	*****	*****	0	Daily	Grab	
51040 1 0 Effluent Gross	*****	*****	*****	126	DAILY AV	394	0	Three per Week	GRAB	
BOD, carbonaceous, 05 day, 20 C	*****	*****	*****	2.00	DAILY AV	2.00	0	Daily	Grab	
80082 1 0 Effluent Gross	*****	*****	*****	834	DAILY AV	25	0	Daily	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.	
Parviz Chavol - Senior Director Production & Treatment Operations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
TYPED OR PRINTED	TELEPHONE	DATE
	210-233-3239	08/16/2015
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
08/01/2015	08/31/2015

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

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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	07/15/2015
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
08/01/2015	08/31/2015

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

PARAMETER	MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	PERMIT REQUIREMENT	VALUE	UNITS	PERMIT REQUIREMENT			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	6.80	*****	*****	6.80	*****	*****	0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MO MIN	*****	*****	0	Daily	GRAB
pH	SAMPLE MEASUREMENT	6.90	*****	*****	6.90	*****	*****	0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	0	Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	20.0	*****	*****	2.70	*****	*****	0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15 DAILY AV	*****	*****	0	Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	5.00	*****	*****	0.70	*****	*****	0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	50 lb/d	*****	*****	0	Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.85	*****	*****	1.30	*****	*****	0	Continuous	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY AV	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.80	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	*****	*****	*****	3 ANNL AVG	*****	*****	0	Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	0.080	*****	*****	*****	*****	*****	0	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Daily	GRAB

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE: 210-233-3239
 AREA Code: 210 NUMBER: 233-3239
 DATE: 8/16/2015

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
08/01/2015	08/31/2015

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	VALUE	VALUE	UNITS				
Chlorine, total residual	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab
50060 B 0 Prior to Disinfection	*****	*****	*****	1.00	1	MO MIN	*****	0	Daily	Grab
E. coli	*****	*****	*****	1.40	126	DAILY AV	*****	0	Daily	Grab
51040 1 0 Effluent Gross	*****	*****	*****	4.00	394	DAILY MX	*****	0	Daily	Grab
BOD, carbonaceous, 05 day, 20 C	*****	*****	*****	2.00	25	DAILY MX	*****	0	Daily	Grab
80082 1 0 Effluent Gross	*****	*****	*****	14.2	250	DAILY AV	*****	0	Daily	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to 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	09/16/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER
			210	233-3239

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
08/01/2015	08/31/2015

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	UNITS	VALUE	UNITS	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	6.50	4	*****	*****	0	Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	6.70	6	*****	*****	0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	*****	0	Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	24.6	*****	2.70	15	6.40	40	0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Daily	Compos
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	6.00	*****	0.70	2	1.90	7	0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.10	*****	1.30	*****	*****	*****	0	Continuous	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.70	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	2.6	*****	*****	*****	*****	*****	0	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Parviz Chavol - Senior Director Production & Treatment Operations	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED				210-233-3239	09/16/2015
AREA Code	NUMBER				

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
 NAME: DOS RIOS WATER 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

TX007801	005-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	PERMIT REQUIREMENT	VALUE	UNITS	PERMIT REQUIREMENT			
Chlorine, total residual	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab
50060 B 0 Prior to Disinfection	*****	*****	*****	1.00	*****	*****	*****	0	Daily	Grab
E. coli	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab
51040 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab
80082 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations	210-233-3239	08/14/2015
TYPED OR PRINTED	AREA Code	NUMBER
	210	233-3239
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY
		08/14/2015

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 PERMIT NUMBER	006-A DISCHARGE NUMBER
MM/DD/YYYY 08/01/2015 MONITORING PERIOD	MM/DD/YYYY 08/31/2015 DISCHARGE PERIOD

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			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	*****	*****	*****			*****			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	5755	*****	*****	15	DAILY AV	40	DAILY MX	Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	767	*****	*****	2	DAILY AV	7	DAILY MX	Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	*****	*****	*****	*****	*****	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46	*****	*****	*****	*****	*****	*****	Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	Daily	GRAB

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

TELEPHONE: 210-233-3239
 DATE: 8/1/2015

AREDA 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)
 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

TX0077801	006-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

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

No Discharge

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

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Parviz Chavol - Senior Director	TELEPHONE	210-233-3239	DATE	09/16/2015
Production & Treatment Operations		AREA Code	NUMBER	NUMBER	MM/DD/YYYY
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information 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.

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
08/01/2015	08/31/2015

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. OF ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Flow, in conduit or thru treatment plant	9.00	12.2	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	SAMPLE MEASUREMENT	4.40	*****	*****	*****	*****	0	Continuous	Totalz	
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	Req. Mon. ANNL AVG	MGD	*****	*****	*****		Continuous	TOTALZ	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Parviz Chavol - Senior Director Production & Treatment Operations			210-233-3239	09/16/2015	
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY

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

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


Form Approved
OMB No. 2040-0004

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

TX0077801	102-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

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	VALUE	UNITS	VALUE	VALUE	VALUE			
Flow, in conduit or thru treatment plant	91.6	Req. Mon. DAILY AV	MGD	*****	*****	*****	*****	0	Continuous	TOTALZ
Effluent Gross	96.3	Req. Mon. DAILY MX	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	93.2	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 Y 0	125	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Effluent Gross (Supplementary)	REQUIREMENT	ANNL AVG								

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	DATE	
	210-233-3239	09/16/2015	
	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.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-033	02	15	08	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**

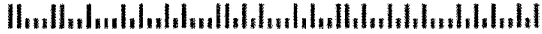
PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE		
	REPORTED	PERMITTED		VALUE	UNITS			
500507124 FLOW DLY AVG	REPORTED		91.6	MGD	0	02	11	
	PERMITTED					02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		93.2	MGD	0	02	11	
	PERMITTED					02	CONT	11 CONT
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0042725	NUMBER	0	01		NA
	PERMITTED					01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		161022	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
			Tim Howe Manager-Prod & Treat Ops		11/5/09 116
TELEPHONE NUMBER		PLANT OPERATOR		PLANT OPERATOR	
210	233	3239	Parviz Chavol Senior Director - Production & Treatment		11/5/09 114
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	08	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	
		VALUE		UNITS			
000085342 TRANSFER DAYS/MON	REPORTED	31	DAY	0	01		01
	PERMITTED				01	NA	01
316164024 E-COLI DLY AVG	REPORTED	4.70	#/100 ML	0	11		03
	PERMITTED	20.000			11	2/WEEK	03
316164030 E-COLI IND GRAB	REPORTED	460	#/100 ML	1	11		03
	PERMITTED	75.000			11	2/WEEK	03
500507124 FLOW DLY AVG	REPORTED	3.80	MGD	0	02		11
	PERMITTED				02	CONT	11
500507128 FLOW ANN AVG	REPORTED	0.13	MGD	0	02		11
	PERMITTED				02	CONT	11
800821024 BOD CARB DLY AVG	REPORTED	2.00	MG/L	0	08	1/Day	10
	PERMITTED	5.000			11	2/WEEK	03
820796624 TURBDITY 30DAYAVG	REPORTED	1.40	NTU	0	08	1/Day	10
	PERMITTED	3.000			11	2/WEEK	03
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0042725	NUMBER	0	01		NA
	PERMITTED				01	01	NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	161022	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.	NAME	SIGNATURE	DATE
	Tim Howe Manager-Prod & Treat Ops		15 09 16
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2 1 1 0 2 3 3 3 2 3 9	Parviz Chavol Senior Director - Production & Treatment		15 09 16
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
			YEAR MO. DAY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-033	02	15	08	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			
	PERMITTED			01	NA	01 NA
316164024 FEC. COLI DLY AVG	REPORTED					
	PERMITTED		200.000	#/100 ML	14 1/WEEK	03 GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED					
	PERMITTED		800.000	#/100 ML	14 1/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED					
	PERMITTED			MGD	02 CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED					
	PERMITTED			MGD	02 CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED					
	PERMITTED		20.000	MG/L	14 1/WEEK	03 GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED		0	01		NA
	PERMITTED			01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		0	01		NA
	PERMITTED			01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		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
	Tim Howe Manager-Prod & Treat Ops		15 09 15
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director - Production & Treatment		15 09 16
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

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

Form Approved
OMB No. 2040-0004

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

TX0077801 PERMIT NUMBER	TX1-Q DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 07/01/2015	MM/DD/YYYY 09/30/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1	PERMIT REQUIREMENT	*****	*****	*****	0	0	*****	0	Quarterly	Comp24
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MIN	*****	0	See Permit	Comp24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****	N/A	N/A	*****	0	See Permit	Comp24
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MIN	*****	0	See Permit	Comp24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****	0	Quarterly	Comp24
TLPB3 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	0	Quarterly	Comp24
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****	0	Quarterly	Comp24
TLPB3 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	0	Quarterly	Comp24
NOEC Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	99	99	*****	0	Quarterly	Comp24
NOEC Lethal Static Renewal 7 Day Chronic Pinnephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	99	99	*****	0	Quarterly	Comp24
TOP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	0	Quarterly	Comp24
NOEC Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	99	99	*****	0	Quarterly	Comp24
TPPB3 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	0	Quarterly	Comp24

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

TYPE OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 210-233-3239
 AREA Code: 210
 NUMBER: 233-3239
 MM/DD/YYYY: 09/14/15

DATE

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 CHAYVOL SR DIR

TX0077801	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	09/30/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	PERMIT REQUIREMENT	*****	*****	*****	99	99	*****	0	Quarterly	Comp24
TPP6C 1 0	PERMIT REQUIREMENT	*****	*****	*****	0	0	*****	0	Quarterly	Comp24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****	0	Quarterly	Comp24
TWP3B 1 0	PERMIT REQUIREMENT	*****	*****	*****	0	0	*****	0	Quarterly	Comp24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****	0	Quarterly	Comp24
TWP6C 1 0	PERMIT REQUIREMENT	*****	*****	*****	0	0	*****	0	Quarterly	Comp24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	0	0	*****	0	Quarterly	Comp24
LOEC Lethal Survival Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****	0	Quarterly	Comp24
TXP3B 1 0	PERMIT REQUIREMENT	*****	*****	*****	0	0	*****	0	Quarterly	Comp24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	0	0	*****	0	Quarterly	Comp24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pinephales	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****	0	Quarterly	Comp24
TXP6C 1 0	PERMIT REQUIREMENT	*****	*****	*****	0	0	*****	0	Quarterly	Comp24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	0	0	*****	0	Quarterly	Comp24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****	0	Quarterly	Comp24
TYP3B 1 0	PERMIT REQUIREMENT	*****	*****	*****	0	0	*****	0	Quarterly	Comp24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	0	0	*****	0	Quarterly	Comp24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****	0	Quarterly	Comp24
TYP6C 1 0	PERMIT REQUIREMENT	*****	*****	*****	0	0	*****	0	Quarterly	Comp24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	0	0	*****	0	Quarterly	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified persons properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations			210-233-3239	09/16/15
TYPED OR PRINTED			AREA Code	NUMBER
				MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

TX0077801	TX2-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	09/30/2015

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV 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	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	09/14/2015
TYPED OR PRINTED			AREA CODE NUMBER	MM/DD/YYYY

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

No Discharge

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

Form Approved
OMB No. 2040-0004

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

TX0077801	TX2-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	09/30/2015

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	MEASUREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
TPP6C 1 0	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	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
TWP3B 1 0	PERMIT REQUIREMENT	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
TWP6C 1 0	PERMIT REQUIREMENT	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	pass=0/fail=1		Quarterly	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pinephales	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
TXP6C 1 0	PERMIT REQUIREMENT	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
TPP3B 1 0	PERMIT REQUIREMENT	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24
TPP6C 1 0	PERMIT REQUIREMENT	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%		Quarterly	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify, under penalty of law that this document and all attachments were prepared under my direction or supervision 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
Patriz Chavol - Senior Director		<i>[Signature]</i>	210-233-3239	09/14/2015
Production & Treatment Operations			AREA Code	NUMBER
TPED OR PRINTED				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	TX3-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	09/30/2015

DMR Mailing ZIP CODE: 78221
 MAJOR (SUBR 13)
 7-DAY CHRONIC FRESHWATER - 003
 External Outfall
 No Discharge

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****	*****	*****			
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 REQUIREMENT	*****	*****	*****	*****	*****	*****			
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 REQUIREMENT	*****	*****	*****	*****	*****	*****			
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 REQUIREMENT	*****	*****	*****	*****	*****	*****			
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 REQUIREMENT	*****	*****	*****	*****	*****	*****			
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 REQUIREMENT	*****	*****	*****	*****	*****	*****			
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 REQUIREMENT	*****	*****	*****	*****	*****	*****			
TPP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%	Quarterly	COMP24	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE AREA Code NUMBER	DATE
Parviz Chavol - Senior Director Production & Treatment Operations			210-233-3239	09/16/2015
TYPED OR PRINTED				

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

No Discharge

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

Form Approved
OMB No. 2040-0004

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

TX0077801	TX3-Q
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	09/30/2015

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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	DATE
			AREA Code 210-233-3239	NUMBER 09/15/2015

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

No Discharge

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

Form Approved
OMB No. 2040-0004

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

NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221

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

ATTN: PARIZ CHAVOL SR DIR

TX0077801	TX4-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	09/30/2015

DMR Mailing ZIP CODE: 78221

MAJOR (SUBR 13)

7-DAY CHRONIC FRESHWATER - 004
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Whole effluent toxicity - retest #1	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		See Permit	COMP24
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	*****	*****	*****	*****	*****	*****		See Permit	COMP24
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	*****	*****	*****	*****	*****	*****		See Permit	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	*****	*****	*****	*****	*****	*****		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	*****	*****	*****	*****	*****	*****		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	*****	*****	*****	*****	*****	*****		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	*****	*****	*****	*****	*****	*****		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	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 violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations			210-233-3239	09/16/2015
TYPED OR PRINTED			AREA Code	NUMBER
				MM/DD/YYYY

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

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

No Discharge

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

Form Approved
OMB No. 2040-0004

TX0077801	TX4-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	09/30/2015

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
7-DAY CHRONIC FRESHWATER - 004
External Outfall
No Discharge

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

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 violations.	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations		210-233-3239	07/14/2015
TYPED OR PRINTED		AREA Code	NUMBER
			MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

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

MM/DD/YYYY	MM/DD/YYYY
07/01/2015	09/30/2015

DMR Mailing ZIP CODE: 78221

MAJOR (SUBR 13)

7-DAY CHRONIC FRESHWATER - 005
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Whole effluent toxicity - retest #1	MEASUREMENT	*****	*****	*****	*****	*****	*****			
22415 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MIN	*****	pass=0/fail=1	See Permit	COMP24	
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
22416 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	Opt. Mon. 7 DA MIN	Opt. Mon. MO AV MIN	*****	pass=0/fail=1	See Permit	COMP24	
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
TL P3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	pass=0/fail=1	Quarterly	COMP24	
Low Flow Pass/Fail Survival Test Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
TL P6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	pass=0/fail=1	Quarterly	COMP24	
NOEC Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
TOP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	%	Quarterly	COMP24	
NOEC Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
TOP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	%	Quarterly	COMP24	
NOEC Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
TPP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****	%	Quarterly	COMP24	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations			210-233-3239	09/14/2015
TYPED OR PRINTED			AREA Code NUMBER	MMDD/YYYY

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

No Discharge

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

Form Approved
OMB No. 2040-0004

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

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

ATTN: PARIZ CHAVOL SR DIR

TX0077801	TX5-Q
PERMIT NUMBER	DISCHARGE NUMBER

MM/DD/YYYY	MM/DD/YYYY
07/01/2015	09/30/2015

DMR Mailing ZIP CODE: 78221

MAJOR (SUBR 13)

7-DAY CHRONIC FRESHWATER - 005
External Outfall

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations	210-233-3239	07/14/2015
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)

(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
07/01/2015	09/30/2015

DMR Mailing ZIP CODE: 78221
 MAJOR (SUBR 13)
 7-DAY CHRONIC FRESHWATER - 006
 External Outfall
 No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Pariz Chavol - Senior Director Production & Treatment Operations	210-233-3239	07/16/2015
PERMIT REQUIREMENT	AREA Code	NUMBER
*****	210	233-3239
PERMIT REQUIREMENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	

PERMIT REQUIREMENT	TYPED OR PRINTED	

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
07/01/2015	09/30/2015

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****		Quarterly	COMP24
TPP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Caridodaphnia dubia	SAMPLE MEASUREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****		Quarterly	COMP24
TPP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****		Quarterly	COMP24
Pass/Fail Sub-Lethal Static Renewal 7 Day Chronic Pinephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****		Quarterly	COMP24
TPP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****		Quarterly	COMP24
TPP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****		Quarterly	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pinephales	SAMPLE MEASUREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****		Quarterly	COMP24
TPP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****		Quarterly	COMP24
TPP3B 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****		Quarterly	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic	SAMPLE MEASUREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****		Quarterly	COMP24
TPP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MIN	*****		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations				210-233-3239	08/14/2015
TYPED OR PRINTED				AREA Code	NUMBER
					MM/DD/YYYY

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

No Discharge

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


Form Approved
OMB No. 2040-0004

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

TX0077801	TX1-S
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	12/31/2015

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

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to 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			210-233-3239	07/16/15
Production & Treatment Operations			AREA Code	NUMBER
TYPED OR PRINTED				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
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	12/31/2015

DMR Mailing ZIP CODE: 78221
 MAJOR (SUBR 13)
 24-HOUR ACUTE FRESHWATER - 002
 External Outfall
 No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1	MEASUREMENT	*****	*****	*****	*****	*****				
22415 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		See Permit	COMP24	
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
22416 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		See Permit	COMP24	
LC50 Pass/Fail Static 24Hr Acute D. Pulex	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
LC50 Pass/Fail Static 24Hr Acute Pimphales	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Once per 6 Months	COMP24	
LC50 Pass/Fail Static 24Hr Acute Pimphales	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
TI6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Once per 6 Months	COMP24	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol - Senior Director Production & Treatment Operations	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 violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 210-233-3239	DATE 09/16/15
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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No Discharge

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

Form Approved
OMB No. 2040-0004

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

TX0077801	TX3-S
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	12/31/2015

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Parviz Chavol - Senior Director Production & Treatment Operations	Typed or Printed	Signature of Principal Executive Officer or Authorized Agent	TELEPHONE	DATE
				210-233-3239	09/16/15
				AREA Code	NUMBER
					MM/DD/YYYY

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

No Discharge

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

Form Approved
OMB No. 2040-0004


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

TX0077801	TX4-S
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	12/31/2015

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol - Senior Director Production & Treatment Operations	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 210-233-3239	DATE 7/14/15
TYPED OR PRINTED			AREA CODE 210	NUMBER 233-3239

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

No Discharge

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

Form Approved
OMB No. 2040-0004

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

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


TX0077801	TX5-S
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	12/31/2015

DMR Mailing ZIP CODE: 78221

MAJOR (SUBR 13)
24-HOUR ACUTE FRESHWATER - 005
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
22415 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
22416 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		See Permit	COMP24
LC50 Pass/Fail Static 24-Hr Acute D. Pulex	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
LC50 Pass/Fail Static 24-Hr Acute D. Pimphales	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Once per 6 Months	COMP24
LC50 Pass/Fail Static 24-Hr Acute D. Pimphales	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
LC50 Pass/Fail Static 24-Hr Acute D. Pimphales	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Once per 6 Months	COMP24
LC50 Pass/Fail Static 24-Hr Acute D. Pimphales	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
LC50 Pass/Fail Static 24-Hr Acute D. Pimphales	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Once per 6 Months	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Identify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the requirements of the act, and that I am a duly sworn and authorized official of 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 Chayvol - Senior Director Production & Treatment Operations			210-233-3239	07/16/15
TYPED OR PRINTED			AREA CODE NUMBER	MM/DD/YYYY

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

No Discharge

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

Form Approved
OMB No. 2040-0004


PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
 SAN ANTONIO, TX 78221
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
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	12/31/2015

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Whole effluent toxicity - retest #1	MEASUREMENT	*****	*****	*****	*****	*****				
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		See Permit	COMP24	
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		See Permit	COMP24	
LC50 Pass/Fail Static 24Hr Acute D. Pulex	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
THE3D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Once per 6 Months	COMP24	
LC50 Pass/Fail Static 24Hr Acute Pimphales	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
THE6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Once per 6 Months	COMP24	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to 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			210-233-3239	09/14/15
Production & Treatment Operations		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
TYPED OR PRINTED				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

OVERFLOW REPORT

PERIOD: AUGUST 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
	373764	1008823	8/31/2015	Apple Valley Dr	6219	2 Grease	Cleaned Lateral	2.50	1.25	Alley	Area Cleaned and Disinfected, Flushed Area with H2O 6 Inch Sewer Lateral - Unstopped Lateral
	371422	990825	8/17/2015	Loop 410 Nw	7007	8,500 Grease	Cleaned Main	1.42	0.50	Creek Bed (Spilled Into Leon Creek)	Area Cleaned and Disinfected, Flushed Area with H2O
	371337	989135	8/16/2015	Wiseman Blvd	3600	1,780 Debris	Cleaned Main	1.48	0.65	Stormdrain	Area Cleaned and Disinfected, Flushed Area with H2O
	368305	983697	8/11/2015	Seacliff	8955	24,000 Debris	Cleaned Main	1.33	0.00	Creek Bed (Spilled Into Indian Creek)	Area Cleaned and Disinfected, Flushed Area with H2O
	1160186	978377	8/6/2015	Pleasanton Rd	10762	80 Other	The Lift Station Pump Was Turned Off As Well As The 4 Inch Isolation Valve	0.03	0.00	Ground	Area Cleaned And Disinfected. Ls# 192
Total Events:	5			Total Gallons:	34,362		Total Duration:	6.76			

Wednesday, September 09, 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: PARVIZ CHAVOL, SR. DIRECTOR

TX0062639	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

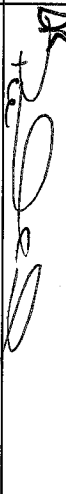
DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
DOMESTIC FACILITY - 001
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING	QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	VALUE				
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	6.40	*****	0	12/Day	Grab
00300 1 0	PERMIT REQUIREMENT	*****	*****	5	*****	0	Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	6.50	*****	0	12/Day	Grab
pH	PERMIT REQUIREMENT	*****	*****	6	*****	0	Daily	GRAB
00400 1 0	PERMIT REQUIREMENT	*****	*****	MINIMUM	*****	0	Daily	COMPOS
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	1.20	*****	0	Daily	COMPOS
Solids, total suspended	PERMIT REQUIREMENT	*****	*****	15	*****	0	Daily	COMPOS
00530 1 0	PERMIT REQUIREMENT	*****	*****	2.70	*****	0	Daily	COMPOS
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	0.30	*****	0	Daily	COMPOS
Nitrogen, ammonia total [as N]	PERMIT REQUIREMENT	*****	*****	2	*****	0	Daily	COMPOS
00610 1 0	PERMIT REQUIREMENT	*****	*****	7	*****	0	Continuous	TOTALZ
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	31.7	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	*****	*****	25.2	*****	0	Continuous	TOTALZ
00500 1 0	PERMIT REQUIREMENT	*****	*****	Req. Mon. DAILY AV	*****	0	Continuous	TOTALZ
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	25694	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	*****	*****	63889	*****	0	Continuous	TOTALZ
00500 P 0	PERMIT REQUIREMENT	*****	*****	2HR PEAK	*****	0	Continuous	TOTALZ
See Comments	SAMPLE MEASUREMENT	*****	*****	29.0	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	*****	*****	46	*****	0	Continuous	TOTALZ
00500 Y 0	PERMIT REQUIREMENT	*****	*****	ANNL AVG	*****	0	Continuous	TOTALZ
Effluent Gross (Supplementary)	PERMIT REQUIREMENT	*****	*****	MGD	*****	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 report the information and that this document and all attachments fully and accurately reflect the data reported. I am providing this information to the best of my knowledge and belief, true and correct, and I am aware that anyone who furnishes false or misleading information on this report or who omits material or information requested on the report may be subject to criminal sanctions (including fines and imprisonment) for knowingly falsifying and/or omitting information.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: 

TELEPHONE: 210-233-3239
DATE: 09/16/15

AREA CODE: 210
NUMBER: 233-3239
MM/DD/YYYY: 09/16/15

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

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

Form Approved
OMB No. 2040-0004

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

NAME: 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: PARVIZ CHAVOL, SR. DIRECTOR


TX0052639	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015
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	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	12/Day	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Daily	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	12/Day	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Five per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	421	*****	*****	*****	*****	*****	0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	2686	*****	*****	*****	*****	*****	0	Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or of those persons already responsible for gathering the information, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations			210-233-3239	07/16/15
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: PARVIZ CHAVOL, SR. DIRECTOR

TX0052639
PERMIT NUMBER

002-A
DISCHARGE NUMBER


MONITORING PERIOD
MM/DD/YYYY
08/01/2015
MM/DD/YYYY
08/31/2015

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]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	12/Day	Grab
00300 1 0	PERMIT REQUIREMENT	*****	*****	5	MO MIN	*****	*****	0	Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	6.60	MINIMUM	*****	*****	0	12/Day	Grab
00400 1 0	PERMIT REQUIREMENT	*****	*****	6	MINIMUM	*****	*****	0	Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	7.50	*****	1.20	15	40	*****	0	Daily	Compos
00530 1 0	PERMIT REQUIREMENT	5755	*****	1.20	DAILY AV	DAILY MX	*****	0	Daily	Compos
Effluent Gross	SAMPLE MEASUREMENT	1.80	*****	0.30	2	7	*****	0	Daily	Compos
Nitrogen, ammonia total [as N]	PERMIT REQUIREMENT	767	*****	0.30	DAILY AV	DAILY MX	*****	0	Daily	Compos
00610 1 0	PERMIT REQUIREMENT	0.70	*****	1.00	*****	*****	*****	0	Continuous	TotalZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.70	*****	1.00	*****	*****	*****	0	Continuous	TotalZ
50050 1 0	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	*****	*****	*****	*****	0	Continuous	TotalZ
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	694	*****	*****	*****	0	Continuous	TotalZ
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	*****	*****	63889	*****	*****	*****	0	Continuous	TotalZ
50050 P 0	PERMIT REQUIREMENT	*****	*****	2HR PEAK	*****	*****	*****	0	Continuous	TotalZ
See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0	PERMIT REQUIREMENT	*****	*****	46	*****	*****	*****	0	Continuous	TotalZ
Effluent Gross (Supplementary)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ

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

Signature: 
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 210-233-3239
DATE: 09/16/15

AREA Code: 210-233-3239
NUMBER: 09/16/15
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: PARVIZ CHAVOL, SR. DIRECTOR

TX0052639	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

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. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Chlorine, total residual	*****	*****	*****	*****	*****	*****	*****	0	12/Day	Grab	
50060 A 0	*****	*****	*****	*****	*****	*****	*****	0	Daily	GRAB	
Disinfection, Process Complete	*****	*****	*****	*****	*****	*****	*****	0	12/Day	Grab	
Chlorine, total residual	*****	*****	*****	*****	*****	*****	*****	0	Daily	GRAB	
50060 B 0	*****	*****	*****	*****	*****	*****	*****	0	Daily	GRAB	
Prior to Disinfection	*****	*****	*****	*****	*****	*****	*****	0	Daily	GRAB	
E. coli	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab	
51040 1 0	*****	*****	*****	*****	*****	*****	*****	0	Five per Week	GRAB	
Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	Daily	Compos	
BOD, carbonaceous, 05 day, 20 C	*****	*****	*****	*****	*****	*****	*****	0	Daily	Compos	
80082 1 0	*****	*****	*****	*****	*****	*****	*****	0	Daily	Compos	
Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	Daily	Compos	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and 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	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			210-233-3239	8/16/15
Production & Treatment Operations				AREA Code	NUMBER
TYPED OR PRINTED					

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

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

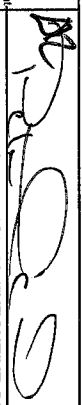
Form Approved
OMB No. 2040-0004

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: PARVIZ CHAVOL, SR. DIRECTOR

TX0052639	101-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

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	REQ. MON. DAILY AV	VALUE	UNITS	REQ. MON. DAILY MX			
Solids, total suspended	251	*****	*****	*****	*****	*****	*****	0	Daily	Compos
00530 J 0	PERMIT REQUIREMENT	5755	*****	*****	*****	*****	*****	0	Daily	COMPOS
Intermediate Treatment, Process	SAMPLE MEASUREMENT	DAILY AV	*****	*****	*****	*****	*****	0	Daily	Compos
Nitrogen, ammonia total [as N]	63	*****	*****	*****	*****	*****	*****	0	Daily	COMPOS
00610 J 0	PERMIT REQUIREMENT	767	*****	*****	*****	*****	*****	0	Daily	COMPOS
Intermediate Treatment, Process	SAMPLE MEASUREMENT	DAILY AV	*****	*****	*****	*****	*****	0	Daily	COMPOS
Flow, In conduit or thru treatment plant	25.9	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
Effluent Gross	26389	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ
Flow, In conduit or thru treatment plant	*****	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 P 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
See Comments	*****	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
Flow, In conduit or thru treatment plant	29.6	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0	PERMIT REQUIREMENT	46	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
Effluent Gross (Supplementary)	ANNL AVG	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
BOD, carbonaceous, 05 day, 20 C	432	*****	*****	*****	*****	*****	*****	0	Daily	Compos
80082 J 0	SAMPLE MEASUREMENT	2686	*****	*****	*****	*****	*****	0	Daily	COMPOS
Intermediate Treatment, Process	PERMIT REQUIREMENT	DAILY AV	*****	*****	*****	*****	*****	0	Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who prepared the information, to the best of my knowledge and belief, there are no material omissions or misstatements of fact. 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	09/16/15
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-003	02	15	08	12645
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE	
	REPORTED	VALUE		UNITS			
500507124 FLOW DLY AVG	REPORTED	30	MGD	0	02		11
	PERMITTED						
500507128 FLOW ANN AVG	REPORTED	32.7	MGD	0	02		11
	PERMITTED						
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						
	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 09 16
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 09 16
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
			YEAR MO. DAY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-003	02	15	08	12547
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
	REPORTED	PERMITTED			VALUE	UNITS	NO.	TYPE
000085342 TRANSFER DAYS/MON	REPORTED		31	DAY	0	01	01	
	PERMITTED					01	NA	01
316164024 E-COLI DLY AVG	REPORTED		1.00	#/100 ML	0	11	03	
	PERMITTED		20.000			11	2/WEEK	03
316164030 E-COLI IND GRAB	REPORTED		1.00	#/100 ML	0	11	03	
	PERMITTED		75.000			11	2/WEEK	03
500507124 FLOW DLY AVG	REPORTED		4.10	MGD	0	02	11	
	PERMITTED					02	CONT	11
500507128 FLOW ANN AVG	REPORTED		3.20	MGD	0	02	11	
	PERMITTED					02	CONT	11
800821024 BOD CARB DLY AVG	REPORTED		2.00	MG/L	0	08	10	12-prt-com
	PERMITTED		5.000			11	2/WEEK	03
820786624 TURBDITY 30DAY AV	REPORTED		0.70	NTU	0	08	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.

	NAME	SIGNATURE	DATE
	Daniel Rodriguez - Manager Prod & Treat Ops.		15 09 16
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 09 16
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	08	12548
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	REPORTED	PERMITTED			VALUE	UNITS	NO.
000085342 TRANSFER DAYS/MON	REPORTED		0	01		01	
	PERMITTED			01	NA	01	NA
316164024 FEC. COLI DLY AVG	REPORTED						
	PERMITTED		200.000	14	1/WEEK	03	GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED						
	PERMITTED		800.000	14	1/WEEK	03	GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED						
	PERMITTED			02	CONT	11	CONT
500507128 FLOW ANN AVG	REPORTED						
	PERMITTED			02	CONT	11	CONT
800821024 BOD CARB DLY AVG	REPORTED						
	PERMITTED		15.000	14	1/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0004506	0	01			NA
	PERMITTED			01	01		NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	170108	0	01			NA
	PERMITTED			01	01		NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	0	01			NA
	PERMITTED			01	01		NA NA
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Daniel Rodriguez - Manager Prod & Treat Ops.		15 09 16
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director - Production & Treatment		15 09 16
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

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: PARVIZ CHAVOL, SR. DIRECTOR

TX0052639	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	09/30/2015

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

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

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: 210 NUMBER: 233-3239
 DATE: 09/16/15

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

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

Form Approved
OMB No. 2040-0004

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

TX0052639	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	09/30/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	REQ.	VALUE	UNITS	REQ.			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	PERMIT REQUIREMENT	*****	*****	*****	Q	Q	*****	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
TPP3B 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	*****	*****	*****	Q	Q	*****	0	Quarterly	Comp 24
TPP6C 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
TPP3B 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
TPP6C 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
TPP3B 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
TPP6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	*****	%	Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 analyze the information submitted by this person or persons who manage the system, and that the information submitted by this person or persons is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE AREA Code NUMBER	DATE
Parviz Chavol - Senior Director Production & Treatment Operations			210-233-3239	09/12/15
TYPED OR PRINTED				

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

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

Form Approved
OMB No. 2040-0004

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

NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC. CTR.
LOCATION: 1104 MAUERMAN ROAD
SAN ANTONIO, TX 78224

ATTN: PARVIZ CHAVOL, SR. DIRECTOR


TX0062639	TX2-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	09/30/2015

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
Parviz Chavol - Senior Director Production & Treatment Operations	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
TELEPHONE	210-233-3239	DATE
AREA CODE	210	MM/DD/YYYY
NUMBER	233-3239	09/14/15

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

No Discharge

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: PARVIZ CHAVOL, SR. DIRECTOR

TX0052639	TX2-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	09/30/2015

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

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: 

TELEPHONE: 210-233-3239
 AREA Code: 210
 NUMBER: 233-3239
 DATE: 09/16/15

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

No Discharge

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: PARVIZ CHAVOL, SR. DIRECTOR

TX0052639	TXA-S
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	12/31/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Whole effluent toxicity - retest #1	*****	*****	*****	*****	*****	*****	0	Once per 6 Month	COMP24	
22415 10 Effluent Gross	*****	*****	*****	*****	*****	*****	0	Once per 6 Month	COMP24	
Whole effluent toxicity - retest #2	*****	*****	*****	*****	*****	*****	0	Once per 6 Month	COMP24	
22416 10 Effluent Gross	*****	*****	*****	*****	*****	*****	0	Once per 6 Month	COMP24	
LC50 Pass/Fail Static 24Hr Acute D. Pulex	*****	*****	*****	*****	*****	*****	0	Once per 6 Months	COMP24	
TIE3D 10 Effluent Gross	*****	*****	*****	*****	*****	*****	0	Once per 6 Months	COMP24	
LC50 Pass/Fail Static 24Hr Acute Pimphales	*****	*****	*****	*****	*****	*****	0	Once per 6 Months	COMP24	
TIE6C 10 Effluent Gross	*****	*****	*****	*****	*****	*****	0	Once per 6 Months	COMP24	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 used. 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			210-233-3239	09/14/15
Production & Treatment Operations			AREA Code NUMBER	MM/DD/YYYY
TYPED OR PRINTED				

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: PARVIZ CHAVOL, SR. DIRECTOR

TX0052639	TXB-S
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	12/31/2015

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1	MEASUREMENT	*****	*****	*****	*****	*****				
22415 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		See Permit	COMP24	
Whole effluent toxicity - retest #2	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
22416 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		See Permit	COMP24	
LC50 Pass/Fail Static 24Hr Acute D. Pulex	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
TIE3D 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		Once per 6 Months	COMP24	
LC50 Pass/Fail Static 24Hr Acute Pimpales	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
TIE6C 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		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 of quality control that assures that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge and belief, true, accurate and complete, and 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	09/16/15
TYPED OR PRINTED		AREA Code	NUMBER
			MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION AVERAGE ABOVE.			

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:											

Wednesday, September 09, 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 CHAYVOL SR DIR

TX0055689	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

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	REQUIREMENT	VALUE	UNITS	REQUIREMENT			
Oxygen, dissolved [DO]	MEASUREMENT	6.50	*****	*****	6.50	*****	*****	0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6	*****	*****	0	Daily	GRAB
pH	SAMPLE MEASUREMENT	7.60	*****	*****	7.60	*****	*****	0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6	*****	*****	0	Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	36	*****	*****	1.00	*****	*****	0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2002	*****	*****	15	*****	*****	0	Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	22	*****	*****	0.60	*****	*****	0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	267	*****	*****	2	*****	*****	0	Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.20	*****	*****	5.60	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	*****	Req. Mon. DAILY MX	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	6365	*****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	2778	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.60	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	16	*****	*****	*****	*****	*****	0	Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to 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	08/16/15
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: MEDIO CREEK WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
 SAN ANTONIO, TX 78221
FACILITY: MEDIO CREEK WATER RECYC. CTR.
LOCATION: 1300FT N USHWY 90 APPROX 1.25M W OF IH410
 SAN ANTONIO, TX 78221
ATTN: PARIZ CHAVOL SR DIR

TX0055689 PERMIT NUMBER	001-B DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 08/01/2015	MM/DD/YYYY 08/31/2015

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	PERMIT REQUIREMENT	VALUE	UNITS	PERMIT REQUIREMENT			
E. coli	*****	*****	*****	*****	*****	*****	0	Daily	Grab	
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	126 DAILY AV	394 DAILY MX		Daily	GRAB	
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	70	*****	*****	2.00	2.00	0	Daily	Compos	
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	934 DAILY AV	*****	*****	7 DAILY AV	20 DAILY MX		Daily	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations					210-233-3239	09/14/15
TYPED OR PRINTED					AREA Code NUMBER	MM/DD/YYYY

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-040	01	15	08	12654
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
	REPORTED	PERMITTED			VALUE	UNITS		
500507124 FLOW DLY AVG	REPORTED		7.00	MGD	0	02	11	
	PERMITTED					02	CONT	11
500507128 FLOW ANN AVG	REPORTED		6.80	MGD	0	02	11	
	PERMITTED					02	CONT	11
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							
	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 09 16
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2 1 0 2 3 3 3 7 7 4	Steve Clouse Senior Vice President & COO		15 09 16
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	08	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			TYPE	TYPE
000085342 TRANSFER DAYS/MON	REPORTED	31	DAY	0	01		01
	PERMITTED					01	NA
316164024 FEC. COLI DLY AVG	REPORTED	1.40	#/100 ML	0	11		03
	PERMITTED	20.000			11	2/WEEK	03
316164030 FEC. COLI IND GRAB	REPORTED	22.0	#/100 ML	0	11		03
	PERMITTED	75.000			11	2/WEEK	03
500507124 FLOW DLY AVG	REPORTED	2.70	MGD	0	02		11
	PERMITTED				02	CONT	11
500507128 FLOW ANN AVG	REPORTED	2.20	MGD	0	02		11
	PERMITTED				02	CONT	11
800821024 BOD CARB DLY AVG	REPORTED	2.00	MG/L	0	08	1/Day	10
	PERMITTED	5.000			11	2/WEEK	03
820796624 TURBDITY 30DAYAVG	REPORTED	0.60	NTU	0	08	1/Day	10
	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.		NAME		SIGNATURE		DATE	
		Daniel Rodriguez Manager-Prod & Treat Ops				15 09 16	
TELEPHONE NUMBER		PLANT OPERATOR		PLANT OPERATOR		YEAR MO. DAY	
210 233 3774		Steve Clouse Senior Vice President & COO				15 09 16	
AREA CODE	NUMBER	EXECUTIVE OFFICER		EXECUTIVE OFFICER		YEAR MO. DAY	

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-040	02	15	08	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	
		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		15/09/16
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3774	Steve Clouse Senior Vice President & COO		15/09/16
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
210	233 3774	Steve Clouse	15/09/16

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

Form Approved
OMB No. 2040-0004

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

TX0055689	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	09/30/2015

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1	MEASUREMENT	*****	*****	*****	0	0	*****	0	Quarterly	Comp24
22415 10 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	*****	0		
22416 10 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 10 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 Pinephales Promela	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****	pass=0/fail =1	Quarterly	Comp24
TEM6C 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	Req. Mon. MO AV MN	*****	*****	Quarterly	COMP24
NOEC Lethal Static Renewal 48HR Acute Daphnia pulex	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****	%	Quarterly	Comp24
TOM3D 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	Req. Mon. MO AV MN	*****	%	Quarterly	COMP24
NOEC Lethal Static Renewal 48HR Acute Pinephales promelas	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****	%	Quarterly	Comp24
TOM6C 10 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	*****	%	Quarterly	Comp24
TXM3D 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48HR MIN	Req. Mon. MO AV MN	*****	%	Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to 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	09/16/15
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' 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: PARIZ CHAYOL SR DIR

TX0055689 PERMIT NUMBER	TX1-Q DISCHARGE NUMBER
MM/DD/YYYY 07/01/2015 MONITORING PERIOD	MM/DD/YYYY 09/30/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
LOEC Lethal Survival Static Renewal 48HR Acute Pimephales	*****	*****	*****	0	Req. Mon. 48HR MIN	0	Req. Mon. MO AV MIN	*****	0	Quarterly Comp24
TXM6C 10 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	*****	0	Quarterly Comp24

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.		TELEPHONE 210-233-3239	DATE 08/16/15
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE 210	NUMBER 233-3239

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 (PASS = 0 FAIL = 1) REPORT PASS AS '0' 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
 SAN ANTONIO, TX 78245
ATTN: PARIZ CHAVOL SR DIR

TX0055689	TXA-S
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	12/31/2015

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Whole effluent toxicity - retest #1	MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Semi	Comp24
22415 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	pass=0/fail=1	See Permit	COMP24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	N/A	N/A	*****	*****	0	See Permit	COMP24
22416 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	pass=0/fail=1	See Permit	COMP24
LC50 Pass/Fail Static 24Hr Acute D. Pulex	SAMPLE MEASUREMENT	*****	*****	0	0	*****	*****	pass=0/fail=1	Once per 6 Months	Comp24
THE3D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	pass=0/fail=1	Once per 6 Months	COMP24
LC50 Pass/Fail Static 24Hr Acute Pimphales	SAMPLE MEASUREMENT	*****	*****	0	0	*****	*****	pass=0/fail=1	Once per 6 Months	Comp24
THE6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	pass=0/fail=1	Once per 6 Months	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to 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	09/16/15
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" AND REPORT FAIL AS "1" IN CONCENTRATION ABOVE. WQ10137-040

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

Form Approved
OMB No. 2040-0004

TX0055689	TXA-S
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2015	12/31/2015

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

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1	MEASUREMENT	*****	*****	*****	*****	0	*****	0	Semi	Comp24
22415 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0	*****	0	See Permit	COMP24
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	N/A	N/A	*****	0	See Permit	COMP24
22416 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0	*****	0	Once per 6 Months	Comp24
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	*****	0	Once per 6 Months	Comp24
LC50 Pass/Fail Static 24Hr Acute D. Pulex	PERMIT REQUIREMENT	*****	*****	*****	*****	0	*****	0	Once per 6 Months	Comp24
TIIE3D 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0	*****	0	Once per 6 Months	Comp24
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	*****	0	Once per 6 Months	Comp24
LC50 Pass/Fail Static 24Hr Acute Pimphales	PERMIT REQUIREMENT	*****	*****	*****	*****	0	*****	0	Once per 6 Months	Comp24
TIIE6C 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0	*****	0	Once per 6 Months	Comp24
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	0	*****	0	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 persons properly gather and evaluate the information submitted. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Parviz Chavol - Senior Director			210-233-3239	09/14/15
Production & Treatment Operations			AREA Code	NUMBER
TYPED OR PRINTED			MM/DD/YYYY	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. WQ10137-040

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

Form Approved
OMB No. 2040-0004

TX0055689 PERMIT NUMBER	TXA-S DISCHARGE NUMBER
MM/DD/YYYY 07/01/2015	MM/DD/YYYY 12/31/2015

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

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Whole effluent toxicity - retest #1	MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Semi	Comp24
22415 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	See Permit	Comp24
Whole effluent toxicity - retest #2	SAMPLE MEASUREMENT	*****	*****	N/A	N/A	*****	*****	0	See Permit	Comp24
22416 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Once per 6 Months	Comp24
LC050 Pass/Fail Static 24Hr Acute Pulex	SAMPLE MEASUREMENT	*****	*****	0	0	*****	*****	0	Once per 6 Months	Comp24
THE3D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Once per 6 Months	Comp24
LC050 Pass/Fail Static 24Hr Acute Pimphales	SAMPLE MEASUREMENT	*****	*****	0	0	*****	*****	0	Once per 6 Months	Comp24
THE6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Once per 6 Months	Comp24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to 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	09/16/15
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" AND REPORT FAIL AS "1" IN CONCENTRATION ABOVE. WQ10137-040

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: 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: PARVIZ CHAVOL, SR. DIRECTOR

TX0065641	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
08/01/2015	08/31/2015

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

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

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

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

NO DISCHARGE