



May 14, 2015

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

Via U.S. Certified Mail
RRR #7014 3490 0002 0783 3465

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 3490 0002 0783 3465

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

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

Sincerely,

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

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

Enc. As stated



May 14, 2015

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

Via U.S. Certified Mail
RRR# 7014 3490 0002 0783 3472

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

Consent Decree

Date of Lodging: July 23, 2013

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

Enc. As stated

OVERFLOW REPORT

PERIOD: APRIL 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	
1116707	353018	854670	4/30/2015	San Pedro Ave	6435	70	Structural	Cleaned Main	1.30	0.00	Stormdrain	Area Cleaned and Disinfected, Flushed Area with H2O - Work Order Created To Repair Sewer Main
1113844		848264	4/27/2015	Zarzamora St S	8030	200	Structural	Cleaned Lateral	1.72	1.22	Street	Area Cleaned and Disinfected, Flushed Area with H2O 6 Inch Sewer Lateral - Cleaned Sewer Lateral - Work Order Created To Repair Sewer Lateral
		846741	4/25/2015	Arbor Place	2630	3,620	I/I	Diluted By Heavy Rain Water	6.03	2.03	Street	Monitored Area
		846835	4/25/2015	Mission Rd	1135	72,250	I/I	Diluted By Heavy Rain Water	3.33	0.83	Ground	Monitored Area
		846746	4/25/2015	Lombrano	1235	3,600	I/I	Diluted By Rain Water	6.00	3.80	Creek Bed (Spilled Into Alazan Creek)	Monitored Area
	351718	846844	4/25/2015	Ruiz St	726	30	Grease	Cleaned Main	0.98	0.75	Street	Area Cleaned and Disinfected, Flushed Area with H2O
		846610	4/24/2015	Avondale Ave	755	9,640	I/I	Diluted By Heavy Rain Water	10.84	3.28	Drainage Culvert	Monitored Area
		846699	4/24/2015	Cheryl Dr E	409	20,940	I/I	Diluted By Heavy Rain Water	13.40	0.65	Street	Monitored Area
	351228	841611	4/20/2015	Hunter Blvd	1439	1,500	Grease	Cleaned Main	1.77	1.22	Drainage Culvert	Area Cleaned and Disinfected, Flushed Area with H2O
1104792	346747	824081	4/6/2015	Mission Rd	1500	200	Contractor	Cleaned Main	5.50	0.33	Ground	Area Cleaned and Disinfected, Repaired Main, Flushed Area with H2O
	346617	823326	4/4/2015	Nueva W	402	300	Grease	Cleaned Main	3.68	0.43	Stormdrain	Area Cleaned and Disinfected, Flushed Area with H2O
Total Events:		11	Total Gallons:			112,350	Total Duration:		54.55			

Wednesday, May 06, 2015

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

OVERFLOW REPORT

PERIOD: APRIL 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	
		846820	4/25/2015	Ira Lee Rd	200	1,010	I/i	Diluted By Heavy Rain Water	3.37	2.78	Ground	Monitored Area
		846788	4/25/2015	Arion Cir	1074	55,530	I/i	Diluted By Heavy Rain Water	9.85	7.10	Creek Bed - Spilled Into Salado Creek	Monitored Area
		846617	4/24/2015	Starcrest Dr	11400	107,730	I/i	Diluted By Heavy Rain Water	11.48	4.72	Creek Bed - Spilled Into Mud Creek	Monitored Area
		846664	4/24/2015	Holbrook	668	106,590	I/i	Diluted By Heavy Rain Water	20.17	0.83	Creek Bed - Spilled Into Salado Creek	Monitored Area
	348385	833250	4/13/2015	Gazelle Field	15	200	Vandalism	Cleaned Main	2.20	1.47	Ground	Area Cleaned and Disinfected, Flushed Area with H2O Locking Bolts Installed On Manhole #58909
		831732	4/13/2015	Holbrook	668	4,290	I/i	Diluted By Heavy Rain Water	2.77	2.02	Creek Bed - Spilled Into Salado Creek	Monitored Area
1105616		826492	4/7/2015	Loop 1604 N E	1010	3,875	Structural	Repaired A/r Valve	5.15	0.57	Ground	Area Cleaned and Disinfected, Flushed Area with H2O Force Main Air Release Sewer Valve Assembly - Work Order Created To Repair Force Main Air Release Sewer Valve Assembly
Total Events:		7		Total Gallons:		279,225		Total Duration:		54.99		

Wednesday, May 06, 2015

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

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

Form Approved
OMB No. 2040-0004

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

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

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221

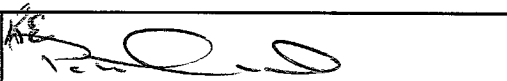
ATTN: PARIZ CHAVOL SR DIR

TX0077801	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	*****		0	12/Day	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.5		0	12/Day	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1372	*****	*****	*****	1.80	3.30		0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	12510 DAILY AV	*****	lb/d	*****	12 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	276	*****	*****	*****	0.36	1.39		0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	2085 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	90.32	137.70		*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	124653		*****	*****	*****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	173611 2HR PEAK	gal/min	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	82.04	*****		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol - Senior Director Production & Treatment Operations TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
			210-233-3239		5.14.15
			AREA Code	NUMBER	MM/DD/YYYY

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

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

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

Form Approved
OMB No. 2040-0004

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

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

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221

ATTN: PARIZ CHAVOL SR DIR

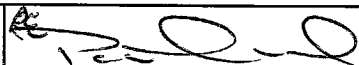
TX0077801	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 78221

MAJOR
(SUBR 13)
DOMESTIC FACILITY - 001
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual 50060 A 0 Disinfection, Process Complete	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.080		0	12/Day	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB
Chlorine, total residual 50060 B 0 Prior to Disinfection	SAMPLE MEASUREMENT	*****	*****	*****	1.0	*****	*****		0	12/Day	Grab
	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.44	10.0		0	Daily	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Five per Week	GRAB
BOD, carbonaceous, 05 day, 20 C 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	1506	*****	*****	*****	2.0	2.0		0	Daily	Compos
	PERMIT REQUIREMENT	5213 DAILY AV	*****	lb/d	*****	5 DAILY AV	20 DAILY MX	mg/L		Daily	COMPOS

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			210-233-3239		5-14-15
			AREA Code	NUMBER	MM/DD/YYYY

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

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

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

Form Approved
OMB No. 2040-0004

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

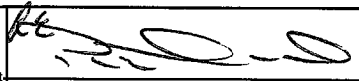
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SAN ANTONIO, TX 78221
ATTN: PARIZ CHAVOL SR DIR

TX0077801	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO] 00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	*****		0	12/Day	Grab
	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	8.1		0	12/Day	Grab
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	52.6	*****	*****	1.74	2.80			0	Daily	Compos
	PERMIT REQUIREMENT	1251 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N] 00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	11.1	*****	*****	0.37	1.39			0	Daily	Compos
	PERMIT REQUIREMENT	167 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	3.61	3.91	*****	*****	*****	*****	*****	0	Continuous	TotalZ
	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant 50050 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	4.36	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ
	PERMIT REQUIREMENT	10 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual 50060 A 0 Disinfection, Process Complete	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.070			0	Daily	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB

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			210-233-3239		5.14.15
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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

Form Approved
OMB No. 2040-0004

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

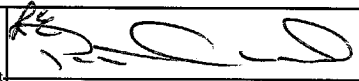
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TX0077801	002-A
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MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
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DMR Mailing ZIP CODE: 78221
MAJOR
(SUBR 13)
DOMESTIC FACILITY - 002
External Outfall

No Discharge

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual 50060 B 0 Prior to Disinfection	SAMPLE MEASUREMENT	*****	*****	*****	1.0	*****	*****		0	12/Day	Grab
	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.38	10.0		0	12/Day	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Three per Week	GRAB
BOD, carbonaceous, 05 day, 20 C 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	60.3	*****		*****	2.0	2.0		0	Daily	Compos
	PERMIT REQUIREMENT	834 DAILY AV	*****	lb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

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			AREA Code	NUMBER	MM/DD/YYYY

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

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

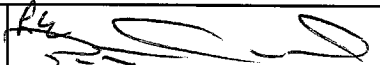
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ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: PARIZ CHAVOL SR DIR

TX0077801	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol - Senior Director Production & Treatment Operations TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
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SAN ANTONIO, TX 78221

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

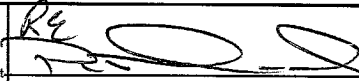
ATTN: PARIZ CHAVOL SR DIR

TX0077801	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol - Senior Director Production & Treatment Operations TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
			210-233-3239	5-19-15	
			AREA Code	NUMBER	MM/DD/YYYY

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

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

No Discharge

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

Form Approved
OMB No. 2040-0004

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

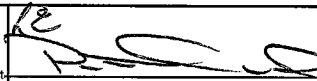
NAME: DOS RIOS WATER RECYLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: PARIZ CHAVOL SR DIR

TX0077801	004-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO] 00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	*****		0	12/Day	Grab
	PERMIT REQUIREMENT	*****	*****	*****	5 MO MIN	*****	*****	mg/L		Daily	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	7.5		0	12/Day	Grab
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	9.0	*****	*****	1.77	3.30			0	Daily	Compos
	PERMIT REQUIREMENT	375 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N] 00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	2.0	*****	*****	0.39	1.39			0	Daily	Compos
	PERMIT REQUIREMENT	50 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.62	0.68	*****	*****	*****	*****	*****	0	Continuous	TotalZ
	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant 50050 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	0.62	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ
	PERMIT REQUIREMENT	3 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual 50060 A 0 Disinfection, Process Complete	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.050			0	Daily	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 INST MAX	mg/L			Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol - Senior Director Production & Treatment Operations TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE 5-14-15
			210-233-3239	
			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


TX0077801	004-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

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

No Discharge

ATTN: PARIZ CHAVOL SR DIR

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual 50060 B 0 Prior to Disinfection	SAMPLE MEASUREMENT	*****	*****	*****	1.0	*****	*****		0	12/Day	Grab
	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.39	10.0		0	12/Day	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	10.3	*****	*****	*****	2.0	2.0		0	Daily	Compos
	PERMIT REQUIREMENT	250 DAILY AV	*****	lb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol - Senior Director Production & Treatment Operations TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
			210-233-3239		5.14.15
			AREA Code	NUMBER	MM/DD/YYYY

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

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

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

Form Approved
OMB No. 2040-0004

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

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

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

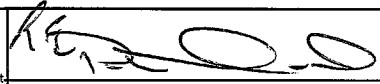
ATTN: PARIZ CHAVOL SR DIR

TX0077801	005-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO] 00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	*****		0	12/Day	Grab
	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.1		0	12/Day	Grab
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	7.7	*****	*****	1.79	3.30			0	Daily	Compos
	PERMIT REQUIREMENT	325 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N] 00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	1.6	*****	*****	0.37	1.39			0	Daily	Compos
	PERMIT REQUIREMENT	43 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.52	0.58	*****	*****	*****	*****	*****	0	Continuous	TotalZ
	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant 50050 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	0.64	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ
	PERMIT REQUIREMENT	2.6 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual 50060 A 0 Disinfection, Process Complete	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.060			0	Daily	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 INST MAX	mg/L			Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol - Senior Director Production & Treatment Operations TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
			210-233-3239		5.14.15
			AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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


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

TX0077801	005-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual 50060 B 0 Prior to Disinfection	SAMPLE MEASUREMENT	*****	*****	*****	1.0	*****	*****		0	12/Day	Grab
	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.36	10.0		0	12/Day	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	8.7	*****	*****	*****	2.0	2.0		0	Daily	Compos
	PERMIT REQUIREMENT	217 DAILY AV	*****	lb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol - Senior Director Production & Treatment Operations TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
			210-233-3239		5.14.15
			AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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


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

TX0077801	006-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol - Senior Director Production & Treatment Operations TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			210-233-3239	5.14.15
			AREA Code	NUMBER

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

No Discharge

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

Form Approved
OMB No. 2040-0004

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

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

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

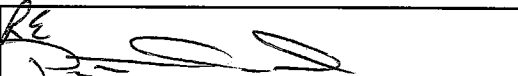
ATTN: PARIZ CHAVOL SR DIR

TX0077801	006-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol - Senior Director Production & Treatment Operations TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
			210-233-3239		5-14-15
			AREA Code	NUMBER	MM/DD/YYYY

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

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

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
04/01/2015	04/30/2015

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.30	8.63		*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.96	*****		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	Req. Mon. ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol - Senior Director Production & Treatment Operations TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			210-233-3239		5.14.15
			AREA Code	NUMBER	MM/DD/YYYY

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

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

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

Form Approved
OMB No. 2040-0004

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

NAME: DOS RIOS WATER 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
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 78221

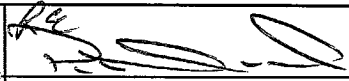
MAJOR
(SUBR 13)

TOTAL DISCHARGE - 001 & 101

Internal Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	95.62	137.99		*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	86.98	*****		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol - Senior Director Production & Treatment Operations TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
			210-233-3239		5.14.15
			AREA Code	NUMBER	MM/DD/YYYY

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

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

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	04	12647
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE	
	REPORTED	VALUE		UNITS			
500507124 FLOW DLY AVG	REPORTED	95.62	0	02		11	
	PERMITTED			02	CONT	11	CONT
500507128 FLOW ANN AVG	REPORTED	86.99	0	02		11	
	PERMITTED			02	CONT	11	CONT
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0028454	0	01		NA	
	PERMITTED			01	01	NA	NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	170602	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						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Robert Escobar Interim Manager-Prod & Treat Ops	<i>Robert Escobar</i>	11/5/05/112
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director - Production & Treatment	<i>Parviz Chavol</i>	11/5/05/114
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	04	12551
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

PARAMETER	EFFLUENT CONDITION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	REPORTED	VALUE	UNITS			01	02
000085342 TRANSFER DAYS/MON	REPORTED	20	DAY	0	01	01	
	PERMITTED				01	NA	01 NA
316164024 E-COLI DLY AVG	REPORTED	1.00	#/100 ML	0	11		03
	PERMITTED	20.000			11	2/WEEK	03 GRABPKLOAD
316164030 E-COLI IND GRAB	REPORTED	1.00	#/100 ML	0	11		03
	PERMITTED	75.000			11	2/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED	2.17	MGD	0	02		11
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED	1.92	MGD	0	02		11
	PERMITTED				02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED	2.0	MG/L	0	08	1/Day	10 12-PRT-COM
	PERMITTED	5.000			11	2/WEEK	03 GRABPKLOAD
820796624 TURBDITY 30DAYAVG	REPORTED	0.74	NTU	0	08	1/Day	10 12-PRT-COM
	PERMITTED	3.000			11	2/WEEK	03 GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0028454	NUMBER	0	01		NA
	PERMITTED				01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	170602	DATE	0	01		NA
	PERMITTED				01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01		NA
	PERMITTED				01	01	NA NA
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

E-Coli substituted for Fecal Coliform

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

	NAME	SIGNATURE	DATE
	Robert Escobar Interim Manager-Prod & Treat Ops	<i>Robert Escobar</i>	11/5/05 11/2
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	<i>Parviz Chavol</i>	11/5/05 11/4
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-033	02	15	04	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	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		0	01		NA
	PERMITTED				01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		0	01		NA
	PERMITTED				01	NA NA
	REPORTED					
	PERMITTED					
	REPORTED					
	PERMITTED					

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.		NAME	SIGNATURE	DATE
		Robert Escobar Interim Manager-Prod & Treat Ops		11/5/05 11/2
TELEPHONE NUMBER		PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2110	233	3239	Parviz Chavol Senior Director - Production & Treatment	
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY
				11/5/05 11/4

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

Form Approved
OMB No. 2040-0004

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

NAME: SAN ANTONIO WATER SYSTEM

ADDRESS: 2800 US HWY 281 N
SAN ANTONIO, TX 78212

FACILITY: SAN ANTONIO WATER SYSTEM PORTABLE WTP

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

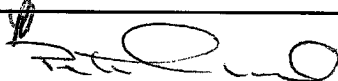
ATTN: PARIZ CHAVOL

TX0125083	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 78212
MINOR
(SUBR 13)
WATER TREATMENT WASTES - 001
External Outfall

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol - Senior Director Production & Treatment Operations TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE 6/14/15	
			210-233-3239		
			AREA Code	NUMBER	MM/DD/YYYY

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

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

No Discharge

OVERFLOW REPORT

PERIOD:

WATERSHED: MEDIO CREEK

TCEQ PERMIT # 10137-040

EPA PERMIT # 0055689

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

Wednesday, May 06, 2015

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

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

Form Approved
OMB No. 2040-0004

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

NAME: MEDIO CREEK WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221

FACILITY: MEDIO CREEK WATER RECYC. CTR.
LOCATION: 1300FT N USHWY 90 APPROX 1.25M W OF
IH410


ATTN: PARIZ CHAVOL SR DIR

TX0055689	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.80	*****	*****		0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.55	*****	8.17		0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	44	*****	*****	*****	1.14	1.80		0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2002 DAILY AV	*****	lb/d	*****	15 DAILY AV	30 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	15	*****	*****	*****	0.38	0.98		0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	267 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.62	10.60		*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	9826		*****	*****	*****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	27778 2HR PEAK	gal/min	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.62	*****		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	16 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol - Senior Director Production & Treatment Operations TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
			210-233-3239	5.14.15	
			AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

NAME: MEDIO CREEK WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221

FACILITY: MEDIO CREEK WATER RECYC. CTR.
LOCATION: 1300FT N USHWY 90 APPROX 1.25M W OF
IH410


ATTN: PARIZ CHAVOL SR DIR

TX0055689	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.19	6.00		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Daily	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	78	*****		*****	2.03	3.00		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	934 DAILY AV	*****	lb/d	*****	7 DAILY AV	20 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol - Senior Director Production & Treatment Operations TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
			210-233-3239	5.14.15
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA Code	NUMBER
				MM/DD/YYYY

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

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	04	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	TYPE
500507124 FLOW DLY AVG	REPORTED		6.05	MGD	0 02	11	
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		6.74	MGD	0 02	11	
	PERMITTED				02	CONT	11 CONT
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0004506	NUMBER	0 01		NA
	PERMITTED				01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		170108	DATE	0 01		NA
	PERMITTED				01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	LETTER	0 01		NA
	PERMITTED				01	01	NA NA
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	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 05 017
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 05 114
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

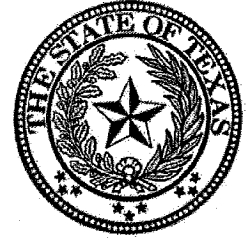
P.O. BOX 13087 • AUSTIN, TEXAS 78711-3087

MONTHLY EFFLUENT REPORT



PAGE 1

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



40B	WQ0010137-040	01	15	04	12553
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE	
	REPORTED	VALUE		UNITS			
000085342 TRANSFER DAYS/MON	REPORTED	30	DAY	0	01		01
	PERMITTED				01	NA	01
316164024 FEC. COLI DLY AVG	REPORTED	1.19	#/100 ML	0	11		03
	PERMITTED	20.000			11	2/WEEK	03
316164030 FEC. COLI IND GRAB	REPORTED	2.00	#/100 ML	0	11		03
	PERMITTED	75.000			11	2/WEEK	03
500507124 FLOW DLY AVG	REPORTED	1.44	MGD	0	02		11
	PERMITTED				02	CONT	11
500507128 FLOW ANN AVG	REPORTED	2.23	MGD	0	02		11
	PERMITTED				02	CONT	11
800821024 BOD CARB DLY AVG	REPORTED	2.03	MG/L	0	08	1/Day	10
	PERMITTED	5.000			11	2/WEEK	03
820796624 TURBDITY 30DAYAVG	REPORTED	0.57	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		15/05/07
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3774	Steve Clouse Senior Vice President & COO		15/05/14
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	04	12554
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

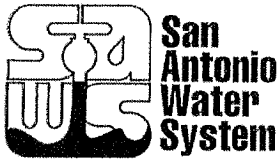
THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE II 900
SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.
 PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE	
	REPORTED	PERMITTED		VALUE	UNITS		
000085342 TRANSFER DAYS/MON	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		20.000		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 01 07
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 01 14
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY



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

May 7, 2015

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

Dear Ms. Garza,

On April 25, 2015, we were unable to collect Mitchell Lake Dam Sample, DO and pH samples. This was due to unsafe weather conditions and thunderstorms which caused flooding at the Mitchell Lake Dam sample site.

In addition the following dates below show the Mitchell Lake Dam effluent excursions for the month of April 2015.

pH	Monthly Average
April 28, 2015 - 9.30 su	TSS
April 29, 2015 - 9.40 su	156 mg/l
April 30, 2015 - 9.99 su	

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

A handwritten signature in black ink, appearing to read "Daniel Rodriguez", is written over a faint circular stamp.

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

cc: Steve Clouse
Parviz Chavol
Frederic J. Winter



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

Form Approved
OMB No. 2040-0004

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

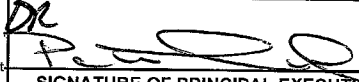
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: MITCHELL LAKE
LOCATION: 2800 US HWY 281 NORTH
SAN ANTONIO, TX 78212
ATTN: STEVEN CLOUSE, SEN. VP & COO

TX0065641	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	9.78	*****	*****		0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	26.5	30.0		0	Daily	Grab
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	100 SINGGRAB	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.99	*****	9.99		3	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	156	*****		1	Daily	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	90 DAILY AV	*****	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.04	4.55		*****	*****	*****	*****	0	Daily	Instan
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Daily	INSTAN
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.70	4.00		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 SINGGRAB	CFU/100m L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations			210-233-3239	5/14/15
TYPED OR PRINTED			AREA Code	NUMBER

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

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

See attached letter for exceptions

OVERFLOW REPORT

PERIOD: APRIL 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	
1113383		847071	4/27/2015	Palomino Bay	7327	330	Lift Station	Restored Power	5.75	0.00	Ground	Area Cleaned and Disinfected, Cps Energy Restored Power To The Lift Station #267
		847033	4/26/2015	Loop 410 Nw	7400	58,650	I/I	Diluted By Heavy Rain Water	18.25	4.17	Creek Bed - Spilled Into Leon Creek	Monitored Area
		846753	4/25/2015	Kim Valley	5802	7,500	I/I	Diluted By Heavy Rain Water	6.00	2.12	Ground	Monitored Area
		846752	4/25/2015	Yolanda	111	6,300	I/I	Diluted By Heavy Rain Water	10.50	0.25	Street	Monitored Area
	351375	845010	4/22/2015	Bennington Dr	5826	2,125	Debris	Cleaned Main	1.42	0.58	Easement	Area Cleaned and Disinfected, Flushed Area with H2O
	346318	820339	4/1/2015	Garrett Crk	12414	30	Grease	Cleaned Main	1.00	0.70	Stormdrain	Area Cleaned and Disinfected, Flushed Area with H2O
Total Events:		6	Total Gallons:			74,935	Total Duration:		42.92			

Wednesday, May 06, 2015

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

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

Form Approved
OMB No. 2040-0004

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

NAME: SAN ANTONIO WATER SYSTEM

ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC. CTR.

LOCATION: 1104 MAUERMAN ROAD
SAN ANTONIO, TX 78224

ATTN: STEVEN CLOUSE, SENIOR VP


TX0052639	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 78221

MAJOR
(SUBR 13)
DOMESTIC FACILITY - 001
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	5.3	*****	*****		0	12/Day	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.5		0	12/Day	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	400	*****	*****	1.33	6.00			0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	5755 DAILY AV	*****	lb/d	15 DAILY AV	40 DAILY MX		mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	228	*****	*****	0.65	4.66			0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	767 DAILY AV	*****	lb/d	2 DAILY AV	7 DAILY MX		mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	37.22	53.45						0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD						Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		41667						0	Continuous	TotalZ
50050 P 0 See Comments	PERMIT REQUIREMENT		63889 2HR PEAK	gal/min						Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	26.84							0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46 ANNL AVG		MGD						Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol - Senior Director Production & Treatment Operations TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			210-233-3239		5-14-15
			AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

NAME: SAN ANTONIO WATER SYSTEM

ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC. CTR.

LOCATION: 1104 MAUERMAN ROAD
SAN ANTONIO, TX 78224

ATTN: STEVEN CLOUSE, SENIOR VP


TX0052639	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 78221

MAJOR (SUBR 13)
DOMESTIC FACILITY - 001
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.090		0	12/Day	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	1.0	*****	*****		0	12/Day	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.47	4.00		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Five per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	621	*****		*****	2.0	2.0		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	2686 DAILY AV	*****	lb/d	*****	7 DAILY AV	17 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol - Senior Director Production & Treatment Operations TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			210-233-3239	5.14.15
			AREA Code	NUMBER

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

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

Form Approved
OMB No. 2040-0004

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

NAME: SAN ANTONIO WATER SYSTEM

ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC. CTR.

LOCATION: 1104 MAUERMAN ROAD
SAN ANTONIO, TX 78224

ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol - Senior Director Production & Treatment Operations TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
		210-233-3239	5-14-15
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
			MM/DD/YYYY

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

No Discharge

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

Form Approved
OMB No. 2040-0004

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

NAME: SAN ANTONIO WATER SYSTEM

ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC. CTR.

LOCATION: 1104 MAUERMAN ROAD
SAN ANTONIO, TX 78224

ATTN: STEVEN CLOUSE, SENIOR VP

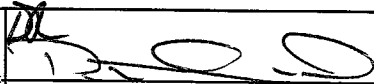
TX0052639	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 78221

MAJOR
(SUBR 13)
DOMESTIC FACILITY - 002
External Outfall

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol - Senior Director Production & Treatment Operations TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE	
			210-233-3239	5-14-15	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

No Discharge

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

Form Approved
OMB No. 2040-0004

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

NAME: SAN ANTONIO WATER SYSTEM

ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC. CTR.

LOCATION: 1104 MAUERMAN ROAD
SAN ANTONIO, TX 78224

ATTN: STEVEN CLOUSE, SENIOR VP

TX0052639	101-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2015	04/30/2015

DMR Mailing ZIP CODE: 78221

MAJOR

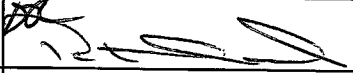
(SUBR 13)

COMBINED OUTFALLS 001 & 002

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	400	*****		*****	*****	*****	*****	0	Daily	Compos
00530 J 0 Intermediate Treatment, Process	PERMIT REQUIREMENT	5755 DAILY AV	*****	lb/d	*****	*****	*****	*****		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	228	*****		*****	*****	*****	*****	0	Daily	Compos
00610 J 0 Intermediate Treatment, Process	PERMIT REQUIREMENT	767 DAILY AV	*****	lb/d	*****	*****	*****	*****		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	37.22	53.45		*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	41667		*****	*****	*****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	63889 2HR PEAK	gal/min	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	27.60	*****		*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	621	*****		*****	*****	*****	*****	0	Daily	Compos
80082 J 0 Intermediate Treatment, Process	PERMIT REQUIREMENT	2686 DAILY AV	*****	lb/d	*****	*****	*****	*****		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol - Senior Director Production & Treatment Operations TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
			210-233-3239	5.14.15
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



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



40B	WQ0010137-003	02	15	04	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	38.69	MGD	0	02		11
	PERMITTED				02	CONT	11
500507128 FLOW ANN AVG	REPORTED	31.25	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.		1/5/05/017
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2 1 0 2 3 3 3 2 3 9	Parviz Chavol Senior Director - Production & Treatment		1 5 0 5 1 1 4
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	04	12547
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE I 800

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.
PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	REPORTED	PERMITTED			VALUE	UNITS	
000085342 TRANSFER DAYS/MON	REPORTED		25	DAY	0 01	01	
	PERMITTED				01	NA	01 NA
316164024 E-COLI DLY AVG	REPORTED		1.0	#/100 ML	0 11	03	
	PERMITTED		20.000		11	2/WEEK	03 GRABPKLOAD
316164030 E-COLI IND GRAB	REPORTED		1.0	#/100 ML	0 11	03	
	PERMITTED		75.000		11	2/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		1.76	MGD	0 02	11	
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		3.74	MGD	0 02	11	
	PERMITTED				02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED		2.0	MG/L	0 08	1/Day	10 12-prt-com
	PERMITTED		5.000		11	2/WEEK	03 GRABPKLOAD
820786624 TURBIDITY 30DAY AV	REPORTED		0.66	NTU	0 08	1/Day	10 12-prt-com
	PERMITTED		3.000		11	2/WEEK	03 GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0004506	NUMBER	0 01		NA
	PERMITTED				01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		170108	DATE	0 01		NA
	PERMITTED				01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	LETTER	0 01		NA
	PERMITTED				01	01	NA NA
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

E-Coli substituted for Fecal Coliform

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Daniel Rodriguez - Manager Prod & Treat Ops.		15/05/07
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director - Production & Treatment		15/05/14
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

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



40B	WQ0010137-003	02	15	04	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		
000085342 TRANSFER DAYS/MON	0		0	01		01	
				01	NA	01	NA
316164024 FEC. COLI DLY AVG		200.000		14	1/WEEK	03	GRABPKLOAD
316164030 FEC. COLI IND GRAB		800.000		14	1/WEEK	03	GRABPKLOAD
500507124 FLOW DLY AVG				02	CONT	11	CONT
500507128 FLOW ANN AVG				02	CONT	11	CONT
800821024 BOD CARB DLY AVG		15.000		14	1/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	WWW0004506		0	01		NA	
				01	01	NA	NA
EXPIRATION OF OPERATOR CERTIFICATE	170108		0	01		NA	
				01	01	NA	NA
CLASS OF OPERATOR CERTIFICATE	A		0	01		NA	
				01	01	NA	NA

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

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

NAME
Daniel Rodriguez - Manager
Prod & Treat Ops.

SIGNATURE

DATE
15 05 07

TELEPHONE NUMBER
210 233 3239

PLANT OPERATOR
Parviz Chavol
Senior Director - Production & Treatment

PLANT OPERATOR

YEAR MO. DAY
15 05 14

AREA CODE NUMBER

EXECUTIVE OFFICER

EXECUTIVE OFFICER

YEAR MO. DAY