



October 14, 2015

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

Via U.S. Certified Mail
RRR #7014 2870 0000 7135 5327

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 5327

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

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

Sincerely,

A handwritten signature in black ink, appearing to read 'Jeffrey J. Haby', is written over a printed name and title.

Jeffrey J. Haby, P.E.
Vice President – Production & Treatment

Enc. As stated



October 14, 2015

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

Via U.S. Certified Mail
RRR# 7014 2870 0000 7135 5310

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

Consent Decree

Date of Lodging: July 23, 2013

Date of Entry: October 15, 2013

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Sincerely,

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

Jeffrey J. Haby, P.E.

Vice President – Production & Treatment

Enc. As stated

OVERFLOW REPORT

PERIOD: SEPTEMBER 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
	382525	1045428	9/28/2015	Hermosa W	535	4,175 Debris	Cleaned Main	2.78	0.78	Ground	Area Cleaned and Disinfected, Flushed Area with H2O
1186692		1042972	9/24/2015	Elmitra St W	618	20 Structural	Repaired Lateral	0.33	0.00	Stormdrain	Area Cleaned and Disinfected, Flushed Area with H2O Work Order Created To Repair 6" Lateral
1186811		1042510	9/24/2015	Weizmann	907	20 Structural	Repaired Lateral	8.67	1.42	Ground	Area Cleaned and Disinfected, Work Order Created To Repair Broken 6" Lateral
	381547	1030382	9/17/2015	Lennon Ave	1830	75 Grease	Cleaned Main	0.90	0.53	Street	Area Cleaned and Disinfected, Flushed Area with H2O
		1022614	9/10/2015	El Monte Blvd	303	300 I/I	Diluted By Heavy Rain Water	0.17	0.00	Street	8" Main Monitored Area
1180736		1018815	9/9/2015	Flores St N	6410	1,000 Structural	Repaired Main	1.50	0.00	Street	Area Cleaned And Disinfected, Work Order Created To Repair Sewer Main
1178370		374500	9/4/2015	Mayfield Blvd W	1807	25 Structural	Repaired Lateral	1.17	0.75	Ground	Area Cleaned and Disinfected, Flushed Area with H2O Unstopped 6" Lateral, Work Order Created To Repair Lateral
	374832	1016661	9/5/2015	Lincolnshire Dr	534	25 Grease	Cleaned Main	1.23	0.68	Street	Area Cleaned and Disinfected, Flushed Area with H2O
	374392	1014157	9/3/2015	Ridgmont Ave	101	3 Debris	Cleaned Main	2.15	1.15	Ground	Area Cleaned and Disinfected, Flushed Area with H2O
Total Events:	9			Total Gallons:	5,643		Total Duration:	18.90			

Thursday, October 01, 2015

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

OVERFLOW REPORT

PERIOD: SEPTEMBER 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
	381340	1027700	9/15/2015	Hiataeh Ave	231	25 Grease	Cleaned Main	3.75	1.77	Alley	Area Cleaned and Disinfected, Flushed Area with H2O
Total Events: 1					Total Gallons: 25		Total Duration: 3.75				

Thursday, October 01, 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					Total Gallons:		Total Duration:				
Total Events:											

Thursday, October 01, 2015

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

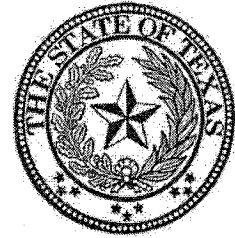
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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	09	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		90	MGD	0	02	11	
	PERMITTED					02	CONT	11
500507128 FLOW ANN AVG	REPORTED		93	MGD	0	02	11	
	PERMITTED					02	CONT	11
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							
	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 Interim Manager-Prod & Treat Ops				15/10/12	
TELEPHONE NUMBER		PLANT OPERATOR		PLANT OPERATOR		YEAR MO. DAY	
210 233 3239		Parviz Chavol Senior Director - Production & Treatment				15/10/13	
AREA CODE	NUMBER	EXECUTIVE OFFICER		EXECUTIVE OFFICER		YEAR MO. DAY	

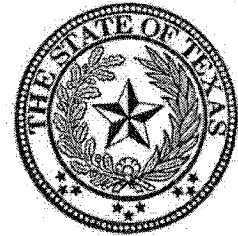
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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	09	12551
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE	
	REPORTED	PERMITTED		VALUE	UNITS		
000085342 TRANSFER DAYS/MON	REPORTED		0	01		01	
	PERMITTED			01	NA	01	NA
316164024 E-COLI DLY AVG	REPORTED		0	11		03	
	PERMITTED			11	2/WEEK	03	GRABPKLOAD
316164030 E-COLI IND GRAB	REPORTED		0	11		03	
	PERMITTED			11	2/WEEK	03	GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		0	02		11	
	PERMITTED			02	CONT	11	CONT
500507128 FLOW ANN AVG	REPORTED		0	02		11	
	PERMITTED			02	CONT	11	CONT
800821024 BOD CARB DLY AVG	REPORTED		0	08	1/Day	10	12-PRT-COM
	PERMITTED			11	2/WEEK	03	GRABPKLOAD
820796624 TURBDITY 30DAYAVG	REPORTED		0	08	1/Day	10	12-PRT-COM
	PERMITTED			11	2/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						

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 Interim Manager-Prod & Treat Ops				15 11 12		
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 11 13		
AREA CODE		NUMBER		EXECUTIVE OFFICER		EXECUTIVE OFFICER		YEAR MO. DAY	

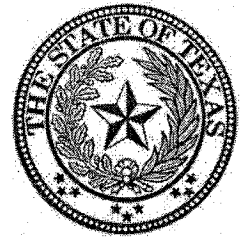
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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	09	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		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	WW0042725	0	01		NA
	PERMITTED			01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	161022	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
Tim Howe Interim Manager-Prod & Treat Ops		1/5/10/12

TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director - Production & Treatment		1/5/10/13
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
			YEAR MO. DAY

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

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

TX0077801	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	PERMIT	VALUE	UNITS	PERMIT			
Oxygen, dissolved [DO]	MEASUREMENT	6.6	*****	6	*****	6	*****	0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT	*****	*****	MO MIN	*****	*****	*****	0	Daily	GRAB
pH	SAMPLE MEASUREMENT	6.7	*****	6	*****	9	*****	0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT	*****	*****	MINIMUM	*****	MAXIMUM	*****	0	Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1359	*****	*****	*****	*****	*****	0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT	12510 DAILY AV	*****	*****	*****	*****	*****	0	Daily	Compos
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	197	*****	*****	*****	*****	*****	0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT	2085 DAILY AV	*****	*****	*****	*****	*****	0	Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	82	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 1 0 Effluent Gross	PERMIT	Req. Mon. DAILY AV	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 P 0 Flow, in conduit or thru treatment plant	PERMIT	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT	125 ANNL AVG	*****	*****	*****	*****	*****	0	Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Parviz Chavol - Senior Director	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Production & Treatment Operations			210-233-3239	10/13/15
TYPED OR PRINTED			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	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Chlorine, total residual	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab	
50060 A 0 Disinfection, Process Complete	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab	
Chlorine, total residual	*****	*****	*****	1.0	*****	*****	*****	0	Daily	Grab	
50060 B 0 Prior to Disinfection	*****	*****	*****	1	*****	*****	*****	0	Daily	Grab	
E. coli	*****	*****	*****	1.1	*****	*****	*****	0	Daily	Grab	
51040 1 0 Effluent Gross	*****	*****	*****	*****	126	394	CFU/100mL	0	Five per Week	GRAB	
BOD, carbonaceous, 05 day, 20 C	*****	*****	*****	*****	DAILY AV	DAILY MX	L	0	Daily	Compos	
80082 1 0 Effluent Gross	*****	*****	*****	*****	5	20	DAILY AV DAILY MX	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Parviz Chavol - Senior Director Production & Treatment Operations			210-233-3239	09/13/2015	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 SEE OTHER REQUIREMENTS NO. 7 ON PAGE 28 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
09/01/2015	09/30/2015

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

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				UNITS
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	*****	*****	0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4	MO MIN	*****	*****	0	Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	*****	*****	0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6	MINIMUM	*****	*****	0	Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.0	*****	*****	*****	0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	15	DAILY AV	*****	*****	0	Daily	Compos
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	0.28	DAILY AV	*****	*****	0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	167	DAILY AV	*****	*****	0	Daily	Compos
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	4.7	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.0	*****	*****	*****	0	Continuous	TotalZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	3.7	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	*****	*****	*****	10	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	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations	210-233-3239	10/3/2015
TYPED OR PRINTED	AREA Code	NUMBER
	210	233-3239
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	MM/DD/YYYY	
	10/3/2015	

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

TX0077801	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

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

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			
Chlorine, total residual	*****	*****	*****	*****	*****	*****	*****	0	Daily	GRAB
50060 B 0	*****	*****	*****	1.0	*****	*****	*****	0	Daily	GRAB
Prior to Disinfection	*****	*****	*****	1	MO MIN	*****	*****	0	Daily	GRAB
E. coli	*****	*****	*****	1.1	*****	*****	*****	0	Daily	GRAB
51040 1 0	*****	*****	*****	126	DAILY AV	*****	*****	0	Three per Week	GRAB
Effluent Gross	*****	*****	*****	394	DAILY MX	*****	*****	0	Daily	GRAB
BOD, carbonaceous, 05 day, 20 C	*****	*****	*****	2.1	*****	*****	*****	0	Daily	GRAB
80082 1 0	*****	*****	*****	82	*****	*****	*****	0	Daily	GRAB
Effluent Gross	*****	*****	*****	834	DAILY AV	*****	*****	0	Daily	COMPOS
	PERMIT REQUIREMENT		lb/d	10	DAILY AV	25	DAILY MX			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with 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
Pariz Chavol - Senior Director		210-233-3239	10/13/2015
Production & Treatment Operations		AREA Code	MM/DD/YYYY
TYPED OR PRINTED		NUMBER	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	

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

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

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

TX0077801	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	PERMIT	VALUE	UNITS	PERMIT			
Oxygen, dissolved [DO]	MEASUREMENT	*****	*****	*****	*****	*****	*****			
00300 1 0	PERMIT REQUIREMENT	*****	*****	*****	4	MO MIN	*****		Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
pH	MEASUREMENT	*****	*****	*****	*****	*****	*****			
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	6	MINIMUM	*****		Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
Solids, total suspended	MEASUREMENT	*****	*****	*****	*****	*****	*****			
00630 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Daily	COMPOS
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
Nitrogen, ammonia total [as N]	MEASUREMENT	*****	*****	*****	*****	*****	*****			
00610 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Daily	COMPOS
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
Flow, in conduit or thru treatment plant	MEASUREMENT	*****	*****	*****	*****	*****	*****			
50050 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Continuous	TOTALZ
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
Flow, in conduit or thru treatment plant	MEASUREMENT	*****	*****	*****	*****	*****	*****			
50050 Y 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Continuous	TOTALZ
Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
Chlorine, total residual	MEASUREMENT	*****	*****	*****	*****	*****	*****			
50060 A 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Daily	GRAB
Disinfection, Process Complete	MEASUREMENT	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol - Senior Director	210-233-3239	10/13/2015
Production & Treatment Operations	AREA Code	NUMBER
TYPED OR PRINTED	210	233-3239
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 CHAYVOL SR DIR

TX0077801	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	1	*****	*****		Daily	GRAB	
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	126	394		Three per Week	GRAB	
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	*****	*****	*****	DAILY AV	DAILY MX				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	834	lb/d	*****	10	25		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	10/13/2015	
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 CHAYOL SR DIR

TX0077801	004-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

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	UNITS	VALUE	UNITS			
Oxygen, dissolved [DO]	PERMIT REQUIREMENT	6.7	MO MIN	6.5	MINIMUM	7.5	MAXIMUM	0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	10	lb/d	2.0	DAILY AV	4.4	DAILY MX	0	Daily	Compos
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	1.3	lb/d	0.28	DAILY AV	1.2	DAILY MX	0	Daily	Compos
Solids, total suspended	PERMIT REQUIREMENT	0.59	MGD	0.71	MGD	0.060	INST MAX	0	Daily	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	0.77	MGD	0.77	MGD	0.060	INST MAX	0	Daily	Grab
Nitrogen, ammonia total [as N]	PERMIT REQUIREMENT	0.77	MGD	0.77	MGD	0.060	INST MAX	0	Daily	Grab
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	0.77	MGD	0.77	MGD	0.060	INST MAX	0	Daily	Grab
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	0.77	MGD	0.77	MGD	0.060	INST MAX	0	Daily	Grab
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	0.77	MGD	0.77	MGD	0.060	INST MAX	0	Daily	Grab
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	0.77	MGD	0.77	MGD	0.060	INST MAX	0	Daily	Grab
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	0.77	MGD	0.77	MGD	0.060	INST MAX	0	Daily	Grab
Chlorine, total residual	PERMIT REQUIREMENT	0.77	MGD	0.77	MGD	0.060	INST MAX	0	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	0.77	MGD	0.77	MGD	0.060	INST MAX	0	Daily	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Parviz Chavol - Senior Director	TELEPHONE	210-233-3239	DATE	10/13/2015
Production & Treatment Operations		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 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
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

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

ATTN: PARIZ CHAVOL SR DIR

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Chlorine, total residual	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab
50060 B 0 Prior to Disinfection	*****	*****	*****	1.0	*****	*****	*****	0	Daily	Grab
E. coli	*****	*****	*****	1	MO MIN	*****	*****	0	Daily	Grab
51040 1 0 Effluent Gross	*****	*****	*****	1.1	126 DAILY AV	*****	*****	0	Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	*****	*****	*****	2.0	394 DAILY MX	*****	*****	0	Daily	Grab
80082 1 0 Effluent Gross	*****	*****	*****	2.0	10 DAILY AV	*****	*****	0	Daily	Grab
	*****	*****	*****	10	250 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 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	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		210-233-3239	09/13/2015
TYPED OR PRINTED			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

TX0077801	005-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	UNITS	VALUE	UNITS	VALUE			
Oxygen, dissolved [DO]	PERMIT MEASUREMENT	*****	*****	*****	6.5	*****	*****	0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT MEASUREMENT	*****	*****	*****	4	*****	*****	0	Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	*****	0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT MEASUREMENT	*****	*****	*****	6	*****	*****	0	Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.0	*****	*****	0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT MEASUREMENT	*****	*****	*****	15	*****	*****	0	Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	0.28	*****	*****	0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT MEASUREMENT	*****	*****	*****	43	*****	*****	0	Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	0.68	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT MEASUREMENT	*****	*****	*****	0.72	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	2.6	*****	*****	0	Continuous	TOTALZ
50050 Y 0 Chlorine, total residual	PERMIT MEASUREMENT	*****	*****	*****	0.65	*****	*****	0	Continuous	TOTALZ
50060 A 0 Disinfection, Process Complete	SAMPLE MEASUREMENT	*****	*****	*****	0.070	*****	*****	0	Daily	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	1. I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified persons properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations			210-233-3239	10/13/2015
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.

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
09/01/2015	09/30/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
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	Weekly	GRAB
Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab
BOD, carbonaceous, 05 day, 20 C	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab
80082 1 0	*****	*****	*****	*****	*****	*****	*****	0	Daily	COMPOS
Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	Daily	COMPOS

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	9/13/2015
Production & Treatment Operations			AREA Code	NUMBER
TYPED OR PRINTED				MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

TX0077801	006-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4	MO MIN	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****			*****				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6	MINIMUM	*****	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT						*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	5755	*****	*****	15	DAILY AV	*****	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	DAILY AV	*****	*****			*****				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	767	*****	*****	2	DAILY AV	*****	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	DAILY AV	*****	*****			*****				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	*****	7	DAILY MX	*****			Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	DAILY AV	*****	*****			*****				
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 Parviz Chavol - Senior Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Production & Treatment Operations			210-233-3239	10/3/2015	
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)

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

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

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons already 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	10/13/15
Production & Treatment Operations			AREA Code	NUMBER
TYPED OR PRINTED				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 SEE OTHER REQUIREMENT NO. 7 ON PAGE 28 OF THE PERMIT.

No Discharge


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

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

TX0077801	101-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE			
Flow, in conduit or thru treatment plant		8	10	MGD	*****	*****	*****	*****	Continuous	TotalZ
50050 1 0	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****	Continuous	TOTALZ
Effluent Gross	SAMPLE MEASUREMENT	4.5	*****	*****	*****	*****	*****	*****	Continuous	TotalZ
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. ANNL AVG	*****	MGD	*****	*****	*****	*****	Continuous	TOTALZ
50050 Y 0										
Effluent Gross (Supplementary)										

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	
Production & Treatment Operations				210-233-3239	09/15/2015	
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 PERMIT NUMBER	102-A DISCHARGE NUMBER
MM/DD/YYYY 09/01/2015	MM/DD/YYYY 09/30/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Flow, in conduit or thru treatment plant	90	110	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	93	*****	*****	*****	*****	*****	0	Continuous	TotalZ	
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125 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 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	10/13/2015
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)
 THE TOTAL DISCHARGE FROM OUTFALL 001 & OUTFALL 101 SHALL NEVER EXCEED 125 MGD AND SHALL BE REPORTED AS OUTFALL 102.

OVERFLOW REPORT

PERIOD: SEPTEMBER 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
	382461	1045117	9/27/2015	Meadow Corner	0	1,000 Grease	Cleaned Main	1.13	0.63	Drainage Culvert	Area Cleaned and Disinfected, Flushed Area with H2O
	381860	1036089	9/21/2015	Loop 410 Sw	231	5,686 Grease	Cleaned Main	0.63	0.47	Drainage Culvert	Area Cleaned and Disinfected, Flushed Area with H2O
	375113	1017357	9/8/2015	Norman Ln	7211	4,250 Grease	Cleaned Main	1.42	0.92	Drainage Culvert	Area Cleaned and Disinfected, Flushed Area with H2O
1173723		1011090	9/1/2015	Pleasanton Rd	10750	140,000 Structural	Replaced A/F Valve	2.55	0.00	Ground	Replaced Unmapped Sewer Air Release Valve.
Total					150,936			5.73			
Events:					4						

Thursday, October 01, 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
09/01/2015	09/30/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	MEASUREMENT	*****	*****	*****	6.5	*****	*****	0	12/Day	Grab
00300 1 0	PERMIT REQUIREMENT	*****	*****	*****	5	*****	*****	0	Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	*****	0	12/Day	Grab
pH	PERMIT REQUIREMENT	*****	*****	*****	6	*****	*****	0	Daily	GRAB
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	*****	0	Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	1.1	*****	*****	0	Daily	Compos
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	15	*****	*****	0	Daily	Compos
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	0.40	*****	*****	0	Daily	Compos
Nitrogen, ammonia total [as N]	PERMIT REQUIREMENT	*****	*****	*****	2	*****	*****	0	Daily	COMPOS
00610 1 0	PERMIT REQUIREMENT	*****	*****	*****	7	*****	*****	0	Daily	COMPOS
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	0.84	*****	*****	0	Daily	Compos
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	*****	*****	*****	26	*****	*****	0	Continuous	TotalZ
50050 1 0	PERMIT REQUIREMENT	*****	*****	*****	30	*****	*****	0	Continuous	TotalZ
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	27083	*****	*****	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	*****	*****	*****	29	*****	*****	0	Continuous	TotalZ
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	*****	*****	*****	46	*****	*****	0	Continuous	TotalZ
50050 Y 0	PERMIT REQUIREMENT	*****	*****	*****	ANNUAL 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
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE: 210-233-3239
 AREA Code: 210
 NUMBER: 233-3239
 DATE: 10/13/2015

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
09/01/2015	09/30/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	PERMIT REQUIREMENT	VALUE	UNITS	PERMIT REQUIREMENT			
Chlorine, total residual	MEASUREMENT	*****	*****	*****	*****	*****	*****	0	12/Day	Grab
50060 A 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Daily	GRAB
Disinfection, Process Complete	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	12/Day	Grab
Chlorine, total residual	MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Daily	GRAB
50060 B 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Daily	GRAB
Prior to Disinfection	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Daily	GRAB
E. coli	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Daily	GRAB
51040 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Five per Week	GRAB
Effluent Gross	SAMPLE MEASUREMENT	442	*****	*****	*****	*****	*****	0	Daily	Compos
BOD, carbonaceous, 05 day, 20 C	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Daily	Compos
80082 1 0	PERMIT REQUIREMENT	2686	*****	*****	*****	*****	*****	0	Daily	Compos
Effluent Gross	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 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	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		210-233-3239	10/13/2015
TYPED OR PRINTED			AREA Code	NUMBER
			210	233-3239
				MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004


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

TX0052639	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

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

PARAMETER	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	*****	*****	*****	6.6	*****	*****	0	12/Day	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	5	MO MIN	*****	mg/L	0	Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	6.7	*****	*****	*****	0	12/Day	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	6	MINIMUM	*****	SU	0	Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	10.3	*****	*****	1.0	*****	MAXIMUM	0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	5755	*****	*****	15	*****	40	0	Daily	Compos
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	3.4	*****	*****	0.40	*****	DAILY MX	0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	767	*****	*****	2	*****	DAILY AV	0	Daily	COMPPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.21	1.63	MGD	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	0	Continuous	TotalZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	1181	gal/min	*****	*****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	63889	2HR PEAK	*****	*****	*****	0	Continuous	TotalZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	2.2	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46	*****	MGD	*****	*****	*****	0	Continuous	TotalZ

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: 10/13/2015

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

TX00052639	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Chlorine, total residual	MEASUREMENT	*****	*****	*****	*****	*****	*****	0	12/Day	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Daily	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	1.0	*****	*****	*****	0	12/Day	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	1	*****	*****	*****	0	Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Five per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	21	*****	*****	*****	*****	*****	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 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	10/13/2015	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

TX0052639	101-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

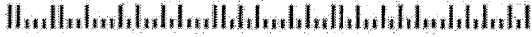
DMR Mailing ZIP CODE: 78221
 MAJOR (SUBR 13)
 COMBINED OUTFALLS 001 & 002
 External Outfall
 No Discharge

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Solids, total suspended	MEASUREMENT	234						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	81						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	25.6						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	*****						0	Continuous	TotalZ
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	gal/min						Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	30						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	452						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	TELEPHONE	210-233-3239	DATE	10/13/2015
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

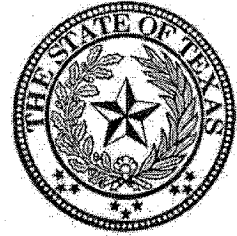
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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	09	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	NO.	MO.	TYPE
500507124 FLOW DLY AVG	REPORTED	30	MGD	0	02	11	CONT
	PERMITTED				02		
500507128 FLOW ANN AVG	REPORTED	33	MGD	0	02	11	CONT
	PERMITTED				02		
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0004506	NUMBER	0	01	NA	NA
	PERMITTED				01		
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	170108	DATE	0	01	NA	NA
	PERMITTED				01		
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01	NA	NA
	PERMITTED				01		
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME Daniel Rodriguez - Manager Prod & Treat Ops.	SIGNATURE 	DATE 11/5/10
TELEPHONE NUMBER 210 233 3239	PLANT OPERATOR Parviz Chavol Senior Director - Production & Treatment	PLANT OPERATOR 	YEAR MO. DAY 11/5/10
AREA CODE 210	NUMBER 233 3239	EXECUTIVE OFFICER 	EXECUTIVE OFFICER YEAR MO. DAY 11/5/10

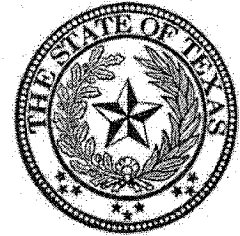
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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	09	12547
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	REPORTED	VALUE	UNITS			NO. EX.	FREQUENCY OF ANALYSIS	TYPE
000085342 TRANSFER DAYS/MON	REPORTED	30	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	4.2	MGD	0	02		11	
	PERMITTED				02	CONT	11	CONT
500507128 FLOW ANN AVG	REPORTED	3.2	MGD	0	02		11	
	PERMITTED				02	CONT	11	CONT
800821024 BOD CARB DLY AVG	REPORTED	2.1	MG/L	0	08	1/Day	10	12-prt-com
	PERMITTED	5.000			11	2/WEEK	03	GRABPKLOAD
820786624 TURBIDITY 30DAY AV	REPORTED	0.70	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 Daniel Rodriguez - Manager Prod & Treat Ops.	SIGNATURE 	DATE 11/5/10/12
TELEPHONE NUMBER 210 233 3239	PLANT OPERATOR Parviz Chavol Senior Director - Production & Treatment	PLANT OPERATOR 	YEAR MO. DAY 11/5/10/13
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER

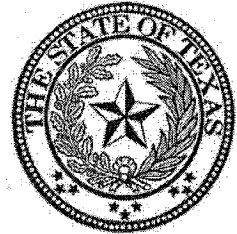
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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	09	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	
		VALUE		UNITS			
000085342 TRANSFER DAYS/MON	REPORTED	0	DAY	0	01	01	
	PERMITTED						
316164024 FEC. COLI DLY AVG	REPORTED		#/100 ML				
	PERMITTED	200.000					
316164030 FEC. COLI IND GRAB	REPORTED		#/100 ML				
	PERMITTED	800.000					
500507124 FLOW DLY AVG	REPORTED		MGD				
	PERMITTED						
500507128 FLOW ANN AVG	REPORTED		MGD				
	PERMITTED						
800821024 BOD CARB DLY AVG	REPORTED		MG/L				
	PERMITTED	15.000					
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0004506	NUMBER	0	01		NA
	PERMITTED						
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	170108	DATE	0	01		NA
	PERMITTED						
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01		NA
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

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

	NAME	SIGNATURE	DATE
	Daniel Rodriguez - Manager Prod & Treat Ops.		15/10/12
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		15/10/13
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

OVERFLOW REPORT

PERIOD: SEPTEMBER 2015

WATERSHED: MEDIO CREEK

TCEQ PERMIT # 10137-040

EPA PERMIT # 0055689

WO #	INSPT#	SR #	Date	Address	Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments
	381858	1036734	9/21/2015	Walnut Crest	10402	6,750 Grease	Cleaned Main	2.25	0.83	Stormdrain	Area Cleaned and Disinfected, Flushed Area with H2O
	1174773	1015451	9/3/2015	Adams Hill Dr	9500	1,355 Structural	Repaired Main	4.52	0.00	Drainage Culvert	Area Cleaned and Disinfected, Flushed Area with H2O Work Order Created To Repair Sewer Main
Total Events:					2	Total Gallons:		8,105	Total Duration:		6.77

Thursday, October 01, 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
 SAN ANTONIO, TX 78221
ATTN: PARIZ CHAVOL SR DIR

TX0055689	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	PERMIT	VALUE	UNITS	PERMIT			
Oxygen, dissolved [DO]	MEASUREMENT	*****	*****	*****	6.5	*****	*****	0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6	MO MIN	*****	0	Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.7	*****	*****	0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6	MINIMUM	*****	0	Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	36	*****	*****	1.0	MAXIMUM	*****	0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2002	*****	*****	15	DAILY AV	*****	0	Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	24	*****	*****	0.70	DAILY AV	*****	0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	267	*****	*****	2	DAILY AV	*****	0	Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.2	*****	*****	4.9	DAILY MX	*****	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	*****	*****	*****	6833	*****	*****	0	Continuous	TOTALZ
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	2778	gal/min	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.5	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	16	*****	*****	*****	MGD	*****	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
Pariz Chavol - Senior Director Production & Treatment Operations			210-233-3239	09/15/2015
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)

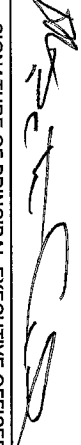
Form Approved
OMB No. 2040-0004

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	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	PERMIT REQUIREMENT	VALUE	UNITS	PERMIT REQUIREMENT			
E. coli	*****	*****	*****	*****	1.2	126	394	0	Daily	Grab
51040 1 0 Effluent Gross	*****	*****	*****	*****	DAILY AV	DAILY AV	DAILY MX		Daily	GRAB
BOD, carbonaceous, 05 day, 20 C	*****	*****	*****	*****	2.0	7	20	0	Daily	Compos
80082 1 0 Effluent Gross	*****	*****	*****	*****	DAILY AV	DAILY AV	DAILY MX		Daily	COMPOS

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	10/13/2015
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

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

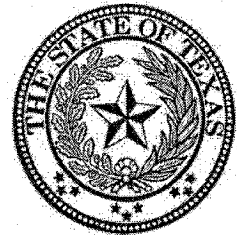
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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	09	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	PERMITTED	6.8	MGD	0 02	11	
					02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED	PERMITTED	6.7	MGD	0 02	11	
					02	CONT	11 CONT
NUMBER OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	WW0004506	NUMBER	0 01		NA
					01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	170108	DATE	0 01		NA
					01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	A	LETTER	0 01		NA
					01	01	NA NA
	REPORTED	PERMITTED					
	REPORTED	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 Daniel Rodriguez Manager-Prod & Treat Ops	SIGNATURE 	DATE 11/10/12
TELEPHONE NUMBER 210 233 3774	PLANT OPERATOR Steve Clouse Senior Vice President & COO	PLANT OPERATOR 	YEAR MO. DAY 11/10/13
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER

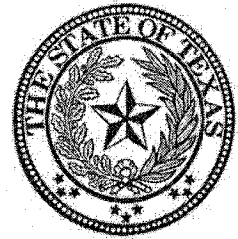
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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	09	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	
		VALUE	UNITS				
000085342 TRANSFER DAYS/MON	REPORTED	30	DAY	0	01	01	
	PERMITTED				01	NA	01 NA
316164024 FEC. COLI DLY AVG	REPORTED	1.0	#/100 ML	0	11	03	
	PERMITTED	20.000			11	2/WEEK	03 GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED	1.0	#/100 ML	0	11	03	
	PERMITTED	75.000			11	2/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED	2.6	MGD	0	02	11	
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED	2.2	MGD	0	02	11	
	PERMITTED				02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED	2.0	MG/L	0	08	10	12-prt-com
	PERMITTED	5.000			11	2/WEEK	03 GRABPKLOAD
820796624 TURBIDITY 30DAYAVG	REPORTED	0.80	NTU	0	08	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						

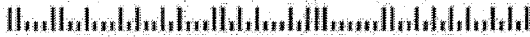
COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

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 Daniel Rodriguez Manager-Prod & Treat Ops	SIGNATURE 	DATE 15/10/12
TELEPHONE NUMBER 210 233 3774	PLANT OPERATOR Steve Clouse Senior Vice President & COO	PLANT OPERATOR 	YEAR MO. DAY 15 10 13
AREA CODE NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

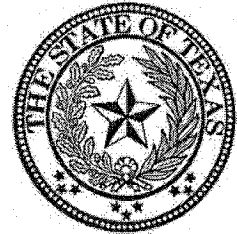
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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	09	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				01	NA	01
316164024 FEC. COLI DLY AVG	REPORTED		#/100 ML				
	PERMITTED	200.000			14	1/WEEK	03
316164030 FEC. COLI IND GRAB	REPORTED		#/100 ML				
	PERMITTED	800.000			14	1/WEEK	03
500507124 FLOW DLY AVG	REPORTED		MGD				
	PERMITTED				02	CONT	11
500507128 FLOW ANN AVG	REPORTED		MGD				
	PERMITTED				02	CONT	11
800821024 BOD CARB DLY AVG	REPORTED		MG/L				
	PERMITTED	20.000			14	1/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						
	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 Daniel Rodriguez Manager-Prod & Treat Ops	SIGNATURE 	DATE 15 10 12
TELEPHONE NUMBER 2 10 2 33 3 774	PLANT OPERATOR Steve Clouse Senior Vice President & COO	PLANT OPERATOR 	YEAR MO. DAY 15 10 13
AREA CODE 2 10	NUMBER 2 33 3 774	EXECUTIVE OFFICER 	EXECUTIVE OFFICER

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

TX00065641	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
09/01/2015	09/30/2015

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

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavoi - 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
TYPED OR PRINTED			
TELEPHONE	210-233-3239	DATE	09/13/2015
AREA Code	NUMBER	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.