

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.

J*efthely* J. Haby, P_/

Vice President – Production & Treatment

Enc. As stated



October 14, 2015

U.S. Department of Justice Environmental Enforcement Section Environment and Natural Resources Division

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

P.O. Box 7611 Washington, D.C. 20044-7611

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

Consent Decree

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Sincerely

leffrey J. Habyl, P.E.

Vice President – Production & Treatment

Enc. As stated

PERIOD: SEPTEMBER 2015

WATERSHED: DOS RIOS

TCEQ PERMIT # 10137-033

EPA PERMIT # 0077801

Total Events:						1178370		1180736						1186811		1186692			#OW
9		374392		374832		374500 1016494	esk iii				1000	381547						382525	INSPT#
	100 PM	1014157		374832 1016661		1016494		1018815		1022614		1030382		1042510		1042972		1045428	SR#
		9/3/2015		9/5/2015		9/4/2015		9/9/2015		9/10/2015		9/17/2015		9/24/2015		9/24/2015		9/28/2015	Date
Total		Ridgemont Ave		Lincolnshire Dr		Mayfield Blvd W		Flores St N		El Monte Blvd		Lennon Ave		Weizmann		Elmira St W		Hermosa W	Address
Total Gallons:		101		534		1807	(7) 61	6410		303		1830		907		618		535	
5,643		3		25		25		1,000		300		75		20		20		4,175 Debris	Gallons
		3 Debris		25 Grease		25 Structural		1,000 Structural		I/i		75 Grease		20 Structural		20 Structural		Debris	Cause
Total Duration:		Cleaned Main		Cleaned Main		Repaired Lateral		Repaired Main	Rain Water	Diluted By Heavy		Cleaned Main		Repaired Lateral		Repaired Lateral		Cleaned Main	Action
18.90		2.15		1.23		1.17	A Company of	1.50		0.17		0.90		8.67		0.33		2.78	Duration
		1.15		0.68	4	0.75		0.00		0.00		0.53		1.42		0.00		0.78	Response Time
		Ground		Street		Ground		Street		Street		Street		Ground		Stormdrain		Ground	Discharged To
	with H20	Õ.	with H2O	<u>α</u> 1	10 7 3	Area Cleaned and Disinfected, Flushed Area	Sewer Main	Area Cleaned And Disinfected, Work Order Created To Renair		8" Main Monitored Area	with H20	Q.	Broken 6" Lateral	Area Cleaned and Disinfected,	with H2O Work Order Created To Repair 6" Lateral	Area Cleaned and Disinfected Flushed Area	with H2O	\sim 1	Comments

Thursday, October 01, 2015

PERIOD: SEPTEMBER 2015

WATERSHED: SALADO CREEK

TCEQ PERMIT # 10137-008

EPA PERMIT # 0052647

			3.75	Total Duration:		: 25	Total Gallons:			-1	Total Events:
with H2O										O Company	
Area Cleaned and		1.77 Alley	3.75	Cleaned Main	25 Grease		Hialeah Ave 231	381340 1027700 9/15/2015 Hialeah Ave	1027700	381340	
Comments	Discharged To	Kesponse Time	Duration	Action	Cause	Gallons	Address	Date	SR #	WO# INSPI# SR#	WO#

Thursday, October 01, 2015

PERIOD:

WATERSHED: SUBSCRIBER

TCEQ PERMIT # Subscriber

EPA PERMIT # Subscriber

				Total Duration:			Total Gallons:				Total Events:
		Time						·		-	SATA WA
Comments	Discharged To	Response	Duration	Action	Cause	Gallons	Address	Date	SR#	WO# INSPT# SR#	¥0#

Thursday, October 01, 2015

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

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PAG

SAN ANTONIO WATER SYSTEM 3495 VALLEY RD SAN ANTONIO TX 78221-5238 PAGE 1



40B SYS WQ0010137-033

02 SET 15 09 YEAR MO.

12647 E(D

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

LEASE RETAIN A PHO	MODUF I FUN I								
PARAMETER		EFFLUENT CONDITION		NO:		FREQUENCY		SAMPLE	
		VALUE	UNITS	EX.		OF ANALYSIS		TYPE	
500507124 FLOW	REPORTED	90	MGD	0	02		11	And the second s	
DLY AVG	PERMITTED			160,100	02	CONT	11	CONT	
500507128 FLOW	REPORTED	93	MGD	0	02	1000	11		
ANN AVG	PERMITTED			سننا	02	CONT	11	CONT	
NUMBER OF OPERATOR	REPORTED	WW0042725	NUMBER	0	01		NA		
CERTIFICATE	PERMITTED			NAMES.	01	01	<u>NA</u>	NA	
EXPIRATION OF OPERATOR	REPORTED	161022	DATE	0	01		NA		
CERTIFICATE	PERMITTED			A STATE OF	01	_01	~T	NA	
CLASS OF OPERATOR	REPORTED	Α	LETTER	0	01	\$4000 E	NA		
CERTIFICATE	PERMITTED			Risa	01	01	<u> NA</u>	NA NA	
	REPORTED					40.00			
	PERMITTED							133	
	REPORTED								
	PERMITTED								
	REPORTED							1000	
	PERMITTED			-		796			
	REPORTED	**************************************							
	PERMITTED			Cat leave					
	REPORTED								
	PERMITTED		11113	li de l					
	REPORTED		21905					i j	
	PERMITTED								

COMMENTS AND EXPLANATIONS (Reference all attachments here)

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION		SIGNATURE	DATE
CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.		7.84	151012
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2,10 2,3,3 3,2,3,9	Parviz Chavol Senior Director - Production & Treatment	RESIDEN	151013
AREA CODE NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

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

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



WQ0010137-033 PERMIT NUMBER

02 SET

15 09 YEAR MO.

12551 EID



TCEQ COPY

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE I

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

PARAMETER		EFFLUENT CONDITION		NO.	4	FREQUENCY		SAMPLE
		VALUE:	STINU	EX.		OF ANALYSIS		TYPE
000085342 TRANSFER	REPORTED	27	DAY	0	01		01	
DAYS/MON	PERMITTED			E.	01	NA	01	NA
316164024 E-COLI	REPORTED	1.0	#/100 ML	0	11	100	03	
DLY AVG	PERMITTED	20.000			11	2/WEEK	03	GRABPKLOAD
316164030 E-COLI	REPORTED	1.0	#/100 ML	0	11		03	
IND GRAB	PERMITTED	75.000		Acres	11_	2/WEEK	03	GRABPKLOAD
500507124 FLOW	REPORTED	2.4	MGD	0	02	144	11	113
DLY AVG	PERMITTED				02	CONT	11	CONT
500507128 F LOW	REPORTED	0.20	MGD	0	02	10.00	11	14000
ANN AVG	PERMITTED				02	CONT	11	1
800821024 BOD CARB	REPORTED	2.0	MG/L	0	08	1/Day	10	
DLY AVG	PERMITTED	5,000	1		11	2/WEEK	03	GRABPKLOAD
820796624 TURBDITY	REPORTED	1.3	NTU	0	08	1/Day	10	12-PRT-COI
30DAYAVG	PERMITTED	3,000		_	11	2/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR	REPORTED	WW0042725	NUMBER	0	01		NA	Waller South
CERTIFICATE	PERMITTED	100 miles			01	01	<u>NA</u>	NA .
EXPIRATION OF OPERATOR	REPORTED	161022	DATE	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA -
CLASS OF OPERATOR	REPORTED	Α	LETTER	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA.	NA
	REPORTED		Partition of the same					The state of the s
	PERMITTED							far a

COMMENTS AND EXPLANATIONS (Reference all attachments here)

E-Coli substituted for Fecal Coliform

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATIC CONTAINED IN THIS REPORT AND THAT TO THE BEST OF IN KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AN COMPLETE AND ACCURATE.	Tim House	SIGNATURE	DATE 1 5 1 0 1 2
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2110 233 3239	Parviz Chavol Senior Director - Production & Treatment	200	115110113
AREA CODE NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

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

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

1

40B SYS

WQ0010137-033 PERMIT NUMBER

02 SET

15 09 YEAR MO.

12552 EID



TCEQ COPY

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE II SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

n a massement		EFFLUENT CONDITION		∐NO.		FREQUENCY		SAMPLE
PARAMETER		VALUE	UNITS	EX.		OF ANALYSIS		TYPE
000085342 TRANSFER	REPORTED	0	DAY	0				
DAYS/MON	PERMITTED			Canada and	01	NA	01	NA
316164024 FEC.COLI	REPORTED		#/100 ML					
DLY AVG	PERMITTED	200.000			14	1/WEEK	03	GRABPKLOAD
316164030 FEC.COLI	REPORTED		#/100 ML					
IND GRAB	PERMITTED	800.000		N. Carre	14	1/WEEK	03	GRABPKLOAD
500507124 FLOW	REPORTED		MGD T					
DLY AVG	PERMITTED				02	CONT	111	CONT
500507128 FLOW	REPORTED		MGD			74.5		
ANN AVG	PERMITTED			344	02	CONT	11	CONT
800821024 BOD CARB	REPORTED		MG/L					
DLY AVG	PERMITTED	20.000			14	1/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR	REPORTED	WW0042725	NUMBER	0	01	all and	NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
EXPIRATION OF OPERATOR	REPORTED	161022	DATE	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA.	NA
CLASS OF OPERATOR	REPORTED	A	LETTER	0	01	77.139	NA	1879
CERTIFICATE	PERMITTED			and the second	01	01	NA.	NA
	REPORTED					n ja i i i i i i i i i i i i i i i i i i		
	PERMITTED			<u>jirir ü</u>				
	REPORTED		SAME:			2.00		
	PERMITTED		Section 1					

COMMENTS AND EXPLANATIONS (Reference all attachments here)

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION		SIGNATURE	DATE
CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.			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	2500	115110113
AREA CODE NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

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

ADDRESS: 3495 VALLEY RD DOS RIOS WATER RECYLING CENTER

SAN ANTONIO, TX 78221

LOCATION: 3495 VALLEY RD. FACILITY: DOS RIOS WATER RECYCLING CTR.

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

PERMIT NUMBER

DISCHARGE NUMBER

001-A

TX0077801

DMR Mailing ZIP CODE:

78221

MAJOR

(SUBR 13) External Outfall DOMESTIC FACILITY - 001

No Discharge

ATTN: PARIZ CHAVOL SR DIR

SAN ANTONIO, TX 78221

MM/DD/TTT	NOMBEX	AKEA Code			70 1101						TYPED OR PRINTED
	T NIIII		+	D AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		and imprisonment for k	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	vr submitting false information,		Production & Treatment Operations
721 0	210-233-3239	210-2	1			1	on, the information subi	revaluate the find intended submitted. Deservoir my industry or the position of processor are transfer into the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and boilef, true, accurate, and complete. I am aware that there are significant	those persons directly respons of my knowledge and belief, to		Parviz Chavol - Senior Director
DATE	TELEPHONE	TELE		1	V J	irection or ather and	e prepared under my di d personnel properly ga r nersons who manage	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 continue to the design of the designed to assure that pure or mersons who manage the	ler penalty of law that this doci in accordance with a system of the condition submitted. Based		NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
TOTALZ	Continuous		** ** ** **	****	****	* * * * * *	MGD	*****	125 ANNL AVG	PERMIT REQUIREMENT	50050 Y 0 Effluent Gross (Supplementary)
Grab	Daily	0	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	14 14 14 14 14 14	**************************************	** ** ** **		****	89	SAMPLE MEASUREMENT	Flow, in conduit or thru treatment plant
TOTALZ	Continuous		** **	****	****	* * * * *	gal/min	173611 2HR PEAK	****	PERMIT REQUIREMENT	50050 P 0 See Comments
TotalZ	Continuous	0	3 3 3 3 3 3	** ** ** ** **	**************************************	* * * * *		107361	************	SAMPLE MEASUREMENT	Flow, in conduit or thru treatment plant
TOTAL	Continuous		****	*****	* * * * * * * * * * * * * * * * * * *	*****	MGD	Req. Mon. DAILY MX	Reg. Mon. DAILY AV	PERMIT REQUIREMENT	50050 1 0 Effluent Gross
TotalZ	Continuous	0	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	***************************************	** ** ** ** **	*****		105	82	SAMPLE MEASUREMENT	Flow, in conduit or thru treatment plant
COMPOS	Daily		mg/L	DAILY MX	2 DAILY AV	*****	lb/d	****	2085 DAILY AV	PERMIT REQUIREMENT	00610 1 0 Effluent Gross
Compos	Daily	0		1.2	0.28	* * * * *		** ** ** **	197	SAMPLE MEASUREMENT	Nitrogen, ammonia total [as N]
COMPOS	Daily		mg/L	40 DAILY MX	12 DAILY AV	*****	lb/d	****	12510 DAILY AV	PERMIT REQUIREMENT	00530 1 0 Effluent Gross
Compos	Daily	0		4.0	2.0	*** ** **		* * * * *	1359	SAMPLE MEASUREMENT	Solids, total suspended
GRAB	Daily		SU	9 MAXIMUM	*****	MINIMUM 6	** ** ** **	* ** ** **	*****	PERMIT REQUIREMENT	00400 1 0 Effluent Gross
Grab	Daily	0		8.3	* * * * * *	6.7	** ** ** *	* * * * *	* * * * * *	SAMPLE MEASUREMENT	PΗ
GRAB	Daily		mg/L	****	*****	NIM OM 9	****	****	***	PERMIT REQUIREMENT	00300 1 0 Effluent Gross
Grab	Daily	0		*****	********	9.9	****	******	* * * * *	SAMPLE MEASUREMENT	Oxygen, dissolved [DO]
TYPE	OF ANALYSIS		UNITS	VALUE	VALUE	VALUE	UNITS	VALUE	VALUE		PARAMETER
ß	FREQUENCY	NO.		ENTRATION	QUALITY OR CONCENTRATION		G	QUANTITY OR LOADING	QUAN		

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

TYPED OR PRINTED

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004 Form Approved

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

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

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

PERMIT NUMBER TX0077801 MM/DD/YYYY MONITORING PERIOD DISCHARGE NUMBER

09/01/2015

DMR Mailing ZIP CODE:

78221

(SUBR 13)

001-A

DOMESTIC FACILITY - 001

External Outfall

MM/DD/YYYY 09/30/2015

No Discharge

ATTN: PARIZ CHAVOL SR DIR

COMPOS	Daily		mg/L	20 DAILY MX	5 DAILY AV	********	lb/d	****	5213 DAILY AV	PERMIT REQUIREMENT	80082 1 0 Effluent Gross
	Daily	0		4.0	2.1	***** ***		*****	1442	SAMPLE MEASUREMENT	BOD, carbonaceous, 05 day, 20 C
GRAB	Five per Week		CFU/100m L	394 DAILY MX	126 DAILY AV	*****	*****	** ** **	****	PERMIT REQUIREMENT	51040 1 0 Effluent Gross
	Daily	0		2.0		**********	****	** ** ** *	*****	SAMPLE MEASUREMENT	E. coli
GRAB	Daily		mg/L	***	****	MO MIN	****	****	****	PERMIT REQUIREMENT	50060 B 0 Prior to Disinfection
	Daily	0		****	* ** ** *	1.0	****	* * * * *	****	SAMPLE MEASUREMENT	Chlorine, total residual
GRAB	Daily		mg/L	INST MAX	****	*****	*****	* * * * *	****	PERMIT REQUIREMENT	50060 A 0 Disinfection, Process Complete
Grab	Daily	0		0.090	****	****	*****	* * * * * *	* * * * *	SAMPLE MEASUREMENT	Chlorine, total residual
- 455	OF AWALTOIS	X	STINU	VALUE	VALUE	VALUE	STINU	VALUE	VALUE		PARAMETER
SAMPLE	FREQUENCY SAMPLE			CENTRATION	UALITY OR CONCENTRATION	QU	ត	QUANTITY OR LOADING	QUAN		

TYPED OR PRINTED violations.	7	Parviz Chavol - Senior Director system, or those persons directly responsible for gathering the information, the horizontal obstituted is,	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER locetify 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 ignitive and supervision in accordance with a system designed to assure that qualified personnel properly ignitive and supervision in accordance with a system designed to assure that qualified personnel properly ignitive and supervision in accordance with a system designed to assure that qualified personnel properly ignitive and supervision in accordance with a system designed to assure that qualified personnel properly ignitive and supervision in accordance with a system designed to assure that qualified personnel properly ignitive and supervision in accordance with a system designed to assure that qualified personnel properly ignitive and supervision in accordance with a system designed to assure that qualified personnel properly ignitive and supervision in accordance with a system designed to assure that qualified personnel properly ignitive and supervision in accordance with a system designed to assure that qualified personnel properly ignitive and supervision in accordance with a system designed to assure that qualified personnel properly ignitive and supervision in accordance with a system designed to assure that qualified is a supervision in accordance with a system designed to assure that a supervision is a supervision of the supervision in accordance with a system designed to assure that a supervision is a supervision in accordance with a system designed to assure that the supervision is a supervision in accordance with a system designed to a supervision in accordance with a system designed to a supervision in accordance with a system designed to a supervision and a supervision in accordance with a system designed to a supervision in accordance with a system designed to a supervision in accordance with a system designed to a supervision in accordance with a system desig	
AUTHORIZED AGENT	SIGNATURE OF I	フィーノーし	7	
AREA Code	2.0.7	210-2	TELEP	
AREA Code NUMBER MM/DD/YYYY	0200	240-233-3230	TELEPHONE	
MM/DD/YYYY	10/5/6) i	DATE	

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

Form Approved OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

ADDRESS: 3495 VALLEY RD PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) DOS RIOS WATER RECYLING CENTER

SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD. SAN ANTONIO, TX 78221

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

> > **DMR Mailing ZIP CODE:** MAJOR

> > > 78221

DOMESTIC FACILITY - 002 (SUBR 13)

External Outfall

No Discharge

ATTN: PARIZ CHAVOL SR DIR

MM/DD/YYYY	AREA Code NUMBER	AREA Code		ED AGENT	AUTHORIZED AGENT						TYPED OR PRINTED
10/10/10/10	210-233-3239	710-7	ER OR	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	URE OF PRINCIPAL		and imprisonment for know	icluding the possibility of fine a	to the best of my knowledge and belief, the accurate, and complete, i am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing		Production & Treatment Operations
	-					بل	n, the information submitte	le for gathering the informatio	system, or those persons directly responsible for gathering the information, the information submitted is, to those of more persons directly responsible for gathering the information, the information submitted is,		Parviz Chavol - Senior Director
DATE	TELEPHONE	TEL		0	0	ion or ar and	prepared under my direct d personnel properly gathe	nent and all attachments were signed to assure that qualified on my inquiry of the person or	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 everytairs the information submitted. Based on my inquiry of the person or persons who manages the everytairs the information submitted. Based on my inquiry of the person or persons who manages the		NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
GRAB	Daily		mg/L	.1 INST MAX	***	****	*****	*****	*****	PERMIT REQUIREMENT	50060 A 0 Disinfection, Process Complete
Grab	Daily	0		0.080	* * * * *	*** *** **	****	* * * * * *	****	SAMPLE MEASUREMENT	Chlorine, total residual
TOTALZ	Continuous		* * * * *	*****	****	****	MGD	****	10 ANNL AVG	PERMIT REQUIREMENT	50050 Y 0 Effluent Gross (Supplementary)
TotalZ	Continuous	0	* * * * *	*****	* * * * *	***** *****		*****	3.7	SAMPLE MEASUREMENT	Flow, in conduit or thru treatment plant
TOTALZ	Continuous		****	******	****	****	MGD	Req. Mon. DAILY MX	Reg. Mon. DAILY AV	PERMIT REQUIREMENT	50050 1 0 Effluent Gross
TotalZ	Continuous	0	* * * * *	****	****	************		6.0	4.7	SAMPLE MEASUREMENT	Flow, in conduit or thru treatment plant
COMPOS	Daily		mg/L	7 DAILY MX	2 DAILY AV	****	lb/ď	****	167 DAILY AV	PERMIT REQUIREMENT	00610 1 0 Effluent Gross
Compos	Daily	0		1.2	0.28	****		* * * * * *	10	SAMPLE MEASUREMENT	Nitrogen, ammonia total [as N]
COMPOS	Daily		mg/L	40 DAILY MX	15 DAILY AV	*****	lb/d	* * * *	1251 DAILY AV	PERMIT REQUIREMENT	00530 1 0 Effluent Gross
Compos	Daily	0		4.4	2.0	****		* * * * * *	76	SAMPLE MEASUREMENT	Solids, total suspended
GRAB	Daily		SU	9 MAXIMUM	****	MINIMUM 6	*****	****	****	PERMIT REQUIREMENT	00400 1 0 Effluent Gross
Grab	Daily	0		7.4	****	7.0	**************************************	*****	* * * * *	SAMPLE MEASUREMENT	Ηd
GRAB	Daily		mg/L	*****	* * * * *	4 MO MIN	**	** ** ** *	****	PERMIT REQUIREMENT	00300 1 0 Effluent Gross
Grab	Daily	0		****	* * * * * * * * * * * * * * * * * * * *	6.9	****	* * * * *	****	SAMPLE MEASUREMENT	Oxygen, dissolved [DO]
TYPE	OF ANALYSIS	 Ţ	STINU	VALUE	VALUE	VALUE	STIND	VALUE	VALUE		PARAMETER
SAMPLE	FREQUENCY	NO.		CENTRATION	QUALITY OR CONCENTRATION	o l	G	QUANTITY OR LOADING	NALIG		

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

TYPED OR PRINTED

AREA Code

NUMBER

WW/DD/YYYY

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

Page 1

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

OMB No. 2040-0004 Form Approved

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

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

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

PERMIT NUMBER TX0077801 MM/DD/YYYY MONITORING PERIOD DISCHARGE NUMBER MM/DD/YYYY 002-A

09/01/2015

09/30/2015

DMR Mailing ZIP CODE:

78221

MAJOR (SUBR 13)

External Outfall DOMESTIC FACILITY - 002

No Discharge

ATTN: PARIZ CHAVOL SR DIR

COMPOS	Daily		mg/L	25 DAILY MX	10 DAILY AV	*****	lb/d	****	834 DAILY AV	PERMIT REQUIREMENT	80082 1 0 Effluent Gross
Grab	Daily	0		4.0	2.1	****		****	82	SAMPLE MEASUREMENT	BOD, carbonaceous, 05 day, 20 C
GRAB	Three per Week		CFU/100m L	394 DAILY MX	126 DAILY AV	*****	*****	****	****	PERMIT REQUIREMENT	51040 1 0 Effluent Gross
Grab	Daily	0		2.0	1.1	*****	****	**** ***	** ** ** **	SAMPLE MEASUREMENT	E. coli
GRAB	Daily		mg/L	****	*****	MO MIN	*****	*****	*****	PERMIT REQUIREMENT	50060 B 0 Prior to Disinfection
Grab	Daily Grab	0		* * * * *	****	1.0	*****	** *** **	****	SAMPLE MEASUREMENT	Chlorine, total residual
TYPE	EX OF ANALYSIS	EX	UNITS	VALUE	VALUE	VALUE	STINU	VALUE	VALUE		PARAMETER
SAMPLE	FREQUENCY SAMPLE	NO.		CENTRATION	QUALITY OR CONCENTRATION	۵	ัด	QUANTITY OR LOADING	QUAN		

				TYPED OR PRINTED	TYPED OR PRINTED
اسع (در ای ا 210-233-3239 مع (حد این ا	210-2		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	to the best of my knowledge and belief, the accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing.	raiviz cilavoi - selloi bilectoi
		1		supervision in accordance with a system designed to assure that quanties personne properly gauter and evidence to the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for rethering the information the information submitted is	and Charol Soniar Director
TELEPHONE	TELL		The state of the s	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of faw that this document and all attachments were prepared under my direction or	AME/TITLE PRINCIPAL EXECUTIVE OFFICER

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

Form Approved OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

TX0077801

003-A

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

ADDRESS: 3495 VALLEY RD DOS RIOS WATER RECYLING CENTER

SAN ANTONIO, TX 78221

PERMIT NUMBER MONITORING PERIOD DISCHARGE NUMBER MM/DD/YYYY

DMR Mailing ZIP CODE:

78221

(SUBR 13)

External Outfall DOMESTIC FACILITY - 003

No Discharge

LOCATION: 3495 VALLEY RD. FACILITY: DOS RIOS WATER RECYCLING CTR SAN ANTONIO, TX 78221 MM/DD/YYYY 09/01/2015 09/30/2015

ATTN: PARIZ CHAVOL SR DIR

00610 1 0 Effluent Gross 00530 1 0 Effluent Gross 00400 1 0 Effluent Gross 00300 1 0 Effluent Gross Ηď 50060 A 0
Disinfection, Process Complete 50050 Y 0 Flow, in conduit or thru treatment plant Flow, in conduit or thru treatment Nitrogen, ammonia total [as N] Solids, total suspended Oxygen, dissolved [DO] Chlorine, total residual Effluent Gross (Supplementary) 50050 1 0 Effluent Gross NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

| Certify under possity of leav that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or presons with manage the system, or those persons affectly responsible for gathering the information submitted is system, or those persons affectly responsible for gathering the information when information were prepared under my direction or presons with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or presons with or manage the system, or those persons affectly responsible for gathering the information when the control of the person or presons with a system design of the person or presons with a system design of the person or presons with a system design of the person or presons with a system design of the person or presons with a system design of the person or presons with a system design of the person or presons with a system design of the person or presons with a system design of the person or presons with a system design of the person or presons with a system design of the person or presons with a supervision in a supervision in a control or property gather and or property and the person or presons with a supervision in a supervision in a property or presons with a system design of the person or presons with a supervision in a property or presons with a system design of the person or presons with a supervision in a property or presons with a system design of the person or presons with a supervision in a superv PARAMETER SAMPLE MEASUREMENT MEASUREMENT SAMPLE MEASUREMENT MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT REQUIREMENT REQUIREMENT PERMIT REQUIREMENT SAMPLE SAMPLE PERMIT PERMIT 167 DAILY AV 1251 DAILY AV ANNL AVG Req. Mon. DAILY AV VALUE ***** ***** ***** ***** 10 QUANTITY OR LOADING Req. Mon. DAILY MX VALUE **** ***** **** **** **** **** ***** **** ***** STIND MGD **** MGD ***** **** **** lb/d p/d MINIMUM MO MIN VALUE **** ***** **** ***** **** ***** **** O QUALITY OR CONCENTRATION 2 DAILY AV 15 DAILY AV VALUE ***** ***** **** ***** ***** ***** 9 MAXIMUM 40 DAILY MX DAILY MX INST MAX VALUE ***** **** ***** STIND mg/L mg/L mg/L mg/L ***** ***** ***** **** S ΠS TELEPHONE FREQUENCY OF ANALYSIS Continuous Continuous Daily Daily Daily Daily Daily SAMPLE TYPE COMPOS COMPOS TOTALZ TOTALZ DATE GRAB GRAB GRAB

TYPED OR PRINTED	Production & Treatment Operations penalties for submittin	Parviz Chavol - Senior Director
	penalties for violations.	system, or those person to the best of my know

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

210-233-3239 AREA Code NUMBER 10/13/24/5 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

Form Approved OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

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

FACILITY: DOS RIOS WATER RECYCLING CTR.

LOCATION: 3495 VALLEY RD. SAN ANTONIO, TX 78221

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

> > DMR Mailing ZIP CODE:

78221

(SUBR 13) **MAJOR**

External Outfall DOMESTIC FACILITY - 003

No Discharge

ATTN: PARIZ CHAVOL SR DIR

		QUAN	QUANTITY OR LOADING	G	QU	UALITY OR CONCENTRATION	CENTRATION		NO.	FREQUENCY SAMPLE	SAMPLE
PARAMETER		VALUE	VALUE	STINU	VALUE	VALUE	VALUE	STINU	E	EX OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	******	****	** ** **		****	*****				
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	****	*****	* * * * * *	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	****	p/dl	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

TYPED OR PRINTED Wolations.	S	Parviz Chavol - Senior Director system, or those persons directly responsible for g	Training the control of the control	NAMETTITI E DRINCIPAL EXECUTIVE OFFICER Legitly under penalty of law that this document and all attachments were prepared under my direction or
	أٔ	j,	supervision in accordance with a system designed to assure that qualified personnel property gather and	d all attachments were prepared under my direction or
AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	14//-/		
AREA Code NUMBER MM/DD/YYY	210-233-3239	2000000		TELEPHONE
R MM/DD/YYYY	10) (c) 10/ ec.			DATE

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

OMB No. 2040-0004 Form Approved

DISCHARGE MONITORING REPORT (DMR)

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

FACILITY: DOS RIOS WATER RECYCLING CTR.

MM/DD/YYYY MONITORING PERIOD MM/DD/YYYY

PERMIT NUMBER

DISCHARGE NUMBER

004-A

TX0077801

MAJOR DMR Mailing ZIP CODE:

78221

DOMESTIC FACILITY - 004 (SUBR 13) External Outfall

No Discharge

ATTN: PARIZ CHAVOL SR DIR

LOCATION: 3495 VALLEY RD. SAN ANTONIO, TX 78221 09/01/2015 09/30/2015

WW/DD/YYYY	NUMBER I	AREA Code		RE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	URE OF PRINCIPAL EXECUTI AUTHORIZED AGENT	owing SIGNATUR	and imprisonment for kno	penaties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	submitting false information, ir		Production & Treatment Operations TYPED OR PRINTED
100	210-233-3239 \ / :>	70-2	Ц,	1	1	itted is,	n, the information submit n aware that there are si	readates the intermitted responsible for gathering the information, the information submitted is, 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	my knowledge and belief, true		Parviz Chavol - Senior Director
DATE	TELEPHONE	TELEI)	action or her and	prepared under my dire	I certify under penalty of law that this document and all attachments were prepared under my direction or supervisor penalty of the supervisor in accordance with a system designed to assure that qualified personnel property gather and supervisor in accordance with a system designed to assure that qualified personnel property gather and supervisor to the indirect the information when the property the control of the control	r penalty of law that this docur a accordance with a system de referration submitted. Based		NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
						•					
GRAB	Daily		mg/L	.1 INST MAX	****	****	*****	****	****	PERMIT REQUIREMENT	50060 A 0 Disinfection, Process Complete
Grab	Daily	0		0.060	****	* * * * * *	者兴安安安安	安安安安安安	* * * * * *	SAMPLE MEASUREMENT	Chlorine, total residual
TOTALZ	Continuous		****	*****	*****	*****	MGD	*****	3 ANNL AVG	PERMIT REQUIREMENT	50050 Y 0 Effluent Gross (Supplementary)
TotalZ	Continuous	0	* * * * * *	*****	* * * * *	* ** ** **		****	0.77	SAMPLE MEASUREMENT	Flow, in conduit or thru treatment plant
TOTALZ	Continuous		*****	*****	****	** ** **	MGD	Req. Mon. DAILY MX	Req. Mon. DAILY AV	PERMIT REQUIREMENT	50050 1 0 Effluent Gross
TotalZ	Continuous	0 c	****	****	* * * *	** ** ** **		0.71	0.59	SAMPLE MEASUREMENT	Flow, in conduit or thru treatment plant
COMPOS	Daily		mg/L	7 DAILY MX	2 DAILY AV	****	lb/d	****	50 DAILY AV	PERMIT REQUIREMENT	00610 1 0 Effluent Gross
Compos	Daily	0		1.2	0.28	* * * * * * *		*************************************	1.3	SAMPLE MEASUREMENT	Nitrogen, ammonia total [as N]
COMPOS	Daily		mg/L	40 DAILY MX	15 DAILY AV	****	lb/d	*****	375 DAILY AV	PERMIT REQUIREMENT	00530 1 0 Effluent Gross
Compos	Daily	0		4.4	2.0	*****		****	10	SAMPLE MEASUREMENT	Solids, total suspended
GRAB	Daily		SU	9 MAXIMUM	* * * *	6 MINIMUM	****	*****	*****	PERMIT REQUIREMENT	00400 1 0 Effluent Gross
Grab	Daily	0		7.5	****	6.5	* ** ** *	* * * * * *	* * * * *	SAMPLE MEASUREMENT	pΗ
GRAB	Daily		mg/L	****	****	MO MIN	* ** ** *	****	**	PERMIT REQUIREMENT	00300 1 0 Effluent Gross
Grab	Daily	0		*****	* * * * *	6.7	** ** ** **	****	* * * * *	SAMPLE MEASUREMENT	Oxygen, dissolved [DO]
TYPE		X EX	STINU	VALUE	VALUE	VALUE	STINU	VALUE	VALUE		PARAMETER
SAMPLE	FREQUENCY			CENTRATION	QUALITY OR CONCENTRATION	മ	<i>ଦ</i>	QUANTITY OR LOADING	QUAN		

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

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

Page 1

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

> PERMIT NUMBER TX0077801 MM/DD/YYYY MONITORING PERIOD

09/01/2015

DMR Mailing ZIP CODE:

78221

MAJOR

DISCHARGE NUMBER

004-A

MM/DD/YYYY 09/30/2015

> DOMESTIC FACILITY - 004 (SUBR 13) External Outfall

No Discharge

ATTN: PARIZ CHAVOL SR DIR

		QUAN	QUANTITY OR LOADING	ଜ	ව	UALITY OR CONCENTRATION	ENTRATION		NO.	FREQUENCY SAMPLE	SAMPLE
PARAMETER		VALUE	VALUE	STINU	VALUE	VALUE	VALUE	STINU	EX	EX OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	** ** ** ** **	***	* * * * *	1.0	***	***		0	Daily Grab	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	****	****	MO MIN	***	****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	****	** ** **	<u> </u>	2.0		0	Daily Grab	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	**	*****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	10	***************************************		******	2.0	3.0		0	Daily Grab	Grab
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	250 DAILY AV	**	lb/d	****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

Production & Treatment Operations TYPED OR PRINTED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER supervision in accordance with a system designed to assure that qualified personnel properly gether and evaluate the information assumitted. Based on un ynquipy of the personnel properly gether and evaluate the information submitted. Based on un ynquipy of the personnel properly gether and evaluate the information submitted based on un ynquipy of the personnel properly gether and evaluate the information submitted is spaced on un ynquipy of the personnel properly gether and evaluate the information of the personnel properly gether and evaluate the information assuments of the personnel properly gether and evaluate the information of the personnel properly gether and evaluate the information of the personnel properly gether and evaluate the information of the personnel properly gether and evaluate the information of the personnel properly gether and evaluate the information of the personnel properly gether and evaluate the information of the personnel properly gether and evaluate the information of the personnel properly gether and evaluate the information assuments of the personnel properly gether and evaluate the information assuments of the personnel properly gether and evaluate the information assuments of the personnel properly gether and evaluate the information assuments of the personnel properly gether and evaluate the information assuments of the personnel properly gether and evaluate the information assuments of the personnel properly gether and evaluate the information assuments of the personnel properly gether and evaluate the information assuments of the personnel properly gether and evaluate the information assuments of the personnel properly gether and evaluate the information assuments of the personnel properly gether and evaluate the information assuments of the personnel properly gether and evaluate the information assuments of the personnel properly gether and evaluate the information assuments of the personnel properly gether and evaluate the information

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

210-233-3239 10 13 2. AREA Code NUMBER MM/DD/YYYY

TELEPHONE

DATE

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

Form Approved OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

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

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

PERMIT NUMBER

DISCHARGE NUMBER

005-A

TX0077801

DMR Mailing ZIP CODE:

78221

(SUBR 13) MAJOR

DOMESTIC FACILITY - 005 External Outfall

No Discharge

ATTN: PARIZ CHAVOL SR DIR

GRAB	Daily		mg/L	INST MAX	*****	专业会会	****	*****	****	PERMIT REQUIREMENT	50060 A 0 Disinfection, Process Complete
Grab	Daily	0		0.070	****	****	****	* * * * * *	**	SAMPLE MEASUREMENT	Chlorine, total residual
TOTALZ	Continuous		****	** ** ** ** **	****	* * * * * *	MGD	****	2.6 ANNL AVG	PERMIT REQUIREMENT	50050 Y 0 Effluent Gross (Supplementary)
TotalZ	Continuous	0	* * * * *	*******	*****	****		* * * * *	0.65	SAMPLE MEASUREMENT	Flow, in conduit or thru treatment plant
TOTALZ	Continuous		* * * * *	** ** ** **	****	* * * * *	MGD	Req. Mon. DAILY MX	Req. Mon. DAILY AV	PERMIT REQUIREMENT	50050 1 0 Effluent Gross
TotalZ	Continuous	0	* * * * *	**************************************	****	****		0.72	0.68	SAMPLE MEASUREMENT	Flow, in conduit or thru treatment plant
COMPOS	Daily		mg/L	DAILY MX	DAILY AV	* * * * *	lb/d	*****	43 DAILY AV	PERMIT REQUIREMENT	00610 1 0 Effluent Gross
Compos	Daily	0		1.2	0.28	** ** **		* * * * * *	1.5	SAMPLE MEASUREMENT	Nitrogen, ammonia total [as N]
COMPOS	Daily		mg/L	40 DAILY MX	15 DAILY AV	* * * * * * *	lb/d	** ** **	325 DAILY AV	PERMIT REQUIREMENT	00530 1 0 Effluent Gross
Compos	Daily	0		4.4	2.0	* * * * * *		* * * * *		SAMPLE MEASUREMENT	Solids, total suspended
GRAB	Daily		SU	MAXIMUM	***************************************	MINIMUM 6	****	****	*****	PERMIT REQUIREMENT	00400 1 0 Effluent Gross
Grab	Daily	0		7.4	****	6.9	* * * * * *	* * * * * *	****	SAMPLE MEASUREMENT	pΗ
GRAB	Daily		mg/L	*******	***	MO MIN	****	****	****	PERMIT REQUIREMENT	00300 1 0 Effluent Gross
Grab	Daily	0		76 76 76 76 76	***	6.5	** ** **	* * * * *	*******	SAMPLE MEASUREMENT	Oxygen, dissolved [DO]
TYPE	OF ANALYSIS	E S	UNITS	VALUE	VALUE VALUE	VALUE	UNITS	QUANTITY OR LOADING VALUE	VALUE		PARAMETER
2	- PEOUENOV			7			ľ				

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

Production & Treatment Operations

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

210-233-3239

10 15/20 X MM/DD/YYYY

TELEPHONE

DATE

AREA Code

NUMBER

TYPED OR PRINTED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol - Senior Director

Form Approved OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

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

PERMIT NUMBER TX0077801 MM/DD/YYYY MONITORING PERIOD DISCHARGE NUMBER MM/DD/YYYY 005-A

09/01/2015

09/30/2015

DMR Mailing ZIP CODE:

78221

DOMESTIC FACILITY - 005 (SUBR 13) MAJOR

External Outfall

No Discharge

ATTN: PARIZ CHAVOL SR DIR

80082 1 0 Effluent Gross 51040 1 0 Effluent Gross BOD, carbonaceous, 05 day, 20 C E. COL 50060 B 0 Chlorine, total residual Prior to Disinfection PARAMETER SAMPLE MEASUREMENT SAMPLE MEASUREMENT MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE 217 DAILY AV VALUE ***** ***** 2 ***** QUANTITY OR LOADING VALUE **** ***** ***** STIND **** ***** ***** lb/d MO MIN VALUE 10 **** ***** QUALITY OR CONCENTRATION 10 DAILY AV 126 DAILY AV 2.0 VALUE ***** ***** 25 DAILY MX 394 DAILY MX ა. 0 VALUE 2.0 **** CFU/100m STINU mg/L mg/L EŅ. 0 0 0 FREQUENCY OF ANALYSIS Daily Daily Daily Weekly Daily Daily SAMPLE TYPE COMPOS Grab Grab Grab GRAB GRAB

TYPED OR PRINTED	Parviz Chavol - Semior Director 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 production & Treatment Operations persistency for submitting false information, including the possibility of fine and imprisonment for knowing	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER leafily 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 property gather and evaluate the information submitted. Based on my inquity of the person or persons who manage the
	7	achments were prepared under my direction or ure that qualified personnel properly gather and of the person or persons who manage the
AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	
AREA Code	210-23	TELEPHON
AREA Code NUMBER	راه(۱۵/233-3239م) الم	HONE
MM/DD/YYYY	105/20/	DATE

5

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

Form Approved OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

ADDRESS: 3495 VALLEY RD PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) DOS RIOS WATER RECYLING CENTER

SAN ANTONIO, TX 78221

DOS RIOS WATER RECYCLING CTR.

FACILITY:

LOCATION: 3495 VALLEY RD. SAN ANTONIO, TX 78221

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

DMR Mailing ZIP CODE:

78221

(SUBR 13)

External Outfall DOMESTIC FACILITY - 006

No Discharge

ATTN: PARIZ CHAVOL SR DIR

MM/DD/YYYY	AREA Code NUMBER	AREA Cod		TO AGENT	ACTIONIED AGENT					_	TYPED OR PRINTED
10/3/6/10/		V 10-	CER OR	EXECUTIVE OFFICE	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR		and imprisonment for knowir	cluding the possibility of fine a	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		Production & Treatment Operations
1	_	240	ľ,				r, the information submitted	le for gathering the information accurate, and complete. I am	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 significated in the complete in the		Parviz Chavol - Senior Director
DATE	TELEPHONE	TEL		1)	and and	prepared under my directio personnel property gather persons who manage the	nent and all attachments were signed to assure that qualified an my inquiry of the person or i	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 incurity of the person or persons who manage the		NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
GRAB	Daily		mg/L	.1 INST MAX	****	****	*****	****	* * * * *	PERMIT REQUIREMENT	50060 A 0 Disinfection, Process Complete
					* * * * *	******	*****	* * * * * *	****	SAMPLE MEASUREMENT	Chlorine, total residual
TOTALZ	Continuous		* * * * * * * * * * * * * * * * * * * *	****	****	****	MGD	****	46 ANNL AVG	PERMIT REQUIREMENT	50050 Y 0 Effluent Gross (Supplementary)
			* * * * * *	* * * * * *	* * * * *	*****		* * * * *		SAMPLE MEASUREMENT	Flow, in conduit or thru treatment plant
TOTALZ	Continuous		***	*****	*****	*****	MGD	Req. Mon. DAILY MX	Req. Mon. DAILY AV	PERMIT REQUIREMENT	50050 1 0 Effluent Gross
			* * * * * *	*****	** ** ** **	*****				SAMPLE MEASUREMENT	Flow, in conduit or thru treatment plant
COMPOS	Daily		mg/L	7 DAILY MX	2 DAILY AV	****	lb/d	* * * * *	767 DAILY AV	PERMIT REQUIREMENT	00610 1 0 Effluent Gross
						*****		* * * * *		SAMPLE MEASUREMENT	Nitrogen, ammonia total [as N]
COMPOS	Daily		mg/L	40 DAILY MX	15 DAILY AV	*****	lb/d	****	5755 DAILY AV	PERMIT REQUIREMENT	00530 1 0 Effluent Gross
						****		* * * * * *		SAMPLE MEASUREMENT	Solids, total suspended
GRAB	Daily		SU	9 MAXIMUM	****	6 MINIMUM	****	* * * * *	* * * * * *	PERMIT REQUIREMENT	00400 1 0 Effluent Gross
					*****		***	* * * * *	冷冷冷冷	SAMPLE MEASUREMENT	Τά
GRAB	Daily		mg/L	****	****	4 MO MIN	****	** ** ** *	* * * * *	PERMIT REQUIREMENT	00300 1 0 Effluent Gross
				****	* * * * * * * * * * * * * * * * * * * *		*** ** **	* * * * * *	**************************************	SAMPLE MEASUREMENT	Oxygen, dissolved [DO]
TYPE		Ψ.	STINU	VALUE	VALUE	VALUE	STINU	VALUE	VALUE		PARAMETER
S	FREQUENCY	NO.		CENTRATION	QUALITY OR CONCENTRATION	ام	G	QUANTITY OR LOADING	QUAN		

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

TYPED OR PRINTED

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

No Discharge

ō

AREA Code

NUMBER

MM/DD/YYYY

Page 1

OMB No. 2040-0004 Form Approved

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) ADDRESS: 3495 VALLEY RD DOS RIOS WATER RECYLING CENTER

FACILITY: DOS RIOS WATER RECYCLING CTR SAN ANTONIO, TX 78221

LOCATION: 3495 VALLEY RD. SAN ANTONIO, TX 78221

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

09/01/2015

DMR Mailing ZIP CODE:

78221

(SUBR 13) MAJOR

DOMESTIC FACILITY - 006

External Outfall

No Discharge

ATTN: PARIZ CHAVOL SR DIR

		QUAN	QUANTITY OR LOADING	G	۵	QUALITY OR CONCENTRATION	ENTRATION		NO.	FREQUENCY SAMPLE	SAMPLE
PARAMETER	-	VALUE	VALUE	STINU	VALUE	VALUE	VALUE	STINU	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	****	* * * * * *	****		* * * *	****				
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	* * * * *	* * * * *	******	MO MIN	* * * * * *	***	mg/L		Daily	GRAB
ŗ. co <u>li</u>	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

Production & Treatment Operations TYPED OR PRINTED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

| certify under penalty of taw that this document and all attachments were prepared under my direction or suspension in accordance with a system designed to assure that qualified personnel proparity gather and Parviz Chavol - Senior Director

| Parviz Chavol - Senior Director | Senior Director |

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

210-233-3239 \0 | \5 | & AREA Code TELEPHONE NUMBER MM/DD/YYYY DATE

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

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

No Discharge

Form Approved OMB No. 2040-0004

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) DOS RIOS WATER RECYLING CENTER

ADDRESS: 3495 VALLEY RD SAN ANTONIO, TX 78221

LOCATION: 3495 VALLEY RD. SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.

PERMIT NUMBER TX0077801 MM/DD/YYYY MONITORING PERIOD DISCHARGE NUMBER MM/DD/YYYY 101-A

09/01/2015

09/30/2015

DMR Mailing ZIP CODE:

78221

(SUBR 13) MAJOR

Internal Outfall DOMESTIC WASTEWATER - 101

No Discharge

ATTN: PARIZ CHAVOL SR DIR

		QUAN	QUANTITY OR LOADING	G	۵	QUALITY OR CONCENTRATION	CENTRATION		NO.	NO. FREQUENCY SAMPLE	SAMPLE
PARAMETER		VALUE	ANTNE	STINU	VALUE	VALUE	VALUE	UNITS	EX	EX OF ANALYSIS TYPE	TYPE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	8	10		* * * * *	******	**** ***	**** *** *	0	Continuous TotalZ	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	****	*****	*****	** ** **		Continuous TOTALZ	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.5	**************		*****	*******	****	* * * * *	0	Continuous TotalZ	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	Req. Mon. ANNL AVG	****	MGD	*****	*****	*****	****		Continuous TOTALZ	TOTALZ

NUMBER	AREA Code	AUTHORIZED AGENT	volations.	TYPED OR PRINTED
00-07	75/5/5/6625-553-012/5/	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	Production & Treatment Operations penalties for submitting false information, including the possibility of fine and imprisonment for knowing	Production & Treatment Operations
3	340 33	THE CANAL STATE OF THE PARTY OF	Parviz Chavol - Senior Director system, or those persons directly responsible for gathering the information, the information submitted is,	Parviz Chavol - Senior Director
			supervision in accordance with a system designed to assure that qualified personnel properly gather and seventuate the information submitted. Based on my inquiry of the person or persons who manage the	
HONE	TELEPHONE		NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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.

DISCHARGE MONITORING REPORT (DMR)

DOS RIOS WATER RECYLING CENTER

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

ADDRESS: 3495 VALLEY RD SAN ANTONIO, TX 78221

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

PERMIT NUMBER TX0077801 MM/DD/YYYY 09/01/2015 MONITORING PERIOD DISCHARGE NUMBER MM/DD/YYYY 09/30/2015 102-A

DMR Mailing ZIP CODE:

78221

OMB No. 2040-0004 Form Approved

(SUBR 13) MAJOR

Internal Outfall TOTAL DISCHARGE - 001 & 101

No Discharge

ATTN: PARIZ CHAVOL SR DIR

									ANNL AVG	REQUIREMENT	Effluent Gross (Supplementary)
TOTALZ	Continuous TOTALZ		****	*****	****	****	MGD	*****	125	PERMIT	50050 Y 0
TotalZ	Continuous TotalZ	0	****	*****	****	* * * * *		****	93	SAMPLE MEASUREMENT	Flow, in conduit or thru treatment plant
TOTALZ	Continuous TOTALZ		* * * * *	*****	*****	*****	MGD	Req. Mon. DAILY MX	Req. Mon. DAILY AV	PERMIT REQUIREMENT	50050 1 0 Effluent Gross
TotalZ	O Continuous TotalZ	0	* * * *	****	*****	* * * * *		110	90	SAMPLE MEASUREMENT	Flow, in conduit or thru treatment plant
TYPE	EX OF ANALYSIS TYPE	Ę	STINU	VALUE	VALUE	VALUE	UNITS	VALUE	VALUE		PARAMETER
SAMPLE	FREQUENCY SAMPLE	NO.		CENTRATION	QUALITY OR CONCENTRATION	മ	ด	QUANTITY OR LOADING	QUAN	-	

	TYPED OR PRINTED	Production & Treatment Operations penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Parviz Chavol - Senior Director system, or those persons directly responsible for gathering the information, the information submitted is,	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Certify under penalty of law that this document and all attachments were prepared under my direction or NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Certify under penalty of law that this document and all attachments were prepared under my direction or NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Certify under penalty of law that this document and all attachments were prepared under my direction or NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Certify under penalty of law that this document and all attachments were prepared under my direction or NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Certify under penalty of law that this document and all attachments were prepared under my direction or NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Certify under penalty of law that this document and all attachments were prepared under my direction or NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Certify under penalty of law that this document and all attachments were prepared under my direction or NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Certify under penalty of law that this document and all attachments were prepared under my direction or NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Certify under penalty of law that this document and all attachments were prepared under my direction or NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Certify under penalty of law that this document and all attachments were prepared under my direction or NAME/TITLE Certify under penalty of law that this document and all attachments were prepared under my direction or NAME/TITLE Certification of	
-	AU HORIZED AGENT	IVE OFFICER OR	11/1/1/		
	AREA Code NUMBER	210-233-3239		TELEPHONE	
	WW/DD/YY	10/13	-	DATE	

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

THE TOTAL DISCHARGE FROM OUTFALL 001 & OUTFALL 101 SHALL NEVER EXCEED125 MGD AND SHALL BE REPORTED AS OUTFALL 102.

PERIOD: SEPTEMBER 2015

WATERSHED: LEON CREEK

TCEQ PERMIT # 10137-003

EPA PERMIT # 0052639

₩O#	INSPT#	-#- #		Date		Address		Gallons	Cause	Action	3	Duration	Response Time	Discharged To	Comments
	382461	382461 1045117 9/27/2015	7 9/27/		Meadow Corner	rner	0	1,000	1,000 Grease	Cleaned Main		1.13	0.63	Drainage Culvert	Area Cleaned and
		***	Area Section												Disinfected, Flushed Area with H2O
	381850	381850 1036089 9/21/2015	9 9/21/		Loop 410 Sw	W	231	5,686	5,686 Grease	Cleaned Main	******	0.63	0.47	Drainage Culvert Area Cleaned and	Area Cleaned and
															Disinfected, Flushed Area
	375113	375113 1017357 9/8/2015				The selection of the selection of the			Notice and the fact that the	The group of the Contract of the	perfect the first feet of	Section Description of the Section o	Action of the second second	Commission of the Commission o	with H2O
	116		7 9/8/		Norman Ln		7211	4,250	4,250 Grease	Cleaned Main	STREET, IN SECURITY	1.42	0.92	Drainage Culvert Area Cleaned and	with H2O Area Cleaned and
1173723			7 9/8/		Norman Ln		7211	4,250	Grease	Cleaned Mair		1.42		Drainage Culvert	with H2O Area Cleaned and Disinfected, Flushed Area with H2O
		101109	1017357 9/8/2015 1011090 9/1/2015		Norman Ln Pleasanton Rd	Rd	7211 10750	4,250 140,000	7211 4,250 Grease 10750 140,000 Structural	Cleaned Main Replaced A/r Valve	Valve	1.42		Drainage Culvert Ground	with H2O Area Cleaned and Disinfected, Flushed Area with H2O Replaced Unmapped Sewe
Total Events:	4	101109	7 9/8/ 0 9/1//		Norman Ln Pleasanton	Rd	7211 7211 10750	4,250 140,000	Grease Structural	Cleaned Mair Replaced A/r	Valve	1.42 2.55		e Culvert	with H2O Area Cleaned and Disinfected, Flushed Area with H2O Replaced Unmapped Sewe Release Valve.
Thursday October 01 2015		101109	7] 9/8//		Norman Ln Pleasanton		7211 10750 Total Gallons:	4,250 140,000 150,936	Grease Structural	Cleaned Mair Replaced A/r Total L	ed A/r Valve Total Duration:	1.42 2.55 5.73		e Culvert	with H2O Area Cleaned and Disinfected, Flushed Area with H2O Replaced Unmapped Sewer Air Release Valve.

DISCHARGE MONITORING REPORT (DMR)

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

TX0052639

001-A

ADDRESS: 3495 VALLEY RD SAN ANTONIO, TX 78221

SAN ANTONIO WATER SYSTEM

FACILITY: LEON CREEK WATER RECYC. CTR.

LOCATION: 1104 MAUERMAN ROAD SAN ANTONIO, TX 78224

PERMIT NUMBER MM/DD/YYYY 09/01/2015 MONITORING PERIOD DISCHARGE NUMBER MM/DD/YYYY 09/30/2015

DMR Mailing ZIP CODE:

78221

Form Approved OMB No. 2040-0004

(SUBR 13) MAJOR

External Outfall DOMESTIC FACILITY - 001

No Discharge

ATTN: STEVEN CLOUSE, SENIOR VP

TOTALZ	Continuous		* * * * * * *	****	****	****	MGD	****	46 ANNL AVG	PERMIT REQUIREMENT	50050 Y 0 Effluent Gross (Supplementary)
TotalZ	Continuous	0	**** **	* * * * *	*****	***** **		* * * * *	29	SAMPLE MEASUREMENT	Flow, in conduit or thru treatment plant
TOTALZ	Continuous		**	**	****	*****	gal/min	63889 2HR PEAK	* * * *	PERMIT REQUIREMENT	50050 P 0 See Comments
TotalZ	Continuous	0	** ** **	* * * * * *	** ** ** *	****		27083	** ** ** **	SAMPLE MEASUREMENT	Flow, in conduit or thru treatment plant
TOTALZ	Continuous		****	****	****	****	MGD	Req. Mon. DAILY MX	Req. Mon. DAILY AV	PERMIT REQUIREMENT	50050 1 0 Effluent Gross
TotalZ	Continuous	0	** ** **	* * * * * *	******	****		30	26	SAMPLE MEASUREMENT	Flow, in conduit or thru treatment plant
COMPOS	Daily		mg/L	DAILY MX	2 DAILY AV	**** **	lb/d	*****	767 DAILY AV	PERMIT REQUIREMENT	00610 1 0 Effluent Gross
Compos	Daily	0		0.84	0.40	****		** ** ** **	79	SAMPLE MEASUREMENT	Nitrogen, ammonia total [as N]
COMPOS	Daily		mg/L	40 DAILY MX	15 DAILY AV	*****	lb/d	*****	5755 DAILY AV	PERMIT REQUIREMENT	00530 1 0 Effluent Gross
Compos	Daily	0		2.9	1.1	****		******	229	SAMPLE MEASUREMENT	Solids, total suspended
GRAB	Daily		SU	9 MAXIMUM	*****	MINIMUM 6	*****	*****	****	PERMIT REQUIREMENT	00400 1 0 Effluent Gross
Grab	12/Day	0		8.3	*****	6.7	****	**	*****	SAMPLE MEASUREMENT	pH
GRAB	Daily		mg/L	****	***	5 MO MIN	*****	*****	** ** **	PERMIT REQUIREMENT	00300 1 0 Effluent Gross
Grab	12/Day	0		***	** ** **	6.5	** ** ** **	****	*****	SAMPLE MEASUREMENT	Oxygen, dissolved [DO]
TYPE	OF ANALYSIS	Z.	STINU	VALUE	VALUE	VALUE	STINU	VALUE	VALUE		PARAMETER
SAMPLE	FREQUENCY	NO.		ENTRATION	QUALITY OR CONCENTRATION	۵	G	QUANTITY OR LOADING	QUAN		

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

Production & Treatment Operations

TYPED OR PRINTED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | Identify under penalty of faw that this document and all attachments were prepared under my direction or penaltic penalty of the penalty of the penaltic document and support to assure that qualified preserved properly agither and separation or penaltic properly gather and separation assure that qualified preserved properly gather and explicate the penaltic properly gather and explicit to assure that qualified preserved properly gather and explicit to assure that qualified preserved properly gather and explicit to assure that qualified properly gather and explicit the properly gather and explicit the properly gather and explicit to assure that qualified properly gather and explicit that the properly gather and explicit the properly gather and explicit th

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

210-233-3239

10/13/200 MM/DD/YYYY

TELEPHONE

DATE

AREA Code

NUMBER

DISCHARGE MONITORING REPORT (DMR)

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

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

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

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

PERMIT NUMBER

DISCHARGE NUMBER

001-A

TX0052639

DMR Mailing ZIP CODE:

78221

OMB No. 2040-0004 Form Approved

MAJOR (SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

ATTN: STEVEN CLOUSE, SENIOR VP

		QUAN	QUANTITY OR LOADING	G	ರಿ	QUALITY OR CONCENTRATION	ENTRATION		NO.	FREQUENCY SAMPLE	SAMPLE
PARAMETER		VALUE	VALUE	STINU	VALUE	VALUE	VALUE	STINU	ΕX	OF ANALYSIS	TYPE
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	** ** * *	** ** ** **	****	1.1	******	****		0	12/Day	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	**	*****	****	MO MIN	*****	****	mg/L		Daily	GRAB
E, coli	SAMPLE MEASUREMENT	* * * * * * *	* * * * *	****	****	1.0	2.0		0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	126 DAILY AV	394 DAILY MX	CFU/100m L		Five per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	442	* * * * * *		方式方面	2.1	3.0		0	Daily	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	2686 DAILY AV	****	p/ql	*****	7 DAILY AV	17 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER certify under penalty of law that this document and all attechments were prepared under my direction or supervision in a coordance with a system designed to assure that qualified personnel properly gather and expense of the penalty of the press or persons who manage the system, or those persons directly responsible for gathering the information, the information, the information submitted is a possibility of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is an ewarse that there are significant to the person of the penalty of the person of the penalty of the person of the penalty of the	TELEPHONE DATE TURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA Code NUMBER MM/DD/YYYY
<u>≥</u> O	TELEPHONE 10-233-32 REA COO NUME

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

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

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

ADDRESS: 3495 VALLEY RD SAN ANTONIO WATER SYSTEM

FACILITY: LEON CREEK WATER RECYC. CTR. SAN ANTONIO, TX 78221

LOCATION: 1104 MAUERMAN ROAD SAN ANTONIO, TX 78224

> MM/DD/YYYY 09/01/2015

MONITORING PERIOD

MM/DD/YYYY 09/30/2015

PERMIT NUMBER

DISCHARGE NUMBER

002-A

TX0052639

DMR Mailing ZIP CODE:

78221

(SUBR 13)

External Outfall DOMESTIC FACILITY - 002

No Discharge

ATTN: STEVEN CLOUSE, SENIOR VP

MM/DD/YYYY	NUMBER	AREA Code	_	DAGENT	AUTHORIZE						TYPED OR PRINTED
0/13/201	210-233-3239 10/13/2013	210-2		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	URE OF PRINCIPAL		m aware that there are signand imprisonment for know	to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting talse information, including the possibility of fine and imprisonment for knowing violations.	my knowledge and belief, tru submitting false information, i	prations to the best of penalties for violations	Production & Treatment Operations
			-		1	2	r, the information submitteen, the information submitteen.	evaluate the information submitted. Based on my inquiry of the person or persons who manage the evaluate the information submitted. Based on my inquiry of the presson or persons who manage the system, or those persons directly responsible for cathering the information, the information submitted is	information submitted. Based ose persons directly responsi	-	Parviz Chavol - Senior Director
DATE	TELEPHONE	151		/		ion or	prepared under my direct	l 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 mustified personnel properly reather and	r penalty of law that this docur		NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
TOTALZ	Continuous		*****	****	*****	****	MGD	*****	46 ANNL AVG	PERMIT REQUIREMENT	50050 Y 0 Effluent Gross (Supplementary)
TotalZ	Continuous	0	* ** ** *	****	* * * * *	** ** ** **		*****	2.2	SAMPLE MEASUREMENT	Plow, in conduit or thru treatment plant
TOTALZ	Continuous		* * * * *	*****	*****	****	gal/min	63889 2HR PEAK	****	PERMIT REQUIREMENT	See Comments
TotalZ	Continuous	0	*****	* ** ** **	* *** ** *	*****		1181	****	SAMPLE MEASUREMENT	Flow, in conduit or thru treatment plant
TOTALZ	Continuous		*****	** **	*****	***	MGD	Req. Mon. DAILY MX	Req. Mon. DAILY AV	PERMIT REQUIREMENT	50050 1 0 Effluent Gross
TotalZ	Continuous	0	*** **	****	* ** ** ** *	***		1.63	1.21	SAMPLE MEASUREMENT	Flow, in conduit or thru treatment plant
COMPOS	Daily		mg/L	7 DAILY MX	2 DAILY AV	****	lb/d	****	767 DAILY AV	PERMIT REQUIREMENT	00610 1 0 Effluent Gross
Compos	Daily	0			0.40	*****		* * * * * * * * * * * * * * * * * * * *	3,4	SAMPLE MEASUREMENT	Nitrogen, ammonia total [as N]
COMPOS	Daily		mg/L	40 DAILY MX	15 DAILY AV	****	lb/d	*****	5755 DAILY AV	PERMIT REQUIREMENT	00530 1 0 Effluent Gross
Compos	Daily	0		1.4	1.0	*****		* * * * * * *	10.3	SAMPLE MEASUREMENT	Solids, total suspended
GRAB	Daily		SU	9 MAXIMUM	* * * * *	6 MINIMUM	****	****	*****	PERMIT REQUIREMENT	00400 1 0 Effluent Gross
Grab	12/Day	0		8.3	* * * * * *	6.7	安安安安安安	* * * * *	*****	SAMPLE MEASUREMENT	рH
GRAB	Daily		mg/L	** ** ** **	* * * * *	5 MO MIN	****	****	*****	PERMIT REQUIREMENT	00300 1 0 Effluent Gross
Grab	12/Day	0		****	* * * * *	6.6	****	*****	****	SAMPLE MEASUREMENT	Oxygen, dissolved [DO]
TYPE	OF ANALYSIS	 및	STINU	VALUE	VALUE	VALUE	STINU	VALUE	VALUE		PARAMETER
SAMPLE	FREQUENCY	NO.		CENTRATION	QUALITY OR CONCENTRATION		ត	QUANTITY OR LOADING	QUAI		

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

AREA Code

NUMBER

MM/DD/YYYY

TYPED OR PRINTED

Page

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)

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

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

> MM/DD/YYYY 09/01/2015

MONITORING PERIOD

MM/DD/YYYY 09/30/2015

PERMIT NUMBER TX0052639

DISCHARGE NUMBER

002-A

DMR Mailing ZIP CODE:

78221

(SUBR 13) MAJOR

External Outfall DOMESTIC FACILITY - 002

No Discharge

ATTN: STEVEN CLOUSE, SENIOR VP

COMPOS	Daily		mg/L	17 DAILY MX	DAILY AV	*****	lb/d	** ** **	2686 DAILY AV	PERMIT REQUIREMENT	80082 1 0 Effluent Gross
Compos	Daily	0		3.0	2.1	***		*****	21	SAMPLE MEASUREMENT	BOD, carbonaceous, 05 day, 20 C
GRAB	Five per Week		CFU/100m L	394 DAILY MX	126 DAILY AV	*****	*****	* * * * *	**	PERMIT REQUIREMENT	51040 1 0 Effluent Gross
Grab	Daily	0		1.0	1.0	** ** ** **	****	** ** **	* * * * * * * * * * * * * * * * * * * *	SAMPLE MEASUREMENT	E. coli
GRAB	Daily		mg/L	*****	*****	MO MIN	****	* * * * *	***	PERMIT REQUIREMENT	50060 B 0 Prior to Disinfection
Grab	12/Day	0		*****	****	1.0	****	* * * * * *	** ** **	SAMPLE MEASUREMENT	Chlorine, total residual
GRAB	Daily		mg/L	.1 INST MAX	*****	*****	****	***	****	PERMIT REQUIREMENT	50060 A 0 Disinfection, Process Complete
Grab	12/Day	0		0.090	*****	****	****	* * * *	*****	SAMPLE MEASUREMENT	Chlorine, total residual
TYPE			UNITS	VALUE	VALUE	VALUE	UNITS	VALUE	VALUE		PARAMETER
SAMPLE	FREQUENCY	<u>8</u>		CENTRATION	QUALITY OR CONCENTRATION	0	G	DIJANTITY OR LOADING	OLIAN		

MM/DD/YYYY	AREA Code NUMBER MM/DD/YYY	AREA Code	ACITICALED AGENT		TYPED OR PRINTED
6/19	210-233-3233 10/13	210-23	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	Production & Treatment Operations penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	roduction & Treatment Operations
111/2015	2220	340 33	3711	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and helief true accurate and complete. I am aware that there are significant	Parviz Chavol - Senior Director
DATE	HONE	TELEPHONE		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 property gather and supervision in accordance with a system designed to assure that qualified personnel property gather and supervision in accordance with a system designed to assure that qualified personnel property gather and supervision in accordance with a system designed to assure that qualified personnel property gather and supervision in accordance with a system designed to assure that qualified personnel property gather and supervision in accordance with a system designed to assure that qualified personnel property gather and supervision in accordance with a system designed to assure that qualified personnel property gather and supervision in accordance with a system designed to assure that qualified personnel property gather and supervision in accordance with a system designed to assure that qualified personnel property gather and supervision in accordance with a system designed to assure that qualified personnel property gather and supervision in accordance with a system designed to assure that qualified personnel property gather and supervision in accordance with a system designed to ac	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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

OMB No. 2040-0004 Form Approved

DISCHARGE MONITORING REPORT (DMR)

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

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

> MAJOR DMR Mailing ZIP CODE:

> > 78221

COMBINED OUTFALLS 001 & 002 (SUBR 13)

External Outfall

No Discharge

ATTN: STEVEN CLOUSE, SENIOR VP

COMPOS	Daily		** ** **	米米米米米	*****	*****	lb/d	****	2686 DAILY AV	PERMIT REQUIREMENT	80082 J 0 Intermediate Treatment, Process
Compos	Daily	0	** ** **	****	* * * * *	** ** ** **		**	452	SAMPLE MEASUREMENT	BOD, carbonaceous, 05 day, 20 C
TOTALZ	Continuous		* * * *	****	****	****	MGD	*****	46 ANNL AVG	PERMIT REQUIREMENT	50050 Y 0 Effluent Gross (Supplementary)
TotalZ	Continuous	0	** ** ** *	****	****	*****		****	30	SAMPLE MEASUREMENT	Flow, in conduit or thru treatment plant
TOTALZ	Continuous		* * * *	安安安安全全	****	*****	gal/min	63889 2HR PEAK	****	PERMIT REQUIREMENT	50050 P 0 See Comments
TotalZ	Continuous	0	**** **	**** ***	* * * * * *	****		27083	**************************************	SAMPLE MEASUREMENT	Flow, in conduit or thru treatment plant
TOTALZ	Continuous		***** **	* * * * * * * *	*****	****	MGD	Req. Mon. DAILY MX	Req. Mon. DAILY AV	PERMIT REQUIREMENT	50050 1 0 Effluent Gross
TotalZ	Continuous	0	* * * *	* * * * *	****	*****		30	25.6	SAMPLE MEASUREMENT	Flow, in conduit or thru treatment plant
COMPOS	Daily		*****	*****	**************************************	****	lb/d	*****	767 DAILY AV	PERMIT REQUIREMENT	00610 J 0 Intermediate Treatment, Process
Compos	Daily	0	* * * * *	******	* * * *	*****		* * * * * *	81	SAMPLE MEASUREMENT	Nitrogen, ammonia total [as N]
COMPOS	Daily		* * * * *	***	***	*****	lb/d	****	5755 DAILY AV	PERMIT REQUIREMENT	00530 J 0 Intermediate Treatment, Process
Compos	Daily	0	*****	****	***	** ** ** **		ች ች ት ት	234	SAMPLE MEASUREMENT	Solids, total suspended
TYPE	OF ANALYSIS	Ω.	UNITS	VALUE	VALUE	VALUE	STINU	VALUE	VALUE		PARAMETER
SAMPLE	FREQUENCY	NO.		ENTRATION	UALITY OR CONCENTRATION	QU	ତ	QUANTITY OR LOADING	QUAN		

	MM/DD/YYYY	AREA Code NUMBER MM/DD/YYY	AREA Code	AUTHORIZED AGENT	volations.	TYPED OR PRINTED
Ž	210-233-3239 16/75/20	3-3239	210-23	TIVE OFFICER OR	Production & Treatment Operations penalties for submitting false information, including the possibility of fine and imprisonment for knowing	Production & Treatment Operations
1	1.0/0		2	ったのととして	system, or those persons directly responsible for gathering the information, the information submitted is,	Parviz Chavol - Senior Director
	DATE	HONE	TELEPHON		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 property gather and continue the information extended in a state of on twinning of the next who margane the	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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

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

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

1

TCEQ COPY

YEAR MO. DAY



40B SYS

WQ0010137-003

02 SET 15 09 YEAR MO.

12645 EID

EXECUTIVE OFFICER

THIS REPORT TO BE USED FOR COMBINED MON 189 for 001/002/800/900

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

PARAMETER		EFFLUENT CONDITI		NO.		FREQUENCY		SAMPLE
		VALUE	UNITS	EX	-	OF ANALYSIS		TYPE
500507124 FLOW	REPORTED	30	MGD	0	02		11	
DLY AVG	PERMITTED		1100		02	CONT	11	CONT
500507128 FLOW	REPORTED	33	MGD	0	02		11	
ANN AVG	PERMITTED		שטוו	Here I	02	CONT	111	CONT
NUMBER OF OPERATOR	REPORTED	WW0004506	NUMBER	0	01	100 L	NA	
CERTIFICATE	PERMITTED		NUTIDER		01	01	NA	NA
EXPIRATION OF OPERATOR	REPORTED	170108	DATE	0	01		NA	
CERTIFICATE	PERMITTED		DATE		01	01	NA	NA
CLASS OF OPERATOR	REPORTED	Α	LETTER	0	01	ing de la companya (notation)	NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
	REPORTED	AND THE PROPERTY OF THE PROPER				SAME OF SERVE		
	PERMITTED			and the second				
	REPORTED							
	PERMITTED							
	REPORTED		Carrego Si					7
	PERMITTED							A SURE PROPERTY.
	REPORTED					1		
	PERMITTED							
HV-State State	REPORTED							
	PERMITTED		la de la companya de	District Co.				
	REPORTED		Nation of the			(10 mm) (10 mm)		ans in Ma
	PERMITTED							
COMMENTS AND EXPLANA	ATIONS (Reference i	ill attachments here)		-			-	
CERTIFY THAT I AM FAMILIAR I	WITH THE INFORMATION	6 T 33 7 1 tox		<u>,</u>	2 91	SNATURE		DATE
NOWLEDGE AND BELIEF SUCH INF COMPLETE AND ACCURATE.		Daniel Rodriguez - Prod & Treat		P_/	H			115 110 11
TELEPHONE NI	JMBER	PLANT OPERA	TOR	, i	PLAN	TOPERATOR		CAR MO. DAY
2 1 0 2 3 3	3 2 3 9	Parviz Chavo Senior Director - Production	on & Treatment	₹		جہ ہے		15/10/1
SEK AASELL LAND		EVE OF FRANCE OF		***************************************	/m /% 1 1			

EXECUTIVE OFFICER

NUMBER

AREA CODE

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

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PAGE

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

40B SYS WQ0010137-003 PERMIT NUMBER 02 SET

15 09 YEAR MO.

12547 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.	*	FREQUENCY		SAMPLE
		VALUE	UNITS	EX.		OF ANALYSIS	ļ	TYPE
000085342 TRANSFER	REPORTED	30	DAY 2	0	01		01	History and the
DAYS/MON	PERMITTED				01	NA	01	NA
316164024 E-COLI	REPORTED	1.0	#/100 ML	0	11		03	
DLY AVG	PERMITTED	20,000	Saute a	. milio	11	27WEEK	03	GRABPKLOAD
316164030 E-COLI	REPORTED	1.0	#/100.ML	0	11		03	
IND GRAB	PERMITTED	75.000			11	2/WEEK	03	GRABPKLOAD
500507124 FLOW	REPORTED	4.2	MGD .	0	02		11	
DLY AVG	PERMITTED				02	CONT	11	CONT
500507128 FLOW	REPORTED	3.2	MGD	0	02		11	
ANN AVG	PERMITTED				02	CONT	11	CONT
800821024 BOD CARB	REPORTED	2.1	MG/L	0	08	1/Day	10	12-prt-com
DLY AVG	PERMITTED	5.000			11	2/WEEK	.03	GRABPKLOAD
820786624 TURBDITY	REPORTED	0.70	NTU	0	08	1/Day	10	12-prt-com
30DAY AV	PERMITTED	3,000		A CONTRACTOR OF	11	2/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR	REPORTED	WW0004506	NUMBER	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA	NA
EXPIRATION OF OPERATOR	REPORTED	170108	DATE	0	01		NA	
CERTIFICATE	PERMITTED		*	author a	01	01	NA	NA
CLASS OF OPERATOR	REPORTED	Α	LETTER	0	01	10 m	NA	
CERTIFICATE	PERMITTED		100	State at	01	O	NA	NA
	REPORTED					100 B		to single of St.
	PERMITTED							

COMMENTS AND EXPLANATIONS (Reference all attachments here)

E-Coli substituted for Fecal Coliform

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION		SIQNATURE C	DATE
CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	1	Drellet	115/10/12
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	PetClas	151013
AREA CODE NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

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

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



40B SYS

WQ0010137-003 PERMIT NUMBER

02 SET

15 09 YEAR MO.

12548 EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE II 900

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

TCEQ COPY PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

PARAMETER		EFFLUENT CONDITION	NC	NO.		FREQUENCY		SAMPLE
FARANCIER		VALUE	UNITS	EX.		OF ANALYSIS		TYPE
000085342 TRANSFER	HEPORTED	0	DAY	0	01	STATE RESIDEN	01	7165.7
DAYS/MON	PERMITTED		Are salament	L. Barre	01	NA	01	NA
316164024 FEC.COLI	REPORTED		#/100 ML					7 K.+ K. 12
DLY AVG	PERMITTED	200.000		Zalata	14	1/WEEK	03	GRABPKLOAD
316164030 FEC.COLI	REPORTED		#/100 ML					
IND GRAB	PERMITTED	800.000			14	1/WEEK	03	GRABPKLOAD
500507124 FLOW	REPORTED		MGD					
DLY AVG	PERMITTED				02	CONT	11	CONT
500507128 FLOW	REPORTED		MGD					(8) (8)
ANN AVG	PERMITTED				02	CONT	11	CONT
800821024 BOD CARB	REPORTED		MG/L			CONTRACT NO		
DLY AVG	PERMITTED	15,000			14	1/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR		WW0004506	NUMBER	0	01		NA	
CERTIFICATE	PERMITTED			الأسا	01	01	NA	NA
EXPIRATION OF OPERATOR	REPORTED	170108	DATE	0	01		NA	
CERTIFICATE	PERMITTED	1 A N 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1			01	01	NA.	NA
CLASS OF OPERATOR	REPORTED	Α	LETTER	0	01	W. 45	NA	14 (14)
CERTIFICATE	PERMITTED			(ALIAS	01	01	NA	NA
	REPORTED							
	PERMITTED			et cons				
	REPORTED		4.14.18			4.2(8)		146.27.89
	PERMITTED		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1000		100

COMMENTS AND EXPLANATIONS (Reference all attachments here)

		H THE INFORMATION T TO THE BEST OF MY	NAME	SIGNATURE		DATE	şınılı (((()))
	ELIEF SUCH INFOR	MATION IS TRUE AND	Daniel Rodriguez - Manager Prod & Treat Ops.	N/1960	15	10	112
TELE	PHONE NUM	/IBER	PLANT OPERATOR	PLANT OPERATOR	YEAR	MO.	DAY
2 1 0	2 3 3	3 2 3 9	Parviz Chavol Senior Director - Production & Treatment	72-0-0	115	10	13
AREA CODE	NUN	(BER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR	MO.	DAY

PERIOD: SEPTEMBER 2015
WATERSHED: MEDIO CREEK

TCEQ PERMIT # 10137-040

EPA PERMIT # 0055689

			6.77	Total Duration:	σ	8,105	Total Gallons:	Total			2	Total Events:
with H2O Work Order Created To Repair Sewer Main												
0.00 Drainage Culvert Area Cleaned and	Drainage Culvert	0.00	4.52	Repaired Main	1,355 Structural		9500	Adams Hill Dr	1015451 9/3/2015	1015451		1174773
with H2O												
Area Cleaned and	0.83 Stormdrain	0.83	2.25	Cleaned Main	6,750 Grease		10402	381858 1036731 9/21/2015 Walnut Crest	9/21/2015	1036731	381858	
Comments	Discharged to	Duration Response	Duration	Action	Cause	Gallons		Address	Date	SR#	WO# INSPT# SR#	WO#
Community	7		:		٦	-						

Thursday, October 01, 2015

OMB No. 2040-0004 Form Approved

DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER

DISCHARGE NUMBER

001-В

MONITORING PERIOD

MM/DD/YYYY 09/30/2015

TX0055689

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

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

MM/DD/YYYY 09/01/2015

DMR Mailing ZIP CODE:

78221

(SUBR 13) MAJOR

DOMESTIC FACILITY - 001 External Outfall

No Discharge

ATTN: PARIZ CHAVOL SR DIR

MM/DD/YYYY	NUMBER	AREA Code		AGENT	AUTHORIZED AGENT						TYPED OR PRINTED
10/5/6	3-3239	210-2	ER OR	EXECUTIVE OFFIC	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	_	and imprisonment for known	ncluding the possibility of fine	to The Dest of my knowledge and beliet, rute, accutant, and complete, rain aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		Production & Treatment Operations
		2 0 7			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ted is,	in, the information submits	ble for gathering the informatic	system, or those persons directly responsible for gethering the information, the information submitted is, system, or those persons directly responsible for gethering the information, the information submitted is, i. i		Parviz Chavol - Senior Director
DATE	TELEPHONE	ΙΞΙ)	tion or er and	prepared under my dired d personnel properly gath	ment and all attachments werk esigned to assure that qualified on my inquiry of the person or	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 property gather and certificate the information entertial. Based on my timulity of this nesson or respons who menage the		NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
TOTALZ	Continuous		****	*****	*****	****	MGD	** ** ** **	16 ANNL AVG	PERMIT REQUIREMENT	50050 Y 0 Effluent Gross (Supplementary)
TotalZ	Continuous	0	***	****	****	************		*****	4.5	SAMPLE MEASUREMENT	Flow, in conduit or thru treatment plant
TOTALZ	Continuous		** ** **	*****	*****	****	gal/min	27778 2HR PEAK	港 港灣 等等 等	PERMIT REQUIREMENT	50050 P 0 See Comments
TotalZ	Continuous	0	** ** **	*****	****	******		6833	*****	SAMPLE MEASUREMENT	Flow, in conduit or thru treatment plant
TOTALZ	Continuous		****	****	****	***** *	MGD	Req. Mon. DAILY MX	Req. Mon. DAILY AV	PERMIT REQUIREMENT	50050 1 0 Effluent Gross
TotalZ	Continuous	0	* * * *	****	****	****		4.9	4.2	SAMPLE MEASUREMENT	Flow, in conduit or thru treatment plant
COMPOS	Daily		mg/L	7 DAILY MX	2 DAILY AV	*****	lb/d	****	267 DAILY AV	PERMIT REQUIREMENT	00610 1 0 Effluent Gross
Compos	Daily	0		2.1	0.70	*****		****	24	SAMPLE MEASUREMENT	Nitrogen, ammonia total [as N]
COMPOS	Daily		mg/L	30 DAILY MX	15 DAILY AV	*****	lb/d	***	2002 DAILY AV	PERMIT REQUIREMENT	00530 1 0 Effluent Gross
Compos	Daily	0		1.4	1.0	*******		***** **	36	SAMPLE MEASUREMENT	Solids, total suspended
GRAB	Daily		SU	9 MAXIMUM	****	6 MINIMUM	*****	***	******	PERMIT REQUIREMENT	00400 1 0 Effluent Gross
Grab	Daily	0		8.6	** ** ** *	7.7	*****	****	****	SAMPLE MEASUREMENT	рH
GRAB	Daily		mg/L	* * * * *	* * * * *	6 MO MIN	*****	***	**	PERMIT REQUIREMENT	00300 1 0 Effluent Gross
Grab	Daily	0		* * * * * * *	* * * * *	6.5	****	* * * * *	******	SAMPLE MEASUREMENT	Oxygen, dissolved [DO]
l .	OF ANALYSIS	又:	STINU	VALUE	VALUE	VALUE	UNITS	E VALUE	VALUE		PARAMETER
SAMPLE	FREQUENCY	NO		CENTRATION	OHALITY OR CONCENTRATION		0	TITY OF I OADING	DIIA		

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

عدر احراام، ا 210-233-3239 حدالة

NUMBER

MM/DD/YYYY

TYPED OR PRINTED

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)

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

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

ATTN: PARIZ CHAVOL SR DIR

MM/DD/YYYY	MONITO	PERMIT NUMBER	TX0055689	
	Ř			1
MM/DD/YYYY	MONITORING PERIOD	DISCHARGE NUMBER	001-B	

09/01/2015

09/30/2015

DMR Mailing ZIP CODE:

78221

(SUBR 13) **MAJOR**

External Outfall DOMESTIC FACILITY - 001

No Discharge

		QUAN	QUANTITY OR LOADING	G	QU	UALITY OR CONCENTRATION	ENTRATION		NO.	NO. FREQUENCY SAMPLE	SAMPLE
PARAMETER		VALUE	VALUE	STINU	VALUE	VALUE	VALUE	STINU	EX	OF ANALYSIS	TYPE
E. coli	SAMPLE MEASUREMENT	*****	****	*****	*****	1.2	10		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	71	** ** ** **		****	2.0	2.0		0	Daily Compos	Compos
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	934 DAILY AV	****	lb/d	*****	7 DAILY AV	20 DAILY MX	mg/L		Daily COMPOS	COMPOS

TYPED OR PRINTED	Production & Treatment Operations penalties for submitting false information, including the possibility of fine and imprisonment for knowing SIGNATUR	Parviz Chavol - Senior Director system, or those personal directly exponsible for plathering the information, submitted is, system, or those personal circulty exponsible for plathering the information submitted is, system, or those personal circulty exponsible for plathering the information, submitted is, system, or those personal circulty exponsible for plathering the information, submitted is, system, or those personal circulty exponsible for plathering the information, submitted is, system, or those personal circulty exponsible for plathering the information, submitted is, system, or those personal circulty exponsible for plathering the information, submitted is, system, or those personal circulty exponsible for plathering the information, submitted is, system, or those personal circulty exponsible for plathering the information submitted is, system, or those personal circulty exponsible for plathering the information submitted is, system, or those personal circulty exponsible for plathering the information, submitted is, system, or those personal circulty exponsible for plathering the information submitted is, system, or those personal circulty exponsible for plathering the information submitted is, system, or those personal circulty exponsible for plathering the information submitted is, system, or those personal circulty exponsible for plathering the information is present to the circular circula	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 property gather and supervision in supervision is system designed to assure that qualified personnel property gather and supervision in supervision is strictly of the norson or persons who manage the
AUTHORIZED AGENT	E OF P	CILVY	th 1
AREA Code	210-23	240 23	TELEP
AREA Code NUMBER	3-3239	3 3 3 3 3	LEPHONE
MW/DD/YYYY	10-233-3239 10 115/Ca	1, (1,)	DATE

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

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

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

40B SYS

WQ0010137-040 PERMIT NUMBER SET

15 09 YEAR MO.

12654 . EID

MEDIO CREEK



PAGE

THIS REPORT TO BE USED FOR | COMBINED MON 189 for 001/800/900 SEE BACK FOR INSTRUCTIONS AND DEFINITIONS. TCEQ COPY PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS. SAMPLE FREQUENCY EFFLUENT CONDITION NO. PARAMETER UNITS EX. OF ANALYSIS TYPE VALUE 500507124 02 11 6.8 0 REPORTED MGD FLOW PERMITTED 02 11 CONT DLY_AVG CONT 500507128 11 REPORTED 6.7 02 0 MGD FLOW PERMITTED CONT 02 CONT 11 ANN AVG NUMBER WW0004506 REPORTED 0 01 NA NUMBER OF OPERATOR PERMITTED NA NA ... 01 01 CERTIFICATE **EXPIRATION** 170108 01 NA REPORTED 0 DATE OF OPERATOR NA NA PERMITTED 01 01 CERTIFICATE **CLASS** A 01 NA 0 REPORTED OF OPERATOR LETTER **PERMITTED** 01 01 NA NA CERTIFICATE 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 SIGNATURE DATE NAME CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY Daniel Rodriguez KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND 2 COMPLETE AND ACCURATE. Manager-Prod & Treat Ops PLANT OPERATOR PLANT OPERATOR TELEPHONE NUMBER YEAR MO. DAY Steve Clouse Senior Vice President & COO EXECUTIVE OFFICER **EXECUTIVE OFFICER** YEAR MO. AREA CODE NUMBER

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

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

40B SYS WQ0010137-040

01 SET 15 09 YEAR MO.

12553 EID



THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE I 800

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PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

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nanasarren		EFFLUENT CONDITION	edicionali telescondi monte promise a manega e e e e e e e e e e e e e e e e e e	NO.	*: · · · · · · · · · · · · · · · · · · ·	FREQUENCY		SAMPLE
PARAMETER		VALUE	UNITS	EX.		OF ANALYSIS		TYPE
000085342 TRANSFER	REPORTED	30	DAY	0	01		01	The state of the s
DAYS/MON	PERMITTED			S ii	01	NA	01	NA
316164024 FEC. COLI	REPORTED	1.0	#/100_ML	0	11		03	
DLY AVG	PERMITTED	20,000			11	2/WEEK	03	GRABPKLOAD
316164030 FEC.COLI	REPORTED	1.0	#/100 ML	0	11		03	
IND GRAB	PERMITTED	75,000		_	11	2/WEEK	03	GRABPKLOAD
500507124 FLOW	REPORTED	2.6	MGD	0	02		11	
DLY AVG	PERMITTED				02	CONT	11	CONT
500507128 FLOW	REPORTED	2.2	MGD	0	02		11	and the second second
ANN AVG	PERMITTED				02	CONT	11	CONT
800821024 BOD CARB	REPORTED	2.0	MG/L	0	08	1/Day	10	12-prt-com
DLY AVG	PERMITTED	5.000	1000	<u> Filipa</u>	11	2/WEEK	03	GRABPKLOAD
820796624 TURBDITY	REPORTED	0.80	NTU	0	08	1/Day	10	
30DAYAVG	PERMITTED	3,000		سنفار	11	2/WEEK	03	GRÄBPKLOAD
NUMBER OF OPERATOR	REPORTED	WW0004506	NUMBER	0	01		NA	
CERTIFICATE	PERMITTED				01	01	NA.	NA
EXPIRATION OF OPERATOR	REPORTED	170108	DATE	0	01		NA	in the same
CERTIFICATE	PERMITTED			Allumin	01	01	NA	NA
CLASS OF OPERATOR	REPORTED	Α	LETTER	0	01		NA	
CERTIFICATE	PERMITTED		100		01	01	<u> NA</u>	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		IGNATURE	DATE
CONTAINED IN THIS REPORT AND HALF TO THE BEST OF M KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.		lles	15/10/12
TELEPHONE NUMBER	PLANT OPERATOR	PLANFOPERATOR	YEAR MO. DAY
2,10 2,3,3 3,7,7,4	Steve Clouse Senior Vice President & COO	People	115110113
AREA CODE NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO, DAY

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

SAN ANTONIO WATER SYSTEM 3225 VALLEY RD SAN ANTONIO TX 78221-5201 PAGE 1



40B SYS WQ0010137-040 PERMIT NUMBER 02 SET

15 09 YEAR MO.

12554 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.

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PARAMETER		EFFLÜENT CONDITION		NO.		FREQUENCY		SAMPLE
		VALUE	UNITS	EX.		OF ANALYSIS		TYPE
000085342 TRANSFER	REPORTED	0	DAY	0	01		01	Alta estado de la composição de la compo
DAYS/MON	PERMITTED				01	NA	01	NA
316164024 FEC.COLI	REPORTED		#/100 ML					
DLY AVG	PERMITTED	200,000			14	1/WEEK	03	GRABPKLOAD
316164030 FEC.COLI	REPORTED		#7100 ML					
IND GRAB	PERMITTED	800.000			14	1/WEEK	03	GRABPKLOAD
500507124 FLOW	REPORTED		MGD			diliging to a const		
DLY AVG	PERMITTED				02	CONT	11	CONT
500507128 FLOW	REPORTED		MGD			11.00		
ANN AVG	PERMITTED			Grand	02	CONT	11	CONT
800821024 BOD CARB	REPORTED		MG/L					
DLY AVG	PERMITTED	20.000			14	1/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR	REPORTED	WW0004506	NUMBER	0	01	 Special programme 	NA	
CERTIFICATE	PERMITTED				01	01	NA.	NA
EXPIRATION OF OPERATOR	REPORTED	170108	DATE	0	01		NA	
CERTIFICATE	PERMITTED			er to it.	01	01	NA	NA
CLASS OF OPERATOR	REPORTED	Α	LETTER	0	01		NA	ar water
CERTIFICATE	PERMITTED				01	01	NA	NA
	REPORTED							
	PERMITTED		200					
	REPORTED					inga dilah		E STREET TO STREET
	PERMITTED		S. State of the st					

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.		\$IGNATURE	DATE 115 110 112
TELEPHONE NUMBER	PLANT OPERATOR	PLANT/OPERATOR	YEAR MO. DAY
2,10 2,3,3 3,7,7,4	Steve Clouse Senior Vice President & COO	7-2-2	115110113
AREA CODE NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

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

OMB No. 2040-0004 Form Approved

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

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

MM/DD/YYYY 09/01/2015

MONITORING PERIOD

MM/DD/YYYY 09/30/2015

PERMIT NUMBER

DISCHARGE NUMBER

001-A

TX0065641

DMR Mailing ZIP CODE:

78221

(SUBR 13) MINOR

External Outfall DOMESTIC FACILITY - 001

No Discharge

ATTN: STEVEN CLOUSE, SEN. VP & COO

		QUAN	QUANTITY OR LOADING	G	۵	QUALITY OR CONCENTRATION	CENTRATION		Ö	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	STINU	VALUE	VALUE	VALUE	STINU	X	OF ANALYSIS	TYPE
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	****	****	** ** **		****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	***	** *** ** **	**	4 MO MIN	安全安全	****	mg/L		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	* * * *	****	** ** ** **	***						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	** ** **	*****	***************************************	*****	30 DAILY AV	100 SINGGRAB	mg/L		Daily	GRAB
рН	SAMPLE MEASUREMENT	****	****	****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	**	MINIMUM 6	****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	****	* * * * *	****	* ** ** *		****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	***********	** ** **	****	*****	90 DAILY AV	*****	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				* * * * * *	*********	****	****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	****	*****	****		Daily	INSTAN
E. coli	SAMPLE MEASUREMENT	* * * * * *	* * * * *	****	****						
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	** ** **	****	****	126 DAILY AV	394 SINGGRAB	CFU/100m L		Monthly	GRAB

MM/DD/	NUMBER	AREA Code	ACTIONALED AGENT		TYPED OR PRINTED
\overline{c}	U-233-3239 (210-2	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	Production & Treatment Operations penies for submitting false information, including the possibility of fine and imprisonment for knowing	Production & Treatment Operation
_	3000	امران م	ントイノー人	Parviz Chavol - Senior Director system or those persons directly responsible for gathering the information, the information submitted is, the hord-form become decided and shelf-free accounted and on the state of t	Parviz Chavol - Senior Director
			7	supervision in accordance with a system designed to assure that qualified personnel property gamer and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	
DATI	PHONE	TELE		NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 1 certify under penalty of law that this document and all attachments were prepared under my direction or	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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

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