



November 12, 2015

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

Via U.S. Certified Mail
RRR# 7014 2870 0000 7135 5433

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 October 2015 is attached and is provided in compliance with Consent Decree requirements. We have also included a revised DMR for Dos Rios discharge points 101 and 102 for June which has been submitted to TCEQ.

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

Sincerely,

A handwritten signature in blue ink, appearing to read "Jeffrey J. Haby", is written over the typed name.

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

Enc. As stated



November 12, 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 5426

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 5426

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

Consent Decree

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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.

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Jeffrey J. Haby, P.E.

Vice President – Production & Treatment

Enc. As stated

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


Form Approved
OMB No. 2040-0004

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

TX0077801	101-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015
MONITORING PERIOD	

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

PARAMETER	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			VALUE	UNITS	VALUE	VALUE	VALUE				
Flow, in conduit or thru treatment plant	3.9	Req. Mon DAILY AV	8.4	MGD	*****	*****	*****	0	Continuous	TOTALZ	
50050 1 0 Effluent Gross	4.5	Req. Mon ANNU AVG	*****	MGD	*****	*****	*****	0	Continuous	TOTALZ	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Parviz Chavol - Senior Director Production & Treatment Operations	TYPED OR PRINTED
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		DATE 07/22/2015
TELEPHONE	210-233-3239	DATE
AREA CODE	210	DATE
NUMBER	233-3239	DATE
	07/14/15	DATE

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

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


Form Approved
OMB No. 2040-0004

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

TX0077801	102-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2015	06/30/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	112	MGD	*****	*****	*****	0	Continuous	Totalz	
50050 1 0	PERMIT REQUIREMENT	166	MGD	*****	*****	*****	0	Continuous	Totalz	
Effluent Gross	SAMPLE MEASUREMENT	91	MGD	*****	*****	*****	0	Continuous	Totalz	
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	125	MGD	*****	*****	*****	0	Continuous	Totalz	
50050 Y 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	Continuous	Totalz	
Effluent Gross (Supplementary)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	Continuous	Totalz	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Parviz Chavol - Senior Director Production & Treatment Operations	TELEPHONE	DATE
TYPED OR PRINTED		210-233-3239	07/18/2015
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER
		210	2333239
		MM/DD/YYYY	MM/DD/YYYY
		06/14/15	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 THE TOTAL DISCHARGE FROM OUTFALL 001 & OUTFALL 101 SHALL NEVER EXCEED 125 MGD AND SHALL BE REPORTED AS OUTFALL 102.

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

Form Approved
OMB No. 2040-0004


PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
 SAN ANTONIO, TX 78221
FACILITY: MITCHELL LAKE
LOCATION: 2800 US HWY 281 NORTH
 SAN ANTONIO, TX 78212
ATTN: STEVEN CLOUSE, SEN. VP & COO

TX0065641	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 78721
 MINOR (SUBR 13)
 DOMESTIC FACILITY - 001
 External Outfall

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol - Senior Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Production & Treatment Operations			210-233-3239	11/1/2015	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO DISCHARGE
 MONITORING SHALL OCCUR WHEN DISCHARGING.
 SAMPLES FOR BACTERIA MONITORING SHALL BE TAKEN AT THE INFLOW PIPE FROM THE ELEON CREEK WRC.

OVERFLOW REPORT

PERIOD:

WATERSHED: MEDIO CREEK

TCEQ PERMIT # 10137-040

EPA PERMIT # 0055689

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

Wednesday, November 04, 2015

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

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


Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: MEDIO CREEK WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
 SAN ANTONIO, TX 78221
FACILITY: MEDIO CREEK WATER RECYC. CTR.
LOCATION: 1300FT N USHWY 90 APPROX 1.25M W OF
 IH410
 SAN ANTONIO, TX 78215
ATTN: PARIZ CHAVOL SR DIR

TX0055689	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

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

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Oxygen, dissolved [DO]	PERMIT MEASUREMENT REQUIREMENT	*****	*****	*****	6.6	*****	*****	*****	0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT MEASUREMENT REQUIREMENT	*****	*****	*****	6	*****	*****	mg/L	0	Daily	GRAB
pH	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	7.5	*****	*****	*****	0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT MEASUREMENT REQUIREMENT	*****	*****	*****	6	*****	*****	SU	0	Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT REQUIREMENT	41	*****	*****	1.1	*****	*****	*****	0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT MEASUREMENT REQUIREMENT	2002 DAILY AV	*****	*****	15	*****	*****	mg/L	0	Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT REQUIREMENT	18	*****	*****	0.50	*****	*****	*****	0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT MEASUREMENT REQUIREMENT	267 DAILY AV	*****	*****	2	*****	*****	mg/L	0	Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT REQUIREMENT	4.5	9.2	MGD	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 1 0 Effluent Gross	PERMIT MEASUREMENT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT REQUIREMENT	*****	9997	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 P 0 See Comments	PERMIT MEASUREMENT REQUIREMENT	*****	2778 2HR PEAK	gal/min	*****	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT REQUIREMENT	4.6	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT MEASUREMENT REQUIREMENT	16 ANNL AVG	*****	MGD	*****	*****	*****	*****	0	Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Parviz Chavol - Senior Director Production & Treatment Operations	TELEPHONE	210-233-3239	DATE	11.11.2015
TYPED OR PRINTED		AREA CODE	NUMBER	MM/DD/YYYY	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

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

Form Approved
OMB No. 2040-0004

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


TX005689	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

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

No Discharge

FACILITY: MEDIO CREEK WATER RECYC. CTR.
LOCATION: 1300FT N USHWY 90 APPROX 1.25M W OF
IH410
CARI ANTONIO, TX 78221
ATTN: PARIZ CHAVOL SR DIR

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS				
E. coli	*****	*****	*****	*****	1.4	24	0	Daily	Grab	
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	126 DAILY AV	394 DAILY MX		Daily	GRAB	
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	76	*****	*****	2.0	2.0	0	Daily	Compos	
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	934 DAILY AV	*****	*****	7 DAILY AV	20 DAILY MX		Daily	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations	TYPED OR PRINTED			210-233-3239	11/11/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			AREA Code	NUMBER	MM/DD/YYYY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

MONTHLY EFFLUENT REPORT



PAGE 1

SAN ANTONIO WATER SYSTEM

3225 VALLEY RD

SAN ANTONIO TX 78221-5201

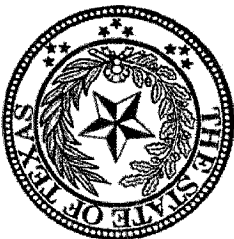
SYS
40B

PERMIT NUMBER
WQ0010137-040

SET
01

YEAR MO.
15 10

EID
12553



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	VALUE	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	EFFLUENT CONDITION		PERMITTED		REPORTED	
						DATE	TIME	DATE	TIME	DATE	TIME
000085342	31	DAY	0	01	01	01	01	01	01	01	01
DAYS/MON	PERMITTED			01	NA	01	NA	01	NA	01	NA
316164024	1.2	#/100 ML	0	11	03	11	03	11	03	11	03
FEC. COLI	REPORTED			11	03	11	03	11	03	11	03
DLY AVG	PERMITTED			11	03	11	03	11	03	11	03
316164030	4.0	#/100 ML	0	11	03	11	03	11	03	11	03
FEC. COLI	REPORTED			11	03	11	03	11	03	11	03
IND GRAB	PERMITTED			11	03	11	03	11	03	11	03
500507124	2.6	MGD	0	02	11	02	11	02	11	02	11
FLOW	REPORTED			02	11	02	11	02	11	02	11
DLY AVG	PERMITTED			02	11	02	11	02	11	02	11
500507128	2.2	MGD	0	02	11	02	11	02	11	02	11
FLOW	REPORTED			02	11	02	11	02	11	02	11
ANN AVG	PERMITTED			02	11	02	11	02	11	02	11
800821024	2.0	MG/L	0	08	10	08	10	08	10	08	10
BOD CARB	REPORTED			08	10	08	10	08	10	08	10
DLY AVG	PERMITTED			08	10	08	10	08	10	08	10
820796624	0.6	NTU	0	08	10	08	10	08	10	08	10
TURBIDITY	REPORTED			08	10	08	10	08	10	08	10
30DAYAVG	PERMITTED			08	10	08	10	08	10	08	10
NUMBER	REPORTED			11	03	11	03	11	03	11	03
OF OPERATOR	PERMITTED			11	03	11	03	11	03	11	03
WVW0004506	0	NUMBER	0	01	NA	01	NA	01	NA	01	NA
EXPIRATION	REPORTED			01	NA	01	NA	01	NA	01	NA
OF OPERATOR	PERMITTED			01	NA	01	NA	01	NA	01	NA
170108	0	DATE	0	01	NA	01	NA	01	NA	01	NA
CLASS	REPORTED			01	NA	01	NA	01	NA	01	NA
A	REPORTED			01	NA	01	NA	01	NA	01	NA
LETTER	PERMITTED			01	NA	01	NA	01	NA	01	NA
OF OPERATOR	REPORTED			01	NA	01	NA	01	NA	01	NA
CERTIFICATE	PERMITTED			01	NA	01	NA	01	NA	01	NA

COMMENTS AND EXPLANATIONS (Reference all attachments here)

E-Coll substituted for Fecal Coliform

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

AREA CODE	210	233	3774
TELEPHONE NUMBER			
EXECUTIVE OFFICER	Parviz Chavol Senior Director,		
EXECUTIVE OFFICER	[Signature]		
NAME	Daniel Rodriguez Manager-Prod & Treat Ops		
SIGNATURE	[Signature]		
DATE	11/11/15		
YEAR MO. DAY	11/11/15		
PLANT OPERATOR	[Signature]		
PLANT OPERATOR	[Signature]		
YEAR MO. DAY	11/11/15		
EXECUTIVE OFFICER	[Signature]		
EXECUTIVE OFFICER	[Signature]		
YEAR MO. DAY	11/11/15		

OVERFLOW REPORT

PERIOD: OCTOBER 2015

WATERSHED: LEON CREEK

TCEQ PERMIT # 10137-003

EPA PERMIT # 0052639

WO #	INSPT#	SR #	Date	Address	Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments
		1077203	10/31/2015	Loop 410 NW	7300	886	I/I				
							Diluted By Heavy Rainwater	14.77	5.68	Creek Bed (Spilled Into Leon Creek)	66 Inch Sewer Main Monitored Area
		1077900	10/30/2015	1h 10 W	23500	67,200	I/I				
							Area Will Be Cleaned And Disinfected After Flood Water Recedes	5.00	0.00	Creek Bed (Spilled Into Leon Creek)	24 Inch Sewer Main
Total Events:	2				Total Gallons:	68,086		Average Duration:	9.89		

Wednesday, November 04, 2015

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

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

Form Approved
OMB No. 2040-0004

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

TX0052639	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Oxygen, dissolved [DO]	PERMIT MEASUREMENT	*****	*****	*****	6.1	*****	*****	*****	0	12/Day	Grab
00300 1 0	PERMIT REQUIREMENT	*****	*****	*****	5	*****	*****	mg/L	0	Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	*****	*****	0	12/Day	Grab
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	6	*****	*****	SU	0	Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	1.1	*****	*****	mg/L	0	Daily	Compos
Solids, total suspended	PERMIT REQUIREMENT	*****	*****	*****	1.5	*****	*****	mg/L	0	Daily	Compos
00530 1 0	PERMIT MEASUREMENT	*****	*****	*****	0.50	*****	*****	mg/L	0	Daily	Compos
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	3.0	*****	*****	mg/L	0	Daily	Compos
Nitrogen, ammonia total [as N]	PERMIT REQUIREMENT	*****	*****	*****	49	*****	*****	*****	0	Continuous	TotalZ
00610 1 0	PERMIT MEASUREMENT	*****	*****	*****	45140	*****	*****	*****	0	Continuous	TotalZ
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	*****	*****	*****	63889	*****	*****	gal/min	0	Continuous	TotalZ
50050 1 0	PERMIT MEASUREMENT	*****	*****	*****	30	*****	*****	MGD	0	Continuous	TotalZ
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	46	*****	*****	MGD	0	Continuous	TotalZ
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	*****	*****	*****	30	*****	*****	MGD	0	Continuous	TotalZ
50050 P 0	PERMIT MEASUREMENT	*****	*****	*****	30	*****	*****	MGD	0	Continuous	TotalZ
See Comments	PERMIT REQUIREMENT	*****	*****	*****	30	*****	*****	MGD	0	Continuous	TotalZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	30	*****	*****	MGD	0	Continuous	TotalZ
50050 Y 0	PERMIT MEASUREMENT	*****	*****	*****	30	*****	*****	MGD	0	Continuous	TotalZ
Effluent Gross (Supplementary)	PERMIT REQUIREMENT	*****	*****	*****	30	*****	*****	MGD	0	Continuous	TotalZ

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 210-233-3239
 AREA Code: NUMBER: 11/11/2015
 DATE: MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

TX0052639	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

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

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations	210-233-3239	11/11/2015
TYPED OR PRINTED	AREA Code	NUMBER
	210	233-3239
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	

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


Form Approved
OMB No. 2040-0004

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

TX0052639	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Chlorine, total residual	*****	*****	*****	*****	*****	*****	*****	0	12/Day	Grab	
50060 A.0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Daily	GRAB	
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	INST MAX	*****	0	12/Day	Grab	
50060 B.0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Daily	GRAB	
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Daily	GRAB	
51040 1.0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Five per Week	GRAB	
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Daily	Compos	
80082 1.0 Effluent Gross	PERMIT REQUIREMENT	2686	DAILY AV	*****	*****	*****	*****	0	Daily	Compos	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
Parviz Chavol - Senior Director Production & Treatment Operations	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
TELEPHONE	DATE	
210-233-3239	11/11/2015	
AREA Code	NUMBER	MM/DD/YYYY

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

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


Form Approved
OMB No. 2040-0004

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

TX0052639	101-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	269	*****	*****	*****	*****	*****	*****	0	Daily	Compos
00530 J 0 Intermediate Treatment, Process	5755	*****	*****	*****	*****	*****	*****	0	Daily	Compos
Nitrogen, ammonia total [as N]	143	*****	*****	*****	*****	*****	*****	0	Daily	Compos
00610 J 0 Intermediate Treatment, Process	767	*****	*****	*****	*****	*****	*****	0	Daily	Compos
Flow, in conduit or thru treatment plant	40	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 P 0 See Comments	*****	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	46	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
BOD, carbonaceous, 05 day, 20 C	520	*****	*****	*****	*****	*****	*****	0	Daily	Compos
80082 J 0 Intermediate Treatment, Process	2686	*****	*****	*****	*****	*****	*****	0	Daily	Compos

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of the and imprisonment for knowing violations.	
Parviz Chavol - Senior Director		
Production & Treatment Operations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
TYPE OR PRINTED	TELEPHONE	DATE
	210-233-3239	11/11/2015
	AREA Code NUMBER	MM/DD/YYYY

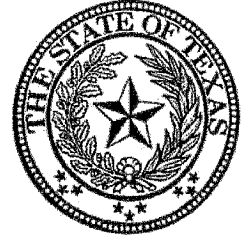
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



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



40B	WQ0010137-003	02	15	10	12645
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE		
	REPORTED	PERMITTED		VALUE	UNITS			
500507124 FLOW DLY AVG	REPORTED		35	MGD	0	02	11	
	PERMITTED					02	CONT	11
500507128 FLOW ANN AVG	REPORTED		33	MGD	0	02	11	
	PERMITTED					02	CONT	11
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0004506	NUMBER	0	01	NA	
	PERMITTED					01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		170108	DATE	0	01	NA	
	PERMITTED					01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	LETTER	0	01	NA	
	PERMITTED					01	01	NA NA
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

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

	NAME	SIGNATURE	DATE
	Daniel Rodriguez - Manager Prod & Treat Ops.		15 / 11 / 11
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2 1 0	Parviz Chavol Senior Director - Production & Treatment		15 11 11
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY
2 3 3			
3 2 3 9			

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-003	02	15	10	12547
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE I 800

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	REPORTED	VALUE	UNITS			TYPE	TYPE
000085342 TRANSFER DAYS/MON	REPORTED	31	DAY	0 01		01	
	PERMITTED			01	NA	01	NA
316164024 E-COLI DLY AVG	REPORTED	1.1	#/100 ML	0 11		03	
	PERMITTED	20.000		11	2/WEEK	03	GRABPKLOAD
316164030 E-COLI IND GRAB	REPORTED	4.0	#/100 ML	0 11		03	
	PERMITTED	75.000		11	2/WEEK	03	GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED	4.2	MGD	0 02		11	
	PERMITTED			02	CONT	11	CONT
500507128 FLOW ANN AVG	REPORTED	3.2	MGD	0 02		11	
	PERMITTED			02	CONT	11	CONT
800821024 BOD CARB DLY AVG	REPORTED	2.0	MG/L	0 08	1/Day	10	12-prt-com
	PERMITTED	5.000		11	2/WEEK	03	GRABPKLOAD
820786624 TURBDITY 30DAY AV	REPORTED	0.80	NTU	0 08	1/Day	10	12-prt-com
	PERMITTED	3.000		11	2/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0004506	NUMBER	0 01		NA	
	PERMITTED			01	01	NA	NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	170108	DATE	0 01		NA	
	PERMITTED			01	01	NA	NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0 01		NA	
	PERMITTED			01	01	NA	NA
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

E-Coli substituted for Fecal Coliform

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Daniel Rodriguez - Manager Prod & Treat Ops.		15 11 11
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2 1 0 2 3 3 3 2 3 9	Parviz Chavol Senior Director - Production & Treatment		15 11 11
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



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



40B	WQ0010137-003	02	15	10	12548
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE II 900

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	REPORTED	PERMITTED			VALUE	UNITS	TYPE
000085342 TRANSFER DAYS/MON	REPORTED	0	DAY	0	01	01	
	PERMITTED				01	NA	01 NA
316164024 FEC. COLI DLY AVG	REPORTED		#/100 ML				
	PERMITTED	200.000			14	1/WEEK	03 GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED		#/100 ML				
	PERMITTED	800.000			14	1/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		MGD				
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		MGD				
	PERMITTED				02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED		MG/L				
	PERMITTED	15.000			14	1/WEEK	03 GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0004506	NUMBER	0	01		NA
	PERMITTED				01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	170108	DATE	0	01		NA
	PERMITTED				01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01		NA
	PERMITTED				01	01	NA NA
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Daniel Rodriguez - Manager Prod & Treat Ops.		15/11/11
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director - Production & Treatment		15/11/11
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

OVERFLOW REPORT

PERIOD: OCTOBER 2015

WATERSHED: SALADO CREEK

TCEQ PERMIT # 10137-008

EPA PERMIT # 0052647

WO #	INSPT#	SR #	Date	Address	Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments	
		1076132	10/30/2015	Holbrook	700	207,000 1/1	The Area Will Be Cleaned And Disinfected After The Flood Waters Recede	24.45	0.00	Creek Bed (Spilled Into Salado Creek)	Monitored Area. Saws Is In The Process Of Engaging An Engineering Firm To Design The Remedial Measure To Address This Issue. 48 Inch Sewer Main	
		1072848	10/24/2015	Holbrook	700	180,545 1/1	Diluted By Heavy Rainwater, Clean-up I S Ongoing And Area Has Been Brought Back To Natural Grade	14.73	0.00	Creek Bed (Spilled Into Salado Creek)	Monitored Area, Saws Is In The Process Of Engaging An Engineering Firm To Design The Remedial Measure To Address This Issue 48 Inch Sewer Main	
		1070559	10/24/2015	Farview Ln	12251	1,335 1/1	Diluted By Heavy Rainwater	4.45	0.00	Creek Bed (Spilled Into Salado Creek)	Monitored Area 8 Inch Sewer Main	
		1070539	10/24/2015	Wurzbach Pkwy	11601	1,575 1/1	Diluted By Heavy Rainwater	5.25	0.00	Creek Bed (Spilled Into Salado Creek)	Monitored Area 27 Inch Sewer Main	
		384416	10/05/81	La Bahia	12510	1,850	Vandalism	9.17	8.15	Drainage Culvert	Area Cleaned and Disinfected. Flushed Area with H2O 12 Inch Sewer Main	
		383982	1065031	10/19/2015	Barrington	3803	10	Grease	1.80	0.33	Ground	Area Cleaned and Disinfected. Flushed Area with H2O 8 Inch Sewer Main
Total Events:	6				Total Gallons:	392,315		Average Duration:	9.98			

Wednesday, November 04, 2015

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

OVERFLOW REPORT

PERIOD: OCTOBER 2015
 WATERSHED: DOS RIOS
 TCEQ PERMIT # 10137-033
 EPA PERMIT # 0077801

WO #	INSP#	SR #	Date	Address	Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments		
		1076082	10/30/2015	San Bernardo S	851	16,200	I/I	Diluted By Heavy Rainwater	2.70	1.20	Street	12 Inch Sewer Main Monitored Area	
		384983	1077031	10/30/2015	Margaret	101	2,900	Grease	Cleaned Main	1.02	0.43	Stormdrain	Area Cleaned and Disinfected, Flushed Area with H2O 10 Inch Sewer Main
		384978	1074088	10/28/2015	Aganier Ave	101	15	Debris	Cleaned Main	0.75	0.63	Street	Area Cleaned and Disinfected, 12 Inch Sewer Main
1203572	384840	1073859	10/28/2015	Waverly	1039	25	Contractor	Repaired Main	1.08	0.58	Creek Bed (Spilled Into Alazan Creek)	Area Cleaned and Disinfected, Flushed Area with H2O 8 Inch Sewer Main Work Order Created To Repair Siphon Pipe	
		384541	1070824	10/25/2015	Calmar	126	200	Grease	Cleaned Main	1.67	0.25	Drainage Culvert	Area Cleaned and Disinfected, Flushed Area with H2O 8 Inch Sewer Main
		1070532	10/24/2015	Crystal	804	4,500	I/I	Diluted By Heavy Rainwater	3.00	0.00	Street	10 Inch Sewer Main Monitored Area	
		1070569	10/24/2015	Kammann Blvd	310	498	I/I	Diluted By Heavy Rainwater	4.15	3.40	Street (Spilled Into Woodlawn Lake)	18" Main Monitored Area	
		1070575	10/24/2015	Mccullough Ave	8210	40,400	I/I	Diluted By Heavy Rainwater	3.30	0.00	Stormdrain	15 Inch Sewer Main Monitored Area	
		1070550	10/24/2015	Elmendorf N	1300	20,300	I/I	Diluted By Heavy Rainwater	3.38	3.63	Creek Bed (Spilled Into Alazan Creek)	24 Inch Sewer Main Monitored Area	
		1070443	10/24/2015	Lombrano	1200	74,000	I/I	Diluted By Heavy Rainwater	4.08	0.00	Creek Bed (Spilled Into Alazan Creek)	8 Inch Sewer Main Monitored Area	
		1070655	10/24/2015	Mission Rd	1151	25,590	I/I	Diluted By Heavy Rainwater	7.25	0.00	Ground	54 Inch Sewer Main Monitored Area	
		384289	1068759	10/22/2015	Commerce St E	3138	3,200	Debris	Cleaned Main	1.32	0.83	Drainage Culvert	Area Cleaned and Disinfected, Flushed Area with H2O 12 Inch Sewer Main
		383924	1064606	10/18/2015	Poplar St W	2128	10	Grease	Cleaned Main	1.15	0.65	Street	Area Cleaned and Disinfected, Flushed Area with H2O 8 Inch Sewer Main

	383878	1064479	10/17/2015	Holder Ave	506	5	Grease	Cleaned Main	1.60	1.10	Alley	Area Cleaned and Disinfected, Flushed Area with H2O 8 Inch Sewer Main
	383625	1061637	10/14/2015	Newson	226	20	Debris	Cleaned Main	0.52	0.45	Street	Area Cleaned and Disinfected, Flushed Area with H2O 8 Inch Sewer Main
	383338	1058682	10/10/2015	Jean St	203	5	Grease	Cleaned Main	0.75	0.50	Stormdrain	Area Cleaned and Disinfected, Flushed Area with H2O 8 Inch Sewer Main
1194214	383235	1055995	10/7/2015	Hermitage Ct	211	100	Other	Cleaned Main	0.25	0.00	Alley	Area Cleaned and Disinfected, Repaired Main, Flushed Area with H2O 6 Inch Sewer Main
	382988	1052624	10/5/2015	New Braunfels Ave S	5717	1,475	Debris	Cleaned Main	1.90	0.40	Street	Area Cleaned and Disinfected, Flushed Area with H2O 8 Inch Sewer Main
	382914	1052097	10/3/2015	Parkdale	3800	24,450	Grease	Cleaned Main	3.30	0.80	Drainage Culvert	Flushed Area with H2O 12 Inch Sewer Main Cleanup Efforts Are Ongoing
Total Events:	19				Total Gallons:	213,893		Average Duration:	2.27			

Wednesday, November 04, 2015

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

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

Form Approved
OMB No. 2040-0004

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

TX0077801	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Oxygen, dissolved [DO]	MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Daily	Grab
00300 1 0	PERMIT REQUIREMENT	*****	*****	6	MO MIN	*****	*****	0	Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Daily	Grab
pH	PERMIT REQUIREMENT	*****	*****	6	MINIMUM	*****	*****	0	Daily	GRAB
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Daily	Compos
Solids, total suspended	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Daily	Compos
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Daily	Compos
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Daily	Compos
Nitrogen, ammonia total [as N]	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Daily	Compos
00610 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Daily	Compos
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Daily	Compos
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 P 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 Y 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Parviz Chavol - Senior Director	TELEPHONE	210-233-3239	DATE	11/11/15
Production & Treatment Operations		AREA Code	NUMBER		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

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

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

Form Approved
OMB No. 2040-0004

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

TX0077801	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

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

PARAMETER	SAMPLING MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Daily	GRAB
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Daily	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Daily	GRAB
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Daily	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Five per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	1444	*****	*****	*****	*****	*****	0	Daily	Compos
80062 1 0 Effluent Gross	PERMIT REQUIREMENT	5213 DAILY AV	*****	*****	*****	*****	*****	0	Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations	210-233-3239	11/11/15
PERMITTEE SIGNATURE	AREA CODE	NUMBER
	210	233-3239
PERMITTEE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	MM/DD/YYYY	
	11/11/15	

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

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

Form Approved
OMB No. 2040-0004

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

TX0077801	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	REQUIREMENT	VALUE	UNITS	REQUIREMENT			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	*****	0	Daily	GRAB
00300 1 0	PERMIT REQUIREMENT	*****	*****	*****	4	*****	*****	0	Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	*****	0	Daily	GRAB
pH	PERMIT REQUIREMENT	*****	*****	*****	6	*****	*****	0	Daily	GRAB
00400 1 0	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	*****	*****	0	Daily	GRAB
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	2.5	*****	*****	0	Daily	Compos
Solids, total suspended	PERMIT REQUIREMENT	*****	*****	*****	15	*****	*****	0	Daily	Compos
00530 1 0	PERMIT REQUIREMENT	*****	*****	*****	40	*****	*****	0	Daily	Compos
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	0.30	*****	*****	0	Daily	Compos
Nitrogen, ammonia total [as N]	PERMIT REQUIREMENT	*****	*****	*****	2	*****	*****	0	Daily	Compos
00610 1 0	PERMIT REQUIREMENT	*****	*****	*****	7	*****	*****	0	Daily	Compos
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	2	*****	*****	0	Daily	Compos
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 1 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 Y 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
Chlorine, total residual	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50060 A 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Daily	GRAB
Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Identify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations			210-233-3239	11/11/15
TYPED OR PRINTED			AREA Code	NUMBER
				MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

TX0077801 PERMIT NUMBER	002-A DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 10/01/2015	MM/DD/YYYY 10/31/2015

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Chlorine, total residual	*****	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1.0	*****	*****	*****	0	Daily	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	1	*****	*****	*****	0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	Three per Week	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	*****	*****	*****	126	*****	*****	*****	0	Daily	Grab
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	2.0	*****	*****	*****	0	Daily	Grab
	PERMIT REQUIREMENT	834	DAILY AV	*****	10	DAILY AV	*****	*****	25	DAILY MX	mg/L

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violators.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations			210-233-3239	10/11/15
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

TX0077801 PERMIT NUMBER	003-A DISCHARGE NUMBER
MM/DD/YYYY 10/01/2015 MONITORING PERIOD	MM/DD/YYYY 10/31/2015

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

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol - Senior Director Production & Treatment Operations	Signature of Principal Executive Officer or Authorized Agent	TELEPHONE 210-233-3239	DATE 11/11/15
TYPED OR PRINTED		AREA CODE 210	NUMBER 233-3239

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

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

Form Approved
OMB No. 2040-0004

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

TX0077801	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations			210-233-3239	11/11/15
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

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

No Discharge

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

Form Approved
OMB No. 2040-0004

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

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

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

ATTN: PARIZ CHAVOL SR DIR

TX0077801	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015
MONITORING PERIOD	

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Oxygen, dissolved [DO]	PERMIT MEASUREMENT	*****	*****	*****	6.7	*****	*****	*****	0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT MEASUREMENT	*****	*****	*****	5	*****	*****	mg/L	0	Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	*****	*****	0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT MEASUREMENT	*****	*****	*****	6	*****	*****	SU	0	Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	12	*****	*****	2.3	*****	*****	*****	0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT MEASUREMENT	375	*****	*****	15	*****	*****	mg/L	0	Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.3	*****	*****	0.30	*****	*****	*****	0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT MEASUREMENT	50	*****	*****	2	*****	*****	mg/L	0	Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.60	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 1 0 Effluent Gross	PERMIT MEASUREMENT	Req. Mon. DAILY AV	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.70	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT MEASUREMENT	3	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol - Senior Director	210-233-3239	11/11/15
Production & Treatment Operations	AREA Code	NUMBER
TYPED OR PRINTED	210	2333239
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	MM/DD/YYYY	

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

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

Form Approved
OMB No. 2040-0004


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

TX0077801	004-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Chlorine, total residual	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab	
50060 B.O. Prior to Disinfection	*****	*****	*****	1.0	*****	*****	*****	0	Daily	Grab	
E. coli	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab	
51040 1.0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB	
BOD, carbonaceous, 05 day, 20 C	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab	
80082 1.0 Effluent Gross	*****	*****	*****	*****	*****	*****	*****	0	Daily	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations			210-233-3239	11/11/15
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER
			210	233-3239
				MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

TX0077801	005-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

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

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	*****	*****	0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4	MO MIN	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.0	MINIMUM	*****	*****	0	Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6	MINIMUM	*****	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	14	*****	*****	2.5	MAXIMUM	*****	*****	0	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	325	*****	*****	15	DAILY AV	40	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.5	*****	*****	0.30	DAILY AV	0.60	*****	0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	43	*****	*****	2	DAILY AV	7	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.70	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	*****	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.60	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2.6	*****	*****	*****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	INST MAX	1	mg/L		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations			210-233-3239	11/10/15
TYPED OR PRINTED			AREA Code	NUMBER
			210	233-3239
				MM/DD/YYYY
				11/10/15

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

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


Form Approved
OMB No. 2040-0004

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

TX0077801	005-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

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

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. OF ANALYSIS	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	Daily	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1.0	*****	*****	*****	0	Daily	Grab
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	1	*****	*****	*****	0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	12	*****	*****	*****	*****	*****	*****	0	Daily	Grab
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	217	*****	*****	*****	*****	*****	*****	0	Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Production & Treatment Operations				210-233-3239	11/11/15
TYPED OR PRINTED				AREA CODE	NUMBER
					MM/DD/YYYY

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

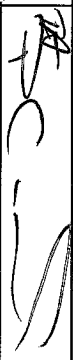
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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

TX0077801	006-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	4	MO MIN	*****	*****		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	6	MINIMUM	*****	*****		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	5785	lb/d	*****	*****	15	40		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	767	lb/d	*****	*****	*****	*****		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
50060 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Production & Treatment Operations				210-233-3239	11/11/15
TYPED OR PRINTED				AREA Code	NUMBER
					MM/DD/YYYY

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

No Discharge

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

Form Approved
OMB No 2040-0004

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

TX0077801	006-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

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

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol - Senior Director	210-233-3239	11/11/15
Production & Treatment Operations	AREA Code	NUMBER
TYPED OR PRINTED	NUMBER	MM/DD/YYYY

Signature: *[Handwritten Signature]*

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

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

No Discharge

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

Form Approved
OMB No 2040-0004

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

TX0077801	101-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	REQ. MON. DAILY AV	VALUE	UNITS	REQ. MON. DAILY MX			
Flow, in conduit or thru treatment plant	7.2	MGD	Req. Mon. DAILY AV	*****	*****	*****	0	Continuous	TOTALZ	
Effluent Gross	4.6	MGD	Req. Mon. DAILY MX	*****	*****	*****	0	Continuous	TOTALZ	
Flow, in conduit or thru treatment plant		MGD	Req. Mon. ANNL AVG	*****	*****	*****		Continuous	TOTALZ	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations			210-233-3239	11/1/15
TYPED OR PRINTED			AREA Code	NUMBER
				MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004


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

TX0077801	102-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2015	10/31/2015

DMR Mailing ZIP CODE: 78221
 MAJOR (SUBR 13)
 TOTAL DISCHARGE - 001 & 101
 Internal Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Flow, in conduit or thru treatment plant	92	Req. Mon. DAILY AV	MGD	*****	*****	*****	*****	Continuous	TotalZ	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY MIX	MGD	*****	*****	*****	*****	Continuous	TOTALZ	
Flow, in conduit or thru treatment plant	94	*****	*****	*****	*****	*****	*****	Continuous	TotalZ	
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125 ANNL AVG	MGD	*****	*****	*****	*****	Continuous	TOTALZ	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Identify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations			210-233-3239	11/11/15
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY
			210-233-3239	11/11/15

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 THE TOTAL DISCHARGE FROM OUTFALL 001 & OUTFALL 101 SHALL NEVER EXCEED 125 MGD AND SHALL BE REPORTED AS OUTFALL 102

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



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



40B	WQ0010137-033	02	15	10	12647
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

THIS REPORT TO BE USED FOR COMBINED MONITORING for 001/800/900

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	REPORTED	PERMITTED				
500507124 FLOW DLY AVG	92		0	02		11
				02	CONT	11 CONT
500507128 FLOW ANN AVG	94		0	02		11
				02	CONT	11 CONT
NUMBER OF OPERATOR CERTIFICATE	WW0042725		0	01		NA
				01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	161022		0	01		NA
				01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	A		0	01		NA
				01	01	NA NA

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

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

	NAME	SIGNATURE	DATE
	Tim Howe Manager-Prod & Treat Ops		15 11 11
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director - Production & Treatment		15 11 11
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-033	02	15	10	12551
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE		
	REPORTED	PERMITTED		VALUE	UNITS			
000085342 TRANSFER DAYS/MON	REPORTED		19	DAY	0 01		01	
	PERMITTED				01	NA	01	NA
316164024 E-COLI DLY AVG	REPORTED		1.2	#/100 ML	0 11		03	
	PERMITTED		20.000		11	2/WEEK	03	GRABPKLOAD
316164030 E-COLI IND GRAB	REPORTED		1.3	#/100 ML	0 11		03	
	PERMITTED		75.000		11	2/WEEK	03	GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		1.8	MGD	0 02		11	
	PERMITTED				02	CONT	11	CONT
500507128 FLOW ANN AVG	REPORTED		0.10	MGD	0 02		11	
	PERMITTED				02	CONT	11	CONT
800821024 BOD CARB DLY AVG	REPORTED		2.0	MG/L	0 08	1/Day	10	12-PRT-COM
	PERMITTED		5.000		11	2/WEEK	03	GRABPKLOAD
820796624 TURBDITY 30DAYAVG	REPORTED		1.2	NTU	0 08	1/Day	10	12-PRT-COM
	PERMITTED		3.000		11	2/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0042725	NUMBER	0 01		NA	
	PERMITTED				01	01	NA	NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		161022	DATE	0 01		NA	
	PERMITTED				01	01	NA	NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	LETTER	0 01		NA	
	PERMITTED				01	01	NA	NA
	REPORTED							
	PERMITTED							

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*
 E-Coli substituted for Fecal Coliform

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Tim Howe Manager-Prod & Treat Ops		15 11 10
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director - Production & Treatment		15 11 11
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



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



40B	WQ0010137-033	02	15	10	12552
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	REPORTED	PERMITTED			VALUE	UNITS	
000085342 TRANSFER DAYS/MON	REPORTED	PERMITTED	0				
				01	NA	01	NA
316164024 FEC. COLI DLY AVG	REPORTED	PERMITTED					
				14	1/WEEK	03	GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED	PERMITTED					
				14	1/WEEK	03	GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED	PERMITTED					
				02	CONT	11	CONT
500507128 FLOW ANN AVG	REPORTED	PERMITTED					
				02	CONT	11	CONT
800821024 BOD CARB DLY AVG	REPORTED	PERMITTED					
				14	1/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	WW0042725	0	01		NA
				01	01		NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	161022	0	01		NA
				01	01		NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	A	0	01		NA
				01	01		NA NA
	REPORTED	PERMITTED					
	REPORTED	PERMITTED					

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

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

NAME	SIGNATURE	DATE
Tim Howe Manager-Prod & Treat Ops		11/11/11
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR
210 233 3239	Parviz Chavol Senior Director - Production & Treatment	
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER
		11/11/11