



December 18, 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 1200 0001 2267 2007

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 1200 0001 2267 2007

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

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

Sincerely,

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

Jeffrey J. Haby, P.E.

Vice President – Production & Treatment

Enc. As stated



December 18, 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 1200 0001 2267 2014

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

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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.

Sincerely,

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

Jeffrey J. Haby, P.E.

Vice President – Production & Treatment

Enc. As stated

OVERFLOW REPORT

PERIOD: NOVEMBER 2015

WATERSHED: DOS RIOS

TCEQ PERMIT # 10137-033

EPA PERMIT # 0077801

WO #	INSPT#	SR #	Date	Address	Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments
	387255	1102428	11/30/2015	Merrimac St	307	Grease	Cleaned Main	2.30	2.05	Stormdrain (Spilled Into San Antonio River)	Area Cleaned and Disinfected, Flushed Area with H2O 8" Sewer Main Unstopped Main
	386923	1099997	11/25/2015	Goliad Rd	1927	Grease	Cleaned Main	0.52	0.40	Street	Area Cleaned and Disinfected, Flushed Area with H2O 8" Sewer Main Unstopped Main
	386151	1089898	11/14/2015	Ticonderoga	3506	Grease	Cleaned Main	1.28	0.78	Stormdrain (spilled Into Edwards Aquifer Transition Zone)	Area Cleaned and Disinfected, Flushed Area with H2O 8" Sewer Main Unstopped Main
	385978	1088364	11/12/2015	Berman Rd	400	Debris	Cleaned Main	2.08	0.50	Stormdrain	Area Cleaned and Disinfected, 8" Sewer Main Unstopped Main
	385683	1083807	11/8/2015	Yett Ave	9039	Debris	Cleaned Main	1.17	0.67	Drainage Culvert	Area Cleaned and Disinfected, Flushed Area with H2O 8" Sewer Main Unstopped Main
	385754	1083708	11/7/2015	Duke Ave	319	Debris	Cleaned Main	0.32	0.22	Alley	Area Cleaned and Disinfected, Flushed Area with H2O 8" Sewer Main Unstopped Main
		1080471	11/4/2015	Cheryl Dr E	409	Contractor	Removed Plug	0.42	0.42	Street	Area Cleaned and Disinfected, 24 Inc Sewer Main ,contractor Removed Plug
	385175	1077352	11/1/2015	26th St Nw	1003	Debris	Cleaned Main	6.03	0.78	Drainage Culvert	Area Cleaned and Disinfected, Flushed Area with H2O 15 Inch Sewer Main, Unstopped Main
Total Events: 8					Total Gallons: 77,837		Average Duration: 1.77		0.73		Average Response

Tuesday, December 08, 2015

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

OVERFLOW REPORT

PERIOD: NOVEMBER 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
		1100926	11/27/2015	Holbrook	668	117,560 l/i	Monitored Area	16.58	0.50	Creek Bed (Spilled Into Salado Creek)	48 Inch Sewer Main, Monitored Area. Saws Is In Process Of Engaging An Engineering Firm To Design The Remedial Measure To Address This Issue.
	387110	1100912	11/27/2015	Stahl Rd	4002	50 Grease	Cleaned Main	1.57	0.07	Ground	Area Cleaned and Disinfected, Flushed Area with H2O 8" Sewer Main Unstopped Main
Total Events: 2					Total Gallons: 117,610		Average Duration: 9.08		Average Response: 0.28		Average Response

Tuesday, December 08, 2015

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

OVERFLOW REPORT

PERIOD:

WATERSHED: SUBSCRIBER

TCEQ PERMIT # Subscriber

EPA PERMIT # Subscriber

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

Tuesday, December 08, 2015

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

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

DMR Mailing ZIP CODE: 78222
 MAJOR (SUBR 13)
 DOMESTIC FACILITY - 001
 External Outfall

TX0077801	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MMDDYYYY 11/01/2015	MMDDYYYY 11/30/2015
MONITORING PERIOD	

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS				
Oxygen, dissolved [DO]	*****	*****	6.9	*****	*****	*****	0	Daily	Grab
00300 1 0 Effluent Gross pH	*****	*****	6	*****	*****	mg/L		Daily	GRAB
00400 1 0 Effluent Gross	*****	*****	6.9	*****	7.8	SU	0	Daily	Grab
Solids, total suspended	*****	*****	6	*****	9 MAXIMUM		0	Daily	GRAB
00530 1 0 Effluent Gross	1334	*****	1.9	*****	4.1		0	Daily	Compos
Nitrogen, ammonia total [as N]	12510 DAILY AV	*****	12 DAILY AV	*****	40 DAILY MX		0	Daily	COMPOS
00610 1 0 Effluent Gross	271	*****	0.40	*****	2.2		0	Daily	Compos
Flow, in conduit or thru treatment plant	2085 DAILY AV	*****	2 DAILY AV	*****	7 DAILY MX		0	Daily	COMPOS
50050 1 0 Effluent Gross	85	*****	134	*****	*****		0	Continuous	TOTAL
Flow, in conduit or thru treatment plant	Req. Mon. DAILY AV	*****	Req. Mon. DAILY MX	*****	*****			Continuous	TOTAL
50050 P 0 See Comments	116806	*****	*****	*****	*****		0	Continuous	TOTAL
Flow, in conduit or thru treatment plant	173611 2HR PEAK	*****	*****	*****	*****			Continuous	TOTAL
50050 Y 0 Effluent Gross (Supplementary)	89	*****	*****	*****	*****		0	Daily	Grab
	125 ANNL AVG	*****	*****	*****	*****			Continuous	TOTAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations	210-233-3239	12/17/2015
TYPED OR PRINTED	AREA Code	NUMBER
	210	233-3239
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. 2140-0004


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

TX0077801	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

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

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Chlorine, total residual	*****	*****	*****	*****	*****	*****	0	Daily	Grab
50060 A 0 Disinfection, Process Complete	*****	*****	*****	*****	*****	*****	0	Daily	GRAB
Chlorine, total residual	*****	*****	*****	1.0	*****	*****	0	Daily	Grab
50060 B 0 Prior to Disinfection	*****	*****	*****	1	*****	*****	0	Daily	GRAB
E. coli	*****	*****	*****	MO MIN	*****	*****	0	Daily	Grab
51040 1 0 Effluent Gross	*****	*****	*****	1.1	*****	*****	0	Daily	Grab
BOD, carbonaceous, 05 day, 20 C	*****	*****	*****	126	DAILY AV	394	0	Five per Week	GRAB
80082 1 0 Effluent Gross	*****	*****	*****	2.3	DAILY AV	4.0	0	Daily	Compos
	*****	*****	*****	5	DAILY AV	20		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations	210-233-3239	12/17/2015
TYPED OR PRINTED	AREA Code	NUMBER
	210	233-3239
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. 2140-0004

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
MM/DD/YYYY 11/01/2015	MM/DD/YYYY 11/30/2015

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	PERMIT REQUIREMENT	*****	*****	6.9	*****	*****	0	Daily	Grab
00300 1 0 Effluent Gross pH	PERMIT REQUIREMENT	*****	*****	4 MO MIN	*****	*****		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	7.1 MINIMUM	*****	7.6 MAXIMUM	0	Daily	Grab
Solids, total suspended	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	Daily	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	1.9 DAILY AV	*****	4.1 DAILY MX	0	Daily	Compos
Nitrogen, ammonia total [as N]	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	14 DAILY AV	*****	2.2 DAILY MX	0	Daily	Compos
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	*****	*****	167 DAILY AV	*****	*****	0	Daily	Compos
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	5.6 DAILY AV	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	*****	*****	4.0 ANN AVG	*****	*****	0	Continuous	TOTALZ
Chlorine, total residual	PERMIT REQUIREMENT	*****	*****	*****	*****	0.080 INST MAX	0	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol - Senior Director Production & Treatment Operations	TELEPHONE 210-233-3239	DATE 11/17/2015
TYPED OR PRINTED	AREA Code	NUMBER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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

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

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

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

No Discharge

TX0077801	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/10/2015	1/30/2015

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	Daily	Grab	
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	1.0	*****	*****		Daily	GRAB	
E. coli	SAMPLE MEASUREMENT	*****	*****	MO MIN	*****	*****		Daily	GRAB	
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	Daily	Grab	
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	107	*****	*****	126 DAILY AV	394 DAILY MX		Three per Week	GRAB	
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	834 DAILY AV	*****	*****	10 DAILY AV	25 DAILY MX		Daily	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations	210-233-3239	1/31/2015
TYPED OR PRINTED	AREA Code	NUMBER
	210	233-3239
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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

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

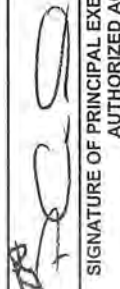
No Discharge

TX0077801 PERMIT NUMBER	003-A DISCHARGE NUMBER
MM/DD/YYYY 11/01/2015	MM/DD/YYYY 11/30/2015

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations	210-233-3239	12/17/2015
TYPED OR PRINTED	AREA Code NUMBER	MM/DD/YYYY
	210-233-3239	12/17/2015

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


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

No Discharge

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

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

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

No Discharge

TX0077801 PERMIT NUMBER	003-A DISCHARGE NUMBER
MM/DD/YYYY 11/01/2015	MM/DD/YYYY 11/30/2015

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations	210-233-3239	12/17/2015
TYPED OR PRINTED	AREA Code	NUMBER
	210-233-3239	12/17/2015
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		

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

No Discharge

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

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
11/01/2015	11/30/2015
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			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	5	MO MIN	*****		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		Daily	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	6	MINIMUM	*****		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	9	SU	Daily	Compos
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375	DAILY AV	*****	*****	15	DAILY AV	Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	Daily	Compos
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	50	DAILY AV	*****	*****	2	DAILY AV	Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	*****	*****	*****	*****	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.70	*****	*****	*****	*****	*****	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	3	ANNL AVG	*****	*****	*****	*****	Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	INST MAX	Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations	210-233-3239	11/20/15
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)
 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
11/01/2015	11/30/2015

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

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS			
Chlorine, total residual	*****	*****	*****	*****	*****			
50060 B 0 Prior to Disinfection	*****	*****	1 MO MIN	*****	*****		Daily	Grab
E. coli	*****	*****	*****	*****	*****		Daily	Grab
51040 1 0 Effluent Gross	*****	*****	*****	126 DAILY AV	394 DAILY MX		Weekly	GRAB
BOD, carbonaceous, 05 day, 20 C	*****	*****	*****	*****	*****		Daily	Grab
80082 1 0 Effluent Gross	250 DAILY AV	*****	*****	10 DAILY AV	25 DAILY MX		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations	210-233-3239	12/17/2015
TYPED OR PRINTED	AREA Code NUMBER	MMDDYYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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

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

NO DISCHARGE

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

Form Appro /ad
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Includes 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
MM/DD/YYYY	MONITORING PERIOD
11/01/2015	MM/DD/YYYY
	11/30/2015

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved [DO]	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Daily	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	7.2	*****	*****	*****	0	Daily	Grab
pH	SAMPLE MEASUREMENT	*****	*****	4	*****	*****	*****		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	7.0	*****	*****	*****	0	Daily	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	6	*****	*****	*****	0	Daily	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	7.2	*****	*****	*****	0	Daily	Compos
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	325	*****	*****	*****	0	Daily	COMPOS
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	1.2	*****	*****	*****	0	Daily	Compos
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	43	*****	*****	*****	0	Daily	COMPOS
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	0.50	*****	*****	*****	0	Continuous	Total
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	2.6	*****	*****	*****	0	Continuous	Total
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	*****	*****	0.60	*****	*****	*****	0	Continuous	Total
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	2.6	*****	*****	*****	0	Continuous	Total
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Daily	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol - Senior Director	210-233-3239	12/17/2015
Production & Treatment Operations	AREA Code NUMBER	MMDDYYYY
TYPED OR PRINTED		

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 Appr. used
OMB No. 2040-0004

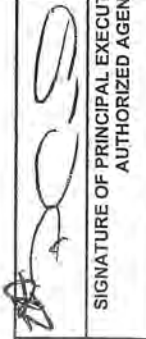
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME: DOS RIOS WATER RECYCLING CENTER
 ADDRESS: 3495 VALLEY RD
 SAN ANTONIO, TX 78221
 FACILITY: DOS RIOS WATER RECYCLING CTR.
 LOCATION: 3495 VALLEY RD.
 SAN ANTONIO, TX 78221
 ATTN: PARIZ CHAVOL SR DIR

TX0077801	005-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015
MONITORING PERIOD	

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

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Chlorine, total residual	*****	*****	*****	*****	*****	*****	0	Daily	Grab
50060 B.0 Prior to Disinfection	*****	*****	1.0	*****	*****	*****	0	Daily	GRAB
E. coli	*****	*****	1 MO MIN	*****	*****	*****	0	Daily	GRAB
51040 1.0 Effluent Gross	*****	*****	*****	1.1	*****	*****	0	Daily	GRAB
BOD, carbonaceous, 05 day, 20 C	*****	*****	*****	126 DAILY AV	*****	*****	0	Weekly	GRAB
80082 1.0 Effluent Gross	*****	*****	8.9	2.3	*****	*****	0	Daily	Grab
	*****	*****	217 DAILY AV	10 DAILY AV	*****	*****		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Patviz Chavol - Senior Director Production & Treatment Operations	210-233-3239	12/17/2015
TYPED OR PRINTED	AREA Code	NUMBER
	210	233-3239
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		

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

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

Form Approved
OMB No. 2140-0004

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

TX0077801 PERMIT NUMBER	006-A DISCHARGE NUMBER
MM/DD/YYYY 11/01/2015	MM/DD/YYYY 11/30/2015

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol - Senior Director Production & Treatment Operations	TELEPHONE NUMBER 210-233-3239	DATE 11/12/15
TYPED OR PRINTED	AREA Code	MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		

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

No Discharge

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


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

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

No Discharge

TX0077801 PERMIT NUMBER	006-A DISCHARGE NUMBER
MM/DD/YYYY 11/01/2015	MM/DD/YYYY 11/30/2015

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations	210-233-3239	12/17/2015
TYPED OR PRINTED	AREA Code	NUMBER
	210-233-3239	12/17/2015
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		

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

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

No Discharge

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

Form Approved
OMB No. 1040-0004

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
11/01/2015	11/30/2015
MONITORING PERIOD	


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	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	50050 1 0 Effluent Gross	3.0	Req. Mon. DAILY AV	4.8	Req. Mon. DAILY MX	MGD	0	Continuous	Total
Flow, in conduit or thru treatment plant	50050 Y 0 Effluent Gross (Supplementary)	4.6	Req. Mon. ANNL AVG			MGD	0	Continuous	Total
									TOTAL

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 12/17/2015
TYPED OR PRINTED		AREA Code NUMBER	MM/DD/YYYY

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

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

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

Form Approved
OMB No. 2140-0004

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

TX0077801 PERMIT NUMBER	102-A DISCHARGE NUMBER
MM/DD/YYYY 11/01/2015	MONITORING PERIOD MM/DD/YYYY 11/30/2015

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	VALUE	UNITS			
Flow, in conduit or thru plant	88	88	Req. Mon. DAILY AV	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	MGD	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru plant	94	94	Req. Mon. DAILY MX	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125 ANNL AVG	MGD	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations	210-233-3239	11/20
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)

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-033	02	15	11	12551
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE		
	REPORTED	VALUE		UNITS				
000085342 TRANSFER DAYS/MON	REPORTED	1	DAY	0	01		01	
	PERMITTED							
316164024 E-COLI DLY AVG	REPORTED		#/100 ML	1	11		03	
	PERMITTED	20.000						
316164030 E-COLI IND GRAB	REPORTED		#/100 ML	1	11		03	
	PERMITTED	75.000						
500507124 FLOW DLY AVG	REPORTED	0.003	MGD	0	02		11	
	PERMITTED							
500507128 FLOW ANN AVG	REPORTED	0	MGD	0	02		11	
	PERMITTED							
800821024 BOD CARB DLY AVG	REPORTED	2.0	MG/L	0	08	1/Day	10	12-PRT-COM
	PERMITTED	5.000						
820796624 TURBDITY 30DAYAVG	REPORTED	0.60	NTU	0	08	1/Day	10	12-PRT-COM
	PERMITTED	3.000						
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0042725	NUMBER	0	01		NA	
	PERMITTED							
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	161022	DATE	0	01		NA	
	PERMITTED							
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01		NA	
	PERMITTED							
	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		11/15/12/17
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2110 233 3239	Parviz Chavol Senior Director - Production & Treatment		11/15/12/17
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	11	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	VALUE	UNITS				
000085342 TRANSFER DAYS/MON	REPORTED	0	DAY	0			
	PERMITTED						
316164024 FEC. COLI DLY AVG	REPORTED		#/100 ML				
	PERMITTED	200.000					
316164030 FEC. COLI IND GRAB	REPORTED		#/100 ML				
	PERMITTED	800.000					
500507124 FLOW DLY AVG	REPORTED		MGD				
	PERMITTED						
500507128 FLOW ANN AVG	REPORTED		MGD				
	PERMITTED						
800821024 BOD CARB DLY AVG	REPORTED		MG/L				
	PERMITTED	20.000					
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0042725	NUMBER	0	01		NA
	PERMITTED						
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	161022	DATE	0	01		NA
	PERMITTED						
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01		NA
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Tim Howe Manager-Prod & Treat Ops		11/15/17
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director - Production & Treatment		11/15/17
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	11	12647
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	REPORTED	PERMITTED			VALUE	UNITS	
500507124 FLOW DLY AVG	REPORTED		88	MGD	0 02	11	
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		94	MGD	0 02	11	
	PERMITTED				02	CONT	11 CONT
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0042725	NUMBER	0 01		NA
	PERMITTED				01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		161022	DATE	0 01		NA
	PERMITTED				01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	LETTER	0 01		NA
	PERMITTED				01	01	NA NA
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

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		11/15/12/17
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director - Production & Treatment		11/15/12/17
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

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

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

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

No Discharge

TX0065641	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015
MONITORING PERIOD	

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved [DO]	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	4 MO MIN	*****	*****		Daily	GRAB	
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	30 DAILY AV	100 SINGGRAB		Daily	GRAB	
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	6 MINIMUM	*****	9 MAXIMUM		Daily	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	90 DAILY AV	*****		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		Monthly	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations	210-233-3239	11/17/2015
TYPED OR PRINTED	AREA Code NUMBER	IMDD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

NO DISCHARGE

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



December 18, 2015

Mr. Baliya R. Chalise
Wastewater Permitting Section
Texas Commission on Environmental Quality MC 148
12100 Park 35 Circle
Austin, TX 78753

RE: San Antonio Water System, TPDES Permit No. WQ0011030073 (CN60052069; RN102182664)
Leon Creek Water Recycling Center (LCWRC) New Monitoring Discharge Requirements

Dear Mr. Chalise,

Please find attached Discharge Monitoring Reports for November 2015 for our Leon Creek facility, TPDES Permit No. WQ0011030073.

On October 7, 2015, LCWRC was issued a renewed permit that contains new monitoring and reporting requirements for Total Dissolved Solids (TDS) and Total Chloride (TotCl) for Outfall 001.

We have not yet received the new reporting forms that include the aforementioned parameters. So, please find those values here:

Total Dissolved Solids Daily Ave: 680 mg/L

Total Dissolved Solids Daily Max: 742 mg/L

Total Chloride Daily Ave: 137 mg/L

Total Chloride Daily Max: 157 mg/L

Should you have any questions or need additional information, please contact Floramie Welch, Environmental Analyst III at (210) 233-3744 or don't hesitate to call me at (210) 233-3239.

Sincerely,

A handwritten signature in black ink, appearing to read "Parviz Chavol", written over a horizontal line.

Parviz Chavol, P.E., Sr. Director, Production and Treatment

OVERFLOW REPORT

PERIOD: NOVEMBER 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
		1101033	11/29/2015	Commerce St W	10090	388,100 l/i	Monitored Area	7.37	0.95	Creek Bed (Spilled Into Leon Creek)	42" Sewer Main Water Tight Mh Ring And Cover Will Be Installed : Area Will Be Placed On 6-month Monitor List To Check For Possible Infiltration.
	387114	1100953	11/28/2015	Joiner Dr	5615	150 Debris	Cleaned Main	0.48	0.23	Creek Bed (Spilled Into Zarzamora Creek)	Area Cleaned and Disinfected, Flushed Area with H2O 8" Sewer Main, Unstopped Main
	386932	1100218	11/25/2015	Rogers Rd	1919	5 Debris	Cleaned Main	0.67	0.17	Ground	Area Cleaned and Disinfected, Flushed Area with H2O 8" Sewer Main Unstopped Main
		1094481	11/19/2015	Westrock Dr	7526	50 Debris	Cleaned Lateral	2.15	2.15	Alley	Area Cleaned and Disinfected, Flushed Area with H2O 6" Lateral, Unstopped Lateral
	386147	1089857	11/14/2015	Eckhert Rd	6418	10 Grease	Cleaned Main	0.75	0.67	Ground (spilled Over Edwards Aquifer Transition Zone)	Area Cleaned and Disinfected, Flushed Area with H2O 8" Sewer Main Unstopped Main
	385856	1085778	11/10/2015	Buena Vista St	6638	100 Debris	Cleaned Main	2.17	1.17	Alley	Area Cleaned and Disinfected, Flushed Area with H2O 8" Sewer Main Unstopped Main
	385188	1078321	11/2/2015	Painter Way	7410	3,500 Debris	Cleaned Main	1.17	0.98	Drainage Culvert	Area Cleaned and Disinfected, Flushed Area with H2O 8" Sewer Main Unstopped Main
Total Events:					7	Total Gallons:	391,915	Average Duration:	2.11	Average Response	0.90

Tuesday, December 08, 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, SEN. DIRECTOR

TX0052639	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE			
Oxygen, dissolved [DO]	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	12/Day	Grab
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	6.0	*****	*****	0	Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	5 MO MIN	*****	*****	0	12/Day	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	6.7	*****	7.8	0	Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	6 MINIMUM	*****	9 MAXIMUM	0	Daily	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	351	*****	1.1	*****	2.5	0	Daily	Compos
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	5755 DAILY AV	*****	15 DAILY AV	*****	40 DAILY MX	0	Daily	COMPOS
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	150	*****	0.50	*****	2.9	0	Daily	Compos
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	767 DAILY AV	*****	2 DAILY AV	*****	7 DAILY MX	0	Continuous	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	37	*****	54	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	Req. Mon. DAILY AV	*****	Req. Mon. DAILY MX	*****	*****	0	Continuous	TOTALZ
50050 P 0 See Comments	PERMIT REQUIREMENT	41319	*****	41319	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	63889 2HR PEAK	*****	63889 2HR PEAK	*****	*****	0	Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	31	*****	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	46 ANNL AVG	*****	*****	*****	*****	0	Continuous	TOTALZ

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and report the information. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
210-233-3239
DATE
11/17/2015
NUMBER
AREA Code

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

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

Form Approved
OMB No. 3040-0004

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

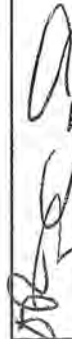
ATTN: PARVIZ CHAVOL, SEN. DIRECTOR

TX0052639	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

DMR Mailing ZIP CODE: 78211
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			
Chlorine, total residual	PERMIT MEASUREMENT	*****	*****	*****	*****	0	12/Day	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****		Daily	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	1.0	*****	0	12/Day	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	1 MO MIN	*****		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	Daily	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	1.3	*****	0	Daily	GRAB
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	*****	*****	126 DAILY AV	*****		Five per Week	GRAB
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	0	Daily	Compos
		620	*****	2.0	*****		Daily	COMPOS
		2686 DAILY AV	*****	7 DAILY AV	*****		Daily	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations	210-233-3239	12/17/2015
TYPED OR PRINTED	AREA Code NUMBER	MM/DD/YYYY
	210-233-3239	12/17/2015
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: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221

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

ATTN: PARVIZ CHAVOL, SEN. DIRECTOR

TX0052639 PERMIT NUMBER	002-A DISCHARGE NUMBER
MM/DD/YYYY 11/01/2015	MM/DD/YYYY 11/30/2015

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

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved [DO]	*****	*****	*****	*****	*****	*****	0	12/Day	Grab
00300 1 0 Effluent Gross	*****	*****	5 MO MIN	*****	*****	*****		Daily	GRAB
pH	*****	*****	*****	*****	*****	*****	0	12/Day	Grab
00400 1 0 Effluent Gross	*****	*****	6 MINIMUM	*****	*****	*****		Daily	GRAB
Solids, total suspended	*****	*****	*****	*****	*****	*****	0	Daily	Compos
00530 1 0 Effluent Gross	5755 DAILY AV	*****	*****	*****	*****	*****		Daily	COMPOS
Nitrogen, ammonia total [as N]	*****	*****	*****	*****	*****	*****	0	Daily	Compos
00610 1 0 Effluent Gross	767 DAILY AV	*****	*****	*****	*****	*****		Daily	COMPOS
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	Req. Mon. DAILY AV	*****	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	*****	*****	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	46 ANNL AVG	*****	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations	210-233-3239	12-17-2015
TYPED OR PRINTED	AREA Code	NUMBER
	210-233-3239	12-17-2015
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MM/DD/YYYY
		

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

NO DISCHARGE

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

Form Approved
OMB No. 2040-0004

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

NAME: SAN ANTONIO WATER SYSTEM

ADDRESS: 3495 VALLEY RD

SAN ANTONIO, TX 78221

FACILITY: LEON CREEK WATER RECYC. CTR.

LOCATION: 1104 MAJERMAN ROAD

SAN ANTONIO, TX 78224

ATTN: PARVIZ CHAVOL, SEN. DIRECTOR

TX0052639

PERMIT NUMBER

002-A

DISCHARGE NUMBER

MM/DD/YYYY

11/01/2015

MONITORING PERIOD

MM/DD/YYYY

11/30/2015

DMR Mailing ZIP CODE: 78271

MAJOR

(SUBR 13)

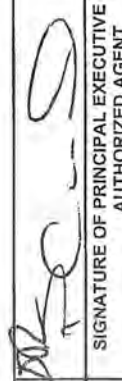
DOMESTIC FACILITY - 002

External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	12/Day	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****		Daily	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	12/Day	Grab
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	*****		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	*****	*****	*****		Daily	COMPOS

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


SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
210-233-3239
AREA Code NUMBER

DATE
2/17/2015
MM/DD/YYYY

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

NO DISCHARGE

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

Form Approved
OMB No. 2040-0004

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

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

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

ATTN: PARVIZ CHAVOL, SEN. DIRECTOR

TX0052639	101-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

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	UNITS			
Solids, total suspended	351	*****	*****	*****	*****	*****	0	Daily	Compos
00530 J 0 Intermediate Treatment, Process	5755 DAILY AV	*****	lb/d	*****	*****	*****		Daily	COMPOS
Nitrogen, ammonia total [as N]	150	*****	*****	*****	*****	*****	0	Daily	Compos
00610 J 0 Intermediate Treatment, Process	767 DAILY AV	*****	lb/d	*****	*****	*****		Daily	COMPOS
Flow, in conduit or thru treatment plant	37	54	*****	*****	*****	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	Req. Mon. DAILY AV	*****	MGD	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	41319	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 P 0 See Comments	63889 2-HR PEAK	*****	gal/min	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	31	*****	*****	*****	*****	*****	0	Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	46 ANNL AVG	*****	MGD	*****	*****	*****		Continuous	TOTALZ
BOD, carbonaceous, 05 day, 20 C	620	*****	*****	*****	*****	*****	0	Daily	Compos
80082 J 0 Intermediate Treatment, Process	2686 DAILY AV	*****	lb/d	*****	*****	*****		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations TYPED OR PRINTED	210-233-3239 AREA Code NUMBER	2/17/2015 MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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	11	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	
		VALUE	UNITS				
500507124 FLOW DLY AVG	REPORTED	41	MGD	0	02		11
	PERMITTED					02	CONT
500507128 FLOW ANN AVG	REPORTED	34	MGD	0	02		11
	PERMITTED					02	CONT
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0004506	NUMBER	0	01		NA
	PERMITTED					01	01
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	170108	DATE	0	01		NA
	PERMITTED					01	01
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01		NA
	PERMITTED					01	01
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

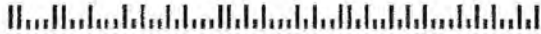
COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

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 12 11
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2 1 0	2 3 3	3 2 3 9	15 12 11
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
			15 12 11

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	11	12547
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	REPORTED	PERMITTED			VALUE	UNITS
000085342 TRANSFER DAYS/MON	REPORTED		30	DAY	0 01	01
	PERMITTED				01 NA	01 NA
316164024 E-COLI DLY AVG	REPORTED		1.3	#/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		3.6	MGD	0 02	11
	PERMITTED				02 CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		3.3	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.		11/12/11
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director - Production & Treatment		11/12/11
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	WQ0010137-003	02	15	11	12548
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE		
	REPORTED	PERMITTED		VALUE	UNITS			
000085342 TRANSFER DAYS/MON	REPORTED		0	DAY	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	01			NA
	PERMITTED				01	01		NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		170108	DATE	01			NA
	PERMITTED				01	01		NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	LETTER	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 12 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 12 17
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
			YEAR MO. DAY

OVERFLOW REPORT

PERIOD: NOVEMBER 2015
 WATERSHED: MEDIO CREEK
 TCEQ PERMIT # 10137-040
 EPA PERMIT # 0055689

WO #	INSPT#	SR #	Date	Address	Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments
		1082841	11/6/2015	Del Webb Blvd	4550	Grease	Cleaned Main	3.12	1.27	Drainage Culvert	Area Cleaned and Disinfected, Flushed Area with H2O 8" Sewer Main Unstopped Main
Total Events:					1	Total Gallons: 9,350		Average Duration: 3.12	1.27	Average Response	

Tuesday, December 08, 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
 CARLA VALENTINUS TY TOOLSE
 ATTN: PARIZ CHAVOL SR DIR

TX0055689	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015

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

No Disclosure

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Oxygen, dissolved [DO]	*****	*****	*****	*****	0	Daily	Grab
00300 1 0 Effluent Gross	*****	*****	6.9	mg/L		Daily	GRAB
pH	*****	*****	6 MO MIN				
00400 1 0 Effluent Gross	*****	*****	7.4		0	Daily	Grab
Solids, total suspended	*****	*****	6 MINIMUM	SU		Daily	GRAB
00530 1 0 Effluent Gross	*****	*****	1.0	30 DAILY MX	0	Daily	Compos
Nitrogen, ammonia total [as N]	*****	*****	0.60	7 DAILY MX	0	Daily	Compos
00610 1 0 Effluent Gross	*****	*****	2	*****		Daily	COMPOS
Flow, in conduit or thru treatment plant	*****	*****	8.6	*****	0	Continuous	TotalZ
50050 1 0 Effluent Gross	*****	*****	7769	*****		Continuous	TotalZ
Flow, in conduit or thru treatment plant	*****	*****	27778 2HR PEAK	*****		Continuous	TotalZ
50050 P 0 See Comments	*****	*****	4.6	*****	0	Continuous	TotalZ
Flow, in conduit or thru treatment plant	*****	*****	16 ANNL AVG	*****		Continuous	TotalZ
50050 Y 0 Effluent Gross (Supplementary)	*****	*****	*****	*****		Continuous	TotalZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol - Senior Director Production & Treatment Operations	210-233-3239	2/17/2015
TYPED OR PRINTED	AREA Code	NUMBER
	210-233-3239	MMDDYYYY
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
 FACILITY: MEDIO CREEK WATER RECYC. CTR.
 LOCATION: 1300FT N USHWY 90 APPROX 1.25M W OF
 IH410
 SAN ANTONIO, TX 78221
 ATTN: PARIZ CHAVOL SR DIR

TX0055689	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
11/01/2015	11/30/2015
MONITORING PERIOD	

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS				
E. coli	*****	*****	*****	*****	*****	*****	0	Daily	Grab
51040 1 0 Effluent Gross BOD, carbonaceous, 05 day, 20 C	*****	*****	*****	1.3	126 DAILY AV	394 DAILY MX	0	Daily	GRAB
80082 1 0 Effluent Gross	81	934 DAILY AV	*****	2.0	7 DAILY AV	20 DAILY MX	0	Daily	Compos
						mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Patriz Chavol - Senior Director Production & Treatment Operations	210-233-3239	11/17/2015
TYPED OR PRINTED	AREA Code	NUMBER
	210	233-3239
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		MMDDYYYY
		11/17/2015

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-040	01	15	11	12654
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

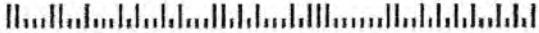
PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	REPORTED	PERMITTED			VALUE	UNITS	
500507124 FLOW DLY AVG	REPORTED		7.5	MGD	0 02	11	
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		6.8	MGD	0 02	11	
	PERMITTED				02	CONT	11 CONT
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0004506	NUMBER	0 01		NA
	PERMITTED				01 01		NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		170108	DATE	0 01		NA
	PERMITTED				01 01		NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	LETTER	0 01		NA
	PERMITTED				01 01		NA NA
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Daniel Rodriguez Manager-Prod & Treat Ops		11/12/11
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3774	Steve Clouse Senior Vice President & COO		11/12/11
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
			YEAR MO. DAY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



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



40B	WQ0010137-040	01	15	11	12553
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	REPORTED	PERMITTED			VALUE	UNITS	
000085342 TRANSFER DAYS/MON	REPORTED		30	DAY	0 01	01	
	PERMITTED				01	NA	01 NA
316164024 FEC. COLI DLY AVG	REPORTED		1.0	#/100 ML	0 11	03	
	PERMITTED		20.000		11	2/WEEK	03 GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED		1.0	#/100 ML	0 11	03	
	PERMITTED		75.000		11	2/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		2.7	MGD	0 02	11	
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		2.3	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 TURBIDITY 30DAYAVG	REPORTED		0.70	NTU	0 08	1/Day	10 12-prt-com
	PERMITTED		3.000		11	2/WEEK	03 GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0004506	NUMBER	0 01		NA
	PERMITTED				01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		170108	DATE	0 01		NA
	PERMITTED				01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	LETTER	0 01		NA
	PERMITTED				01	01	NA NA
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

E-Coli substituted for Fecal Coliform

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME Daniel Rodriguez Manager-Prod & Treat Ops	SIGNATURE 	DATE 15/12/11
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3774	Steve Clouse Senior Vice President & COO		15 12 17
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-040	02	15	11	12554
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE II 900

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE	
	REPORTED	PERMITTED		VALUE	UNITS		
000085342 TRANSFER DAYS/MON	REPORTED		0	01		01	
	PERMITTED			01	NA	01	NA
316164024 FEC. COLI DLY AVG	REPORTED						
	PERMITTED		200.000		14 1/WEEK	03	GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED						
	PERMITTED		800.000		14 1/WEEK	03	GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED						
	PERMITTED				02 CONT	11	CONT
500507128 FLOW ANN AVG	REPORTED						
	PERMITTED				02 CONT	11	CONT
800821024 BOD CARB DLY AVG	REPORTED						
	PERMITTED		20.000		14 1/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0004506	0	01		NA
	PERMITTED			01	01		NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		170108	0	01		NA
	PERMITTED			01	01		NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	0	01		NA
	PERMITTED			01	01		NA NA
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Daniel Rodriguez Manager-Prod & Treat Ops		11/12/11
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3774	Steve Clouse Senior Vice President & COO		11/12/11
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY