



February 18, 2016

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# 7015 1520 0002 4988 1290

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 January 2016 is attached and is provided in compliance with Consent Decree requirements.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Jeffrey J. Haby", written over a horizontal line.

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

Enc. As stated



February 18, 2016

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 #7015 1520 0002 4988 1306

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 #7015 1520 0002 4988 1306

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.

Sincerely,

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Jeffrey J. Haby, P.E.

Vice President – Production & Treatment

Enc. As stated

OVERFLOW REPORT

PERIOD: JANUARY 2016

WATERSHED: DOS RIOS

TCEQ PERMIT # 10137-033

EPA PERMIT # 0077801

| WO # | INSPT# | SR # | Date | Address | Gallons | Cause | Action | Duration | Response Time | Discharged To | Comments |
|---------|--------|---------|-----------|-----------------------|---------|------------------|------------------|----------|---------------|---|---|
| | 399274 | 1158412 | 1/31/2016 | Salinas W | 3907 | Grease | Cleaned Main | 3.02 | 2.78 | Ground | Unstopped Main |
| | 399073 | 1156737 | 1/29/2016 | Amber E | 171 | Grease | Cleaned Main | 1.78 | 0.78 | Alley | Area Cleaned and Disinfected, Flushed Area with H2O |
| | 398294 | 1145914 | 1/20/2016 | Hallett | 300 | Grease | Cleaned Main | 0.53 | 0.53 | Street | Area Cleaned and Disinfected, Flushed Area with H2O |
| | 398179 | 1143600 | 1/18/2016 | Shasta Ave | 231 | Grease | Cleaned Main | 0.92 | 0.67 | Ground | Area Cleaned and Disinfected, Flushed Area with H2O |
| 1232928 | | 1141580 | 1/14/2016 | Cincinnati Ave | 950 | 1 Structural | Repaired Lateral | 0.80 | 0.00 | Ground | Area Cleaned and Disinfected, 6" Lateral - Work Order Created To Repair Sewer Lateral |
| 1235090 | 396808 | 1140404 | 1/14/2016 | Rosewood Ave E | 268 | 5 Contractor | Repaired Lateral | 1.65 | 1.57 | Street | Area Cleaned and Disinfected, Flushed Area with H2O 6" Lateral - Work Order Created To Repair Sewer Lateral |
| 1233938 | 396365 | 1135727 | 1/11/2016 | Belford | 500 | 1,825 Structural | Repaired Main | 1.22 | 0.88 | Street | Area Cleaned and Disinfected, Flushed Area with H2O - Work Order Was Created To Repair Sewer Main |
| 1233340 | 396332 | 1135048 | 1/9/2016 | Pecan Valley Dr | 6330 | 100 Structural | Repaired Main | 1.10 | 0.10 | Street | Area Cleaned and Disinfected, Flushed Area with H2O - Work Order Has Been Created To Repair Sewer Main |
| | 396433 | 1134883 | 1/10/2016 | Blue Smoke | 14111 | 75,211 Grease | Cleaned Main | 2.68 | 0.68 | Drainage Culvert (Over Edwards Aquifer Transition Zone) | Flushed Area with H2O |
| | 396221 | 1133328 | 1/7/2016 | Panuco | 204 | 700 Grease | Cleaned Main | 1.17 | 0.00 | Creek Bed (Spilled Into Elmendorf Lake) | Area Cleaned and Disinfected, Flushed Area with H2O |
| 1230504 | 396012 | 1129731 | 1/5/2016 | Jones Maltisberger Rd | 7502 | 600 Structural | Repaired Main | 0.17 | 0.00 | Ground | Area Cleaned and Disinfected, Flushed Area with H2O Work Order Created To Repair Sewer Main |

| | | | | | | | | | | | |
|----------------------|---------|----------|----------------------|-----------|-----------------------|--------|---------------|--------------------------|-------------|--|---|
| 395752 | 1127252 | 1/3/2016 | Jones Maltsberger Rd | 7502 | 2,475 | Grease | Cleaned Main | 3.78 | 0.53 | Creek Bed (Spilled Into Olmos Creek) | Area Cleaned and Disinfected, Flushed Area with H2O |
| Total Events: | | | | 12 | Total Gallons: | | 81,027 | Average Duration: | | 1.57 | Average Response |
| | | | | | | | | | 0.71 | | |

Tuesday, February 09, 2016

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 Events: | | | | | | | | | | | |
| Total Gallons: | | | | | | | | | | | |
| Average Duration: | | | | | | | | | | | |
| Average Response | | | | | | | | | | | |

Tuesday, February 09, 2016

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

OVERFLOW REPORT

PERIOD: JANUARY 2016

WATERSHED: SALADO CREEK

TCEQ PERMIT # 10137-008

EPA PERMIT # 0052647

| WO # | INSPT# | SR # | Date | Address | Gallons | Cause | Action | Duration | Response Time | Discharged To | Comments |
|---------|--------|---------|-----------|----------------|---------|--------------------------|--------------|----------|---------------|--|--|
| | | 1158995 | 1/31/2016 | Entrance Rd Ne | 10700 | 13,100 Other - Capacity | Cleaned Area | 2.55 | 0.00 | Ground | Saws Is Working On An Emergency By-pass Contract To Relieve Some Of The Flow From The Mains |
| | 398557 | 1149928 | 1/23/2016 | Mountjoy Dr | 1815 | 50 Grease | Cleaned Main | 2.42 | 0.42 | Stormrain - (Over Edwards Aquifer Recharge Zone) | Area Cleaned and Disinfected, Flushed Area with H2O |
| | | 1150100 | 1/23/2016 | Entrance Rd Ne | 10800 | 24,765 Other - Capacity | Cleaned Area | 4.65 | 0.00 | Ground | - S A W S Is Working On An Emergency By-pass Contract To Relieve Some Of The Flow From The Mains That Become Surcharged. |
| | | 1143769 | 1/16/2016 | Entrance Rd Ne | 10800 | 39,940 Other - Capacity | Cleaned Area | 4.77 | 0.00 | Ground | - Saws Is Working On An Emergency By-pass Contract To Relieve Some Of The Flow From The Mains That Become Surcharged. |
| | | 1144436 | 1/18/2016 | Entrance Rd Ne | 10800 | 3,000 Other - Capacity | Cleaned Area | 2.50 | 0.00 | Ground | - S A W S Is Working On An Emergency By-pass Contract To Relieve Some Of The Flow From The Mains That Become Surcharged. |
| | 397969 | 1142211 | 1/15/2016 | Thousand Oaks | 4400 | 2,350 Debris | Cleaned Main | 0.78 | 0.68 | Drainage Culvert | Area Cleaned and Disinfected, Flushed Area with H2O |
| | | 1135297 | 1/9/2016 | Entrance Rd Ne | 10800 | 139,525 Other - Capacity | Cleaned Area | 15.45 | 0.00 | Ground | - Investigations Are Ongoing To Provide Solutions To Prevent Spills From Occurring At This Location |
| | 396292 | 1133315 | 1/8/2016 | Serna Park | 307 | 1,200 Grease | Cleaned Main | 1.00 | 0.00 | Drainage Culvert (Spilled Into Walzern Creek) | Area Cleaned and Disinfected, Flushed Area with H2O |
| 1221567 | | 1127192 | 1/2/2016 | Entrance Rd Ne | 10800 | 267,850 //i | Cleaned Area | 23.60 | 1.27 | Creek Bed - (Spilled Into Salado Creek) | - Investigations Are Ongoing To Determine What Can Be Done To Relieve Some Of The Flow From The Mains That Become Surcharged During Rain Events, Especially During Peak Flows. |

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
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 |
| 01/01/2016 | 01/31/2016 |

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 | VALUE | | | |
| Oxygen, dissolved [DO] | PERMIT REQUIREMENT | ***** | ***** | 7.1 | ***** | ***** | 0 | 1/Day | |
| 00300 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | 6 | ***** | ***** | | Daily | GRAB |
| pH | SAMPLE MEASUREMENT | ***** | ***** | 6.9 | ***** | ***** | 0 | 1/Day | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | 6 | ***** | ***** | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 1542 | ***** | ***** | ***** | ***** | 0 | 1/Day | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | 12510 | ***** | ***** | ***** | ***** | | Daily | COMPOS |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | 259 | ***** | 0.35 | ***** | ***** | 0 | 1/Day | |
| 00610 1 0 Effluent Gross | PERMIT REQUIREMENT | 2085 | ***** | ***** | ***** | ***** | | Daily | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 82 | ***** | 121 | ***** | ***** | 0 | Continuous | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. DAILY AV | ***** | ***** | ***** | ***** | | Continuous | TOTAL |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 102083 | ***** | ***** | ***** | ***** | 0 | Continuous | |
| 50050 P 0 See Comments | PERMIT REQUIREMENT | 173611 | ***** | ***** | ***** | ***** | | Monthly | TOTAL |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 89 | ***** | ***** | ***** | ***** | 0 | Continuous | |
| 50050 Y 0 Effluent Gross (Supplementary) | PERMIT REQUIREMENT | 125 | ***** | ***** | ***** | ***** | | Continuous | TOTAL |

| | | |
|--|------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | TELEPHONE | DATE |
| Parviz Chavol Sr. Dir | 2102333239 | 1/16 |
| 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)
ANNUAL AVERAGE FLOW SHALL NOT EXCEED 125 MGD. SEE OTHER REQUIREMENTS NO. 7 ON PAGE 36.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if
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 |
| 01/01/2016 | 01/31/2016 |

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 | | | | |
| Chlorine, total residual | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 0 | 1/Day | |
| 50060 A 0 Disinfection, Process Complete | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | mg/L | | Daily | GRAB |
| Chlorine, total residual | SAMPLE MEASUREMENT | ***** | ***** | 1.0 | ***** | INST MAX | 0 | 1/Day | |
| 50060 B 0 Prior to Disinfection | PERMIT REQUIREMENT | ***** | ***** | 1 | ***** | MO MIN | | Daily | GRAB |
| E. coli | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | 0 | 5/week | |
| 51040 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | CFU/100 mL | | Five per Week | GRAB |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 1387 | ***** | 2.0 | ***** | DAILY MX | 0 | 1/Day | |
| 80082 1 0 Effluent Gross | PERMIT REQUIREMENT | 5213 | ***** | ***** | ***** | DAILY AV | | Daily | COMPOS |

| | | |
|--|------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | TELEPHONE | DATE |
| Parviz Chavol Sr. Dir | 2102333239 | 1/18/16 |
| TYPED OR PRINTED | AREA Code | NUMBER |
| | | MM/DD/YYYY |

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

PERMITTEE NAME/ADDRESS (include Facility Name/Location if
known)
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 |
| 01/01/2016 | 01/31/2016 |

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] | SAMPLE MEASUREMENT | ***** | ***** | 6.7 | ***** | ***** | 0 | 1/day | |
| 00300 1 0 Effluent Gross pH | PERMIT REQUIREMENT | ***** | ***** | 4 MO MIN | ***** | ***** | | Daily | GRAB |
| 00400 1 0 Effluent Gross Solids, total suspended | SAMPLE MEASUREMENT | ***** | ***** | 7.0 | ***** | 7.9 | 0 | 1/day | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | 6.5 MINIMUM | ***** | 9 MAXIMUM | | Daily | GRAB |
| 00530 1 0 Effluent Gross Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | 121 | ***** | ***** | ***** | 2.4 | 0 | 1/Day | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | 1251 DAILY AV | ***** | ***** | ***** | 15 DAILY AV | | Daily | COMPOS |
| 00610 1 0 Effluent Gross Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 16 | ***** | ***** | ***** | 0.33 | 0 | 1/Day | |
| 00610 1 0 Effluent Gross | PERMIT REQUIREMENT | 167 DAILY AV | ***** | ***** | ***** | 2 DAILY AV | | Daily | COMPOS |
| 50050 1 0 Effluent Gross Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 6.3 | 9.9 | ***** | ***** | ***** | 0 | Continuous | TOTALZ |
| 50050 1 0 Effluent Gross (Supplementary) | PERMIT REQUIREMENT | Req. Mon. DAILY AV | Req. Mon. DAILY MX | ***** | ***** | ***** | | Continuous | TOTALZ |
| Chlorine, total residual | SAMPLE MEASUREMENT | 4.4 | ***** | ***** | ***** | ***** | 0 | Continuous | |
| 50050 Y 0 | PERMIT REQUIREMENT | 10 ANNL AVG | ***** | ***** | ***** | ***** | | Monthly | TOTALZ |
| 50060 A 0 Disinfection, Process Complete | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 0.080 | 0 | Continuous | |
| | | ***** | ***** | ***** | ***** | INST MAX | | Daily | GRAB |

| | | |
|--|------------------|-------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | TELEPHONE | DATE |
| Parviz Chavol Sr. Dir | 2102333239 | 01/18/16 |
| TYPED OR PRINTED | AREA Code NUMBER | MEM/DD/YYYY |
| | | |
| 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 36.

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

Form Approved
OMB No. 2040-0004


PERMITTEE NAME/ADDRESS (include Facility Name/Location if
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 |
| 01/01/2016 | 01/31/2016 |

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 | | | |
| Chlorine, total residual | PERMIT REQUIREMENT | ***** | ***** | 1.0 | ***** | ***** | 0 | 1/day | |
| 50060 B 0 Prior to Disinfection | PERMIT REQUIREMENT | ***** | ***** | 1 MO MIN | ***** | ***** | | Daily | GRAB |
| E. coli | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 10 | 0 | 5/week | |
| 51040 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 63 DAILY AV | | Three per Week | GRAB |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 106 | ***** | ***** | ***** | 2.0 | 0 | Daily | |
| 80082 1 0 Effluent Gross | PERMIT REQUIREMENT | 834 DAILY AV | ***** | ***** | ***** | 10 DAILY AV | | Daily | COMPOS |

| | | | |
|---|---|------------------|---------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER |  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | DATE |
| Parviz Chavol Sr. Dir | | 2102333239 | 01/14/16 |
| TYPED OR PRINTED | | AREA Code | NUMBER |
| | | | MM/DD/YYYY |

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

SEE OTHER REQUIREMENTS NO.7 ON PAGE 36.

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

PERMITTEE NAME/ADDRESS (include Facility Name/Location if
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 |
| 01/01/2016 | 01/31/2016 |

DMR Mailing ZIP CODE: 78211
MAJOR (SUBR 13)
DOMESTIC FACILITY - 003
External Outfall

No Discharge

| PARAMETER | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------|-------|--------------------------|-------|--------|-----------------------|-------------|
| | VALUE | UNITS | VALUE | UNITS | | | |
| Oxygen, dissolved [DO] | ***** | ***** | ***** | ***** | | | |
| 00300 I 0 Effluent Gross | ***** | ***** | 4 MO MIN | ***** | | Daily | GRAB |
| pH | ***** | ***** | ***** | ***** | | | |
| 00400 I 0 Effluent Gross | ***** | ***** | 6 MINIMUM | ***** | | Daily | GRAB |
| Solids, total suspended | ***** | ***** | ***** | ***** | | | |
| 00530 I 0 Effluent Gross | 1251 DAILY AV | ***** | ***** | ***** | | Daily | COMPOS |
| Nitrogen, ammonia total [as N] | ***** | ***** | ***** | ***** | | | |
| 00610 I 0 Effluent Gross | 167 DAILY AV | ***** | ***** | ***** | | Daily | COMPOS |
| Flow, in conduit or thru treatment plant | ***** | ***** | ***** | ***** | | | |
| 50050 I 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 | ***** | ***** | | Monthly | TOTALZ |
| Chlorine, total residual | ***** | ***** | ***** | ***** | | | |
| 50060 A 0 Disinfection, Process Complete | ***** | ***** | ***** | ***** | | Daily | GRAB |

| | | |
|--|------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | TELEPHONE | DATE |
| Parviz Chavol Sr. Dir | 2102333239 | 02/18/16 |
| 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 REQUIREMENTS NO.7 ON PAGE 36.

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
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 |
| 01/01/2016 | 01/31/2016 |

DMR Mailing ZIP CODE: 78211
MAJOR (SUBR 13)
DOMESTIC FACILITY - 003
External Outfall

No Discharge

| PARAMETER | SAMPLE MEASUREMENT | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------------|--------------------------|-----------------|-------|----------------|-----------------------|-------------|
| | | VALUE | UNITS | VALUE | VALUE | UNITS | VALUE | | | |
| Chlorine, total residual | | ***** | ***** | ***** | ***** | ***** | | | | |
| 50060 B 0 Prior to Disinfection | PERMIT REQUIREMENT | ***** | ***** | 1 MO MIN | ***** | ***** | | Daily | GRAB | |
| E. coli | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | |
| 51040 I 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 63 DAILY AV | 399 DAILY MX | | Three per Week | GRAB | |
| R0D, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | |
| 80082 I 0 Effluent Gross | PERMIT REQUIREMENT | 834 DAILY AV | lb/d | ***** | 10 DAILY AV | 25 DAILY MX | | Daily | COMPOS | |

| | | |
|--|------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | TELEPHONE | DATE |
| Parviz Chavol Sr. Dir | 2102333239 | 01/18/16 |
| TYPED OR PRINTED | AREA Code | NUMBER |
| | | MM/DD/YYYY |
| 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 REQUIREMENTS NO.7 ON PAGE 36.

NO DISCHARGE

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

Form Approved
OMB No. :040- 0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if
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 |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2016 | 01/31/2016 |

DMR Mailing ZIP CODE: 78211
MAJOR (SUBR 13)
DOMESTIC FACILITY - 004
External Outfall

No Discharge

| PARAMETER | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | UNITS | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------|-------|--------------------------|-------|----------|--------|-----------------------|-------------|
| | VALUE | UNITS | VALUE | VALUE | | | | |
| Oxygen, dissolved [DO] | ***** | ***** | 7.3 | ***** | | 0 | 1/day | |
| 00300 1 0 Effluent Gross | ***** | ***** | 5 | ***** | MO MIN | | Daily | GRAB |
| pH | ***** | ***** | 7.2 | ***** | | 0 | 1/day | |
| 00400 1 0 Effluent Gross | ***** | ***** | 6.5 | ***** | MINIMUM | | Daily | GRAB |
| Solids, total suspended | 12 | ***** | 2.4 | ***** | MAXIMUM | 0 | 1/Day | |
| 00530 1 0 Effluent Gross | 375 | ***** | 15 | ***** | DAILY AV | | Daily | COMPOS |
| Nitrogen, ammonia total [as N] | 1.3 | ***** | 0.29 | ***** | DAILY MX | 0 | 1/Day | |
| 00610 1 0 Effluent Gross | 50 | ***** | 2 | ***** | DAILY AV | | Daily | COMPOS |
| Flow, in conduit or thru treatment plant | 0.56 | ***** | 0.64 | ***** | | 0 | Continuous | |
| 50050 1 0 Effluent Gross | Req. Mon. DAILY AV | MGD | ***** | ***** | | | Continuous | TOTALZ |
| Flow, in conduit or thru treatment plant | 0.72 | ***** | ***** | ***** | | 0 | Continuous | |
| 50050 Y 0 Effluent Gross (Supplementary) | 3 | ***** | ***** | ***** | ANNL AVG | | Monthly | TOTALZ |
| Chlorine, total residual | ***** | ***** | 0.080 | ***** | | 0 | 1/day | |
| 50060 A 0 Disinfection, Process Complete | ***** | ***** | ***** | ***** | INST MAX | | Daily | GRAB |

| | | |
|--|-------------------------|-----------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol Sr. Dir | TELEPHONE 2102333239 | DATE 2/18/16 |
| | | |
| 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 36..

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if
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 |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2016 | 01/31/2016 |

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 | | | |
| Chlorine, total residual | PERMIT REQUIREMENT | ***** | ***** | 1.0 | ***** | ***** | 0 | 1/day | |
| 50060 B 0 Prior to Disinfection | PERMIT REQUIREMENT | ***** | ***** | 1 MO MIN | ***** | ***** | | Daily | GRAB |
| E. coli | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 4.0 | 0 | 5/week | |
| 51040 I 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | 63 DAILY AV | ***** | 399 DAILY MX | | Weekly | GRAB |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 9.6 | ***** | 2.0 | ***** | 3.0 | 0 | 1/Day | |
| 80082 I 0 Effluent Gross | PERMIT REQUIREMENT | 250 DAILY AV | ***** | 10 DAILY AV | ***** | 25 DAILY MX | | Daily | COMPOS |

| | | |
|--|------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | TELEPHONE | DATE |
| Pariz Chavol Sr. Dir | 2102333239 | 2/18/16 |
| 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 REQUIREMENTS NO. 7 ON PAGE 36.

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

Form Approved
OMB No. 2040-0004


PERMITTEE NAME/ADDRESS (include Facility Name/Location if
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 |
| 01/01/2016 | 01/31/2016 |

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 | UNITS | | | |
| Oxygen, dissolved [DO] | ***** | ***** | 7.1 | ***** | 0 | 1/day | |
| 00300 1 0 Effluent Gross | ***** | ***** | 4 | ***** | | Daily | GRAB |
| pH | ***** | ***** | 7.0 | ***** | 0 | 1/day | |
| 00400 1 0 Effluent Gross | ***** | ***** | 6 | ***** | | Daily | GRAB |
| Solids, total suspended | 11 | ***** | 2.4 | ***** | 0 | 1/Day | |
| 00530 1 0 Effluent Gross | 325 DAILY AV | ***** | 15 DAILY AV | ***** | | Daily | COMPOS |
| Nitrogen, ammonia total [as N] | 1.5 | ***** | 0.33 | ***** | 0 | 1/Day | |
| 00610 1 0 Effluent Gross | 43 DAILY AV | ***** | 2 DAILY AV | ***** | | Daily | COMPOS |
| Flow, in conduit or thru treatment plant | 0.62 | ***** | 1.9 | ***** | 0 | Continuous | |
| 50050 1 0 Effluent Gross | Req. Mon. DAILY AV | ***** | ***** | ***** | | Continuous | TOTALZ |
| Flow, in conduit or thru treatment plant | 0.66 | ***** | ***** | ***** | 0 | Continuous | |
| 50050 Y 0 Effluent Gross (Supplementary) | 2.6 ANNL AVG | ***** | ***** | ***** | | Monthly | TOTALZ |
| Chlorine, total residual | ***** | ***** | 0.070 | ***** | 0 | 1/day | |
| 50060 A 0 Disinfection, Process Complete | ***** | ***** | ***** | ***** | | Daily | GRAB |

| | | |
|---|------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | TELEPHONE | DATE |
| Parviz Chavol Sr. Dir | 2102333239 | 01/18/16 |
| 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 REQUIREMENTS NO.7 ON PAGE 36.

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

Form Approved
OMB No. 1040-0004


PERMITTEE NAME/ADDRESS (include Facility Name/Location if
known)
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 | 005-A DISCHARGE NUMBER |
| MM/DD/YYYY 01/01/2016 | MM/DD/YYYY 01/31/2016 |

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 | ***** | ***** | 1.0 | ***** | ***** | ***** | 0 | 1/day | |
| 50060 B 0 Prior to Disinfection | ***** | ***** | 1 MO MIN | ***** | ***** | ***** | | Daily | GRAB |
| E. coli | ***** | ***** | ***** | ***** | ***** | ***** | 0 | 5/week | |
| 51040 I 0 Effluent Gross | ***** | ***** | ***** | 63 DAILY AV | 399 DAILY MX | ***** | | Weekly | GRAB |
| BOD, carbonaceous [5 day, 20 C] | 10.5 | ***** | ***** | 2.0 | 3.0 | ***** | 0 | 1/Day | |
| 80082 I 0 Effluent Gross | 217 DAILY AV | ***** | ***** | 10 DAILY AV | 25 DAILY MX | ***** | | Daily | COMPOS |

| | | | |
|--|---|------------------|---------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol Sr. Dir |  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | TELEPHONE | DATE |
| TYPED OR PRINTED | | 2102333239 | 01/16 |
| | | AREA Code | NUMBER |
| | | | MM/DD/YYYY |

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

SEE OTHER REQUIREMENTS NO.7 ON PAGE 36.

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

Form Approved
OMB No. 1040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if
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 |
| 01/01/2016 | 01/31/2016 |

DMR Mailing ZIP CODE: 78211
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 I 0 Effluent Gross | ***** | ***** | 4 MO MIN | ***** | mg/L | | Daily | GRAB |
| pH | ***** | ***** | ***** | ***** | ***** | | | |
| 00400 I 0 Effluent Gross | ***** | ***** | 6.5 MINIMUM | ***** | SU | | Daily | GRAB |
| Solids, total suspended | ***** | ***** | ***** | ***** | ***** | | | |
| 00530 I 0 Effluent Gross | 5755 DAILY AV | ***** | ***** | 15 DAILY AV | mg/L | | Daily | COMPOS |
| Nitrogen, ammonia total [as N] | ***** | ***** | ***** | ***** | ***** | | | |
| 00610 I 0 Effluent Gross | 767 DAILY AV | ***** | ***** | 2 DAILY AV | mg/L | | Daily | COMPOS |
| Flow, in conduit or thru treatment plant | ***** | ***** | ***** | ***** | ***** | | | |
| 50050 I 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 | ***** | ***** | ***** | | Monthly | TOTALZ |
| Chlorine, total residual | ***** | ***** | ***** | ***** | ***** | | | |
| 50060 A 0 Disinfection, Process Complete | ***** | ***** | ***** | ***** | mg/L | | Daily | GRAB |

| | | |
|--|------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | TELEPHONE | DATE |
| Parviz Chavol Sr. Dir | 2102333239 | 1/18/16 |
| 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 REQUIREMENTS NO.7 ON PAGE 36.

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
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 |
| 01/01/2016 | 01/31/2016 |

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

No Discharge

| PARAMETER | SAMPLE MEASUREMENT | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|------------------------------------|--------------------|---------------------|-------|-------------|--------------------------|-----------------|--|---------------|-----------------------|-------------|
| | | VALUE | UNITS | VALUE | VALUE | UNITS | | | | |
| Chlorine, total residual | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | |
| 50060 B 0 Prior to Disinfection | PERMIT REQUIREMENT | ***** | ***** | 1 MO MIN | ***** | ***** | | Daily | GRAB | |
| E. coli | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | |
| 51040 I 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 63 DAILY AV | 399 DAILY MX | | Five per Week | GRAB | |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | | | | |
| 80082 I 0 Effluent Gross | PERMIT REQUIREMENT | 3836 DAILY AV | ***** | ***** | 10 DAILY AV | 25 DAILY MX | | Daily | COMPOS | |

| | | |
|--|------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | TELEPHONE | DATE |
| Parviz Chavol Sr. Dir | 2102333239 | 01/18/16 |
| TYPED OR PRINTED | AREA Code | NUMBER |
| | | MM/DD/YYYY |
| 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 REQUIREMENTS NO.7 ON PAGE 36.

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
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 | 101-A DISCHARGE NUMBER |
| MM/DD/YYYY 01/01/2016 | MM/DD/YYYY 01/31/2016 |

DMR Mailing ZIP CODE: 78211
MAJOR (SUBR 13)
DOMESTIC WASTEWATER - 101
Internal Outfall

No Discharge

| PARAMETER | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | UNITS | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------|--------------------|--------------------------|-------|-------|--------|-----------------------|-------------|
| | VALUE | UNITS | VALUE | VALUE | | | | |
| Flow, in conduit or thru treatment plant | 5.7 | 12 | ***** | ***** | ***** | 0 | Continuous | TOTALZ |
| 50050 I 0 Effluent Gross | Req. Mon. DAILY AV | Req. Mon. DAILY MX | ***** | ***** | ***** | | Continuous | TOTALZ |
| Flow, in conduit or thru treatment plant | 5.1 | ***** | ***** | ***** | ***** | 0 | Continuous | TOTALZ |
| 50050 Y 0 Effluent Gross (Supplementary) | Req. Mon. ANNL AVG | MGD | ***** | ***** | ***** | | Continuous | TOTALZ |

| | | |
|--|------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | TELEPHONE | DATE |
| Parviz Chavol Sr. Dir | 2102333239 | |
| TYPED OR PRINTED | AREA Code | NUMBER |
| | | MM/DD/YYYY |

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)

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
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 01/01/2016 | MONITORING PERIOD MM/DD/YYYY 01/31/2016 |

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 treatment plant | 50050 I 0 Effluent Gross | 88 | Req. Mon. DAILY AV | 122 | Req. Mon. DAILY MX | MGD | 0 | Continuous | TOTALZ |
| Flow, in conduit or thru treatment plant | 50050 Y 0 Effluent Gross (Supplementary) | 94 | 125 ANNL AVG | ***** | ***** | MGD | 0 | Continuous | TOTALZ |

| | | |
|---|------------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | TELEPHONE | DATE |
| Parviz Chavol Sr. Dir | 2102333239 | 01/18/16 |
| TYPED OR PRINTED | AREA Code NUMBER | MM/DD/YYYY |
|  SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | |

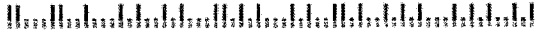
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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 | 16 | 01 | 12647 |
| SYS | PERMIT NUMBER | SET | YEAR | MO. | EID |

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

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

| PARAMETER | EFFLUENT CONDITION | | | NO. EX. | FREQUENCY OF ANALYSIS | SAMPLE TYPE | |
|--|--------------------|-----------|--------|---------|-----------------------|-------------|------|
| | REPORTED | VALUE | UNITS | | | | |
| 500507124 FLOW DLY AVG | REPORTED | 88 | MGD | 0 | 02 | | 11 |
| | PERMITTED | | | | | 02 | CONT |
| 500507128 FLOW ANN AVG | REPORTED | 94 | MGD | 0 | 02 | | 11 |
| | PERMITTED | | | | | 02 | CONT |
| NUMBER OF OPERATOR CERTIFICATE | REPORTED | WW0042725 | NUMBER | 0 | 01 | | NA |
| | PERMITTED | | | | | 01 | 01 |
| EXPIRATION OF OPERATOR CERTIFICATE | REPORTED | 161022 | 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 | | | | | | |
| | 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 |
| | Timothy Howe Manager-Prod & Treat Ops | | 11/6/02/17 |
| TELEPHONE NUMBER | PLANT OPERATOR | PLANT OPERATOR | YEAR MO. DAY |
| 210 233 3239 | Parviz Chavol Sr. Director | | 11/6/02/15 |
| AREA CODE NUMBER | EXECUTIVE OFFICER | EXECUTIVE OFFICER | YEAR MO. DAY |

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



| | | | | | |
|-----|---------------|-----|------|-----|-------|
| 40B | WQ0010137-033 | 02 | 16 | 01 | 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 | | 8 | 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 | | 5.0 | #/100 ML | 0 | 11 | 03 | |
| | PERMITTED | | 75.000 | | | 11 | 2/WEEK | 03 GRABPKLOAD |
| 500507124 FLOW DLY AVG | REPORTED | | 3.9 | MGD | 0 | 02 | 11 | |
| | PERMITTED | | | | | 02 | CONT | 11 CONT |
| 500507128 FLOW ANN AVG | REPORTED | | 10.8 | MGD | 0 | 02 | 11 | |
| | PERMITTED | | | | | 02 | CONT | 11 CONT |
| 800821024 BOD CARB DLY AVG | REPORTED | | 2.0 | MG/L | 0 | 08 | 10 | 12-PRT-COM |
| | PERMITTED | | 5.000 | | | 11 | 2/WEEK | 03 GRABPKLOAD |
| 820796624 TURBDITY 30DAYAVG | REPORTED | | 1.0 | NTU | 0 | 08 | 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 | |
| | | | Timothy Howe Manager-Prod & Treat Ops | | | | 116 02 117 | |
| TELEPHONE NUMBER | | | PLANT OPERATOR | | PLANT OPERATOR | | YEAR MO. DAY | |
| 2 1 0 2 3 3 3 2 3 9 | | | Parviz Chavol Sr. Director | | | | 1 1 6 0 2 1 1 8 | |
| AREA CODE NUMBER | | | EXECUTIVE OFFICER | | EXECUTIVE OFFICER | | YEAR MO. DAY | |

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

PAGE 1

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



| | | | | | |
|-----|---------------|-----|------|-----|-------|
| 40B | WQ0010137-033 | 02 | 16 | 01 | 12552 |
| SYS | PERMIT NUMBER | SET | YEAR | MO. | EID |

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE II

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

| PARAMETER | EFFLUENT CONDITION | | NO. EX. | FREQUENCY OF ANALYSIS | | SAMPLE TYPE | |
|--|--------------------|-----------|-----------|-----------------------|-------|-------------|---------------|
| | REPORTED | PERMITTED | | VALUE | UNITS | | |
| 000085342 TRANSFER DAYS/MON | REPORTED | | 0 | DAY | | | |
| | 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 | | 20.000 | | 14 | 1/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 | | | | | | |
| | 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 |
| | Timothy Howe Manager-Prod & Treat Ops | | 116 02 17 |
| TELEPHONE NUMBER | PLANT OPERATOR | PLANT OPERATOR | YEAR MO. DAY |
| 2 1 0 2 3 3 3 2 3 9 | Parviz Chavol Sr. Director | | 116 02 18 |
| AREA CODE NUMBER | EXECUTIVE OFFICER | EXECUTIVE OFFICER | YEAR MO. DAY |

OVERFLOW REPORT

PERIOD: JANUARY 2016

WATERSHED: LEON CREEK

TCEQ PERMIT # 10137-003

EPA PERMIT # 0052639

| WO # | INSPT# | SR # | Date | Address | Gallons | Cause | Action | Duration | Response Time | Discharged To | Comments |
|----------------------|--------|---------|-----------|-------------------|-----------------------|------------------|--------------------------|----------|---------------|---|---|
| | | 1155658 | 1/26/2016 | Elkhorn Ridge | 29621 | 450 Structural | Repaired Force Main | 0.00 | 0.00 | Ground (Over Edwards Aquifer Recharge Zone) | Lift Station Contractor Repaired Both 8" Force Mains. The Lift Station Was Hydrostatically Tested. Ls 284 |
| | | 398640 | 1/24/2016 | Westglade Place | 7107 | 20 Debris | Cleaned Main | 0.70 | 0.45 | Alley | Area Cleaned and Disinfected, Flushed Area with H2O |
| | | 398210 | 1/19/2016 | Farragut Dr | 5807 | 200 Grease | Cleaned Main | 1.00 | 0.25 | Drainage Culvert | Area Cleaned and Disinfected, Flushed Area with H2O |
| 1236067 | | | 1/15/2016 | Dominion Dr | 1 | 4,974 Contractor | Repaired Air Valve | 1.58 | 0.00 | Drainage Culvert (Over Edwards Aquifer Contributing Zone) | Area Cleaned and Disinfected, Work Order Was Created To Repair 2" Air Release Sewer Valve |
| | | 396545 | 1/11/2016 | Mountain Field Dr | 9306 | 13,300 Vandalism | Cleaned Main | 2.22 | 1.73 | Drainage Culvert | Unstopped Main |
| | | 396432 | 1/10/2016 | Owl Haven | 4903 | 2,100 Grease | Cleaned Main | 1.40 | 0.57 | Stormdrain | Area Cleaned and Disinfected, Flushed Area with H2O |
| | | 396312 | 1/8/2016 | Us Hwy 90 W | 6835 | 5,650 Debris | Cleaned Main | 1.88 | 1.13 | Drainage Culvert | Area Cleaned and Disinfected, Flushed Area with H2O |
| 1232033 | | 1132617 | 1/7/2016 | Mauermann Rd | 1104 | 2,325 Structural | Repaired Air Valve | 2.58 | 2.00 | Ground (Spilled Into Comanche Creek) | - Work Order Was Created To Replace Air Release Valve |
| | | 395825 | 1/9/2016 | Wrangler Dr | 1906 | 750 Debris | Cleaned Main | 0.37 | 0.12 | Drainage Culvert | Area Cleaned and Disinfected, Flushed Area with H2O |
| | | 395728 | 1/2/2016 | Redwing Dr | 8400 | 1,200 Grease | Cleaned Main | 2.00 | 0.70 | Ground | Area Cleaned and Disinfected, Flushed Area with H2O |
| Total Events: | 10 | | | | Total Gallons: | 30,969 | Average Duration: | 1.37 | 0.70 | Average Response | |

Monday, February 15, 2016

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
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYC. CTR.
LOCATION: 1104 MAURERMAN ROAD
SAN ANTONIO, TX 78224
ATTN: PARVIZ CHAVOL, SR. DIRECTOR

| | |
|-------------------|------------------|
| TX0052639 | 001-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2016 | 01/31/2016 |

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

No Discharge

| PARAMETER | SAMPLE MEASUREMENT | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--------------------|---------------------|-------|--------------------------|-------|-------------|--------|-----------------------|-------------|
| | | VALUE | UNITS | VALUE | VALUE | UNITS | | | |
| Oxygen, dissolved [DO] | PERMIT MEASUREMENT | ***** | ***** | 6.3 | ***** | ***** | 0 | | |
| 00300 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | 5 MO MIN | ***** | ***** | | Daily | GRAB |
| pH | SAMPLE MEASUREMENT | ***** | ***** | 6.8 | ***** | 7.5 | 0 | | |
| 00400 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | 6 MINIMUM | ***** | 9 MAXIMUM | | Daily | GRAB |
| Solids, total suspended | SAMPLE MEASUREMENT | 279 | ***** | 1.0 | ***** | 1.5 | 0 | | |
| 00530 1 0 Effluent Gross | PERMIT REQUIREMENT | 5755 DAILY AV | ***** | 15 DAILY AV | ***** | 40 DAILY MX | | Daily | COMPOS |
| Nitrogen, ammonia total [as N] | SAMPLE MEASUREMENT | 233 | ***** | 0.88 | ***** | 3.4 | 0 | | |
| 00610 1 0 Effluent Gross | PERMIT REQUIREMENT | 767 DAILY AV | ***** | 2 DAILY AV | ***** | 7 DAILY MX | | Daily | COMPOS |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 32 | ***** | 45 | ***** | ***** | 0 | | |
| 50050 1 0 Effluent Gross | PERMIT REQUIREMENT | Req. Mon. DAILY AV | ***** | Req. Mon. DAILY MX | ***** | ***** | | Continuous | TOTALZ |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | ***** | ***** | 34722 | ***** | ***** | 0 | | |
| 50050 P 0 | PERMIT REQUIREMENT | ***** | ***** | 63889 2HR PEAK | ***** | ***** | | Continuous | TOTALZ |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 32 | ***** | ***** | ***** | ***** | 0 | | |
| 50050 Y 0 Effluent Gross (Supplementary) | PERMIT REQUIREMENT | 46 ANNL AVG | ***** | ***** | ***** | ***** | | Continuous | TOTALZ |

| | | |
|--|------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | TELEPHONE | DATE |
| Parviz Chavol, Sr. Dir | 2102333239 | 01/18/16 |
| 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)
 TDS Chloride = 706 lbs; Max = 168 mg/L; Min = 145 mg/L
 Total Cl2
 by: FLW

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

Form Approved
OMB No. 2040-0004

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

| | |
|-------------------|------------------|
| TX0052639 | 001-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2016 | 01/31/2016 |

DMR Mailing ZIP CODE: 78221

MAJOR (SUBR 13)
DOMESTIC FACILITY - 001
External Outfall

No Discharge

| PARAMETER | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | UNITS | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------|-------|--------|--------------------------|--------------|------------|---------------|--------|-----------------------|-------------|
| | VALUE | UNITS | VALUE | VALUE | VALUE | UNITS | | | | |
| Chlorine, total residual | ***** | ***** | ***** | ***** | 0.090 | | | 0 | | |
| 50060 A 0 Disinfection, Process Complete | ***** | ***** | ***** | ***** | INST MAX | mg/L | Daily | | Daily | GRAB |
| Chlorine, total residual | ***** | ***** | 1.1 | ***** | ***** | | | 0 | | |
| 50060 B 0 Prior to Disinfection | ***** | ***** | MO MIN | ***** | ***** | mg/L | Daily | | Daily | GRAB |
| E. coli | ***** | ***** | ***** | 1.2 | 13 | | | 0 | | |
| 51040 1 0 Effluent Gross | ***** | ***** | ***** | 126 DAILY AV | 394 DAILY MX | CFU/100 mL | Five per Week | | | GRAB |
| BOD, carbonaceous [5 day, 20 C] | 547 | ***** | ***** | 2.1 | 4.0 | | | 0 | | |
| 80082 1 0 Effluent Gross | 2686 DAILY AV | ***** | ***** | 7 DAILY AV | 17 DAILY MX | mg/L | Daily | | Daily | COMPOS |

| | | |
|--|------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | TELEPHONE | DATE |
| Parviz Chavol, Sr. Dir | 2102333239 | 1/18/16 |
| 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)

Chloride = 706 lbs; Max = 168 mg/L; Min = 145 mg/L

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYC. CTR.
LOCATION: 1104 MAURERMAN 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 |
| 01/01/2016 | 01/31/2016 |

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] | ***** | ***** | ***** | ***** | ***** | ***** | | | |
| 00300 1 0 Effluent Gross | ***** | ***** | 5 MO MIN | ***** | ***** | mg/L | | Daily | GRAB |
| pH | ***** | ***** | ***** | ***** | ***** | | | | |
| 00400 1 0 Effluent Gross | ***** | ***** | 6 MINIMUM | ***** | 9 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | ***** | ***** | ***** | ***** | ***** | | | | |
| 00530 1 0 Effluent Gross | 5755 DAILY AV | ***** | ***** | 15 DAILY AV | 40 DAILY MX | mg/L | | Daily | COMPOS |
| Nitrogen, ammonia total [as N] | ***** | ***** | ***** | ***** | ***** | | | | |
| 00610 1 0 Effluent Gross | 767 DAILY AV | ***** | ***** | 2 DAILY AV | 7 DAILY MX | mg/L | | Daily | COMPOS |
| Flow, in conduit or thru treatment plant | ***** | ***** | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gross | Req. Mon. DAILY AV | ***** | ***** | ***** | ***** | ***** | | Continuous | TOTALZ |
| Flow, in conduit or thru treatment plant | ***** | ***** | ***** | ***** | ***** | ***** | | | |
| 50050 P 0 See Comments | ***** | ***** | ***** | ***** | ***** | ***** | | Continuous | TOTALZ |
| Flow, in conduit or thru treatment plant | ***** | ***** | ***** | ***** | ***** | ***** | | | |
| 50050 Y 0 Effluent Gross (Supplementary) | 46 ANNL AVG | ***** | ***** | ***** | ***** | ***** | | Continuous | TOTALZ |

| | | |
|--|------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | TELEPHONE | DATE |
| Parviz Chavol, Sr. Dir | 2102333239 | 01/18/16 |
| TYPED OR PRINTED | AREA Code | NUMBER |
| | | MM/DD/YYYY |
| 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)

NO DISCHARGE

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

Form Approved
OMB No. 3040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYC. CTR.
LOCATION: 1104 MAURERMAN 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 |
| 01/01/2016 | 01/31/2016 |

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 | | | |
| Chlorine, total residual | ***** | ***** | ***** | ***** | ***** | ***** | | | |
| 50060 A 0 Disinfection, Process Complete | ***** | ***** | ***** | ***** | ***** | ***** | | Daily | GRAB |
| Chlorine, total residual | ***** | ***** | ***** | ***** | ***** | ***** | | | |
| 50060 B 0 Prior to Disinfection | ***** | ***** | ***** | ***** | ***** | ***** | | Daily | GRAB |
| E. coli | ***** | ***** | ***** | ***** | ***** | ***** | | | |
| 51040 1 0 Effluent Gross | ***** | ***** | ***** | ***** | ***** | ***** | | Five per Week | GRAB |
| BOD, carbonaceous [5 day, 20 C] | ***** | ***** | ***** | ***** | ***** | ***** | | | |
| 80082 1 0 Effluent Gross | 2686 DAILY AV | lb/d | ***** | ***** | ***** | ***** | | Daily | COMPOS |

| | | |
|---|------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | TELEPHONE | DATE |
| Parviz Chavol, Sr. Dir | 2102333239 | 01/14/16 |
| 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)

NO DISCHARGE

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYC. CIR.
LOCATION: 1104 MAURERMAN 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 |
| 01/01/2016 | 01/31/2016 |

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 | PERMIT MEASUREMENT | 279 | ***** | ***** | ***** | ***** | 0 | ***** | ***** |
| 00530 J 0 Intermediate Treatment, Process Nitrogen, ammonia total [as N] | PERMIT REQUIREMENT | 5755 DAILY AV | ***** | ***** | ***** | ***** | | Daily | COMPOS |
| 00610 J 0 Intermediate Treatment, Process Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 233 | ***** | ***** | ***** | ***** | 0 | ***** | ***** |
| 00610 J 0 Intermediate Treatment, Process Flow, in conduit or thru treatment plant | PERMIT REQUIREMENT | 767 DAILY AV | ***** | ***** | ***** | ***** | | Daily | COMPOS |
| 50050 I 0 Effluent Gross Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 32 | 45 | ***** | ***** | ***** | 0 | ***** | TOTALZ |
| 50050 I 0 Effluent Gross Flow, in conduit or thru treatment plant | PERMIT REQUIREMENT | Req. Mon. DAILY AV | Req. Mon. DAILY MX | ***** | ***** | ***** | | Continuous | TOTALZ |
| 50050 P 0 See Comments | SAMPLE MEASUREMENT | ***** | 34722 | ***** | ***** | ***** | 0 | ***** | TOTALZ |
| 50050 P 0 Flow, in conduit or thru treatment plant | PERMIT REQUIREMENT | ***** | 63889 2HR PEAK | ***** | ***** | ***** | | Continuous | TOTALZ |
| 50050 Y 0 Effluent Gross (Supplementary) BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 32 | ***** | ***** | ***** | ***** | 0 | ***** | TOTALZ |
| 50050 Y 0 Effluent Gross (Supplementary) BOD, carbonaceous [5 day, 20 C] | PERMIT REQUIREMENT | 46 ANNL AVG | ***** | ***** | ***** | ***** | | Continuous | TOTALZ |
| 80082 J 0 Intermediate Treatment, Process | SAMPLE MEASUREMENT | 547 | ***** | ***** | ***** | ***** | 0 | ***** | ***** |
| 80082 J 0 Intermediate Treatment, Process | PERMIT REQUIREMENT | 2686 DAILY AV | ***** | ***** | ***** | ***** | | Daily | COMPOS |

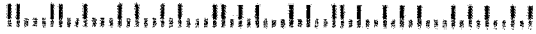
| | | |
|--|------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | TELEPHONE | DATE |
| Parviz Chavol, Sr. Dir | 2102333239 | 01/18/16 |
| TYPED OR PRINTED | AREA Code | NUMBER |
| | | MM/DD/YYYY |

[Signature]
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



PAGE 1

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



| | | | | | |
|-----|---------------|-----|------|-----|-------|
| 40B | WQ0010137-003 | 02 | 16 | 01 | 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 | | 34 | MGD | 0 | 02 | 11 | |
| | PERMITTED | | | | | 02 | CONT | 11 |
| 500507128 FLOW ANN AVG | REPORTED | | 35 | MGD | 0 | 02 | 11 | |
| | PERMITTED | | | | | 02 | CONT | 11 |
| NUMBER OF OPERATOR CERTIFICATE | REPORTED | | WW0004506 | NUMBER | 0 | 01 | | NA |
| | PERMITTED | | | | | 01 | 01 | NA |
| EXPIRATION OF OPERATOR CERTIFICATE | REPORTED | | 170108 | DATE | 0 | 01 | | NA |
| | PERMITTED | | | | | 01 | 01 | NA |
| CLASS OF OPERATOR CERTIFICATE | REPORTED | | A | LETTER | 0 | 01 | | NA |
| | PERMITTED | | | | | 01 | 01 | NA |
| | REPORTED | | | | | | | |
| | PERMITTED | | | | | | | |
| | REPORTED | | | | | | | |
| | PERMITTED | | | | | | | |
| | REPORTED | | | | | | | |
| | PERMITTED | | | | | | | |
| | REPORTED | | | | | | | |
| | PERMITTED | | | | | | | |
| | REPORTED | | | | | | | |
| | PERMITTED | | | | | | | |

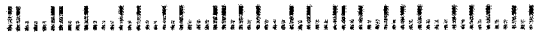
COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

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 | | 16 02 17 |
| TELEPHONE NUMBER | PLANT OPERATOR | PLANT OPERATOR | YEAR MO. DAY |
| 2 1 0 | 2 3 3 | 3 2 3 9 | |
| AREA CODE | NUMBER | EXECUTIVE OFFICER | EXECUTIVE OFFICER |
| | Parviz Chavol Senior Director | | 16 02 18 |
| | | | 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 | 16 | 01 | 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 | | | 1 | 2 | |
| 000085342 TRANSFER DAYS/MON | REPORTED | 31 | 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 | 13 | #/100 ML | 0 | 11 | | 03 | |
| | PERMITTED | 75.000 | | | 11 | 2/WEEK | 03 | GRABPKLOAD |
| 500507124 FLOW DLY AVG | REPORTED | 1.9 | MGD | 0 | 02 | | 11 | |
| | PERMITTED | | | | 02 | CONT | 11 | CONT |
| 500507128 FLOW ANN AVG | REPORTED | 3.2 | MGD | 0 | 02 | | 11 | |
| | PERMITTED | | | | 02 | CONT | 11 | CONT |
| 800821024 BOD CARB DLY AVG | REPORTED | 2.1 | MG/L | 0 | 08 | 1/Day | 10 | 12-prt-com |
| | PERMITTED | 5.000 | | | 11 | 2/WEEK | 03 | GRABPKLOAD |
| 820786624 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

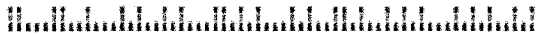
I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.

| | | | |
|------------------|--|-------------------|--------------|
| | NAME | SIGNATURE | DATE |
| | Daniel Rodriguez Manager Prod & Treat Ops | | 16 02 17 |
| TELEPHONE NUMBER | PLANT OPERATOR | PLANT OPERATOR | YEAR MO. DAY |
| 2 1 0 | Parviz Chavol Senior Director | | 16 02 18 |
| 2 3 3 | EXECUTIVE OFFICER | EXECUTIVE OFFICER | YEAR MO. DAY |
| 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 | 16 | 01 | 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 | VALUE | | UNITS | | | |
| 000085342 TRANSFER DAYS/MON | REPORTED | 0 | DAY | 0 | 01 | | 01 |
| | PERMITTED | | | | | 01 | NA |
| 316164024 FEC. COLI DLY AVG | REPORTED | | #/100 ML | | | | |
| | PERMITTED | 200.000 | | | 14 | 1/WEEK | 03 |
| 316164030 FEC. COLI IND GRAB | REPORTED | | #/100 ML | | | | |
| | PERMITTED | 800.000 | | | 14 | 1/WEEK | 03 |
| 500507124 FLOW DLY AVG | REPORTED | | MGD | | | | |
| | PERMITTED | | | | 02 | CONT | 11 |
| 500507128 FLOW ANN AVG | REPORTED | | MGD | | | | |
| | PERMITTED | | | | 02 | CONT | 11 |
| 800821024 BOD CARB DLY AVG | REPORTED | | MG/L | | | | |
| | PERMITTED | 15.000 | | | 14 | 1/WEEK | 03 |
| 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 | | | | | | |

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 | | 16 02 17 |
| TELEPHONE NUMBER | PLANT OPERATOR | PLANT OPERATOR | YEAR MO. DAY |
| 2 1 0 | Parviz Chavol Senior Director | | 16 02 18 |
| AREA CODE | EXECUTIVE OFFICER | EXECUTIVE OFFICER | YEAR MO. DAY |
| 2 3 3 | | | |
| 3 2 3 9 | | | |

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: | | Average Response | | |

Tuesday, February 09, 2016

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
NAME: MEDIO CREEK WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: MEDIO CREEK WATER RECYC. CTR.
LOCATION: 2231 HUNT LANE
SAN ANTONIO, TX 78227
ATTN: PARIZ CHAVOL SR DIR

| | |
|-------------------|------------------|
| TX0055689 | 001-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2016 | 01/31/2016 |

DMR Mailing ZIP CODE: 78211
MAJOR (SUBR 13)
DOMESTIC FACILITY - 001
External Outfall

No Discharge

| PARAMETER | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | | UNITS | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------|--------------------|--------------------------|-------------|-------------|-------|--------|-----------------------|-------------|
| | VALUE | UNITS | VALUE | VALUE | VALUE | | | | |
| Oxygen, dissolved [DO] | ***** | ***** | 8.0 | ***** | ***** | | 0 | | |
| 00300 1 0 Effluent Gross | ***** | ***** | 6 MO MIN | ***** | ***** | mg/L | | Daily | GRAB |
| pH | ***** | ***** | 7.2 | ***** | 8.2 | | 0 | | |
| 00400 1 0 Effluent Gross | ***** | ***** | 6 MINIMUM | ***** | 9 MAXIMUM | SU | | Daily | GRAB |
| Solids, total suspended | 54 | ***** | ***** | 1.1 | 2.2 | | 0 | | |
| 00530 1 0 Effluent Gross | 2002 DAILY AV | ***** | ***** | 15 DAILY AV | 30 DAILY MX | mg/L | | Daily | COMPOS |
| Nitrogen, ammonia total [as N] | 34 | ***** | ***** | 0.71 | 2.6 | | 0 | | |
| 00610 1 0 Effluent Gross | 267 DAILY AV | ***** | ***** | 2 DAILY AV | 7 DAILY MX | mg/L | | Daily | COMPOS |
| Flow, in conduit or thru treatment plant | 5.7 | 10 | ***** | ***** | ***** | ***** | 0 | | |
| 50050 1 0 Effluent Gross | Req. Mon. DAILY AV | Req. Mon. DAILY MX | ***** | ***** | ***** | ***** | | Continuous | TOTALZ |
| Flow, in conduit or thru treatment plant | ***** | 9660 | ***** | ***** | ***** | ***** | 0 | | |
| 50050 P 0 See Comments | ***** | 27778 2HR PEAK | ***** | ***** | ***** | ***** | | Continuous | TOTALZ |
| Flow, in conduit or thru treatment plant | 4.7 | ***** | ***** | ***** | ***** | ***** | 0 | | |
| 50050 Y 0 Effluent Gross (Supplementary) | 16 ANNL AVG | ***** | ***** | ***** | ***** | ***** | | 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 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.

| | | |
|--|------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | TELEPHONE | DATE |
| PARVIZ CHAVOL, SR. DIR. | 2102333239 | 01/18/16 |
| TYPED OR PRINTED | AREA Code | NUMBER |
| | | MM/DD/YYYY |

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: MEDIO CREEK WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: MEDIO CREEK WATER RECYC. CTR.
LOCATION: 2231 HUNT LANE
SAN ANTONIO, TX 78227
ATTN: PARIZ CHAVOL SR DIR

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

No Discharge

| | |
|-------------------|------------------|
| TX0055689 | 001-B |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2016 | 01/31/2016 |

| PARAMETER | SAMPLE MEASUREMENT | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|---------------------------------|--------------------|---------------------|-------|-------|--------------------------|-------|--------------|--------|-----------------------|-------------|
| | | VALUE | UNITS | VALUE | VALUE | UNITS | | | | |
| E. coli | PERMIT REQUIREMENT | ***** | ***** | ***** | 1.7 | ***** | 31 | 0 | | |
| 51040 1 0 Effluent Gross | PERMIT REQUIREMENT | ***** | ***** | ***** | 126 DAILY AV | ***** | 399 DAILY MX | | Daily | GRAB |
| BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 96 | ***** | ***** | 2.0 | ***** | 3.0 | 0 | | |
| 80082 1 0 Effluent Gross | PERMIT REQUIREMENT | 934 DAILY AV | ***** | ***** | 7 DAILY AV | ***** | 20 DAILY MX | | Daily | COMPOS |

| | | |
|--|------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | TELEPHONE | DATE |
| PARVIZ CHAVOL, SR. DIR. | 2102333239 | 1/18/16 |
| TYPED OR PRINTED | AREA Code | NUMBER |
| | | MM/DD/YYYY |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | |
| <small>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.</small> | | |

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 | 16 | 01 | 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 | |
|--|--------------------|-----------|--------|---------|-----------------------|-------------|----|
| | | VALUE | UNITS | | | | |
| 500507124 FLOW DLY AVG | REPORTED | 7.8 | MGD | 0 | 02 | 11 | |
| | PERMITTED | | | | 02 | CONT | 11 |
| 500507128 FLOW ANN AVG | REPORTED | 7.0 | MGD | 0 | 02 | 11 | |
| | PERMITTED | | | | 02 | CONT | 11 |
| NUMBER OF OPERATOR CERTIFICATE | REPORTED | WW0004506 | NUMBER | 0 | 01 | | NA |
| | PERMITTED | | | | 01 | 01 | NA |
| EXPIRATION OF OPERATOR CERTIFICATE | REPORTED | 170108 | DATE | 0 | 01 | | NA |
| | PERMITTED | | | | 01 | 01 | NA |
| CLASS OF OPERATOR CERTIFICATE | REPORTED | A | LETTER | 0 | 01 | | NA |
| | PERMITTED | | | | 01 | 01 | NA |
| | REPORTED | | | | | | |
| | PERMITTED | | | | | | |
| | REPORTED | | | | | | |
| | PERMITTED | | | | | | |
| | REPORTED | | | | | | |
| | PERMITTED | | | | | | |
| | REPORTED | | | | | | |
| | PERMITTED | | | | | | |
| | REPORTED | | | | | | |
| | PERMITTED | | | | | | |

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 | | 116 02 117 |
| TELEPHONE NUMBER | PLANT OPERATOR | PLANT OPERATOR | YEAR MO. DAY |
| 2 1 0 2 3 3 3 2 3 9 | Parviz Chavol Senior Director | | 116 02 118 |
| AREA CODE | NUMBER | EXECUTIVE OFFICER | EXECUTIVE OFFICER |
| | | | YEAR MO. DAY |

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



| | | | | | |
|-----|---------------|-----|------|-----|-------|
| 40B | WQ0010137-040 | 01 | 16 | 01 | 12553 |
| SYS | PERMIT NUMBER | SET | YEAR | MO. | EID |

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

TCEQ COPY

| PARAMETER | EFFLUENT CONDITION | | | NO. EX. | FREQUENCY OF ANALYSIS | SAMPLE TYPE | |
|--|--------------------|-----------|----------|---------|-----------------------|-------------|------|
| | REPORTED | VALUE | UNITS | | | TYPE | TYPE |
| 000085342 TRANSFER DAYS/MON | REPORTED | 30 | DAY | 0 | 01 | | 01 |
| | PERMITTED | | | | | 01 | NA |
| 316164024 FEC. COLI DLY AVG | REPORTED | 1.3 | #/100 ML | 0 | 11 | | 03 |
| | PERMITTED | 20.000 | | | 11 | 2/WEEK | 03 |
| 316164030 FEC. COLI IND GRAB | REPORTED | 4.00 | #/100 ML | 0 | 11 | | 03 |
| | PERMITTED | 75.000 | | | 11 | 2/WEEK | 03 |
| 500507124 FLOW DLY AVG | REPORTED | 2.2 | MGD | 0 | 02 | | 11 |
| | PERMITTED | | | | 02 | CONT | 11 |
| 500507128 FLOW ANN AVG | REPORTED | 2.3 | MGD | 0 | 02 | | 11 |
| | PERMITTED | | | | 02 | CONT | 11 |
| 800821024 BOD CARB DLY AVG | REPORTED | 2.0 | MG/L | 0 | 08 | 1/Day | 10 |
| | PERMITTED | 5.000 | | | 11 | 2/WEEK | 03 |
| 820796624 TURBDITY 30DAYAVG | REPORTED | 0.83 | NTU | 0 | 08 | 1/Day | 10 |
| | PERMITTED | 3.000 | | | 11 | 2/WEEK | 03 |
| NUMBER OF OPERATOR CERTIFICATE | REPORTED | WW0004506 | NUMBER | 0 | 01 | | NA |
| | PERMITTED | | | | 01 | 01 | NA |
| EXPIRATION OF OPERATOR CERTIFICATE | REPORTED | 170108 | DATE | 0 | 01 | | NA |
| | PERMITTED | | | | 01 | 01 | NA |
| CLASS OF OPERATOR CERTIFICATE | REPORTED | A | LETTER | 0 | 01 | | NA |
| | PERMITTED | | | | 01 | 01 | NA |
| | REPORTED | | | | | | |
| | PERMITTED | | | | | | |

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

E-Coli substituted for Fecal Coliform

| | | | |
|--|--|--------------------|--------------------------|
| I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE. | NAME Daniel Rodriguez Manager-Prod & Treat Ops | SIGNATURE | DATE 16 02 17 |
| TELEPHONE NUMBER 2 1 0 2 3 3 3 2 3 9 | PLANT OPERATOR Parviz Chavol Senior Director | PLANT OPERATOR | YEAR MO. DAY 16 02 18 |
| AREA CODE NUMBER | EXECUTIVE OFFICER | EXECUTIVE OFFICER | YEAR MO. DAY |

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



| | | | | | |
|-----|---------------|-----|------|-----|-------|
| 40B | WQ0010137-040 | 02 | 16 | 01 | 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 | 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 | | 20.000 | | 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 | | 12/02/17 |
| TELEPHONE NUMBER | PLANT OPERATOR | PLANT OPERATOR | YEAR MO. DAY |
| 210 233 3239 | Parviz Chavoi Senior Director | | |
| AREA CODE | NUMBER | EXECUTIVE OFFICER | EXECUTIVE OFFICER |
| | | | YEAR MO. DAY |

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
known)
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: MITCHELL LAKE WWTF
LOCATION: 10762 PLEASANTON RD
SAN ANTONIO, TX 78212
ATTN: PARVIZ CHAVOL, SR. DIRECTOR

| | |
|-------------------|------------------|
| TX0065641 | 001-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD | |
| MM/DD/YYYY | MM/DD/YYYY |
| 01/01/2016 | 01/31/2016 |

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

No Discharge

| PARAMETER | QUANTITY OR LOADING | | QUALITY OR CONCENTRATION | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------|-------|--------------------------|--------------|------------|--------|-----------------------|-------------|
| | VALUE | UNITS | VALUE | VALUE | UNITS | | | |
| Oxygen, dissolved [DO] | ***** | ***** | ***** | ***** | ***** | | | |
| 00300 1 0 Effluent Gro:s | ***** | ***** | 4 MO MIN | ***** | mg/L | | Daily | GRAB |
| BOD, 5-day, 20 deg. C | ***** | ***** | ***** | ***** | | | | |
| 00310 1 0 Effluent Gro:s | ***** | ***** | 30 DAILY AV | 100 SINGGRAB | mg/L | | Daily | GRAB |
| pH | ***** | ***** | ***** | ***** | | | | |
| 00400 1 0 Effluent Gro:s | ***** | ***** | 6 MINIMUM | 9 MAXIMUM | SU | | Monthly | GRAB |
| Solids, total :uspended | ***** | ***** | ***** | ***** | | | | |
| 00530 1 0 Effluent Gro:s | ***** | ***** | 90 DAILY AV | ***** | mg/L | | Daily | GRAB |
| Flow, in conduit or thru treatment plant | ***** | ***** | ***** | ***** | ***** | | | |
| 50050 1 0 Effluent Gro:s | Req. Mon. DAILY AV | MGD | ***** | ***** | ***** | | Daily | INSTAN |
| E. coli | ***** | ***** | ***** | ***** | ***** | | | |
| 51040 1 0 Effluent Gro:s | ***** | ***** | 126 DAILY AV | 399 SINGGRAB | CFU/100 mL | | Monthly | GRAB |

| | | |
|--|------------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | TELEPHONE | DATE |
| PARVIZ CHAVOL SR. DIR. | 2102333239 | 02/14/16 |
| TYPED OR PRINTED | AREA Code NUMBER | MM/DD/YYYY |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | |

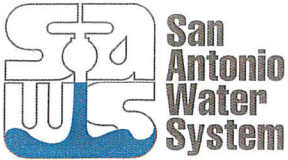
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage 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)

MONITORING SHALL OCCUR WHEN DISCHARGING.

SAMPLES FOR BACTERIA MONITORING SHALL BE TAKEN AT THE INFLOW PIPE FROM TH ELFON CREEK WRC.

NO DISCHARGE



February 3, 2016

Ms. Lynn Bumguardner
Texas Commission on Environmental Quality
Region 13, San Antonio
14250 Judson Road
San Antonio, TX 78233

Re: 5-Day "Water Quality Noncompliance Notification" 10800 NE Entrance January 16, 2016

Dear Ms. Bumguardner,

The San Antonio Water System (SAWS) submitted the 5-Day Water Quality Noncompliance Notification form via facsimile to your office at (210) 545-4329 on January 19, 2016 with a 2:00:48pm Transmission Record. The sanitary sewer overflow (SSO) occurred at 10800 Northeast Entrance Road on January 16, 2016. SAWS made contact with our Emergency Operations Center and reported the SSO to TCEQ on January 16, 2016.

During a review of our SSO information it was discovered that SAWS inadvertently placed the incorrect date on the 5-Day report. SAWS stated the report date was 1/19/16, and as previously iterated, the 5-Day report date associated with this SSO was 1/16/16. Therefore, SAWS has modified the report to reflect the correct date and has provided a copy herein, please see attachment.

Should you have any questions or need additional information please contact Tamsen McNarie at (210) 233-3285 or call me directly at (210) 233-3747. Thank you.

Sincerely,

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

Jeffrey J. Haby, P.E.

Vice President, Production and Treatment

Attachment:

Water Quality Noncompliance Notification for 10800 NE Entrance January 16, 2016, Modified 2/3/16

