



March 17, 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# 7014 2870 0000 7135 5464

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 February 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 blue ink, appearing to read "Jeffrey J. Haby".

Jeffrey J. Haby, P.E.

Vice President – Production & Treatment

Enc. As stated



March 17, 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 #7014 2870 0000 7135 5471

U.S. Environmental Protection Agency, Region VI
Attn: Ms. Judy Edelbrock (6EN-W)
Environmental Protection Specialist
Enforcement Branch
1445 Ross Avenue
Dallas, TX 75202-2733

Via U.S. Certified Mail
RRR #7014 2870 0000 7135 5471

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 February 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 blue ink, appearing to read "Jeffrey J. Haby".

Jeffrey J. Haby, P.E.

Vice President – Production & Treatment

Enc. As stated

OVERFLOW REPORT

PERIOD: FEBRUARY 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	
	403882	1190379	2/26/2016	Maryland St	121	1,620 Grease	Cleaned Main	0.90	0.65	Stormdrain	Area Cleaned and Disinfected, Flushed Area with H2O	
	403417	1182443	2/22/2016	Onslow	1114	20 Grease	Cleaned Main	0.58	0.42	Ground	Area Cleaned and Disinfected, Flushed Area with H2O	
	1243984	400574	1163581	2/4/2016	Colorado St S	1100	2 Debris	Cleaned Main	0.57	0.07	Ground	Area Cleaned and Disinfected, Flushed Area with H2O
Total Events:	3			Total Gallons:	1,642		Average Duration:	0.68	0.38	Average Response		

Tuesday, March 01, 2016

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

OVERFLOW REPORT

PERIOD: FEBRUARY 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
403885	1190918	2/27/2016	Camberly Vw	2307	300	Grease	Cleaned Main	1.60	0.85	Drainage Culvert	Area Cleaned and Disinfected, Flushed Area with H2O
	1171929	2/10/2016	Entrance Rd Ne	10823	200	Other	Repaired By-pass Line	0.17	0.00	Ground	Area Cleaned and Disinfected, Flushed Area with H2O Bypass Was Repaired
401298	1172150	2/10/2016	Nursery Rd	4300	29,486	Roots	Cleaned Main	2.00	0.00	Drainage Culvert	Clean-up Is Ongoing
401297	1171089	2/10/2016	th 37 S	7400	18,000	Grease	Cleaned Main	3.00	1.30	Drainage Culvert	Clean-up Is Ongoing
	1167179	2/7/2016	Entrance Rd Ne	10700	120	Other	Monitored Area	0.20	0.00	Ground	- Saws Is Working On An Emergency By-pass Contract To Relieve Some Of The Flow From The Mains That Become Surcharged.
400254	1160402	2/2/2016	Grandin Pass	16800	35	Debris	Cleaned Main	1.45	1.33	Street - Over The Edwards Aquifer Transition Zone	Area Cleaned and Disinfected, Flushed Area with H2O
Total Events:	6				Total Gallons:	48,141		Average Duration:	1.40	0.58	Average Response

Tuesday, March 01, 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, March 01, 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: 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
02/01/2016	02/29/2016

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	VALUE	UNITS	VALUE	VALUE	VALUE			
Oxygen, dissolved [DO]	*****	*****	*****	*****	7.0	*****	*****	0	1/Day	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6	*****	*****	0	1/Day	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	*****	0	1/Day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6	*****	*****	0	1/Day	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	2.1	*****	*****	0	1/Day	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	12510	*****	*****	12	*****	*****	0	1/Day	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	273	*****	*****	0.39	*****	*****	0	1/Day	COMPOS
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	2085	*****	*****	2	*****	*****	0	Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	73	113	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. DAILY AV	Reg. Mon. DAILY MX	MGD	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	91667	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	173611	gal/min	*****	*****	*****	0	Monthly	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	88	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125	*****	MGD	*****	*****	*****	0	Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERSONAL PROPERTY	TELEPHONE	DATE
Parviz Chavol Sr. Dir	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.	21023333239	02/14/2016
TYPED OR PRINTED		AREA Code NUMBER	MM/DD/YYYY

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
02/01/2016	02/29/2016

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	VALUE	UNITS	VALUE	VALUE	VALUE				
Chlorine, total residual	*****	*****	*****	*****	*****	*****	*****	0	1/Day	GRAB	
50060 A 0 Disinfection, Process Complete	*****	*****	*****	*****	*****	*****	0.080	0	1/Day	GRAB	
Chlorine, total residual	*****	*****	*****	1.0	*****	*****	INST MAX	0	1/Day	GRAB	
50060 B 0 Prior to Disinfection	*****	*****	*****	1	*****	*****	MO MIN	0	Daily	GRAB	
E. coli	*****	*****	*****	*****	*****	*****	*****	0	5/week	GRAB	
51040 1 0 Effluent Gross	*****	*****	*****	*****	126	399	CFU/100 ml	0	Five per Week	GRAB	
BOD, carbonaceous [5 day, 20 C]	*****	*****	*****	*****	2.0	3.0	DAILY AV	0	1/Day	COMPOS	
80082 1 0 Effluent Gross	*****	*****	*****	*****	5	20	DAILY AV	0	Daily	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol Sr. Dir			2102333239	3/14/16
TYPED OR PRINTED			AREA Code	NUMBER
				MM/DD/YYYY

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	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

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	PERMIT	VALUE	UNITS	PERMIT				
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	6.8	*****	*****	6.5	*****	9	SU	0	1/day	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	4	*****	*****	MO MIN	*****	MINIMUM	*****	0	1/day	GRAB
pH	SAMPLE MEASUREMENT	7.0	*****	*****	7.0	*****	7.6	*****	0	1/day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5	*****	MAXIMUM	*****	0	1/day	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	106	*****	*****	2.1	*****	3.7	*****	0	1/Day	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251	*****	*****	15	*****	40	*****	0	1/Day	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	16	*****	*****	0.40	*****	3.2	*****	0	1/Day	COMPOS
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	167	*****	*****	2	*****	7	*****	0	Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.8	*****	*****	9.9	*****	*****	*****	0	Continuous	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	*****	Req. Mon. DAILY MX	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.6	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	10	*****	*****	*****	*****	*****	*****	0	Monthly	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	ANNL AV/G	*****	*****	M/G/D	*****	*****	*****	0	Continuous	TOTALZ
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	2102333239	02/14/2016
TYPED OR PRINTED	ARRA 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	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

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	PERMIT REQUIREMENT	VALUE	UNITS	PERMIT REQUIREMENT			
Chlorine, total residual	*****	*****	*****	*****	*****	*****	0	1/day	GRAB	
50060 B 0 Prior to Disinfection	*****	*****	*****	1.0	*****	*****	0	Daily	GRAB	
E. coli	*****	*****	*****	*****	*****	*****	0	5/week	GRAB	
51040 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****	0	Three per Week	GRAB	
BOD, carbonaceous [5 day, 20 C]	*****	*****	*****	98	*****	*****	0	Daily	COMPOS	
80082 1 0 Effluent Gross	*****	*****	*****	834	*****	*****	0	Daily	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol Sr. Dir				2102333239	2/14/2016
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)

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

MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016
MONITORING PERIOD	

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	CERTIFY under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol Sr. Dir			2102333239	02/14/2016
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.

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
02/01/2016	02/29/2016

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

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	PERMIT NUMBER	DISCHARGE NUMBER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	TX0077801	003-A	2102333239	2/16/16
TYPED OR PRINTED	MONITORING PERIOD		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
	MM/DD/YYYY	MM/DD/YYYY	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
	02/01/2016	02/29/2016	AREA Code	NUMBER
			2102333239	2116/16

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	004-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	PERMIT	VALUE	UNITS	PERMIT			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	7.6	*****	*****	0	1/day	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5	MO MIN	*****	0	Daily	GRAB
pH	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	7.3	*****	*****	0	1/day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5	MINIMUM	*****	0	Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT REQUIREMENT	10.6	*****	*****	2.1	*****	*****	0	1/Day	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375	*****	*****	15	DAILY AV	*****	0	Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT REQUIREMENT	1.6	*****	*****	0.39	DAILY AV	*****	0	1/Day	COMPOS
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	50	*****	*****	2	DAILY AV	*****	0	Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT REQUIREMENT	0.59	0.63	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	*****	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT REQUIREMENT	0.70	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	3	*****	*****	*****	*****	*****	0	Monthly	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	1/day	TOTALZ
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE AREA Code NUMBER	DATE MM/DD/YYYY
Parviz Chavol Sr. Dir			2102333239	2/3/16
TYPED OR PRINTED				

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
02/01/2016	02/29/2016

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Chlorine, total residual	*****	*****	*****	*****	*****	*****	*****	0	1/day	GRAB	
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	0	Daily	GRAB	
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.2	4.0	0	5/week		
51040 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	63 DAILY AV	399 DAILY MX	0	Weekly	GRAB	
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	10	*****	*****	*****	2.0	3.0	0	1/Day		
80082 I 0 Effluent Gross	PERMIT REQUIREMENT	250 DAILY AV	*****	*****	*****	10 DAILY AV	25 DAILY MX	0	Daily	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.		TELEPHONE	DATE
Parviz Chavol Sr. Dir			2102333239	2/14/2016
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		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. 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
02/01/2016	02/29/2016

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE			
Oxygen, dissolved [DO]	*****	*****	*****	*****	6.9	*****	*****	0	1/day	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	0	Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	*****	0	1/day	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	0	Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	8.1	*****	*****	2.2	*****	*****	0	1/Day	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	325 DAILY AV	*****	*****	15 DAILY AV	*****	*****	0	Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.3	*****	*****	0.43	*****	*****	0	1/Day	COMPOS
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	43 DAILY AV	*****	*****	2 DAILY AV	*****	*****	0	Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.44	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.67	*****	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2.6 ANNU. AVG	*****	*****	*****	*****	*****	0	Monthly	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	1/day	GRAB
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Signature of Parviz Chavol Sr. Dir	TELEPHONE	DATE
Parviz Chavol Sr. Dir		2102333239	2/14/16
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	MM/DD/YYYY
		NUMBER	

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
02/01/2016	02/29/2016

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

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Chlorine, total residual		*****	*****	*****	*****	*****	*****	0	1/day	GRAB	
50060 B 0 Prior to Disinfection		*****	*****	*****	1.0	*****	*****	0	Daily	GRAB	
E. coli		*****	*****	*****	1	*****	*****	0	5/week		
51040 I 0 Effluent Gross		*****	*****	*****	*****	63	CFU/100 mL		Weekly	GRAB	
BOD, carbonaceous [5 day, 20 C]		*****	*****	*****	7.4	*****	*****	0	1/Day		
80082 I 0 Effluent Gross		*****	*****	*****	217	*****	*****	0	Daily	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol Sr. Dir				2102333239	03/14/2016
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)

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

TX0077801
PERMIT NUMBER

006-A
DISCHARGE NUMBER

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

MONITORING PERIOD
MM/DD/YYYY
02/01/2016

MM/DD/YYYY
02/29/2016

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

ATTN: PARIZ CHAVOL SR DIR

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	PERMIT	VALUE	UNITS	PERMIT			
Oxygen, dissolved [DO]	PERMIT MEASUREMENT	*****	*****	*****	*****	*****	*****			
00300 1 0 Effluent Gross	PERMIT MEASUREMENT	*****	*****	*****	4	MO MIN	*****		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT MEASUREMENT	*****	*****	*****	6.5	MINIMUM	*****		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	9	MAXIMUM		Daily	GRAB
00530 1 0 Effluent Gross	PERMIT MEASUREMENT	5755	DAILY AV	*****	15	DAILY AV	40	DAILY MX	Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Daily	COMPOS
00610 1 0 Effluent Gross	PERMIT MEASUREMENT	767	DAILY AV	*****	2	DAILY AV	7	DAILY MX	Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Continuous	TOTALZ
50050 1 0 Effluent Gross	PERMIT MEASUREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	M/G/D	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT MEASUREMENT	46	ANNUAL AVG	M/G/D	*****	*****	*****		Monthly	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****		Monthly	TOTALZ
50060 A 0 Disinfection, Process Complete	PERMIT MEASUREMENT	*****	*****	*****	*****	*****	*****	1	Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Parviz Chavol Sr. Dir

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 2102333239
DATE: 02/14/2016

AREA CODE: 210
NUMBER: 2333239
MM/DD/YYYY: 02/14/2016

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
02/01/2016	02/29/2016

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or personal supervision in accordance with a system designed to assure the reliability and accuracy of the information submitted and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Parviz Chavol Sr. Dir		2102333239	2/14/2016
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.

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	101-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Flow, in conduit or thru treatment plant	6.8	14	MGD	*****	*****	*****	0	Continuous	TOTALZ	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	MGD	*****	*****	*****	0	Continuous	TOTALZ	
Flow, in conduit or thru treatment plant	5.4	*****	MGD	*****	*****	*****	0	Continuous	TOTALZ	
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	Req. Mon. ANNL AVG	MGD	*****	*****	*****	0	Continuous	TOTALZ	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol Sr. Dir					2102333239	3/14/2016
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221

FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: PARIZ CHAVOL SR DIR

TX0077801	102-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

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	UNITS	VALUE	UNITS			
Flow, in conduit or thru treatment plant	80	116	MGD	*****	*****	*****	0	Continuous	TOTALZ	
50050 I 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	MGD	*****	*****	*****		Continuous	TOTALZ	
Flow, in conduit or thru treatment plant	93	*****	*****	*****	*****	*****	0	Continuous	TOTALZ	
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125 ANNL AVG	MGD	*****	*****	*****		Continuous	TOTALZ	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol Sr. Dir			21023333239	02/16/16
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

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

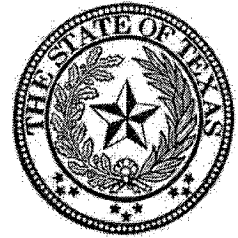
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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	02	12647
SYS	PERMIT NUMBER	SET	YEAR MO.		EID

THIS REPORT TO BE USED FOR COMBINED MONITORING for 001/800/900
SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.
 PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	REPORTED	PERMITTED			VALUE	UNITS	
500507124 FLOW DLY AVG	REPORTED	PERMITTED	80	MGD	0 02	11	
						CONT	CONT
500507128 FLOW ANN AVG	REPORTED	PERMITTED	93	MGD	0 02	11	
						CONT	CONT
NUMBER OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	WW0042725	NUMBER	0 01	NA	
						NA	NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	161022	DATE	0 01	NA	
						NA	NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	A	LETTER	0 01	NA	
						NA	NA
	REPORTED	PERMITTED					
	REPORTED	PERMITTED					
	REPORTED	PERMITTED					
	REPORTED	PERMITTED					
	REPORTED	PERMITTED					
	REPORTED	PERMITTED					
	REPORTED	PERMITTED					

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.			NAME		SIGNATURE		DATE	
			Timothy Howe Manager-Prod & Treat Ops				11/16/03/11	
TELEPHONE NUMBER			PLANT OPERATOR		PLANT OPERATOR		YEAR MO. DAY	
210 233 3239			Parviz Chavol Sr. Director				11/16/03/16	
AREA CODE NUMBER			EXECUTIVE OFFICER		EXECUTIVE OFFICER		YEAR MO. DAY	

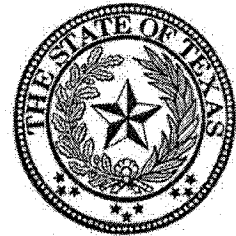
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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	02	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**

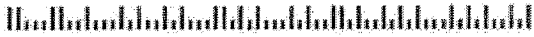
PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
	REPORTED	PERMITTED			VALUE	UNITS	TYPE	TYPE
000085342 TRANSFER DAYS/MON	REPORTED		0	01	20	DAY	01	
	PERMITTED			01	NA		01	NA
316164024 E-COLI DLY AVG	REPORTED		0	11	1.9	#/100 ML	03	
	PERMITTED			11	20.000		03	GRABPKLOAD
316164030 E-COLI IND GRAB	REPORTED		0	11	12	#/100 ML	03	
	PERMITTED			11	75.000		03	GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		0	02	7.2	MGD	11	
	PERMITTED			02			11	CONT
500507128 FLOW ANN AVG	REPORTED		0	02	0.12	MGD	11	
	PERMITTED			02			11	CONT
800821024 BOD CARB DLY AVG	REPORTED		0	08	2.0	MG/L	10	12-PRT-COM
	PERMITTED			11	5.000		03	GRABPKLOAD
820796624 TURBDITY 30DAYAVG	REPORTED		0	08	1.2	NTU	10	12-PRT-COM
	PERMITTED			11	3.000		03	GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED		0	01	WW0042725	NUMBER		NA
	PERMITTED			01			01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		0	01	161022	DATE		NA
	PERMITTED			01			01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		0	01	A	LETTER		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		11/6/03/11
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Sr. Director		11/6/03/11
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
			YEAR MO. DAY

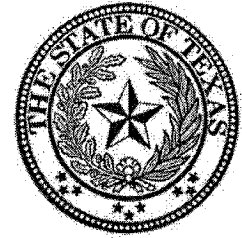
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-033	02	16	02	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	
		VALUE		UNITS			
000085342 TRANSFER DAYS/MON	REPORTED	0	DAY	0			
	PERMITTED						
316164024 FEC. COLI DLY AVG	REPORTED		#/100 ML				
	PERMITTED	200.000					
316164030 FEC. COLI IND GRAB	REPORTED		#/100 ML				
	PERMITTED	800.000					
500507124 FLOW DLY AVG	REPORTED		MGD				
	PERMITTED						
500507128 FLOW ANN AVG	REPORTED		MGD				
	PERMITTED						
800821024 BOD CARB DLY AVG	REPORTED		MG/L				
	PERMITTED	20.000					
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0042725	NUMBER	0	01		NA
	PERMITTED						
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	161022	DATE	0	01		NA
	PERMITTED						
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01		NA
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

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

NAME	SIGNATURE	DATE
Timothy Howe Manager-Prod & Treat Ops		11/6 01/3 1/11
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR
210 233 3239	Parviz Chavol Sr. Director	
AREA CODE	NUMBER	EXECUTIVE OFFICER
		EXECUTIVE OFFICER
		YEAR MO. DAY
		11/6 01/3 1/11

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: 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
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 78721
MINOR (SUBR 13)
DOMESTIC FACILITY - 001
External Outfall
No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIR	TYPED OR PRINTED			2102333239	2/14/16
AREA Code	NUMBER	MM/DD/YYYY			

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

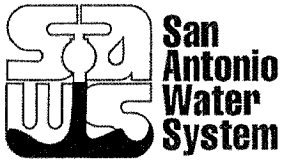
OVERFLOW REPORT

PERIOD: FEBRUARY 2016
 WATERSHED: MEDIO CREEK
 TCEQ PERMIT # 10137-040
 EPA PERMIT # 0055689

WO #	INSPT#	SR #	Date	Address	Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments
	400762	1166231	2/5/2016	Hunt Ln	1200	4,875 Debris	Cleaned Main	1.08	0.58	Drainage Culvert	Area Cleaned and Disinfected.
1243618		1165485	2/3/2016	Grosenbacher Rd W	12300	7,500 Structural	Repaired Main	22.50	0.00	Creek Bed - Spilled Into The Dry Petranco Creek	Work Order Created To Repair Sewer Main
	399261	1159460	2/1/2016	Fenncroft Dr	131	50 Structural	Cleaned Main	3.13	1.13	Easement	Area Cleaned and Disinfected, Flushed Area with H2O - Work Order Was Created To Repair Protruding Sewer Lateral
Total Events:	3				Total Gallons:	12,425		Average Duration:	8.90		Average Response

Tuesday, March 01, 2016

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



March 1, 2016

Joy Thurston-Cook
Texas Commission on Environmental Quality
14250 Judson Road
San Antonio, TX 78233

RE: Permit No. 10137-040
E-Coli Violation

Dear Joy,

On January 29, 2016 our lab technician reported a result of 200 count/100 ml on the E-Coli sample, causing a violation on our 800 Type 1 Daily Max. The chlorine residual at the time of sample collection was a 1.39 mg/l.

Investigation showed violations were due to improper sampling procedures by plant operator. The operator has been instructed in the use of proper sampling techniques since this investigation was completed.

If additional information is required, please contact me at (210) 233-3922.

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

Daniel Rodriguez
Manager, Medio Creek WRC
2231 Hunt Lane
San Antonio, TX 78227

cc: Steve Clouse
Parviz Chavol
Floramie Welch

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
02/01/2016	02/29/2016


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	VALUE	UNITS	VALUE	VALUE	VALUE				
Oxygen, dissolved [DO]	*****	*****	*****	*****	7.7	*****	*****	0		Daily	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MO MIN	*****	*****	0		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	*****	0		Daily	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	*****	0		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	48	*****	*****	1.2	*****	*****	0		Daily	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2002 DAILY AV	*****	*****	15 DAILY AV	*****	*****	0		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	22	*****	*****	0.55	*****	*****	0		Daily	COMPOS
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	267 DAILY AV	*****	*****	2 DAILY AV	*****	*****	0		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.9	11	MGD	*****	*****	*****	0		Continuous	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	0		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	7098	gal/min	*****	*****	*****	0		Continuous	TOTALZ
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	27778 2HR PEAK	gal/min	*****	*****	*****	0		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.8	*****	*****	*****	*****	*****	0		Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	16 ANNU AVG	*****	MGD	*****	*****	*****	0		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: PARVIZ CHAVOL, SR. DIR.

TYPED OR PRINTED

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

Signature: 

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 21023333239

DATE: 2/11/16

AREA CODE: 210 NUMBER: 2333239

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
02/01/2016	02/29/2016

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	PERMIT	VALUE	UNITS	PERMIT			
E. coli	MEASUREMENT	*****	*****	*****	*****	*****	*****	0		
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1.6	126 DAILY AV	399 DAILY MX	0	Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	84	*****	*****	2.1	7 DAILY AV	20 DAILY MX	0	Daily	COMPOS
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	934 DAILY AV	*****	*****	*****	*****	*****	0	Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE AREA Code	NUMBER	DATE
PARVIZ CHAVOL, SR. DIR.					2102333239	65116	2/16
TYPED OR PRINTED							

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	02	12654
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE		
	REPORTED	PERMITTED		VALUE	UNITS			
500507124 FLOW DLY AVG	REPORTED		7.2	MGD	0	02		11
	PERMITTED					02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		7.1	MGD	0	02		11
	PERMITTED					02	CONT	11 CONT
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0004506	NUMBER	0	01		NA
	PERMITTED					01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		170108	DATE	0	01		NA
	PERMITTED					01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	LETTER	0	01		NA
	PERMITTED					01	01	NA NA
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							

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 03 13
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director		16 03 16
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



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



40B	WQ0010137-040	01	16	02	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				
000085342 TRANSFER DAYS/MON	REPORTED	29	DAY	0	01		01
	PERMITTED					01	NA
316164024 FEC. COLI DLY AVG	REPORTED	3.0	#/100 ML	0	11		03
	PERMITTED	20.000				11	2/WEEK
316164030 FEC. COLI IND GRAB	REPORTED	200	#/100 ML	1	11		03
	PERMITTED	75.000				11	2/WEEK
500507124 FLOW DLY AVG	REPORTED	2.3	MGD	0	02		11
	PERMITTED					02	CONT
500507128 FLOW ANN AVG	REPORTED	2.4	MGD	0	02		11
	PERMITTED					02	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
820796624 TURBDITY 30DAYAVG	REPORTED	0.86	NTU	0	08	1/Day	10 12-prt-com
	PERMITTED	3.000				11	2/WEEK
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						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

E-Coli substituted for Fecal Coliform

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME Daniel Rodriguez Manager-Prod & Treat Ops	SIGNATURE 	DATE 11/6/03/15
TELEPHONE NUMBER 210 233 3239	PLANT OPERATOR Parviz Chavol Senior Director	PLANT OPERATOR 	YEAR MO. DAY 4/6/03/16
AREA CODE NUMBER 210 233 3239	EXECUTIVE OFFICER	EXECUTIVE OFFICER 	YEAR MO. DAY 4/6/03/16

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	02	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	VALUE	UNITS				
000085342 TRANSFER DAYS/MON	REPORTED	0	DAY	0	01		01
	PERMITTED						01
316164024 FEC. COLI DLY AVG	REPORTED		#/100 ML				
	PERMITTED	200.000					14
316164030 FEC. COLI IND GRAB	REPORTED		#/100 ML				
	PERMITTED	800.000					14
500507124 FLOW DLY AVG	REPORTED		MGD				
	PERMITTED						02
500507128 FLOW ANN AVG	REPORTED		MGD				
	PERMITTED						02
800821024 BOD CARB DLY AVG	REPORTED		MG/L				
	PERMITTED	20.000					14
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0004506	NUMBER	0	01		NA
	PERMITTED						01
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	170108	DATE	0	01		NA
	PERMITTED						01
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01		NA
	PERMITTED						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 03 15
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2 1 0 2 3 3 3 2 3 9	Parviz Chavol Senior Director		16 03 16
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

OVERFLOW REPORT

PERIOD: FEBRUARY 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
	401174	1169911	2/9/2016	Grand Valley Dr	7000	100 Grease	Cleaned Main	1.30	0.80	Street	Area Cleaned and Disinfected, Flushed Area with H2O
	400643	1165016	2/4/2016	Timber View Dr	3302	350 Grease	Cleaned Main	1.00	0.50	Stormdrain	Area Cleaned and Disinfected, Flushed Area with H2O
	399260	1159291	2/1/2016	Arrow Oaks	134	420 Grease	Cleaned Main	1.40	1.30	Stormdrain	Area Cleaned and Disinfected, Flushed Area with H2O
Total Events:	3			Total Gallons:	870		Average Duration:	1.23	0.87	Average Response	

Tuesday, March 01, 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: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYC. CTR.
LOCATION: 1104 MAUERMAN ROAD
SAN ANTONIO, TX 78224
ATTN: PARVIZ CHAVOL, SR. DIRECTOR

TX0052639	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 78721
MAJOR (SUBR 13)
DOMESTIC FACILITY - 001
External Outfall
No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Oxygen, dissolved [DO]	*****	6.0	*****	*****	*****	*****	0	Daily	GRAB	
00300 1 0 Effluent Gross	*****	5	*****	MO MIN	*****	*****	0	Daily	GRAB	
pH	*****	6.5	*****	MINIMUM	*****	*****	0	Daily	GRAB	
00400 1 0 Effluent Gross	*****	6	*****	MAXIMUM	*****	*****	0	Daily	GRAB	
Solids, total suspended	*****	332	*****	*****	*****	*****	0	Daily	COMPOS	
00530 1 0 Effluent Gross	*****	5755	*****	*****	*****	*****	0	Daily	COMPOS	
Nitrogen, ammonia total [as N]	*****	319	*****	*****	*****	*****	0	Daily	COMPOS	
00610 1 0 Effluent Gross	*****	767	*****	*****	*****	*****	0	Daily	COMPOS	
Flow, in conduit or thru treatment plant	*****	37	*****	*****	*****	*****	0	Continuous	TOTALZ	
50050 1 0 Effluent Gross	*****	45	*****	*****	*****	*****	0	Continuous	TOTALZ	
Flow, in conduit or thru treatment plant	*****	36111	*****	*****	*****	*****	0	Continuous	TOTALZ	
50050 P 0 See Comments	*****	63889	*****	*****	*****	*****	0	Continuous	TOTALZ	
Flow, in conduit or thru treatment plant	*****	33	*****	*****	*****	*****	0	Continuous	TOTALZ	
50050 Y 0 Effluent Gross (Supplementary)	*****	46	*****	*****	*****	*****	0	Continuous	TOTALZ	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol, Sr. Dir	2102333239	2/16/2016
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	MM/DD/YYYY

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

TDS Ave = 716 mg/L Max = 779 mg/L; TotCl Ave = 151 mg/L; Max = 163 mg/L

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

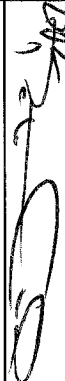
Form Approved
OMB No 2040-0004

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 MAUERMAN 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
02/01/2016	02/29/2026

DMR Mailing ZIP CODE: 78721
MAJOR (SUBR 13)
DOMESTIC FACILITY - 001
External Outfall
No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
Chlorine, total residual	*****	*****	*****	*****	*****	*****	*****	0	Daily	GRAB	
50060 A 0 Disinfection, Process Complete	*****	*****	*****	*****	*****	*****	0.090	1 INSTI MAX	Daily	GRAB	
Chlorine, total residual	*****	*****	*****	*****	*****	*****	*****	0	Daily	GRAB	
50060 B 0 Prior to Disinfection	*****	*****	*****	*****	*****	*****	1.0	1 MO MIN	Daily	GRAB	
E. coli	*****	*****	*****	*****	*****	*****	1.3	*****	Daily	GRAB	
51040 I 0 Effluent Gross	*****	*****	*****	*****	*****	*****	1.26	394 DAILY MX	Five per Week	GRAB	
BOD, carbonaceous [5 day, 20 C]	*****	*****	*****	*****	*****	*****	2.0	*****	Daily	GRAB	
80082 I 0 Effluent Gross	*****	*****	*****	*****	*****	*****	2.0	17 DAILY MX	Daily	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Parviz Chavol, Sr. Dir			2102333239	02/16/2016
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER
				MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
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
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 78721
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	PERMIT REQUIREMENT	VALUE	UNITS	PERMIT REQUIREMENT			
Oxygen, dissolved [DO]	*****	*****	*****	*****	*****	*****				
00300 1 0 Effluent Gross	*****	*****	*****	5	*****	*****		Daily	GRAB	
pH	*****	*****	*****	MO MIN	*****	*****				
00400 1 0 Effluent Gross	*****	*****	*****	6	*****	*****		Daily	GRAB	
Solids, total suspended	*****	*****	*****	MINIMUM	*****	*****				
00530 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Daily	COMPOS	
Nitrogen, ammonia total [as N]	*****	*****	*****	*****	*****	*****		Daily	COMPOS	
00610 1 0 Effluent Gross	*****	*****	*****	767	*****	*****		Daily	COMPOS	
Flow, in conduit or thru treatment plant	*****	*****	*****	DAILY AV	*****	*****		Daily		
50050 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Continuous	TOTALZ	
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	*****		Continuous		
50050 P 0 See Comments	*****	*****	*****	*****	*****	*****		Continuous	TOTALZ	
Flow, in conduit or thru treatment plant	*****	*****	*****	63889	*****	*****		Continuous		
50050 Y 0 Effluent Gross (Supplementary)	*****	*****	*****	2HR PEAK	*****	*****		Continuous	TOTALZ	
	*****	*****	*****	*****	*****	*****		Continuous		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol, Sr. Dir	2102333239	2/16/2016
TYPED OR PRINTED	AREA Code	NUMBER
	210	2333239
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	

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

TX0052639	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

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	PERMIT REQUIREMENT	VALUE	UNITS	PERMIT REQUIREMENT			
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	*****	*****	*****	*****	*****	*****		Daily	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Parviz Chavol, Sr. Dir		21023333239	3/16/2016
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)

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 MAUERMAN ROAD
SAN ANTONIO, TX 78224
ATTN: PARVIZ CHAVOL, SR. DIRECTOR

TX0052639	101-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2016	02/29/2016

DMR Mailing ZIP CODE: 78211
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	UNITS	VALUE	UNITS			
Solids, total suspended	332	*****	*****	*****	*****	*****	0	Daily	COMPOS	
00530 J 0 Intermediate Treatment, Process	5755 DAILY AV	*****	*****	*****	*****	*****	0	Daily	COMPOS	
Nitrogen, ammonia total [as N]	319	*****	*****	*****	*****	*****	0	Daily	COMPOS	
00610 J 0 Intermediate Treatment, Process	767 DAILY AV	*****	*****	*****	*****	*****	0	Daily	COMPOS	
Flow, in conduit or thru treatment plant	37	*****	*****	*****	*****	*****	0	Continuous	TOTALZ	
50050 I 0 Effluent Gross	Req. Mon. DAILY AV	*****	*****	*****	*****	*****	0	Continuous	TOTALZ	
Flow, in conduit or thru treatment plant	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ	
50050 P 0 See Comments	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ	
Flow, in conduit or thru treatment plant	33	*****	*****	*****	*****	*****	0	Continuous	TOTALZ	
50050 Y 0 Effluent Gross (Supplementary)	46 ANNL AVG	*****	*****	*****	*****	*****	0	Continuous	TOTALZ	
BOD, carbonaceous [5 day, 20 C]	614	*****	*****	*****	*****	*****	0	Continuous	TOTALZ	
80082 J 0 Intermediate Treatment, Process	2686 DAILY AV	*****	*****	*****	*****	*****	0	Daily	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol, Sr. Dir			21023333239	02/16/2016
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-003	02	16	02	12645
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	REPORTED	VALUE	UNITS				
500507124 FLOW DLY AVG	REPORTED	38	MGD	0	02	11	
	PERMITTED				02	CONT	11
500507128 FLOW ANN AVG	REPORTED	36	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 Daniel Rodriguez Manager Prod & Treat Ops	SIGNATURE 	DATE 11/6/15
TELEPHONE NUMBER 210 233 3239	PLANT OPERATOR Parviz Chavol Senior Director	PLANT OPERATOR 	YEAR MO. DAY 11/13/16
AREA CODE NUMBER 210 233 3239	EXECUTIVE OFFICER Parviz Chavol	EXECUTIVE OFFICER 	YEAR MO. DAY 11/13/16

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



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



40B	WQ0010137-003	02	16	02	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.

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PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE		
	REPORTED	PERMITTED		VALUE	UNITS			
000085342 TRANSFER DAYS/MON	REPORTED		29	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		3.0	#/100 ML	0 11		03	
	PERMITTED		75.000		11	2/WEEK	03	GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		1.1	MGD	0 02		11	
	PERMITTED				02	CONT	11	CONT
500507128 FLOW ANN AVG	REPORTED		3.1	MGD	0 02		11	
	PERMITTED				02	CONT	11	CONT
800821024 BOD CARB DLY AVG	REPORTED		2.0	MG/L	0 08	1/Day	10	12-prt-com
	PERMITTED		5.000		11	2/WEEK	03	GRABPKLOAD
820786624 TURBIDITY 30DAY AV	REPORTED		0.84	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 03 15
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2 1 0 2 3 3 3 2 3 9	Parviz Chavol Senior Director		16 03 16
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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



40B	WQ0010137-003	02	16	02	12548
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE	
	REPORTED	PERMITTED		VALUE	UNITS		
000085342 TRANSFER DAYS/MON	REPORTED		0	01		01	
	PERMITTED			01	NA	01	NA
316164024 FEC. COLI DLY AVG	REPORTED						
	PERMITTED	200.000		14	1/WEEK	03	GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED						
	PERMITTED	800.000		14	1/WEEK	03	GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED						
	PERMITTED			02	CONT	11	CONT
500507128 FLOW ANN AVG	REPORTED						
	PERMITTED			02	CONT	11	CONT
800821024 BOD CARB DLY AVG	REPORTED						
	PERMITTED	15.000		14	1/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WWW0004506	0	01			NA
	PERMITTED			01	01		NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	170108	0	01			NA
	PERMITTED			01	01		NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	0	01			NA
	PERMITTED			01	01		NA NA
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Daniel Rodriguez Manager Prod & Treat Ops		16 03 15
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director		16 03 16
AREA CODE NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY