



April 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 1481

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 1481

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 March 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



April 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 1498

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 March 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 that reads "Jeffrey J. Haby".

Jeffrey J. Haby, P.E.

Vice President – Production & Treatment

Enc. As stated

OVERFLOW REPORT

PERIOD: MARCH 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
1264574		1226753	3/28/2016	Potranco Rd	9765	40 Structural	Repaired Main	1.00	0.00	Ground	Area Cleaned and Disinfected, Repaired Main, Work Order Created To Repair Force Main
1262560		1218734	3/21/2016	Potranco Rd	9765	10 Structural	Repaired Main	0.62	0.00	Ground	Area Cleaned and Disinfected, Repaired Main, Work Order Created To Repair Force Main
	405635	1215632	3/17/2016	Century Dr	5915	1,700 Debris	Cleaned Main	1.13	0.38	Ground	Area Cleaned and Disinfected, Repaired Main, Work Order Created To Repair Force Main
Total Events:					3	Total Gallons:	1,750	Average Duration:	0.92	0.13	Average Response

Friday, April 01, 2016

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

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

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

TX0052639	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

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

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	*****	*****	6.3	*****	*****	0		
00300 1 0 Effluent Gross	*****	*****	5 MO MIN	*****	*****	0	Daily	GRAB
pH	*****	*****	6.5	*****	7.5	0		
00400 1 0 Effluent Gross	*****	*****	6 MINIMUM	*****	9 MAXIMUM	0	Daily	GRAB
Solids, total suspended	310	*****	1.1	*****	1.8	0		
00530 1 0 Effluent Gross	5755 DAILY AV	*****	15 DAILY AV	*****	40 DAILY MX	0	Daily	COMPOS
Nitrogen, ammonia total [as N]	100	*****	0.35	*****	1.3	0		
00610 1 0 Effluent Gross	767 DAILY AV	*****	2 DAILY AV	*****	7 DAILY MX	0	Daily	COMPOS
Flow, in conduit or thru treatment plant	35	53	*****	*****	*****	0		
50050 1 0 Effluent Gross	Req. Mon. DAILY AV	MGD	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	39583	*****	*****	*****	*****	0		
50050 P 0 See Comments	63889 2HR PEAK	gal/min	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	33	*****	*****	*****	*****	0		
50050 Y 0 Effluent Gross (Supplementary)	46 ANNL AVG	MGD	*****	*****	*****	0	Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol, Sr. Dir	2102333239	04/16/2016
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)

TDS Ave = 743mg/L; Max = 827mg/L TotCl Ave = 145mg/L; Max = 161mg/L

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
known)
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 PERMIT NUMBER	001-A DISCHARGE NUMBER
MM/DD/YYYY 03/01/2016	MONITORING PERIOD MM/DD/YYYY 03/31/2026

DMR Mailing ZIP CODE: 7821
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	VALUE			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			Daily	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	1.0	*****	*****				
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	1 MO MIN	*****	*****			Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0			
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	126 DAILY AV	394 DAILY MX		Five per Week		GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	577	*****	*****	2.0	2.0				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	2686 DAILY AV	*****	*****	7 DAILY AV	17 DAILY MX		Daily		COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol, Sr. Dir TYPED OR PRINTED	2102333239 AREA Code NUMBER	4/15/2016 MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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

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

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

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

No Discharge

TX0052639	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

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	*****	*****	5	MO MIN		Daily	GRAB
pH	*****	*****	*****	*****			
00400 I 0 Effluent Gross	*****	*****	6	MINIMUM		Daily	GRAB
Solids, total suspended	*****	*****	*****	*****			
00530 I 0 Effluent Gross	5755	lb/d	*****	DAILY AV		Daily	COMPOS
Nitrogen, ammonia total [as N]	*****	*****	*****	*****			
00610 I 0 Effluent Gross	767	lb/d	*****	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 P 0 See Comments	63889	gal/min	*****	*****		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	04/15/2016
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

Parviz Chavol
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. CTR.
LOCATION: 1104 MAURERMAN ROAD
SAN ANTONIO, TX 78224
ATTN: PARVIZ CHAVOL, SR. DIRECTOR

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

No Discharge

TX0052639	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

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 I 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	*****	*****	*****	*****	*****	*****			
80082 I 0 Effluent Gross	2686 DAILY AV	lb/d	*****	*****	*****	*****		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol, Sr. Dir	2102333239	04/15/2016
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)

DMR Mailing ZIP CODE: 78121
MAJOR (SUBR 13)
COMBINED OUTFALLS 001 & 002
External Outfall
No Discharge

TX0052639 PERMIT NUMBER	101-A DISCHARGE NUMBER
MM/DD/YYYY 03/01/2016	MM/DD/YYYY 03/31/2016

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Solids, total suspended	MEASUREMENT	310	*****	*****	*****	*****	*****	0		
00530 J 0 Intermediate Treatment, Process	PERMIT REQUIREMENT	5755 DAILY AV	*****	lb/d	*****	*****	*****		Daily	COMPOS
Nitrogen, ammonia total [as N]	MEASUREMENT	100	*****	*****	*****	*****	*****	0		
00610 J 0 Intermediate Treatment, Process	PERMIT REQUIREMENT	767 DAILY AV	*****	lb/d	*****	*****	*****		Daily	COMPOS
Flow, in conduit or thru treatment plant	MEASUREMENT	35	53	*****	*****	*****	*****	0		
50050 I 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	MGD	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	MEASUREMENT	*****	39583	*****	*****	*****	*****	0		
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	63889 2HR PEAK	gal/min	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	MEASUREMENT	33	*****	*****	*****	*****	*****	0		
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46 ANNL AVG	*****	MGD	*****	*****	*****		Continuous	TOTALZ
BOD, carbonaceous [5 day, 20 C]	MEASUREMENT	577	*****	*****	*****	*****	*****	0		
80082 J 0 Intermediate Treatment, Process	PERMIT REQUIREMENT	2686 DAILY AV	*****	lb/d	*****	*****	*****		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol, Sr. Dir	2102333239	04/16/2016
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

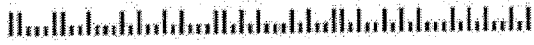
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage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

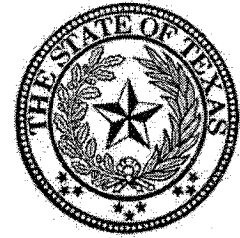
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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	03	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	36	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 16 09 12
TELEPHONE NUMBER 210 233 3239	PLANT OPERATOR Parviz Chavol Senior Director	PLANT OPERATOR 	YEAR MO. DAY 16 09 15
AREA CODE NUMBER 210 233 3239	EXECUTIVE OFFICER 	EXECUTIVE OFFICER 	YEAR MO. DAY

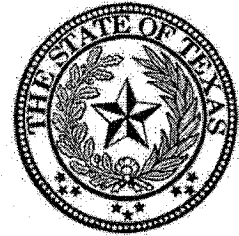
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

PAGE 1



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



40B	WQ0010137-003	02	16	03	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		UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	REPORTED	VALUE				PERMITTED	
000085342 TRANSFER DAYS/MON	REPORTED	30	DAY	0	01		01
	PERMITTED				01	NA	01 NA
316164024 E-COLI DLY AVG	REPORTED	1.0	#/100 ML	0	11		03
	PERMITTED	20.000			11	2/WEEK	03 GRABPKLOAD
316164030 E-COLI IND GRAB	REPORTED	1.0	#/100 ML	0	11		03
	PERMITTED	75.000			11	2/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED	1.4	MGD	0	02		11
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED	3.0	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	0.69	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)*

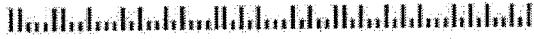
E-Coli substituted for Fecal Coliform

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		16/04/12
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director		16/04/15
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

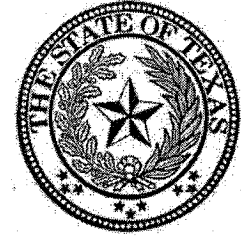
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

PAGE 1



SAN ANTONIO WATER SYSTEM
3496 VALLEY RD
SAN ANTONIO TX 78221-5238



40B	WQ0010137-003	02	16	03	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	PERMITTED	0	01		01	
					01	NA	01 NA
316164024 FEC. COLI DLY AVG	REPORTED	PERMITTED			14	1/WEEK	03 GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED	PERMITTED			14	1/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED	PERMITTED			02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED	PERMITTED			02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED	PERMITTED			14	1/WEEK	03 GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	WW0004506	NUMBER	0	01	NA
						01	01 NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	170108	DATE	0	01	NA
						01	01 NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	A	LETTER	0	01	NA
						01	01 NA NA
	REPORTED	PERMITTED					
	REPORTED	PERMITTED					

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Daniel Rodriguez Manager Prod & Treat Ops		11/6/09
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director		11/6/09
AREA CODE	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
applicable)
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
03/01/2016	03/31/2016

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****	*****			
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	4 MO MIN	*****	*****		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****	*****			
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	30 DAILY AV	*****	100 SINGGRAB		Daily	GRAB
pH	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****	*****			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	6 MINIMUM	*****	9 MAXIMUM		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****	*****			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Daily	INSTAN
E. coli	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****	*****			
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Monthly	GRAB

NO DISCHARGE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIR	2102333239	04/15/2016
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)
MONITORING SHALL OCCUR WHEN DISCHARGING.
SAMPLES FOR BACTERIA MONITORING SHALL BE TAKEN AT THE INFLOW PIPE FROM THE LEON CREEK WRC.

OVERFLOW REPORT

PERIOD: MARCH 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	
	404584	1202621	3/7/2016	Oakwood Way	835	Debris	Cleaned Main	2.22	0.22	Street	Area Cleaned and Disinfected, Flushed Area with H2O	
Total Events:					1	Total Gallons:		90	Average Duration:	2.22	Average Response	0.22

Friday, April 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
different)
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
03/01/2016	03/31/2016

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	VALUE	VALUE				
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	7.5	*****	*****	*****	0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	6 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	7.3	*****	8.2		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	43	*****	*****	1.0	1.6		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2002 DAILY AV	*****	*****	15 DAILY AV	30 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	17	*****	*****	0.41	1.0		0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	267 DAILY AV	*****	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.0	6.7	*****	*****	*****	*****	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	*****	7543	*****	*****	*****	*****	0		
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	27778 2HR PEAK	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.9	*****	*****	*****	*****	*****	0		
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	16 ANNL AVG	*****	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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.

TELEPHONE	DATE
2102333239	04/15/16
AREA Code	NUMBER
	MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
applicable)
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
03/01/2016	03/31/2016

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

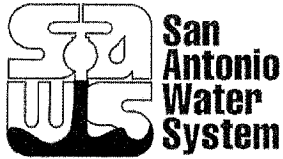
No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS			
E. coli	PERMIT REQUIREMENT	*****	*****	*****	1.7	83	0		
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	126 DAILY AV	399 DAILY MX		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	84	*****	*****	2.0	2.0	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	04/15/2016
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)



April 5, 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 March 10, 2016 our lab technician reported a result of 94 count/100 ml on the E-Coli sample, for March 9, 2016. This caused a violation on our 800 Type 1 Daily Max. The chlorine residual at the time of sample collection was a 1.01 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 "D. Rodriguez".

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

cc: Steve Clouse
Parviz Chavol
Floramie Welch

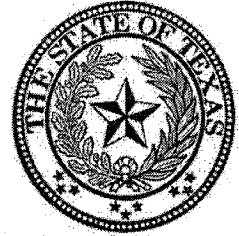
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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	03	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

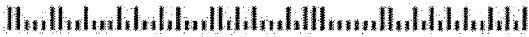
PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
	REPORTED	PERMITTED			VALUE	UNITS	TYPE	TYPE
500507124 FLOW DLY AVG	REPORTED		0	02	7.4	MGD	11	
	PERMITTED			02			CONT	CONT
500507128 FLOW ANN AVG	REPORTED		0	02	7.2	MGD	11	
	PERMITTED			02			CONT	CONT
NUMBER OF OPERATOR CERTIFICATE	REPORTED		0	01	WW0004506	NUMBER	NA	
	PERMITTED			01			NA	NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		0	01	170108	DATE	NA	
	PERMITTED			01			NA	NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		0	01	A	LETTER	NA	
	PERMITTED			01			NA	NA
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME Daniel Rodriguez Manager-Prod & Treat Ops	SIGNATURE 	DATE 11/6/04/12
TELEPHONE NUMBER 210 233 3239	PLANT OPERATOR Parviz Chavol Senior Director	PLANT OPERATOR 	YEAR MO. DAY 11/6/04/15
AREA CODE NUMBER 210 233 3239	EXECUTIVE OFFICER	EXECUTIVE OFFICER 	YEAR MO. DAY 11/6/04/15

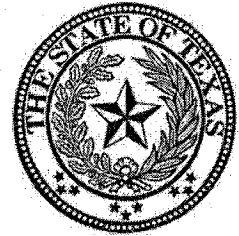
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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	03	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			1	2	3
000085342 TRANSFER DAYS/MON	REPORTED	31	DAY	0	01		01	
	PERMITTED				01	NA	01	NA
316164024 FEC. COLI DLY AVG	REPORTED	4.7	#/100 ML	0	11		03	
	PERMITTED	20.000			11	2/WEEK	03	GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED	94	#/100 ML	1	11		03	
	PERMITTED	75.000			11	2/WEEK	03	GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED	2.4	MGD	0	02		11	
	PERMITTED				02	CONT	11	CONT
500507128 FLOW ANN AVG	REPORTED	2.4	MGD	0	02		11	
	PERMITTED				02	CONT	11	CONT
800821024 BOD CARB DLY AVG	REPORTED	2.0	MG/L	0	08	1/Day	10	12-prt-com
	PERMITTED	5.000			11	2/WEEK	03	GRABPKLOAD
820796624 TURBIDITY 30DAYAVG	REPORTED	0.71	NTU	0	08	1/Day	10	12-prt-com
	PERMITTED	3.000			11	2/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0004506	NUMBER	0	01		NA	
	PERMITTED				01	01	NA	NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	170108	DATE	0	01		NA	
	PERMITTED				01	01	NA	NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01		NA	
	PERMITTED				01	01	NA	NA
	REPORTED							
	PERMITTED							

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

E-Coli substituted for Fecal Coliform

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME Daniel Rodriguez Manager-Prod & Treat Ops	SIGNATURE 	DATE 11/6/04/12
TELEPHONE NUMBER 210 233 3239	PLANT OPERATOR Parviz Chavol Senior Director	PLANT OPERATOR 	YEAR MO. DAY 11/6/04/15
AREA CODE 210	NUMBER 233 3239	EXECUTIVE OFFICER 	EXECUTIVE OFFICER

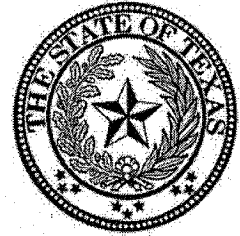
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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	03	12554
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

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

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.		NAME	SIGNATURE	DATE
		Daniel Rodriguez Manager-Prod & Treat Ops		16/04/12
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY	
210 233 3239	Parviz Chavol Senior Director		16/04/15	
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

OVERFLOW REPORT

PERIOD: MARCH 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	
		1225051	3/25/2016	Cypress St W	516	100 Structural	Cleaned Lateral	1.32	0.37	Street	Area Cleaned and Disinfected, Flushed Area with H2O 8" Lateral - Unstopped 8" Lateral	
		406787	1226286	3/28/2016	Janis Rae	126	20 Grease	Cleaned Main	0.40	0.23	Street	Area Cleaned and Disinfected, Flushed Area with H2O
		405653	1215097	3/17/2016	Clarence	127	560 Grease	Cleaned Main	0.93	0.27	Street	Area Cleaned and Disinfected, Flushed Area with H2O
		1260749	405098	1210306	3/14/2016	Wales Ave	5907	20 Structural	1.35	0.27	Alley	Area Cleaned and Disinfected, Flushed Area with H2O Wo# 1260749 Was Created To Install Smartcover To Mh#29053
		405114	1209809	3/14/2016	Rosemont Dr	335	10 Debris	Cleaned Main	1.00	0.25	Street	Area Cleaned and Disinfected, Flushed Area with H2O
		404177	1194661	3/1/2016	Lee Hall	1303	10 Debris	Cleaned Main	3.87	3.62	Street	Area Cleaned and Disinfected, Flushed Area with H2O
Total Events:					6	Total Gallons:	720	Average Duration:	1.48	Average Response	0.83	

Friday, April 01, 2016

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

OVERFLOW REPORT

PERIOD: MARCH 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	
	406517	1224491	3/24/2016	Entrance Rd Ne	10800	Other	Removed Plug	0.25	0.00	Ground	Area Cleaned and Disinfected, Removed Plug	
	404756	1205864	3/9/2016	Little Brandywine	5901	Debris	Cleaned Main	3.60	3.60	Ground	Area Cleaned and Disinfected, Flushed Area with H2O	
Total Events:					2	Total Gallons:		280	Average Duration:		1.93	Average Response
									1.80			

Friday, April 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 Gallons:											
Average Duration:											
Average Response											

Friday, April 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
03/01/2016	03/31/2016

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	UNITS				
Oxygen, dissolved [DO]	*****	*****	6.4	*****	*****	*****	0	1/Day	
00300 I 0 Effluent Gross	*****	*****	6	*****	*****	mg/L		Daily	GRAB
pH	*****	*****	6.8	*****	7.3		0	1/Day	
00400 I 0 Effluent Gross	*****	*****	6	*****	9	SU		Daily	GRAB
Solids, total suspended	*****	*****	*****	*****	MAXIMUM		0	1/Day	
00530 I 0 Effluent Gross	1216	*****	1.7	*****	4.0	mg/L	0	Daily	COMPOS
Nitrogen, ammonia total [as N]	12510 DAILY AV	*****	0.37	*****	2.1	mg/L	0	1/Day	
00610 I 0 Effluent Gross	2085 DAILY AV	*****	2	*****	7	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	86	*****	115	*****	*****	*****	0	Continuous	TOTAL
50050 I 0 Effluent Gross	Req. Mon. DAILY AV	*****	95139	*****	*****	*****	0	Continuous	TOTAL
Flow, in conduit or thru treatment plant	*****	*****	173611 2HR PEAK	*****	*****	*****	0	Monthly	TOTAL
50050 P 0 See Comments	*****	*****	88	*****	*****	*****	0	Continuous	TOTAL
Flow, in conduit or thru treatment plant	125 ANNL_AVG	*****	*****	*****	*****	*****	0	Continuous	TOTAL
50050 Y 0 Effluent Gross (Supplementary)	*****	*****	*****	*****	*****	*****	0	Continuous	TOTAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	2102333239	4/1/2016
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)
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
applicable)
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
03/01/2016	03/31/2016

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	SAMPLE MEASUREMENT	*****	*****	0.060	*****		0	1/Day	
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	INST MAX	*****	mg/L		Daily	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	1.1	*****		0	1/Day	
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	1 MO MIN	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	1.7	*****		0	5/week	
51040 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	126 DAILY AV	*****	CFU/100 mL		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	1447	*****	2.0	*****		0	1/Day	
80082 I 0 Effluent Gross	PERMIT REQUIREMENT	5213 DAILY AV	*****	5 DAILY AV	*****	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
	2102333239		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
			04/15/2016

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
applicable)
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
03/01/2016	03/31/2016

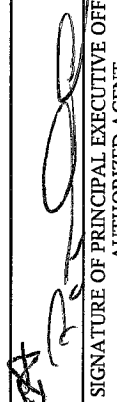
DMR Mailing ZIP CODE: 78121
MAJOR (SUBR 13)
DOMESTIC FACILITY - 002
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	*****	*****	7.0	*****	*****	0	1/day	
00300 I 0 Effluent Gross	*****	*****	4 MO MIN	*****	*****		Daily	GRAB
pH	*****	*****	7.0	*****	*****	0	1/day	
00400 I 0 Effluent Gross	*****	*****	6.5 MINIMUM	*****	*****		Daily	GRAB
Solids, total suspended	83	*****	1.7	*****	*****	0	1/Day	
00530 I 0 Effluent Gross	1251 DAILY AV	*****	15 DAILY AV	*****	*****		Daily	COMPOS
Nitrogen, ammonia total [as N]	16	*****	0.37	*****	*****	0	1/Day	
00610 I 0 Effluent Gross	167 DAILY AV	*****	2 DAILY AV	*****	*****		Daily	COMPOS
Flow, in conduit or thru treatment plant	5.7	*****	6.1	*****	*****	0	Continuous	
50050 I 0 Effluent Gross	Req. Mon. DAILY AV	*****	Req. Mon. DAILY MX	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	4.8	*****	*****	*****	*****	0	Continuous	
50050 Y 0 Effluent Gross (Supplementary)	10 ANNL AVG	*****	*****	*****	*****		Monthly	TOTALZ
Chlorine, total residual	*****	*****	0.070	*****	*****	0	Continuous	
50060 A 0 Disinfection, Process Complete	*****	*****	1 INST MAX	*****	*****		Daily	GRAB

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
Parviz Chavol Sr. Dir
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE
2102333239
AREA Code NUMBER
MM/DD/YYYY
04/15/2016

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
applicable)
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
03/01/2016	03/31/2016

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	*****	*****	1.1	*****	*****	0	1/day		
50060 B 0 Prior to Disinfection E. coli	PERMIT REQUIREMENT	*****	*****	1 MO MIN	*****	mg/L	0	Daily	GRAB	
51040 I 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	1.7	12		0	5/week		
BOD, carbonaceous [5 day, 20 C]	PERMIT REQUIREMENT	*****	*****	63 DAILY AV	399 DAILY MX	CFU/100 mL	0	Three per Week	GRAB	
80082 I 0 Effluent Gross	SAMPLE MEASUREMENT	97	*****	2.0	3.0		0	Daily		
	PERMIT REQUIREMENT	834 DAILY AV	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	2102333239	04/15/2016
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)
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
applicable)
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
03/01/2016	03/31/2016

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS				
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****	*****				
00300 1 0 Effluent Gross pH	PERMIT REQUIREMENT	*****	*****	4 MO MIN	*****	*****	mg/L	Daily	GRAB	
00400 1 0 Effluent Gross Solids, total suspended	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU	Daily	GRAB	
00530 1 0 Effluent Gross Nitrogen, ammonia total [as N]	PERMIT REQUIREMENT	1251 DAILY AV	*****	*****	*****	15 DAILY AV	mg/L	Daily	COMPOS	
00610 1 0 Effluent Gross Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT REQUIREMENT	167 DAILY AV	*****	*****	*****	2 DAILY AV	mg/L	Daily	COMPOS	
50050 1 0 Effluent Gross Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	*****	*****	*****	*****	Continuous	TOTALZ	
50050 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT REQUIREMENT	10 ANNL AVG	*****	*****	*****	*****	*****	Monthly	TOTALZ	
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 INST MAX	mg/L	Daily	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	2102333239	03/15/2016
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)
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

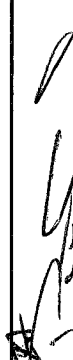
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
applicable)
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: PARIZ CHAVOL SR DIR

TX0077801	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 78121
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	UNITS	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 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	63 DAILY AV	399 DAILY MX		Three per Week	GRAB	
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	834 DAILY AV	*****	*****	10 DAILY AV	25 DAILY MX		Daily	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
 Parviz Chavol Sr. Dir TYPED OR PRINTED	2102333239	4/15/2016
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
		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	004-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016


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

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	6.7	*****	6.7	*****	*****	0	1/day	
00300 1 0 Effluent Gross	*****	*****	5 MO MIN	*****	*****		Daily	GRAB
pH	6.9	*****	6.9	*****	*****	0	1/day	
00400 1 0 Effluent Gross	*****	*****	6.5 MINIMUM	*****	*****		Daily	GRAB
Solids, total suspended	6.7	*****	*****	*****	*****	0	1/Day	
00530 1 0 Effluent Gross	375 DAILY AV	*****	15 DAILY AV	*****	*****		Daily	COMPOS
Nitrogen, ammonia total [as N]	1.1	*****	0.25	*****	*****	0	1/Day	
00610 1 0 Effluent Gross	50 DAILY AV	*****	2 DAILY AV	*****	*****		Daily	COMPOS
Flow, in conduit or thru treatment plant	0.52	*****	0.63	*****	*****	0	Continuous	
50050 1 0 Effluent Gross	Req. Mon. DAILY AV	*****	Req. Mon. DAILY MX	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	0.69	*****	*****	*****	*****	0	Continuous	
50050 Y 0 Effluent Gross (Supplementary)	3 ANNL AVG	*****	*****	*****	*****		Monthly	TOTALZ
Chlorine, total residual	*****	*****	0.050	*****	*****	0	1/day	
50060 A 0 Disinfection, Process Complete	*****	*****	*****	*****	*****		Daily	GRAB

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
Parviz Chavol Sr. Dir
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE
2102333239
AREA Code NUMBER
MM/DD/YYYY
04/15/2016

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
01/01/2013	03/31/2016

DMR Mailing ZIP CODE: 78121
MAJOR (SUBR 13)
DOMESTIC FACILITY - 004
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Chlorine, total residual	*****	*****	1.1	*****	*****	*****	0	1/day	
50060 B O Prior to Disinfection	*****	*****	1	*****	*****	mg/L		Daily	GRAB
E. coli	*****	*****	*****	*****	*****	*****	0	5/week	
51040 I O Effluent Gross	*****	*****	63	*****	*****	CFU/100 mL		Weekly	GRAB
BOD, carbonaceous [5 day, 20 C]	9.3	*****	2.1	*****	*****	*****	0	1/Day	
80082 I O Effluent Gross	250	*****	10	*****	*****	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	2102333239	01/15/2016
	AREA Code	NUMBER
TYPED OR PRINTED		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

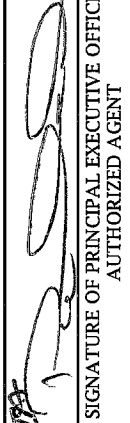
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
applicable)
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: PARIZ CHAVOL SR DIR

TX0077801	005-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

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	UNITS			
Oxygen, dissolved [DO]	*****	*****	6.6	*****	*****	0	1/day	
00300 I 0 Effluent Gross	*****	*****	4	*****	mg/L		Daily	GRAB
pH	*****	*****	7.3	*****	7.7	0	1/day	
00400 I 0 Effluent Gross	*****	*****	6	*****	9		Daily	GRAB
Solids, total suspended	*****	*****	MINIMUM	*****	MAXIMUM	0	1/Day	
00530 I 0 Effluent Gross	7.6	*****	1.7	*****	4.0	0	1/Day	
Nitrogen, ammonia total [as N]	325	lb/d	*****	*****	40		Daily	COMPOS
00610 I 0 Effluent Gross	1.4	*****	0.37	*****	2.1	0	1/Day	
Flow, in conduit or thru treatment plant	43	lb/d	*****	*****	7		Daily	COMPOS
50050 I 0 Effluent Gross	0.53	Req. Mon. DAILY AV	*****	*****	0.62	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	0.67	*****	*****	*****	*****	0	Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	2.6	ANNL AVG	*****	*****	*****		Monthly	TOTALZ
Chlorine, total residual	*****	*****	*****	*****	0.090	0	1/day	
50060 A 0 Disinfection, Process Complete	*****	*****	*****	*****	.1		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
 Parviz Chavol Sr. Dir TYPED OR PRINTED	2102333239	03/10/2016
	AREA Code	NUMBER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		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
applicable)
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
03/01/2016	03/31/2016

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	UNITS	VALUE	VALUE	UNITS				
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	1.1	*****	*****	0	1/day	GRAB	
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	1 MO MIN	*****	*****		Daily	GRAB	
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	12	0	5/week		
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	399 DAILY MX		Weekly	GRAB	
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	9.1	*****	2.0	*****	3.0	0	1/Day		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	217 DAILY AV	*****	*****	*****	25 DAILY MX		Daily	COMPOS	

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	21023333239	04/15/2016
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
applicable)
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
03/01/2016	03/31/2016


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

No Discharge

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

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
Parviz Chavol Sr. Dir
TYPED OR PRINTED


SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
2102333239
AREA Code NUMBER
MM/DD/YYYY
03/15/2016

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
applicable)
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
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 78121
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	03/15/2016
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)
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 appropriate)
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
03/01/2016	03/31/2016

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	VALUE	UNITS	VALUE						
Flow, in conduit or thru treatment plant	50050 Y 0	6.4	8.1	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	MGD	*****	*****	0	Continuous	TOTALZ	
Effluent Gross	50050 Y 0	5.7	Req. Mon. ANNL AVG	*****	*****	*****	*****	*****	*****	0	Continuous	TOTALZ	
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	2102333239	04/11/2016
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
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	102- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2016	03/31/2016

DMR Mailing ZIP CODE: 78121
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		92		*****	*****	*****	0	Continuous	
50050 I 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	MGD	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	94	*****	*****	*****	*****	0	Continuous	
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125 ANNL AVG	MGD	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	2102333239	04/16/16
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.

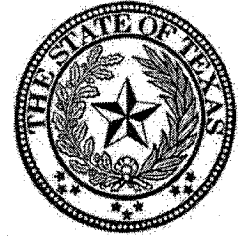
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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	03	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	
		VALUE		UNITS			
500507124 FLOW DLY AVG	REPORTED	92	MGD	0	02		11
	PERMITTED				02	CONT	11
500507128 FLOW ANN AVG	REPORTED	94	MGD	0	02		11
	PERMITTED				02	CONT	11
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0042725	NUMBER	0	01		NA
	PERMITTED				01	01	NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	161022	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
	Timothy Howe Manager-Prod & Treat Ops		11/6/04/11
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Sr. Director		11/6/04/15
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

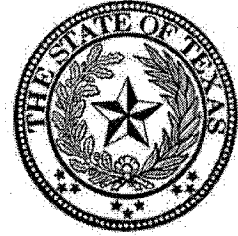
TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-033	02	16	03	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

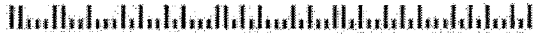
PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
	REPORTED	PERMITTED			VALUE	UNITS	TYPE	TYPE
000085342 TRANSFER DAYS/MON	REPORTED		0	01	14	DAY	01	
	PERMITTED			01	NA		01	NA
316164024 E-COLI DLY AVG	REPORTED		0	11	1.1	#/100 ML	03	
	PERMITTED			11	20.000		03	GRABPKLOAD
316164030 E-COLI IND GRAB	REPORTED		0	11	2.0	#/100 ML	03	
	PERMITTED			11	75.000		03	GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		0	02	7.1	MGD	11	
	PERMITTED			02			11	CONT
500507128 FLOW ANN AVG	REPORTED		0	02	0.23	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	0.97	NTU	10	12-PRT-COM
	PERMITTED			11	3.000		03	GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED		0	01	WW0042725	NUMBER	NA	
	PERMITTED			01			NA	NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		0	01	161022	DATE	NA	
	PERMITTED			01			NA	NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		0	01	A	LETTER	NA	
	PERMITTED			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 Timothy Howe Manager-Prod & Treat Ops	SIGNATURE 	DATE 11/6/04/11
TELEPHONE NUMBER 210 233 3239	PLANT OPERATOR Parviz Chavol Sr. Director	PLANT OPERATOR 	YEAR MO. DAY 11/6/04/15
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	03	12552
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

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

COMMENTS AND EXPLANATIONS: *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.		NAME	SIGNATURE	DATE
		Timothy Howe Manager-Prod & Treat Ops		16 09 11
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY	
2 1 0	2 3 3	3 2 3 9	Parviz Chavol Sr. Director	
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY
				16 09 15