



June 20, 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 1689

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 May 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



May 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 1696

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 1696

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 May 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



Ms. Rosie Garza
Texas Commission on Environmental Quality
Water Quality Management Information Systems (MC 224)
12100 Park 35 Circle, Bldg F.
Austin, Texas 78711-3087

June 7, 2016

Re: Non-Compliance Notification
TPDES Permit No. 10137-004, Mitchell Lake
EPA ID No. TX0065641

Dear Ms. Garza,

The dates below show the Mitchell Lake Dam effluent excursions for DOs after receiving 9.27" of rain for the month of May 2016; in the Leon Creek WRC area.

DO
May 23, 2016 - 3.89 MG/L
May 28, 2016 - 3.57 MG/L
May 31, 2016 - 3.20 MG/L

If additional discussion is needed regarding this event, please contact Daniel Rodriguez at 210-233-3922.

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

Daniel Rodriguez
Manager, Leon Creek WRC
1104 Mauermann
San Antonio, TX 78224

cc: Jeff Haby
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: 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
05/01/2016	05/31/2016

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

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved [DO]	*****	*****	3.2	*****	*****	*****	3		
00300 1 0 Effluent Gross	*****	*****	4	*****	*****	*****		Daily	GRAB
BOD, 5-day, 20 deg. C	*****	*****	17	*****	*****	*****			
00310 1 0 Effluent Gross	*****	*****	30	*****	*****	*****		Daily	GRAB
pH	*****	*****	8.3	*****	*****	*****			
00400 1 0 Effluent Gross	*****	*****	6	*****	*****	*****		Monthly	GRAB
Solids, total suspended	*****	*****	75	*****	*****	*****			
00530 1 0 Effluent Gross	*****	*****	90	*****	*****	*****		Daily	GRAB
Flow, in conduit or thru treatment plant	4.2	5.5		*****	*****	*****			
50050 1 0 Effluent Gross	Req. Mon. DAILY AV	Req. Mon. DAILY MX		*****	*****	*****		Daily	INSTAN
E. coli	*****	*****	1.5	*****	*****	*****			
51040 1 0 Effluent Gross	*****	*****	126	*****	*****	*****		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIR	2102333239	6/14/2016
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 ELEON CREEK WRC.

OVERFLOW REPORT

PERIOD: MAY 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
		1303307	5/29/2016	New Valley Hi Dr	874	900 l/i	Diluted By Heavy Rainwater	3.00	0.45	Ground	Monitored Area
		419315	5/26/2016	Cable Dr	434	200 Debris	Cleaned Main	4.02	3.52	Ground	Area Cleaned and Disinfected, Flushed Area with H2O
		1291459	5/19/2016	New Valley Hi Dr	874	3,750 l/i	Diluted By Heavy Rainwater	2.08	0.00	Ground	Monitored Area
		1283314	5/11/2016	New Valley Hi Dr	874	7,500 Other	Repaired Pump	0.50	0.00	Drainage Culvert	Sewer Lift Station - Reset Soft Starters Which Allowed Pumps To Draw Down Wet Well. Ls 188
		410649	5/11/2016	Cable Dr	434	100 Debris	Cleaned Main	5.33	4.33	Ground	Area Cleaned and Disinfected, Flushed Area with H2O
Total Events:					5	Total Gallons:	12,450	Average Duration:	2.99	1.66	Average Response

Wednesday, June 15, 2016

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

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

Form Approved
OMB No. 2040-0004

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

TX0055689 PERMIT NUMBER	001-B DISCHARGE NUMBER
MM/DD/YYYY 05/01/2016	MONITORING PERIOD MM/DD/YYYY 05/31/2016

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	7.4	*****	*****			
00300 1 0 Effluent Gross pH	PERMIT REQUIREMENT	*****	*****	6 MO MIN	*****	*****		Daily	GRAB
	SAMPLE MEASUREMENT	*****	*****	7.1	*****	7.9			
00400 1 0 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT	*****	*****	6 MINIMUM	*****	9 MAXIMUM		Daily	GRAB
	SAMPLE MEASUREMENT	66	*****	*****	*****	1.3			
00530 1 0 Effluent Gross Nitrogen, ammonia total [as N]	PERMIT REQUIREMENT	2002 DAILY AV	*****	*****	*****	30 DAILY MX		Daily	COMPOS
	SAMPLE MEASUREMENT	31	*****	*****	*****	1.4			
00610 1 0 Effluent Gross Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	267 DAILY AV	*****	*****	*****	7 DAILY MX		Daily	COMPOS
	SAMPLE MEASUREMENT	7.7	*****	*****	*****	*****			
50050 1 0 Effluent Gross Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. DAILY AV	MGD	*****	*****	*****		Continuous	TOTALZ
	SAMPLE MEASUREMENT	12547	*****	*****	*****	*****			
50050 P 0 See Comments	PERMIT REQUIREMENT	2778 2HR PEAK	gal/min	*****	*****	*****		Continuous	TOTALZ
	SAMPLE MEASUREMENT	5.1	*****	*****	*****	*****			
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	16 ANNL AVG	MGD	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIR.	2102333239	6/14/2016
TYPED OR PRINTED	AREA Code	NUMBER
		NON/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)

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
05/01/2016	05/31/2016

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	SAMPLE MEASUREMENT	*****	*****	*****	1.8	21				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	126 DAILY AV	399 DAILY MX		Daily	GRAB	
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	129		*****	2.0	2.0				
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	934 DAILY AV	lb/d	*****	7 DAILY AV	20 DAILY MX		Daily	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIR.	2102333239	6/14/2016
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)

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	05	12654
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE			UNITS	
500507124 FLOW DLY AVG	REPORTED	9.7	MGD	0 02		11
	PERMITTED					CONT
500507128 FLOW ANN AVG	REPORTED	7.5	MGD	0 02		11
	PERMITTED					CONT
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0004506	NUMBER	0 01		NA
	PERMITTED					01 01
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	170108	DATE	0 01		NA
	PERMITTED					01 01
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0 01		NA
	PERMITTED					01 01
	REPORTED					
	PERMITTED					
	REPORTED					
	PERMITTED					
	REPORTED					
	PERMITTED					
	REPORTED					
	PERMITTED					
	REPORTED					
	PERMITTED					
	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 16 016 13
TELEPHONE NUMBER 210 233 3239	PLANT OPERATOR Parviz Chavol Senior Director	PLANT OPERATOR 	YEAR MO. DAY 16 016 14
AREA CODE 210	NUMBER 233 3239	EXECUTIVE OFFICER Parviz Chavol	EXECUTIVE OFFICER 16 016 14

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	05	12553
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
	REPORTED	PERMITTED			VALUE	UNITS	NO.	TYPE
000085342 TRANSFER DAYS/MON	REPORTED		0	01	28	DAY	01	
	PERMITTED			01			01	NA
316164024 FEC. COLI DLY AVG	REPORTED		0	11	2.9	#/100 ML	03	
	PERMITTED			11	20.000		03	GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED		0	11	38	#/100 ML	03	
	PERMITTED			11	75.000		03	GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		0	02	2.2	MGD	11	
	PERMITTED			02			11	CONT
500507128 FLOW ANN AVG	REPORTED		0	02	2.4	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 TURBIDITY 30DAYAVG	REPORTED		0	08	0.78	NTU	10	12-prt-com
	PERMITTED			11	3.000		03	GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED		0	01	WW0004506	NUMBER		NA
	PERMITTED			01			01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		0	01	170108	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)*

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 06 13
TELEPHONE NUMBER 2 1 0 2 3 3 3 2 3 9	PLANT OPERATOR Parviz Chavol Senior Director	PLANT OPERATOR 	YEAR MO. DAY 16 06 14
AREA CODE 2 1 0	NUMBER 2 3 3 3 2 3 9	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	05	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	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	0	01		NA
				01	01		NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	170108	0	01		NA
				01	01		NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	A	0	01		NA
				01	01		NA NA
	REPORTED	PERMITTED					
	REPORTED	PERMITTED					

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Daniel Rodriguez Manager-Prod & Treat Ops		1/6 016 113
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Ghavol Senior Director		1/6 016 114
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
			YEAR MO. DAY

OVERFLOW REPORT

PERIOD: MAY 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
1285271		1304960	5/31/2016	Apple Valley Dr	6103	85,100 Structural	Repaired Collapsed Main	28.36	0.00	Creek Bed - Spilled Into Indian Creek	Area Cleaned and Disinfected, Work Order Created To Repair Sewer Main
		1305604	5/31/2016	Yolanda	107	21,000 I/i	Area Cleaned And Disinfected	3.50	0.00	Stormdrain	Area Cleaned and Disinfected, Monitor Area
		1306936	5/31/2016	Chappie James Way	108	2,453,340 I/i	Diluted By Heavy Rainwater	131.90	0.00	Creek Bed - Spilled Into Leon Creek	Monitored Area Design Is Completed - Working On Obtaining Approval From The Air Force Environmental To Construct
		1308799	5/30/2016	Ih 10 W	23500	155 I/i	Diluted By Heavy Rainfall	2.58	0.00	Creek Bed - Spilled Into Leon Creek	Monitored Area
		1291448	5/19/2016	Kirm Valley Dr	5802	50,640 I/i	Diluted By Heavy Rainwater	14.07	0.00	Creek Bed - Spilled Into Indian Creek	Monitored Area
		1292629	5/19/2016	Ih 10 W	23500	168,045 I/i	Diluted By Heavy Rainwater	89.58	0.00	Creek Bed - Spilled Into Leon Creek	Monitored Area
1282402	411312	1291740	5/19/2016	Lark	4567	500 Structural	Cleaned Main	3.77	3.35	Stormdrain	Area Cleaned and Disinfected, Flushed Area with H2O Work Order Created To Repair Sewer Main
		1291399	5/19/2016	Rose Valley	6102	8,700 I/i	Diluted By Heavy Rainwater	2.90	0.00	Drainage Culvert	Monitored Area
		1293553	5/19/2016	Centro Dr	642	5,250 I/i	Diluted By Heavy Rainwater	3.50	0.00	Ground	Monitored Area - Ls 225
1281614		1289842	5/18/2016	Apple Valley Dr	6103	7,825 Structural	Diluted By Rain Waters	5.22	1.72	Creek Bed Spilled Into Indian Creek	Work Order Created To Repair Sewer Main
		1286651	5/16/2016	Swiss Oaks	6606	1,349,550 I/i	Diluted By Heavy Rainwater	96.18	0.18	Creek Bed - Spilled Into Leon Creek	42 Inch Sewer Main, Monitored Area
		1296832	5/16/2016	Chappie James Way	108	1,527,175 I/i	Diluted By Heavy Rainwater	78.31	0.00	Creek Bed - Spilled Into Leon Creek	Monitored Area Design Is Completed - Working On Obtaining Approval From The Air Force Environmental To Construct

Event ID	Date	Address	Category	Volume (Gallons)	Volume (Liters)	Source	Flow Rate (GPM)	Flow Rate (LPM)	Duration (min)	Notes
1285047	5/15/2016	Yolanda	107	55,170	l/i	Diluted By Heavy Rainwater	13.53	2.38		Drainage Culvert Monitored Area
1280413	5/11/2016	Kim Valley Dr	5802	24,000	l/i	Diluted By Heavy Rainwater - Cleanup Is Ongoing	4.00	0.00		Creek Bed - Spilled Into Indian Creek Monitored Area
1281692	5/11/2016	Chappie James Way	108	508,500	l/i	Diluted By Heavy Rainwater	17.73	1.50		Creek Bed - Spilled Into Leon Creek Monitored Area
1278325	1278325	1h 10 W	20700	40,000	Structural	Repaired A/r Valve	5.37	0.00		Ground - Over The Edwards Aquifer Contributing Zone Work Order Created To Repair Sewer Air Release Valve
410308	1276310	King Henry	6810	220	Grease	Cleaned Main	2.18	0.78		Ground Area Cleaned and Disinfected, Flushed Area with H2O
Total Events:	17			Total Gallons: 6,305,170			Average Duration: 29.57	Average Response	0.58	

Friday, June 17, 2016

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

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

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

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

No Discharge

TX0052639 PERMIT NUMBER	001-A DISCHARGE NUMBER
MM/DD/YYYY 05/01/2016	MONITORING PERIOD MM/DD/YYYY 05/31/2016

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	*****	*****	6.0	*****	*****			
00300 1 0 Effluent Gross pH	*****	*****	5 MO MIN	*****	*****		Daily	GRAB
00400 1 0 Effluent Gross Solids, total suspended	*****	*****	6.8	*****	7.8			
00530 1 0 Effluent Gross Nitrogen, ammonia total [as N]	*****	*****	406	*****	2.0			
00610 1 0 Effluent Gross Chloride [as Cl]	*****	*****	5755 DAILY AV	*****	1.1			
00940 1 0 Effluent Gross Flow, in conduit or thru treatment plant	*****	*****	122	*****	1.4			
50050 1 0 Effluent Gross Flow, in conduit or thru treatment plant	*****	*****	767 DAILY AV	*****	158			
50050 P 0 See Comments	*****	*****	45937	*****	40 DAILY MX		Daily	COMPOS
	*****	*****	43	*****	2 DAILY AV		Daily	COMPOS
	*****	*****	60	*****	130			
	*****	*****	45139	*****	158			
	*****	*****	63889 2HR PEAK	*****	*****		Continuous	TOTALZ
	*****	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIRECTOR	2102333239	6/14/2016
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)
THE COMBINED FLOW FOR OUTFALLS 001 AND 002 SHALL NOT EXCEED 46 MGD AND 2- HR PEAK OF 63889 GPM. POUNDS PER DAY LOADING SHALL ALSO BE THE COMBINED TOATL OF BOTH OUTFALLS.

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 RECYCLING CENTER
LOCATION: 1104 MAURERMAN ROAD
SAN ANTONIO, TX 78224
ATTN: PARVIZ CHAVOL, SR. DIRECTOR

TX0052639 PERMIT NUMBER	001-A DISCHARGE NUMBER
MM/DD/YYYY 05/01/2016	MONITORING PERIOD MM/DD/YYYY 05/31/2016

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

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Flow, in conduit or thru treatment plant	33		*****	*****	*****	*****			
50050 Y 0 Effluent Gross (Supplementary)	46	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	*****	*****	*****	*****	0.090				
50060 A 0 Disinfection, Process Complete	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB
Chlorine, total residual	*****	*****	*****	1.1	*****				
50060 B 0 Prior to Disinfection	*****	*****	*****	1 MO MIN	*****	mg/L		Daily	GRAB
E. coli	*****	*****	*****	*****	*****				
51040 I 0 Effluent Gross	*****	*****	*****	1.2	8.0				
Solids, total dissolved	249264		*****	126 DAILY AV	399 DAILY MX	CFU/100 mL		Five per Week	GRAB
70295 I 0 Effluent Gross	*****	*****	*****	*****	782				
BOD, carbonaceous [5 day, 20 C]	722	lb/d	*****	*****	Req. Mon. DAILY MX	mg/L		Daily	COMPOS
80082 I 0 Effluent Gross	2686	lb/d	*****	*****	2.0	2.0			
	*****	*****	*****	*****	7 DAILY AV	mg/L		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. DIRECTOR	2102333239	6/14/2016
TYPED OR PRINTED	AREA Code NUMBER	MM/DD/YYYY

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

THE COMBINED FLOW FOR OUTFALLS 001 AND 002 SHALL NOT EXCEED 46 MGD AND 2- HR PEAK OF 63889 GPM. POUNDS PER DAY LOADING SHALL ALSO BE THE COMBINED TOATL OF BOTH OUTFALLS.

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

Form Approved
OMB No. 2040-0004

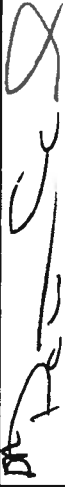
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYCLING CENTER
LOCATION: 1104 MAURERMAN ROAD
SAN ANTONIO, TX 78224
ATTN: PARVIZ CHAVOL, SR. DIRECTOR

TX0052639	002- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	MEASUREMENT	*****	*****	6.0	*****	*****			
00300 I 0 Effluent Gross pH	PERMIT REQUIREMENT	*****	*****	5 MO MIN	*****	*****		Daily	GRAB
00400 I 0 Effluent Gross Solids, total suspended	MEASUREMENT	*****	*****	6.8	*****	7.8			
	PERMIT REQUIREMENT	*****	*****	6 MINIMUM	*****	9 MAXIMUM		Daily	GRAB
00530 I 0 Effluent Gross Nitrogen, ammonia total [as N]	MEASUREMENT	8.7	*****	1.1	*****	1.4			
	PERMIT REQUIREMENT	5755 DAILY AV	*****	*****	*****	40 DAILY MX		Daily	COMPOS
00610 I 0 Effluent Gross Flow, in conduit or thru treatment plant	MEASUREMENT	3.4	*****	0.43	*****	0.88			
	PERMIT REQUIREMENT	767 DAILY AV	*****	*****	*****	7 DAILY MX		Daily	COMPOS
50050 I 0 Effluent Gross Flow, in conduit or thru treatment plant	MEASUREMENT	0.97	*****	1.6	*****	*****		Continuous	TOTALZ
	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	Req. Mon. DAILY MX	*****	*****		Continuous	TOTALZ
50050 P 0 See Comments	MEASUREMENT	*****	*****	1181	*****	*****			
	PERMIT REQUIREMENT	*****	*****	63889 2HR PEAK	*****	*****		Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	MEASUREMENT	0.99	*****	*****	*****	*****			
	PERMIT REQUIREMENT	46 ANNL AVG	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIRECTOR	2102333239	6/14/2016
TYPED OR PRINTED	AREA Code	NUMBER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		

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

THE COMBINED FLOW FOR OUTFALLS 001 AND 002 SHALL NOT EXCEED 46 MGD AND 2- HR PEAK OF 63889 GPM. POUNDS PER DAY LOADING SHALL ALSO BE THE COMBINED TOATL OF BOTH OUTFALLS

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 RECYCLING CENTER
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 PERMIT NUMBER	002 - A DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 05/01/2016	MM/DD/YYYY 05/31/2016

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	*****	*****	*****	*****	0.060			
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 INST MAX		Daily	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	1.1	*****	*****			
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	1 MO MIN	*****	*****		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.0			
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	399 DAILY MX		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	16	*****	*****	*****	2.0			
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	2686 DAILY AV	*****	*****	*****	17 DAILY MX		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIRECTOR	2102333239	6/14/2016
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)
THE COMBINED FLOW FOR OUTFALLS 001 AND 002 SHALL NOT EXCEED 46 MGD AND 2- HR PEAK OF 63889 GPM. POUNDS PER DAY LOADING SHALL ALSO BE THE COMBINED TOATL OF BOTH OUTFALLS

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 RECYCLING CENTER
LOCATION: 1104 MAUERMAN ROAD
SAN ANTONIO, TX 78224
ATTN: PARVIZ CHAVOL, SR. DIRECTOR

TX0052639 PERMIT NUMBER	101-A DISCHARGE NUMBER
MM/DD/YYYY 05/01/2016	MONITORING PERIOD MM/DD/YYYY 05/31/2016

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
COMBINED OUTFALLS 001 & 002
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS			
Solids, total suspended	PERMIT REQUIREMENT	409		*****	*****	*****			
00530 J 0 Intermediate Treatment, Process	PERMIT REQUIREMENT	5755 DAILY AV	lb/d	*****	*****	*****		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	123		*****	*****	*****			
00610 J 0 Intermediate Treatment, Process	PERMIT REQUIREMENT	767 DAILY AV	lb/d	*****	*****	*****		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	44	60	*****	*****	*****			
50050 I 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	MGD	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	45139	*****	*****	*****			
50050 P 0 See Comments	PERMIT REQUIREMENT	63889 2HR PEAK	gal/min	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	33		*****	*****	*****			
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46 ANNL AVG	MGD	*****	*****	*****		Continuous	TOTALZ
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	727		*****	*****	*****			
80082 J 0 Intermediate Treatment, Process	PERMIT REQUIREMENT	2686 DAILY AV	lb/d	*****	*****	*****		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
PARVIZ CHAVOL, SR. DIRECTOR
TYPED OR PRINTED


SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
2102333239	6/14/2016
AREA Code	NUMBER
	MON/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
THE COMBINED FLOW FOR OUTFALLS 001 AND 002 SHALL NOT EXCEED 46 MGD AND 2- HR PEAK OF 63889 GPM. POUNDS PER DAY LOADING SHALL ALSO BE THE COMBINED TOATL OF BOTH OUTFALLS

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	05	12645
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

THIS REPORT TO BE USED FOR COMBINED MON 189 for 001/002/800/900
SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.
PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE			UNITS	
500507124 FLOW DLY AVG	REPORTED	45	MGD	0 02		11
	PERMITTED					CONT
500507128 FLOW ANN AVG	REPORTED	36	MGD	0 02		11
	PERMITTED					CONT
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0004506	NUMBER	0 01		NA
	PERMITTED					01 01
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	170108	DATE	0 01		NA
	PERMITTED					01 01
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0 01		NA
	PERMITTED					01 01
	REPORTED					
	PERMITTED					
	REPORTED					
	PERMITTED					
	REPORTED					
	PERMITTED					
	REPORTED					
	PERMITTED					
	REPORTED					
	PERMITTED					
	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 PLANT OPERATOR		11/6/06/13 YEAR MO. DAY
TELEPHONE NUMBER	Parviz Chavol Senior Director EXECUTIVE OFFICER		11/6/06/14 YEAR MO. DAY
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	05	12547
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	REPORTED	PERMITTED			VALUE	UNITS
000085342 TRANSFER DAYS/MON	REPORTED		28	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		1.6	MGD	0 02	11
	PERMITTED				02 CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		2.9	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		0.80	NTU	0 08 1/Day	10 12-prt-com
	PERMITTED		3.000		11 2/WEEK	03 GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0004506	NUMBER	0 01	NA
	PERMITTED				01 01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		170108	DATE	0 01	NA
	PERMITTED				01 01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	LETTER	0 01	NA
	PERMITTED				01 01	NA NA
	REPORTED					
	PERMITTED					

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

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		16 016 113
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director		16 016 114
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	WQ0010137-003	02	16	05	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	0		DAY	0	01		01	
					01	NA	01	NA
316164024 FEC. COLI DLY AVG			#/100 ML					
		200.000			14	1/WEEK	03	GRABPKLOAD
316164030 FEC. COLI IND GRAB			#/100 ML					
		800.000			14	1/WEEK	03	GRABPKLOAD
500507124 FLOW DLY AVG			MGD					
					02	CONT	11	CONT
500507128 FLOW ANN AVG			MGD					
					02	CONT	11	CONT
800821024 BOD CARB DLY AVG			MG/L					
		15.000			14	1/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	WW0004506		NUMBER	0	01		NA	
					01	01	NA	NA
EXPIRATION OF OPERATOR CERTIFICATE	170108		DATE	0	01		NA	
					01	01	NA	NA
CLASS OF OPERATOR CERTIFICATE	A		LETTER	0	01		NA	
					01	01	NA	NA

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME Daniel Rodriguez Manager Prod & Treat Ops	SIGNATURE 	DATE 16 01 13
TELEPHONE NUMBER 210 233 3239	PLANT OPERATOR Parviz Chavol Senior Director	PLANT OPERATOR 	YEAR MO. DAY 16 01 14
AREA CODE 210	NUMBER 233 3239	EXECUTIVE OFFICER Parviz Chavol	EXECUTIVE OFFICER

OVERFLOW REPORT

PERIOD: MAY 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
		1305357	5/31/2016	Panuco	100	5,000 l/i	Diluted By Heavy Rainwater	3.33	0.00	Stormdrain	Monitored Area
		1308428	5/31/2016	Rex St	434	6,000 l/i	Diluted By Heavy Rainwater	0.50	0.00	Stormdrain	Monitored Area
		1303394	5/29/2016	Kentucky Ave	1043	20 l/i	Disinfected Area	0.13	0.13	Ground	Area Cleaned and Disinfected, Monitor Area
419431	1302003		5/27/2016	Fair Ave	418	140 Debris	Cleaned Main	0.58	0.05	Street	Area Cleaned and Disinfected, Flushed Area with H2O
411808	1296584		5/24/2016	Basse Rd E	680	1,250 Grease	Cleaned Main	0.80	0.72	Ground	Area Cleaned and Disinfected,
411600	1293060		5/20/2016	Vance Jackson	1100	75 Debris	Cleaned Main	1.23	0.95	Street	Area Cleaned and Disinfected, Flushed Area with H2O
		1291572	5/19/2016	Donaldson Ave	1602	33,180 l/i	Diluted By Heavy Rainwater	9.22	0.00	Street	Monitored Area
		1291499	5/19/2016	Commerce St W	4200	3,000 l/i	Diluted By Heavy Rainwater	2.00	0.00	Ground	Monitor Area
		1292302	5/19/2016	Margaret Ave	101	4,575 l/i	Diluted By Heavy Rainwater	2.58	0.00	Street	Monitored Area
		1291453	5/19/2016	Avondale Ave	755	3,900 l/i	Diluted By Heavy Rainfall	3.25	0.00	Street	Monitor Area
411461	1291986		5/19/2016	Storeywood	623	100 Debris	Cleaned Main	5.50	5.25	Ground	Area Cleaned and Disinfected, Flushed Area with H2O
		1292271	5/19/2016	Crystal	902	26,950 l/i	Diluted By Heavy Rainfall	6.42	0.00	Street	Monitor Area
		1291538	5/19/2016	Pershing Ave	116	1,735 l/i	Diluted By Heavy Rainwater	5.78	1.37	Street	Monitored Area
		1291431	5/19/2016	Culebra Rd	2627	40,500 l/i	Diluted By Heavy Rainwater	4.50	0.00	Street	Monitored Area
		1291759	5/19/2016	Elmendorf N	1300	82,550 l/i	Diluted By Heavy Rainfall	3.33	0.25	Creek Bed - Spilled Into Alazan Creek	Monitored Area
		1292132	5/19/2016	Kentucky Ave	1043	7,730 l/i	Diluted By Heavy Rainwater	12.88	0.13	Street	Monitored Area

OVERFLOW REPORT

PERIOD: MAY 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
	1303516		5/30/2016	Holbrook	700	427,820 l/i	Diluted By Heavy Rainwater	27.05	0.07	Creek Bed - Spilled Into Salado Creek	Monitored Area. A Contract For Design Has Been Awarded And The Consultant Is Proceeding With The Design.
	1291960		5/19/2016	Juniper St	425	20,550 l/i	Diluted By Heavy Rainwater	6.85	0.93	Street	Monitored Area
	1291458		5/19/2016	Harry Wurzbach	1427	176,000 l/i	Diluted By Heavy Rainwater	5.87	1.48	Drainage Culvert	Monitored Area
	1288967		5/17/2016	Holbrook	700	2,754,790 l/i	Diluted By Heavy Rainwater	80.53	0.00	Creek Bed - Spilled Into Salado Creek	Monitored Area. A Contract For Design Has Been Awarded And The Consultant Is Proceeding With The Design.
	1285110		5/16/2016	Harry Wurzbach	1427	23,000 l/i	Diluted By Heavy Rainfall	3.83	0.75	Street	Monitor Area
	1285069		5/15/2016	Holbrook	700	751,930 l/i	Diluted By Heavy Rainwater	14.55	0.52	Creek Bed (Spilled Into Salado Creek)	48 Inch Main, Monitored Area. A Contract For Design Has Been Awarded And The Consultant Is Proceeding With The Design.
1279243		1282988	5/10/2016	Cactus Blf	1701	1,200 Structural	Repaired Force Main	1.50	0.00	Dry Vault - Over The Edwards Aquifer Recharge Zone	Work Order Created To Repair Sewer Force Main
410053	1271836		5/3/2016	Jones Malisberger Rd	13300	26,000 Debris	Cleaned Main	2.05	0.63	Ground	Cleanup is Ongoing
Total Events:					8		Total Gallons: 4,181,290		Average Duration: 17.78		Average Response 0.55

Note: Comments reflect status reported on the 5-Day report
 Thursday, June 16, 2016

1292090	5/19/2016	Avenue B	2300	80,800	l/i	Diluted By Heavy Rainfall	6.73	0.98	Street	Monitor Area
1292037	5/19/2016	Mission Rd	1151	146,625	l/i	Diluted By Heavy Rainwater	23.50	0.00	Stormdrain - Spilled Into San Antonio River Via A Stormdrain	Monitored Area
1295264	5/19/2016	Rex St	435	27,000	l/i	Diluted By Heavy Rainwater	3.00	0.00	Stormdrain	Monitored Area
1291971	5/19/2016	Cass Ave	135	183,300	l/i	Diluted By Heavy Rainwater	15.73	0.00	Creek Bed - Spilled Into San Pedro Creek	Monitored Area
1291721	5/19/2016	Kampmann Blvd	310	293,500	l/i	Diluted By Heavy Rainwater	8.00	0.00	Drainage Culvert - Some Of Spill Entered Woodlawn Lake	Monitored Area
1285584	5/16/2016	Kentucky Ave	1043	2,000	l/i	Diluted By Heavy Rainwater	1.67	0.28	Creek Bed - Spilled Into Alazan Creek	Monitored Area
1285120	5/16/2016	Elmendorf N	1300	750	l/i	Spill Contained	2.50	1.77	Street	Monitor Area
1288509	5/16/2016	Memorial St	700	125	l/i	Diluted By Heavy Rainwater	1.00	0.00	Creek Bed - Spilled Into Zarzamora Creek	Monitored Area
411126	1286978	5/16/2016	Delmar St	417	5	Debris	0.68	0.43	Cleaned Main	Area Cleaned and Disinfected, Flushed Area with H2O
1285098	5/16/2016	Manor Dr	909	360	l/i	Spill Contained	1.20	0.95	Stormdrain	Monitor Area
1285061	5/15/2016	Cheryl Dr E	409	600	l/i	Diluted By Heavy Rain Water	1.00	1.00	Street	Monitored Area
1280411	5/11/2016	Avondale Ave	755	200	l/i	Spill Contained	3.20	0.53	Street	Monitor Area
410253	1276370	5/6/2016	Montana St	1649	150	Debris	1.13	0.63	Street	Area Cleaned and Disinfected,
410085	1274815	5/5/2016	West Ave	6000	315	Grease	1.05	0.17	Street	Area Cleaned and Disinfected, Flushed Area with H2O
Total Events:	30		Total Gallons:	952,435		Average Duration:	4.41	0.52	Average Response	

Wednesday, June 15, 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, June 14, 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: PARVIZ CHAVOL SR DIR

TX0077801	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

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

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	*****	*****	7.1	*****	*****		1/Day	
00300 1 0 Effluent Gross pH	*****	*****	6 MO MIN	*****	mg/L		Daily	GRAB
00400 1 0 Effluent Gross	*****	*****	6.9	*****	7.4		1/Day	
Solids, total suspended	*****	*****	6 MINIMUM	*****	9 MAXIMUM		Daily	GRAB
00530 1 0 Effluent Gross	1668	*****	*****	1.8	3.5		1/Day	
Nitrogen, ammonia total [as N]	12510 DAILY AV	*****	*****	12 DAILY AV	40 DAILY MX		Daily	COMPOS
00610 1 0 Effluent Gross	295	*****	*****	0.31	1.3		1/Day	
Flow, in conduit or thru treatment plant	2085 DAILY AV	*****	*****	2 DAILY AV	7 DAILY MX		Daily	COMPOS
50050 1 0 Effluent Gross	110	*****	*****	*****	*****		Continuous	
Flow, in conduit or thru treatment plant	Req. Mon. DAILY AV	178	*****	*****	*****		Continuous	TOTALZ
50050 P 0 See Comments	*****	162153	*****	*****	*****		Continuous	
Flow, in conduit or thru treatment plant	*****	173611 2HR PEAK	*****	*****	*****		Monthly	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	88	*****	*****	*****	*****		Continuous	
	125 ANNL AVG	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	2102333239	6/14/2016
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
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: PARVIZ CHAVOL SR DIR

TX0077801	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

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

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Chlorine, total residual	*****	*****	*****	*****	*****	0.080		1/Day	
50060 A 0 Disinfection, Process Complete	*****	*****	*****	*****	*****	.1 INST MAX		Daily	GRAB
Chlorine, total residual	*****	*****	1.2	*****	*****	*****		1/Day	
50060 B 0 Prior to Disinfection	*****	*****	1 MO MIN	*****	*****	*****		Daily	GRAB
E. coli	*****	*****	*****	*****	*****	17		5/week	
51040 1 0 Effluent Gross	*****	*****	*****	126 DAILY AV	*****	399 DAILY MX		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	*****	*****	*****	*****	*****	2.0		1/Day	
80082 1 0 Effluent Gross	*****	*****	*****	*****	*****	20 DAILY MX		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	2102333239	6/14/2016
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
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: PARVIZ CHAVOL SR DIR

TX0077801 PERMIT NUMBER	002-A DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 05/01/2016	MM/DD/YYYY 05/31/2016

DMR Matting ZIP CODE: 78221
MAJOR (SUBR 1.3)
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	VALUE			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	6.8	*****	*****	*****	1/day	GRAB	
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	*****	*****	6.9	*****	7.6	SU	1/day	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU	Daily	GRAB	
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	69	*****	*****	1.5	3.5	mg/L	1/Day	COMPOS	
Nitrogen, ammonia total (as N)	PERMIT REQUIREMENT	1251 DAILY AV	*****	*****	15 DAILY AV	40 DAILY MX	mg/L	Daily	COMPOS	
00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	14	*****	*****	0.35	1.3	mg/L	1/Day	COMPOS	
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	167 DAILY AV	*****	*****	2 DAILY AV	7 DAILY MX	*****	Daily	COMPOS	
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	5.7	*****	6.1	*****	*****	*****	Continuous	TOTALZ	
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	*****	*****	*****	*****	Continuous	TOTALZ	
50050 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	5.2	*****	*****	*****	*****	*****	Continuous	TOTALZ	
Chlorine, total residual	PERMIT REQUIREMENT	10 ANN L AVG	*****	*****	*****	0.080	*****	Monthly	TOTALZ	
50060 A 0 Disinfection, Process Complete	SAMPLE MEASUREMENT	*****	*****	*****	*****	.1 INST MAX	mg/L	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	TELEPHONE	DATE
Parviz Chavol Sr. Dir	2102333239	6/14/16
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE OTHER REQUIREMENTS NO.7 ON PAGE 36.

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

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: PARVIZ CHAVOL SR DIR

TX0077801	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	04/31/2015

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

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Chlorine, total residual	*****	*****	1.3	*****	*****	*****		1/day	
50060 B 0 Prior to Disinfection	*****	*****	1 MO MIN	*****	*****	*****		Daily	GRAB
E. coli	*****	*****	*****	*****	17	*****		5/week	
51040 1 0 Effluent Gross	*****	*****	*****	63 DAILY AV	399 DAILY MX	*****		Three per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	95	*****	*****	2.0	2.0	*****		Daily	
80082 1 0 Effluent Gross	834 DAILY AV	*****	*****	10 DAILY AV	25 DAILY MX	*****		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	2102333239	4/14/2014
	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
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: PARVIZ CHAVOL SR DIR

TX0077801 PERMIT NUMBER	003-A DISCHARGE NUMBER
MM/DD/YYYY 05/01/2016	MM/DD/YYYY 05/31/2016

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	2102333239	6/14/2016
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)
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: PARVIZ CHAVOL SR DIR

TX0077801	003- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	2102333239	4/12/16
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE OTHER REQUIREMENTS NO.7 ON PAGE 36.

NO DISCHARGE

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

Form Approved
OMB No. 2040-0004

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

TX0077801	004-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

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

No Discharge x

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved [DO]	*****	*****	*****	*****	*****	*****		1/day	
00300 1 0 Effluent Gross pH	*****	*****	5 MO MIN	*****	*****	*****		Daily	GRAB
00400 1 0 Effluent Gross Solids, total suspended	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	*****		1/day	GRAB
00530 1 0 Effluent Gross Nitrogen, ammonia total [as N]	375 DAILY AV	*****	*****	15 DAILY AV	40 DAILY MX	*****		Daily	COMPOS
00610 1 0 Effluent Gross Flow, in conduit or thru treatment plant	50 DAILY AV	*****	*****	2 DAILY AV	7 DAILY MX	*****		Daily	COMPOS
50050 1 0 Effluent Gross Flow, in conduit or thru treatment plant	Req. Mon. DAILY AV	*****	*****	*****	*****	*****		Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary) Chlorine, total residual	Req. Mon. DAILY AV	*****	*****	*****	*****	*****		Continuous	TOTALZ
50060 A 0 Disinfection, Process Complete	3 ANNL AVG	*****	*****	*****	*****	*****		Monthly	TOTALZ
	*****	*****	*****	*****	.1 INST MAX	*****		1/day	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	2102333239	6/14/2016
TYPED OR PRINTED	AREA Code	NUMBER
		MON/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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

SEE OTHER REQUIREMENTS NO.7 ON PAGE 36..

NO DISCHARGE

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

Form Approved
OMB No. 2040-0004

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

TX0077801	004- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2013	05/31/2016

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

No Discharge x

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
Parviz Chavol Sr. Dir	2102333239		4/14/2016
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
<p>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.</p>			

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: PARVIZ CHAVOL SR DIR

TX0077801 PERMIT NUMBER	005-A DISCHARGE NUMBER
MM/DD/YYYY 05/01/2016	MONITORING PERIOD MM/DD/YYYY 05/31/2016

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

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Oxygen, dissolved [DO]	*****	*****	7.0	*****		1/day	
00300 1 0 Effluent Gross pH	*****	*****	4 MO MIN	*****		Daily	GRAB
00400 1 0 Effluent Gross Solids, total suspended	*****	*****	6.7	*****		1/day	
00530 1 0 Effluent Gross Nitrogen, ammonia total [as N]	*****	*****	6 MINIMUM	*****		Daily	GRAB
00610 1 0 Effluent Gross Flow, in conduit or thru treatment plant	8.8	*****	1.5	*****		1/Day	
50050 1 0 Effluent Gross Chlorine, total residual	325 DAILY AV	*****	15 DAILY AV	*****		Daily	COMPOS
50060 A 0 Disinfection, Process Complete	1.8	*****	0.35	*****		1/Day	
	43 DAILY AV	*****	2 DAILY AV	*****		Daily	COMPOS
	0.73	*****	0.82	*****		Continuous	
	Req. Mon. DAILY AV	*****	Req. Mon. DAILY MX	*****		Continuous	TOTALZ
	0.67	*****	*****	*****		Continuous	
	2.6 ANNL AVG	*****	*****	*****		Monthly	TOTALZ
	*****	*****	*****	*****		1/day	
	*****	*****	*****	*****		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	2102333239	6/14/2016
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)

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: PARVIZ CHAVOL SR DIR

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

No Discharge

TX0077801 PERMIT NUMBER	005- A DISCHARGE NUMBER
MM/DD/YYYY 05/01/2016	MONITORING PERIOD MM/DD/YYYY 05/31/2016

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS				
Chlorine, total residual	50060 B 0 Prior to Disinfection	*****	*****	1.3	*****	*****		1/day		
E. coli	PERMIT REQUIREMENT	*****	*****	1 MO MIN	*****	*****		Daily	GRAB	
51040 I 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	1.7	*****	17		5/week		
BOD, carbonaceous [5 day, 20 C]	PERMIT REQUIREMENT	*****	*****	*****	*****	399 DAILY MX		Weekly	GRAB	
80082 I 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	12	*****	2.0		1/Day		
	PERMIT REQUIREMENT	*****	*****	*****	*****	10 DAILY AV		Daily	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	21023333239	6/1/2016
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)
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: PARVIZ CHAVOL SR DIR

TX0077801 PERMIT NUMBER	006- A DISCHARGE NUMBER
MM/DD/YYYY 05/01/2016	MONITORING PERIOD MM/DD/YYYY 05/31/2016

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	2102333239	6/14/2016
TYPED OR PRINTED	NUMBER	MON/DD/YYYY
	2102333239	6/14/2016
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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

SEE OTHER REQUIREMENTS NO.7 ON PAGE 36.

NO DISCHARGE

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

Form approved
OMB No. 2040-0004

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

TX0077801	006- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

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

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Chlorine, total residual	*****	*****	*****	*****	*****	*****			
50060 B 0 Prior to Disinfection	*****	*****	1 MO MIN	*****	*****	*****		Daily	GRAB
E. coli	*****	*****	*****	*****	*****	*****			
51040 I 0 Effluent Gross	*****	*****	*****	63 DAILY AV	399 DAILY MX	CFU/100 mL		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	*****	*****	*****	*****	*****	*****			
80082 I 0 Effluent Gross	3836 DAILY AV	lb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		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	2102333239	6/14/2016
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: PARVIZ CHAVOL SR DIR

TX0077801 PERMIT NUMBER	101-A DISCHARGE NUMBER
MM/DD/YYYY 05/01/2016	MONITORING PERIOD MM/DD/YYYY 05/31/2016

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
DOMESTIC WASTEWATER - 101
Internal Outfall

No Discharge

PARAMETER	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	4.1		8.8		*****		Continuous	
50050 1 0 Effluent Gross	Req. Mon. DAILY AV		Req. Mon. DAILY MX		*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	5.9		*****		*****		Continuous	
50050 Y 0 Effluent Gross (Supplementary)	Req. Mon. ANNL AVG		*****		*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	2102333239	6/14/2016
TYPED OR PRINTED	AREA Code	NUMBER
		MON/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.

[Signature]
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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: PARVIZ CHAVOL SR DIR

TX0077801	102-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2016	05/31/2016

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

No Discharge

PARAMETER	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	114		*****	*****	*****		Continuous	
50050 I 0 Effluent Gross	Req. Mon. DAILY AV	MGD	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	94		*****	*****	*****		Continuous	
50050 Y 0 Effluent Gross (Supplementary)	125 ANNL AVG	MGD	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol Sr. Dir TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
		2102333239 AREA Code NUMBER	6/14/2016 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	05	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		114	MGD	0 02	11	
	PERMITTED				02	CONT	CONT
500507128 FLOW ANN AVG	REPORTED		94	MGD	0 02	11	
	PERMITTED				02	CONT	CONT
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0042725	NUMBER	0 01	NA	
	PERMITTED				01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		161022	DATE	0 01	NA	
	PERMITTED				01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	LETTER	0 01	NA	
	PERMITTED				01	01	NA NA
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Timothy Howe Manager-Prod & Treat Ops		11/6/01/13
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Sr. Director		11/6/01/14
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	05	12551
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	REPORTED	PERMITTED			VALUE	UNITS	
000085342 TRANSFER DAYS/MON	REPORTED		20	DAY	0 01	01	
	PERMITTED				01	NA	01 NA
316164024 E-COLI DLY AVG	REPORTED		1.5	#/100 ML	0 11		03
	PERMITTED		20.000		11	2/WEEK	03 GRABPKLOAD
316164030 E-COLI IND GRAB	REPORTED		10	#/100 ML	0 11		03
	PERMITTED		75.000		11	2/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		0.73	MGD	0 02		11
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		1.8	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		0.94	NTU	0 08	1/Day	10 12-PRT-COM
	PERMITTED		3.000		11	2/WEEK	03 GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0042725	NUMBER	0 01		NA
	PERMITTED				01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		161022	DATE	0 01		NA
	PERMITTED				01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	LETTER	0 01		NA
	PERMITTED				01	01	NA NA
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS (Reference all attachments here)

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		11/6/06/13
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Sr. Director		11/6/06/14
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	05	12552
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE	
	REPORTED	PERMITTED		VALUE	UNITS		
000085342 TRANSFER DAYS/MON	REPORTED		0	DAY			
	PERMITTED				01	NA	01 NA
316164024 FEC. COLI DLY AVG	REPORTED			#/100 ML			
	PERMITTED		200.000		14	1/WEEK	03 GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED			#/100 ML			
	PERMITTED		800.000		14	1/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED			MGD			
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED			MGD			
	PERMITTED				02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED			MG/L			
	PERMITTED		20.000		14	1/WEEK	03 GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0042725	NUMBER	0	01	NA
	PERMITTED				01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		161022	DATE	0	01	NA
	PERMITTED				01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	LETTER	0	01	NA
	PERMITTED				01	01	NA NA
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

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

	NAME	SIGNATURE	DATE
	Timothy Howe Manager-Prod & Treat Ops		11/6/06/13
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Sr. Director		11/6/06/14
AREA CODE NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY