



October 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 #7016 0340 0000 9676 7011

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 #7016 0340 0000 9676 7011

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 September 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



October 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# 7016 0340 0000 9676 7028

Re: DOJ Case No. [90-5-1-1-09215]

Consent Decree

Date of Lodging: July 23, 2013

Date of Entry: October 15, 2013

CA No. 5:13-cv-00666-DAE, United States of America and State of Texas v. San Antonio Water System, in the United States District Court for the Western District of Texas, San Antonio Division

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Jeffrey J. Haby, P.E.

Vice President – Production & Treatment

Enc. As stated

OVERFLOW REPORT

PERIOD: SEPTEMBER 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	
	437147	1507235	9/30/2016	Dickson Ave W	357	50	Contractor	Cleaned Main	0.82	0.17	Ground	Area Cleaned and Disinfected, Monitor Area
		1499189	9/26/2016	Donaldson Ave	931	2,034	l/i	Cleaned Area	16.95	14.95	Ground	Area Cleaned and Disinfected, Flushed Area with H2O - Monitor Area
		1500024	9/26/2016	Avenue B	2300	2,000	l/i	Cleaned Area	3.73	3.73	Street	Monitored Area
		1499442	9/26/2016	Kentucky Ave	1043	20	l/i	Diluted By Heavy Rainwater	3.18	3.18	Street	Monitored Area
		1499033	9/26/2016	Avondale Ave	612	5,000	l/i	Diluted By Heavy Rainwater	8.33	2.17	Drainage Culvert	Monitored Area
		1499843	9/26/2016	Crystal	902	68,700	l/i	Diluted By Heavy Rainwater	3.82	1.32	Street	Monitored Area
		1499158	9/26/2016	Flores St S	2900	241,500	l/i	Diluted By Heavy Rainwater	6.20	0.70	Creek Bed - Spilled Into San Pedro Creek	Monitored Area
1325200		1498943	9/26/2016	Elmendorf N	1300	1,200	l/i	Diluted By Heavy Rainwater	1.00	0.00	Stormdrain	Monitored Area, Work Order Created To Reset Manhole Cover
		1498650	9/26/2016	Hearne	119	9,250	l/i	Diluted By Heavy Rainwater	6.17	0.08	Street	Monitored Area
		1498674	9/26/2016	Woodlawn Ave W	2303	15,000	l/i	Diluted By Heavy Rainwater	2.50	0.00	Stormdrain	Monitor Area
	436176	1492525	9/20/2016	Wurzbach Rd	9800	510	Grease	Cleaned Main	0.85	0.10	Street	Area Cleaned and Disinfected, Flushed Area with H2O
	436152	1491649	9/20/2016	Park Ct	87	20	Debris	Cleaned Main	0.07	0.00	Ground	Area Cleaned and Disinfected, Flushed Area with H2O
	435743	1486666	9/15/2016	New Braunfels Ave S	5717	400	Grease	Cleaned Main	1.12	0.53	Street	Area Cleaned and Disinfected, Flushed Area with H2O
1320279		1480240	9/12/2016	Haby	115	5	Structural	Repaired Lateral	1.50	1.42	Alley	Area Cleaned and Disinfected, Work Order Created To Repair Lateral
	435261	1477950	9/9/2016	Chitty St	307	100	Roots	Cleaned Main	2.42	1.42	Street	Area Cleaned and Disinfected,

Total Events: 15	Total Gallons: 345,789	Average Duration: 3.91	1.98	Average Response
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Thursday, October 06, 2016

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

OVERFLOW REPORT

PERIOD: SEPTEMBER 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	
		1504216	9/26/2016	Old Corpus Christi Rd	8400	1,237,500	l/i	Diluted By Heavy Rainwater	51.00	0.00	Creek Bed - Spilled Into San Antonio River	Contractor To Replace 2 - 3 Joints Of Pipe
		1498676	9/26/2016	Harry Wurzbach	1427	20	l/i	Cleaned Area	0.00	0.00	Ground	Area Cleaned and Disinfected, Monitor Area
		1500626	9/26/2016	Entrance Rd Ne	10800	26,300	l/i	Diluted By Heavy Rainwater	8.77	0.00	Creek Bed - Spilled Into Salado Creek	Saws Is In The Process Of Awarding An Engineering Contract To Design A Project To Provide More Capacity To This Sewer Main
		1499822	9/26/2016	Low Oak	3039	20	l/i	Diluted By Heavy Rainwater	0.40	0.40	Ground - Over The Earz	Monitored Area, Over The Edwards Aquifer Recharge Zone
		1498664	9/26/2016	Spotted Bear	107	13,250	l/i	Diluted By Heavy Rainwater	4.42	0.00	Drainage Culvert	Monitored Area
		1499370	9/25/2016	Holbrook	902	346,200	l/i	Diluted By Heavy Rainwater	17.75	0.00	Creek Bed - Spilled Into Salado Creek	Monitored Area. Saws Plans To Start Replacing The Sewer Line Early Next Year With A Second Phase To Start In 2018.
	435583	1482888	9/13/2016	Noblewood Dr	202	75,275	Debris	Cleaned Main	2.17	1.42	Ground	Cleanup Is Ongoing
1319531		1478660	9/9/2016	Rittiman Rd	4527	20	Contractor	Repaired Lateral	0.27	0.00	Ground	Area Cleaned and Disinfected, Work Order Created To Repair Lateral
1318254		1472095	9/6/2016	Rittiman Rd	4619	261	Contractor	Repaired Lateral	4.35	1.10	Street	Area Cleaned and Disinfected, Work Order Was Created To Repair 6 Inch Sewer Lateral
Total Events:	9				Total Gallons: 1,698,846			Average Duration: 9.90	0.32	Average Response		

Thursday, October 06, 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		

Thursday, October 06, 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 RECYLING 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
09/01/2016	09/30/2016

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	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.80	*****	*****		0	1/Day	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.80	*****	7.30		0	1/Day	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1,210	*****		*****	1.50	2.80		0	1/Day	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	12510 DAILY AV	*****	lb/d	*****	12 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	239	*****		*****	0.28	1.00		0	1/Day	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	2085 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	97.03	176.00		*****	*****	*****	*****	0	Continuous	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	145,625		*****	*****	*****	*****	0	Continuous	
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	173611 2HR PEAK	gal/min	*****	*****	*****	*****		Monthly	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	89.97	*****		*****	*****	*****	*****	0	Continuous	
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Parviz Chavol Sr. Dir		(210) 233-3239	10/17/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

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 RECYLING 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
09/01/2016	09/30/2016

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	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual 50060 A 0 Disinfection, Process Complete	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.04		0	1/Day	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB
Chlorine, total residual 50060 B 0 Prior to Disinfection	SAMPLE MEASUREMENT	*****	*****	*****	1.15	*****	*****		0	1/Day	
	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.05	4.00		0	5/week	
	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	399 DAILY MX	CFU/100 mL		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C] 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	1,645	*****		*****	2.03	3.00		0	1/Day	
	PERMIT REQUIREMENT	5213 DAILY AV	*****	lb/d	*****	5 DAILY AV	20 DAILY MX	mg/L		Daily	COMPOS

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Parviz Chavol Sr. Dir		(210) 233-3239	10/17/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004


PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
DIFFERENT)
NAME: DOS RIOS WATER RECYLING 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
09/01/2016	09/30/2016

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.60	*****	*****		0	1/day	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.00	*****	7.50		0	1/day	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	43.75	*****		*****	1.47	2.80		0	1/Day	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	7.70	*****		*****	0.28	1.00		0	1/Day	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	167 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.53	3.67		*****	*****	*****	*****	0	Continuous	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.12	*****		*****	*****	*****	*****	0	Continuous	
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	10 ANNL AVG	*****	MGD	*****	*****	*****	*****		Monthly	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.06		0	Continuous	
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Parviz Chavol Sr. Dir			(210) 233-3239	10/17/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

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 different)
NAME: DOS RIOS WATER RECYLING 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
09/01/2016	09/30/2016

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual 50060 B 0 Prior to Disinfection	SAMPLE MEASUREMENT	*****	*****	*****	1.15	*****	*****		0	1/day	
	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.05	4.00		0	5/week	
	PERMIT REQUIREMENT	*****	*****	*****	*****	63 DAILY AV	399 DAILY MX	CFU/100 mL		Three per Week	GRAB
BOD, carbonaceous [5 day, 20 C] 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	59.95	*****		*****	2.04	3.00		0	Daily	
	PERMIT REQUIREMENT	834 DAILY AV	*****	lb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE	
Parviz Chavol Sr. Dir		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(210) 233-3239	10/17/2016
TYPED OR PRINTED			AREA Code	NUMBER

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: DOS RIOS WATER RECYLING 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
09/01/2016	09/30/2016

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	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****							
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****							
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		*****		*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT		*****		*****						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	167 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	10 ANNL AVG	*****	MGD	*****	*****	*****	*****		Monthly	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Parviz Chavol Sr. Dir		(210) 233-3239	09/17/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

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 different)
NAME: DOS RIOS WATER RECYLING 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
09/01/2016	09/30/2016

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	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual 50060 B 0 Prior to Disinfection	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	63 DAILY AV	399 DAILY MX	CFU/100 mL		Three per Week	GRAB
BOD, carbonaceous [5 day, 20 C] 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT		*****		*****						
	PERMIT REQUIREMENT	834 DAILY AV	*****	lb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Parviz Chavol Sr. Dir		(210) 233-3239	10/17/2016
TYPED OR PRINTED		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 RECYLING 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
09/01/2016	09/30/2016

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	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.80	*****	*****		0	1/day	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.00	*****	7.50		0	1/day	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	7.88	*****		*****	1.49	2.80		0	1/Day	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.38	*****		*****	0.28	1.00		0	1/Day	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	50 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.63	0.74		*****	*****	*****	*****	0	Continuous	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.57	*****		*****	*****	*****	*****	0	Continuous	
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	3 ANNL AVG	*****	MGD	*****	*****	*****	*****		Monthly	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.05		0	1/day	
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Parviz Chavol Sr. Dir		(210) 233-3239	10/17/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

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
DIFFERENT)
NAME: DOS RIOS WATER RECYLING 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
09/01/2016	09/30/2016

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	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual 50060 B 0 Prior to Disinfection	SAMPLE MEASUREMENT	*****	*****	*****	1.15	*****	*****		0	1/day	
	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.06	4.00		0	5/week	
	PERMIT REQUIREMENT	*****	*****	*****	*****	63 DAILY AV	399 DAILY MX	CFU/100 mL		Weekly	GRAB
BOD, carbonaceous [5 day, 20 C] 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	10.67	*****		*****	2.04	3.00		0	1/Day	
	PERMIT REQUIREMENT	250 DAILY AV	*****	lb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Parviz Chavol Sr. Dir		(210) 233-3239	10/17/2016
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
			MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

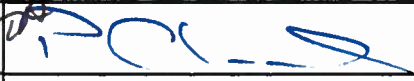
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: DOS RIOS WATER RECYLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: PARVIZ CHAVOL SR DIR

TX0077801	005- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

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	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.50	*****	*****		0	1/day	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.80	*****	7.30		0	1/day	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	8.27	*****		*****	1.47	2.80		0	1/Day	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	325 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.46	*****		*****	0.28	1.00		0	1/Day	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	43 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.67	0.75		*****	*****	*****	*****	0	Continuous	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.65	*****		*****	*****	*****	*****	0	Continuous	
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2.6 ANNL AVG	*****	MGD	*****	*****	*****	*****		Monthly	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.06		0	1/day	
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Parviz Chavol Sr. Dir			(210) 233-3239	10/17/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

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 RECYLING 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	005- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

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	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	1.15	*****	*****		0	1/day	
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.05	4.00		0	5/week	
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	63 DAILY AV	399 DAILY MX	CFU/100 mL		Weekly	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	11.36	*****		*****	2.04	3.00		0	1/Day	
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	217 DAILY AV	*****	lb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Parviz Chavol Sr. Dir		(210) 233-3239	09/17/2016
TYPED OR PRINTED		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.

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 RECYLING 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
09/01/2016	09/30/2016

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	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT		*****		*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	5755 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT		*****		*****						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	767 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT				*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46 ANNL AVG	*****	MGD	*****	*****	*****	*****		Monthly	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Parviz Chavol Sr. Dir		(210) 233-3239	09/17/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

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 RECYLING 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
09/01/2016	09/30/2016

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	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****						
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	63 DAILY AV	399 DAILY MX	CFU/100 mL		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT		*****		*****						
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	3836 DAILY AV	*****	lb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Parviz Chavol Sr. Dir		(210) 233-3239	09/17/2016
TYPED OR PRINTED		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 RECYLING 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	101- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

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	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	6.93	4.14		*****	*****	*****	*****	0	Continuous	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.70	*****		*****	*****	*****	*****	0	Continuous	
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	Req. Mon. ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Parviz Chavol Sr. Dir		(210) 233-3239		10/11/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code

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 different)
NAME: DOS RIOS WATER RECYLING 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
09/01/2016	09/30/2016

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	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	101.17	177.43		*****	*****	*****	*****	0	Continuous	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	95.67	*****		*****	*****	*****	*****	0	Continuous	
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Parviz Chavol Sr. Dir		(210) 233-3239		09/12/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code

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	09	12647
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE	
	REPORTED	VALUE		UNITS			
500507124 FLOW DLY AVG	REPORTED	101.17	MGD	0	02		11
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED	95.68	MGD	0	02		11
	PERMITTED				02	CONT	11 CONT
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0042725	NUMBER	0	01		NA
	PERMITTED				01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	10/22/2019	DATE	0	01		NA
	PERMITTED				01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01		NA
	PERMITTED				01	01	NA NA
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

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

	NAME	SIGNATURE	DATE
	Timothy Howe Manager-Prod & Treat Ops		11/6/10/17
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Sr. Director		11/6/10/17
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
210	233 3239	Parviz Chavol	11/6/10/17

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	09	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		15	DAY	0	01		01
	PERMITTED					01	NA	01 NA
316164024 E-COLI DLY AVG	REPORTED		1.00	#/100 ML	0	11		03
	PERMITTED		20.000			11	2/WEEK	03 GRABPKLOAD
316164030 E-COLI IND GRAB	REPORTED		1.00	#/100 ML	0	11		03
	PERMITTED		75.000			11	2/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		0.62	MGD	0	02		11
	PERMITTED					02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		1.87	MGD	0	02		11
	PERMITTED					02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED		2.00	MG/L	0	08	1/Day	10 12-PRT-COM
	PERMITTED		5.000			11	2/WEEK	03 GRABPKLOAD
820796624 TURBDITY 30DAYAVG	REPORTED		0.90	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		10/22/2019	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	10	17
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR	MO.	DAY
2110 233 3239	Parviz Chavol Sr. Director		11	10	17
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR	MO. DAY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



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



40B	WQ0010137-033	02	16	09	12552
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE	
		VALUE		UNITS			
000085342 TRANSFER DAYS/MON	REPORTED	0	DAY	0			
	PERMITTED						
316164024 FEC. COLI DLY AVG	REPORTED		#/100 ML				
	PERMITTED	200.000					
316164030 FEC. COLI IND GRAB	REPORTED		#/100 ML				
	PERMITTED	800.000					
500507124 FLOW DLY AVG	REPORTED		MGD				
	PERMITTED						
500507128 FLOW ANN AVG	REPORTED		MGD				
	PERMITTED						
800821024 BOD CARB DLY AVG	REPORTED		MG/L				
	PERMITTED	20.000					
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0042725	NUMBER	0	01		NA
	PERMITTED						
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	10/22/2019	DATE	0	01		NA
	PERMITTED						
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01		NA
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

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

	NAME	SIGNATURE	DATE		
	Timothy Howe Manager-Prod & Treat Ops		11/6	10	17
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR	MO.	DAY
2110	Parviz Chavol Sr. Director		11/6	10	17
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR	MO.	DAY
233					
3239					

OVERFLOW REPORT

PERIOD: SEPTEMBER 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	
	437145	1507129	9/30/2016	Alamo Ranch	11585	475	Roots	Cleaned Main	1.58	0.67	Drainage Culvert	Area Cleaned and Disinfected, Flushed Area with H2O
	437137	1506318	9/30/2016	Oakdell Way	8050	22,700	Grease	Cleaned Main	0.87	0.12	Drainage Culvert - Spilled Into Huebner Creek	Cleanup Is Ongoing
		1505435	9/26/2016	Swiss Oaks	6606	693,750	l/i	Diluted By Heavy Rainwater	27.50	0.00	Creek Bed - Spilled Into Leon Creek	Monitored Area, Cleanup Is Ongoing
	436947	1503207	9/28/2016	Hazel Valley Dr	5902	1,975	Debris	Cleaned Main	1.32	0.73	Ground - Spilled Into Indian Creek	Area Cleaned and Disinfected, Flushed Area with H2O
		1500268	9/26/2016	Morey Rd	5410	500	l/i	Cleaned Area	2.27	0.00	Ground	Monitored Area
		1499778	9/26/2016	Chappie James Way	108	780,000	l/i	Diluted By Heavy Rainwater	26.00	0.00	Creek Bed - Spilled Into Leon Creek	Monitored Area. Design Is Completed- Working On Obtaining Approval From The Air Force Environmental To Construct
		1498633	9/26/2016	Wrangler Dr	1618	13,500	l/i	Diluted By Heavy Rain Water	4.50	0.00	Drainage Culvert	Monitor Area
		1498634	9/26/2016	Yolanda	111	127,525	l/i	Diluted By Heavy Rainwater	4.00	0.00	Ground	Monitored Area
		1498631	9/26/2016	Kim Valley Dr	5802	130,000	l/i	Diluted By Heavy Rain Water	5.42	0.00	Creek Bed - Spilled Into Indian Creek	Monitor Area
		1499273	9/26/2016	lh 10 W	23500	15,750	l/i	Diluted By Heavy Rainwater	5.25	0.00	Creek Bed - Spilled Into Leon Creek	Monitored Area, Over The Edwards Aquifer Contributing Zone
		1498628	9/26/2016	Rose Valley	6102	55,950	l/i	Diluted By Heavy Rainwater	6.22	0.00	Millers Pond Via Drainage Culvert	Monitored Area
1319741		1478747	9/9/2016	Callaghan Rd	6719	200	Contractor	Repaired Lateral	1.35	0.60	Street	Area Cleaned and Disinfected, Work Order Was Created To Repair 6 Inch Sewer Service Line
Total Events:	12				Total Gallons: 1,842,325			Average Duration: 7.19	0.18	Average Response		

Thursday, October 06, 2016

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

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

Form Approved
OMB No. 2040-0004


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

TX0052639	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

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	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.10	*****	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.50	*****	7.70		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	297	*****		*****	1.05	1.80		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	5755 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	181	*****		*****	0.64	1.58		0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	767 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Chloride [as Cl]	SAMPLE MEASUREMENT	39,544	*****		*****	141	158		0		
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	lb/d	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	34.05	48.06		*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	40,972		*****	*****	*****	*****	0		
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	63889 2HR PEAK	gal/min	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE	
PARVIZ CHAVOL, SR. DIRECTOR			(210) 233-3239	10/7/2016	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

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

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

TX0052639	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

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	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	36.00	*****		*****	*****	*****	*****	0		
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.09		0		
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	1.00	*****	*****		0		
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.00	1.00		0		
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	399 DAILY MX	CFU/100 mL		Five per Week	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	199,642	*****		*****	708	772		0		
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	lb/d	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Daily	COMPOS
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	568	*****		*****	2.00	2.00		0		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	2686 DAILY AV	*****	lb/d	*****	7 DAILY AV	17 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIRECTOR			(210) 233-3239	10/17/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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 MAURMAN 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
09/01/2016	09/30/2016

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIRECTOR		(210) 233-3239	10/17/2016
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

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
Different)
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYCLING CENTER
LOCATION: 1104 MAURMAN 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
09/01/2016	09/30/2016

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual 50060 A 0 Disinfection, Process Complete	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB
Chlorine, total residual 50060 B 0 Prior to Disinfection	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	399 DAILY MX	CFU/100 mL		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C] 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT		*****		*****						
	PERMIT REQUIREMENT	2686 DAILY AV	*****	lb/d	*****	7 DAILY AV	17 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER PARVIZ CHAVOL, SR. DIRECTOR TYPED OR PRINTED	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	
			(210) 233-3239	10/17/2016	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	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 different)
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYCLING CENTER
LOCATION: 1104 MAURMAN ROAD
SAN ANTONIO, TX 78224
ATTN: PARVIZ CHAVOL, SR. DIRECTOR

TX0052639	101- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended 00530 J 0 Intermediate Treatment, Process	SAMPLE MEASUREMENT	297	*****		*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	5755 DAILY AV	*****	lb/d	*****	*****	*****	*****		Daily	COMPOS
Nitrogen, ammonia total [as N] 00610 J 0 Intermediate Treatment, Process	SAMPLE MEASUREMENT	181	*****		*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	767 DAILY AV	*****	lb/d	*****	*****	*****	*****		Daily	COMPOS
Flow, in conduit or thru treatment plant 50050 I 0 Effluent Gross	SAMPLE MEASUREMENT	34.05	48.06		*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant 50050 P 0 See Comments	SAMPLE MEASUREMENT	*****	40,972		*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	63889 2HR PEAK	gal/min	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant 50050 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	36.07	*****		*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	46 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
BOD, carbonaceous [5 day, 20 C] 80082 J 0 Intermediate Treatment, Process	SAMPLE MEASUREMENT	568	*****		*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	2686 DAILY AV	*****	lb/d	*****	*****	*****	*****		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIRECTOR			(210) 233-3239	10/17/2016
TYPED OR PRINTED			AREA Code	NUMBER

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	09	12645
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE		
	REPORTED	PERMITTED		VALUE	UNITS			
500507124 FLOW DLY AVG	REPORTED		38.33	MGD	0	02	11	
	PERMITTED					02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		38.76	MGD	0	02	11	
	PERMITTED					02	CONT	11 CONT
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0004506	NUMBER	0	01		NA
	PERMITTED					01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		01/08/2017	DATE	0	01		NA
	PERMITTED					01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	LETTER	0	01		NA
	PERMITTED					01	01	NA NA
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME Daniel Rodriguez Manager Prod & Treat Ops	SIGNATURE 	DATE 16/10/14
TELEPHONE NUMBER 210 233 3239	PLANT OPERATOR Parviz Chavol Senior Director	PLANT OPERATOR 	YEAR MO. DAY 16 10 17
AREA CODE	NUMBER	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
3495 VALLEY RD
SAN ANTONIO TX 78221-5238



40B	WQ0010137-003	02	16	09	12547
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE		
	REPORTED	PERMITTED		VALUE	UNITS			
000085342 TRANSFER DAYS/MON	REPORTED		30	DAY	0	01	01	
	PERMITTED					01	NA	01 NA
316164024 E-COLI DLY AVG	REPORTED		1.00	#/100 ML	0	11	03	
	PERMITTED		20.000			11	2/WEEK	03 GRABPKLOAD
316164030 E-COLI IND GRAB	REPORTED		1.00	#/100 ML	0	11	03	
	PERMITTED		75.000			11	2/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		4.28	MGD	0	02	11	
	PERMITTED					02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		2.74	MGD	0	02	11	
	PERMITTED					02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED		2.00	MG/L	0	08	10	12-prt-com
	PERMITTED		5.000			11	2/WEEK	03 GRABPKLOAD
820786624 TURBDITY 30DAY AV	REPORTED		0.72	NTU	0	08	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		01/08/2017	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 10 14
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2 1 0 2 3 3 3 2 3 9	Parviz Chavol Senior Director		16 10 17
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-003	02	16	09	12548
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE	
	REPORTED	PERMITTED		VALUE	UNITS		
000085342 TRANSFER DAYS/MON	REPORTED		0	01		01	
	PERMITTED			01	NA	01	NA
316164024 FEC. COLI DLY AVG	REPORTED						
	PERMITTED		200.000		14 1/WEEK	03	GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED						
	PERMITTED		800.000		14 1/WEEK	03	GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED						
	PERMITTED				02 CONT	11	CONT
500507128 FLOW ANN AVG	REPORTED						
	PERMITTED				02 CONT	11	CONT
800821024 BOD CARB DLY AVG	REPORTED						
	PERMITTED		15.000		14 1/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0004506	0	01		NA
	PERMITTED				01 01		NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		01/08/2017	0	01		NA
	PERMITTED				01 01		NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	0	01		NA
	PERMITTED				01 01		NA NA
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

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

	NAME	SIGNATURE	DATE
	Daniel Rodriguez Manager Prod & Treat Ops		16 11 14
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director		16 11 17
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

OVERFLOW REPORT

PERIOD: SEPTEMBER 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	
		1498937	9/26/2016	Bear Springs Dr	3014	1,710	l/i	Diluted By Heavy Rainwater	5.70	0.23	Stormdrain	Monitored Area
1321531		1484944	9/14/2016	Morning Oak	923	15	Structural	Repaired Main	0.98	0.48	Ground	Area Cleaned and Disinfected, Work Order Created To Repair Main
Total Events:		2	Total Gallons:			1,725	Average Duration:		3.34	0.36	Average Response	

Thursday, October 06, 2016

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

DISCHARGE MONITORING REPORT (DMR)

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: PARVIZ CHAVOL SR DIR

TX0055689	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

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	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.03	*****	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.00	*****	7.86		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	39	*****		*****	1.03	1.40		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2002 DAILY AV	*****	lb/d	*****	15 DAILY AV	30 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	23	*****		*****	0.61	1.67		0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	267 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.48	9.94		*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	7,304		*****	*****	*****	*****	0		
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	27778 2HR PEAK	gal/min	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.46	*****		*****	*****	*****	*****	0		
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	16 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER PARVIZ CHAVOL, SR. DIR. TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
			(210) 233-3239	10/17/2016	
			AREA Code	NUMBER	MM/DD/YYYY

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

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004


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

TX0055689	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

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	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.21	48.00		0		
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	399 DAILY MX	CFU/100 mL		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	75	*****		*****	2.00	2.00		0		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	934 DAILY AV	*****	lb/d	*****	7 DAILY AV	20 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER PARVIZ CHAVOL, SR. DIR. TYPED OR PRINTED	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
			(210) 233-3239	10/17/2016
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



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



40B	WQ0010137-040	01	16	09	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	TYPE	TYPE
000085342 TRANSFER DAYS/MON	REPORTED		30	DAY	0	01	01	
	PERMITTED					01	NA	01 NA
316164024 FEC. COLI DLY AVG	REPORTED		1.00	#/100 ML	0	11	03	
	PERMITTED		20.000			11	2/WEEK	03 GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED		1.00	#/100 ML	0	11	03	
	PERMITTED		75.000			11	2/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		2.79	MGD	0	02	11	
	PERMITTED					02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		2.47	MGD	0	02	11	
	PERMITTED					02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED		2.00	MG/L	0	08	1/Day	10 12-prt-com
	PERMITTED		5.000			11	2/WEEK	03 GRABPKLOAD
820796624 TURBIDITY 30DAYAVG	REPORTED		0.78	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		01/08/2017	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 10 14
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director		16 10 17
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
			YEAR MO. DAY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-040	01	16	09	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	VALUE		UNITS			
500507124 FLOW DLY AVG	REPORTED	7.27	MGD	0	02		11
	PERMITTED						02
500507128 FLOW ANN AVG	REPORTED	7.88	MGD	0	02		11
	PERMITTED						02
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0004506	NUMBER	0	01		NA
	PERMITTED						01
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	01/08/2017	DATE	0	01		NA
	PERMITTED						01
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01		NA
	PERMITTED						01
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Daniel Rodriguez Manager-Prod & Treat Ops		16 11 14
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director		16 11 17
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
			YEAR MO. DAY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



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



40B	WQ0010137-040	02	16	09	12554
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE	
	REPORTED	PERMITTED		VALUE	UNITS		
000085342 TRANSFER DAYS/MON	REPORTED		0	DAY	01		01
	PERMITTED		0		01	NA	01 NA
316164024 FEC. COLI DLY AVG	REPORTED			#/100 ML			
	PERMITTED		200.000		14	1/WEEK	03 GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED			#/100 ML			
	PERMITTED		800.000		14	1/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED			MGD			
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED			MGD			
	PERMITTED				02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED			MG/L			
	PERMITTED		20.000		14	1/WEEK	03 GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0004506	NUMBER	01		NA
	PERMITTED				01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		01/08/2017	DATE	01		NA
	PERMITTED				01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	LETTER	01		NA
	PERMITTED				01	01	NA NA
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Daniel Rodriguez Manager-Prod & Treat Ops		16/10/14
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director		16/10/16
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
			YEAR MO. DAY



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

October 7, 2016

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

Dear Ms. Garza,

The following are the Mitchell Lake Dam effluent excursions of the daily pH for the month of September 2016.

PH
Sept. 3, 2016 - 12.30 SU
Sept. 7, 2016 - 9.40 SU
Sept. 11, 2016 - 13.76 SU
Sept. 15, 2016 - 9.80 SU
Sept. 16, 2016 - 9.50 SU
Sept. 29, 2016 - 10.32 SU

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

A handwritten signature in blue ink, appearing to read 'Daniel Rodriguez'.

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
Different)
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
09/01/2016	09/30/2016

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	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	4.00	*****	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
BOD, 5- day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	17.50	33.00		0		
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	100 SINGGRAB	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.70	*****	13.76		6		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	32.43	*****		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	90 DAILY AV	*****	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	28.57	116.05		*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Daily	INSTAN
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.00	1.00		0		
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	399 SINGGRAB	CFU/100 mL		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
PARVIZ CHAVOL, SR. DIR			(210) 233-3239	10/17/2016	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

MONITORING SHALL OCCUR WHEN DISCHARGING.
SAMPLES FOR BACTERIA MONITORING SHALL BE TAKEN AT THE INFLOW PIPE FROM THE LEON CREEK WRC.

PLEASE SEE ATTACHED LETTER FOR EXCURSION DETAILS.