



December 15, 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 7851

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 7851

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 November 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



December 15, 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 7868

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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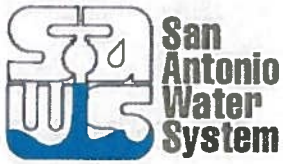
Sincerely,

A handwritten signature in blue ink, appearing to read "Jeffrey J. Haby", is written over the typed name.

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

December 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 and the Monthly BOD Average for November 2016.

pH	pH	BOD Monthly Average
Nov. 1, 2016 - 9.53 SU	Nov. 16, 2016 - 9.57 SU	35.07 mg/l
Nov. 2, 2016 - 9.41 SU	Nov. 17, 2016 - 9.70 SU	
Nov. 3, 2016 - 9.50 SU	Nov. 18, 2016 - 9.50 SU	
Nov. 4, 2016 - 9.50 SU	Nov. 19, 2016 - 9.39 SU	
Nov. 5, 2016 - 9.55 SU	Nov. 20, 2016 - 9.93 SU	
Nov. 6, 2016 - 9.61 SU	Nov. 21, 2016 - 9.67 SU	
Nov. 7, 2016 - 9.49 SU	Nov. 23, 2016 - 9.30 SU	
Nov. 8, 2016 - 9.25 SU	Nov. 24, 2016 - 9.21 SU	
Nov. 10, 2016 - 9.34 SU	Nov. 25, 2016 - 9.55 SU	
Nov. 11, 2016 - 9.60 SU	Nov. 26, 2016 - 9.40 SU	
Nov. 13, 2016 - 9.60 SU	Nov. 27, 2016 - 9.20 SU	
Nov. 14, 2016 - 9.40 SU	Nov. 29, 2016 - 9.20 SU	
Nov. 15, 2016 - 9.78 SU	Nov. 30, 2016 - 9.39 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", with a horizontal line extending to the right.

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
11/01/2016	11/30/2016

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	10.70	*****	*****	0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	4 MO MIN	*****	mg/L		Daily	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	35.07	*****	49.00	1		
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	30 DAILY AV	*****	100 SINGGRAB		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	8.80	*****	9.93	26		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	6 MINIMUM	*****	9 MAXIMUM		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	54.47	*****	*****	0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	90 DAILY AV	*****	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.9100	16.7500	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	*****	*****	*****		Daily	INSTAN
E. coli	SAMPLE MEASUREMENT	*****	*****	1.07	*****	4.00	0		
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	126 DAILY AV	*****	399 SINGGRAB		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
PARVIZ CHAVOL, SR. DIR	(210) 233-3239		12/14/2016
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 LEON CREEK WRC.

OVERFLOW REPORT

PERIOD:

WATERSHED: MEDIO CREEK

TCEQ PERMIT # 10137-040

EPA PERMIT # 0055689

WO #	INSPT#	SR #	Date	Address	Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments
Total Gallons:											
Average Duration:											
Average Response											

Friday, December 09, 2016

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

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

Form Approved
OMB No. 2040-0004

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

TX0055689	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

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	*****	*****	6.98	*****	*****	0		
00300 I 0 Effluent Gross pH	PERMIT REQUIREMENT	*****	*****	6 MO MIN	*****	*****		Daily	GRAB
	SAMPLE MEASUREMENT	*****	*****	7.29	*****	7.67	0		
00400 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	6 MINIMUM	*****	9 MAXIMUM		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	42	*****	*****	*****	1.03	0		
00530 I 0 Effluent Gross	PERMIT REQUIREMENT	2002 DAILY AV	*****	*****	*****	30 DAILY MX		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	31	*****	*****	*****	2.42	0		
00610 I 0 Effluent Gross	PERMIT REQUIREMENT	267 DAILY AV	*****	*****	*****	7 DAILY MX		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.88	*****	*****	*****	*****	0		
50050 I 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	7.440	*****	*****	*****	*****	0		
50050 P 0 See Comments	PERMIT REQUIREMENT	27778 2HR PEAK	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.38	*****	*****	*****	*****	0		
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	16 ANNL AVG	*****	*****	*****	*****		Continuous	TOTALZ

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
(210) 233-3239
NUMBER
12/14/2016
DATE
MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if
NAME: 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

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

No Discharge

TX0055689	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

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	*****	*****	*****	1.20	250.00	0			
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	126 DAILY AV	399 DAILY MX	0	Daily	GRAB	
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	81		*****	2.00	2.00	0			
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	994 DAILY AV	lb/d	*****	7 DAILY AV	20 DAILY MX		Daily	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIR.	(210) 233-3239	12/14/16
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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	11	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			
000085342 TRANSFER DAYS/MON	REPORTED	PERMITTED	30	DAY	0 01		01	
316164024 FEC. COLI DLY AVG	REPORTED	PERMITTED	1.58	#/100 ML	0 11		03	
316164030 FEC. COLI IND GRAB	REPORTED	PERMITTED	2.00	#/100 ML	0 11		03	
500507124 FLOW DLY AVG	REPORTED	PERMITTED	1.46	MGD	0 02		11	
500507128 FLOW ANN AVG	REPORTED	PERMITTED	2.36	MGD	0 02		11	
800821024 BOD CARB DLY AVG	REPORTED	PERMITTED	2.00	MG/L	0 08	1/Day	10	12-prt-com
820796624 TURBIDITY 30DAYAVG	REPORTED	PERMITTED	0.77	NTU	0 08	1/Day	10	12-prt-com
NUMBER OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	WW0004506	NUMBER	0 01		NA	
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	01/08/2020	DATE	0 01		NA	
CLASS OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	A	LETTER	0 01		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		16/12/12
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director		16 12 14
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
3225 VALLEY RD
SAN ANTONIO TX 78221-5201



40B	WQ0010137-040	02	16	11	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	0	01		01	
					01	NA	01	NA
316164024 FEC COLI DLY AVG	REPORTED	PERMITTED						
					14	1/WEEK	03	GRABPKLOAD
316164030 FEC COLI IND GRAB	REPORTED	PERMITTED						
					14	1/WEEK	03	GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED	PERMITTED						
					02	CONT	11	CONT
500507128 FLOW ANN AVG	REPORTED	PERMITTED						
					02	CONT	11	CONT
800821024 BOD CARB DLY AVG	REPORTED	PERMITTED						
					14	1/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	WW0004506	NUMBER	0	01		NA
						01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	01/08/2020	DATE	0	01		NA
						01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	A	LETTER	0	01		NA
						01	01	NA NA
	REPORTED	PERMITTED						
	REPORTED	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

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

	NAME	SIGNATURE	DATE
	Daniel Rodriguez Manager-Prod & Treat Ops		16/12/12
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Ghavol Senior Director		16 12 14
AREA CODE NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

OVERFLOW REPORT

PERIOD: NOVEMBER 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	
	440629	1565470	11/16/2016	Wurzbach Rd	8403	820 Grease	Cleaned Main	1.37	1.12	Street	Area Cleaned and Disinfected, Flushed Area with H2O	
	440531	1564026	11/15/2016	Mare Country	9130	1,050 Grease	Cleaned Main	0.70	0.45	Stormdrain	Area Cleaned and Disinfected, Flushed Area with H2O	
Total Events:					2	Total Gallons:		1,870	Average Duration:		1.04	Average Response
									0.78			

Friday, December 09, 2016

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

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

Form Approved
OMB No. 2040-0004

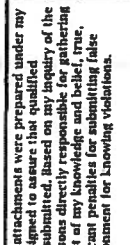
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYCLING CENTER
LOCATION: 1104 MAURERMAN ROAD
SAN ANTONIO, TX 78224
ATTN: PARVIZ CHAVOL, SR. DIRECTOR

TX0052639	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

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	*****	*****	5.50	*****	*****	0		
00300 1 0 Effluent Gross pH	PERMIT REQUIREMENT	*****	*****	5	*****	*****		Daily	GRAB
	SAMPLE MEASUREMENT	*****	*****	6.50	*****	7.40	0		
00400 1 0 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT	*****	*****	6	*****	9 MAXIMUM		Daily	GRAB
	SAMPLE MEASUREMENT	308	*****	*****	1.16	2.40	0		
00530 1 0 Effluent Gross Nitrogen, ammonia total [as N]	PERMIT REQUIREMENT	5755	*****	*****	15	40		Daily	COMPOS
	SAMPLE MEASUREMENT	275	*****	*****	1.00	3.40	0		
00610 1 0 Effluent Gross Chloride [as Cl]	PERMIT REQUIREMENT	767	*****	*****	2	7		Daily	COMPOS
	SAMPLE MEASUREMENT	39,254	*****	*****	150	172	0		
00940 1 0 Effluent Gross Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX		Daily	COMPOS
	SAMPLE MEASUREMENT	31.61	*****	*****	*****	*****	0		
50050 1 0 Effluent Gross Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	*****	*****	*****		Continuous	TOTALZ
	SAMPLE MEASUREMENT	33,681	*****	*****	*****	*****	0		
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Continuous	TOTALZ
	SAMPLE MEASUREMENT	63889	*****	*****	*****	*****			
		2HR PEAK	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 PARVIZ CHAVOL, SR. DIRECTOR
 TYPED OR PRINTED

TELEPHONE
(210) 233-3239
 AREA Code NUMBER
 MM/DD/YYYY
 12/14/2016

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	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

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	UNITS	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	35.47	*****	*****	*****	*****	0		
50050 Y 0 Effluent Gross (Supplementary)	46	*****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	*****	*****	*****	0.09	*****	0		
50060 A 0 Disinfection, Process Complete	*****	*****	*****	.1 INST MAX	*****		Daily	GRAB
Chlorine, total residual	*****	*****	1.01	*****	*****	0		
50060 B 0 Prior to Disinfection	*****	*****	1 MO MIN	*****	*****		Daily	GRAB
E. coli	*****	*****	*****	4.00	*****	0		
51040 I 0 Effluent Gross	*****	*****	126 DAILY AV	399 DAILY MX	*****		Five per Week	GRAB
Solids, total dissolved	185,993	*****	708	767	*****	0		
70295 I 0 Effluent Gross	Req. Mon. DAILY AV	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	*****		Daily	COMPOS
BOD, carbonaceous (5 day, 20 C)	527	*****	2.00	2.00	*****	0		
80082 I 0 Effluent Gross	2686 DAILY AV	*****	7 DAILY AV	17 DAILY MX	*****		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIRECTOR	(210) 233-3239	12/14/2016
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 TOA TL 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 MAUERMAN ROAD
SAN ANTONIO, TX 78224
ATTN: PARVIZ CHAVOL, SR. DIRECTOR

TX0052639 PERMIT NUMBER	002-A DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY 11/01/2016	MM/DD/YYYY 11/30/2016

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
DOMESTIC FACILITY - 002
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	VALUE			
Oxygen, dissolved [DO]	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
00300 I 0 Effluent Gross pH	PERMIT REQUIREMENT	*****	*****	5 MO MIN	*****	*****		Daily	GRAB	
00400 I 0 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT	*****	*****	6 MINIMUM	*****	9 MAXIMUM		Daily	GRAB	
00530 I 0 Effluent Gross Nitrogen, ammonia total [as N]	PERMIT REQUIREMENT	5755 DAILY AV	lb/d	*****	15 DAILY AV	40 DAILY MX		Daily	COMPOS	
00610 I 0 Effluent Gross Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	767 DAILY AV	lb/d	*****	2 DAILY AV	7 DAILY MX		Daily	COMPOS	
50050 I 0 Effluent Gross Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. DAILY AV	MGD	*****	*****	*****		Continuous	TOTALZ	
50050 P 0 See Comments Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	63889 2HR PEAK	gal/min	*****	*****	*****		Continuous	TOTALZ	
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46 ANN AVG	MGD	*****	*****	*****		Continuous	TOTALZ	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIRECTOR	(210) 233-3239	12/14/2016
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

No Discharge

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

Form Approved
OMB No. 2040-0004

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

TX0052639	101-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

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	527	*****		*****	*****	*****	0		
00530 J 0 Intermediate Treatment, Process Nitrogen, ammonia total [as N]	5755 DAILY AV	*****	lb/d	*****	*****	*****		Daily	COMPOS
00610 J 0 Intermediate Treatment, Process Flow, in conduit or thru treatment plant	275	*****		*****	*****	*****	0		
50050 I 0 Effluent Gross Flow, in conduit or thru treatment plant	767 DAILY AV	*****	lb/d	*****	*****	*****	0	Daily	COMPOS
50050 P 0 See Comments	31.61	44.64		*****	*****	*****	0		
50050 Y 0 Effluent Gross (Supplementary) BOD, carbonaceous [5 day, 20 C]	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****		Continuous	TOTALZ
80082 J 0 Intermediate Treatment, Process	*****	33,681		*****	*****	*****	0		
	63889 2HR PEAK	*****	gal/min	*****	*****	*****		Continuous	TOTALZ
	35.52	*****		*****	*****	*****	0		
	46 ANNL AVG	*****	MGD	*****	*****	*****		Continuous	TOTALZ
	527	*****		*****	*****	*****	0		
	2686 DAILY AV	*****	lb/d	*****	*****	*****		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIRECTOR	(210) 233-3239	12/14/2016
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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

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PAGE 1

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



40B	WQ0010137-003	02	16	11	12645
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	REPORTED	VALUE	UNITS				
500507124 FLOW DLY AVG	REPORTED	32.54	MGD	0	02		11
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED	38.09	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	01/08/2020	DATE	0	01		NA
	PERMITTED				01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01		NA
	PERMITTED				01	01	NA NA
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Daniel Rodriguez Manager Prod & Treat Ops		11/6/12/12
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director		11/6/12/14
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

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PAGE 1

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



40B	WQ0010137-003	02	16	11	12548
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE	
	REPORTED	PERMITTED		VALUE	UNITS		
000085342 TRANSFER DAYS/MON	REPORTED	PERMITTED	0	01	01	01	
					NA	01	NA
316164024 FEC. COLI DLY AVG	REPORTED	PERMITTED			14	1/WEEK	03 GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED	PERMITTED			14	1/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED	PERMITTED			02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED	PERMITTED			02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED	PERMITTED			14	1/WEEK	03 GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	0	01			NA
					01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	0	01			NA
					01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	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 Daniel Rodriguez Manager Prod & Treat Ops	SIGNATURE 	DATE 11/6/12/12
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director		11/6/12/14
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

OVERFLOW REPORT

PERIOD: NOVEMBER 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
	441194	1570585	11/21/2016	Rio Grande St N	1400	Grease	Cleaned Main	1.23	0.67	Street	Area Cleaned and Disinfected, Flushed Area with H2O
	440989	1567843	11/18/2016	Bob Billa	3215	Structural	Cleaned Main	0.90	0.52	Stormdrain	Area Cleaned and Disinfected, This Section Of Sewer Main Has Been Turned Over To The Planning Team For Review And is Pending A Design Request.
	440374	1560150	11/13/2016	Clower St	2428	Grease	Cleaned Main	0.85	0.08	Street	Area Cleaned and Disinfected, Flushed Area with H2O
	439580	1548546	11/2/2016	Whisper Valley	11723	Grease	Cleaned Main	2.52	0.00	Stormdrain - Over The Edwards Aquifer Recharge Zone	Area Cleaned and Disinfected, Flushed Area with H2O
Total Events:					4	Total Gallons:	4,086	Average Duration:	1.38	Average Response	0.32

Friday, December 09, 2016

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

OVERFLOW REPORT

PERIOD: NOVEMBER 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	
	441477	1572956	11/24/2016	Holbrook	668	135 Other	Monitored Area	2.25	0.00	Street	Area Cleaned and Disinfected, Flushed Area with H2O Monitor Area	
	441356	1572239	11/23/2016	Cross Canyon	14020	325 Debris	Cleaned Main	1.08	0.58	Drainage Culvert - Over The Edwards Aquifer Transition Zone	Area Cleaned and Disinfected, Flushed Area with H2O	
	440997	1567388	11/18/2016	Ashland Dr	219	75 Grease	Cleaned Main	2.23	1.57	Street	Area Cleaned and Disinfected, Flushed Area with H2O	
1342134	440243	1560072	11/12/2016	Mitchell Blf	15510	202,025 Vandalism	Cleaned Main	8.98	1.67	Creek Bed - Spilled Into Panthers Springs Creek - Over The Edwards Aquifer Transition Zone	Area Cleaned and Disinfected, Work Order Created To Repair Main Saws Is Checking Manhole Lids In Area And Will Bolt Down As Needed	
	1555888		11/9/2016	Holbrook	902	188,180 I/I	Diluted By Heavy Rain Water	7.35	0.60	Creek Bed - Spilled Into Salado Creek	Monitored Area. The Project Is Out To Bid And Saws Plans To Start Replacing The Sewer Line Early Next Year With A Second Phase To Start In 2018.	
Total Events:					5	Total Gallons:		370,740	Average Duration:	4.38	Average Response	0.88

Friday, December 09, 2016

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

OVERFLOW REPORT

PERIOD:

WATERSHED: SUBSCRIBER

TCEQ PERMIT # Subscriber

EPA PERMIT # Subscriber

WO #	INSPT#	SR #	Date	Address	Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments
Total Gallons:						Average Duration:			Average Response		

Friday, December 09, 2016

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

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: 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
11/01/2016	11/30/2016

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	UNITS	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	*****	*****	6.90	*****	*****	0	1/Day	
00300 I 0 Effluent Gross pH	*****	*****	6 MO MIN	*****	*****		Daily	GRAB
00400 I 0 Effluent Gross	*****	*****	6.60	*****	7.00	0	1/Day	
Solids, total suspended	*****	*****	6 MINIMUM	*****	9 MAXIMUM		Daily	GRAB
00530 I 0 Effluent Gross	1,151	*****	1.55	*****	3.10	0	1/Day	
Nitrogen, ammonia total [as N]	12510 DAILY AV	lb/d	*****	*****	40 DAILY MX		Daily	COMPOS
00610 I 0 Effluent Gross	192	*****	0.26	*****	0.40	0	1/Day	
Flow, in conduit or thru treatment plant	2085 DAILY AV	lb/d	*****	*****	7 DAILY MX		Daily	COMPOS
50050 I 0 Effluent Gross	89.73	118.10	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	Req. Mon. DAILY AV	MGD	*****	*****	*****		Continuous	TOTALZ
50050 P 0 See Comments	*****	96,644	*****	*****	*****	0	Continuous	TOTALZ
Flow, in conduit or thru treatment plant	173611 2HR PEAK	gal/min	*****	*****	*****		Monthly	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	90.65	*****	*****	*****	*****	0	Continuous	TOTALZ
	125 ANNL AVG	MGD	*****	*****	*****		Continuous	TOTALZ

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	(210) 233-3239	12/14/2016
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
ANNUAL AVERAGE FLOW SHALL NOT EXCEED 125 MGD. SEE OTHER REQUIREMENTS NO. 7 ON PAGE 36.

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

Form Approved
OMB No. 2040-0004

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

TX0077801	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

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	UNITS	VALUE	UNITS			
Chlorine, total residual	*****	*****	*****	*****	0	1/Day	
50060 A 0 Disinfection, Process Complete	*****	*****	*****	*****		Daily	GRAB
Chlorine, total residual	*****	*****	1.09	*****	0	1/Day	
50060 B 0 Prior to Disinfection	*****	*****	1 MO MIN	*****		Daily	GRAB
E. coli	*****	*****	*****	*****	0	5/week	
51040 1 0 Effluent Gross	*****	*****	126 DAILY AV	399 DAILY MX		Five per Week	GRAB
BOD, carbonaceous (5 day, 20 C)	1,497	*****	2.00	2.00	0	1/Day	
80082 1 0 Effluent Gross	5213 DAILY AV	*****	5 DAILY AV	20 DAILY MX		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	(210) 233-3239	12/14/2016
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)


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
11/01/2016	11/30/2016

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	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	6.80	*****	0	1/day	
00300 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	4 MO MIN	*****		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	7.00	*****	0	1/day	
00400 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	6.5 MINIMUM	*****		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	46.29	*****	1.55	*****	0	1/Day	
00530 I 0 Effluent Gross	PERMIT REQUIREMENT	1251 DAILY AV	*****	15 DAILY AV	*****		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	7.65	*****	0.26	*****	0	1/Day	
00610 I 0 Effluent Gross	PERMIT REQUIREMENT	167 DAILY AV	*****	2 DAILY AV	*****		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	3.57	*****	3.74	*****	0	Continuous	
50050 I 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	Req. Mon. DAILY MX	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.73	*****	*****	*****	0	Continuous	
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	10 ANNL AVG	*****	*****	*****		Monthly	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	0.08	*****	0	Continuous	
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

 Parviz Chavol Sr. Dir
 TYPED OR PRINTED

TELEPHONE	DATE
(210) 233-3239	12/18/2016
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
11/01/2016	11/30/2016

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS				
Chlorine, total residual	PERMIT REQUIREMENT	*****	*****	1.09	*****	*****	0	1/day		
50060 B 0 Prior to Disinfection	SAMPLE MEASUREMENT	*****	*****	1 MO MIN	*****	*****		Daily	GRAB	
51040 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	1.08	10.00	0	5/week		
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	*****	*****	*****	63 DAILY AV	399 DAILY MX		Three per Week	GRAB	
80082 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	59.61	*****	2.00	0	Daily		
		834 DAILY AV	lb/d	*****	10 DAILY AV	25 DAILY MX		Daily	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Parviz Chavol Sr. Dir			(210) 233-3239	17 / 11 / 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)

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
11/01/2016	11/30/2016

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	(210) 233-3239	12/14/2016
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.

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
11/01/2016	11/30/2016

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	*****	*****	1 MO MIN	*****	mg/L		Daily	GRAB
51040 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	63 DAILY AV	399 DAILY MX		Three per Week	GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
80082 I 0 Effluent Gross	PERMIT REQUIREMENT	834 DAILY AV	lb/d	*****	10 DAILY AV	25 DAILY MX		Daily	COMPOS
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
Parviz Chavol Sr. Dir			(210) 233-3239	12/14/2016
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code NUMBER	MM/DD/YYYY

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

SEE OTHER REQUIREMENTS NO.7 ON PAGE 36.

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
11/01/2016	11/30/2016


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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	7.20	*****	*****	0	1/day		
00300 I 0 Effluent Gross pH	PERMIT REQUIREMENT	*****	*****	5 MO MIN	*****	*****		Daily	GRAB	
00400 I 0 Effluent Gross Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	7.10	*****	7.60	0	1/day		
	PERMIT REQUIREMENT	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	0	Daily	GRAB	
00530 I 0 Effluent Gross Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	7.84	*****	*****	1.55	3.10	0	1/Day		
	PERMIT REQUIREMENT	375 DAILY AV	*****	*****	15 DAILY AV	40 DAILY MX		Daily	COMPOS	
00610 I 0 Effluent Gross Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.30	*****	*****	0.26	0.40	0	1/Day		
	PERMIT REQUIREMENT	50 DAILY AV	*****	*****	2 DAILY AV	7 DAILY MX		Daily	COMPOS	
50050 I 0 Effluent Gross Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.61	*****	*****	0.68	*****	0	Continuous		
	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	*****	Req. Mon. DAILY MX	*****		Continuous	TOTALZ	
50050 Y 0 Effluent Gross (Supplementary) Chlorine, total residual	SAMPLE MEASUREMENT	0.59	*****	*****	*****	*****	0	Continuous		
	PERMIT REQUIREMENT	3 ANNL AVG	*****	*****	*****	*****		Monthly	TOTALZ	
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	0.08	0	1/day		
	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 INST MAX		Daily	GRAB	

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Parviz Chavol Sr. Dir
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE
(210) 233-3239
DATE
12/14/2016
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	004-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS				
Chlorine, total residual	PERMIT REQUIREMENT	*****	*****	1.09	*****	*****	*****	0	1/day	
50060 B 0 Prior to Disinfection E. coli	PERMIT REQUIREMENT	*****	*****	1 MO MIN	*****	*****	*****		Daily	GRAB
51040 I 0 Effluent Gross BOD, carbonaceous [5 day, 20 C]	PERMIT REQUIREMENT	*****	*****	*****	1.08	10.00	*****	0	5/week	
80082 I 0 Effluent Gross	PERMIT REQUIREMENT	10.14	*****	*****	63 DAILY AV	399 DAILY MX	*****	0	1/Day	GRAB
		250 DAILY AV	*****	*****	10 DAILY AV	25 DAILY MX	*****		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	(210) 233-3239	12/14/2016
TYPED OR PRINTED	AREA Code	NUMBER
	210	233-3239
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
		
<small>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete, and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</small>		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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	005- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved [DO]	PERMIT REQUIREMENT	*****	*****	6.60	*****	*****	0	1/day		
00300 1 0 Effluent Gross pH	PERMIT REQUIREMENT	*****	*****	4 MO MIN	*****	*****		Daily	GRAB	
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	6.90	*****	7.20	0	1/day		
Solids, total suspended	PERMIT REQUIREMENT	*****	*****	6 MINIMUM	*****	9 MAXIMUM		Daily	GRAB	
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	6.35	*****	*****	1.55	3.10	0	1/Day		
Nitrogen, ammonia total [as N]	PERMIT REQUIREMENT	325 DAILY AV	*****	*****	15 DAILY AV	40 DAILY MX		Daily	COMPOS	
00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	1.06	*****	*****	0.26	0.40	0	1/Day		
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	43 DAILY AV	*****	*****	2 DAILY AV	7 DAILY MX		Daily	COMPOS	
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.49	*****	0.62	*****	*****	0	Continuous		
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	*****	*****	*****		Continuous	TOTALZ	
50050 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	0.65	*****	*****	*****	*****	0	Continuous		
Chlorine, total residual	PERMIT REQUIREMENT	2.6 ANNL AVG	*****	*****	*****	*****		Monthly	TOTALZ	
50060 A 0 Disinfection, Process Complete	SAMPLE MEASUREMENT	*****	*****	*****	0.08	.1 INST MAX		1/day		
PERMIT REQUIREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		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	(210) 233-3239	12/19/2016
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

TX0077801	005- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Chlorine, total residual	PERMIT REQUIREMENT	*****	*****	1.09	*****	*****	0	1/day		
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	1 MO MIN	*****	*****		Daily	GRAB	
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	1.08	10.00	0	5/week		
51040 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	63 DAILY AV	399 DAILY MX		Weekly	GRAB	
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	8.23	*****	*****	2.00	2.00	0	1/Day		
80082 I 0 Effluent Gross	PERMIT REQUIREMENT	217 DAILY AV	lb/d	*****	10 DAILY AV	25 DAILY MX		Daily	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	(210) 233-3239	12/14/2016
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 - 006
External Outfall

No Discharge

TX0077801	006-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	(210) 233-3239	12/14/2016
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.

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
11/01/2016	11/30/2016

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS				
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	1 MO MIN	*****	*****		Daily	GRAB	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
51040 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	63 DAILY AV	399 DAILY MX		Five per Week	GRAB	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
80082 I 0 Effluent Gross	PERMIT REQUIREMENT	3836 DAILY AV	lb/d	*****	10 DAILY AV	25 DAILY MX		Daily	COMPOS	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	(210) 233-3239	12/17/2016
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	101-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS			
Flow, in conduit or thru treatment plant		6.35		*****	*****	0	Continuous	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	MGD	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant		5.60		*****	*****	0	Continuous	
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	Req. Mon. ANNL AVG	MGD	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DATE
Parviz Chavol Sr. Dir			(210) 233-3239	12/14/20
TYPED OR PRINTED			AREA Code NUMBER	MM/DD/YYYY

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

WASTEWATER CONTRIBUTIONS FROM THE DOS RIOS WATER RECYCLING CENTER TO THE REUSE WATER SYSTEM SHALL BE MONITORED FOR FLOW AFTER CHLORINATION AT THE RECYCLED WATER PUMP AND REPORTED AS OUTFALL 101.

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

Form Approved
OMB No. 2040-0004


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

TX0077801	102- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	50050 I 0	96.08	123.55	*****	*****	*****	0	Continuous	TOTALZ
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	MGD	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	50050 Y 0	96.26	*****	*****	*****	*****	0	Continuous	TOTALZ
Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125 ANNL AVG	MGD	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol Sr. Dir		(210) 233-3239	12/14/2016
TYPED OR PRINTED		ABEA Code	NUMBER
			MM/DD/YYYY

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

THE TOTAL DISCHARGE FROM OUTFALL 001 & OUTFALL 101 SHALL NEVER EXCEED 125 MGD AND SHALL BE REPORTED AS OUTFALL 102.

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-033	02	16	11	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	1	2
000085342 TRANSFER DAYS/MON	REPORTED		0	01	28	DAY	01	
	PERMITTED			01			01	NA
316164024 E-COLI DLY AVG	REPORTED		0	11	1.00	#/100 ML	03	
	PERMITTED			11	20.000		03	GRABPKLOAD
316164030 E-COLI IND GRAB	REPORTED		0	11	1.00	#/100 ML	03	
	PERMITTED			11	75.000		03	GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		0	02	1.90	MGD	11	
	PERMITTED			02			11	CONT
500507128 FLOW ANN AVG	REPORTED		0	02	1.88	MGD	11	
	PERMITTED			02			11	CONT
800821024 BOD CARB DLY AVG	REPORTED		0	08	2.00	MG/L	10	12-PRT-COM
	PERMITTED			11	5.000		03	GRABPKLOAD
820796624 TURBIDITY 30DAYAVG	REPORTED		0	08	1.01	NTU	10	12-PRT-COM
	PERMITTED			11	3.000		03	GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED		0	01	WW0042725	NUMBER		NA
	PERMITTED			01			01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		0	01	10/22/2019	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	SIGNATURE	DATE
	Timothy Howe Manager-Prod & Treat Ops		11/6/12/13
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Sr. Director		11/6/12/14
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	11	12552
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE				
	REPORTED	PERMITTED			VALUE	UNITS			
000085342 TRANSFER DAYS/MON	REPORTED	PERMITTED	0		0				
					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	WW0042725	NUMBER	0	01		NA	
						01	01	NA	NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	10/22/2019	DATE	0	01		NA	
						01	01	NA	NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	A	LETTER	0	01		NA	
						01	01	NA	NA
	REPORTED	PERMITTED							
	REPORTED	PERMITTED							

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Timothy Howe Manager-Prod & Treat Ops		16 / 12 / 13
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Sr. Director		16 / 12 / 14
AREA CODE NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY