



January 17, 2017

U.S. Environmental Protection Agency, Region VI
Chief, Water Enforcement Branch (6EN-W)
Compliance Assurance and Enforcement Division
1445 Ross Avenue
Dallas, TX 75202-2733

Via U.S. Certified Mail
RRR #7014 1200 0001 2267 1413

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

Via U.S. Certified Mail
RRR #7014 1200 0001 2267 1413

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 December 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 black 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



January 17, 2017

U.S. Department of Justice
Environmental Enforcement Section
Environment and Natural Resources Division
P.O. Box 7611
Washington, D.C. 20044-7611

Via U.S. Certified Mail
RRR# 7014 1200 0001 2267 1420

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:

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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 black ink, appearing to read "Jeffrey J. Haby".

Jeffrey J. Haby, P.E.

Vice President – Production & Treatment

Enc. As stated

OVERFLOW REPORT

PERIOD: DECEMBER 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	
	443985	1605762	12/27/2016	Inez Ave	151	430	Grease	Cleaned Main	1.43	0.77	Street	Area Cleaned and Disinfected,
	443473	1599385	12/18/2016	Woodstock Dr	6502	360	Grease	Cleaned Main	1.20	0.70	Drainage Culvert	Area Cleaned and Disinfected, Flushed Area with H2O
	443404	1599216	12/16/2016	Purdue	215	30	Grease	Cleaned Main	0.93	0.43	Street	Area Cleaned and Disinfected, Flushed Area with H2O
1350023		1589299	12/8/2016	Buena Vista St	2022	900	Contractor	Repaired Main	1.50	0.42	Stormdrain	Area Cleaned and Disinfected, Flushed Area with H2O Work Order Created To Repair Sewer Main
	442492	1586966	12/7/2016	Ih 37 S	3400	3,325	Debris	Cleaned Main	2.22	2.22	Ground	Area Cleaned and Disinfected, Flushed Area with H2O
		1582242	12/3/2016	Crystal	902	6,278	l/i	Diluted By Heavy Rain Water	3.70	0.70	Street	Monitored Area
		1582165	12/3/2016	Commercial Ave	803	113,800	l/i	Cleaned Main	12.85	0.60	Stormdrain - Spilled Into Harlandale Creek	Unstopped Main
		1582094	12/3/2016	Mitchell St W	630	87,150	l/i	Diluted By Heavy Rainwater	16.05	8.53	Creek Bed - Spilled Into San Pedro Creek	Monitored Area
		1582151	12/3/2016	Hearne	119	82,900	l/i	Diluted By Heavy Rainwater	13.82	0.30	Street	Monitored Area
		1582128	12/3/2016	Wallace St	300	8,360	l/i	Diluted By Heavy Rainwater	6.97	0.87	Street	Monitored Area
		1582064	12/3/2016	Hedges St	1102	2,975	l/i	Cleaned Main	9.92	0.00	Ground	Unstopped Main
		1581994	12/3/2016	Poplar St W	2204	33,705	l/i	Cleaned Main	10.70	0.00	Street	Monitor Area
		1582038	12/3/2016	Lombrano St	1221	8,325	l/i	Cleaned Main	11.10	0.00	Street - Spilled Into Alazan Creek	Monitor Area
		1582035	12/3/2016	Culebra Rd	2627	9,025	l/i	Diluted By Heavy Rain Water	12.03	0.00	Street	Monitored Area
	442008	1580842	12/1/2016	Spriggsdale	417	390	Grease	Cleaned Main	1.30	0.80	Stormdrain	Area Cleaned and Disinfected, Flushed Area with H2O

Total Events:	15	Total Gallons:	357,953	Average Duration:	7.05	1.09	Average Response
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Wednesday, January 04, 2017

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

OVERFLOW REPORT

PERIOD: DECEMBER 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	
	442748	1590607	12/9/2016	Lake Superior	6454	200	Debris	Cleaned Main	1.05	0.88	Drainage Culvert	Area Cleaned and Disinfected, Flushed Area with H2O
	442483	1586778	12/7/2016	Loop 410 Ne	2555	300	Grease	Cleaned Main	1.47	0.63	Drainage Culvert	Area Cleaned and Disinfected, Flushed Area with H2O
		1587365	12/3/2016	Holbrook	668	1,560,928	I/i	Diluted By Heavy Rain Water	56.79	0.00	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 In 2018
		1581992	12/3/2016	Harry Wurzbach	1427	11,938	I/i	Diluted By Heavy Rain Water	15.92	0.00	Ground	Monitored Area
	442207	1582091	12/3/2016	Presa St S	8902	92,988	I/i	Diluted By Heavy Rain Water	13.65	0.43	Ground - Spilled Into San Juan Ditch	Monitored Area
Total Events:		5	Total Gallons: 1,666,354			Average Duration: 17.78			0.39	Average Response		

Wednesday, January 04, 2017

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		

Wednesday, January 04, 2017

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: 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
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 78221

MAJOR
(SUBR 13)

DOMESTIC FACILITY - 001

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.90	*****	*****		0	1/Day	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.40	*****	7.00		0	1/Day	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	10,527	*****		*****	7.51	102.00		2	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	407	*****		*****	0.44	1.40		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	102.24	202.90		*****	*****	*****	*****	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	*****	172,384		*****	*****	*****	*****	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	92.61	*****		*****	*****	*****	*****	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	01/13/2017
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.

DISCHARGE MONITORING REPORT (DMR)

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
12/01/2016	12/31/2016

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
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
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	1.20	*****	*****		0	1/Day	
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.22	8.00		0	5/week	
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	399 DAILY MX	CFU/100 mL		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	3,161	*****	*****	*****	3.03	16.00		0	1/Day	
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	5213 DAILY AV	*****	lb/d	*****	5 DAILY AV	20 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	01/13/2017
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.

DISCHARGE MONITORING REPORT (DMR)

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
12/01/2016	12/31/2016

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	*****	*****	*****	6.80	*****	*****		0	1/day	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.00	*****	7.30		0	1/day	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	68.28	*****		*****	4.14	60.00		1	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	11.41	*****		*****	0.44	1.40		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	3.32	3.64		*****	*****	*****	*****	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	4.52	*****		*****	*****	*****	*****	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol Sr. Dir			(210) 233-3239	01/13/2017
TYPED OR PRINTED			AREA Code	NUMBER

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

DISCHARGE MONITORING REPORT (DMR)

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	002- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

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	SAMPLE MEASUREMENT	*****	*****	*****	1.23	*****	*****		0	1/day	
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.23	8.00		0	5/week	
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	63 DAILY AV	399 DAILY MX	CFU/100 mL		Three per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	64.89	*****		*****	2.56	10.00		0	Daily	
80082 1 0 Effluent Gross	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	01/13/2017
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.

DISCHARGE MONITORING REPORT (DMR)

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
12/01/2016	12/31/2016

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	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	01/13/2017
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

DISCHARGE MONITORING REPORT (DMR)

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
12/01/2016	12/31/2016

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	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		Three per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT		*****		*****						
80082 1 0 Effluent Gross	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	01/13/2017
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

DISCHARGE MONITORING REPORT (DMR)

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
12/01/2016	12/31/2016

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.60	*****	*****		0	1/day	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.10	*****	7.60		0	1/day	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	11.71	*****		*****	4.14	60.00		1	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	1.75	*****		*****	0.44	1.40		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	0.49	0.60		*****	*****	*****	*****	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	0.58	*****		*****	*****	*****	*****	0	Continuous	
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	3 ANNL AVG	*****	MGD	*****	*****	*****	*****		Monthly	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.09		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	01/3/2017
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..

DISCHARGE MONITORING REPORT (DMR)

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
12/01/2016	12/31/2016

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	1.23	*****	*****		0	1/day	
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.23	8.00		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	9.75	*****		*****	2.56	10.00		0	1/Day	
80082 1 0 Effluent Gross	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	01/13/2017
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..

DISCHARGE MONITORING REPORT (DMR)

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
12/01/2016	12/31/2016

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.20	*****	*****		0	1/day	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.30	*****	7.20		0	1/day	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	6.96	*****		*****	4.40	60.00		1	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	0.92	*****		*****	0.42	1.40		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	0.28	0.34		*****	*****	*****	*****	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	0.66	*****		*****	*****	*****	*****	0	Continuous	
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2.6 ANNL AVG	*****	MGD	*****	*****	*****	*****		Monthly	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.08			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	12/13/2016
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.

DISCHARGE MONITORING REPORT (DMR)

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
12/01/2016	12/31/2016

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual 50060 B 0 Prior to Disinfection	SAMPLE MEASUREMENT	*****	*****	*****	1.23	*****	*****		0	1/day	
	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.27	8.00		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	5.65	*****		*****	2.63	10.00		0	1/Day	
	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	01/13/2017
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.

DISCHARGE MONITORING REPORT (DMR)

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
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 78221

MAJOR
(SUBR 13)

DOMESTIC FACILITY - 006

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	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	01/13/2017
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

DISCHARGE MONITORING REPORT (DMR)

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
12/01/2016	12/31/2016

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	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	01/13/2017
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

DISCHARGE MONITORING REPORT (DMR)

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

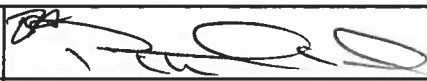
ATTN: PARVIZ CHAVOL SR DIR

TX0077801	101- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4.73	6.62		*****	*****	*****	*****	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	5.65	*****		*****	*****	*****	*****	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
			(210) 233-3239	01/13/2017
Parviz Chavol Sr. Dir	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER
TYPED OR PRINTED				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.

DISCHARGE MONITORING REPORT (DMR)

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

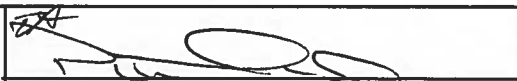
ATTN: PARVIZ CHAVOL SR DIR

TX0077801	102- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	106.96	207.90		*****	*****	*****	*****	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	98.26	*****		*****	*****	*****	*****	0	Continuous	
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ

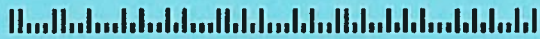
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry 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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Parviz Chavol Sr. Dir			(210) 233-3239	01/17/2013	
TYPED OR PRINTED				AREA Code	NUMBER

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	12	12647
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE			UNITS	
500507124 FLOW DLY AVG	REPORTED	106.96	MGD	0 02		11
	PERMITTED					02
500507128 FLOW ANN AVG	REPORTED	98.26	MGD	0 02		11
	PERMITTED					02
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0042725	NUMBER	0 01		NA
	PERMITTED					01
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	10/22/2019	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					
	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		17 01 13
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2 1 0 2 3 3 3 2 3 9	Parviz Chavol Sr. Director		17 01 13
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-033	02	16	12	12551
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE				
	REPORTED	PERMITTED			VALUE	UNITS	TYPE	TYPE	
000085342 TRANSFER DAYS/MON	REPORTED		29	DAY	0	01	01		
	PERMITTED					01	NA	01	NA
316164024 E-COLI DLY AVG	REPORTED		1.32	#/100 ML	0	11		03	
	PERMITTED		20.000			11	2/WEEK	03	GRABPKLOAD
316164030 E-COLI IND GRAB	REPORTED		4.00	#/100 ML	0	11		03	
	PERMITTED		75.000			11	2/WEEK	03	GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		1.38	MGD	0	02		11	
	PERMITTED					02	CONT	11	CONT
500507128 FLOW ANN AVG	REPORTED		1.82	MGD	0	02		11	
	PERMITTED					02	CONT	11	CONT
800821024 BOD CARB DLY AVG	REPORTED		3.10	MG/L	0	08	1/Day	10	12-PRT-COM
	PERMITTED		5.000			11	2/WEEK	03	GRABPKLOAD
820796624 TURBDITY 30DAYAVG	REPORTED		3.78	NTU	1	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		11/7/01/13
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Sr. Director		11/7/01/13
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
210	233 3239	Parviz Chavol	11/7/01/13

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	12	12552
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE	
	REPORTED	PERMITTED		VALUE	UNITS		
000085342 TRANSFER DAYS/MON	REPORTED	PERMITTED	0	DAY			
					01	NA	01 NA
316164024 FEC. COLI DLY AVG	REPORTED	PERMITTED		#/100 ML			
					14	1/WEEK	03 GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED	PERMITTED		#/100 ML			
					14	1/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED	PERMITTED		MGD			
					02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED	PERMITTED		MGD			
					02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED	PERMITTED		MG/L			
					14	1/WEEK	03 GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	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		11 01 13
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Sr. Director		11 01 13
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

OVERFLOW REPORT

PERIOD: DECEMBER 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	
	443307	1599254	12/17/2016	Cambray Dr	4915	530	Vandalism	Cleaned Main	1.77	0.85	Drainage Culvert	Area Cleaned and Disinfected, Flushed Area with H2O
1348554		1588288	12/5/2016	Swiss Oaks	6606	407,500	l/i	Cleanup Is In Progress	23.67	0.00	Creek Bed - Spilled Into Leon Creek	Monitored Area, A Project Is Currently Being Designed By An Engineering Company To Replace This Pipe.
		1588603	12/5/2016	Yolanda	107	1,625	l/i	Disinfected Area	5.42	0.00	Stormdrain	Area Cleaned and Disinfected, Monitor Area
		1584159	12/5/2016	Rose Valley	6102	29,100	l/i	Clean Up Is Still On Going	15.00	0.00	Drainage Culvert	Monitor Area
1348770		1589289	12/5/2016	Loop 410 Sw	8671	300	Lift Station	Repaired Pump	0.50	0.00	Ground	Area Cleaned and Disinfected, Replaced Rotating Element On Pump #2, Ls #225
1348439		1582293	12/4/2016	Quintana Rd	8418	100,000	Under Investigation	Bypass Pumping Has Been Installed At The Site	302.27	1.43	Open Trench Which Contained The Sewage And Conveyed It Into A Downstream Pipeline. Sewage Did Not Enter The Surface.	Saws Has An Active Construction Project To Replace The Sewer Pipe In The Area
		1582144	12/3/2016	Chappie James Way	108	1,880,100	l/i	Diluted By Heavy Rain Water	61.71	0.60	Creek Bed - Spilled Into Leon Creek	Monitored Area. Design Is Completed- Working On Obtaining Approval From The Air Force Environmental To Construct
		1582033	12/3/2016	Kim Valley Dr	5802	37,950	l/i	Cleaned Main	12.63	0.00	Street - Spilled Into Indian Creek	Unstopped Main
Total Events:		8	Total Gallons: 2,457,105			Average Duration: 52.87			0.36	Average Response		

Thursday, January 05, 2017

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

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

Form Approved
OMB No. 2040-0004

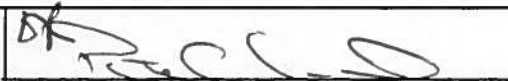
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYCLING CENTER
LOCATION: 1104 MAURMAN ROAD
SAN ANTONIO, TX 78224
ATTN: PARVIZ CHAVOL, SR. DIRECTOR

TX0052639	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	5.60	*****	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.30	*****	7.50		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	429	*****		*****	1.18	2.40		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	385	*****		*****	1.09	2.56		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	48,997	*****		*****	137	157		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	43.49	58.24		*****	*****	*****	*****	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	*****	41,667		*****	*****	*****	*****	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIRECTOR			(210) 233-3239	12/13/2017
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.

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
12/01/2016	12/31/2016

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	36.22	*****		*****	*****	*****	*****	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	*****	*****	*****	*****	1.17	4.00		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	245,372	*****		*****	683	757		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	760	*****		*****	2.10	3.00		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		01/13/2017
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
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	002- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

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	01/13/2017
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

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: 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	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

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	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB
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	*****	*****	*****	*****	126 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	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	01/13/2017
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

No Discharge

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

Form Approved
OMB No. 2040-0004

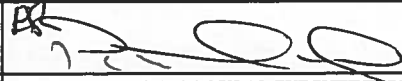
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
DIFFERENT)
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYCLING CENTER
LOCATION: 1104 MAUERMAN ROAD
SAN ANTONIO, TX 78224
ATTN: PARVIZ CHAVOL, SR. DIRECTOR

TX0052639	101-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

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	429	*****		*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	5755 DAILY AV	*****	lb/d	*****	*****	*****	*****		Daily	COMPOS
Nitrogen, ammonia total [as N] 00610 J 0 Intermediate Treatment, Process	SAMPLE MEASUREMENT	385	*****		*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	767 DAILY AV	*****	lb/d	*****	*****	*****	*****		Daily	COMPOS
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	43.49	58.24		*****	*****	*****	*****	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	*****	41,667		*****	*****	*****	*****	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	36.26	*****		*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	46 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
BOD, carbonaceous [5 day, 20 C] 80082 J 0 Intermediate Treatment, Process	SAMPLE MEASUREMENT	760	*****		*****	*****	*****	*****	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIRECTOR			(210) 233-3239	01/13/2017
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	12	12645
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	REPORTED	VALUE	UNITS			CONT	CONT
500507124 FLOW	REPORTED	43.98	MGD	0	02		11
DLY AVG	PERMITTED				02	CONT	11 CONT
500507128 FLOW	REPORTED	38.59	MGD	0	02		11
ANN AVG	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		11/7/01/13
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director		11/7/01/13
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	WQ0010137-003	02	16	12	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		31	DAY	0	01	01	
	PERMITTED					01	NA	01 NA
316164024 E-COLI DLY AVG	REPORTED		1.09	#/100 ML	0	11	03	
	PERMITTED		20.000			11	2/WEEK	03 GRABPKLOAD
316164030 E-COLI IND GRAB	REPORTED		2.00	#/100 ML	0	11	03	
	PERMITTED		75.000			11	2/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		0.49	MGD	0	02	11	
	PERMITTED					02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		2.39	MGD	0	02	11	
	PERMITTED					02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED		2.10	MG/L	0	08	10	12-prt-com
	PERMITTED		5.000			11	2/WEEK	03 GRABPKLOAD
820786624 TURBDITY 30DAY AV	REPORTED		0.89	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		01/08/2020	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							

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		11/7/01/13
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director		11/7/01/13
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	WQ0010137-003	02	16	12	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	01/08/2020	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		11	01	13
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR	MO.	DAY
210 233 3239	Parviz Chavol Senior Director				
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR	MO. DAY

OVERFLOW REPORT

PERIOD: DECEMBER 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				
	443754	1604055	12/22/2016	Lake Vista	8541	100	Grease	Cleaned Main	0.00	0.00	Ground	Area Cleaned and Disinfected, Flushed Area with H2O			
1348340		1586968	12/3/2016	New Valley Hi Dr	818	100	Lift Station	Diluted By Heavy Rain Water	1.65	0.00	Ground	Ls #188, Honeywagon Pumped And Hauled Until Flow Receded			
Total Events:		2		Total Gallons:		200		Average Duration:		0.83		Average Response		0.00	

Wednesday, January 04, 2017

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

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

Form Approved
OMB No. 2040-0004

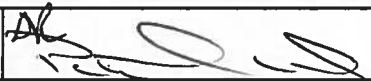
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: MEDIO CREEK WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: MEDIO CREEK WATER RECYC. CTR.
LOCATION: 2231 HUNT LANE
SAN ANTONIO, TX 78227
ATTN: PARVIZ CHAVOL SR DIR

TX0055689	001- B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.63	*****	*****		0		
	PERMIT REQUIREMENT	*****	*****	*****	6 MO MIN	*****	*****	mg/L		Daily	GRAB
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.14	*****	7.88		0		
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	65	*****		*****	1.15	4.60		0		
	PERMIT REQUIREMENT	2002 DAILY AV	*****	lb/d	*****	15 DAILY AV	30 DAILY MX	mg/L		Daily	COMPOS
00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	44	*****		*****	0.87	3.03		0		
	PERMIT REQUIREMENT	267 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	6.50	15.19		*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
50050 P 0 See Comments	SAMPLE MEASUREMENT	*****	12,750		*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	27778 2HR PEAK	gal/min	*****	*****	*****	*****		Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	5.53	*****		*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	16 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER PARVIZ CHAVOL, SR. DIR.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
			(210) 233-3239	6/13/2017	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

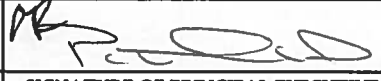
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: MEDIO CREEK WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: MEDIO CREEK WATER RECYC. CTR.
LOCATION: 2231 HUNT LANE
SAN ANTONIO, TX 78227
ATTN: PARVIZ CHAVOL SR DIR

TX0055689	001- B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.52	160.00		0		
	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	399 DAILY MX	CFU/100 mL		Daily	GRAB
BOD, carbonaceous [5 day, 20 C] 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	115	*****		*****	2.13	3.00		0		
	PERMIT REQUIREMENT	934 DAILY AV	*****	lb/d	*****	7 DAILY AV	20 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	01/17/2017
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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	12	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	7.77	MGD	0	02		11
	PERMITTED						
500507128 FLOW ANN AVG	REPORTED	7.73	MGD	0	02		11
	PERMITTED						
NUMBER OF OPERATOR CERTIFICATE	REPORTED	VW0004506	NUMBER	0	01		NA
	PERMITTED						
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	01/08/2020	DATE	0	01		NA
	PERMITTED						
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01		NA
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE		
	Daniel Rodriguez Manager-Prod & Treat Ops		11	01	13
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR	MO.	DAY
2 1 0	2 3 3	3 2 3 9	11	01	13
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER		
		Parviz Chavol Senior Director	11	01	13

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	12	12553
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

PARAMETER	EFFLUENT CONDITION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	REPORTED	VALUE	UNITS			01	03
000085342 TRANSFER DAYS/MON	REPORTED	31	DAY	0	01	01	
	PERMITTED				01	NA	01
316164024 FEC. COLI DLY AVG	REPORTED	1.60	#/100 ML	0	11	03	
	PERMITTED	20.000			11	2/WEEK	03
316164030 FEC. COLI IND GRAB	REPORTED	22.00	#/100 ML	0	11	03	
	PERMITTED	75.000			11	2/WEEK	03
500507124 FLOW DLY AVG	REPORTED	1.27	MGD	0	02	11	
	PERMITTED				02	CONT	11
500507128 FLOW ANN AVG	REPORTED	2.24	MGD	0	02	11	
	PERMITTED				02	CONT	11
800821024 BOD CARB DLY AVG	REPORTED	2.13	MG/L	0	08	10	12-prt-com
	PERMITTED	5.000			11	2/WEEK	03
820796624 TURBDITY 30DAYAVG	REPORTED	0.73	NTU		08	10	12-prt-com
	PERMITTED	3.000			11	2/WEEK	03
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0004506	NUMBER	0	01	NA	
	PERMITTED				01	01	NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	01/08/2020	DATE	0	01	NA	
	PERMITTED				01	01	NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01	NA	
	PERMITTED				01	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		11/01/13
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director		11/01/13
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	12	12554
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

PARAMETER	EFFLUENT CONDITION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	REPORTED	VALUE	UNITS			1	2
000085342 TRANSFER DAYS/MON	REPORTED	0	DAY	0	01		01
	PERMITTED					01	NA
316164024 FEC. COLI DLY AVG	REPORTED		#/100 ML				
	PERMITTED	200.000			14	1/WEEK	03
316164030 FEC. COLI IND GRAB	REPORTED		#/100 ML				
	PERMITTED	800.000			14	1/WEEK	03
500507124 FLOW DLY AVG	REPORTED		MGD				
	PERMITTED				02	CONT	11
500507128 FLOW ANN AVG	REPORTED		MGD				
	PERMITTED				02	CONT	11
800821024 BOD CARB DLY AVG	REPORTED		MG/L				
	PERMITTED	20.000			14	1/WEEK	03
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0004506	NUMBER	0	01		NA
	PERMITTED				01	01	NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	01/08/2020	DATE	0	01		NA
	PERMITTED				01	01	NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01		NA
	PERMITTED				01	01	NA
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

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		117	01	13
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR	MO.	DAY
210 233 3239	Parviz Chavol Senior Director		117	01	13
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

January 7, 2017

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 daily pH effluent excursions for the month of December 2016.

pH
Dec. 1, 2016 - 9.30 SU
Dec. 2, 2016 - 9.20 SU
Dec. 3, 2016 - 9.27 SU
Dec. 8, 2016 - 9.11 SU
Dec. 9, 2016 - 9.27 SU

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

A handwritten signature in black ink, appearing to read "Daniel Rodriguez", is written over a faint circular stamp.

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
12/01/2016	12/31/2016

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	8.47	*****	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
BOD, 5- day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	20.65	34.00		0		
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	100 SINGGRAB	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.45	*****	9.30		5		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	40.49	*****		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	90 DAILY AV	*****	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	32.62	86.86		*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Daily	INSTAN
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.17	4.00		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.		TELEPHONE		DATE
PARVIZ CHAVOL, SR. DIR			(210) 233-3239		01/13/2017
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)
MONITORING SHALL OCCUR WHEN DISCHARGING.
SAMPLES FOR BACTERIA MONITORING SHALL BE TAKEN AT THE INFLOW PIPE FROM THE LEON CREEK WRC.