



March 14, 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 1727

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 1727

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 February 2017 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

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March 14, 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 1710

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

Consent Decree

Date of Lodging: July 23, 2013

Date of Entry: October 15, 2013

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Jeffrey J. Haby, P.E.

Vice President – Production & Treatment

Enc. As stated

# OVERFLOW REPORT

PERIOD: FEBRUARY 2017

WATERSHED: DOS RIOS

TCEQ PERMIT # 10137-033

EPA PERMIT # 0077801

WO #	INSPT#	SR #	Date	Address	Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments
		1670020	2/20/2017	Woodlawn Ave W	2303	4,350 l/i	Diluted By Heavy Rain Water	7.25	0.00	Street - Spilled Into Woodlawn Lake	Monitor Area
		1669990	2/20/2017	Culebra Rd	2627	5,690 l/i	Diluted By Heavy Rain Water	9.48	0.00	Street	Monitor Area
		1670294	2/20/2017	Hermitage Ct	211	110 l/i	Diluted By Heavy Rain Water	0.18	0.00	Stormdrain	Monitor Area
	455954	1663744	2/14/2017	Zarzamora St N	3111	560 Grease	Cleaned Main	1.87	0.87	Alley	Area Cleaned and Disinfected, Flushed Area with H2O
1368098		1649406	2/2/2017	Rockwell Blvd	859	4,700 Grease	Repaired Lateral	3.13	2.63	Drainage Culvert	Area Cleaned and Disinfected, Flushed Area with H2O Work Order Created To Repair Lateral
<b>Total Events:</b>		5	<b>Total Gallons:</b>		15,410	<b>Average Duration:</b>		4.38	0.70	<b>Average Response</b>	

Wednesday, March 01, 2017

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

# OVERFLOW REPORT

PERIOD: FEBRUARY 2017

WATERSHED: SALADO CREEK

TCEQ PERMIT # 10137-008

EPA PERMIT # 0052647

WO #	INSPT#	SR #	Date	Address	Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments	
1374335	474764	1674524	2/22/2017	Highcliff Dr	3926	610	Structural	Cleaned Main	2.03	0.78	Drainage Culvert	Area Cleaned and Disinfected, Flushed Area with H2O Work Order Created To Repair Sewer Main
		1670320	2/20/2017	Holbrook	1006	532,625	l/i	Monitored Area	18.00	0.00	Creek Bed - Spilled Into Salado Creek	Monitored Area. On February 7, 2017 A \$35 Million Construction Contract Was Awarded For The Initial Phase Of Construction Upgrades To This Sewer Line With A Second Phase To Start In 2018
	456104	1665839	2/15/2017	Broadway	9307	51	Grease	Cleaned Main	0.85	0.60	Street	Area Cleaned and Disinfected, Flushed Area with H2O
	456010	1665432	2/15/2017	Chaffin Way	2023	385	Debris	Cleaned Main	1.28	1.08	Stormdrain - Over The Edwards Aquifer Contributing Zone	Area Cleaned and Disinfected, Flushed Area with H2O
		1663759	2/14/2017	Rittiman Rd	4000	139,500	l/i	Monitored Area	5.00	0.00	Creek Bed - Spilled Into Salado Creek	Monitored Area. On February 7, 2017, A \$35 Million Construction Contract Was Awarded For The Initial Phase Of Construction Upgrades To This Sewer Line With A Second Phase To Start In 2018.
1371791	455881	1662202	2/13/2017	Clear Spg	4414	20	Structural	Cleaned Main	2.07	2.07	Ground	Area Cleaned and Disinfected, Flushed Area with H2O Work Order Created To Repair Sewer Main
	455738	1660961	2/11/2017	Ashland Dr	206	6,400	Grease	Cleaned Main	2.67	0.67	Drainage Culvert - Spilled Into Walzem Creek	Flushed Area with H2O
	455447	1656167	2/8/2017	Circle Tree	2606	59	Grease	Cleaned Main	0.98	0.93	Ground	Area Cleaned and Disinfected, Flushed Area with H2O

	455019	1650871	2/3/2017	Oak Spg	15266	14,000	Grease	Cleaned Main	1.50	0.35	Drainage Culvert - Over The Edwards Aquifer Transition Zone	Area Cleaned and Disinfected, Flushed Area with H2O
	454926	1650061	2/2/2017	Austin Hwy	1916	375	Roots	Cleaned Main	1.25	0.00	Creek Bed - Spilled Into Salado Creek	Area Cleaned and Disinfected, Flushed Area with H2O
<b>Total Events:</b>	10			<b>Total Gallons:</b>	694,025			<b>Average Duration:</b>	3.56	0.65	<b>Average Response</b>	

Wednesday, March 01, 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, March 01, 2017

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



Texas Commission on Environmental Quality  
TPDES Compliance Monitoring Team  
Enforcement Division MC 224  
P.O. Box 13087  
Austin, Texas 78711-3087

February 16, 2017

Re: TPDES Permit No. WQ0010137-033  
Ammonia Nitrogen Daily Maximum Excursion – Outfall 001

**CERTIFIED #: 91 7199 9991 7030 9700 6534**

Dear Compliance Monitoring Team,

The San Antonio Water System is reporting a single discharge limit excursion of ammonia nitrogen. A brief interruption of the nitrification process contributed to an excursion of TPDES permit WQ0010137033 at outfalls 001, 002, 004, and 005 which was limited to Tuesday, February 14, 2017. This correspondence is sent in compliance with TPDES 5-day written notification requirements and is subsequent to a verbal notification that was made to the Region 13 office on February 15, 2017.

The ammonia nitrogen daily max is reported for February 14, 2017 as 9.85 mg/l which exceeds the permit limit of 7.0 mg/l. This excursion did not create or present a potential danger to human health or safety, nor did it cause or create potential danger to the environment. There was no adverse effects to mitigate due to this excursion.

At this time, the San Antonio Water System believes there was a short term elevated concentration of toxicity in sufficient quantity that moved through the treatment process and briefly impaired the nitrification process. As of February 15, 2017, process control samples indicate the plant is operating under normal conditions. The San Antonio Water System does not expect continued excursions.

If you need further information, please contact me at 210.233.3578.

Sincerely,

A handwritten signature in black ink, appearing to read "Tim Howe", with a stylized flourish at the end.

Tim Howe  
Manager, Dos Rios Water Recycling Center  
San Antonio Water System  
Office: 210.233.3578  
Cell: 210.601.8015

Cc: Plant File  
Parviz Chavol - SAWS  
Jeff Haby - SAWS  
Floramie Welch - SAWS  
Chris Dziuk - TCEQ, Region 13

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

Form Approved  
OMB No. 2040-0004

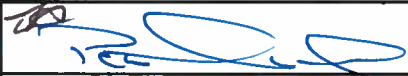
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if  
NAME: DOS RIOS WATER RECYLING CENTER  
ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
FACILITY: DOS RIOS WATER RECYCLING CTR.  
LOCATION: 3495 VALLEY RD.  
SAN ANTONIO, TX 78221  
ATTN: PARVIZ CHAVOL SR DIR

TX0077801	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	6.80	*****	*****		0	1/Day	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.40	*****	7.00		0	1/Day	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1,601	*****	*****	1.79	4.70			0	1/Day	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	12510 DAILY AV	*****	lb/d	*****	12 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	850	*****	*****	0.86	9.85			1	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	101.65	178.30		*****	*****	*****	*****	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	*****	146,088		*****	*****	*****	*****	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	95.87	*****		*****	*****	*****	*****	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	03/14/17	
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 RECYLING CENTER  
ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
FACILITY: DOS RIOS WATER RECYCLING CTR.  
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TX0077801	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual 50060 A 0 Disinfection, Process Complete	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.04		0	1/Day	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB
Chlorine, total residual 50060 B 0 Prior to Disinfection	SAMPLE MEASUREMENT	*****	*****	*****	1.33	*****	*****		0	1/Day	
	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.00	1.00		0	5/week	
	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	399 DAILY MX	CFU/100 mL		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C] 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	1,696	*****		*****	1.93	2.00		0	1/Day	
	PERMIT REQUIREMENT	5213 DAILY AV	*****	lb/d	*****	5 DAILY AV	20 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol Sr. Dir	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE	
			(210) 233-3239	03/14/17	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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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
02/01/2017	02/28/2017

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	*****	*****	*****	7.50	*****	*****		0	1/day	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.10	*****	7.80		0	1/day	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	45.01	*****		*****	1.80	4.70		0	1/Day	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	12.69	*****		*****	0.84	9.85		1	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	3.26	3.70		*****	*****	*****	*****	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	4.05	*****		*****	*****	*****	*****	0	Continuous	
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	10 ANNL AVG	*****	MGD	*****	*****	*****	*****		Monthly	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.05		0	Continuous	
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB

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Parviz Chavol Sr. Dir			(210) 233-3239	03/14/17	
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  
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NAME: DOS RIOS WATER RECYLING CENTER  
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SAN ANTONIO, TX 78221  
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ATTN: PARVIZ CHAVOL SR DIR

TX0077801	002- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual 50060 B 0 Prior to Disinfection	SAMPLE MEASUREMENT	*****	*****	*****	1.33	*****	*****		0	1/day	
	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.00	1.00		0	5/week	
	PERMIT REQUIREMENT	*****	*****	*****	*****	63 DAILY AV	399 DAILY MX	CFU/100 mL		Three per Week	GRAB
BOD, carbonaceous [5 day, 20 C] 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT	54.46	*****		*****	1.93	2.00		0	Daily	
	PERMIT REQUIREMENT	834 DAILY AV	*****	lb/d	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Parviz Chavol Sr. Dir TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
			(210) 233-3239	03/14/17
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA Code	NUMBER
				MM/DD/YYYY

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

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

Form Approved  
OMB No. 2040-0004

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

TX0077801	003- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(210) 233-3239
TYPED OR PRINTED			AREA Code
			MM/DD/YYYY

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

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

Form Approved  
OMB No. 2040-0004


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

TX0077801	003- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Parviz Chavol Sr. Dir			(210) 233-3239	03/14/17	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved  
OMB No. 2040-0004


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

TX0077801	004- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

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	*****	*****	*****	8.20	*****	*****		0	1/day	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.30	*****	7.90		0	1/day	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1.83	*****		*****	1.83	4.70		0	1/Day	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	0.67	*****		*****	0.86	9.85		1	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	0.12	0.29		*****	*****	*****	*****	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	0.51	*****		*****	*****	*****	*****	0	Continuous	
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	3 ANNL AVG	*****	MGD	*****	*****	*****	*****		Monthly	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.03		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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Parviz Chavol Sr. Dir			(210) 233-3239		03/17/17
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 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
02/01/2017	02/28/2017

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	*****	*****	*****	1.33	*****	*****		0	1/day	
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.00	1.00		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	2.06	*****	*****	*****	1.92	2.00		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 Parviz Chavol Sr. Dir TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE	
			(210) 233-3239	03/14/17	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved  
OMB No. 2040-0004


PERMITTEE NAME/ADDRESS (Include Facility Name/Location if  
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
02/01/2017	02/28/2017

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	*****	*****	*****	6.70	*****	*****		0	1/day	
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.00	*****	7.50		0	1/day	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	4.93	*****		*****	1.80	4.70		0	1/Day	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	325 DAILY AV	*****	lb/d	*****	15 DAILY AV	40 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.34	*****		*****	0.84	9.85		1	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	0.36	0.48		*****	*****	*****	*****	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	0.63	*****		*****	*****	*****	*****	0	Continuous	
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2.6 ANNL AVG	*****	MGD	*****	*****	*****	*****		Monthly	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.06		0	1/day	
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1 INST MAX	mg/L		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE		DATE
Parviz Chavol Sr. Dir			(210) 233-3239		03/14/17
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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



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

Form Approved  
OMB No. 2040-0004


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

TX0077801	005- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

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	*****	*****	*****	1.33	*****	*****		0	1/day	
	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.00	1.00		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	5.99	*****		*****	1.93	2.00		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	03/14/17	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER

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

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

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if 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	006- A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(210) 233-3239
TYPED OR PRINTED		AREA Code	NUMBER
			MM/DD/YYYY

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

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

Form Approved  
OMB No. 2040-0004


PERMITTEE NAME/ADDRESS (Include Facility Name/Location if 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	006- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

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 50060 B 0 Prior to Disinfection	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	63 DAILY AV	399 DAILY MX	CFU/100 mL		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C] 80082 1 0 Effluent Gross	SAMPLE MEASUREMENT		*****		*****						
	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	02/14/17	
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 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
02/01/2017	02/28/2017

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	4.79	6.78		*****	*****	*****	*****	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	5.40	*****		*****	*****	*****	*****	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Parviz Chavol Sr. Dir			(210) 233-3239	03/14/17
TYPED OR PRINTED			AREA Code	NUMBER

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 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
02/01/2017	02/28/2017

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	106.44	180.13		*****	*****	*****	*****	0	Continuous	
50050 I 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	101.27	*****		*****	*****	*****	*****	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	03/14/17
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	17	02	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	106.44	MGD	0	02		11
	PERMITTED				02	CONT	11
500507128 FLOW ANN AVG	REPORTED	101.27	MGD	0	02		11
	PERMITTED				02	CONT	11
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0042725	NUMBER	0	01		NA
	PERMITTED				01	01	NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	191022	DATE	0	01		NA
	PERMITTED				01	01	NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01		NA
	PERMITTED				01	01	NA
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	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 03 10
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2   1   0	Parviz Chavol Sr. Director		17   03   14
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
2   3   3	3   2   3   9		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	17	02	12551
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE		
	REPORTED	PERMITTED		VALUE	UNITS			
000085342 TRANSFER DAYS/MON	REPORTED		26	DAY	0 01		01	
	PERMITTED				01	NA	01	NA
316164024 E-COLI DLY AVG	REPORTED		1.00	#/100 ML	0 11		03	
	PERMITTED		20.000		11	2/WEEK	03	GRABPKLOAD
316164030 E-COLI IND GRAB	REPORTED		1.00	#/100 ML	0 11		03	
	PERMITTED		75.000		11	2/WEEK	03	GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		1.30	MGD	0 02		11	
	PERMITTED				02	CONT	11	CONT
500507128 FLOW ANN AVG	REPORTED		1.78	MGD	0 02		11	
	PERMITTED				02	CONT	11	CONT
800821024 BOD CARB DLY AVG	REPORTED		1.92	MG/L	0 08	1/Day	10	12-PRT-COM
	PERMITTED		5.000		11	2/WEEK	03	GRABPKLOAD
820796624 TURBDITY 30DAYAVG	REPORTED		1.13	NTU	0 08	1/Day	10	12-PRT-COM
	PERMITTED		3.000		11	2/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0042725	NUMBER	0 01		NA	
	PERMITTED				01	01	NA	NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		191022	DATE	0 01		NA	
	PERMITTED				01	01	NA	NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	LETTER	0 01		NA	
	PERMITTED				01	01	NA	NA
	REPORTED							
	PERMITTED							

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

E-Coli substituted for Fecal Coliform

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	<b>NAME</b> Timothy Howe Manager-Prod & Treat Ops	<b>SIGNATURE</b> 	<b>DATE</b> 17 03 10
<b>TELEPHONE NUMBER</b> 210 233 3239	<b>PLANT OPERATOR</b> Parviz Chavol Sr. Director	<b>PLANT OPERATOR</b> 	<b>YEAR MO. DAY</b> 17 03 14
<b>AREA CODE</b> NUMBER	<b>EXECUTIVE OFFICER</b>	<b>EXECUTIVE OFFICER</b>	<b>YEAR MO. DAY</b>

# 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	17	02	12552
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE II

**SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.**

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE	
	REPORTED	PERMITTED		VALUE	UNITS		
000085342 TRANSFER DAYS/MON	REPORTED		0	DAY			
	PERMITTED				01	NA	01 NA
316164024 FEC. COLI DLY AVG	REPORTED			#/100 ML			
	PERMITTED		200.000		14	1/WEEK	03 GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED			#/100 ML			
	PERMITTED		800.000		14	1/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED			MGD			
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED			MGD			
	PERMITTED				02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED			MG/L			
	PERMITTED		20.000		14	1/WEEK	03 GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0042725	NUMBER	0	01	NA
	PERMITTED				01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		191022	DATE	0	01	NA
	PERMITTED				01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	LETTER	0	01	NA
	PERMITTED				01	01	NA NA
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

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

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Timothy Howe Manager-Prod & Treat Ops		17 03 10
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2 1 0   2 3 3   3 2 3 9	Parviz Chavol Sr. Director		17 03 14
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY



# OVERFLOW REPORT

PERIOD: FEBRUARY 2017

WATERSHED: LEON CREEK

TCEQ PERMIT # 10137-003

EPA PERMIT # 0052639

WO #	INSPT#	SR #	Date	Address	Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments	
		1671584	2/20/2017	Chappie James Way	100	1,172,500	l/i	Diluted By Heavy Rain Water	23.25	0.00	Creek Bed - Spilled Into Leon Creek	Monitored Area. Design Is Completed For Replacing This Main - Working On Obtaining Approval From The Air Force Environmental To Construct.
		1670917	2/20/2017	Swiss Oaks	6606	622,500	l/i	Diluted By Heavy Rainwater	20.75	0.00	Creek Bed - Spilled Into Leon Creek	Monitored Area A Project Is Currently Being Designed By An Engineering Company To Replace This Pipe.
		1670003	2/20/2017	Yolanda	111	4,650	l/i	Diluted By Heavy Rain Water	7.75	0.00	Stormdrain	Monitor Area
		1665873	2/14/2017	Chappie James Way	100	10,450	l/i	Diluted By Heavy Rain Water	5.92	0.00	Creek Bed - Spilled Into Leon Creek	Design Is Completed For Replacing This Main - Working On Obtaining Approval From The Air Force Environmental To Construct.
		1664879	2/14/2017	Bandera Rd	6500	14,100	l/i	Diluted By Heavy Rain Water	1.57	0.00	Creek Bed - Spilled Into Huebner Creek	Monitored Area
	455358	1654598	2/7/2017	Two Spgs	25545	13,810	Debris	Cleaned Main	3.40	1.32	Stormdrain - Over The Edwards Aquifer Contributing Zone	Area Cleaned and Disinfected, Flushed Area with H2O
<b>Total Events:</b>		<b>6</b>	<b>Total Gallons:</b>			<b>1,838,010</b>	<b>Average Duration:</b>		<b>10.44</b>	<b>0.22</b>	<b>Average Response</b>	

Wednesday, March 01, 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  
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
02/01/2017	02/28/2017

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	*****	*****	*****	6.50	*****	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	5 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.60	*****	7.30		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	335	*****	*****	*****	1.06	1.40		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	103	*****	*****	*****	0.32	0.88		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	47,264	*****	*****	*****	152	166		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	37.75	52.47		*****	*****	*****	*****	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	*****	38,889		*****	*****	*****	*****	0		
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	63889 2HR PEAK	gal/min	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIRECTOR			(210) 233-3239	03/14/17
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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

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

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

Form Approved  
OMB No. 2040-0004


PERMITTEE NAME/ADDRESS (Include Facility Name/Location if 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	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

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	36.55	*****		*****	*****	*****	*****	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	*****	*****	*****	1.01	*****	*****		0		
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	1 MO MIN	*****	*****	mg/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.27	9.00		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	225,636	*****		*****	722	818		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	630	*****		*****	2.00	2.00		0		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	2686 DAILY AV	*****	lb/d	*****	7 DAILY AV	17 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER PARVIZ CHAVOL, SR. DIRECTOR TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	<i>M.C.</i> 	TELEPHONE		DATE
			(210) 233-3239		03/14/17
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

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

Form Approved  
OMB No. 2040-0004


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

TX0052639	002- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

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

No Discharge **X**

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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIRECTOR			(210) 233-3239	03/14/17
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

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

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

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

TX0052639	002- A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIRECTOR			(210) 233-3239	03/14/17
TYPED OR PRINTED			AREA Code	NUMBER

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

**No Discharge**

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

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

Form Approved  
OMB No. 2040-0004

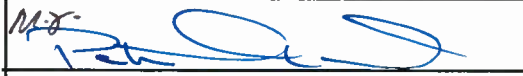
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME: SAN ANTONIO WATER SYSTEM  
ADDRESS: 3495 VALLEY RD  
SAN ANTONIO, TX 78221  
FACILITY: LEON CREEK WATER RECYCLING CENTER  
LOCATION: 1104 MAURMAN ROAD  
SAN ANTONIO, TX 78224  
ATTN: PARVIZ CHAVOL, SR. DIRECTOR

TX0052639	101-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

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			
00530 J 0 Intermediate Treatment, Process	SAMPLE MEASUREMENT	335	*****		*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	5755 DAILY AV	*****	lb/d	*****	*****	*****	*****		Daily	COMPOS
00610 J 0 Intermediate Treatment, Process	SAMPLE MEASUREMENT	103	*****		*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	767 DAILY AV	*****	lb/d	*****	*****	*****	*****		Daily	COMPOS
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	37.75	52.47		*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Continuous	TOTALZ
50050 P 0 See Comments	SAMPLE MEASUREMENT	*****	38,889		*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	*****	63889 2HR PEAK	gal/min	*****	*****	*****	*****		Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	36.89	*****		*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	46 ANNL AVG	*****	MGD	*****	*****	*****	*****		Continuous	TOTALZ
80082 J 0 Intermediate Treatment, Process	SAMPLE MEASUREMENT	630	*****		*****	*****	*****	*****	0		
	PERMIT REQUIREMENT	2686 DAILY AV	*****	lb/d	*****	*****	*****	*****		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIRECTOR			(210) 233-3239	03/14/17
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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

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

# 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	17	02	12645
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE		
	REPORTED	PERMITTED		VALUE	UNITS			
500507124 FLOW DLY AVG	REPORTED		38.60	MGD	0	02		11
	PERMITTED					02	CONT	11
500507128 FLOW ANN AVG	REPORTED		38.80	MGD	0	02		11
	PERMITTED					02	CONT	11
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0007493	NUMBER	0	01		NA
	PERMITTED					01	01	NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		11/25/2018	DATE	0	01		NA
	PERMITTED					01	01	NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	LETTER	0	01		NA
	PERMITTED					01	01	NA
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	<b>NAME</b> Miguel Villegas, Superintendent Prod & Treat Ops	<b>SIGNATURE</b> 	<b>DATE</b> 11/03/13
TELEPHONE NUMBER 210 233 3239	<b>PLANT OPERATOR</b> Parviz Chavol Senior Director	<b>PLANT OPERATOR</b> 	YEAR MO. DAY 11/03/14
<b>AREA CODE</b> NUMBER	<b>EXECUTIVE OFFICER</b>	<b>EXECUTIVE OFFICER</b>	YEAR MO. DAY

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-003	02	17	02	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	VALUE	UNITS			01	03
000085342 TRANSFER DAYS/MON	REPORTED	27	DAY	0	01		01
	PERMITTED				01	NA	01
316164024 E-COLI DLY AVG	REPORTED	1.00	#/100 ML	0	11		03
	PERMITTED	20.000			11	2/WEEK	03
316164030 E-COLI IND GRAB	REPORTED	1.28	#/100 ML	0	11		03
	PERMITTED	75.000			11	2/WEEK	03
500507124 FLOW DLY AVG	REPORTED	0.88	MGD	0	02		11
	PERMITTED				02	CONT	11
500507128 FLOW ANN AVG	REPORTED	2.28	MGD	0	02		11
	PERMITTED				02	CONT	11
800821024 BOD CARB DLY AVG	REPORTED	2.00	MG/L	0	08	1/Day	10
	PERMITTED	5.000			11	2/WEEK	03
820786624 TURBIDITY 30DAY AV	REPORTED	0.81	NTU	0	08	1/Day	10
	PERMITTED	3.000			11	2/WEEK	03
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0007493	NUMBER	0	01		NA
	PERMITTED				01	01	NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	11/25/2018	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 Miguel Villegas, Superintendent Prod & Treat Ops	SIGNATURE 	DATE 17 03 13
TELEPHONE NUMBER 210 233 3239	PLANT OPERATOR Parviz Chavol Senior Director	PLANT OPERATOR 	YEAR MO. DAY 17 03 14
AREA CODE NUMBER 210 233 3239	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY 17 03 14



# 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	17	02	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	DAY	01		01	
					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	WW0007493	NUMBER	01		NA	
					01	01	NA	NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	11/25/2018	DATE	01		NA	
					01	01	NA	NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	A	LETTER	01		NA	
					01	01	NA	NA
	REPORTED	PERMITTED						
	REPORTED	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE		
	Miguel Villegas, Superintendent Prod & Treat Ops		11	93	13
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR	MO.	DAY
210 233 3239	Parviz Chavol Senior Director		11	03	14
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR	MO. DAY

# OVERFLOW REPORT

**PERIOD: FEBRUARY 2017**  
**WATERSHED: MEDIO CREEK**  
**TCEQ PERMIT # 10137-040**  
**EPA PERMIT # 0055689**

WO #	INSPT#	SR #	Date	Address	Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments	
	455725	1660131	2/10/2017	Salt Fork	13002	6,930	Debris	Cleaned Main	3.03	0.78	Drainage Culvert	Area Cleaned and Disinfected, Flushed Area with H2O
	455603	1658985	2/9/2017	Rousseau	1111	4,880	Grease	Cleaned Main	1.80	1.10	Drainage Culvert	Area Cleaned and Disinfected, Flushed Area with H2O
<b>Total Events:</b>	2			<b>Total Gallons:</b>	11,810		<b>Average Duration:</b>	2.42	0.94	<b>Average Response</b>		

**Wednesday, March 01, 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  
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
02/01/2017	02/28/2017

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	7.27	*****	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MO MIN	*****	*****	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.02	*****	7.70		0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	47	*****		*****	1.00	1.00		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	2002 DAILY AV	*****	lb/d	*****	15 DAILY AV	30 DAILY MX	mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	63	*****		*****	1.30	2.39		0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	267 DAILY AV	*****	lb/d	*****	2 DAILY AV	7 DAILY MX	mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.68	11.92		*****	*****	*****	*****	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	*****	9,614		*****	*****	*****	*****	0		
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	27778 2HR PEAK	gal/min	*****	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	5.57	*****		*****	*****	*****	*****	0		
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	16 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	02/14/17	
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
02/01/2017	02/28/2017

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

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.23	360.00		0		
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV	399 DAILY MX	CFU/100 mL		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	95	*****		*****	2.00	2.00		0		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	934 DAILY AV	*****	lb/d	*****	7 DAILY AV	20 DAILY MX	mg/L		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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	03/14/17
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)

# 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	02	12654
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE		
	REPORTED	PERMITTED		VALUE	UNITS			
500507124 FLOW DLY AVG	REPORTED		7.06	MGD	0	02	11	
	PERMITTED					02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		7.63	MGD	0	02	11	
	PERMITTED					02	CONT	11 CONT
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0035944	NUMBER	0	01		NA
	PERMITTED					01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		02/27/2020	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							
	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 Kevin Hilldore, Superintendent Manager-Prod & Treat Ops	SIGNATURE 	DATE 17 03 20
TELEPHONE NUMBER 210 233 3239	PLANT OPERATOR Parviz Chavol Senior Director	PLANT OPERATOR 	YEAR MO. DAY 17 03 14
AREA CODE 210	NUMBER 233 3239	EXECUTIVE OFFICER 	EXECUTIVE OFFICER 

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-040	01	16	02	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		28	DAY	0	01		01
	PERMITTED					01	NA	01 NA
316164024 FEC. COLI DLY AVG	REPORTED		1.83	#/100 ML	0	11		03
	PERMITTED		20.000			11	2/WEEK	03 GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED		14.00	#/100 ML	0	11		03
	PERMITTED		75.000			11	2/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		1.42	MGD	0	02		11
	PERMITTED					02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		2.11	MGD	0	02		11
	PERMITTED					02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED		2.00	MG/L	0	08	1/Day	10 12-prt-com
	PERMITTED		5.000			11	2/WEEK	03 GRABPKLOAD
820796624 TURBIDITY 30DAYAVG	REPORTED		0.53	NTU	0	08	1/Day	10 12-prt-com
	PERMITTED		3.000			11	2/WEEK	03 GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0035944	NUMBER	0	01		NA
	PERMITTED					01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		02/27/2020	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
	Kevin Hilldore, Superintendent Manager-Prod & Treat Ops		1/7/03 110
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director		1/7/03 114
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
			YEAR MO. DAY

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



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

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE II 900

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE	
	REPORTED	PERMITTED		VALUE	UNITS		
000085342 TRANSFER DAYS/MON	REPORTED		0	01		01	
	PERMITTED			01	NA	01	NA
316164024 FEC. COLI DLY AVG	REPORTED						
	PERMITTED	200.000		14	1/WEEK	03	GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED						
	PERMITTED	800.000		14	1/WEEK	03	GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED						
	PERMITTED			02	CONT	11	CONT
500507128 FLOW ANN AVG	REPORTED						
	PERMITTED			02	CONT	11	CONT
800821024 BOD CARB DLY AVG	REPORTED						
	PERMITTED	20.000		14	1/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0035944	0	01			NA
	PERMITTED			01	01		NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	02/27/2020	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
	Kevin Hilldore, Superintendent Manager-Prod & Treat Ops		1   7   03   10
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2   1   0   2   3   3   3   2   3   9	Parviz Chavol Senior Director		
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
			YEAR MO. DAY

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

Form Approved  
OMB No. 2040-0004


PERMITTEE NAME/ADDRESS (Include Facility Name/Location if  
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
02/01/2017	02/28/2017

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	*****	*****	*****	6.52	*****	*****		0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	4 MO MIN	*****	*****	mg/L		Daily	GRAB
BOD, 5- day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	23.39	33.00		0		
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AV	100 SINGGRAB	mg/L		Daily	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.30	*****	9.80		25		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	70.14	*****		0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	90 DAILY AV	*****	mg/L		Daily	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	12.60	40.53		*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	MGD	*****	*****	*****	*****		Daily	INSTAN
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.27	9.00		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	03/14/17
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

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.





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

March 1, 2017

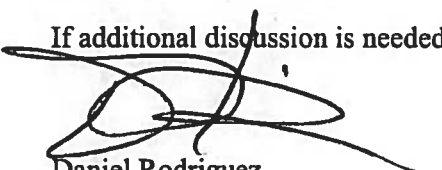
Re: Non-Compliance Notification  
TPDES Permit No. 10137-004, Mitchell Lake  
EPA ID No. TX0065641

Dear Ms. Garza,

The following are the Mitchell Lake Dam effluent excursions for the daily pH for the month of February 2017.

pH	pH
Feb. 1, 2017 - 9.10 SU	Feb. 15, 2017 - 9.80 SU
Feb. 2, 2017 - 9.36 SU	Feb. 16, 2017 - 9.38 SU
Feb. 3, 2017 - 9.22 SU	Feb. 17, 2017 - 9.71 SU
Feb. 4, 2017 - 9.22 SU	Feb. 18, 2017 - 9.80 SU
Feb. 5, 2017 - 9.30 SU	Feb. 19, 2017 - 9.40 SU
Feb. 6, 2017 - 9.50 SU	Feb. 20, 2017 - 9.70 SU
Feb. 7, 2017 - 9.23 SU	Feb. 21, 2017 - 9.45 SU
Feb. 8, 2017 - 9.36 SU	Feb. 22, 2017 - 9.30 SU
Feb. 9, 2017 - 9.80 SU	Feb. 23, 2017 - 9.30 SU
Feb. 10, 2017 - 9.30 SU	Feb. 24, 2017 - 9.40 SU
Feb. 11, 2017 - 9.61 SU	Feb. 25, 2017 - 9.42 SU
Feb. 12, 2017 - 9.12 SU	Feb. 26, 2017 - 9.31 SU
Feb. 14, 2017 - 9.20 SU	

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



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

cc: Jeff Haby  
Parviz Chavol  
Floramie Welch