



April 13, 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 1871

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 1871

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 March 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 blue ink, appearing to read "Jeffrey J. Haby".

Jeffrey J. Haby, P.E.
Vice President – Production & Treatment

Enc. As stated



April 13, 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 1888

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 March 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 blue ink, appearing to read "Jeffrey J. Haby".

Jeffrey J. Haby, P.E.

Vice President – Production & Treatment

Enc. As stated



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

April, 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 effluent excursions for the daily pH for the month of March 2017.

pH	pH
Mar. 3, 2017 - 9.51 SU	Mar. 19, 2017 - 9.30 SU
Mar. 4, 2017 - 9.50 SU	Mar. 20, 2017 - 9.50 SU
Mar. 5, 2017 - 9.40 SU	Mar. 21, 2017 - 9.32 SU
Mar. 7, 2017 - 9.10 SU	Mar. 23, 2017 - 9.40 SU
Mar. 8, 2017 - 9.46 SU	Mar. 24, 2017 - 9.30 SU
Mar. 9, 2017 - 9.40 SU	Mar. 25, 2017 - 9.35 SU
Mar. 10, 2017 - 9.40 SU	Mar. 26, 2017 - 9.38 SU
Mar. 11, 2017 - 9.15 SU	Mar. 28, 2017 - 9.10 SU
Mar. 12, 2017 - 9.64 SU	Mar. 29, 2017 - 9.70 SU
Mar. 13, 2017 - 9.08 SU	Mar. 30, 2017 - 9.73 SU
Mar. 14, 2017 - 9.40 SU	Mar. 31, 2017 - 9.09 SU
Mar. 16, 2017 - 9.08 SU	
Mar. 18, 2017 - 9.30 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'.

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

cc: Jeff Haby
Parviz Chavol
Floramie Welch

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: MITCHELL LAKE WWTF
LOCATION: 10762 PLEASANTON RD
SAN ANTONIO, TX 78212
ATTN: PARVIZ CHAVOL, SR. DIRECTOR

TX0065641 PERMIT NUMBER	001-A DISCHARGE NUMBER
MM/DD/YYYY 03/01/2017	MONITORING PERIOD MM/DD/YYYY 03/31/2017

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	PERMIT REQUIREMENT	*****	*****	9.00	*****	*****	0		
00300 1 0 Effluent Gross BOD, 5- day, 20 deg. C	PERMIT REQUIREMENT	*****	*****	4 MO MIN	*****	*****		Daily	GRAB
00310 1 0 Effluent Gross pH	SAMPLE MEASUREMENT	*****	*****	21.35	*****	27.00	0		
00400 1 0 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT	*****	*****	30 DAILY AV	*****	100 SINGGRAB		Daily	GRAB
00530 1 0 Effluent Gross Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	7.00	*****	9.73	24		
50050 1 0 Effluent Gross E. coli	PERMIT REQUIREMENT	*****	*****	6 MINIMUM	*****	9 MAXIMUM		Monthly	GRAB
51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	72.53	*****	*****	0		
	PERMIT REQUIREMENT	*****	*****	90 DAILY AV	*****	*****		Daily	GRAB
	SAMPLE MEASUREMENT	24.81	*****	40.53	*****	*****	0		
	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	*****	*****	*****		Daily	INSTAN
	SAMPLE MEASUREMENT	*****	*****	1.20	*****	3.00	0		
	PERMIT REQUIREMENT	*****	*****	126 DAILY AV	*****	399 SINGGRAB		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIR	(210) 233-3239	03/12/2017
TYPED OR PRINTED	NUMBER	MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
MONITORING SHALL OCCUR WHEN DISCHARGING.
SAMPLES FOR BACTERIA MONITORING SHALL BE TAKEN AT THE INFLOW PIPE FROM THE LEON CREEK WRC.

OVERFLOW REPORT

PERIOD: MARCH 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		
	477764	1716300	3/27/2017	Commerce St E	1220	97 Grease	Cleaned Main	1.62	1.20	Stormdrain	Area Cleaned and Disinfected, Flushed Area with H2O		
	477070	1707847	3/19/2017	Jennings Ave	202	185 Grease	Cleaned Main	0.62	0.12	Stormdrain	Area Cleaned and Disinfected, Flushed Area with H2O		
	476580	1699642	3/13/2017	Huebner Rd	11660	4,250 Contractor	Cleaned Main	2.83	0.77	Drainage Culvert	Area Cleaned and Disinfected, Flushed Area with H2O		
	476361	1697870	3/10/2017	Quill Dr W	110	1,480 Grease	Cleaned Main	2.47	0.47	Ground	Area Cleaned and Disinfected, Flushed Area with H2O		
1379849	476356	1697050	3/9/2017	Whisper Meadow	11215	1 Contractor	Repaired Lateral	18.57	0.07	Ground - Over The Edwards Aquifer Transition Zone	Area Cleaned and Disinfected, Work Order Created To Repair Sewer Lateral		
1379686	476298	1696437	3/9/2017	lh 10 W Access Rd	9360	1,975 Debris	Cleaned Main	1.32	0.90	Stormdrain	Area Cleaned and Disinfected, Flushed Area with H2O		
Total Events:					6	Total Gallons:		7,988	Average Duration:		4.57	Average Response	

Wednesday, April 05, 2017

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

OVERFLOW REPORT

PERIOD: MARCH 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
	478147	1725657	3/31/2017	Parliament	11780	6,100 Grease	Cleaned Main	2.03	1.03	Stormdrain - Over The Edwards Aquifer Transition Zone	Area Cleaned and Disinfected, Flushed Area with H2O
	477866	1720556	3/28/2017	Sun Vista Ln	4407	60 Grease	Cleaned Main	2.15	1.15	Ground	Area Cleaned and Disinfected, Flushed Area with H2O
1382633		1707507	3/17/2017	Cactus Blf	1701	15 Structural	Repaired Main	1.67	0.00	Ground - Over The Edwards Aquifer Recharge Zone	Area Cleaned and Disinfected, Work Order Created To Repair Main
1382633		1708712	3/20/2017	Cactus Blf	1701	3,000 Structural	Repaired Force Main	1.00	0.00	Ground - Over The Edwards Aquifer Recharge Zone	Area Cleaned and Disinfected, The 12 Inch Force Main Was Repaired And The 16 Inch Force Main Has Also Been Repaired.
		1689437	3/4/2017	Rittiman Rd	4000	36,798 l/j	Monitored Area	13.80	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
Total Events:					5	Total Gallons:	45,973	Average Duration:	4.13	Average Response	0.44

Tuesday, April 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 Gallons:											
Average Duration:											
Average Response											

Tuesday, April 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
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: PARVIZ CHAVOL SR DIR

TX0077801 PERMIT NUMBER	001-A DISCHARGE NUMBER
MM/DD/YYYY 03/01/2017	MONITORING PERIOD MM/DD/YYYY 03/31/2017

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS				
Oxygen, dissolved [DO]	PERMIT REQUIREMENT	*****	*****	7.30	*****	*****	0	1/Day		
00300 1 0 Effluent Gross pH	PERMIT REQUIREMENT	*****	*****	6 MO MIN	*****	*****	0	Daily	GRAB	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	6.70	*****	7.20	0	1/Day		
Solids, total suspended	PERMIT REQUIREMENT	*****	*****	6 MINIMUM	*****	9 MAXIMUM	0	Daily	GRAB	
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	959	*****	1.15	*****	2.00	0	1/Day		
Nitrogen, ammonia total [as N]	PERMIT REQUIREMENT	12510 DAILY AV	*****	*****	*****	40 DAILY MX		Daily	COMPOS	
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	308	*****	0.38	*****	1.00	0	1/Day		
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	2085 DAILY AV	*****	*****	*****	7 DAILY MX		Daily	COMPOS	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	99.16	*****	127.70	*****	*****	0	Continuous	TOTALZ	
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	Req. Mon. DAILY MX	*****	*****		Continuous	TOTALZ	
50050 P 0 See Comments	PERMIT REQUIREMENT	122,176	*****	*****	*****	*****	0	Continuous	TOTALZ	
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	173611 2HR PEAK	*****	*****	*****	*****		Monthly	TOTALZ	
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	97.02	*****	*****	*****	*****	0	Continuous	TOTALZ	
	PERMIT REQUIREMENT	125 ANNL AVG	*****	*****	*****	*****		Continuous	TOTALZ	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	(210) 233-3239	03/14/2017
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

Form Approved
OMB No. 2040-0004

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

TX0077801 PERMIT NUMBER	001- A DISCHARGE NUMBER
MM/DD/YYYY 03/01/2017	MONITORING PERIOD MM/DD/YYYY 03/31/2017

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.03	0	1/Day		
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	1 INST MAX		Daily	GRAB	
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	1/Day		
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		Daily	GRAB	
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	5/week		
51040 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	399 DAILY MX		Five per Week	GRAB	
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	1,684	*****	*****	*****	3.00	0	1/Day		
80082 I 0 Effluent Gross	PERMIT REQUIREMENT	5213 DAILY AV	*****	*****	*****	20 DAILY MX		Daily	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	(210) 233-3239	09/12/17
TYPED OR PRINTED	ARBA Code	MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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

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

Form Approved
OMB No. 2040-0004

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

TX0077801 PERMIT NUMBER	002-A DISCHARGE NUMBER
MM/DD/YYYY 03/01/2017	MONITORING PERIOD MM/DD/YYYY 03/31/2017

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved [DO]	PERMIT REQUIREMENT	*****	*****	7.70	*****	*****	0	1/day		
00300 I 0 Effluent Gross pH	PERMIT REQUIREMENT	*****	*****	4 MO MIN	*****	*****		Daily	GRAB	
00400 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	7.20	*****	7.50	0	1/day		
Solids, total suspended	PERMIT REQUIREMENT	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	0	Daily	GRAB	
00530 I 0 Effluent Gross	PERMIT REQUIREMENT	34.86	*****	1.15	*****	2.00	0	1/Day		
Nitrogen, ammonia total [as N]	PERMIT REQUIREMENT	1251 DAILY AV	*****	*****	*****	40 DAILY MX		Daily	COMPOS	
00610 I 0 Effluent Gross	PERMIT REQUIREMENT	11.30	*****	0.38	*****	1.00	0	1/Day		
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	167 DAILY AV	*****	*****	*****	7 DAILY MX		Daily	COMPOS	
50050 I 0 Effluent Gross	PERMIT REQUIREMENT	3.63	3.67	*****	*****	*****	0	Continuous		
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	*****	*****	*****		Continuous	TOTALZ	
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	3.86	*****	*****	*****	*****	0	Continuous		
Chlorine, total residual	PERMIT REQUIREMENT	10 ANNL AVG	*****	*****	*****	*****		Monthly	TOTALZ	
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05	0	Continuous		
		*****	*****	*****	*****	.1 INST MAX		Daily	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	(210) 233-3239	04/12/17
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 RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: PARVIZ CHAVOL SR DIR

TX0077801 PERMIT NUMBER	002- A DISCHARGE NUMBER
MM/DD/YYYY 03/01/2017	MONITORING PERIOD MM/DD/YYYY 03/31/2017

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	1.05	*****	*****	*****	0	1/day	
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	1 MO MIN	*****	*****	*****		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.15	*****	0	5/week	
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	63 DAILY AV	*****		Three per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	61.46	*****	*****	*****	2.03	*****	0	Daily	
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	834 DAILY AV	*****	*****	*****	10 DAILY AV	*****		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	(210) 233-3239	04/12/17
TYPED OR PRINTED	ABBA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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

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

Form Approved
OMB No. 2040-0004

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

TX0077801	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00300 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	4 MO MIN	*****	*****		Daily	GRAB	
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00400 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	6 MINIMUM	*****	9 MAXIMUM		Daily	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00530 I 0 Effluent Gross	PERMIT REQUIREMENT	1251 DAILY AV	*****	*****	*****	15 DAILY AV		Daily	COMPOS	
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00610 I 0 Effluent Gross	PERMIT REQUIREMENT	167 DAILY AV	*****	*****	*****	7 DAILY MX		Daily	COMPOS	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
50050 I 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	*****	*****	*****		Continuous	TOTALZ	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	10 ANNL AVG	*****	*****	*****	*****		Monthly	TOTALZ	
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 INST MAX		Daily	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	(210) 233-3239	09/12/17
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

certify under penalty of law that this document and all attachments were prepared under my direct supervision in accordance with a system designed to assure that qualified personnel who manage the system or the data are properly trained and that the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

SEE OTHER REQUIREMENTS NO.7 ON PAGE 36.

NO DISCHARGE

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

Form Approved
OMB No. 2040-0004

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

TX0077801	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	(210) 233-3239	04/12/17
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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

SEE OTHER REQUIREMENTS NO. 7 ON PAGE 36.

NO DISCHARGE

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

Form Approved
OMB No. 2040-0004

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

TX0077801	004-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017
MONITORING PERIOD	

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	MEASUREMENT	*****	*****	8.10	*****	*****	0	1/day	
00300 1 0 Effluent Gross pH	PERMIT REQUIREMENT	*****	*****	5 MO MIN	*****	*****		Daily	GRAB
00400 1 0 Effluent Gross Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	7.30	*****	8.00	0	1/day	
00530 1 0 Effluent Gross Nitrogen, ammonia total [as N]	PERMIT REQUIREMENT	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM		Daily	GRAB
00610 1 0 Effluent Gross Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.67	*****	1.15	*****	2.00	0	1/Day	
50050 1 0 Effluent Gross Chlorine, total residual	PERMIT REQUIREMENT	375 DAILY AV	*****	15 DAILY AV	*****	40 DAILY MX		Daily	COMPOS
50060 A 0 Disinfection, Process Complete	SAMPLE MEASUREMENT	0.16	*****	0.38	*****	1.00	0	1/Day	
	PERMIT REQUIREMENT	50 DAILY AV	*****	2 DAILY AV	*****	7 DAILY MX		Daily	COMPOS
	SAMPLE MEASUREMENT	0.07	*****	0.13	*****	*****	0	Continuous	
	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	*****	*****	*****		Continuous	TOTALZ
	SAMPLE MEASUREMENT	0.46	*****	*****	*****	*****	0	Continuous	
	PERMIT REQUIREMENT	3 ANNL AVG	*****	*****	*****	*****		Monthly	TOTALZ
	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.04	0	1/day	
	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 INST MAX		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	(210) 233-3239	03/12/17
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

Form Approved
OMB No. 2040-0004

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

TX0077801	004-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	1.05	*****	*****	0	1/day		
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	1 MO MIN	*****	*****		Daily	GRAB	
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	1.15	5.00	0	5/week		
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	63 DAILY AV	399 DAILY MX		Weekly	GRAB	
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	1.13	*****	*****	2.03	3.00	0	1/Day		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	250 DAILY AV	*****	*****	10 DAILY AV	25 DAILY MX		Daily	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
Parviz Chavol Sr. Dir	(210) 233-3239	04/12/17	
TYPED OR PRINTED	NUMBER	MM/DD/YYYY	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

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

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

Form Approved
OMB No. 2040-0004

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

TX0077801	005-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017
MONITORING PERIOD	

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	7.20	*****	*****	0	1/day	
00300 1 0 Effluent Gross pH	PERMIT REQUIREMENT	*****	*****	4 MO MIN	*****	*****		Daily	GRAB
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	7.00	*****	7.40	0	1/day	
Solids, total suspended	PERMIT REQUIREMENT	*****	*****	6 MINIMUM	*****	9 MAXIMUM		Daily	GRAB
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	4.70	*****	1.15	*****	2.00	0	1/Day	
Nitrogen, ammonia total [as N]	PERMIT REQUIREMENT	325 DAILY AV	*****	*****	*****	40 DAILY MX		Daily	COMPOS
00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	1.48	*****	0.38	*****	1.00	0	1/Day	
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	43 DAILY AV	*****	*****	*****	7 DAILY MX		Daily	COMPOS
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.49	*****	0.55	*****	*****	0	Continuous	
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	*****	*****	*****		Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary) Chlorine, total residual	SAMPLE MEASUREMENT	0.62	*****	*****	*****	*****	0	Continuous	
Disinfection, Process Complete	PERMIT REQUIREMENT	2.6 ANNL AVG	*****	*****	*****	*****		Monthly	TOTALZ
	SAMPLE MEASUREMENT	*****	*****	0.05	*****	0.05	0	1/day	
	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 INST MAX		Daily	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	(210) 233-3239	09/12/17
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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

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

Form Approved
OMB No. 2040-0004

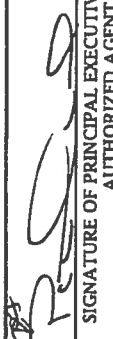
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if
NAME: DOS RIOS WATER RECYCLING CENTER
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: DOS RIOS WATER RECYCLING CTR.
LOCATION: 3495 VALLEY RD.
SAN ANTONIO, TX 78221
ATTN: PARVIZ CHAVOL SR DIR

TX0077801 PERMIT NUMBER	005-A DISCHARGE NUMBER
MM/DD/YYYY 03/01/2017	MONITORING PERIOD MM/DD/YYYY 03/31/2017

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Chlorine, total residual	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	1/day		
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	1.05	*****	*****	0	Daily	GRAB	
E. coli	SAMPLE MEASUREMENT	*****	*****	1 MO MIN	*****	*****	0	5/week		
51040 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	Weekly	GRAB	
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	8.25	*****	*****	63 DAILY AV	399 DAILY MX	0	1/Day		
80082 I 0 Effluent Gross	PERMIT REQUIREMENT	217 DAILY AV	*****	*****	2.03	3.00	0	Daily	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
Parviz Chavol Sr. Dir	(210) 233-3239		04/12/17
TYPED OR PRINTED	AREA Code	NUMBER	MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
			

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

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

Form Approved
OMB No. 2040-0004

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

TX0077801	006-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	4 MO MIN	*****	*****		Daily	GRAB	
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM		Daily	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	5755 DAILY AV	*****	*****	15 DAILY AV	40 DAILY MX		Daily	COMPOS	
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	767 DAILY AV	*****	*****	2 DAILY AV	7 DAILY MX		Daily	COMPOS	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	*****	*****	*****		Continuous	TOTALZ	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46 ANNL AVG	*****	*****	*****	*****		Monthly	TOTALZ	
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 INST MAX		Daily	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	(210) 233-3239	04/12/17
TYPED OR PRINTED	AREA Code	NUMBER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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

SEE OTHER REQUIREMENTS NO.7 ON PAGE 36.

NO DISCHARGE

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

Form Approved
OMB No. 2040-0004


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

TX0077801	006-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017
MONITORING PERIOD	

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****			
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	1 MO MIN	*****		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****			
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	63 DAILY AV	399 DAILY MX		Five per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	*****	*****	*****	*****			
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	3836 DAILY AV	*****	10 DAILY AV	25 DAILY MX		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I declare under penalty of perjury that the information hereon is true, correct, and complete. There are no omissions or material misstatements of fact. I understand that anyone who furnishes false or misleading information on this report or who omits material or information requested on the report may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including the possibility of fine and imprisonment for knowing violations).		TELEPHONE	DATE
Parviz Chavol Sr. Dir			(210) 233-3239	04/12/17
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

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

TX0077801	101-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 78221
 MAJOR (SUBR 13)
 DOMESTIC WASTEWATER - 101
 Internal Outfall No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	50050 1 0 Effluent Gross	5.76		7.53			0	Continuous	
Flow, in conduit or thru treatment plant	50050 Y 0 Effluent Gross (Supplementary)	Req. Mon. DAILY AV		Req. Mon. DAILY MX			0	Continuous	TOTAL
		5.35							
		Req. Mon. ANNL AVG						Continuous	TOTAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	(210) 233-3239	04/12/17
TYPED OR PRINTED	AREA Code NUMBER	MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 WASTEWATER CONTRIBUTIONS FROM THE DOS RIOS WATER RECYCLING CENTER TO THE REUSE WATER SYSTEM SHALL BE MONITORED FOR FLOW AFTER CHLORINATION AT THE RECYCLED WATER PUMP AND REPORTED AS OUTFALL 101.

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

Form Approved
OMB No. 2040-0004

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

TX0077801	102-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MONITORING PERIOD
03/01/2017	MM/DD/YYYY
	03/31/2017

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	UNITS	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	104.92		132.53	*****	*****	0	Continuous	
50050 1 0 Effluent Gross	Req. Mon. DAILY AV		Req. Mon. DAILY MX *****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	102.38		*****	*****	*****	0	Continuous	
50050 Y 0 Effluent Gross (Supplementary)	125 ANNL AVG		*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	(210) 233-3239	04/12/17
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
<p>I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the data, I am satisfied that the information gathered reflects the actual operations and conditions. I am also satisfied that the information is accurate and complete. I am assuming that the information is being submitted for the purpose of obtaining information, including the possibility of fine and imprisonment for knowing violations.</p>		

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	03	12647
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE		
	REPORTED	PERMITTED		VALUE	UNITS			
500507124 FLOW DLY AVG	REPORTED		104.92	MGD	0	02	11	
	PERMITTED					02	CONT	11
500507128 FLOW ANN AVG	REPORTED		102.38	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		161022	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 04 12
TELEPHONE NUMBER			PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239			Parviz Chavol Sr. Director		17 04 12
AREA CODE	NUMBER		EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-033	02	17	03	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	NO.
000085342 TRANSFER DAYS/MON	REPORTED		30	DAY	0 01	01	
	PERMITTED				01	NA	01 NA
316164024 E-COLI DLY AVG	REPORTED		1.36	#/100 ML	0 11	03	
	PERMITTED		20.000		11	2/WEEK	03 GRABPKLOAD
316164030 E-COLI IND GRAB	REPORTED		4.0	#/100 ML	0 11	03	
	PERMITTED		75.000		11	2/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		1.64	MGD	0 02	11	
	PERMITTED				02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		1.84	MGD	0 02	11	
	PERMITTED				02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED		2.03	MG/L	0 08	1/Day	10 12-PRT-COM
	PERMITTED		5.000		11	2/WEEK	03 GRABPKLOAD
820796624 TURBIDITY 30DAYAVG	REPORTED		1.06	NTU	0 08	1/Day	10 12-PRT-COM
	PERMITTED		3.000		11	2/WEEK	03 GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0042725	NUMBER	0 01		NA
	PERMITTED				01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		161022	DATE	0 01		NA
	PERMITTED				01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	LETTER	0 01		NA
	PERMITTED				01	01	NA NA
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

E-Coll 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.		NAME	SIGNATURE	DATE
		Timothy Howe Manager-Prod & Treat Ops		11/20/12
TELEPHONE NUMBER		PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210	233	3239	Parviz Chavol Sr. Director	17 01 12
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-033	02	17	03	12552
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	REPORTED	PERMITTED			VALUE	UNITS	
000085342 TRANSFER DAYS/MON	REPORTED	PERMITTED	0		0		
					01	NA	01 NA
316164024 FEC. COLI DLY AVG	REPORTED	PERMITTED					
					14	1/WEEK	03 GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED	PERMITTED					
					14	1/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED	PERMITTED					
					02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED	PERMITTED					
					02	CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED	PERMITTED					
					14	1/WEEK	03 GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	WW0042725	NUMBER	0 01		NA
					01 01		NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	161022	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		11/20/12
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Sr. Director		11/20/12
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
			YEAR MO. DAY

OVERFLOW REPORT

PERIOD: MARCH 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
1385808	477652	1717226	3/25/2017	Sidbury Cir	7409	1,440 Contractor	Repaired Main	1.20	1.10	Drainage Culvert	Area Cleaned and Disinfected, Flushed Area with H2O Work Order Created To Repair Main
1384861	477488	1714849	3/23/2017	Lubbers Way	5818	367,268 Vandalism	Cleaned Main	2.90	0.65	Creek Bed - Discharge Was To The Dry Indian Creek	Cleanup In Progress - Work Order Created To Replace Missing Manhole Cover
	476023	1693727	3/7/2017	Lost Creek Gap	7707	4,000 Grease	Cleaned Main	0.67	0.17	Drainage Culvert - Over The Edwards Aquifer Contributing Zone	Clean Up In Progress
Total Events: 3					Total Gallons: 372,708		Average Duration: 1.59		Average Response: 0.64		

Tuesday, April 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
NAME: SAN ANTONIO WATER SYSTEM
ADDRESS: 3495 VALLEY RD
SAN ANTONIO, TX 78221
FACILITY: LEON CREEK WATER RECYCLING CENTER
LOCATION: 1104 MAURERMAN ROAD
SAN ANTONIO, TX 78224
ATTN: PARVIZ CHAVOL, SR. DIRECTOR

TX0052639	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS			
Oxygen, dissolved (DO)	MEASUREMENT	*****	*****	6.50	*****	0		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	5 MO MIN	*****		Daily	GRAB
pH	MEASUREMENT	*****	*****	6.50	*****	0		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	6 MINIMUM	*****		Daily	GRAB
Solids, total suspended	MEASUREMENT	359	*****	1.17	*****	0		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	5755 DAILY AV	*****	15 DAILY AV	*****		Daily	COMPOS
Nitrogen, ammonia total [as N]	MEASUREMENT	169	*****	0.55	*****	0		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	767 DAILY AV	*****	2 DAILY AV	*****		Daily	COMPOS
Chloride [as Cl]	MEASUREMENT	48,921	*****	160	*****	0		
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	36.74	*****	Req. Mon. DAILY AV	*****		Daily	COMPOS
Flow, in conduit or thru treatment plant	MEASUREMENT	45.86	*****	45.86	*****	0		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	37,500	*****	37,500	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	MEASUREMENT	63889 2HR PEAK	*****	63889 2HR PEAK	*****		Continuous	TOTALZ
50050 P 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0		
See Comments								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIRECTOR	(210) 233-3239	02/12/2017
TYPED OR PRINTED	AREA Code	NUMBER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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

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

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

Form Approved
OMB No. 2040-0004

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

TX0052639	001 - A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017
MONITORING PERIOD	

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

No Discharge

PARAMETER	SAMPLING MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	36.74	*****	*****	*****	*****	0		
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46	*****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.09	0		
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 INST MAX		Daily	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	1.01	*****	*****	0		
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	1 MO MIN	*****	*****		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.00	0		
51040 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	126 DAILY AV		Five per Week	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	237,490	*****	*****	*****	776	0		
70295 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV		Daily	COMPOS
BOD, carbonaceous (5 day, 20 C)	SAMPLE MEASUREMENT	684	*****	*****	*****	2.23	0		
80082 I 0 Effluent Gross	PERMIT REQUIREMENT	2686	*****	*****	*****	7 DAILY AV		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIRECTOR	(210) 233-3239	04/12/17
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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

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

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

Form Approved
OMB No. 2040-0004

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

TX0052639	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIRECTOR	(210) 233-3239	02/12/2017
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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

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

Form Approved
OMB No. 2040-0004

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

TX0052639	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017
MONITORING PERIOD	

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIRECTOR	(210) 233-3239	04/12/2017
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

I certify under penalty of law that this document and all attachments were prepared under my personal supervision in accordance with a system designed to assure that qualified persons or persons who manage the system, or those persons directly responsible for 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

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

TX0052639	101-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended	SAMPLE MEASUREMENT	359	*****	*****	*****	*****	0			
00530 J 0 Intermediate Treatment, Process	PERMIT REQUIREMENT	5755 DAILY AV	*****	*****	*****	*****		Daily	COMPOS	
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	169	*****	*****	*****	*****	0			
00610 J 0 Intermediate Treatment, Process	PERMIT REQUIREMENT	767 DAILY AV	*****	*****	*****	*****		Daily	COMPOS	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	45.86	*****	*****	*****	*****	0			
50050 I 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	*****	*****	*****		Continuous	TOTALZ	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	37,500	*****	*****	*****	*****	0			
50050 P 0 See Comments	PERMIT REQUIREMENT	63889 2HR PEAK	*****	*****	*****	*****		Continuous	TOTALZ	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	36.78	*****	*****	*****	*****	0			
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46 ANNL AVG	*****	*****	*****	*****		Continuous	TOTALZ	
BOD, carbonaceous (5 day, 20 C)	SAMPLE MEASUREMENT	684	*****	*****	*****	*****	0			
80082 J 0 Intermediate Treatment, Process	PERMIT REQUIREMENT	2686 DAILY AV	*****	*****	*****	*****		Daily	COMPOS	

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

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIRECTOR	(210) 233-3239	04/12/2017
TYPED OR PRINTED	AREA Code NUMBER	MM/DD/YYYY

I certify, under penalty of law that this document and all attachments were prepared under my personal 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(s) who gathered 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

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	03	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		37.86	MGD	0	02	11	
	PERMITTED				02	CONT	11	CONT
500507128 FLOW ANN AVG	REPORTED		38.97	MGD	0	02	11	
	PERMITTED				02	CONT	11	CONT
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0004506	NUMBER	0	01		NA
	PERMITTED				01	01		NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		01/08/2020	DATE	0	01		NA
	PERMITTED				01	01		NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	LETTER	0	01		NA
	PERMITTED				01	01		NA NA
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	REPORTED							
	PERMITTED							
	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		11/04/12
TELEPHONE NUMBER			PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239			Parviz Chavol Senior Director		11 04 12
AREA CODE	NUMBER		EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-003	02	17	03	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	TYPE
000085342 TRANSFER DAYS/MON	REPORTED	30	DAY	0 01		01	
	PERMITTED			01	NA	01	NA
316164024 E-COLI DLY AVG	REPORTED	1.22	#/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	1.07	MGD	0 02		11	
	PERMITTED			02	CONT	11	CONT
500507128 FLOW ANN AVG	REPORTED	2.25	MGD	0 02		11	
	PERMITTED			02	CONT	11	CONT
800821024 BOD CARB DLY AVG	REPORTED	2.20	MG/L	0 08	1/Day	10	12-prt-com
	PERMITTED	5.000		11	2/WEEK	03	GRABPKLOAD
820786624 TURBIDITY 30DAY AV	REPORTED	0.97	NTU	0 08	1/Day	10	12-prt-com
	PERMITTED	3.000		11	2/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0004506	NUMBER	0 01		NA	
	PERMITTED			01	01	NA	NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	01/08/2020	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		17 04 112
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director		17 04 112
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
			YEAR MO. DAY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-003	02	17	03	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					
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	VV0004506	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		17 04 12
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2110 233 3239	Parviz Chavol Senior Director		17 04 12
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

OVERFLOW REPORT

PERIOD:

WATERSHED: MEDIO CREEK

TCEQ PERMIT # 10137-040

EPA PERMIT # 0055689

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

Tuesday, April 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
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 PERMIT NUMBER	001-B DISCHARGE NUMBER
MM/DD/YYYY 03/01/2017	MM/DD/YYYY 03/31/2017

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved [DO]	PERMIT REQUIREMENT	*****	*****	7.21	*****	*****	0			
00300 1 0 Effluent Gross pH	PERMIT REQUIREMENT	*****	*****	6 MO MIN	*****	*****		Daily	GRAB	
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	7.02	*****	7.76	0			
Solids, total suspended	PERMIT REQUIREMENT	*****	*****	6 MINIMUM	*****	9 MAXIMUM	0	Daily	GRAB	
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	48		1.02	*****	1.40	0			
Nitrogen, ammonia total [as N]	PERMIT REQUIREMENT	2002 DAILY AV	lb/d	*****	*****	30 DAILY MX		Daily	COMPOS	
00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	79		1.62	*****	3.68	0			
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	267 DAILY AV	lb/d	*****	*****	7 DAILY MX		Daily	COMPOS	
50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	5.63		8.87	*****	*****	0	Continuous	TOTALZ	
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. DAILY AV	MGD	*****	*****	*****		Continuous	TOTALZ	
50050 P 0 See Comments	SAMPLE MEASUREMENT	8,720		*****	*****	*****	0			
Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	27778 2HR PEAK	gal/min	*****	*****	*****		Continuous	TOTALZ	
50050 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	5.62		*****	*****	*****	0			
	PERMIT REQUIREMENT	16 ANNL AVG	MGD	*****	*****	*****		Continuous	TOTALZ	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIR.	(210) 233-3239	4/1/2017
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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
03/01/2017	03/31/2017

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	1.11	6.00	0			
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	126 DAILY AV	399 DAILY MX		Daily	GRAB	
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	97	*****	*****	2.08	3.34	0			
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	934 DAILY AV	*****	*****	7 DAILY AV	20 DAILY MX		Daily	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIR.	(210) 233-3239	03/12/2017
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-040	01	17	03	12654
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE	
		VALUE		UNITS			
500507124 FLOW DLY AVG	REPORTED	7.08	MGD	0	02		11
	PERMITTED						02
500507128 FLOW ANN AVG	REPORTED	7.60	MGD	0	02		11
	PERMITTED						02
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0004506	NUMBER	0	01		NA
	PERMITTED						01
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	01/08/2020	DATE	0	01		NA
	PERMITTED						01
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01		NA
	PERMITTED						01
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Daniel Rodriguez Manager-Prod & Treat Ops		11/29/12
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director		11/09/12
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
210	233 3239	Parviz Chavol	11/09/12

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	17	03	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	
		VALUE	UNITS				
000085342 TRANSFER DAYS/MON	REPORTED	31	DAY	0	01		01
	PERMITTED					01	NA
316164024 FEC. COLI DLY AVG	REPORTED	1.10	#/100 ML	0	11		03
	PERMITTED	20.000				11	2/WEEK
316164030 FEC. COLI IND GRAB	REPORTED	2.00	#/100 ML	0	11		03
	PERMITTED	75.000				11	2/WEEK
500507124 FLOW DLY AVG	REPORTED	1.44	MGD	0	02		11
	PERMITTED					02	CONT
500507128 FLOW ANN AVG	REPORTED	2.03	MGD	0	02		11
	PERMITTED					02	CONT
800821024 BOD CARB DLY AVG	REPORTED	2.08	MG/L	0	08	1/Day	10
	PERMITTED	5.000				11	2/WEEK
820796624 TURBIDITY 30DAYAVG	REPORTED	0.65	NTU	0	08	1/Day	10
	PERMITTED	3.000				11	2/WEEK
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0004506	NUMBER	0	01		NA
	PERMITTED					01	01
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	01/08/2020	DATE	0	01		NA
	PERMITTED					01	01
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01		NA
	PERMITTED					01	01
	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		11/04/12
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2 1 0	Parviz Chavol Senior Director		11 0 4 12
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
2 1 0	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
3225 VALLEY RD
SAN ANTONIO TX 78221-5201



40B	WQ0010137-040	02	17	03	12554
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE	
	REPORTED	PERMITTED		VALUE	UNITS		
000085342 TRANSFER DAYS/MON	REPORTED	PERMITTED	0	01		01	
				01	NA	01	NA
316164024 FEC. COLI DLY AVG	REPORTED	PERMITTED					
				14	1/WEEK	03	GRABPKLOAD
316164030 FEC. COLI IND GRAB	REPORTED	PERMITTED					
				14	1/WEEK	03	GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED	PERMITTED					
				02	CONT	11	CONT
500507128 FLOW ANN AVG	REPORTED	PERMITTED					
				02	CONT	11	CONT
800821024 BOD CARB DLY AVG	REPORTED	PERMITTED					
				14	1/WEEK	03	GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	WW0004506	0	01		NA
				01	01		NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	01/08/2020	0	01		NA
				01	01		NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	A	0	01		NA
				01	01		NA NA
	REPORTED	PERMITTED					
	REPORTED	PERMITTED					

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME Daniel Rodriguez Manager-Prod & Treat Ops	SIGNATURE 	DATE 11/01/12
TELEPHONE NUMBER 210 233 3239	PLANT OPERATOR Parviz Chavol Senior Director	PLANT OPERATOR 	YEAR MO. DAY 11 01 12
AREA CODE NUMBER 210 233 3239	EXECUTIVE OFFICER Parviz Chavol	EXECUTIVE OFFICER 	YEAR MO. DAY 11 01 12