



June 16, 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# 7015 1520 0002 4988 1887

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 May 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



June 16, 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 2496

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 2496

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

Consent Decree

Date of Lodging: July 23, 2013

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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 May 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

# OVERFLOW REPORT

PERIOD: MAY 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   |                                      |
|----------------------|---------|-----------|----------------------|---------------|-----------|--|-------------------|--------------------------|---------------|-------------------------|--|--------------------------------------|
| 484048               | 1808556 | 5/30/2017 | Jackson-Keller Rd    | 1600          | 8,200     | Grease   | Cleaned Main      | 1.37                     | 0.53          | Stormdrain              | Area Cleaned and Disinfected, Flushed Area with H2O  |                                      |
| 1410551              | 483256  | 1802994   | 5/25/2017            | Conception Ct | 126       | 1,450  | Structural        | Repaired Main            | 4.83          | 0.00                    | Drainage Culvert   | Repaired Main, Flushed Area with H2O |
| 1410422              | 1801889 | 5/24/2017 | Morales              | 1027          | 43        | Other - Cleanout Cap Broken By Vehicular Traffic | Unstopped Lateral | 0.72                     | 0.55          | Street                  | Area Cleaned and Disinfected, Flushed Area with H2O Work Order Created To Replace Cleanout Cap |                                      |
| 483179               | 1802085 | 5/24/2017 | Ranch Summit         | 12503         | 800       | Debris   | Cleaned Main      | 1.33                     | 1.08          | Drainage Culvert        | Area Cleaned and Disinfected, Flushed Area with H2O  |                                      |
| 482578               | 1793297 | 5/18/2017 | Wurzbach Rd          | 8730          | 2,550     | Grease   | Cleaned Main      | 1.70                     | 0.37          | Stormdrain              | Area Cleaned and Disinfected, Flushed Area with H2O  |                                      |
| 481984               | 1784360 | 5/12/2017 | Grant Ave            | 3519          | 20        | Grease   | Cleaned Main      | 0.33                     | 0.25          | Street                  | Area Cleaned and Disinfected, Flushed Area with H2O  |                                      |
| 1403794              | 1779024 | 5/8/2017  | At And T Center Pkwy | 700           | 24,750    | Structural                                       | Repaired Main     | 48.50                    | 0.00          | Drainage Culvert        | Work Order Created To Repair Sewer Main.   |                                      |
| 480923               | 1773388 | 5/4/2017  | Belford              | 400           | 30        | Grease   | Cleaned Main      | 0.83                     | 0.33          | Ground                  | Area Cleaned and Disinfected, Flushed Area with H2O  |                                      |
| 480920               | 1773221 | 5/4/2017  | Betty Jean           | 214           | 134       | Debris   | Cleaned Main      | 1.12                     | 0.62          | Street                  | Area Cleaned and Disinfected, Flushed Area with H2O  |                                      |
| 480552               | 1765711 | 5/1/2017  | Hafer E              | 349           | 70        | Grease   | Cleaned Main      | 1.17                     | 0.83          | Ground                  | Area Cleaned and Disinfected, Flushed Area with H2O  |                                      |
| <b>Total Events:</b> |         |           |                      |               | <b>10</b> | <b>Total Gallons:</b>                            | <b>38,047</b>     | <b>Average Duration:</b> | <b>6.19</b>   | <b>Average Response</b> | <b>0.46</b>  |                                      |

Friday, June 02, 2017

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

# OVERFLOW REPORT

PERIOD: MAY 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  |             |
|----------------------|--------|---------|-----------|----------------|----------|-----------------------|--------------|---------------|--------------------------|--|---|-------------|
|                      | 484014 | 1804430 | 5/26/2017 | Louis Bauer Dr | 2730     | Grease                | Cleaned Main | 1.10          | 0.68                     | Street                                 | Area Cleaned and Disinfected, Flushed Area with H2O |             |
|                      | 482213 | 1786674 | 5/15/2017 | Espada Falls   | 3800     | Grease                | Cleaned Main | 2.33          | 0.00                     | Creek Bed - Spilled Into Rosillo Creek | Clean Up In Progress                                |             |
| <b>Total Events:</b> |        |         |           |                | <b>2</b> | <b>Total Gallons:</b> |              | <b>84,216</b> | <b>Average Duration:</b> | <b>1.72</b>                            | <b>Average Response</b>                             | <b>0.34</b> |

Friday, June 02, 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 |               |          |

Friday, June 02, 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         | 001-A            |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 05/01/2017        | 05/31/2017       |

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]                   | SAMPLE MEASUREMENT | *****               | *****           | 6.70      | *****                    | *****       | 0     | 1/Day      |                       |             |
| 00300 1 0 Effluent Gross                 | PERMIT REQUIREMENT | *****               | *****           | 6 MO MIN  | *****                    | *****       |       | Daily      | GRAB                  |             |
| pH                                       | SAMPLE MEASUREMENT | *****               | *****           | 6.70      | *****                    | 7.20        | 0     | 1/Day      |                       |             |
| 00400 1 0 Effluent Gross                 | PERMIT REQUIREMENT | *****               | *****           | 6 MINIMUM | *****                    | 9 MAXIMUM   |       | Daily      | GRAB                  |             |
| Solids, total suspended                  | SAMPLE MEASUREMENT | 1,439               | *****           | *****     | *****                    | 8.20        | 0     | 1/Day      |                       |             |
| 00530 1 0 Effluent Gross                 | PERMIT REQUIREMENT | 12510 DAILY AV      | *****           | *****     | *****                    | 40 DAILY MX |       | Daily      | COMPOS                |             |
| Nitrogen, ammonia total [as N]           | SAMPLE MEASUREMENT | 185                 | *****           | *****     | *****                    | 0.64        | 0     | 1/Day      |                       |             |
| 00610 1 0 Effluent Gross                 | PERMIT REQUIREMENT | 2085 DAILY AV       | *****           | *****     | *****                    | 7 DAILY MX  |       | Daily      | COMPOS                |             |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 84.20               | *****           | *****     | *****                    | *****       | 0     | Continuous |                       |             |
| 50050 1 0 Effluent Gross                 | PERMIT REQUIREMENT | Req. Mon. DAILY AV  | 107.80          | *****     | *****                    | *****       |       | Continuous | TOTALZ                |             |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | *****               | 120,810         | *****     | *****                    | *****       | 0     | Continuous |                       |             |
| 50050 P 0 See Comments                   | PERMIT REQUIREMENT | *****               | 173611 2HR PEAK | *****     | *****                    | *****       |       | Monthly    | TOTALZ                |             |
| Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 94.98               | *****           | *****     | *****                    | *****       | 0     | Continuous |                       |             |
| 50050 Y 0 Effluent Gross (Supplementary) | PERMIT REQUIREMENT | 125 ANNL AVG        | *****           | *****     | *****                    | *****       |       | Continuous | TOTALZ                |             |

|  |                |            |
|--|----------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER                       | TELEPHONE      | DATE       |
| Parviz Chavol Sr. Dir  | (210) 233-3239 | 5/5/2017   |
| 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         | 001 - A          |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 05/01/2017        | 05/31/2017       |

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 |        |                       |             |
| Chlorine, total residual                    | SAMPLE MEASUREMENT | *****               | ***** | *****                    | ***** | 0      | 1/Day                 |             |
| 50060 A 0<br>Disinfection, Process Complete | PERMIT REQUIREMENT | *****               | ***** | *****                    | ***** |        | Daily                 | GRAB        |
| Chlorine, total residual                    | SAMPLE MEASUREMENT | *****               | ***** | 1.08                     | ***** | 0      | 1/Day                 |             |
| 50060 B 0<br>Prior to Disinfection          | PERMIT REQUIREMENT | *****               | ***** | 1<br>MO MIN              | ***** |        | Daily                 | GRAB        |
| E. coli                                     | SAMPLE MEASUREMENT | *****               | ***** | *****                    | ***** | 0      | 5/week                |             |
| 51040 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | *****               | ***** | *****                    | ***** |        | Five per Week         | GRAB        |
| BOD, carbonaceous [5 day, 20 C]             | SAMPLE MEASUREMENT | 1.560               | ***** | 2.23                     | ***** | 0      | 1/Day                 |             |
| 80082 1 0<br>Effluent Gross                 | PERMIT REQUIREMENT | 5213<br>DAILY AV    | ***** | *****                    | ***** |        | Daily                 | COMPOS      |

|  |                |            |
|--|----------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | TELEPHONE      | DATE       |
| Parviz Chavol Sr. Dir                  | (210) 233-3239 | 06/05/2017 |
| 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 direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
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         | 002-A            |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 05/01/2017        | 05/31/2017       |

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 | *****               | ***** | 6.80               | *****                    | *****              | 0     | 1/day      |                       |             |
| 00300 1 0 Effluent Gross pH              | PERMIT REQUIREMENT | *****               | ***** | 4 MO MIN           | *****                    | *****              | 0     | Daily      | GRAB                  |             |
| 00400 1 0 Effluent Gross                 | PERMIT REQUIREMENT | *****               | ***** | 7.00               | *****                    | 8.00               | 0     | 1/day      |                       |             |
| Solids, total suspended                  | SAMPLE MEASUREMENT | *****               | ***** | 6.5 MINIMUM        | *****                    | 9 MAXIMUM          | 0     | Daily      | GRAB                  |             |
| 00530 1 0 Effluent Gross                 | PERMIT REQUIREMENT | *****               | ***** | 56.50              | *****                    | 2.08               | 0     | 1/Day      |                       |             |
| Nitrogen, ammonia total [as N]           | PERMIT REQUIREMENT | *****               | ***** | 1251 DAILY AV      | *****                    | 15 DAILY AV        | 0     | Daily      | COMPOS                |             |
| 00610 1 0 Effluent Gross                 | SAMPLE MEASUREMENT | *****               | ***** | 6.90               | *****                    | 0.26               | 0     | 1/Day      |                       |             |
| Flow, in conduit or thru treatment plant | PERMIT REQUIREMENT | *****               | ***** | 167 DAILY AV       | *****                    | 2 DAILY AV         | 0     | Daily      | COMPOS                |             |
| 50050 1 0 Effluent Gross                 | SAMPLE MEASUREMENT | *****               | ***** | 3.14               | *****                    | 3.86               | 0     | Continuous |                       |             |
| Flow, in conduit or thru treatment plant | PERMIT REQUIREMENT | *****               | ***** | Req. Mon. DAILY AV | *****                    | Req. Mon. DAILY MX | 0     | Continuous | TOTALZ                |             |
| 50050 Y 0 Effluent Gross (Supplementary) | SAMPLE MEASUREMENT | *****               | ***** | 3.46               | *****                    | *****              | 0     | Continuous |                       |             |
| Chlorine, total residual                 | PERMIT REQUIREMENT | *****               | ***** | 10 ANNL AVG        | *****                    | *****              | 0     | Monthly    | TOTALZ                |             |
| 50060 A 0 Disinfection, Process Complete | PERMIT REQUIREMENT | *****               | ***** | *****              | *****                    | 0.09               | 0     | Continuous |                       |             |
|  |                    | *****               | ***** | *****              | *****                    | .1 INST MAX        | 0     | Daily      | GRAB                  |             |

|  |                |            |
|--|----------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER                       | TELEPHONE      | DATE       |
| Parviz Chavol Sr. Dir  | (210) 233-3239 | 06/25/2017 |
| 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)

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

|                   |                  |
|-------------------|------------------|
| TX0077801         | 002 - A          |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 05/01/2017        | 05/31/2017       |

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           |        |                       |             |
| Chlorine, total residual                      | PERMIT REQUIREMENT | *****               | ***** | 1.08                     | *****          | *****           | 0      | 1/day                 |             |
| 50060 B 0<br>Prior to Disinfection<br>E. coli | PERMIT REQUIREMENT | *****               | ***** | 1<br>MO MIN              | *****          | *****           |        | Daily                 | GRAB        |
| 51040 I 0<br>Effluent Gross                   | SAMPLE MEASUREMENT | *****               | ***** | *****                    | 1.00           | 1.00            | 0      | 5/week                |             |
| BOD, carbonaceous (5 day, 20 C)               | PERMIT REQUIREMENT | *****               | ***** | *****                    | 63<br>DAILY AV | 399<br>DAILY MX |        | Three per Week        | GRAB        |
| 80082 I 0<br>Effluent Gross                   | SAMPLE MEASUREMENT | 60.02               | ***** | *****                    | 2.24           | 8.00            | 0      | Daily                 |             |
|   | PERMIT REQUIREMENT | 834<br>DAILY AV     | ***** | *****                    | 10<br>DAILY AV | 25<br>DAILY MX  |        | Daily                 | COMPOS      |

|  |                |            |
|--|----------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER                       | TELEPHONE      | DATE       |
| Parviz Chavol Sr. Dir  | (210) 233-3239 | 06/15/2017 |
| 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)  
SEE OTHER REQUIREMENTS NO.7 ON PAGE 36.

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

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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       |
| 05/01/2017        | 05/31/2017       |

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)  | PERMIT REQUIREMENT | *****               | ***** | *****     | *****                    | *****       |       |            |                       |             |
| 00300 I 0 Effluent Gross pH                                       | PERMIT REQUIREMENT | *****               | ***** | 4 MO MIN  | *****                    | *****       |       | Daily      | GRAB                  |             |
| 00400 I 0 Effluent Gross Solids, total suspended                  | SAMPLE MEASUREMENT | *****               | ***** | *****     | *****                    | *****       |       |            |                       |             |
| 00400 I 0 Effluent Gross  | PERMIT REQUIREMENT | *****               | ***** | 6 MINIMUM | *****                    | 9 MAXIMUM   |       | Daily      | GRAB                  |             |
| 00530 I 0 Effluent Gross Nitrogen, ammonia total [as N]           | SAMPLE MEASUREMENT | 1251 DAILY AV       | ***** | *****     | *****                    | 15 DAILY AV |       | Daily      | COMPOS                |             |
| 00610 I 0 Effluent Gross Flow, in conduit or thru treatment plant | PERMIT REQUIREMENT | 167 DAILY AV        | ***** | *****     | *****                    | 2 DAILY AV  |       | Daily      | COMPOS                |             |
| 50050 I 0 Effluent Gross Flow, in conduit or thru treatment plant | PERMIT REQUIREMENT | Req. Mon. DAILY AV  | ***** | *****     | *****                    | 7 DAILY MX  |       | Continuous | TOTALZ                |             |
| 50050 Y 0 Effluent Gross (Supplementary) Chlorine, total residual | SAMPLE MEASUREMENT | 10 ANNL AVG         | ***** | *****     | *****                    | *****       |       | Monthly    | TOTALZ                |             |
| 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 | 06/10/2017 |
| 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)  
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       |
| 05/01/2017        | 05/31/2017       |

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           | SAMPLE MEASUREMENT | *****               | ***** | *****       | *****                    | *****           |       |                |                       |             |
| 50060 B 0<br>Prior to Disinfection | PERMIT REQUIREMENT | *****               | ***** | 1<br>MO MIN | *****                    | *****           |       | Daily          | GRAB                  |             |
| E. coli                            | SAMPLE MEASUREMENT | *****               | ***** | *****       | *****                    | *****           |       |                |                       |             |
| 51040 I 0<br>Effluent Gross        | PERMIT REQUIREMENT | *****               | ***** | *****       | 63<br>DAILY AV           | 399<br>DAILY MX |       | Three per Week | GRAB                  |             |
| BOD, carbonaceous [5 day, 20 C]    | SAMPLE MEASUREMENT | *****               | ***** | *****       | *****                    | *****           |       |                |                       |             |
| 80082 I 0<br>Effluent Gross        | PERMIT REQUIREMENT | 834<br>DAILY AV     | ***** | *****       | 10<br>DAILY AV           | 25<br>DAILY MX  |       | Daily          | COMPOS                |             |

|  |                |        |            |
|--|----------------|--------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER                       | TELEPHONE      |        | DATE       |
| Parviz Chavol Sr. Dir  | (210) 233-3239 |        | 06/18/2017 |
| 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)

SEE OTHER REQUIREMENTS NO.7 ON PAGE 36.

NO DISCHARGE

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

Form Approved  
OMB No. 2040-0004

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

|                   |                  |
|-------------------|------------------|
| TX0077801         | 004- A           |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 05/01/2017        | 05/31/2017       |

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 |            |                       |             |
| Oxygen, dissolved (DO)  | PERMIT REQUIREMENT | *****               | ***** | 6.90               | *****                    | *****       | 0     | 1/day      |                       |             |
| 00300 I 0 Effluent Gross pH                                       | PERMIT REQUIREMENT | *****               | ***** | 5 MO MIN           | *****                    | *****       |       | Daily      | GRAB                  |             |
| 00400 I 0 Effluent Gross Solids, total suspended                  | PERMIT REQUIREMENT | *****               | ***** | 7.20               | *****                    | 7.60        | 0     | 1/day      |                       |             |
| 00530 I 0 Effluent Gross Nitrogen, ammonia total [as N]           | PERMIT REQUIREMENT | *****               | ***** | 6.5 MINIMUM        | *****                    | 9 MAXIMUM   | 0     | Daily      | GRAB                  |             |
| 00610 I 0 Effluent Gross Flow, in conduit or thru treatment plant | PERMIT REQUIREMENT | 6.57                | ***** | 2.07               | *****                    | 8.20        | 0     | 1/Day      |                       |             |
| 50050 I 0 Effluent Gross Flow, in conduit or thru treatment plant | PERMIT REQUIREMENT | 375 DAILY AV        | ***** | 15 DAILY AV        | *****                    | 40 DAILY MX | 0     | Daily      | COMPOS                |             |
| 50050 I 0 Effluent Gross Chlorine, total residual                 | PERMIT REQUIREMENT | 0.81                | ***** | 0.26               | *****                    | 0.64        | 0     | 1/Day      |                       |             |
| 50060 A 0 Disinfection, Process Complete                          | PERMIT REQUIREMENT | 50 DAILY AV         | ***** | 2 DAILY AV         | *****                    | 7 DAILY MX  | 0     | Daily      | COMPOS                |             |
|   | SAMPLE MEASUREMENT | 0.37                | ***** | 0.44               | *****                    | *****       | 0     | Continuous | TOTALZ                |             |
|   | PERMIT REQUIREMENT | Req. Mon. DAILY AV  | ***** | Req. Mon. DAILY MX | *****                    | *****       |       | Continuous | TOTALZ                |             |
|   | SAMPLE MEASUREMENT | 0.45                | ***** | *****              | *****                    | *****       | 0     | Continuous |                       |             |
|   | PERMIT REQUIREMENT | ANLN AVG            | ***** | *****              | *****                    | *****       |       | Monthly    | TOTALZ                |             |
|   | SAMPLE MEASUREMENT | *****               | ***** | *****              | *****                    | 0.06        | 0     | 1/day      |                       |             |
|   | PERMIT REQUIREMENT | *****               | ***** | *****              | *****                    | .1 INST MAX |       | Daily      | GRAB                  |             |

|  |                |            |
|--|----------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER                       | TELEPHONE      | DATE       |
| Parviz Chavol Sr. Dir  | (210) 233-3239 | 06/15/2017 |
| 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)  
SEE OTHER REQUIREMENTS NO.7 ON PAGE 36.

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

Form Approved  
OMB No. 2040-0004

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

|                   |                  |
|-------------------|------------------|
| TX0077801         | 004-A            |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 05/01/2017        | 05/31/2017       |

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           | PERMIT REQUIREMENT | *****               | ***** | 1.14        | *****                    | *****           | 0     | 1/day  |                       |             |
| 50060 B 0<br>Prior to Disinfection | PERMIT REQUIREMENT | *****               | ***** | 1<br>MO MIN | *****                    | *****           |       | Daily  | GRAB                  |             |
| E. coli                            | SAMPLE MEASUREMENT | *****               | ***** | *****       | 1.00                     | 1.00            | 0     | 5/week |                       |             |
| 51040 I 0<br>Effluent Gross        | PERMIT REQUIREMENT | *****               | ***** | *****       | 63<br>DAILY AV           | 399<br>DAILY MX |       | Weekly | GRAB                  |             |
| BOD, carbonaceous [5 day, 20 C]    | SAMPLE MEASUREMENT | 7.03                | ***** | *****       | 2.25                     | 8.00            | 0     | 1/Day  |                       |             |
| 80082 I 0<br>Effluent Gross        | PERMIT REQUIREMENT | 250<br>DAILY AV     | ***** | *****       | 10<br>DAILY AV           | 25<br>DAILY MX  |       | Daily  | COMPOS                |             |

|  |                |            |
|--|----------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER                       | TELEPHONE      | DATE       |
| Parviz Chavol Sr. Dir  | (210) 233-3239 | 06/15/17   |
| 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 |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 05/01/2017        | 05/31/2017       |

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               | UNITS | VALUE                    | UNITS | VALUE       | UNITS |        |                       |             |
| Oxygen, dissolved [DO]                   | *****               | ***** | 6.80                     | ***** | *****       | ***** | 0      | 1/day                 |             |
| 00300 I 0 Effluent Gross                 | *****               | ***** | 4 MO MIN                 | ***** | *****       | mg/L  |        | Daily                 | GRAB        |
| pH                                       | *****               | ***** | 6.70                     | ***** | *****       |       | 0      | 1/day                 |             |
| 00400 I 0 Effluent Gross                 | *****               | ***** | 6 MINIMUM                | ***** | 9 MAXIMUM   | SU    |        | Daily                 | GRAB        |
| Solids, total suspended                  | 12.67               | ***** | *****                    | ***** | 8.20        |       | 0      | 1/Day                 |             |
| 00530 I 0 Effluent Gross                 | 325 DAILY AV        | ***** | *****                    | ***** | 40 DAILY MX | mg/L  |        | Daily                 | COMPOS      |
| Nitrogen, ammonia total [as N]           | 1.58                | ***** | *****                    | ***** | 0.64        |       | 0      | 1/Day                 |             |
| 00610 I 0 Effluent Gross                 | 43 DAILY AV         | ***** | *****                    | ***** | 7 DAILY MX  | mg/L  |        | Daily                 | COMPOS      |
| Flow, in conduit or thru treatment plant | 0.73                | ***** | *****                    | ***** | *****       | ***** | 0      | Continuous            |             |
| 50050 I 0 Effluent Gross                 | Req. Mon. DAILY AV  | ***** | *****                    | ***** | *****       | ***** |        | Continuous            | TOTALZ      |
| Flow, in conduit or thru treatment plant | 0.63                | ***** | *****                    | ***** | *****       | ***** | 0      | Continuous            |             |
| 50050 Y 0 Effluent Gross (Supplementary) | 2.6 ANNL AVG        | ***** | *****                    | ***** | *****       | ***** |        | Monthly               | TOTALZ      |
| Chlorine, total residual                 | *****               | ***** | *****                    | ***** | 0.05        |       | 0      | 1/day                 |             |
| 50060 A 0 Disinfection, Process Complete | *****               | ***** | *****                    | ***** | .1 INST MAX | mg/L  |        | Daily                 | GRAB        |

|  |                |            |
|--|----------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER                       | TELEPHONE      | DATE       |
| Parviz Chavol Sr. Dir  | (210) 233-3239 | 06/15/2017 |
| 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)  
SEE OTHER REQUIREMENTS NO.7 ON PAGE 36.

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

Form Approved  
OMB No. 2040-0004

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

|                   |                  |
|-------------------|------------------|
| TX0077801         | 005 - A          |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 05/01/2017        | 05/31/2017       |

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       |   |        |                       |             |
| Chlorine, total residual                                       | SAMPLE MEASUREMENT | *****               | ***** | 1.08     | *****                    | *****       | 0 | 1/day  |                       |             |
|  | PERMIT REQUIREMENT | *****               | ***** | 1 MO MIN | *****                    | *****       |   | Daily  | GRAB                  |             |
| 50060 B 0<br>Prior to Disinfection<br>E. coli                  | SAMPLE MEASUREMENT | *****               | ***** | 1.00     | 1.00                     | mg/L        | 0 | 5/week |                       |             |
|  | PERMIT REQUIREMENT | *****               | ***** | *****    | 63 DAILY AV              | CFU/100 mL  |   | Weekly | GRAB                  |             |
| 51040 I 0<br>Effluent Gross<br>BOD, carbonaceous [5 day, 20 C] | SAMPLE MEASUREMENT | 13.50               | ***** | 2.23     | 8.00                     | mg/L        | 0 | 1/Day  |                       |             |
|  | PERMIT REQUIREMENT | 217 DAILY AV        | ***** | *****    | 10 DAILY AV              | 25 DAILY MX |   | Daily  | COMPOS                |             |

|  |                  |            |
|--|------------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER                       | TELEPHONE        | DATE       |
| Parviz Chavol Sr. Dir  | (210) 233-3239   | 06/15/2017 |
| 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)

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<br>PERMIT NUMBER | 006-A<br>DISCHARGE NUMBER |
| MONITORING PERIOD          |                           |
| MM/DD/YYYY<br>05/01/2017   | MM/DD/YYYY<br>05/31/2017  |

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

|  |                |            |
|--|----------------|------------|
| NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER                      | TELEPHONE      | DATE       |
| Parviz Chavol Sr. Dir  | (210) 233-3239 | 06/07/2017 |
| 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)  
SEE OTHER REQUIREMENTS NO.7 ON PAGE 36.

NO DISCHARGE



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

Form Approved  
OMB No. 2040-0004

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

|                   |                  |
|-------------------|------------------|
| TX0077801         | 006-A            |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 05/01/2017        | 05/31/2017       |

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 |               |                       |             |
| Chlorine, total residual           | SAMPLE MEASUREMENT | *****               | ***** | *****       | *****                    | *****           |       |               |                       |             |
| 50060 B 0<br>Prior to Disinfection | PERMIT REQUIREMENT | *****               | ***** | 1<br>MO MIN | *****                    | *****           |       | Daily         | GRAB                  |             |
| E. coli                            | SAMPLE MEASUREMENT | *****               | ***** | *****       | *****                    | *****           |       |               |                       |             |
| 51040 1 0<br>Effluent Gross        | PERMIT REQUIREMENT | *****               | ***** | *****       | 63<br>DAILY AV           | 399<br>DAILY MX |       | Five per Week | GRAB                  |             |
| BOD, carbonaceous [5 day, 20 C]    | SAMPLE MEASUREMENT | *****               | ***** | *****       | *****                    | *****           |       |               |                       |             |
| 80082 1 0<br>Effluent Gross        | PERMIT REQUIREMENT | 3836<br>DAILY AV    | ***** | *****       | 10<br>DAILY AV           | 25<br>DAILY MX  |       | Daily         | COMPOS                |             |

|  |                |            |
|--|----------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER                       | TELEPHONE      | DATE       |
| Parviz Chavol Sr. Dir  | (210) 233-3239 | 06/15/2017 |
| 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)

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<br>PERMIT NUMBER | 101-A<br>DISCHARGE NUMBER                     |
| MM/DD/YYYY<br>05/01/2016   | MONITORING PERIOD<br>MM/DD/YYYY<br>05/31/2017 |

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               | UNITS | VALUE                    | VALUE | UNITS |        |                       |             |
| Flow, in conduit or thru treatment plant | 7.23                |       | *****                    | ***** | ***** | 0      | Continuous            |             |
| 50050 I 0 Effluent Gross                 | Req. Mon. DAILY AV  | 9.65  | *****                    | ***** | ***** |        | Continuous            | TOTALZ      |
| Flow, in conduit or thru treatment plant | 5.70                |       | *****                    | ***** | ***** | 0      | Continuous            |             |
| 50050 Y 0 Effluent Gross (Supplementary) | Req. Mon. ANNL AVG  | ***** | *****                    | ***** | ***** |        | Continuous            | TOTALZ      |

|  |                |            |
|--|----------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | TELEPHONE      | DATE       |
| Parviz Chavol Sr. Dir                  | (210) 233-3239 | 04/15/2017 |
| 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)  
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 I01.

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<br>PERMIT NUMBER | 102-A<br>DISCHARGE NUMBER |
| MM/DD/YYYY<br>05/01/2017   | MM/DD/YYYY<br>05/31/2017  |

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

No Discharge

| PARAMETER                                | SAMPLE MEASUREMENT                       | QUANTITY OR LOADING |                    | QUALITY OR CONCENTRATION |       |       | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|--|---------------------|--------------------|--------------------------|-------|-------|--------|-----------------------|-------------|
|  |  | VALUE               | UNITS              | VALUE                    | VALUE | UNITS |        |                       |             |
| Flow, in conduit or thru treatment plant | 50050 1 0 Effluent Gross                 | 91.43               | 109.54             | *****                    | ***** | ***** | 0      | Continuous            |             |
|  | PERMIT REQUIREMENT                       | Req. Mon. DAILY AV  | Req. Mon. DAILY MX | *****                    | ***** | ***** |        | Continuous            | TOTALZ      |
| Flow, in conduit or thru treatment plant | 50050 Y 0 Effluent Gross (Supplementary) | 100.68              | *****              | *****                    | ***** | ***** | 0      | Continuous            |             |
|  | PERMIT REQUIREMENT                       | 125 ANNL AVG        | MGD                | *****                    | ***** | ***** |        | Continuous            | TOTALZ      |

|  |                |            |
|--|----------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | TELEPHONE      | DATE       |
| Parviz Chavol Sr. Dir                  | (210) 233-3239 | 04/15/17   |
| TYPED OR PRINTED                       | AREA Code      | NUMBER     |
|  |                | MM/DD/YYYY |

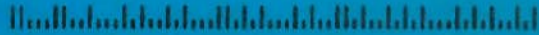
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

THE 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   | 05  | 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<br>FLOW<br>DLY AVG             | REPORTED           |           | 90.83     | MGD                   | 0           | 02    | 11   |    |
|  | PERMITTED          |           |           |                       |             | 02    | CONT | 11 |
| 500507128<br>FLOW<br>ANN AVG             | REPORTED           |           | 100.66    | MGD                   | 0           | 02    | 11   |    |
|  | PERMITTED          |           |           |                       |             | 02    | CONT | 11 |
| NUMBER<br>OF OPERATOR<br>CERTIFICATE     | REPORTED           |           | WW0013780 | NUMBER                | 0           | 01    |      | NA |
|  | PERMITTED          |           |           |                       |             | 01    | 01   | NA |
| EXPIRATION<br>OF OPERATOR<br>CERTIFICATE | REPORTED           |           | 7152019   | DATE                  | 0           | 01    |      | NA |
|  | PERMITTED          |           |           |                       |             | 01    | 01   | NA |
| CLASS<br>OF OPERATOR<br>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. |        | NAME                                  | SIGNATURE                     | DATE              |
|  |        | Tad Eaton<br>Manager-Prod & Treat Ops |                               | 11/7/06/15        |
| TELEPHONE NUMBER   |        | PLANT OPERATOR                        | PLANT OPERATOR                | YEAR MO. DAY      |
| 210  | 233    | 3239                                  | Parviz Chavol<br>Sr. Director |                   |
| AREA CODE  | NUMBER |                                       | EXECUTIVE OFFICER             | EXECUTIVE OFFICER |
|  |        |                                       | Parviz Chavol<br>Sr. Director | 11/7/06/15        |

# 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   | 05 | 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<br>TRANSFER<br>DAYS/MON        | REPORTED           | PERMITTED | 30        | DAY                   | 0 01  |             | 01 |            |
| 316164024<br>E-COLI<br>DLY AVG           | REPORTED           | PERMITTED | 1.03      | #/100 ML              | 0 11  |             | 03 |            |
| 316164030<br>E-COLI<br>IND GRAB          | REPORTED           | PERMITTED | 2.00      | #/100 ML              | 0 11  |             | 03 |            |
| 500507124<br>FLOW<br>DLY AVG             | REPORTED           | PERMITTED | 3.43      | MGD                   | 0 02  |             | 11 |            |
| 500507128<br>FLOW<br>ANN AVG             | REPORTED           | PERMITTED | 2.16      | MGD                   | 0 02  |             | 11 |            |
| 800821024<br>BOD CARB<br>DLY AVG         | REPORTED           | PERMITTED | 2.24      | MG/L                  | 0 08  | 1/Day       | 10 | 12-PRT-COM |
| 820796824<br>TURBDITY<br>30DAYAVG        | REPORTED           | PERMITTED | 1.05      | NTU                   | 0 08  | 1/Day       | 10 | 12-PRT-COM |
| NUMBER<br>OF OPERATOR<br>CERTIFICATE     | REPORTED           | PERMITTED | WW0013780 | NUMBER                | 0 01  |             | NA |            |
| EXPIRATION<br>OF OPERATOR<br>CERTIFICATE | REPORTED           | PERMITTED | 7152019   | DATE                  | 0 01  |             | NA |            |
| CLASS<br>OF OPERATOR<br>CERTIFICATE      | REPORTED           | PERMITTED | A         | LETTER                | 0 01  |             | NA |            |
|  | REPORTED           | PERMITTED |           |                       |       |             |    |            |

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

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

|                  |                                       |                   |              |
|------------------|---------------------------------------|-------------------|--------------|
|                  | NAME                                  | SIGNATURE         | DATE         |
|                  | Tad Eaton<br>Manager-Prod & Treat Ops |                   | 11/7/06/15   |
| TELEPHONE NUMBER | PLANT OPERATOR                        | PLANT OPERATOR    | YEAR MO. DAY |
| 210 233 3239     | Parviz Chavol<br>Sr. Director         |                   | 11/7/06/15   |
| 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   | 05  | 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 |           |                       |             |               |
| 000085342<br>TRANSFER<br>DAYS/MON        | REPORTED           | PERMITTED | 0         |                       |             |               |
|  |                    |           |           | 01                    | NA          | 01 NA         |
| 316164024<br>FEC COLI<br>DLY AVG         | REPORTED           | PERMITTED |           |                       |             |               |
|  |                    |           |           | 14                    | 1/WEEK      | 03 GRABPKLOAD |
| 316164030<br>FEC COLI<br>IND GRAB        | REPORTED           | PERMITTED |           |                       |             |               |
|  |                    |           |           | 14                    | 1/WEEK      | 03 GRABPKLOAD |
| 500507124<br>FLOW<br>DLY AVG             | REPORTED           | PERMITTED |           |                       |             |               |
|  |                    |           |           | 02                    | CONT        | 11 CONT       |
| 500507128<br>FLOW<br>ANN AVG             | REPORTED           | PERMITTED |           |                       |             |               |
|  |                    |           |           | 02                    | CONT        | 11 CONT       |
| 800821024<br>BOD CARB<br>DLY AVG         | REPORTED           | PERMITTED |           |                       |             |               |
|  |                    |           |           | 14                    | 1/WEEK      | 03 GRABPKLOAD |
| NUMBER<br>OF OPERATOR<br>CERTIFICATE     | REPORTED           | PERMITTED | WW0013780 | 0 01                  |             | NA            |
|  |                    |           |           | 01 01                 |             | NA NA         |
| EXPIRATION<br>OF OPERATOR<br>CERTIFICATE | REPORTED           | PERMITTED | 7152019   | 0 01                  |             | NA            |
|  |                    |           |           | 01 01                 |             | NA NA         |
| CLASS<br>OF OPERATOR<br>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                                  | SIGNATURE         | DATE         |
|                  | Tad Eaton<br>Manager-Prod & Treat Ops |                   | 11/7/06/15   |
| TELEPHONE NUMBER | PLANT OPERATOR                        | PLANT OPERATOR    | YEAR MO. DAY |
| 210 233 3239     | Parviz Chavol<br>Sr. Director         |                   | 11/7/06/15   |
| AREA CODE        | EXECUTIVE OFFICER                     | EXECUTIVE OFFICER | YEAR MO. DAY |

# OVERFLOW REPORT

PERIOD: MAY 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   |
|----------------------|--------|---------|-----------|-------------------|----------|-----------------------|----------------|--------------------------|---------------|---|--|
|                      |        | 1809393 | 5/31/2017 | Chappie James Way | 108      | 1,000 l/i             | Monitored Area | 0.00                     | 0.00          | Creek Bed - Spilled Into Leon Creek                         | Cleanup Is Ongoing - Design Is Completed For Replacing This Main - Working On Obtaining Approval From The Air Force Environmental To Construct |
|                      |        | 481758  | 5/11/2017 | Bandera Rd        | 9603     | 1,760 Grease          | Cleaned Main   | 2.93                     | 2.43          | Drainage Culvert - Over The Edwards Aquifer Transition Zone | Area Cleaned and Disinfected, Flushed Area with H2O  |
|                      |        | 481599  | 5/10/2017 | Fir Valley Dr     | 5915     | 30 Grease             | Cleaned Main   | 1.98                     | 0.90          | Ground  | Area Cleaned and Disinfected, Flushed Area with H2O  |
|                      |        | 480937  | 5/6/2017  | Cougar Village    | 6310     | 735 Debris            | Cleaned Main   | 2.45                     | 0.95          | Ground  | Area Cleaned and Disinfected, Flushed Area with H2O  |
| <b>Total Events:</b> |        |         |           |                   | <b>4</b> | <b>Total Gallons:</b> | <b>3,525</b>   | <b>Average Duration:</b> | <b>1.84</b>   | <b>Average Response</b>                                     | <b>1.07</b>  |

Friday, June 02, 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       |
| 05/01/2017        | 05/31/2017       |

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]  | SAMPLE MEASUREMENT | *****               | ***** | 6.40                     | ***** | *****              | 0      |                       |             |
| 00300 1 0 Effluent Gross pH                                       | PERMIT REQUIREMENT | *****               | ***** | 5 MO MIN                 | ***** | mg/L               | 0      | Daily                 | GRAB        |
| 00400 1 0 Effluent Gross Solids, total suspended                  | SAMPLE MEASUREMENT | *****               | ***** | 6.00                     | ***** | 7.40               | 0      |                       |             |
| 00400 1 0 Effluent Gross  | PERMIT REQUIREMENT | *****               | ***** | 6 MINIMUM                | ***** | 9 MAXIMUM          | 0      | Daily                 | GRAB        |
| 00530 1 0 Effluent Gross Nitrogen, ammonia total [as N]           | SAMPLE MEASUREMENT | 339                 | ***** | 1.27                     | ***** | 3.10               | 0      |                       |             |
| 00530 1 0 Effluent Gross  | PERMIT REQUIREMENT | 5755 DAILY AV       | ***** | 15 DAILY AV              | ***** | 40 DAILY MX        | 0      | Daily                 | COMPOS      |
| 00610 1 0 Effluent Gross Chloride [as Cl]                         | SAMPLE MEASUREMENT | 221                 | ***** | 0.82                     | ***** | 2.31               | 0      |                       |             |
| 00610 1 0 Effluent Gross  | PERMIT REQUIREMENT | 767 DAILY AV        | ***** | 2 DAILY AV               | ***** | 7 DAILY MX         | 0      | Daily                 | COMPOS      |
| 00940 1 0 Effluent Gross Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 42,198              | ***** | 158                      | ***** | 170                | 0      |                       |             |
| 00940 1 0 Effluent Gross  | PERMIT REQUIREMENT | Req. Mon. DAILY AV  | ***** | Req. Mon. DAILY AV       | ***** | Req. Mon. DAILY MX | 0      | Daily                 | COMPOS      |
| 50050 1 0 Effluent Gross Flow, in conduit or thru treatment plant | SAMPLE MEASUREMENT | 32.07               | ***** | 42.68                    | ***** | *****              | 0      |                       |             |
| 50050 1 0 See Comments  | PERMIT REQUIREMENT | Req. Mon. DAILY AV  | ***** | Req. Mon. DAILY MX       | ***** | *****              | 0      | Continuous            | TOTALZ      |
|   | SAMPLE MEASUREMENT | *****               | ***** | 32,639                   | ***** | *****              | 0      |                       |             |
|   | PERMIT REQUIREMENT | *****               | ***** | 63889 2HR. PEAK          | ***** | *****              | 0      | Continuous            | TOTALZ      |

|  |                |            |
|--|----------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | TELEPHONE      | DATE       |
| PARVIZ CHAVOL, SR. DIRECTOR            | (210) 233-3239 | 06/15/2017 |
| 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)

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 |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 05/01/2017        | 05/31/2017       |

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    | UNITS |        |                       |             |
| Flow, in conduit or thru treatment plant | 35.65               | ***** | ***** | *****                    | *****    | ***** | 0      |                       |             |
| 50050 Y 0 Effluent Gross (Supplementary) | 46                  | ***** | MGD   | *****                    | *****    | ***** |        | Continuous            | TOTALZ      |
| Chlorine, total residual                 | *****               | ***** | ***** | *****                    | *****    | ***** | 0      |                       |             |
| 50060 A 0 Disinfection, Process Complete | *****               | ***** | ***** | *****                    | *****    | ***** |        | Daily                 | GRAB        |
| Chlorine, total residual                 | *****               | ***** | ***** | 1.20                     | *****    | ***** | 0      |                       |             |
| 50060 B 0 Prior to Disinfection          | *****               | ***** | ***** | 1                        | *****    | ***** |        | Daily                 | GRAB        |
| E. coli                                  | *****               | ***** | ***** | MO MIN                   | *****    | ***** |        | Daily                 | GRAB        |
| 51040 1 0 Effluent Gross                 | *****               | ***** | ***** | *****                    | 1.24     | ***** | 0      |                       |             |
| Solids, total dissolved                  | 196,407             | ***** | ***** | *****                    | 126      | ***** |        | Five per Week         | GRAB        |
| 70295 1 0 Effluent Gross                 | *****               | ***** | ***** | *****                    | DAILY AV | ***** |        |                       |             |
| BOD, carbonaceous [5 day, 20 C]          | 561                 | ***** | ***** | *****                    | 734      | ***** | 0      |                       |             |
| 80082 1 0 Effluent Gross                 | 2686                | ***** | ***** | *****                    | *****    | ***** |        | Daily                 | COMPOS      |
|  | DAILY AV            | ***** | ***** | *****                    | DAILY AV | ***** |        | Daily                 | COMPOS      |

|  |                |            |
|--|----------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | TELEPHONE      | DATE       |
| PARVIZ CHAVOL, SR. DIRECTOR            | (210) 233-3239 | 06/15/2017 |
| 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 MAUFERMAN ROAD  
SAN ANTONIO, TX 78224

ATTN: PARVIZ CHAVOL, SR. DIRECTOR

TX0052639  
PERMIT NUMBER

DMR Mailing ZIP CODE: 78221  
MAJOR (SUBR 13)

MONITORING PERIOD  
MM/DD/YYYY  
05/01/2017

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]                   | SAMPLE MEASUREMENT | *****               | *****   | 6.60      | *****                    | *****       | 0     |            |                       |             |
| 00300 1 0 Effluent Gross pH              | PERMIT REQUIREMENT | *****               | *****   | 5 MO MIN  | *****                    | *****       |       | Daily      | GRAB                  |             |
| 00400 1 0 Effluent Gross                 | SAMPLE MEASUREMENT | *****               | *****   | 6.70      | *****                    | 7.20        | 0     |            |                       |             |
| Solids, total suspended                  | PERMIT REQUIREMENT | *****               | *****   | 6 MINIMUM | *****                    | 9 MAXIMUM   |       | Daily      | GRAB                  |             |
| 00530 1 0 Effluent Gross                 | SAMPLE MEASUREMENT | 1.10                | *****   | 1.07      | *****                    | 1.20        | 0     |            |                       |             |
| Nitrogen, ammonia total [as N]           | PERMIT REQUIREMENT | 5755 DAILY AV       | *****   | *****     | *****                    | 15 DAILY AV |       | Daily      | COMPOS                |             |
| 00610 1 0 Effluent Gross                 | SAMPLE MEASUREMENT | 0.77                | *****   | 0.63      | *****                    | 1.28        | 0     |            |                       |             |
| Flow, in conduit or thru treatment plant | PERMIT REQUIREMENT | 767 DAILY AV        | *****   | *****     | *****                    | 2 DAILY AV  |       | Daily      | COMPOS                |             |
| 50050 1 0 Effluent Gross                 | SAMPLE MEASUREMENT | 0.13                | *****   | 0.16      | *****                    | *****       | 0     |            |                       |             |
| Flow, in conduit or thru treatment plant | PERMIT REQUIREMENT | Req. Mon. DAILY AV  | MGD     | *****     | *****                    | *****       |       | Continuous | TOTALZ                |             |
| 50050 P 0 See Comments                   | SAMPLE MEASUREMENT | *****               | *****   | 528       | *****                    | *****       | 0     |            |                       |             |
| Flow, in conduit or thru treatment plant | PERMIT REQUIREMENT | 63889 2HR PEAK      | gal/min | *****     | *****                    | *****       |       | Continuous | TOTALZ                |             |
| 50050 Y 0 Effluent Gross (Supplementary) | SAMPLE MEASUREMENT | 0.05                | *****   | *****     | *****                    | *****       | 0     |            |                       |             |
|  | PERMIT REQUIREMENT | 46 ANNL AVG         | MGD     | *****     | *****                    | *****       |       | Continuous | TOTALZ                |             |

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
(210) 233-3239  
DATE  
06/15/2017

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

|                   |                  |
|-------------------|------------------|
| TX0052639         | 002-A            |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 05/01/2017        | 05/31/2017       |

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                    | UNITS |        |                       |             |
| Chlorine, total residual                 | SAMPLE MEASUREMENT | *****               | ***** | *****                    | ***** | 0      |                       |             |
| 50060 A 0 Disinfection, Process Complete | PERMIT REQUIREMENT | *****               | ***** | *****                    | ***** |        | Daily                 | GRAB        |
| Chlorine, total residual                 | SAMPLE MEASUREMENT | *****               | ***** | 1.46                     | ***** | 0      |                       |             |
| 50060 B 0 Prior to Disinfection          | PERMIT REQUIREMENT | *****               | ***** | 1 MO MIN                 | ***** |        | Daily                 | GRAB        |
| E. coli                                  | SAMPLE MEASUREMENT | *****               | ***** | *****                    | ***** | 0      |                       |             |
| 51040 1 0 Effluent Gross                 | PERMIT REQUIREMENT | *****               | ***** | 1.00                     | ***** | 0      |                       |             |
| BOD, carbonaceous [5 day, 20 C]          | SAMPLE MEASUREMENT | *****               | ***** | 126 DAILY AV             | ***** |        | Five per Week         | GRAB        |
| 80082 1 0 Effluent Gross                 | PERMIT REQUIREMENT | 2.14                | ***** | 2.00                     | ***** | 0      |                       |             |
|  |                    | 2686 DAILY AV       | ***** | 7 DAILY AV               | ***** |        | Daily                 | COMPOS      |

|  |                |            |
|--|----------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | TELEPHONE      | DATE       |
| PARVIZ CHAVOL, SR. DIRECTOR            | (210) 233-3239 | 06/17/2017 |
| 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)

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<br>PERMIT NUMBER | 101-A<br>DISCHARGE NUMBER |
| MONITORING PERIOD          |                           |
| MM/DD/YYYY<br>05/01/2017   | MM/DD/YYYY<br>05/31/2017  |

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 | UNITS |        |                       |             |
| Solids, total suspended                   | SAMPLE MEASUREMENT | 339                 | *****          | *****                    | ***** | ***** | 0      |                       |             |
| 00530 J 0 Intermediate Treatment, Process | PERMIT REQUIREMENT | 5755 DAILY AV       | *****          | *****                    | ***** | ***** |        | Daily                 | COMPOS      |
| Nitrogen, ammonia total [as N]            | SAMPLE MEASUREMENT | 221                 | *****          | *****                    | ***** | ***** | 0      |                       |             |
| 00610 J 0 Intermediate Treatment, Process | PERMIT REQUIREMENT | 767 DAILY AV        | *****          | *****                    | ***** | ***** |        | Daily                 | COMPOS      |
| Flow, in conduit or thru treatment plant  | SAMPLE MEASUREMENT | 32.03               | 42.68          | *****                    | ***** | ***** | 0      |                       |             |
| 50050 I 0 Effluent Gross                  | PERMIT REQUIREMENT | Req. Mon. DAILY AV  | *****          | *****                    | ***** | ***** |        | Continuous            | TOTALZ      |
| Flow, in conduit or thru treatment plant  | SAMPLE MEASUREMENT | *****               | 32.639         | *****                    | ***** | ***** | 0      |                       |             |
| 50050 P 0 See Comments                    | PERMIT REQUIREMENT | *****               | 63889 2HR PEAK | *****                    | ***** | ***** |        | Continuous            | TOTALZ      |
| Flow, in conduit or thru treatment plant  | SAMPLE MEASUREMENT | 35.66               | *****          | *****                    | ***** | ***** | 0      |                       |             |
| 50050 Y 0 Effluent Gross (Supplementary)  | PERMIT REQUIREMENT | 46 ANNL AVG         | *****          | *****                    | ***** | ***** |        | Continuous            | TOTALZ      |
| BOD, carbonaceous [5 day, 20 C]           | SAMPLE MEASUREMENT | 561                 | *****          | *****                    | ***** | ***** | 0      |                       |             |
| 80082 J 0 Intermediate Treatment, Process | PERMIT REQUIREMENT | 2686 DAILY AV       | *****          | *****                    | ***** | ***** |        | Daily                 | COMPOS      |

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

# 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



|     |               |     |      |     |       |
|-----|---------------|-----|------|-----|-------|
| 408 | WQ0010137-003 | 02  | 17   | 05  | 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                     | REPORTED           |           | 34.78      | MGD                   | 0 02  |             | 11   |
| DLY AVG                            | PERMITTED          |           |            |                       |       | 02          | CONT |
| 500507128 FLOW                     | REPORTED           |           | 37.87      | MGD                   | 0 02  |             | 11   |
| ANN AVG                            | PERMITTED          |           |            |                       |       | 02          | CONT |
| NUMBER OF OPERATOR CERTIFICATE     | REPORTED           |           | WW0004506  | NUMBER                | 0 01  |             | NA   |
|                                    | PERMITTED          |           |            |                       |       | 01          | 01   |
| EXPIRATION OF OPERATOR CERTIFICATE | REPORTED           |           | 01/08/2017 | DATE                  | 0 01  |             | NA   |
|                                    | PERMITTED          |           |            |                       |       | 01          | 01   |
| CLASS OF OPERATOR CERTIFICATE      | REPORTED           |           | A          | LETTER                | 0 01  |             | NA   |
|                                    | PERMITTED          |           |            |                       |       | 01          | 01   |
|                                    | REPORTED           |           |            |                       |       |             |      |
|                                    | PERMITTED          |           |            |                       |       |             |      |
|                                    | REPORTED           |           |            |                       |       |             |      |
|                                    | PERMITTED          |           |            |                       |       |             |      |
|                                    | REPORTED           |           |            |                       |       |             |      |
|                                    | PERMITTED          |           |            |                       |       |             |      |
|                                    | REPORTED           |           |            |                       |       |             |      |
|                                    | PERMITTED          |           |            |                       |       |             |      |
|                                    | REPORTED           |           |            |                       |       |             |      |
|                                    | PERMITTED          |           |            |                       |       |             |      |
|                                    | REPORTED           |           |            |                       |       |             |      |
|                                    | PERMITTED          |           |            |                       |       |             |      |

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

|  |  |                                    |                          |
|--|--|------------------------------------|--------------------------|
| I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE. | NAME<br>Daniel Rodriguez Manager<br>Prod & Treat Ops | SIGNATURE<br>                      | DATE<br>11/06/14         |
| TELEPHONE NUMBER<br>210 233 3239   | PLANT OPERATOR<br>Parviz Chavol<br>Senior Director   | PLANT OPERATOR<br>                 | YEAR MO. DAY<br>11 06 14 |
| AREA CODE<br>210   | NUMBER<br>233 3239                                   | EXECUTIVE OFFICER<br>Parviz Chavol | EXECUTIVE OFFICER<br>    |
|  |  |                                    | YEAR MO. DAY<br>11 06 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   | 05  | 12547 |
| SYS | PERMIT NUMBER | SET | YEAR | MO. | EID   |

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

**TCEQ COPY**

| PARAMETER                                | EFFLUENT CONDITION |           | NO. EX.    | FREQUENCY OF ANALYSIS |       | SAMPLE TYPE |    |            |
|--|--------------------|-----------|------------|-----------------------|-------|-------------|----|------------|
|  | REPORTED           | PERMITTED |            | VALUE                 | UNITS |             |    |            |
| 000085342<br>TRANSFER<br>DAYS/MON        | REPORTED           | PERMITTED | 31         | DAY                   | 0 01  |             | 01 |            |
| 316164024<br>E-COLI<br>DLY AVG           | REPORTED           | PERMITTED | 1.00       | #/100 ML              | 0 11  |             | 03 |            |
| 316164030<br>E-COLI<br>IND GRAB          | REPORTED           | PERMITTED | 1.00       | #/100 ML              | 0 11  |             | 03 |            |
| 500507124<br>FLOW<br>DLY AVG             | REPORTED           | PERMITTED | 2.76       | MGD                   | 0 02  |             | 11 |            |
| 500507128<br>FLOW<br>ANN AVG             | REPORTED           | PERMITTED | 2.26       | MGD                   | 0 02  |             | 11 |            |
| 800821024<br>BOD CARB<br>DLY AVG         | REPORTED           | PERMITTED | 2.10       | MG/L                  | 0 08  | 1/Day       | 10 | 12-prt-com |
| 820786624<br>TURBIDITY<br>30DAY AV       | REPORTED           | PERMITTED | 0.82       | NTU                   | 0 08  | 1/Day       | 10 | 12-prt-com |
| NUMBER<br>OF OPERATOR<br>CERTIFICATE     | REPORTED           | PERMITTED | WW0004506  | NUMBER                | 0 01  |             | NA |            |
| EXPIRATION<br>OF OPERATOR<br>CERTIFICATE | REPORTED           | PERMITTED | 01/08/2017 | DATE                  | 0 01  |             | NA |            |
| CLASS<br>OF OPERATOR<br>CERTIFICATE      | REPORTED           | PERMITTED | A          | LETTER                | 0 01  |             | NA |            |
|  | REPORTED           | PERMITTED |            |                       |       |             |    |            |

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

|  |   |                       |                            |
|--|---|-----------------------|----------------------------|
| I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE. | NAME<br>Daniel Rodriguez Manager<br>Prod & Treat Ops  | SIGNATURE<br>         | DATE<br>11/7/06 14         |
| TELEPHONE NUMBER<br>210 233 3239   | PLANT OPERATOR<br>Parviz Chavol<br>Senior Director    | PLANT OPERATOR<br>    | YEAR MO DAY<br>11/7/06 115 |
| AREA CODE NUMBER<br>210 233 3239   | EXECUTIVE OFFICER<br>Parviz Chavol<br>Senior Director | EXECUTIVE OFFICER<br> | YEAR MO DAY<br>11/7/06 115 |

# 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   | 05  | 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<br>TRANSFER<br>DAYS/MON        | REPORTED           | PERMITTED | 0       | 01                    | 0           | 01    | 01     |               |
|  |                    |           |         |                       |             | 01    | NA     | 01 NA         |
| 316164024<br>FEC. COLI<br>DLY AVG        | REPORTED           | PERMITTED |         |                       |             | 14    | 1/WEEK | 03 GRABPKLOAD |
|  |                    |           |         |                       |             |       |        |               |
| 316164030<br>FEC. COLI<br>IND GRAB       | REPORTED           | PERMITTED |         |                       |             | 14    | 1/WEEK | 03 GRABPKLOAD |
|  |                    |           |         |                       |             |       |        |               |
| 500507124<br>FLOW<br>DLY AVG             | REPORTED           | PERMITTED |         |                       |             | 02    | CONT   | 11 CONT       |
|  |                    |           |         |                       |             |       |        |               |
| 500507128<br>FLOW<br>ANN AVG             | REPORTED           | PERMITTED |         |                       |             | 02    | CONT   | 11 CONT       |
|  |                    |           |         |                       |             |       |        |               |
| 800821024<br>BOD CARB<br>DLY AVG         | REPORTED           | PERMITTED |         |                       |             | 14    | 1/WEEK | 03 GRABPKLOAD |
|  |                    |           |         |                       |             |       |        |               |
| NUMBER<br>OF OPERATOR<br>CERTIFICATE     | REPORTED           | PERMITTED | 0       | 01                    |             |       |        | NA            |
|  |                    |           |         |                       |             | 01    | 01     | NA NA         |
| EXPIRATION<br>OF OPERATOR<br>CERTIFICATE | REPORTED           | PERMITTED | 0       | 01                    |             |       |        | NA            |
|  |                    |           |         |                       |             | 01    | 01     | NA NA         |
| CLASS<br>OF OPERATOR<br>CERTIFICATE      | REPORTED           | PERMITTED | 0       | 01                    |             |       |        | NA            |
|  |                    |           |         |                       |             | 01    | 01     | NA NA         |
|  | REPORTED           | PERMITTED |         |                       |             |       |        |               |
|  |                    |           |         |                       |             |       |        |               |
|  | REPORTED           | PERMITTED |         |                       |             |       |        |               |
|  |                    |           |         |                       |             |       |        |               |

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

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

|                  |  |                   |                   |
|------------------|--|-------------------|-------------------|
|                  | NAME   | SIGNATURE         | DATE              |
|                  | Daniel Rodriguez Manager<br>Prod & Treat Ops |                   | 117 016 114       |
| TELEPHONE NUMBER | PLANT OPERATOR                               | PLANT OPERATOR    | YEAR MO DAY       |
| 210 233 3239     | Parviz Chavol<br>Senior Director             |                   | 117 016 115       |
| AREA CODE        | NUMBER                                       | 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: |        |      |      |         |         |       |        |          |               |               |          |
| Average Response  |        |      |      |         |         |       |        |          |               |               |          |

Total Events:

Friday, June 02, 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       |
| 05/01/2017        | 05/31/2017       |

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 | *****               | ***** | 6.83               | *****                    | *****       | 0     |            |                       |             |
| 00300 1 0 Effluent Gross pH                      | PERMIT REQUIREMENT | *****               | ***** | 6 MO MIN           | *****                    | *****       | 0     | Daily      | GRAB                  |             |
| 00400 1 0 Effluent Gross Solids, total suspended | SAMPLE MEASUREMENT | *****               | ***** | 6.56               | *****                    | 7.89        | 0     |            |                       |             |
| 00400 1 0 Effluent Gross                         | PERMIT REQUIREMENT | *****               | ***** | 6 MINIMUM          | *****                    | 9 MAXIMUM   | 0     | Daily      | GRAB                  |             |
| 00530 1 0 Effluent Gross                         | SAMPLE MEASUREMENT | 37                  | ***** | 1.24               | *****                    | 2.20        | 0     |            |                       |             |
| Nitrogen, ammonia total [as N]                   | PERMIT REQUIREMENT | 2002 DAILY AV       | ***** | 15 DAILY AV        | *****                    | 30 DAILY MX | 0     | Daily      | COMPOS                |             |
| 00610 1 0 Effluent Gross                         | SAMPLE MEASUREMENT | 15                  | ***** | 0.47               | *****                    | 2.41        | 0     |            |                       |             |
| Flow, in conduit or thru treatment plant         | PERMIT REQUIREMENT | 267 DAILY AV        | ***** | 2 DAILY AV         | *****                    | 7 DAILY MX  | 0     | Daily      | COMPOS                |             |
| 50050 1 0 Effluent Gross                         | SAMPLE MEASUREMENT | 3.67                | ***** | 5.29               | *****                    | *****       | 0     |            |                       |             |
| Flow, in conduit or thru treatment plant         | PERMIT REQUIREMENT | Req. Mon. DAILY AV  | ***** | Req. Mon. DAILY MX | *****                    | *****       | 0     | Continuous | TOTALZ                |             |
| 50050 P 0 See Comments                           | SAMPLE MEASUREMENT | 7,590               | ***** | 7,590              | *****                    | *****       | 0     |            |                       |             |
| Flow, in conduit or thru treatment plant         | PERMIT REQUIREMENT | 2778 2HR PEAK       | ***** | 2778 2HR PEAK      | *****                    | *****       | 0     | Continuous | TOTALZ                |             |
| 50050 Y 0 Effluent Gross (Supplementary)         | SAMPLE MEASUREMENT | 5.20                | ***** | *****              | *****                    | *****       | 0     |            |                       |             |
|  | PERMIT REQUIREMENT | 16 ANNL AVG         | ***** | *****              | *****                    | *****       | 0     | Continuous | TOTALZ                |             |

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

|  |                |            |
|--|----------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | TELEPHONE      | DATE       |
| PARVIZ CHAVOL, SR. DIR.                | (210) 233-3239 | 06/15/2017 |
| TYPED OR PRINTED                       | AREA Code      | NUMBER     |
|  |                | MM/DD/YYYY |

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

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

Form Approved  
OMB No. 2040-0004

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

|                   |                  |
|-------------------|------------------|
| TX0055689         | 001-B            |
| PERMIT NUMBER     | DISCHARGE NUMBER |
| MONITORING PERIOD |                  |
| MM/DD/YYYY        | MM/DD/YYYY       |
| 05/01/2017        | 05/31/2017       |

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 |        |                       |             |
| 51040 1 0<br>Effluent Gross | SAMPLE MEASUREMENT | *****               | ***** | ***** | 1.22                     | 11.00        | 0     |        |                       |             |
|                             | PERMIT REQUIREMENT | *****               | ***** | ***** | 126 DAILY AV             | 399 DAILY MX |       | Daily  | GRAB                  |             |
| 80082 1 0<br>Effluent Gross | SAMPLE MEASUREMENT | 62                  | ***** | ***** | 2.03                     | 3.00         | 0     |        |                       |             |
|                             | 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 | 06/10/2017 |
| 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 properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

# 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   | 05  | 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 |            |                       |             |      |
| 500507124 FLOW DLY AVG             | REPORTED           | PERMITTED | 6.24       | MGD                   | 0 02        | 11   |
|                                    |                    |           |            |                       | 02          | CONT |
| 500507128 FLOW ANN AVG             | REPORTED           | PERMITTED | 7.20       | MGD                   | 0 02        | 11   |
|                                    |                    |           |            |                       | 02          | CONT |
| NUMBER OF OPERATOR CERTIFICATE     | REPORTED           | PERMITTED | WW0004506  | NUMBER                | 0 01        | NA   |
|                                    |                    |           |            |                       | 01          | 01   |
| EXPIRATION OF OPERATOR CERTIFICATE | REPORTED           | PERMITTED | 01/08/2020 | DATE                  | 0 01        | NA   |
|                                    |                    |           |            |                       | 01          | 01   |
| CLASS OF OPERATOR CERTIFICATE      | REPORTED           | PERMITTED | A          | LETTER                | 0 01        | NA   |
|                                    |                    |           |            |                       | 01          | 01   |
|                                    | REPORTED           | PERMITTED |            |                       |             |      |
|                                    | REPORTED           | PERMITTED |            |                       |             |      |
|                                    | REPORTED           | PERMITTED |            |                       |             |      |
|                                    | REPORTED           | PERMITTED |            |                       |             |      |
|                                    | REPORTED           | PERMITTED |            |                       |             |      |
|                                    | REPORTED           | PERMITTED |            |                       |             |      |
|                                    | REPORTED           | PERMITTED |            |                       |             |      |
|                                    | REPORTED           | PERMITTED |            |                       |             |      |
|                                    | REPORTED           | PERMITTED |            |                       |             |      |

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

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

|                  |  |                   |                   |
|------------------|--|-------------------|-------------------|
|                  | NAME   | SIGNATURE         | DATE              |
|                  | Daniel Rodriguez<br>Manager-Prod & Treat Ops |                   | 11/20/14          |
| TELEPHONE NUMBER | PLANT OPERATOR                               | PLANT OPERATOR    | YEAR MO DAY       |
| 210 233 3239     | Parviz Chavol<br>Senior Director             |                   | 11/20/14          |
| AREA CODE        | NUMBER                                       | EXECUTIVE OFFICER | EXECUTIVE OFFICER |
|                  |  |                   | YEAR MO DAY       |

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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

## MONTHLY EFFLUENT REPORT

|||||

PAGE 1

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



|     |               |     |      |     |       |
|-----|---------------|-----|------|-----|-------|
| 408 | WQ0010137-040 | 01  | 17   | 05  | 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  |          |                       |             |               |
| 000085342<br>TRANSFER<br>DAYS/MON        | REPORTED           | 31         | DAY      | 0                     | 01          | 01            |
|  | PERMITTED          |            |          |                       | 01 NA       | 01 NA         |
| 316164024<br>FEC COLI<br>DLY AVG         | REPORTED           | 1.00       | #/100 ML | 0                     | 11          | 03            |
|  | PERMITTED          | 20.000     |          |                       | 11 2/WEEK   | 03 GRABPKLOAD |
| 316164030<br>FEC COLI<br>IND GRAB        | REPORTED           | 1.00       | #/100 ML | 0                     | 11          | 03            |
|  | PERMITTED          | 75.000     |          |                       | 11 2/WEEK   | 03 GRABPKLOAD |
| 500507124<br>FLOW<br>DLY AVG             | REPORTED           | 2.58       | MGD      | 0                     | 02          | 11            |
|  | PERMITTED          |            |          |                       | 02 CONT     | 11 CONT       |
| 500507128<br>FLOW<br>ANN AVG             | REPORTED           | 2.02       | MGD      | 0                     | 02          | 11            |
|  | PERMITTED          |            |          |                       | 02 CONT     | 11 CONT       |
| 800821024<br>BOD CARB<br>DLY AVG         | REPORTED           | 2.03       | MG/L     | 0                     | 08 1/Day    | 10 12-prt-com |
|  | PERMITTED          | 5.000      |          |                       | 11 2/WEEK   | 03 GRABPKLOAD |
| 820796624<br>TURBIDITY<br>30DAYAVG       | REPORTED           | 0.84       | NTU      | 0                     | 08 1/Day    | 10 12-prt-com |
|  | PERMITTED          | 3.000      |          |                       | 11 2/WEEK   | 03 GRABPKLOAD |
| NUMBER<br>OF OPERATOR<br>CERTIFICATE     | REPORTED           | WW0004506  | NUMBER   | 0                     | 01          | NA            |
|  | PERMITTED          |            |          |                       | 01 01       | NA NA         |
| EXPIRATION<br>OF OPERATOR<br>CERTIFICATE | REPORTED           | 01/08/2020 | DATE     | 0                     | 01          | NA            |
|  | PERMITTED          |            |          |                       | 01 01       | NA NA         |
| CLASS<br>OF OPERATOR<br>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<br>Manager-Prod & Treat Ops |                   | 17 06 14     |
| TELEPHONE NUMBER | PLANT OPERATOR                               | PLANT OPERATOR    | YEAR MO. DAY |
| 210 233 3239     | Parviz Chavol<br>Senior Director             |                   | 17 06 15     |
| AREA CODE        | EXECUTIVE OFFICER                            | EXECUTIVE OFFICER | YEAR MO. DAY |

# TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



|     |               |     |      |    |       |
|-----|---------------|-----|------|----|-------|
| 40B | WQ0010137-040 | 02  | 17   | 05 | 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<br>TRANSFER<br>DAYS/MON        | REPORTED           | PERMITTED | 0          | 01                    |       | 01          |               |
|  |                    |           |            |                       | 01    | NA          | 01 NA         |
| 316164024<br>FEC. COLI<br>DLY AVG        | REPORTED           | PERMITTED |            |                       |       |             |               |
|  |                    |           |            |                       | 14    | 1/WEEK      | 03 GRABPKLOAD |
| 316164030<br>FEC. COLI<br>IND GRAB       | REPORTED           | PERMITTED |            |                       |       |             |               |
|  |                    |           |            |                       | 14    | 1/WEEK      | 03 GRABPKLOAD |
| 500507124<br>FLOW<br>DLY AVG             | REPORTED           | PERMITTED |            |                       |       |             |               |
|  |                    |           |            |                       | 02    | CONT        | 11 CONT       |
| 500507128<br>FLOW<br>ANN AVG             | REPORTED           | PERMITTED |            |                       |       |             |               |
|  |                    |           |            |                       | 02    | CONT        | 11 CONT       |
| 800821024<br>BOD CARB<br>DLY AVG         | REPORTED           | PERMITTED |            |                       |       |             |               |
|  |                    |           |            |                       | 14    | 1/WEEK      | 03 GRABPKLOAD |
| NUMBER<br>OF OPERATOR<br>CERTIFICATE     | REPORTED           | PERMITTED | WW0004506  | NUMBER                | 0     | 01          | NA            |
|  |                    |           |            |                       |       | 01          | 01 NA NA      |
| EXPIRATION<br>OF OPERATOR<br>CERTIFICATE | REPORTED           | PERMITTED | 01/08/2020 | DATE                  | 0     | 01          | NA            |
|  |                    |           |            |                       |       | 01          | 01 NA NA      |
| CLASS<br>OF OPERATOR<br>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

TELEPHONE NUMBER  
**210 233 3239**

AREA CODE NUMBER

NAME  
**Daniel Rodriguez**  
Manager-Prod & Treat Ops

PLANT OPERATOR  
**Parviz Chavol**  
Senior Director

EXECUTIVE OFFICER

SIGNATURE

PLANT OPERATOR

EXECUTIVE OFFICER

DATE  
**11/26/14**

YEAR MO DAY

**11/20/15**

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       |
| 05/01/2017        | 05/31/2017       |

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

No Discharge

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

|  |                  |            |
|--|------------------|------------|
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER                       | TELEPHONE        | DATE       |
| PARVIZ CHAVOL, SR. DIR                                       | (210) 233-3239   | 06/15/17   |
| TYPED OR PRINTED   | AREA Code NUMBER | MM/DD/YYYY |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT |                  |            |

No Discharge

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.