



March 20, 2018

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 #7017 1000 0000 0971 6182

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 #7017 1000 0000 0971 6182

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

Consent Decree

Date of Lodging: July 23, 2013

Date of Entry: October 15, 2013

CA No. 5:13-cv-00666-DAE, United States of America and State of Texas v. San Antonio Water System, in the United States District Court for the Western District of Texas, San Antonio Division

Dear Sir/Madam:

Section 12 a. of the above-referenced Consent Decree requires that within 90 days after Lodging the San Antonio Water System shall provide a copy of the monthly compliance report required by its TPDES permits to the United States Environmental Protection Agency at the same time the report is submitted to the Texas Commission on Environmental Quality. A copy of the monthly compliance report for February 2018 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



March 20, 2018

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# 7017 1000 0000 0971 6199

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

Consent Decree

Date of Lodging: July 23, 2013

Date of Entry: October 15, 2013

CA No. 5:13-cv-00666-DAE, United States of America and State of Texas v. San Antonio Water System, in the United States District Court for the Western District of Texas, San Antonio Division

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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,

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Jeffrey J. Haby, P.E.

Vice President – Production & Treatment

Enc. As stated

OVERFLOW REPORT

PERIOD: FEBRUARY 2018

WATERSHED: DOS RIOS

TCEQ PERMIT # 10137-033

EPA PERMIT # 0077801

WO #	INSPT#	SR #	Date	Address	Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments
		2169200	2/27/2018	Park Ct	87	Debris	Cleaned Main	0.00	0.00	Ground	Area Cleaned and Disinfected, Flushed Area with H2O
	512243	2162776	2/25/2018	Rivas St	1602	Grease	Cleaned Main	0.00	0.00	Street	Area Cleaned and Disinfected,
	512300	2162753	2/25/2018	Scenic Ln	3314	Debris	Cleaned Main	2.20	0.78	Drainage Culvert	Area Cleaned and Disinfected, Flushed Area with H2O
	512139	2161801	2/23/2018	Action Ln	3426	Debris	Cleaned Main	4.00	3.55	Street	Area Cleaned and Disinfected, Flushed Area with H2O
1516346	511711	2156070	2/20/2018	French Place W	2846	Structural	Repaired Main	6.60	0.10	Street	Area Cleaned and Disinfected, Flushed Area with H2O Returned To System, Work Order Created To Repair Sewer Main
		2154801	2/19/2018	Military Dr Sw	2634	Grease	Cleaned Lateral	1.00	0.50	Street	Area Cleaned and Disinfected, Flushed Area with H2O
	511385	2152811	2/17/2018	Hot Wells	554	Structural	Cleaned Main	1.58	1.08	Drainage Culvert	Area Cleaned and Disinfected, Returned To System
	511152	2147521	2/13/2018	Laurel St W	1402	Grease	Cleaned Main	2.15	0.98	Stormdrain - Spilled Into Martinez Creek	Area Cleaned and Disinfected, Flushed Area with H2O
	510629	2141738	2/8/2018	Kentucky Ave	906	Debris	Cleaned Main	0.78	0.25	Alley	Area Cleaned and Disinfected, Flushed Area with H2O
	509817	2132097	2/2/2018	Path Finder Ln	12718	Grease	Cleaned Main	1.47	1.13	Street - Over The Edwards Aquifer Recharge Zone	Area Cleaned and Disinfected, Flushed Area with H2O
Total Events:					10	Total Gallons:	59,150	Average Duration:	1.98	Average Response	0.84

Thursday, March 01, 2018

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

OVERFLOW REPORT

PERIOD: FEBRUARY 2018

WATERSHED: SALADO CREEK

TCEQ PERMIT # 10137-008

EPA PERMIT # 0052647

WO #	INSPT#	SR #	Date	Address	Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments
	2162178		2/23/2018	Austin Hwy	1800	224,300 l/i	Diluted By Heavy Rain Water	11.33	0.00	Creek Bed - Spilled Into Salado Creek	Monitored Area. On February 7, 2017 A \$35 Million Construction Contract Was Awarded For The Initial Phase Of Construction Upgrades To This Sewer Line With A Second Phase To Start In 2018
	2160963		2/23/2018	Harry Wurzbach	1427	11,250 l/i	Diluted By Heavy Rain Water	3.75	0.00	Drainage Culvert	Cleanup Is Ongoing
	511192	2149410	2/14/2018	Primwood	13615	184 Structural	Cleaned Main	3.07	2.23	Street	Area Cleaned and Disinfected, Flushed Area with H2O Will Attempt To Remove Lateral By Shell Cutter, If This Doesn't Work A Work Order Will Be Created To Remove The Intruding Lateral
1510634		2131732	2/1/2018	Us Hwy 281 N	19422	100 Contractor - Spilled From A 4" Force Main	Repaired Main	16.78	1.67	Ground - Over The Edwards Aquifer Recharge Zone	Area Cleaned and Disinfected, Work Order Created To Repair Sewer Main
	509719	2131477	2/1/2018	La Quinta	12702	170 Grease	Unstopped Main	1.40	0.63	Street	Area Cleaned and Disinfected, Flushed Area with H2O
Total Events:					5	Total Gallons:	236,004	Average Duration:	7.27	Average Response	

Thursday, March 01, 2018

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											

Thursday, March 01, 2018

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
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
DOMESTIC FACILITY - 001
External Outfall No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	VALUE					
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	6.80	*****	*****	*****	0	1/Day		
00300 1 0 Effluent Gross pH	PERMIT REQUIREMENT	*****	*****	6 MO MIN	*****	*****	mg/L	0	Daily	GRAB	
00400 1 0 Effluent Gross Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	6.78	*****	7.10	SU	0	1/Day	GRAB	
00530 1 0 Effluent Gross Nitrogen, ammonia total [as N]	PERMIT REQUIREMENT	*****	*****	6 MINIMUM	*****	9 MAXIMUM		0	Daily	GRAB	
00610 1 0 Effluent Gross Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1,924	*****	*****	*****	2.83	mg/L	0	1/Day	COMPOS	
00610 1 0 Effluent Gross Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	12510 DAILY AV	*****	*****	*****	12 DAILY AV		0	Daily		
00610 1 0 Effluent Gross Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	258	*****	*****	*****	0.36	mg/L	0	1/Day	COMPOS	
00610 1 0 Effluent Gross Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	2085 DAILY AV	*****	*****	*****	2 DAILY AV		0	Daily		
50050 P 0 Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	83.88	*****	*****	*****	*****	*****	0	Continuous	TOTALZ	
50050 P 0 Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	*****	*****	*****	*****	0	Continuous	TOTALZ	
50050 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	129,815	*****	*****	*****	*****	*****	0	Continuous	TOTALZ	
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	173611 2HR PEAK	*****	*****	*****	*****	*****	0	Monthly	TOTALZ	
50050 Y 0 Effluent Gross (Supplementary)	SAMPLE MEASUREMENT	85.99	*****	*****	*****	*****	*****	0	Continuous	TOTALZ	
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	125 ANNL AVG	*****	*****	*****	*****	*****	0	Continuous	TOTALZ	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	(210) 233-3239	03/28/18
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

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

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

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

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

No Discharge

TX0077801	001- A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MONITORING PERIOD
02/01/2018	MM/DD/YYYY
	02/28/2018

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	50060 A 0	*****	*****	*****	*****	0.06	0	1/Day		
Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 INST MAX		Daily	GRAB	
	SAMPLE MEASUREMENT	*****	*****	1.07	*****	*****	0	1/Day		
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	1 MO MIN	*****	*****		Daily	GRAB	
	SAMPLE MEASUREMENT	*****	*****	*****	1.13	5.00	0	7/week		
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	126 DAILY AV	399 DAILY MX		Five per Week	GRAB	
	SAMPLE MEASUREMENT	1,422	*****	*****	2.04	3.00	0	1/Day		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	5213 DAILY AV	*****	*****	5 DAILY AV	20 DAILY MX		Daily	COMPOS	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		*****		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	(210) 233-3239	02/20/2018
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	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved [DO]	PERMIT REQUIREMENT	*****	*****	7.80	*****	*****	0	1/day	GRAB	
00300 1 0 Effluent Gross pH	PERMIT REQUIREMENT	*****	*****	4 MO MIN	*****	*****	0	Daily	GRAB	
00400 1 0 Effluent Gross Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	7.40	*****	8.00	0	1/day	GRAB	
00530 1 0 Effluent Gross Nitrogen, ammonia total [as N]	PERMIT REQUIREMENT	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	0	Daily	GRAB	
00610 1 0 Effluent Gross Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	97.94	*****	*****	*****	6.50	0	1/Day	COMPOS	
50050 1 0 Effluent Gross Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	1251 DAILY AV	*****	*****	*****	40 DAILY MX	0	Daily	COMPOS	
50050 Y 0 Effluent Gross Chlorine, total residual	SAMPLE MEASUREMENT	10.22	*****	*****	*****	1.05	0	1/Day	COMPOS	
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	167 DAILY AV	*****	*****	*****	7 DAILY MX	0	Daily	COMPOS	
		4.06	*****	*****	*****	*****	0	Continuous	TOTALZ	
		Req. Mon. DAILY AV	*****	*****	*****	*****	0	Continuous	TOTALZ	
		3.62	*****	*****	*****	*****	0	Continuous	TOTALZ	
		10 ANNL AVG	*****	*****	*****	*****	0	Monthly	TOTALZ	
		*****	*****	*****	*****	0.07	0	Continuous	TOTALZ	
		*****	*****	*****	*****	1 INST MAX	0	Daily	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	(210) 233-3239	02/28/2018
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)
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

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

No Discharge

TX0077801	002 - A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Chlorine, total residual	*****	*****	1.07	*****	*****	*****	0	1/day	
50060 B 0 Prior to Disinfection	*****	*****	1	*****	*****	*****		Daily	GRAB
E. coli	*****	*****	*****	*****	*****	*****	0	7/week	
51040 1 0 Effluent Gross	*****	*****	63	DAILY AV	*****	*****		Three per Week	GRAB
BOD, carbonaceous [5 day, 20 C]	69.30	*****	2.04	*****	*****	*****	0	Daily	
80082 1 0 Effluent Gross	834	DAILY AV	10	DAILY AV	*****	*****		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	(210) 233-3239	02/01/2018
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	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018
MONITORING PERIOD	

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	4 MO MIN	*****	*****		Daily	GRAB	
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	6 MINIMUM	*****	9 MAXIMUM		Daily	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	1251 DAILY AV	*****	*****	*****	40 DAILY MX		Daily	COMPOS	
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	167 DAILY AV	*****	*****	*****	7 DAILY MX		Daily	COMPOS	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	*****	*****	*****		Continuous	TOTALZ	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	10 ANNL AVG	*****	*****	*****	*****		Monthly	TOTALZ	
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	.1 INST MAX		Daily	GRAB	

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that all data gathered, reported, and submitted are true and accurate. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE (210) 233-3239
NUMBER 03/02/2018
DATE MM/DD/YYYY

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

SEE OTHER REQUIREMENTS NO.7 ON PAGE 36.

NO DISCHARGE

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

Form Approved
OMB No. 2040-0004

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

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

TX0077801	003-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018
MONITORING PERIOD	

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	(210) 233-3239	03/26/18
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


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

No Discharge

TX0077801	004-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved [DO]	PERMIT REQUIREMENT	*****	*****	7.50	*****	*****	0	1/day		
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	5 MO MIN	*****	*****	0	Daily	GRAB	
pH	SAMPLE MEASUREMENT	*****	*****	7.20	*****	8.10	0	1/day		
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	6.5 MINIMUM	*****	9 MAXIMUM	0	Daily	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	11.47	*****	*****	*****	6.50	0	1/Day		
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	375 DAILY AV	*****	*****	*****	40 DAILY MX	0	Daily	COMPOS	
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.19	*****	*****	*****	1.05	0	1/Day		
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	50 DAILY AV	*****	*****	*****	7 DAILY MX	0	Daily	COMPOS	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.47	*****	0.52	*****	*****	0	Continuous		
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	*****	*****	*****	0	Continuous	TOTALZ	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.47	*****	*****	*****	*****	0	Continuous		
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	3 ANNL AVG	*****	*****	*****	*****	0	Monthly	TOTALZ	
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.03	0	1/day		
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	1 INST MAX	0	Daily	GRAB	

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

 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
	(210) 233-3239	02/28/2018
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

TX0077801	004- A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

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

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Chlorine, total residual	*****	*****	1.07	*****	*****	*****	0	1/day	
50060 B 0 Prior to Disinfection	*****	*****	1 MO MIN	*****	*****	*****		Daily	GRAB
E. coli	*****	*****	*****	*****	*****	*****	0	7/week	
51040 1 0 Effluent Gross	*****	*****	*****	63 DAILY AV	399 DAILY MX	CFU/100 mL		Weekly	GRAB
BOD, carbonaceous [5 day, 20 C]	7.99	*****	*****	2.04	3.00		0	1/Day	
80082 1 0 Effluent Gross	250 DAILY AV	*****	*****	10 DAILY AV	25 DAILY MX	mg/L		Daily	COMPOS

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 reliable personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	(210) 233-3239	03/24/2018
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

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

No Discharge

TX0077801	005- A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oxygen, dissolved [DO]	PERMIT REQUIREMENT	*****	*****	7.30	*****	*****	0	1/day		
00300 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	4 MO MIN	*****	*****	0	Daily	GRAB	
pH	SAMPLE MEASUREMENT	*****	*****	7.30	*****	7.90	0	1/day		
00400 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	6 MINIMUM	*****	9 MAXIMUM		Daily	GRAB	
Solids, total suspended	SAMPLE MEASUREMENT	10.77	*****	*****	*****	6.50	0	1/Day		
00530 I 0 Effluent Gross	PERMIT REQUIREMENT	325 DAILY AV	*****	*****	15 DAILY AV	40 DAILY MX		Daily	COMPOS	
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	1.12	*****	*****	0.31	1.05	0	1/Day		
00610 I 0 Effluent Gross	PERMIT REQUIREMENT	43 DAILY AV	*****	*****	2 DAILY AV	7 DAILY MX		Daily	COMPOS	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.44	*****	*****	*****	*****	0	Continuous		
50050 Y 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	*****	*****	*****		Continuous	TOTALZ	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.62	*****	*****	*****	*****	0	Continuous		
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	2.6 ANNL AVG	*****	*****	*****	*****		Monthly	TOTALZ	
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.04	0	1/day		
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	03/2/2018
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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

Form Approved
OMB No. 2040-0004

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

TX0077801	005- A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	1.07	*****	*****	0	1/day		
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	1 MO MIN	*****	*****		Daily	GRAB	
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	1.11	5.00	0	7/week		
51040 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	63 DAILY AV	399 DAILY MX		Weekly	GRAB	
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	7.55	*****	*****	2.04	3.00	0	1/Day		
80082 I 0 Effluent Gross	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	02/28/2018
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)
SEE OTHER REQUIREMENTS NO.7 ON PAGE 36.

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

Form Approved
OMB No. 2040-0004

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

TX0077801	006-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

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

No Discharge

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE (210) 233-3239

DATE 03/20/2018

AREA Code NUMBER MM/DD/YYYY

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

NO DISCHARGE

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

Form Approved
OMB No. 2040-0004

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

TX0077801	006-A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018
MONITORING PERIOD	

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

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	(210) 233-3239	02/20/2018
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	101 - A
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MONITORING PERIOD
02/01/2018	MM/DD/YYYY
	02/28/2018

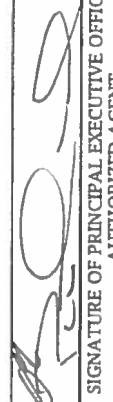
DMR Mailing ZIP CODE: 78221
MAJOR (SUBR 13)
DOMESTIC WASTEWATER - 101
Internal Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Flow, in conduit or thru treatment plant		4.82		7.42		*****	*****	0	Continuous	
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	MGD	Req. Mon. DAILY MX	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant		5.92		*****		*****	*****	0	Continuous	
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	Req. Mon. ANNL AVG	MGD	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	(210) 233-3239	02/28/2018
TYPED OR PRINTED	AREA Code	NUMBER
	MM/DD/YYYY	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.


SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

Form Approved
OMB No. 2040-0004

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

TX0077801 PERMIT NUMBER	102-A DISCHARGE NUMBER
MM/DD/YYYY 02/01/2018	MONITORING PERIOD MM/DD/YYYY 02/28/2018

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	VALUE				
Flow, in conduit or thru treatment plant	50050 I 0 Effluent Gross	88.70	127.63	Req. Mon. DAILY AV	MGD	*****	*****	*****	0	Continuous	TOTAL
Flow, in conduit or thru treatment plant	50050 Y 0 Effluent Gross (Supplementary)	91.89	*****	Req. Mon. DAILY MX	MGD	*****	*****	*****	0	Continuous	TOTAL
		125	*****	ANNL AVG	MGD	*****	*****	*****		Continuous	TOTAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Parviz Chavol Sr. Dir	(210) 233-3239	03/28/2018
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	18	02	12647
SYS	PERMIT NUMBER	SET	YEAR MO.		EID

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	REPORTED	VALUE	UNITS			CONT	CONT
500507124 FLOW DLY AVG	REPORTED	88.70	MGD	0	02	11	
	PERMITTED				02	CONT	11
500507128 FLOW ANN AVG	REPORTED	91.89	MGD	0	02	11	
	PERMITTED				02	CONT	11
NUMBER OF OPERATOR CERTIFICATE	REPORTED	WW0013780	NUMBER	0	01		NA
	PERMITTED				01	01	NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	07/15/2019	DATE	0	01		NA
	PERMITTED				01	01	NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	A	LETTER	0	01		NA
	PERMITTED				01	01	NA
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME Ted Eaton Manager-Prod & Treat Ops	SIGNATURE 	DATE 11/8/03 119
TELEPHONE NUMBER 210 233 3239	PLANT OPERATOR Parviz Chavol Sr. Director	PLANT OPERATOR 	YEAR MO. DAY 11 03 240
AREA CODE	EXECUTIVE OFFICER	EXECUTIVE OFFICER	YEAR MO. DAY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-033	02	18	02	12551
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	REPORTED	PERMITTED				VALUE	TYPE
000085342 TRANSFER DAYS/MON	REPORTED		22	DAY	0 01		01
	PERMITTED				01 NA		01 NA
316164024 E-COLI DLY AVG	REPORTED		1.03	#/100 ML	0 11		03
	PERMITTED		20.000		11 2/WEEK		03 GRABPKLOAD
316164030 E-COLI IND GRAB	REPORTED		2.00	#/100 ML	0 11		03
	PERMITTED		75.000		11 2/WEEK		03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED		0.80	MGD	0 02		11
	PERMITTED				02 CONT		11 CONT
500507128 FLOW ANN AVG	REPORTED		1.91	MGD	0 02		11
	PERMITTED				02 CONT		11 CONT
800821024 BOD CARB DLY AVG	REPORTED		2.05	MG/L	0 08	1/Day	10 12-PRT-COM
	PERMITTED		5.000		11 2/WEEK		03 GRABPKLOAD
820796624 TURBIDITY 30DAYAVG	REPORTED		1.53	NTU	0 08	1/Day	10 12-PRT-COM
	PERMITTED		3.000		11 2/WEEK		03 GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED		WW0013780	NUMBER	0 01		NA
	PERMITTED				01 01		NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		07/15/2019	DATE	0 01		NA
	PERMITTED				01 01		NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		A	LETTER	0 01		NA
	PERMITTED				01 01		NA NA
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS (Reference all attachments here)

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

	NAME Tad Eaton Manager-Prod & Treat Ops	SIGNATURE 	DATE 11/8/03/19
TELEPHONE NUMBER 210 233 3239	PLANT OPERATOR Parviz Chavol Sr. Director	PLANT OPERATOR 	YEAR MO. DAY 11/8/03/20
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-033	02	18	02	12552
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

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

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME Tad Eaton Manager-Prod & Treat Ops	SIGNATURE 	DATE 18 03 19
TELEPHONE NUMBER 210 233 3239	PLANT OPERATOR Parviz Chavol Sr. Director	PLANT OPERATOR 	YEAR MO. DAY 18 03 20
AREA CODE NUMBER 210 233 3239	EXECUTIVE OFFICER Parviz Chavol	EXECUTIVE OFFICER 	YEAR MO. DAY 18 03 20

OVERFLOW REPORT

PERIOD: FEBRUARY 2018

WATERSHED: LEON CREEK

TCEQ PERMIT # 10137-003

EPA PERMIT # 0052639

WO #	INSPT#	SR #	Date	Address	Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments
	512229	2162672	2/24/2018	Street A	428	Grease	Cleaned Main	1.33	0.92	Street - Discharge Route To Nearby Pond	Area Cleaned and Disinfected, Flushed Area with H2O
	512052	2160378	2/22/2018	Evers Rd	5,446	Debris	Cleaned Main	1.73	1.47	Stormdrain	Area Cleaned and Disinfected, Flushed Area with H2O
	511427	2152820	2/17/2018	lh 10 W	11,426	Grease	Cleaned Main	3.46	0.00	Drainage Culvert - Over The Edwards Aquifer Transition Zone	Area Cleaned and Disinfected, Flushed Area with H2O
	510783	2143435	2/10/2018	lh 10 W	14,700	Grease	Cleaned Main	2.52	0.27	Street - Over The Edwards Aquifer Contributing Zone Within The Transition Zone	Area Cleaned and Disinfected, Flushed Area with H2O Returned To System
	509917	2133557	2/3/2018	Sweetwater Way	5,726	Debris	Cleaned Main	0.93	0.68	Street	Area Cleaned and Disinfected,
	509710	2131016	2/1/2018	Briggs Ave	200	Grease	Cleaned Main	1.43	1.15	Street	Area Cleaned and Disinfected, Flushed Area with H2O
Total Events: 6					Total Gallons: 35,661		Average Duration: 1.90		Average Response		

Thursday, March 01, 2018

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

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

Form Approved
OMB No. 2040-0004

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

TX0052639	001 - A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

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	VALUE			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	6.50	*****	*****	0		
00300 1 0 Effluent Gross pH	PERMIT REQUIREMENT	*****	*****	5 MO MIN	*****	*****		Daily	GRAB
	SAMPLE MEASUREMENT	*****	*****	6.50	*****	7.40	0		
00400 1 0 Effluent Gross Solids, total suspended	PERMIT REQUIREMENT	*****	*****	6 MINIMUM	*****	9 MAXIMUM		Daily	GRAB
	SAMPLE MEASUREMENT	290	*****	*****	*****	1.50	0		
00530 1 0 Effluent Gross Nitrogen, ammonia total [as N]	PERMIT REQUIREMENT	5755 DAILY AV	*****	*****	*****	40 DAILY MX		Daily	COMPOS
	SAMPLE MEASUREMENT	206	*****	*****	*****	1.87	0		
00610 1 0 Effluent Gross Chloride [as Cl]	PERMIT REQUIREMENT	767 DAILY AV	*****	*****	*****	7 DAILY MX		Daily	COMPOS
	SAMPLE MEASUREMENT	43,738	*****	*****	*****	182	0		
00940 1 0 Effluent Gross Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	*****	*****	Req. Mon. DAILY MX		Daily	COMPOS
	SAMPLE MEASUREMENT	32.24	*****	40.95	*****	*****	0		
50050 1 0 Effluent Gross Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	*****	*****	*****		Continuous	TOTALZ
	SAMPLE MEASUREMENT	*****	*****	31,250	*****	*****	0		
50050 P 0 See Comments	PERMIT REQUIREMENT	*****	*****	63889 2HR. PEAK	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIRECTOR	(210) 233-3239	02/28/2018
TYPED OR PRINTED	NUMBER	MM/DD/YYYY
	03/02/2018	

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

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

Form Approved
OMB No. 2040-0004


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

TX0052639	001-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

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			
Flow, in conduit or thru treatment plant	MEASUREMENT	32.33	*****	*****	*****	*****	*****	0		
50050 Y 0 Effluent Gross (Supplementary)	PERMIT REQUIREMENT	46	*****	*****	*****	*****	*****		Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0		
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Daily	GRAB
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	1.06	*****	*****	*****	0		
50060 B 0 Prior to Disinfection	PERMIT REQUIREMENT	*****	*****	1 MO MIN	*****	*****	*****		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0		
51040 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Five per Week	GRAB
Solids, total dissolved	SAMPLE MEASUREMENT	189,015	*****	*****	*****	*****	*****	0		
70295 I 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****		Daily	COMPOS
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	538	*****	*****	*****	*****	*****	0		
80082 I 0 Effluent Gross	PERMIT REQUIREMENT	2686	*****	*****	*****	*****	*****		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIRECTOR			(210) 233-3239	03/20/2018
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		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 MAURERMAN ROAD
SAN ANTONIO, TX 78224
ATTN: PARVIZ CHAVOL, SR. DIRECTOR

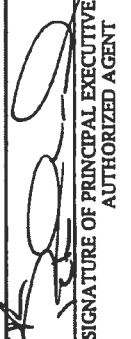
TX0052639 PERMIT NUMBER	002-A DISCHARGE NUMBER
MM/DD/YYYY 02/01/2018	MONITORING PERIOD
MM/DD/YYYY 02/28/2018	MM/DD/YYYY 02/28/2018

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

No Discharge **X**

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIRECTOR	(210) 233-3239	02/29/2018
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

Signature of Principal Executive Officer or Authorized Agent: 

Comments and Explanation of Any Violations (Reference all attachments here)
THE COMBINED FLOW FOR OUTFALLS 001 AND 002 SHALL NOT EXCEED 46 MGD AND 2- HR PEAK OF 63889 GPM. POUNDS PER DAY LOADING SHALL ALSO BE THE COMBINED TOATL OF BOTH OUTFALLS

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

Form Approved
OMB No. 2040-0004

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

TX0052639 PERMIT NUMBER	002 - A DISCHARGE NUMBER
MM/DD/YYYY 02/01/2018	MONITORING PERIOD MM/DD/YYYY 02/28/2018

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIRECTOR	(210) 233-3239	03/04/18
TYPED OR PRINTED	NUMBER	MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

No Discharge

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
THE COMBINED FLOW FOR OUTFALLS 001 AND 002 SHALL NOT EXCEED 46 MGD AND 2-HR PEAK OF 63889 GPM. POUNDS PER DAY LOADING SHALL ALSO BE THE COMBINED TOA.T.I. 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 PERMIT NUMBER	101 - A DISCHARGE NUMBER
MM/DD/YYYY 02/01/2018	MONITORING PERIOD MM/DD/YYYY 02/28/2018

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	PERMIT REQUIREMENT	290	*****	*****	*****	*****	*****	0		
00530 J 0 Intermediate Treatment, Process Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	5755 DAILY AV	*****	*****	*****	*****	*****		Daily	COMPOS
00610 J 0 Intermediate Treatment, Process Flow, in conduit or thru treatment plant	PERMIT REQUIREMENT	767 DAILY AV	*****	*****	*****	*****	*****	0		COMPOS
50050 I 0 Effluent Gross Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	32.24	*****	*****	*****	*****	*****	0		COMPOS
50050 P 0 See Comments	PERMIT REQUIREMENT	Req. Mon. DAILY AV	*****	*****	*****	*****	*****		Continuous	TOTALZ
50050 Y 0 Effluent Gross (Supplementary) BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	32.36	*****	*****	*****	*****	*****	0		COMPOS
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	02/28/18
TYPED OR PRINTED	AREA Code NUMBER	MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-003	02	18	02	12645
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS		SAMPLE TYPE	
	REPORTED	PERMITTED		VALUE	UNITS		
500507124 FLOW	REPORTED		0	02		11	
DLY AVG	PERMITTED			02	CONT	11	CONT
500507128 FLOW	REPORTED		0	02		11	
ANN AVG	PERMITTED			02	CONT	11	CONT
NUMBER OF OPERATOR CERTIFICATE	REPORTED		0	01		NA	
	PERMITTED			01	01	NA	NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		0	01		NA	
	PERMITTED			01	01	NA	NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		0	01		NA	
	PERMITTED			01	01	NA	NA
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						
	REPORTED						
	PERMITTED						

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Daniel Rodriguez Manager Prod & Treat Ops		18 03 20
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director		18 03 20
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
			YEAR MO. DAY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-003	02	18	02	12547
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE I 800 LEON 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				
000085342 TRANSFER DAYS/MON	REPORTED	PERMITTED	28	DAY	0 01	01
					01 NA	01 NA
316164024 E-COLI DLY AVG	REPORTED	PERMITTED	1.00	#/100 ML	0 11	03
			20.000		11 2/WEEK	03 GRABPKLOAD
316164030 E-COLI IND GRAB	REPORTED	PERMITTED	1.00	#/100 ML	0 11	03
			75.000		11 2/WEEK	03 GRABPKLOAD
500507124 FLOW DLY AVG	REPORTED	PERMITTED	0.60	MGD	0 02	11
					02 CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED	PERMITTED	2.38	MGD	0 02	11
					02 CONT	11 CONT
800821024 BOD CARB DLY AVG	REPORTED	PERMITTED	2.00	MG/L	0 08 1/Day	10 12-prt-com
			5.000		11 2/WEEK	03 GRABPKLOAD
820786624 TURBIDITY 30DAY AV	REPORTED	PERMITTED	0.72	NTU	0 08 1/Day	10 12-prt-com
			3.000		11 2/WEEK	03 GRABPKLOAD
NUMBER OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	WW0004506	NUMBER	0 01	NA
					01 01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	01/08/2020	DATE	0 01	NA
					01 01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	A	LETTER	0 01	NA
					01 01	NA NA
	REPORTED	PERMITTED				

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

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

	NAME	SIGNATURE	DATE
	Daniel Rodriguez Manager Prod & Treat Ops		1/8 0/3 2/0
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
2 1 0 2 3 3 3 2 3 9	Parviz Chavol Senior Director		1 8 0 3 2 0
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
			YEAR MO. DAY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-003	02	18	02	12548
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

TCEQ COPY

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

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

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

	NAME	SIGNATURE	DATE
	Daniel Rodriguez Manager Prod & Treat Ops		18/03/20
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavoi Senior Director		18 03 20
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
210	233 3239	Parviz Chavoi	18 03 20

OVERFLOW REPORT

PERIOD: FEBRUARY 2018

WATERSHED: MEDIO CREEK

TCEQ PERMIT # 10137-040

EPA PERMIT # 0055689

WO #	INSPT#	SR #	Date	Address	Gallons	Cause	Action	Duration	Response Time	Discharged To	Comments	
	511285	2151701	2/16/2018	Bailey Forest	2135	107 Debris	Cleaned Main	1.78	0.78	Street	Area Cleaned and Disinfected, Flushed Area with H2O	
	510761	2143416	2/10/2018	Waters Edge Dr	8900	4,500 Debris	Cleaned Main	1.50	0.75	Manmade Pond	Area Cleaned and Disinfected, Flushed Area with H2O Fresh Water From A Fire Hydrant Was Introduced into Pond	
Total Events:					2	Total Gallons:		4,607	Average Duration:	1.64	Average Response	0.77

Thursday, March 01, 2018

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

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

Form Approved
OMB No. 2040-0004

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

TX0055689	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

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

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS			
Oxygen, dissolved [DO]	*****	*****	6.80	*****	*****	0		
00300 1 0 Effluent Gross pH	*****	*****	6 MO MIN	*****	mg/L		Daily	GRAB
00400 1 0 Effluent Gross	*****	*****	7.03	*****	9 SU	0	Daily	GRAB
Solids, total suspended	43	*****	6 MINIMUM	*****	MAXIMUM	0	Daily	GRAB
00530 1 0 Effluent Gross	2002 DAILY AV	*****	1.08	*****	30 mg/L		Daily	COMPOS
Nitrogen, ammonia total [as N]	16	*****	0.43	*****	1.88	0		
00610 1 0 Effluent Gross	267 DAILY AV	*****	2	*****	7 mg/L		Daily	COMPOS
Flow, in conduit or thru treatment plant	4.72	*****	*****	*****	*****	0		
50050 1 0 Effluent Gross	Req. Mon. DAILY AV	6.89	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	*****	7.678	*****	*****	*****	0		
50050 P 0 See Comments	*****	2778 2HR PEAK	*****	*****	*****		Continuous	TOTALZ
Flow, in conduit or thru treatment plant	4.21	*****	*****	*****	*****	0		
50050 Y 0 Effluent Gross (Supplementary)	16 ANNL AVG	*****	*****	*****	*****		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIR.	(210) 233-3239	02/20/18
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

Form Approved
OMB No. 2040-0004

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

TX0055689	001-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

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			
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	1.03	2.00	0		
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	126 DAILY AV	399 DAILY MX		Daily	GRAB
BOD, carbonaceous [5 day, 20 C]	SAMPLE MEASUREMENT	80	*****	*****	2.05	3.34	0		
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	934 DAILY AV	*****	*****	7 DAILY AV	20 DAILY MX		Daily	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
PARVIZ CHAVOL, SR. DIR.	(210) 233-3239	03/20/18
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

[Signature]

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	18	02	12654
SYS	PERMIT NUMBER	SET	YEAR	MO.	EID

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

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	REPORTED	PERMITTED				
500507124 FLOW DLY AVG	REPORTED		0	02		11
	PERMITTED			02	CONT	11 CONT
500507128 FLOW ANN AVG	REPORTED		0	02		11
	PERMITTED			02	CONT	11 CONT
NUMBER OF OPERATOR CERTIFICATE	REPORTED		0	01		NA
	PERMITTED			01	01	NA NA
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED		0	01		NA
	PERMITTED			01	01	NA NA
CLASS OF OPERATOR CERTIFICATE	REPORTED		0	01		NA
	PERMITTED			01	01	NA NA
	REPORTED					
	PERMITTED					
	REPORTED					
	PERMITTED					
	REPORTED					
	PERMITTED					
	REPORTED					
	PERMITTED					
	REPORTED					
	PERMITTED					
	REPORTED					
	PERMITTED					

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

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

	NAME	SIGNATURE	DATE
	Daniel Rodriguez Manager-Prod & Treat Ops		18/03/20
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director		18/03/20
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
			YEAR MO. DAY

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

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



PAGE 1

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



40B	WQ0010137-040	01	18	02	12553
SYS	PERMIT NUMBER	SET T	YEAR MO.		EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE | 800 MEDIO CREEK
SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS. **TCEQ COPY**

PARAMETER	EFFLUENT CONDITION		NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	REPORTED	PERMITTED			VALUE	UNITS	
000085342 TRANSFER DAYS/MON	REPORTED	PERMITTED	28	DAY	0 01	01	
318164024 FEC. COLI DLY AVG	REPORTED	PERMITTED	1.00	#/100 ML	0 11	03	
316164030 FEC. COLI IND GRAB	REPORTED	PERMITTED	1.00	#/100 ML	0 11	03	
500507124 FLOW DLY AVG	REPORTED	PERMITTED	1.52	MGD	0 02	11	
500507128 FLOW ANN AVG	REPORTED	PERMITTED	2.14	MGD	0 02	11	
800821024 BOD CARB DLY AVG	REPORTED	PERMITTED	2.05	MG/L	0 08	10	12-prt-com
820796624 TURBIDITY 30DAYAVG	REPORTED	PERMITTED	0.68	NTU	0 08	10	12-prt-com
NUMBER OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	WW0004506	NUMBER	0 01	NA	
EXPIRATION OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	01/08/2020	DATE	0 01	NA	
CLASS OF OPERATOR CERTIFICATE	REPORTED	PERMITTED	A	LETTER	0 01	NA	
	REPORTED	PERMITTED					
	REPORTED	PERMITTED					

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

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

	NAME	SIGNATURE	DATE
	Daniel Rodriguez Manager-Prod & Treat Ops		11/8/03 210
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director		11/8/03 210
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	18	02	12554
SYS	PERMIT NUMBER	SET	YEAR	MO	EID

THIS REPORT TO BE USED FOR RECLAIMED WATER TYPE II 900 MEDIO CREEK

SEE BACK FOR INSTRUCTIONS AND DEFINITIONS.

PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS.

TCEQ COPY

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

COMMENTS AND EXPLANATIONS *(Reference all attachments here)*

I CERTIFY THAT I AM FAMILIAR WITH THE INFORMATION CONTAINED IN THIS REPORT AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF SUCH INFORMATION IS TRUE AND COMPLETE AND ACCURATE.	NAME	SIGNATURE	DATE
	Daniel Rodriguez Manager-Prod & Treat Ops		18/03/20
TELEPHONE NUMBER	PLANT OPERATOR	PLANT OPERATOR	YEAR MO. DAY
210 233 3239	Parviz Chavol Senior Director		18/03/20
AREA CODE	NUMBER	EXECUTIVE OFFICER	EXECUTIVE OFFICER
			YEAR MO. DAY

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

Form Approved
OMB No. 2040-0004

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

TX0065641	001 - A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
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	Req. Mon. DAILY AV	Req. Mon. DAILY MX	*****	*****	*****		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	03/20/18
TYPED OR PRINTED	AREA Code	NUMBER
		MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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