NATIONAL POLLUTANT DISCHAF LIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS *(Include Facility Name/Location if Different)*

NAME: ALBUQUERQUE, CITY OF(JOINT W/)
ADDRESS: UNKNOWN
UNKNOWN, NM 00000
FACILITY: ALBUQUERQUE, CITY OF
LOCATION: UNKNOWN
, NM 00000
ATTN:ED ADAMS,DIR,DEPT.MUN.DEV.

NMS000101	001E
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87103
MAJOR

NORTH FLOODWAY CHANNEL - DRY SEASO
External Outfall

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 07	~~06~~ 10	01	TO	~~07~~ 08	05	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******		******						
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Once Per Season	COMPOS
Arsenic, total (as As)	SAMPLE MEASUREMENT	******	******		******						
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Once Per Season	COMPOS
Cadmium, dissolved (as Cd)	SAMPLE MEASUREMENT	******	******		******						
01025 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Once Per Season	COMPOS
Cadmium, total (as Cd)	SAMPLE MEASUREMENT	******	******		******						
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Once Per Season	COMPOS
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	******	******		******						
01032 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Once Per Season	COMPOS
Chromium, trivalent (as Cr)	SAMPLE MEASUREMENT	******	******		******						
01033 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Once Per Season	COMPOS
Copper, dissolved (as Cu)	SAMPLE MEASUREMENT	******	******		******						
01040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Once Per Season	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Roland Pentila, manager	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.	Roland Pentila	505-768-2778		09	1	26
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

SEASONAL MONITORING PERIODS ARE: WET SEASON = JUNE 1-SEPT. 30 AND DRY SEASON = OCT. 1-MAY 31. 1ST YEAR REPORT PERIOD COVERS THE EFF. DATE OF PERMIT THRU SEPT. SUBSEQUENT YRS. COVER OCT.-SEPT. SEPARATE DMRS REQUIRE FOR EACH SEASON. DMRS TO BE SUBMITTED DUE FEB. 1ST.

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FACILITY: ALBUQUERQUE, CITY OF
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External Outfall

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		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total (as Cu)	SAMPLE MEASUREMENT	******	******		******						
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Once Per Season	COMPOS
Lead, dissolved (as Pb)	SAMPLE MEASUREMENT	******	******		******						
01049 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Once Per Season	COMPOS
Lead, total (as Pb)	SAMPLE MEASUREMENT	******	******		******						
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Once Per Season	COMPOS
Thallium, total (as Tl)	SAMPLE MEASUREMENT	******	******		******						
01059 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Once Per Season	COMPOS
Zinc, dissolved (as Zn)	SAMPLE MEASUREMENT	******	******		******						
01090 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Once Per Season	COMPOS
Zinc, total (as Zn)	SAMPLE MEASUREMENT	******	******		******						
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Once Per Season	COMPOS
Phenolics, total recoverable	SAMPLE MEASUREMENT	******	******		******						
32730 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Once Per Season	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Roland Pentti, Manager	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.	Roland Pentti SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-768-2778		09	1	26
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 07	~~06~~ 10	01	TO	~~07~~ 08	05	31

DMR MAILING ZIP CODE: 87103
MAJOR

NORTH FLOODWAY CHANNEL - DRY SEASO
External Outfall

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	******	******		******						
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Once Per Season	COMPOS
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******		******						
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Once Per Season	COMPOS
Coliform, fecal general	SAMPLE MEASUREMENT	******	******		******						
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. 30DAVGEO	Req. Mon. DAILY MX	#/100mL		Twice Every Season	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Roland Pentkla, Manager	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.	Roland Pentkla	505-768-2778		09	1	26
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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OMB No. 2040-0004

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NAME: ALBUQUERQUE, CITY OF(JOINT W/)
ADDRESS: UNKNOWN
UNKNOWN, NM 00000
FACILITY: ALBUQUERQUE, CITY OF
LOCATION: UNKNOWN
, NM 00000
ATTN:ED ADAMS,DIR,DEPT.MUN.DEV.

NMS000101
PERMIT NUMBER

002E
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87103
MAJOR

SOUTH DIVERSION CHANNEL - DRY SEASON
External Outfall

No ~~Discharge~~ ☒
Sample

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 07	~~06~~ 10	01	TO	~~07~~ 08	05	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******								
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		Req. Mon. DAILY MN	Req. Mon. DAILY AV	Req. Mon. DAILY MX	deg C		Once Per Season	GRAB
Conductivity	SAMPLE MEASUREMENT	******	******		******						
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	uS/cm		Once Per Season	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******		******						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Once Per Season	COMPOS
Oxygen demand, chem. (high level) (COD)	SAMPLE MEASUREMENT	******	******		******						
00340 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Once Per Season	COMPOS
pH	SAMPLE MEASUREMENT	******	******			******					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Once Per Season	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Once Per Season	COMPOS
Oil & grease	SAMPLE MEASUREMENT	******	******		******						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Once Per Season	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Roland Pentella, Manager	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.	Roland Pentella	505-768-2728		09	1	26
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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NAME: ALBUQUERQUE, CITY OF(JOINT W/)
ADDRESS: UNKNOWN
UNKNOWN, NM 00000
FACILITY: ALBUQUERQUE, CITY OF
LOCATION: UNKNOWN
, NM 00000
ATTN:ED ADAMS,DIR,DEPT.MUN.DEV.

NMS000101	002E
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87103
MAJOR

SOUTH DIVERSION CHANNEL - DRY SEASON
External Outfall

No Discharge ☒

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 07	~~05~~ 10	01	TO	~~07~~ 08	05	31

No Sample

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nitrogen, total (as N)	SAMPLE MEASUREMENT	******	******		******						
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Once Per Season	COMPOS
Nitrogen, nitrate total (as N)	SAMPLE MEASUREMENT	******	******		******						
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Once Per Season	COMPOS
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******		******						
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Once Per Season	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******		******						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Once Per Season	COMPOS
Phosphorus, dissolved	SAMPLE MEASUREMENT	******	******		******						
00666 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Once Per Season	COMPOS
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******								
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		Req. Mon. DAILY MN	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Once Per Season	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******		******						
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Once Per Season	COMPOS

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Roland Pentela, Manager	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.	Roland Pentela	505-768-2778		09	1	26
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