NATIONAL POLLUTANT DISCHARG[illegible]IMINATION SYSTEM (NPDES)
DISCHARGE MONITO[illegible]G REPORT (DMR)

[illegible]pproved
[illegible]o. 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.
Michael Reardon

NMS000101	005F
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 10	~~10~~ 6	01	TO	~~07~~ 10	09	30

DMR MAILING ZIP CODE: 87103
MAJOR

MARIPOSA DIVERSION - WET SEASON
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			
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******		******	2.42	2.73	mg/L		2	C
00945 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Arsenic, total (as As)	SAMPLE MEASUREMENT	******	******		******	2.74	3.22	ug/L		2	C
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Twice Every Season	COMPOS
Cadmium, dissolved (as Cd)	SAMPLE MEASUREMENT	******	******		******	<0.10	<0.10	ug/L		2	C
01025 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Twice Every Season	COMPOS
Cadmium, total (as Cd)	SAMPLE MEASUREMENT	******	******		******	<0.20	<0.20	ug/L		2	C
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Twice Every Season	COMPOS
Chromium, hexavalent (as Cr) *	SAMPLE MEASUREMENT	******	******		******	<1.75	<2.24	ug/L		2	C
01032 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Twice Every Season	COMPOS
Chromium, trivalent (as Cr) *	SAMPLE MEASUREMENT	******	******		******	<1.75	<2.24	ug/L		2	C
01033 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Twice Every Season	COMPOS
Copper, dissolved (as Cu)	SAMPLE MEASUREMENT	******	******		******	5.19	5.39	ug/L		2	C
01040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Twice Every Season	COMPOS

* Values reported are for total Cr. Local labs are unable to analyze for Cr-6 & Cr-3. Stormwater samples shipped to out of state lab would be unable to meet 24 hr hold time, invalidating sample results.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
David S. Campbell, CAO	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.	David S. Campbell	(505) 768-3000		2011	01	28
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.

NATIONAL POLLUTANT DISCHARG ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITO G REPORT (DMR)

Approved
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.
michael Riordan

NMS000101	005F
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 10	~~10~~ 6	01	TO	~~07~~ 10	09	30

DMR MAILING ZIP CODE: 87103
MAJOR

MARIPOSA DIVERSION - WET SEASON
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			
Copper, total (as Cu)	SAMPLE MEASUREMENT	******	******		******	13.85	14.5	ug/L		2	C
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Twice Every Season	COMPOS
Lead, dissolved (as Pb)	SAMPLE MEASUREMENT	******	******		******	0.11	0.21	ug/L		2	C
01049 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Twice Every Season	COMPOS
Lead, total (as Pb)	SAMPLE MEASUREMENT	******	******		******	1.94	2.29	ug/L		2	C
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Twice Every Season	COMPOS
Thallium, total (as Tl)	SAMPLE MEASUREMENT	******	******		******	0.18	0.30	ug/L		2	C
01059 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Twice Every Season	COMPOS
Zinc, dissolved (as Zn)	SAMPLE MEASUREMENT	******	******		******	<5.0	<5.0	ug/L		2	C
01090 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Twice Every Season	COMPOS
Zinc, total (as Zn)	SAMPLE MEASUREMENT	******	******		******	26.15	27.4	ug/L		2	C
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Twice Every Season	COMPOS
Phenolics, total recoverable	SAMPLE MEASUREMENT	******	******		******	<100	<100	ug/L		2	C
32730 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Twice Every Season	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
David S. Campbell, CAO	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	(505) 768-3000		2011	01	28
TYPED OR PRINTED			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.

NATIONAL POLLUTANT DISCHARG[illegible]LIMINATION SYSTEM (NPDES)
DISCHARGE MONITO[illegible]G REPORT (DMR)

[illegible] Approved
[illegible]o. 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.
Michael Riordan

NMS000101
PERMIT NUMBER

005F
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87103
MAJOR

MARIPOSA DIVERSION - WET SEASON
External Outfall

No Discharge ☐

MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 10	~~10~~ 4	01	TO	~~07~~ 10	09	30

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	******	******		******	76	78	mg/L		2	C
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Mercury, total (as Hg)	SAMPLE MEASUREMENT	******	******		******	<0.05	<0.05	ug/L		2	C
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Twice Every Season	COMPOS
Coliform, fecal general	SAMPLE MEASUREMENT	******	******		******	2828	8000	MAN/100 mL		2	G
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. 30DAVGEO	Req. Mon. DAILY MX	#/100mL		Four Per Season	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
David S. Campbell, CAO	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.	David Campbell	(505) 768-3000		2011	01	28
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.

NATIONAL POLLUTANT DISCHARG[illegible]LIMINATION SYSTEM (NPDES)
DISCHARGE MONITO[illegible]G REPORT (DMR)

[illegible]pproved
[illegible]o. 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.
Michael Riordan

NMS000101
PERMIT NUMBER

001E
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	~~08~~ 09	~~08~~ 10	01	TO	~~07~~ 10	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		
David S. Campbell, CAO	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	(505) 768-3000		2011	01	28
TYPED OR PRINTED			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.

NATIONAL POLLUTANT DISCHAR[illegible]LIMINATION SYSTEM (NPDES)
DISCHARGE MONITO[illegible]G REPORT (DMR)

Approved
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.
Michael Riordan

NMS000101	001E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 09	~~06~~ 10	01	TO	~~07~~ 10	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			
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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
David S. Campbell, CAO	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.	David S. Campbell	(505) 768-3000		2011	01	28
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.

NATIONAL POLLUTANT DISCHARG[illegible]IMINATION SYSTEM (NPDES)
DISCHARGE MONITO[illegible]G REPORT (DMR)

[illegible]pproved
[illegible]o. 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.
Michael Riordan

NMS000101	001E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 09	~~06~~ 10	01	TO	~~07~~ 10	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			
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		
David S. Campbell, CAO	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.	David Campbell	(505) 768-3000		2011	01	28
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.

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

Approved
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.
Michael Riordan

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~~ 09	~~06~~ 10	01	TO	~~07~~ 10	05	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		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		
David S. Campbell, CAO	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	(505) 768-3000		2011	01	28
TYPED OR PRINTED			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.

NATIONAL POLLUTANT DISCHARG[illegible]LIMINATION SYSTEM (NPDES)
DISCHARGE MONITO[illegible]G REPORT (DMR)

[illegible]pproved
[illegible]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.
Michael Riordan

NMS000101	001E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 09	~~08~~ 10	01	TO	~~07~~ 10	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		
David S. Campbell, CAO	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.	David Campbell	(505) 768-3000		2011	01	28
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.

NATIONAL POLLUTANT DISCHARG ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITO G REPORT (DMR)

Approved
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.
Michael Riordan

NMS000101
PERMIT NUMBER

002E
DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 09	~~06~~ 10	01	TO	~~07~~ 10	05	31

DMR MAILING ZIP CODE: 87103
MAJOR

SOUTH DIVERSION CHANNEL - DRY SEASON
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			
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		
David S. Campbell, CAO	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	(505) 768-3000		2011	01	28
TYPED OR PRINTED			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.

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

Approved
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.
michael Riordan

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~~ 09	~~08~~ 10	01	TO	~~07~~ 10	05	31

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
David S. Campbell, CAO	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.	David Campbell	(505) 768-3000		2011	01	28
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.

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

Approved
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.
Michael Riordan

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	~~08~~ 09	~~06~~ 10	01	TO	~~07~~ 10	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	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		
David S. Campbell, CAO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 768-3000		2011	01	28
TYPED OR PRINTED			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.

NATIONAL POLLUTANT DISCHARG[illegible]IMINATION SYSTEM (NPDES)
DISCHARGE MONITO[illegible]G REPORT (DMR)

[illegible]pproved
[illegible]o. 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.
Michael Riordan

NMS000101
PERMIT NUMBER

002E
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~~ 09	~~06~~ 10	01	TO	~~07~~ 10	05	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		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		
David S. Campbell, CAO	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	(505) 768-3000		2011	01	28
TYPED OR PRINTED			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.

NATIONAL POLLUTANT DISCHAR[illegible]LIMINATION SYSTEM (NPDES)
DISCHARGE MONITO[illegible]G REPORT (DMR)

Approved
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.
Michael Riordan

NMS000101	002E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 09	~~06~~ 10	01	TO	~~07~~ 18	05	31

DMR MAILING ZIP CODE: 87103
MAJOR

SOUTH DIVERSION CHANNEL - DRY SEASOI
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		
David S. Campbell, CAO	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	(505) 768-3000		2011	01	28
TYPED OR PRINTED			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.

NATIONAL POLLUTANT DISCHARG[illegible] [illegible]LIMINATION SYSTEM (NPDES)
DISCHARGE MONITO[illegible]G REPORT (DMR)

[illegible] Approved
[illegible] 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.
Michael Riordan

NMS000101
PERMIT NUMBER

003E
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87103
MAJOR

SAN JOSE DRAIN AT WOODWARD RD. - DRY
External Outfall

No Discharge ☒

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 09	~~08~~ 10	01	TO	~~07~~ 10	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	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		
David S. Campbell, CAO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 768-3000		2011	01	20
TYPED OR PRINTED			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.

NATIONAL POLLUTANT DISCHAR(LIMINATION SYSTEM (NPDES)
DISCHARGE MONITO. .G REPORT (DMR)

Approved
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.
Michael Riordan

NMS000101	003E
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87103
MAJOR

SAN JOSE DRAIN AT WOODWARD RD. - DRY
External Outfall

No Discharge ☒

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 09	~~06~~ 10	01	TO	~~07~~ 10	05	31

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
David S. Campbell, CAO	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.	Lawrence Campbell	(505) 768-3000		2011	01	28
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.

NATIONAL POLLUTANT DISCHARG[illegible]LIMINATION SYSTEM (NPDES)
DISCHARGE MONITO[illegible]G REPORT (DMR)

Approved
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.
Michael Riordan

NMS000101
PERMIT NUMBER

003E
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87103
MAJOR

SAN JOSE DRAIN AT WOODWARD RD. - DRY
External Outfall

No Discharge ☒

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~08~~ 09	~~08~~ 10	01	TO	~~07~~ 10	05	31

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
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	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		
David S. Campbell, CAO		David Campbell	(505) 768-3000		2011	01	28
TYPED OR PRINTED			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.

NATIONAL POLLUTANT DISCHAR[illegible]LIMINATION SYSTEM (NPDES)
DISCHARGE MONITO[illegible]G REPORT (DMR)

Approved
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.
Michael Riordan

NMS000101	003E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 09	~~06~~ 10	01	TO	~~07~~ 10	05	31

DMR MAILING ZIP CODE: 87103
MAJOR

SAN JOSE DRAIN AT WOODWARD RD. - DRY
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			
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	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		
David S. Campbell, CAO		David S. Campbell	(505) 768-3000		2011	01	28
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.

NATIONAL POLLUTANT DISCHARG ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITO G REPORT (DMR)

Approved
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.
Michael Riordan

NMS000101	003E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~08~~ 09	~~06~~ 10	01	TO	~~07~~ 10	05	31

DMR MAILING ZIP CODE: 87103
MAJOR

SAN JOSE DRAIN AT WOODWARD RD. - DRY
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	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		
David S. Campbell, CAO			(505) 768-3000		2011	01	25
TYPED OR PRINTED			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.

NATIONAL POLLUTANT DISCHARG[illegible]LIMINATION SYSTEM (NPDES)
DISCHARGE MONITO[illegible]G REPORT (DMR)

[illegible]pproved
[illegible]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.
michael Riordan

NMS000101	004E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~08~~ 09	~~08~~ 10	01	TO	~~07~~ 10	05	31

DMR MAILING ZIP CODE: 87103
MAJOR

LIFT STATION 32 AT ALBUQUERQUE - DRY S
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			
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	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		
David S. Campbell, CAO		David S. Campbell	(505) 768-3000		2011	01	28
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.

NATIONAL POLLUTANT DISCHAR[illegible] LIMINATION SYSTEM (NPDES)
DISCHARGE MONITO[illegible]G REPORT (DMR)

Approved
[illegible] 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.
Michael Riordan

NMS000101	004E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 09	~~08~~ 10	01	TO	~~07~~ 10	05	31

DMR MAILING ZIP CODE: 87103
MAJOR

LIFT STATION 32 AT ALBUQUERQUE - DRY S
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			
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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
David S. Campbell, CAO	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	(505) 768-3000		2011	01	28
TYPED OR PRINTED			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.

NATIONAL POLLUTANT DISCHAR LIMINATION SYSTEM (NPDES)
DISCHARGE MONITO NG REPORT (DMR)

Approved
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.
Michael Riordan

NMS000101	004E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 09	~~06~~ 10	01	TO	~~07~~ 10	05	31

DMR MAILING ZIP CODE: 87103
MAJOR

LIFT STATION 32 AT ALBUQUERQUE - DRY S
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			
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	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		
David S. Campbell, CAO			(505) 768-3000		2011	01	28
TYPED OR PRINTED			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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION 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.
Michael Riordan

NMS000101	004E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 09	~~08~~ 10	01	TO	~~07~~ 10	05	31

DMR MAILING ZIP CODE: 87103
MAJOR

LIFT STATION 32 AT ALBUQUERQUE - DRY S
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			
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		
David S. Campbell, CAO	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	(505) 768-3000		2011	01	28
TYPED OR PRINTED			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.

NATIONAL POLLUTANT DISCHA[illegible] ELIMINATION SYSTEM (NPDES)

DISCHARGE MONI[illegible]ING REPORT (DMR)

[illegible]n 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.
michael Riordan

NMS000101
PERMIT NUMBER

004E
DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 09	~~06~~ 10	01	TO	~~07~~ 10	05	31

DMR MAILING ZIP CODE: 87103
MAJOR

LIFT STATION 32 AT ALBUQUERQUE - DRY S
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	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		
David S. Campbell, CAO		David Campbell	(505) 768-3000		2011	01	28
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.

NATIONAL POLLUTANT DISCHARG[illegible]LIMINATION SYSTEM (NPDES)

DISCHARGE MONITO[illegible]G REPORT (DMR)

Approved 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.
michael Riordan

NMS000101	005E
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87103
MAJOR

MARIPOSA DIVERSION - DRY SEASON
External Outfall

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 09	~~08~~ 10	01	TO	~~07~~ 10	05	31

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******		NA	NA	NA				~~G~~ GRV
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	******	******		******	138.5	157	uS/cm		2	G
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	******	******		******	11.7	12.4	mg/L		2	C
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	******	******		******	80	88	mg/L		2	C
00340 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Once Per Season	COMPOS
pH	SAMPLE MEASUREMENT	******	******		7.0	******	7.1	SU		2	G
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Once Per Season	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	115	216	mg/L		2	C
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	******	******		******	<5.0	<5.0	mg/L		2	G
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Once Per Season	GRAB

NA = not analyzed. Automated sampler pumps stormwater to refrigerated unit. Stormwater sample temperature is that of refrigerator. Temperature monitors are being purchased & will be installed for 2011 season

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
David S. Campbell, CAO	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.	David Campbell	(505) 768-3000		2011	01.	28
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.

NATIONAL POLLUTANT DISCHAR[illegible]LIMINATION SYSTEM (NPDES)

DISCHARGE MONITO[illegible]NG REPORT (DMR)

Approved
[illegible]d 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.
michael Reordan

NMS000101	005E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 09	~~06~~ 10	01	TO	~~07~~ 10	05	31

DMR MAILING ZIP CODE: 87103
MAJOR

MARIPOSA DIVERSION - DRY SEASON
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			
Nitrogen, total (as N)	SAMPLE MEASUREMENT	******	******		******	1.47	1.77	mg/L		2	C
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	******	******		******	0.39	0.41	mg/L		2	C
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	******	******		******	0.96	1.20	mg/L		2	C
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	******	******		******	0.27	0.32	mg/L		2	C
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	******	******		******	0.16	0.19	mg/L		2	C
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	******	******		48	48	48	mg/L		2	G
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	******	******		******	5.4	5.7	mg/L		2	C
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Once Per Season	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		
David S. Campbell, CAO		David Campbell	(505) 768-3000		2011	01	28
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.

NATIONAL POLLUTANT DISCHAR ELIMINATION 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.
Michael Riordan

NMS000101	005E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 09	~~06~~ 10	01	TO	~~07~~ 10	05	31

DMR MAILING ZIP CODE: 87103
MAJOR

MARIPOSA DIVERSION - DRY SEASON
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			
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******		******	5.13	5.52	mg/L		2	C
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	******	******		******	1.52	3.02	ug/L		2	C
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	******	******		******	<0.10	<0.10	ug/L		2	C
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	******	******		******	<0.21	0.22	ug/L		2	C
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	******	******		******	<6.76[a]	10	ug/L		2	C
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	******	******		******	<1.77[b]	<3.53[c]	ug/L		2	C
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	******	******		******	<7.5	10.0	ug/L		2	C
01040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Once Per Season	COMPOS

a. Average based on total Cr (<8.53) from 1/22/10 and 10 from 10/21/2009. Lab providing Cr-6 result of 10 ug/L closed in Dec 2009.
b. Average based on total Cr (<3.53) from 1/22/10 and 0.01 from 10/21/2009. Lab providing Cr-6 result of 0.01 ug/L closed in Dec 2009

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		
David S. Campbell, CAO			(505) 768-3000		2011	01	28
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.

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

c. Value of 3.53 is that of total Cr. Lab providing Cr-6 & Cr3 analyses closed in Dec 2009. No other local lab is capable of providing Cr-3 & Cr-6 analyses

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Approved
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.
Michael Riordan

NMS000101	005E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 09	~~06~~ 10	01	TO	~~07~~ 10	05	31

DMR MAILING ZIP CODE: 87103
MAJOR

MARIPOSA DIVERSION - DRY SEASON
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			
Copper, total (as Cu)	SAMPLE MEASUREMENT	******	******		******	11.33	15.9	ug/L		2	C
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	******	******		******	0.34	0.66	ug/L		2	C
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	******	******		******	2.83	4.53	ug/L		2	C
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	******	******		******	0.30	0.59	ug/L		2	C
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	******	******		******	<17.53	29.7	ug/L		2	C
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	******	******		******	32.55	49.1	ug/L		2	C
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	******	******		******	<100	<100	ug/L		2	C
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		
David S. Campbell, CAO	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.	David Campbell	(505) 768-3000		2011	01	28
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.