NATIONAL POLLUTANT DISCHAR[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.
M. Riordan

NMS000101	001E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 08	~~06~~ 10	01	TO	~~07~~ 09	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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******		7.0	9.0	11.0	°C		2	G
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	******	******		******	259	301	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	******	******		******	21.1	26.0	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	******	******		******	114	123	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	******	******		7.2	******	8.2	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	******	******		******	188	188	mg/L		1	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		1	G
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 Penttila, Stormwater Mgr.	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 Penttila	(505) 768-2778		2010	01	12
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] No. 2040-0004

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UNKNOWN, NM 00000

FACILITY: ALBUQUERQUE, CITY OF
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ATTN:~~ED ADAMS~~,DIR,DEPT.MUN.DEV.
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PERMIT NUMBER	DISCHARGE NUMBER

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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	******	******		******	3.75	4.74	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	******	******		******	0.31	0.31	mg/L		1	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	******	******		******	2.38	2.82	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	******	******		******	0.87	1.30	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	******	******		******	0.21	0.26	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	******	******		91.2	91.2	91.2	mg/L		1	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	******	******		******	8.7	8.7	mg/L		1	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			TELEPHONE		DATE		
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NATIONAL POLLUTANT DISCHARG IMINATION SYSTEM (NPDES)
DISCHARGE MONITOR G REPORT (DMR)

pproved
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.
M Rordar

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~~ 08	~~06~~ 10	01	TO	~~07~~ 09	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	******	******		******	6.44	6.44	mg/L		1	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	******	******		******	2.61	2.61	ug/L		1	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		1	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	******	******		******	<0.20	<0.20	ug/L		1	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	******	******		******	10	10	ug/L		1	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	******	******		******	<0.01	<0.01	ug/L			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	******	******		******	7.02	7.02	ug/L			C
01040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Once Per Season	COMPOS

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NATIONAL POLLUTANT DISCHARG IMINATION SYSTEM (NPDES)
DISCHARGE MONITOR...G REPORT (DMR)

pproved
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.
M Riordan

NMS000101	001E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 08	~~06~~ 10	01	TO	~~07~~ 09	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			
Copper, total (as Cu)	SAMPLE MEASUREMENT	******	******		******	21.4	21.4	ug/L		1	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	******	******		******	0.16	0.16	ug/L		1	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	******	******		******	11.4	11.4	ug/L		1	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	******	******		******	<0.01	<0.01	ug/L		1	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	******	******		******	7.4 J	7.4 J	ug/L		1	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	******	******		******	123	123	ug/L		1	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		1	C
32730 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Once Per Season	COMPOS

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

Approved
No. 2040-0004

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NAME: ALBUQUERQUE, CITY OF(JOINT W/)
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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	******	******		******	104	104	mg/L			C
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	******	******		******	<0.65	<0.65	ug/L			C
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	******	******		******	260	2420	MPN			G
74055 1 0 Effluent Gross 2 COLI	PERMIT REQUIREMENT	******	******		******	Req. Mon. 30DAVGEO	Req. Mon. DAILY MX	#/100mL		Twice Every Season	GRAB

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

Approved
[illegible]3 No. 2040-0004

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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	******	******		12.3	12.3	12.3	°C		1	G
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	******	******		******	99.0	99.0	uS/cm		1	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	******	******		******	13.0	13.0	~~uS/cm~~ mg/L		1	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	******	******		******	89.0	89.0	mg/L		1	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	******	******		8.4	******	8.4	SU		1	G
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Once Per Season	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	156	156	mg/L		1	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		1	G
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Once Per Season	GRAB

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M.Riordan

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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			
Nitrogen, total (as N)	SAMPLE MEASUREMENT	******	******		******	1.33	1.33	mg/L		1	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	******	******		******	Not measured		mg/L		0	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	******	******		******	0.88	0.88	mg/L		1	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	******	******		******	0.39	0.39	mg/L		1	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	******	******		******	0.15	0.15	mg/L		1	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	******	******			Not measured		mg/L		0	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	******	******		******	Not measured		mg/L		1	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			TELEPHONE		DATE		
Roland Penttila, Stormwater Mgr.	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 Penttila	(505) 768-2778		2010	01	12
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)

[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.
m Riordan

NMS000101	002E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 08	~~06~~ 10	01	TO	~~07~~ 09	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			
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******		******	Not measured				0	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	******	******		******	3.57	3.57	ug/L		1	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		1	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	******	******		******	0.23	0.23	ug/L		1	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	******	******		******	<0.01	<0.01	ug/L		1	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	******	******		******	4.55	4.55	ug/L		1	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	******	******		******	5.88	5.88	ug/L		1	C
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		
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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)
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NATIONAL POLLUTANT DISCHAR(LIMINATION 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.
M 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	~~08~~ 08	~~05~~ 10	01	TO	~~07~~ 09	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	******	******		******	16.1	16.1	ug/L		1	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	******	******		******	0.14	0.14	ug/L		1	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	******	******		******	12.7	12.7	ug/L		1	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	******	******		******	0.57	0.57	ug/L		1	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	******	******		******	<5.0	<5.0	ug/L		1	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	******	******		******	64.6	64.6	ug/L		1	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		1	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		
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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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.
mRordan

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~~ 08	~~06~~ 10	01	TO	~~07~~ 09	05	31

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	******	******		******	134	134	mg/L		1	C
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	******	******		******	Not measured		ug/L		0	N/A
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	******	******		******	2420	2420	MPN		1	G
74055 1 0 ecoli Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. 30DAVGEO	Req. Mon. DAILY MX	#/100mL		Twice Every Season	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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NATIONAL POLLUTANT DISCHAR[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.
MRorder

NMS000101
PERMIT NUMBER

003E
DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 08	~~06~~ 10	01	TO	~~07~~ 09	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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******		Not measured			°C		1	G
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	******	******		******	273	273	uS/cm			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	******	******		******	22.0	22.0	mg/L		1	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	******	******		******	466	466	mg/L		1	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	******	******		7.5	******	7.5	SU		1	G
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Once Per Season	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	80.0	80.0	mg/L		1	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		1	G
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.	Roland Penttila	TELEPHONE		DATE		
Roland Penttila, Stormwater Mgr.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 768-2778		2010	01	12
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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

NMS000101	003E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 08	~~06~~ 10	01	TO	~~07~~ 09	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			
Nitrogen, total (as N)	SAMPLE MEASUREMENT	******	******		******	3.01	3.01	mg/L		1	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	******	******		******	0.60	0.60	mg/L		1	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	******	******		******	1.92	1.92	mg/L		1	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	******	******		******	0.45	0.45	mg/L		1	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	******	******		******	0.24	0.24	mg/L		1	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	******	******			109	109	mg/L		1	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	******	******		******	13.2	13.2	mg/L		1	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			TELEPHONE		DATE		
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NATIONAL POLLUTANT DISCHAR[illegible]LIMINATION SYSTEM (NPDES)
DISCHARGE MONITO[illegible]NG 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.
M. Riordan

NMS000101	003E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~08~~ 08	~~06~~ 10	01	TO	~~07~~ 09	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			
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******		******	19.9	19.9	mg/L		1	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	******	******		******	5.29	5.29	ug/L		1	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		1	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	******	******		******	0.20	0.20	ug/L		1	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	******	******		******	10.0	10.0	ug/L		1	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	******	******		******	<0.01	<0.01	ug/L		1	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	******	******		******	8.61	8.61	ug/L		1	C
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 Penttila, Stormwater Mgr.	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 Penttila	(505) 768-2778		2010	01	12
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] 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.
mRiordan

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 08	~~06~~ 10	01	TO	~~07~~ 09	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
Copper, total (as Cu)	SAMPLE MEASUREMENT	******	******		******	~~8.61~~ 18.1	~~8.61~~ 18.1	ug/L		1	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	******	******		******	1.04	1.04	ug/L		1	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	******	******		******	13.6	13.6	ug/L		1	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	******	******		******	<0.05	<0.05	ug/L		1	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	******	******		******	10.7	10.7	ug/L		1	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	******	******		******	105	105	ug/L		1	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		1	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		
Roland Penttila, Stormwater Mgr.	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 Penttila	(505) 768-2778		2010	01	12
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)
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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.
mikeder

NMS000101	003E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 08	~~06~~ 10	01	TO	~~07~~ 09	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	******	******		******	214	214	mg/L		1	C
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	******	******		******	<0.05	<0.05	ug/L		1	C
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Once Per Season	COMPOS
Coliform, ~~fecal~~ general ecoli	SAMPLE MEASUREMENT	******	******		******	2420	2420	MPN	1	~~2420~~	G
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. 30DAVGEO	Req. Mon. DAILY MX	#/100mL		Twice Every Season	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
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NATIONAL POLLUTANT DISCHAR LIMINATION 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.
McKiordan

NMS000101
PERMIT NUMBER

004E
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87103
MAJOR

LIFT STATION 32 AT ALBUQUERQUE - DRY S
External Outfall

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 08	~~06~~ 10	01	TO	~~07~~ 09	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	******	******		Not measured					0	G
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	******	******		******	203	203	uS/cm		1	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	******	******		******	Not measured		mg/L		0	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	******	******		******	207	207 351	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	******	******		7.4	******	7.4	~~mg/L~~ SU		1	G
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Once Per Season	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	198	340	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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
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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.
M. Riordan

NMS000101	004E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 08	~~06~~ 10	01	TO	~~07~~ 09	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	******	******		******	3.10	3.81	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	******	******		******	2.03	2.05	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	******	******		******	2.27	2.53	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	******	******		******	0.59	0.73	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	******	******		******	0.11	0.18	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	******	******		69.8	98.9	128	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	******	******		******	254	494	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

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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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NATIONAL POLLUTANT DISCHAR[illegible]IMINATION SYSTEM (NPDES)
DISCHARGE MONITORING 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.
mRiordan

NMS000101	004E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 08	~~06~~ 10	01	TO	~~07~~ 09	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	******	******		******	13.6	14.0	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	******	******		******	2.87	3.69	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	******	******		******	0.24	0.28	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	******	******		******	1.06	1.14	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	******	******		******	10.0	20.0	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	******	******		******	1.36	2.60	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	******	******		******	7.04	7.24	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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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NATIONAL POLLUTANT DISCHAR[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.
mRicardo

NMS000101	004E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 08	~~06~~ 10	01	TO	~~07~~ 09	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	******	******		******	36.9	51.2	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	******	******		******	1.20	2.39	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	******	******		******	31.6	48.9	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	******	******		******	0.21	0.41	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	******	******		******	716	1380	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	******	******		******	1083	1610	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

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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
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.
mHardan

NMS000101
PERMIT NUMBER

004E
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87103
MAJOR

LIFT STATION 32 AT ALBUQUERQUE - DRY S
External Outfall

No Discharge ☐

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

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	******	******		******	560	978	mg/L			C
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	******	******		******	<0.05	<0.05	ug/L			C
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	******	******		******	2808	3970	MPN			G
74055 1 0 ecoli Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. 30DAVGEO	Req. Mon. DAILY MX	#/100mL		Twice Every Season	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Roland Penttila, Stormwater Mgr.	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 Penttila	(505) 768-2778		2010	01	12
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)

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NATIONAL POLLUTANT DISCHAR LIMINATION 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.
m. Riordan

NMS000101	005E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 08	~~06~~ 10	01	TO	~~07~~ 09	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			
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	******	******		9.5	11.5	13.5	°C		2	
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	******	******		******	152	178	uS/cm		2	
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	******	******		******	26.4	26.4	mg/L		1	
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	******	******		******	112	145	mg/L		2	
00340 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Once Per Season	COMPOS
pH	SAMPLE MEASUREMENT	******	******		7.7	******	8.2	SU		2	
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Once Per Season	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	434	796	mg/L		2	
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	
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		
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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)
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NATIONAL POLLUTANT DISCHAR LIMINATION 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.
mRiordan

NMS000101	005E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 08	~~06~~ 10	01	TO	~~07~~ 09	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	******	******		******	1.12	1.41	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	******	******		******	0.21	0.36	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	******	******		******	0.56	0.89	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	******	******		******	0.49	0.78	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	******	******		******	0.11	0.11	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	******	******		105	121	136	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	******	******		******	4.9	5.3	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			TELEPHONE		DATE		
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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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.
m Rorder

NMS000101
PERMIT NUMBER

005E
DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 08	~~06~~ 10	01	TO	~~07~~ 09	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	******	******		******	<5.0	<5.0	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	******	******		******	5.83	8.69	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	******	******		******	0.24	0.28	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	******	******		******	5	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	******	******		******	6.82	13.6	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	******	******		******	5.64	6.28	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

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.	Roland Penttila	TELEPHONE		DATE		
Roland Penttila, Stormwater Mgr.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 768-2778		2010	01	12
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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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.
MRordan

NMS000101	005E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~08~~ 08	~~06~~ 10	01	TO	~~07~~ 09	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	******	******		******	16.6	24.2	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	******	******		******	0.29	0.31	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	******	******		******	11.1	19.8	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	******	******		******	0.43	0.55	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	******	******		******	<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		Once Per Season	COMPOS
Zinc, total (as Zn)	SAMPLE MEASUREMENT	******	******		******	61.1	87.4	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		
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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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
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ATTN:~~ED~~ ADAMS,DIR,DEPT.MUN.DEV.
mRiordan

NMS000101	005E
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~08~~ 08	~~06~~ 10	01	TO	~~07~~ 09	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			
Solids, total dissolved	SAMPLE MEASUREMENT	******	******		******	138	144	mg/L		2	C
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	******	******		******	<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		Once Per Season	COMPOS
Coliform, ~~fecal~~ general e coli	SAMPLE MEASUREMENT	******	******		******	454	1733	MPN		2	G
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		
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NATIONAL POLLUTANT DISCHAR 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.
mHardan

NMS000101	001Y
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 87103
MAJOR

BIANNUALLY REPORTING - 001 DRY SEASOI
External Outfall

No Discharge ☐

<= less than detection limit

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Carbon tetrachloride	SAMPLE MEASUREMENT	******	******		******	<0.30	<0.31	ug/L		2	C
32102 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Once Per Season	COMPOS
Bromoform	SAMPLE MEASUREMENT	******	******		******	<0.26	<0.33	ug/L		2	C
32104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Once Per Season	COMPOS
Dibromochloromethane	SAMPLE MEASUREMENT	******	******		******	<0.15	<0.23	ug/L		2	C
32105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Once Per Season	COMPOS
Chloroform	SAMPLE MEASUREMENT	******	******		******	<0.19	<0.23	ug/L		2	C
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Once Per Season	COMPOS
Toluene	SAMPLE MEASUREMENT	******	******		******	<0.18	0.2	ug/L		2	C
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Once Per Season	COMPOS
Benzene	SAMPLE MEASUREMENT	******	******		******	<0.15	<0.16	ug/L		2	C
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Once Per Season	COMPOS
Acenaphthylene	SAMPLE MEASUREMENT	******	******		******	<0.08	<0.11	ug/L		2	C
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 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.	Roland Penttila	TELEPHONE		DATE		
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. BIANNUALLY DMRS (EVERY OTHER YEAR) TO BE SUBMITTED DUE FEB. 1ST.