NATIONAL POLLUTANT DISCHARG[illegible]IMINATION 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

001F
DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 87103
MAJOR

NORTH FLOODWAY CHANNEL - WET SEASO
External Outfall

No Discharge ☐

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	******	******		18	21	24	°C		2	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		Req. Mon. DAILY MN	Req. Mon. DAILY AV	Req. Mon. DAILY MX	deg C		Twice Every Season	GRAB
Conductivity	SAMPLE MEASUREMENT	******	******		******	84	100	uS/cm		2	Grab
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	uS/cm		Twice Every Season	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******		******	107	207	mg/L		2	Compo ~~Grab~~ KV
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Oxygen demand, chem. (high level) (COD)	SAMPLE MEASUREMENT	******	******		******	166	269	mg/L		2	Compos
00340 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
pH	SAMPLE MEASUREMENT	******	******		8.0	******	8.3	SU		2	Grab ~~Compos~~ KV
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Twice Every Season	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	2849	3706	mg/L		2	COMPOS
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Oil & grease	SAMPLE MEASUREMENT	******	******		******	<5.0	<5.0	mg/L		2	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Stormwater Section Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Roland Pentlola	505-768-2778		10	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 DISCHA ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

n Approved
MB 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.
mHigdon

NMS000101	001F
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 09	~~10~~ 04	01	TO	~~07~~ 07	09	30

DMR MAILING ZIP CODE: 87103
MAJOR

NORTH FLOODWAY CHANNEL - WET 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	******	******		******	3.57	5.29	mg/L		2	C
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Nitrogen, nitrate total (as N)	SAMPLE MEASUREMENT	******	******		******	0.46	0.58	mg/L		2	C
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******		******	2.75	4.70	mg/L		2	C
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******		******	1.35	1.67	mg/L		2	C
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Phosphorus, dissolved	SAMPLE MEASUREMENT	******	******		******	0.14	0.19	mg/L		2	C
00666 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******		90.6	90.6	90.6	mg/L		1	Grab
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		Req. Mon. DAILY MN	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******		******	5.6	7.1	mg/L		2	C
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Storm Water Section 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 Pettitt	505	768-2778	10	01	12
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY

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

n Approved
MB No. 2040-0004

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

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

NMS000101	001F
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~08~~ 09	~~10~~ 06	01	TO	~~07~~ 09	09	30

DMR MAILING ZIP CODE: 87103
MAJOR

NORTH FLOODWAY CHANNEL - WET 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	******	******		******	5.97	6.94	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	******	******		******	0.13	0.13	ug/L		1	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	******	******		******	0.74	0.79	ug/L		1	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	******	******		******	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		Twice Every Season	COMPOS
Chromium, trivalent (as Cr)	SAMPLE MEASUREMENT	******	******		******	5.26	5.26	ug/L		1	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	******	******		******	~~4.9~~ 3.9 KN	~~25.7~~ 3.9 KN	ug/L		1 KN	C
01040 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		
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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 DISCHAI 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.

NMS000101	001F
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 87103
MAJOR

NORTH FLOODWAY CHANNEL - WET 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	******	******		******	16.4	25.7	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	******	******		******	0.14	0.27	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	******	******		******	22.2	22.2	ug/L		1	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	******	******		******	<0.01	<0.01	ug/L		1	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	******	******		******	~~81.6~~ 10.0	~~155~~ 10.0	ug/L		~~2~~ 1	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	******	******		******	81.6	155	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	******	******		******	38.7	66.3	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		
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NATIONAL POLLUTANT DISCHAR ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Approved
OMB No. 2040-0004

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UNKNOWN, NM 00000
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NMS000101	001F
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DMR MAILING ZIP CODE: 87103
MAJOR

NORTH FLOODWAY CHANNEL - WET 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	******	******		******	98	98	mg/L		~~7~~ 4EV	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	~~mg/L~~ ug/L		~~7~~ 4EV	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 e-coli	SAMPLE MEASUREMENT	******	******		******	4400	8000	MPN		2	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. 30DAVGEO	Req. Mon. DAILY MX	#/100mL		Four Per Season	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
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NAME: ALBUQUERQUE, CITY OF(JOINT W/)
ADDRESS: UNKNOWN
UNKNOWN, NM 00000
FACILITY: ALBUQUERQUE, CITY OF
LOCATION: UNKNOWN
, NM 00000
ATTN:~~ED ADAMS~~,DIR,DEPT.MUN.DEV.
M Riordan

NMS000101	002F
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 87103
MAJOR

SOUTH DIVERSION CHANNEL - WET SEASOI
External Outfall

No Discharge ☐

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	******	******		28.5	28.5	28.5	oC		1	Grab
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		Req. Mon. DAILY MN	Req. Mon. DAILY AV	Req. Mon. DAILY MX	deg C		Twice Every Season	GRAB
Conductivity	SAMPLE MEASUREMENT	******	******		******	201	236	uS/cm		3	Grab
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	uS/cm		Twice Every Season	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******		******	18	~~378~~ 21	mg/L		2	C
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Oxygen demand, chem. (high level) (COD)	SAMPLE MEASUREMENT	******	******		******	232	378	mg/L		3	C
00340 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
pH	SAMPLE MEASUREMENT	******	******		7.8	******	8.0	SU		3	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Twice Every Season	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	1229	2204	mg/L		3	C
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Oil & grease	SAMPLE MEASUREMENT	******	******		******	<5.0	<5.0	mg/L		3	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	GRAB

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DISCHARGE MONITORING REPORT (DMR)

Approved
Omb No. 2040-0004

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

NMS000101	002F
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FROM	~~06~~ 09	~~10~~ 04	01	TO	~~07~~ 09	09	30

DMR MAILING ZIP CODE: 87103
MAJOR

SOUTH DIVERSION CHANNEL - WET 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			
Nitrogen, total (as N)	SAMPLE MEASUREMENT	******	******		******	3.56	5.16	mg/L		3	C
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Nitrogen, nitrate total (as N)	SAMPLE MEASUREMENT	******	******		******	0.75	0.84	mg/L		3	C
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******		******	2.67	4.40	mg/L		3	C
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******		******	1.00	1.63	mg/L		3	C
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Phosphorus, dissolved	SAMPLE MEASUREMENT	******	******		******	0.16	0.25	mg/L		3	C
00666 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******		100	126	158	mg/L		3	Grab
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		Req. Mon. DAILY MN	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******		******	11.0	14.7	mg/L		3	C
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Stormwater Section Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Roland Lovato	505-768-2778		10	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 DISCHA ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

m Approved
MB No. 2040-0004

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

NAME: ALBUQUERQUE, CITY OF(JOINT W/)
ADDRESS: UNKNOWN
UNKNOWN, NM 00000

FACILITY: ALBUQUERQUE, CITY OF
LOCATION: UNKNOWN
, NM 00000

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

NMS000101	002F
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 87103
MAJOR

SOUTH DIVERSION CHANNEL - WET 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			
Sulfate, total (as SO4)	SAMPLE MEASUREMENT	******	******		******	13.0	17.6	mg/L		3	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	******	******		******	4.72	5.97	ug/L		3	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		3	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	******	******		******	0.68	1.50	ug/L		3	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	******	******		******	15.0	20.0	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	******	******		******	<0.01	<0.01	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	******	******		******	8.00	9.99	ug/L		3	C
01040 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		
Stormwater Section Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Roland Rentfila	505-768-2778		10	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 DISCHA ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

m Approved
MB No. 2040-0004

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

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

NMS000101	002F
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 09	~~10~~ 04	01	TO	~~07~~ 09	09	30

DMR MAILING ZIP CODE: 87103
MAJOR

SOUTH DIVERSION CHANNEL - WET 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			
Copper, total (as Cu)	SAMPLE MEASUREMENT	******	******		******	31.2	58.7	ug/L		3	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	******	******		******	0.08	0.21	ug/L		3	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	******	******		******	40.7	85.4	ug/L		3	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	******	******		******	0.23	0.51	ug/L		3	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		3	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	******	******		******	~~134.0~~ 135	287	ug/L		3	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		3	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		
Stormwater Section Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Roland Pontula	505-768-2778		10	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 DISCHA ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

n Approved
MB No. 2040-0004

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

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

NMS000101	002F
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~08~~ 09	~~10~~ 04	01	TO	~~07~~ 09	09	30

DMR MAILING ZIP CODE: 87103
MAJOR

SOUTH DIVERSION CHANNEL - WET 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	******	******		******	193	234	mg/L		3	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	******	******		******	0.06	0.09	ug/L		3	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, e Coli	SAMPLE MEASUREMENT	******	******		******	2420	2420	MPN		3	Grab
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		
Stormwater Section Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Roland Lentile	505-768-2778		10	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 DISCHA ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

n Approved
MB 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

003F
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87103
MAJOR

SAN JOSE DRAIN AT WOODWARD RD. - WET
External Outfall

No Discharge ☐

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

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 →					0	G
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		Req. Mon. DAILY MN	Req. Mon. DAILY AV	Req. Mon. DAILY MX	deg C		Twice Every Season	GRAB
Conductivity	SAMPLE MEASUREMENT	******	******		******	214	294	uS/cm		3	G
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	uS/cm		Twice Every Season	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******		******	24.4	34.3	mg/L		3	C
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Oxygen demand, chem. (high level) (COD)	SAMPLE MEASUREMENT	******	******		******	263	292	mg/L		3	C
00340 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
pH	SAMPLE MEASUREMENT	******	******		7.4	******	8.3	SU		3	G
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Twice Every Season	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	301	528	mg/L		3	C
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Oil & grease	SAMPLE MEASUREMENT	******	******		******	<5.0	<5.0	mg/L			G
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		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		
Storm Water Section Mgr		Roland Pentilla	505 768 2778		10	1	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 DISCHA ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

n Approved
MB 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	003F
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 87103
MAJOR

SAN JOSE DRAIN AT WOODWARD RD. - WET
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	******	******		******	5.19	7.30	mg/L		3	C
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Nitrogen, nitrate total (as N)	SAMPLE MEASUREMENT	******	******		******	0.97	1.37	mg/L		3	C
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******		******	3.53	4.90	mg/L		3	C
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******		******	0.93	1.25	mg/L		3	C
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Phosphorus, dissolved	SAMPLE MEASUREMENT	******	******		******	0.20	0.26	mg/L		3	C
00666 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******			87.3	106	mg/L		3	G
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		Req. Mon. DAILY MN	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******		******	9.1	11.3	mg/L		3	C
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
Stormwater Section Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Roland Lewis	505	768-2778	10	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 DISCHA ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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.
McFarden

NMS000101	003F
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~08~~ 09	~~10~~ 04	01	TO	~~07~~ 09	09	30

DMR MAILING ZIP CODE: 87103
MAJOR

SAN JOSE DRAIN AT WOODWARD RD. - WET
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	******	******		******	13.3	16.3	mg/L	3		
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	******	******		******	3.52	4.65	ug/L	3		
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	3		
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	******	******		******	0.92	1.85	ug/L	3		
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	******	******		******	~~10.0~~ 15.0	20.0	ug/L	2		
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	******	******		******	<0.01	<0.01	ug/L	2		
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	******	******		******	5.49	5.92	ug/L	3		
01040 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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
Stormwater Section Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Roland Pentilla	505	768-2778	10	01	12
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 ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

n Approved
MB 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.Rivadar

NMS000101	003F
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87103
MAJOR

SAN JOSE DRAIN AT WOODWARD RD. - WET
External Outfall

No Discharge ☐

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

3706

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	******	******		******	30.0	30.0	ug/L	-	3	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	******	******		******	0.27	0.44	ug/L		3	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	******	******		******	48.1	80.2	ug/L		3	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	******	******		******	<0.13	0.37	ug/L		3	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	******	******		******	17.4	28.7	ug/L		3	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	******	******		******	316	440	ug/L		3	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		3	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		
Stormwater Section Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Roland Rentteles	505-768-2778		10	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 DISCHA ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

n Approved
MB 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 Gordon

NMS000101
PERMIT NUMBER

003F
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87103
MAJOR

SAN JOSE DRAIN AT WOODWARD RD. - WET
External Outfall

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 09	~~10~~ 01	01	TO	~~07~~ 09	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	******	******		******	177	194	mg/L	3		
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	******	******		******	<0.06	0.07	ug/L	3		
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	ug/L		Twice Every Season	COMPOS
Coliform, fecal general ecoli	SAMPLE MEASUREMENT	******	******		******	2420	2420	MPN	3		
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		
Stormwater Section Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Roland Pentillo	505-768-2778		10	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 DISCHA ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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.
M.R 18 OCT

NMS000101
PERMIT NUMBER

004F
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87103
MAJOR

LIFT STATION 32 AT ALBUQUERQUE - WET S
External Outfall

No Discharge ☐

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

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 →					0	G
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		Req. Mon. DAILY MN	Req. Mon. DAILY AV	Req. Mon. DAILY MX	deg C		Twice Every Season	GRAB
Conductivity	SAMPLE MEASUREMENT	******	******		******	210	228	uS/cm		3	G
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	uS/cm		Twice Every Season	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******		******	33	33	mg/L		1	C
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Oxygen demand, chem. (high level) (COD)	SAMPLE MEASUREMENT	******	******		******	225	233	mg/L		3	C
00340 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
pH	SAMPLE MEASUREMENT	******	******		7.1	******	7.9	SU		3	G
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Twice Every Season	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	214	410	mg/L			C
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Oil & grease	SAMPLE MEASUREMENT	******	******		******	<5.0	<5.0	mg/L			C
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
Stormwater Section Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Roland Pentilla	505-768-2778		10	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 DISCHA ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

m 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.
mRiordan

NMS000101	004F
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 09	~~10~~ ~~09~~ 04	01	TO	~~07~~ 09	09	30

DMR MAILING ZIP CODE: 87103
MAJOR

LIFT STATION 32 AT ALBUQUERQUE - WET S
External Outfall

No Discharge ☐

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
Nitrogen, total (as N)	SAMPLE MEASUREMENT	******	******		******	5.76	6.47	mg/L		3	C
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Nitrogen, nitrate total (as N)	SAMPLE MEASUREMENT	******	******		******	0.82	1.23	mg/L		3	C
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******		******	3.90	5.10	mg/L		3	C
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******		******	0.77	0.84	mg/L		3	C
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Phosphorus, dissolved	SAMPLE MEASUREMENT	******	******		******	0.34	0.45	mg/L		3	C
00666 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******			91	104	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		Twice Every Season	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******		******	18.1	23.2	mg/L		3	C
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
Stormwater Section Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Roland Pentila	505-768-2778		10	01	12
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 DISCH/ ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

m 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.
mFirdon

NMS000101	004F
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87103
MAJOR

LIFT STATION 32 AT ALBUQUERQUE - WET S
External Outfall

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 09	~~10~~ 04	01	TO	~~07~~ 09	09	30

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	******	******		******	17.6	20.6	mg/L		3	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	******	******		******	2.40	3.37	ug/L		3	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	******	******		******	0.50	0.56	ug/L		3	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	******	******		******	2.29	4.10	ug/L		3	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	******	******		******	10.0	20.0	ug/L		3	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	******	******		******	1.15	3.43	ug/L		3	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	******	******		******	22.0	60.5	ug/L		3	C
01040 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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
Stormwater Section Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Roland Bentley	505	768-2778	10	01	12
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 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.
mkordar

NMS000101
PERMIT NUMBER

004F
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87103
MAJOR

LIFT STATION 32 AT ALBUQUERQUE - WET S
External Outfall

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~08~~ 09	~~10~~ 04	01	TO	~~07~~ 09	09	30

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	******	******		******	36.7	41.3	ug/L		3	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	******	******		******	1.96	2.44	ug/L		3	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	******	******		******	55.1	109	ug/L		3	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	******	******		******	<0.01	<0.01	ug/L		3	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	******	******		******	217	316	ug/L		3	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	******	******		******	327	529	ug/L		3	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	******	******		******	<117	151	ug/L		3	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		
Stormwater Section Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Roland Pentitto	505-768-2778		10	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]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.
mRjordan

NMS000101	004F
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 87103
MAJOR

LIFT STATION 32 AT ALBUQUERQUE - WET 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	******	******		******	194	230	mg/L		3	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		3	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	******	******		******	2420	2420	MPN		3	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		
Stormwater Section Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Roland Pentti[illegible]	~~505-768-2778~~		~~10~~	~~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 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	005F
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 09	~~10~~ 04	01	TO	~~07~~ 09	09	30

DMR MAILING ZIP CODE: 87103
MAJOR

MARIPOSA DIVERSION - WET SEASON
External Outfall
Note: Dry/Wet Season missed 1 sample

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	******	******		23	23	23	oC		1	G
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		Req. Mon. DAILY MN	Req. Mon. DAILY AV	Req. Mon. DAILY MX	deg C		Twice Every Season	GRAB
Conductivity	SAMPLE MEASUREMENT	******	******		******	112	112	uS/cm		1	G
00094 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	uS/cm		Twice Every Season	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******		******	12.0	12.0	mg/L		1	C
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Oxygen demand, chem. (high level) (COD)	SAMPLE MEASUREMENT	******	******		******	94.0	94.0	mg/L		1	C
00340 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
pH	SAMPLE MEASUREMENT	******	******		7.1	******	7.1	SU		1	G
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		Req. Mon. MINIMUM	******	Req. Mon. MAXIMUM	SU		Twice Every Season	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	******	******		******	22.0	22.0	mg/L		1	C
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every 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		Twice Every Season	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
Stormwater Section Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Roland Pentilla	505-768-2778		10	01	12
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)

[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.
MRWdar

NMS000101	005F
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~06~~ 09	~~10~~ 01	01	TO	~~07~~ 09	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			
Nitrogen, total (as N)	SAMPLE MEASUREMENT	******	******		******	2.23	2.23	mg/L		1	C
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Nitrogen, nitrate total (as N)	SAMPLE MEASUREMENT	******	******		******	0.81	0.81	mg/L		1	C
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Nitrogen, Kjeldahl, total (as N)	SAMPLE MEASUREMENT	******	******		******	1.20	1.20	mg/L		1	C
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Phosphorus, total (as P)	SAMPLE MEASUREMENT	******	******		******	0.33	0.33	mg/L		1	C
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Phosphorus, dissolved	SAMPLE MEASUREMENT	******	******		******	0.17	0.17	mg/L		1	C
00666 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	******	******			Not measured		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		Twice Every Season	GRAB
Chloride (as Cl)	SAMPLE MEASUREMENT	******	******		******	4.0	4.0	mg/L		1	C
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER					
Stormwater Section Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Roland Bentitla	TELEPHONE	DATE	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-768-2778	10	01	12
			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.
MFNOW

NMS000101	005F
PERMIT NUMBER	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	01	TO	07	09	30
	19	06			09		

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	******	******		******	5.28	5.28	mg/L		1	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	******	******		******	<0.01	<0.01	ug/L		1	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		1	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		1	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	******	******		******	<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		Twice Every Season	COMPOS
Chromium, trivalent (as Cr)	SAMPLE MEASUREMENT	******	******		******	1.47	1.47	ug/L		1	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	******	******		******	0.34	0.34	ug/L		1	C
01040 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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
Storm Water Sector 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 Pentilla	505	768-2775	10	01	12
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 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.
MRordon

NMS000101	005F
PERMIT NUMBER	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~~ 09	~~10~~ 06	01	TO	~~07~~ 09	09	30

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	******	******		******	8.34	8.34	ug/L			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	******	******		******	0.32	0.32	ug/L			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	******	******		******	1.33	1.33	ug/L			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	******	******		******	<0.01	<0.01	ug/L			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	******	******		******	<10.0	<10.0	ug/L			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	******	******		******	25.40	25.4	ug/L			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			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		
Stormwater Section Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Roland Pentikis	505-768-2778		10	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 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.
MRyrdon

NMS000101	005F
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	06	10	01	TO	07	09	30
	09	04			09		

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			
Solids, total dissolved	SAMPLE MEASUREMENT	******	******		******	96	96	mg/L			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			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	******	******		******	2420	2420	MPN			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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
Stormwater Section Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Roland Lentheles	505	768-2778	10	01	12
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.