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

F pproved
o. 2040-0004

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

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

NMS000101	005F
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: *87103*
MAJOR

MARIPOSA DIVERSION - WET SEASON
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING 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) 00600 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******		******	1.62	1.72	mg/L		2	C
	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Nitrogen, nitrate total (as N) 00620 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******		******	0.48	0.60	mg/L		2	C
	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Nitrogen, Kjeldahl, total (as N) 00625 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******		******	1.0	1.0	mg/L		2	C
	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Phosphorus, total (as P) 00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******		******	0.23	0.26	mg/L		2	C
	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Phosphorus, dissolved 00666 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******		******	0.17	0.19	mg/L		2	C
	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS
Hardness, total (as CaCO3) 00900 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******		36.7	39.4	42.0	mg/L		2	G
	PERMIT REQUIREMENT	******	******		Req. Mon. DAILY MN	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	GRAB
Chloride (as Cl) 00940 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******		******	10.8	12.0	mg/L		2	C
	PERMIT REQUIREMENT	******	******		******	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Twice Every Season	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
David S. Campbell, CAO		David Campbell	(505) 768-3000	2011 01 28
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code / NUMBER	YEAR / MO / DAY

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