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

Approved
No. 2040-0004

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

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

NMS000101	005E
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 87103
MAJOR

MARIPOSA DIVERSION - DRY SEASON
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total dissolved	SAMPLE MEASUREMENT	******	******		******	NA	NA	mg/L		0	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	SAMPLE MEASUREMENT	******	******		******	844	1300	MPN/100mL		2	G
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	Req. Mon. 30DAVGEO	Req. Mon. DAILY MX	#/100mL		Twice Every Season	GRAB

NA = not analyzed. Filtered sample not taken.

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

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