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.
Jon Riordan

NMS000101
PERMIT NUMBER

003Z
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87103
MAJOR

BIANNUALLY REPORTING - 003 WET SEASOI
External Outfall

No Discharge ☐

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

< = less than detection limit

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
Bis(2-chloroethoxy)methane	SAMPLE MEASUREMENT	******	******		******	<0.06	<0.07	~~ug/L~~		5	C
34278 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Bis(2-chloroisopropyl) ether	SAMPLE MEASUREMENT	******	******		******	<0.10	<0.11	~~ug/L~~		5	C
34283 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Butyl benzyl phthalate	SAMPLE MEASUREMENT	******	******		******	1.4	2.3	~~ug/L~~		5	C
34292 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Chlorobenzene	SAMPLE MEASUREMENT	******	******		******	Not Tested		~~ug/L~~		0	C
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Chloroethane, total weight	SAMPLE MEASUREMENT	******	******		******	Not Tested		~~ug/L~~		0	C
34311 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	50 DAILY AV	50 DAILY MX	ug/L		Twice Every Season	COMPOS
Chrysene	SAMPLE MEASUREMENT	******	******		******	<0.23	<0.42	~~ug/L~~		5	C
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Diethyl phthalate	SAMPLE MEASUREMENT	******	******		******	0.7	1.0	~~ug/L~~		5	C
34336 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 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 Pentillie	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. BIANNUALLY DMRS (EVERY OTHER YEAR) TO BE SUBMITTED DUE FEB. 1ST.

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UNKNOWN, NM 00000
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LOCATION: UNKNOWN
, NM 00000
ATTN:ED ADAMS,DIR,DEPT.MUN.DEV.
M Hordan

NMS000101	003Z
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87103
MAJOR

BIANNUALLY REPORTING - 003 WET SEASOI
External Outfall

No Discharge ☐

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Dimethyl phthalate	SAMPLE MEASUREMENT	******	******		******	<0.07	0.10	ug/L		5	C
34341 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Endosulfan sulfate	SAMPLE MEASUREMENT	******	******		******	<0.20	<0.25	ug/L		5	C
34351 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	1 DAILY AV	1 DAILY MX	ug/L		Twice Every Season	COMPOS
.beta.-Endosulfan	SAMPLE MEASUREMENT	******	******		******	<0.14	<0.25	ug/L		5	C
34356 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	1 DAILY AV	1 DAILY MX	ug/L		Twice Every Season	COMPOS
.alpha.-Endosulfan	SAMPLE MEASUREMENT	******	******		******	<0.24	<0.41	ug/L		5	C
34361 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	1 DAILY AV	1 DAILY MX	ug/L		Twice Every Season	COMPOS
Ethylbenzene	SAMPLE MEASUREMENT	******	******		******	Not Tested		ug/L		0	C
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Fluoranthene	SAMPLE MEASUREMENT	******	******		******	<1.24	2.1	ug/L		5	C
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Fluorene	SAMPLE MEASUREMENT	******	******		******	<0.07	<0.07	ug/L		5	C
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every 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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LOCATION: UNKNOWN
, NM 00000
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mKordan

NMS000101	003Z
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DMR MAILING ZIP CODE: 87103
MAJOR

BIANNUALLY REPORTING - 003 WET SEASOI
External Outfall

No Discharge ☐

< = less than detection limit

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Hexachlorobutadiene	SAMPLE MEASUREMENT	******	******		******	<0.12	<0.14	ug/L		5	C
34391 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Hexachloroethane	SAMPLE MEASUREMENT	******	******		******	<0.10	<0.12	ug/L		5	C
34396 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	20 DAILY AV	20 DAILY MX	ug/L		Twice Every Season	COMPOS
Indeno(1,2,3-cd)pyrene	SAMPLE MEASUREMENT	******	******		******	<0.40	<0.48	ug/L		5	C
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	20 DAILY AV	20 DAILY MX	ug/L		Twice Every Season	COMPOS
Isophorone	SAMPLE MEASUREMENT	******	******		******	<0.07	<0.10	ug/L		5	C
34408 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Methyl bromide	SAMPLE MEASUREMENT	******	******		******	Not Tested		ug/L		0	C
34413 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	50 DAILY AV	50 DAILY MX	ug/L		Twice Every Season	COMPOS
Methyl chloride	SAMPLE MEASUREMENT	******	******		******	Not	Tested	ug/L		0	C
34418 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	50 DAILY AV	50 DAILY MX	ug/L		Twice Every Season	COMPOS
Methylene chloride	SAMPLE MEASUREMENT	******	******		******	Not	Tested	ug/L		0	C
34423 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	20 DAILY AV	20 DAILY MX	ug/L		Twice Every Season	COMPOS

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mRiordan

NMS000101
PERMIT NUMBER

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DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87103
MAJOR

BIANNUALLY REPORTING - 003 WET SEASOI
External Outfall

No Discharge ☐

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N-Nitrosodi-N-propylamine	SAMPLE MEASUREMENT	******	******		******	<2.4	<6.1	ug/L		5	C
34428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	20 DAILY AV	20 DAILY MX	ug/L		Twice Every Season	COMPOS
Nitrobenzene	SAMPLE MEASUREMENT	******	******		******	<0.07	<0.07	ug/L		5	C
34447 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Phenanthrene	SAMPLE MEASUREMENT	******	******		******	<0.09	0.4	ug/L		5	C
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Pyrene	SAMPLE MEASUREMENT	******	******		******	<0.92	1.8	ug/L		5	C
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
1,1-Dichloroethane	SAMPLE MEASUREMENT	******	******		******	Not Tested		ug/L		0	C
34496 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
1,1,2,2-Tetrachloroethane	SAMPLE MEASUREMENT	******	******		******	Not Tested		ug/L		0	C
34516 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Benzo(ghi)perylene	SAMPLE MEASUREMENT	******	******		******	<0.33	<0.36	ug/L		5	C
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	20 DAILY AV	20 DAILY MX	ug/L		Twice Every Season	COMPOS

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Stormwater Section Manager		Roland Pentillas	505-768-2778		10	01	12
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External Outfall

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PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Benzo(a)anthracene	SAMPLE MEASUREMENT	******	******		******	<0.22	<0.25	ug/L		5	C
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
1,2-Dichloroethane, total weight	SAMPLE MEASUREMENT	******	******		******	Not	Tested	ug/L		0	C
34531 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
1,2-Dichlorobenzene	SAMPLE MEASUREMENT	******	******		******	<0.09	<0.12	ug/L		5	C
34536 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
1,2-Dichloropropane	SAMPLE MEASUREMENT	******	******		******	Not	Tested	ug/L		0	C
34541 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
1,2,4-Trichlorobenzene	SAMPLE MEASUREMENT	******	******		******	<0.13	<0.17	ug/L		5	C
34551 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Dibenzo(a,h)anthracene	SAMPLE MEASUREMENT	******	******		******	<0.40	<0.48	ug/L		5	C
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	20 DAILY AV	20 DAILY MX	ug/L		Twice Every Season	COMPOS
1,3-Dichlorobenzene	SAMPLE MEASUREMENT	******	******		******	<0.08	<0.09	ug/L		5	C
34566 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS

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Stormwater Section Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-768-2778		10	01	12
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1,4-Dichlorobenzene	SAMPLE MEASUREMENT	******	******		******	<0.2	<0.2	ug/L		5	C
34571 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
2-Chloroethyl vinyl ether, (mixed)	SAMPLE MEASUREMENT	******	******		******	Not	Tested	ug/L		0	C
34576 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
2-Chloronaphthalene	SAMPLE MEASUREMENT	******	******		******	<0.09	<0.11	ug/L		5	C
34581 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Di-n-octyl phthalate	SAMPLE MEASUREMENT	******	******		******	<0.63	1.8	ug/L		5	C
34596 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
2,4-Dinitrotoluene	SAMPLE MEASUREMENT	******	******		******	<0.13	<0.15	ug/L		5	C
34611 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
2,6-Dinitrotoluene	SAMPLE MEASUREMENT	******	******		******	<0.10	<0.14	ug/L		5	C
34626 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
3,3'-Dichlorobenzidine	SAMPLE MEASUREMENT	******	******		******	<0.24	<0.28	ug/L		5	C
34631 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	50 DAILY AV	50 DAILY MX	ug/L		Twice Every Season	COMPOS

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Stormwater Section Manager TYPED OR PRINTED		Roland Pentilla	505-768-2778	10 01 12

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mkirdar

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003Z
DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~05~~ 09	~~10~~ 04	01	TO	~~07~~ 09	09	30

DMR MAILING ZIP CODE: 87103
MAJOR

BIANNUALLY REPORTING - 003 WET 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			
4-Bromophenyl phenyl ether	SAMPLE MEASUREMENT	******	******		******	<0.10	<0.11	ug/L		5	C
34636 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
4-Chlorophenyl phenyl ether	SAMPLE MEASUREMENT	******	******		******	<0.10	<0.13	ug/L		5	C
34641 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Naphthalene	SAMPLE MEASUREMENT	******	******		******	<0.11	<0.12	ug/L		3	C
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Bis(2-ethylhexyl) phthalate	SAMPLE MEASUREMENT	******	******		******	7.8	11.3	ug/L		5	C
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Di-n-butyl phthalate	SAMPLE MEASUREMENT	******	******		******	0.9	2.0	ug/L		5	C
39110 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
4,4'-DDT	SAMPLE MEASUREMENT	******	******		******	<0.21	<0.28	ug/L		5	C
39300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	.1 DAILY AV	.1 DAILY MX	ug/L		Twice Every Season	COMPOS
4,4'-DDD	SAMPLE MEASUREMENT	******	******		******	<0.28	<0.32	ug/L		5	C
39310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	.1 DAILY AV	.1 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. BIANNUALLY DMRS (EVERY OTHER YEAR) 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.
mHordar

NMS000101
PERMIT NUMBER

003Z
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87103
MAJOR

BIANNUALLY REPORTING - 003 WET SEASO
External Outfall

No Discharge ☐

MONITORING PERIOD							
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~05~~ 08	~~10~~ 04	01	TO	~~07~~ 09	09	30

< - less than detector limit

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
4,4'-DDE	SAMPLE MEASUREMENT	******	******		******	<0.15	<0.23	ug/L		5	C
39320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	.1 DAILY AV	.1 DAILY MX	ug/L		Twice Every Season	COMPOS
Aldrin	SAMPLE MEASUREMENT	******	******		******	<0.20	<0.27	ug/L		5	C
39330 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	.05 DAILY AV	.05 DAILY MX	ug/L		Twice Every Season	COMPOS
.alpha.-BHC	SAMPLE MEASUREMENT	******	******		******	<0.19	<0.28	ug/L		5	C
39337 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	.05 DAILY AV	.05 DAILY MX	ug/L		Twice Every Season	COMPOS
.beta.-BHC	SAMPLE MEASUREMENT	******	******		******	<0.27	<0.32	ug/L		5	C
39338 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	.05 DAILY AV	.05 DAILY MX	ug/L		Twice Every Season	COMPOS
Gamma-BHC	SAMPLE MEASUREMENT	******	******		******	<0.21	<0.28	ug/L		5	C
39340 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	.05 DAILY AV	.05 DAILY MX	ug/L		Twice Every Season	COMPOS
Chlordane (tech mix. and metabolites)	SAMPLE MEASUREMENT	******	******		******	<0.02	<0.02	ug/L		3	C
39350 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	.2 DAILY AV	.2 DAILY MX	ug/L		Twice Every Season	COMPOS
Dieldrin	SAMPLE MEASUREMENT	******	******		******	<0.17	<0.25	ug/L		5	C
39380 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	.1 DAILY AV	.1 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 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.
mRiordan

NMS000101
PERMIT NUMBER

003Z
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87103
MAJOR

BIANNUALLY REPORTING - 003 WET SEASOI
External Outfall

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~05~~ 08	~~10~~ 06	01	TO	~~07~~ 09	09	30

<= 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			
Polychlorinated biphenyls (PCBs)	SAMPLE MEASUREMENT	******	******		******	<0.10	<0.10	~~ug/g~~		5	C
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	1 DAILY AV	1 DAILY MX	ug/L		Twice Every Season	COMPOS
Hexachlorobenzene	SAMPLE MEASUREMENT	******	******		******	<0.15	<0.21	~~ug/g~~		5	C
39700 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
1,3-Dichloropropylene	SAMPLE MEASUREMENT	******	******		******	Not Tested		~~ug/g~~		0	C
51044 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 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 Pentilla	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 DISCHAR[illegible]LIMINATION 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.
MHorder

NMS000101	004Z
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~05~~ 08	~~10~~ 06	01	TO	~~07~~ 09	09	30

DMR MAILING ZIP CODE: 87103
MAJOR

BIANNUALLY REPORTING - 004 WET SEASOI
External Outfall

No Discharge ☐

< = less than detection lim. T

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
Carbon tetrachloride	SAMPLE MEASUREMENT	******	******		******	Not Tested		ug/L		O	C
32102 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Bromoform	SAMPLE MEASUREMENT	******	******		******	Not Tested		ug/L		O	C
32104 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Dibromochloromethane	SAMPLE MEASUREMENT	******	******		******	Not Tested		ug/L		O	C
32105 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Chloroform	SAMPLE MEASUREMENT	******	******		******	Not Tested		ug/L		O	C
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Toluene	SAMPLE MEASUREMENT	******	******		******	Not Tested		ug/L		O	C
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Benzene	SAMPLE MEASUREMENT	******	******		******	Not Tested		ug/L		O	C
34030 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Acenaphthylene	SAMPLE MEASUREMENT	******	******		******	<0.08	<0.10	ug/L		S	C
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			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.
mkordar

NMS000101	004Z
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~05~~ 08	~~10~~ 06	01	TO	~~07~~ 09	09	30

DMR MAILING ZIP CODE: 87103
MAJOR

BIANNUALLY REPORTING - 004 WET SEASOI
External Outfall

No Discharge ☐

C =less than detection limit

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
Acenaphthene	SAMPLE MEASUREMENT	******	******		******	<0.08	<0.08	ug/L		5	C
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Anthracene	SAMPLE MEASUREMENT	******	******		******	<0.09	<0.10	ug/L		5	C
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Benzo(b)fluoranthene	SAMPLE MEASUREMENT	******	******		******	<1.0	3.3	ug/L		5	C
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Benzo(k)fluoranthene	SAMPLE MEASUREMENT	******	******		******	<0.70	<0.77	ug/L		5	C
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Benzo(a)pyrene	SAMPLE MEASUREMENT	******	******		******	<0.59	1.0	ug/L		5	C
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
.delta.-Benzenehexachloride	SAMPLE MEASUREMENT	******	******		******	<0.24	<0.25	ug/L		5	C
34259 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	.05 DAILY AV	.05 DAILY MX	ug/L		Twice Every Season	COMPOS
Bis(2-chloroethyl) ether	SAMPLE MEASUREMENT	******	******		******	<0.07	<0.07	ug/L		5	C
34273 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 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 Pentitts	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 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.
mRorder

NMS000101	004Z
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05 ~~10~~ 08	10 ~~00~~	01	TO	07 09	09	30

DMR MAILING ZIP CODE: 87103
MAJOR

BIANNUALLY REPORTING - 004 WET SEASOI
External Outfall

No Discharge ☐

<= less than detection limit

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
Bis(2-chloroethoxy)methane	SAMPLE MEASUREMENT	******	******		******	<0.06	<0.07	ug/L		5	C
34278 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Bis(2-chloroisopropyl) ether	SAMPLE MEASUREMENT	******	******		******	<0.16	<0.10	ug/L		5	C
34283 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Butyl benzyl phthalate	SAMPLE MEASUREMENT	******	******		******	<1.0	1.8	ug/L		5	C
34292 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Chlorobenzene	SAMPLE MEASUREMENT	******	******		******	Not Tested		ug/L		0	C
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Chloroethane, total weight	SAMPLE MEASUREMENT	******	******		******	Not Tested		ug/L		0	C
34311 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	50 DAILY AV	50 DAILY MX	ug/L		Twice Every Season	COMPOS
Chrysene	SAMPLE MEASUREMENT	******	******		******	<0.18	<0.38	ug/L		5	C
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Diethyl phthalate	SAMPLE MEASUREMENT	******	******		******	<0.53	0.9	ug/L		5	C
34336 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
Roland Pentilla, 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 Pentilla	505	768 2778	10	01	12
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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

Approved
B 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
PERMIT NUMBER

004Z
DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05 08	10 Oct	01	TO	07 09	09	30

DMR MAILING ZIP CODE: 87103
MAJOR

BIANNUALLY REPORTING - 004 WET SEASOI
External Outfall

No Discharge ☐

2-6SS transdefection limit

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
Dimethyl phthalate	SAMPLE MEASUREMENT	******	******		******	<0.18	0.3	ug/L		5	C
34341 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Endosulfan sulfate	SAMPLE MEASUREMENT	******	******		******	<0.18	<0.22	ug/L		5	C
34351 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	1 DAILY AV	1 DAILY MX	ug/L		Twice Every Season	COMPOS
.beta.-Endosulfan	SAMPLE MEASUREMENT	******	******		******	<0.18	<0.20	ug/L		5	C
34356 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	.1 DAILY AV	.1 DAILY MX	ug/L		Twice Every Season	COMPOS
.alpha.-Endosulfan	SAMPLE MEASUREMENT	******	******		******	<0.20	<0.34	ug/L		5	C
34361 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	.1 DAILY AV	.1 DAILY MX	ug/L		Twice Every Season	COMPOS
Ethylbenzene	SAMPLE MEASUREMENT	******	******		******	Not	Tested	ug/L		0	C
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Fluoranthene	SAMPLE MEASUREMENT	******	******		******	<0.89	0.9	ug/L		5	C
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Fluorene	SAMPLE MEASUREMENT	******	******		******	<0.07	<0.07	ug/L		5	C
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 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 Rentiela	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. BIANNUALLY DMRS (EVERY OTHER YEAR) TO BE SUBMITTED DUE FEB. 1ST.

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

Approved
[illegible]B 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 Reardon

NMS000101
PERMIT NUMBER

004Z
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87103
MAJOR

BIANNUALLY REPORTING - 004 WET SEASO[illegible]
External Outfall

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~08~~ 88	~~10~~ 06	01	TO	~~07~~ 89	09	30

<= less than detection limit

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
Hexachlorobutadiene	SAMPLE MEASUREMENT	******	******		******	<0.13	<0.15	ug/L		5	C
34391 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Hexachloroethane	SAMPLE MEASUREMENT	******	******		******	<0.10	<0.12	ug/L		5	C
34396 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	20 DAILY AV	20 DAILY MX	ug/L		Twice Every Season	COMPOS
Indeno(1,2,3-cd)pyrene	SAMPLE MEASUREMENT	******	******		******	<0.42	<0.47	ug/L		5	C
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	20 DAILY AV	20 DAILY MX	ug/L		Twice Every Season	COMPOS
Isophorone	SAMPLE MEASUREMENT	******	******		******	<0.07	<0.08	ug/L		5	C
34408 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Methyl bromide	SAMPLE MEASUREMENT	******	******		******	Not Tested		ug/L		0	C
34413 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	50 DAILY AV	50 DAILY MX	ug/L		Twice Every Season	COMPOS
Methyl chloride	SAMPLE MEASUREMENT	******	******		******	Not Tested		ug/L		0	C
34418 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	50 DAILY AV	50 DAILY MX	ug/L		Twice Every Season	COMPOS
Methylene chloride	SAMPLE MEASUREMENT	******	******		******	Not Tested		ug/L		0	C
34423 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	20 DAILY AV	20 DAILY MX	ug/L		Twice Every Season	COMPOS

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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.
mRyder

NMS000101
PERMIT NUMBER

004Z
DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05 08	10 06	01	TO	07 09	09	30

DMR MAILING ZIP CODE: 87103
MAJOR

BIANNUALLY REPORTING - 004 WET SEASOI
External Outfall

No Discharge ☐

< = less than detection limit

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
N-Nitrosodi-N-propylamine	SAMPLE MEASUREMENT	******	******		******	<0.20	<0.57	ug/L		5	C
34428 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	20 DAILY AV	20 DAILY MX	ug/L		Twice Every Season	COMPOS
Nitrobenzene	SAMPLE MEASUREMENT	******	******		******	<0.07	<0.07	ug/L		5	C
34447 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Phenanthrene	SAMPLE MEASUREMENT	******	******		******	<0.09	0.7	ug/L		5	C
34461 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Pyrene	SAMPLE MEASUREMENT	******	******		******	<0.45	1.5	ug/L		5	C
34469 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
1,1-Dichloroethane	SAMPLE MEASUREMENT	******	******		******	Not tested		ug/L		0	C
34496 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
1,1,2,2-Tetrachloroethane	SAMPLE MEASUREMENT	******	******		******	Not Tested		ug/L		0	C
34516 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Benzo(ghi)perylene	SAMPLE MEASUREMENT	******	******		******	<0.33	<0.34	ug/L			C
34521 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	20 DAILY AV	20 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 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.
mRcordes

NMS000101
PERMIT NUMBER

004Z
DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~05~~ 08	~~10~~ 04	01	TO	~~07~~ 09	09	30

DMR MAILING ZIP CODE: 87103
MAJOR

BIANNUALLY REPORTING - 004 WET SEASO
External Outfall

No Discharge ☐

L=less than detection limit

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
Benzo(a)anthracene	SAMPLE MEASUREMENT	******	******		******	<0.22	<0.24	ug/L		5	C
34526 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
1,2-Dichloroethane, total weight	SAMPLE MEASUREMENT	******	******		******	Not	Tested	ug/L		0	C
34531 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
1,2-Dichlorobenzene	SAMPLE MEASUREMENT	******	******		******	<0.10	<0.12	ug/L		5	C
34536 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
1,2-Dichloropropane	SAMPLE MEASUREMENT	******	******		******	Not	Tested	ug/L		0	C
34541 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
1,2,4-Trichlorobenzene	SAMPLE MEASUREMENT	******	******		******	<0.14	<0.16	ug/L		5	C
34551 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Dibenzo(a,h)anthracene	SAMPLE MEASUREMENT	******	******		******	<0.43	<0.51	ug/L		5	C
34556 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	20 DAILY AV	20 DAILY MX	ug/L		Twice Every Season	COMPOS
1,3-Dichlorobenzene	SAMPLE MEASUREMENT	******	******		******	<0.08	<0.09 ~~<0.02~~	ug/L		5	C
34566 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 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 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.
MKorder

NMS000101
PERMIT NUMBER

004Z
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87103
MAJOR

BIANNUALLY REPORTING - 004 WET SEASOI
External Outfall

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	~~10~~ 08	01	TO	~~07~~ 09	09	30

<=less than detection limit

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
1,4-Dichlorobenzene	SAMPLE MEASUREMENT	******	******		******	<0.02	<0.02	ug/L		5	C
34571 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
2-Chloroethyl vinyl ether, (mixed)	SAMPLE MEASUREMENT	******	******		******	Not	Tested	ug/L		0	C
34576 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
2-Chloronaphthalene	SAMPLE MEASUREMENT	******	******		******	<0.09	<0.10	ug/L		5	C
34581 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Di-n-octyl phthalate	SAMPLE MEASUREMENT	******	******		******	<0.74	1.2	ug/L		5	C
34596 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
2,4-Dinitrotoluene	SAMPLE MEASUREMENT	******	******		******	<0.13	<0.13	ug/L		5	C
34611 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
2,6-Dinitrotoluene	SAMPLE MEASUREMENT	******	******		******	<0.10	<0.11	ug/L		5	C
34626 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
3,3'-Dichlorobenzidine	SAMPLE MEASUREMENT	******	******		******	<0.25	<0.27	ug/L		5	C
34631 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	50 DAILY AV	50 DAILY MX	ug/L		Twice Every Season	COMPOS

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

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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.
mRyder

NMS000101
PERMIT NUMBER

004Z
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87103
MAJOR

BIANNUALLY REPORTING - 004 WET SEASOI
External Outfall

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~05~~ 08	~~10~~ 04	01	TO	~~07~~ 09	09	30

<= less than detection limit

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
4-Bromophenyl phenyl ether	SAMPLE MEASUREMENT	******	******		******	<0.09	<0.10	ug/L		5	C
34636 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
4-Chlorophenyl phenyl ether	SAMPLE MEASUREMENT	******	******		******	<0.11	<0.13	ug/L		5	C
34641 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Naphthalene	SAMPLE MEASUREMENT	******	******		******	<0.11	<0.12	ug/L		~~5~~ 4	C
34696 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Bis(2-ethylhexyl) phthalate	SAMPLE MEASUREMENT	******	******		******	5.9	10.3	ug/L		5	C
39100 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Di-n-butyl phthalate	SAMPLE MEASUREMENT	******	******		******	<0.7	0.9	ug/L		5	C
39110 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
4,4'-DDT	SAMPLE MEASUREMENT	******	******		******	<0.19	<0.23	ug/L		5	C
39300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	.1 DAILY AV	.1 DAILY MX	ug/L		Twice Every Season	COMPOS
4,4'-DDD	SAMPLE MEASUREMENT	******	******		******	<0.27	<0.28	ug/L		5	C
39310 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	.1 DAILY AV	.1 DAILY MX	ug/L		Twice Every Season	COMPOS

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

NMS000101
PERMIT NUMBER

004Z
DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05 ~~08~~	~~10~~ 06	01	TO	~~07~~ 09	09	30

DMR MAILING ZIP CODE: 87103
MAJOR

BIANNUALLY REPORTING - 004 WET SEASOI
External Outfall

No Discharge ☐

<= less than detection/mc t

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
4,4'-DDE	SAMPLE MEASUREMENT	******	******		******	<0.12	<0.14	ug/L		5	C
39320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	.1 DAILY AV	.1 DAILY MX	ug/L		Twice Every Season	COMPOS
Aldrin	SAMPLE MEASUREMENT	******	******		******	<0.18	<0.22	ug/L		5	C
39330 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	.05 DAILY AV	.05 DAILY MX	ug/L		Twice Every Season	COMPOS
.alpha.-BHC	SAMPLE MEASUREMENT	******	******		******	<0.17	<0.23	ug/L		5	C
39337 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	.05 DAILY AV	.05 DAILY MX	ug/L		Twice Every Season	COMPOS
.beta.-BHC	SAMPLE MEASUREMENT	******	******		******	<0.25	<0.25	ug/L		5	C
39338 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	.05 DAILY AV	.05 DAILY MX	ug/L		Twice Every Season	COMPOS
Gamma-BHC	SAMPLE MEASUREMENT	******	******		******	<0.19	<0.23	ug/L		5	C
39340 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	.05 DAILY AV	.05 DAILY MX	ug/L		Twice Every Season	COMPOS
Chlordane (tech mix. and metabolites)	SAMPLE MEASUREMENT	******	******		******	<0.02	<0.02	ug/L		2	C
39350 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	.2 DAILY AV	.2 DAILY MX	ug/L		Twice Every Season	COMPOS
Dieldrin	SAMPLE MEASUREMENT	******	******		******	<0.15	<0.20	ug/L		5	C
39380 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	.1 DAILY AV	.1 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. BIANNUALLY DMRS (EVERY OTHER YEAR) 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.
mRyder

NMS000101
PERMIT NUMBER

004Z
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87103
MAJOR

BIANNUALLY REPORTING - 004 WET SEASOI
External Outfall

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~05~~ 08	~~10~~ 06	01	TO	~~07~~ 09	09	30

<= 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			
Polychlorinated biphenyls (PCBs)	SAMPLE MEASUREMENT	******	******		******	<0.06	<0.10	ug/L		5	C
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	1 DAILY AV	1 DAILY MX	ug/L		Twice Every Season	COMPOS
Hexachlorobenzene	SAMPLE MEASUREMENT	******	******		******	<0.17	<0.24	ug/L		5	C
39700 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
1,3-Dichloropropylene	SAMPLE MEASUREMENT	******	******		******	Not Tested		ug/L		0	C
51044 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
Stormwater Section Manager		Roland Lentilla	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 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.
M Riordan

NMS000101
PERMIT NUMBER

005Z
DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~05~~ 08	~~10~~ 06	01	TO	~~07~~ 09	09	30

DMR MAILING ZIP CODE: 87103
MAJOR

BIANNUALLY REPORTING - 005 WET SEASOI
External Outfall

No Discharge ☐

< = less than detection limit

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
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		Twice Every 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		Twice Every 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		Twice Every 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		Twice Every Season	COMPOS
Toluene	SAMPLE MEASUREMENT	******	******		******	<0.40	<0.50	ug/L		2	C
34010 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every 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		Twice Every Season	COMPOS
Acenaphthylene	SAMPLE MEASUREMENT	******	******		******	<0.07	<0.10	ug/L		2	C
34200 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
Roland Pentilla, Storm Water 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)
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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.
mRiordan

NMS000101
PERMIT NUMBER

005Z
DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	05	10	01	TO	07	09	30
	08	04			09		

DMR MAILING ZIP CODE: 87103
MAJOR

BIANNUALLY REPORTING - 005 WET 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			
Acenaphthene	SAMPLE MEASUREMENT	******	******		******	<0.08	<0.08	ug/L		2	C
34205 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Anthracene	SAMPLE MEASUREMENT	******	******		******	<0.08	<0.10	ug/L		2	C
34220 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Benzo(b)fluoranthene	SAMPLE MEASUREMENT	******	******		******	<1.1	1.90	ug/L		2	C
34230 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Benzo(k)fluoranthene	SAMPLE MEASUREMENT	******	******		******	<0.55	<0.73	ug/L		2	C
34242 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Benzo(a)pyrene	SAMPLE MEASUREMENT	******	******		******	<0.49	<0.58	ug/L		2	C
34247 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
.delta.-Benzenehexachloride	SAMPLE MEASUREMENT	******	******		******	<0.25	<0.25	ug/L		2	C
34259 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	.05 DAILY AV	.05 DAILY MX	ug/L		Twice Every Season	COMPOS
Bis(2-chloroethyl) ether	SAMPLE MEASUREMENT	******	******		******	<0.07	<0.07	ug/L		2	C
34273 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/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.	Roland Rentilla	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED							

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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.
mRiordan

NMS000101
PERMIT NUMBER

005Z
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87103
MAJOR

BIANNUALLY REPORTING - 005 WET SEASO
External Outfall

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~05~~ 08	~~10~~ 06	01	TO	~~07~~ 09	~~09~~ 09	30

< = less than detection limit

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
Bis(2-chloroethoxy)methane	SAMPLE MEASUREMENT	******	******		******	<0.05	<0.07	ug/L			C
34278 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Bis(2-chloroisopropyl) ether	SAMPLE MEASUREMENT	******	******		******	<0.10	<0.10	ug/L			C
34283 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Butyl benzyl phthalate	SAMPLE MEASUREMENT	******	******		******	<0.30	0.5	ug/L			C
34292 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Chlorobenzene	SAMPLE MEASUREMENT	******	******		******	<0.34	<0.55	ug/L			C
34301 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Chloroethane, total weight	SAMPLE MEASUREMENT	******	******		******	<0.80	<1.3	ug/L			C
34311 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	50 DAILY AV	50 DAILY MX	ug/L		Twice Every Season	COMPOS
Chrysene	SAMPLE MEASUREMENT	******	******		******	<0.24	<0.37	ug/L			C
34320 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Diethyl phthalate	SAMPLE MEASUREMENT	******	******		******	<0.15	0.20	ug/L			C
34336 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 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 Lentilla	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 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.
mRordan

NMS000101
PERMIT NUMBER

005Z
DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	~~05~~ 08	~~10~~ 06	01	TO	~~07~~ 09	09	30

DMR MAILING ZIP CODE: 87103
MAJOR

BIANNUALLY REPORTING - 005 WET SEASOI
External Outfall

No Discharge ☐

C = less than detection limit

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
Dimethyl phthalate	SAMPLE MEASUREMENT	******	******		******	<0.07	<0.07	ug/L		2	C
34341 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Endosulfan sulfate	SAMPLE MEASUREMENT	******	******		******	<0.20	<0.24	ug/L		2	C
34351 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	1 DAILY AV	1 DAILY MX	ug/L		Twice Every Season	COMPOS
.beta.-Endosulfan	SAMPLE MEASUREMENT	******	******		******	<0.19	<0.22	ug/L		2	C
34356 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	1 DAILY AV	1 DAILY MX	ug/L		Twice Every Season	COMPOS
.alpha.-Endosulfan	SAMPLE MEASUREMENT	******	******		******	<0.25	<0.36	ug/L		2	C
34361 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	1 DAILY AV	1 DAILY MX	ug/L		Twice Every Season	COMPOS
Ethylbenzene	SAMPLE MEASUREMENT	******	******		******	<0.17	<0.19	ug/L		2	C
34371 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Fluoranthene	SAMPLE MEASUREMENT	******	******		******	<0.11	<0.13	ug/L		2	C
34376 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Fluorene	SAMPLE MEASUREMENT	******	******		******	<0.07	<0.07	ug/L		2	C
34381 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 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 Penttola	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 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.
MRiordan

NMS000101	005Z
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 87103
MAJOR

BIANNUALLY REPORTING - 005 WET SEASO
External Outfall

No Discharge ☐

< = less than detection limit

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
Hexachlorobutadiene	SAMPLE MEASUREMENT	******	******		******	<0.12	<0.14	ug/L		2	C
34391 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Hexachloroethane	SAMPLE MEASUREMENT	******	******		******	<0.09	<0.11	ug/L		2	C
34396 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	20 DAILY AV	20 DAILY MX	ug/L		Twice Every Season	COMPOS
Indeno(1,2,3-cd)pyrene	SAMPLE MEASUREMENT	******	******		******	<0.38	<0.45	ug/L		2	C
34403 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	20 DAILY AV	20 DAILY MX	ug/L		Twice Every Season	COMPOS
Isophorone	SAMPLE MEASUREMENT	******	******		******	<0.07	<0.09	ug/L		2	C
34408 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	10 DAILY AV	10 DAILY MX	ug/L		Twice Every Season	COMPOS
Methyl bromide	SAMPLE MEASUREMENT	******	******		******	<0.90	<1.2	ug/L		2	C
34413 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	50 DAILY AV	50 DAILY MX	ug/L		Twice Every Season	COMPOS
Methyl chloride	SAMPLE MEASUREMENT	******	******		******	<0.32	<0.39	ug/L		2	C
34418 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	50 DAILY AV	50 DAILY MX	ug/L		Twice Every Season	COMPOS
Methylene chloride	SAMPLE MEASUREMENT	******	******		******	<0.37	<0.57	ug/L		2	C
34423 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	20 DAILY AV	20 DAILY MX	ug/L		Twice Every 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. BIANNUALLY DMRS (EVERY OTHER YEAR) TO BE SUBMITTED DUE FEB. 1ST.