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

Form Approved
OMB No. 2040-0004

1 - Permit/CD
2 - AO & AO matl
3 - DMR's
4 - Vio. Sum. Log
5 - NCR
6 - Correspondence
7 - CRAS
Date Filed
Clerk's Inits.

121313

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

NAME: BELEN, CITY OF
ADDRESS: 1300 CONSERVANCY ROAD
BELEN, NM 87002

FACILITY: CITY OF BELEN WWTP
LOCATION: 1300 CONSERVANCY ROAD
BELEN, NM 87002

ATTN: Rudy Jaramillo (Mayor)

RECEIVED
OCT 21 2013
6EN-W

NM0020150
PERMIT NUMBER

001A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87002
MAJOR $

TREATED MUNICIPAL WASTEWATER
External Outfall

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	13	09	01	TO	13	09	30

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	27	31		******	4	5	mg/L	0	Three Per Week	Comp 6
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	300 30DA AVG	450 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP-6
pH	SAMPLE MEASUREMENT	******	******		7.1	******	7.4	SU	0	Three Per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		6.6 MINIMUM	******	9 MAXIMUM	SU		Three Per Week	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	19	20		******	3	3	mg/L	0	Three Per Week	Comp 6
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	300 30DA AVG	450 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP-6
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.8	1.0		******	******	******		0	Contin.	total
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Mgal/d	******	******	******			Continuous	TOTALZ
Chlorine, total residual	SAMPLE MEASUREMENT	******	******		******	******	0	ug/L	0	Daily	Grab
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******		******	******	11 INST MAX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	******	******		******	4	5	CFU/100ml	0	Three Per Week	Grab
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	126 30DAVGEO	410 DAILY MX	CFU/100mL		Three Per Week	GRAB
Coliform, fecal general	SAMPLE MEASUREMENT	******	******		******	Ø	Ø		0	Three Per Week	Grab
74055 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******		******	100 30DAVGEO	200 DAILY MX	#/100mL		Three Per Week	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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
Rudy Jaramillo / Mayor		Rudy Jaramillo	(505)	710-8790	13	10	11
TYPED OR PRINTED			AREA Code	NUMBER	YEAR	MO	DAY

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

121313

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.