PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME Los Lunas, Village of
ADDRESS 1781 Heaton Loop S.E. Valencia
Los Lunas NM, 87031

FACILITY LOCATION Los Lunas WWTP
1781 Heaton Loop S.E. Valencia Los Lunas N.M. 87031

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

PERMIT NUMBER (2-16)	DISCHARGE NUMBER (17-19)
NM0020303	001A

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2013	9	1	TO	2013	9	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

RECEIVED OCT 17 2013 GEN-W

☐ Check here if No Discharge

NOTE: Read Instructions before completing this form

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BOD-5 day, 20 deg. C	SAMPLE MEASUREMENT	60.30	102.70		5.44	9.40	.....		0	4/30	Comp-24
EFFluent Gross	PERMIT REQUIREMENT	676 30DAYAVG	1,014 7 DAY AVG	lb/d	30 30 DAY AVG	45 7 DAY AVG	.....	Mg/L		1/week	Comp 24
TSS	SAMPLE MEASUREMENT	39.66	72.87		3.55	6.67	.....		0	4/30	Comp-24
EFFluent Gross	PERMIT REQUIREMENT	676 30DAY AVG	1,014 7DAY AVG	lb/d	30 30 DAY AVG	45 7DAY AVG	.....	Mg/L		1/week	Comp-24
DO	SAMPLE MEASUREMENT	.....	.....		6.14	6.35	.....		0	30/30	Grab
EFFluent Gross	PERMIT REQUIREMENT	.....	.....	matl	≥5.0 30DAY AVG	≥5.0 DAILY MAX	.....	Mg/L		Daily	Grab
PH	SAMPLE MEASUREMENT	.....	.....	Log	7.80	.....	8.30		0	30/30	Grab
EFFluent Gross	PERMIT REQUIREMENT	.....	.....	.....	6.6 minimum	.....	9.0 MAX	SU		Daily	Grab
E-coli	SAMPLE MEASUREMENT	.....	.....		39	49.6	.....		0	4/30	Grab
EFFluent Gross	PERMIT REQUIREMENT	.....	.....	.....	126 geo. 30DAY AVG	410 DAILY MAX	.....	#/100mL		1/week	Grab
Flow	SAMPLE MEASUREMENT	1.36	1.58		1.41	.....	.....		0	30/30	INSTAN
EFFluent Gross	PERMIT REQUIREMENT	30DAY MO. AVG	DAILY MAX	Mgal/d	7 Day AVG	.....	.....	MGD		Daily	INSTAN
% Removal	SAMPLE MEASUREMENT	.....	.....		98.43-BOD 98.60-TSS	.....	.....		0	4/30	Calcula.
EFFluent Gross	PERMIT REQUIREMENT	.....	.....	....	85% minimum	.....	.....	%		1/week	Calculation

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
ROBERT VIALPANDO
TYPED OR PRINTED

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		
505	839-3840	2013	10	15
AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Paper copy due to NetDMR's Goverment shutdown. Thomas LAB Mang

NH3 Results .98 mg/L / 1/Quarter / 24 Comp. Tested on 8.7.13

121313

EPA Form 3320-1 (10-96) (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PAGE OF

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

Form Approved
OMB No. 2040-0004

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

NAME: LOS LUNAS, VILLAGE OF
ADDRESS: 1781 HEATON LOOP S.E.VALENCIA
LOS LUNAS, NM 87031

FACILITY: LOS LUNAS WWTP
LOCATION: 1781 HEATON LOOP S.E.VALENCIA
LOS LUNAS, NM 87031

ATTN: GREG MARTIN Village Admin.

NM0020303	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	5-1-2013	TO	5-31-2013

Received
JUN 17 2013
6EN-W

DMR Mailing ZIP CODE: 87031
MINOR $

TOTAL FACILITY DISCHARGE
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	25.16	28.62	lb/d	******	2.29	2.60	mg/L	0	2/31	C-24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 30DA AVG	338 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	~~mg/L~~		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	******	******	******	7.45	******	7.99	SU	0	21/31	G
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.6 MINIMUM	******	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	38.37	51.41	lb/d	******	3.49	4.67	mg/L	0	2/31	C-24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 30DA AVG	338 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	~~mg/L~~		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.34	1.47	Mg/d	******	******	******	******	0	31/31	I
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Daily	INSTAN
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	Ug/L	0	N/A	G
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	******	******	******	19 INST MAX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	******	******	******	******	31	68.9	#/100mL	0	2/31	G
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30DAVGEO	410 DAILY MX	#/100mL		Twice Per Month	GRAB

D.O. - minimum = 6.17 mg/L. 30 DAY AVG. = 6.80. Frequency 20/31. # of EX. 0

1 - Permit/CD
2 - AO & AO matl
3 - DMR's
4 - Correspondence
5 - Compliance
6 - Violations
7 - CRAS
8 - Date Filed
9 - Clerk's Initials

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Robert Vialpando Mayor	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) 352-7675		6/14/13
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
THE FACILITY USES UV LIGHT FOR DISINFECTION. REPORT N/A ON THE DMR FORM, WHEN TOTAL RESIDUAL CHLORINE (TRC) IS NOT USED.

082313

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

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

Form Approved
OMB No. 2040-0004

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

NAME: LOS LUNAS, VILLAGE OF
ADDRESS: 1781 HEATON LOOP S.E.VALENCIA
LOS LUNAS, NM 87031

FACILITY: LOS LUNAS WWTP
LOCATION: 1781 HEATON LOOP S.E.VALENCIA
LOS LUNAS, NM 87031

ATTN: GREG MARTIN VILLAGE ADMIN.

NM0020303	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	4.1.2013	TO	4.30.2013

Received
JUN 17 2013
6EN-W

DMR Mailing ZIP CODE: 87031
MINOR $

TOTAL FACILITY DISCHARGE
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	27.89	29.81	lb/d	******	2.48	2.59	mg/L	0	2/30	C-24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 30DA AVG	338 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	******	******	******	7.09	******	7.36	SU	0	3/30	G
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.6 MINIMUM	******	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	40.59	47.34	lb/d	******	3.62	4.30	mg/L	0	2/30	C-24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 30DA AVG	338 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.34	1.40	Mgal/d	******	******	******	******	0	30/30	I
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Daily	INSTAN
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	—	—	0/30	G
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	******	******	******	19 INST MAX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	******	******	******	******	46	61.3	#/100mL	0	3/30	G
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30DAVGEO	410 DAILY MX	#/100mL		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Robert Vialpando MAYOR	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)	352-7675	6/14/13
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

THE FACILITY USES UV LIGHT FOR DISINFECTION. REPORT N/A ON THE DMR FORM, WHEN TOTAL RESIDUAL CHLORINE (TRC) IS NOT USED.

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

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

Form Approved
OMB No. 2040-0004

RECEIVED APR 26 2013 6EN-W

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

NAME: LOS LUNAS, VILLAGE OF
ADDRESS: 1781 HEATON LOOP S.E.VALENCIA
LOS LUNAS, NM 87031

FACILITY: LOS LUNAS WWTP
LOCATION: 1781 HEATON LOOP S.E.VALENCIA
LOS LUNAS, NM 87031

ATTN GREG MARTIN Village Admin.

NM0020303	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	MM/DD/YYYY		MM/DD/YYYY
FROM	1·1·13	TO	1·31·13

DMR Mailing ZIP CODE: 87031
MINOR $

TOTAL FACILITY DISCHARGE
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	30.32	33.71	lb/d	.....	3.12	3.34	mg/L	0	2/31	C-24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 30DA AVG	338 7 DA AVG	lb/d	.....	30 30DA AVG	45 7 DA AVG	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	.....	.....	.....	7.42	.....	7.45	SU	0	3/31	G
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	.....	.....	.....	6.6 MINIMUM	.....	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	39.03	59.54	lb/d	.....	3.95	5.90	mg/L	0	2/31	C-24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 30DA AVG	338 7 DA AVG	lb/d	.....	30 30DA AVG	45 7 DA AVG	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.19	1.36	Mgal/d	.....	.....	.....	.....	0	31/31	I
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	.....	.....	.....	.....		Daily	INSTAN
Chlorine, total residual	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	.07	ug/L	0	2/31	G
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	19 INST MAX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	.....	.....	.....	58	89	#/100mL	#/100mL	0	2/31	G
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	.....	.....	.....	.....	126 30DAVGEO	410 DAILY MX	#/100mL		Twice Per Month	GRAB

1 - Permitted
2 - NO DMRs
3 - VIOL: Sum. Let.
4 - MR
5 - Correspondence
6 - CRAS
7 - Data Filed
Date Rec'd

Chemical clean was done at the MBR Plant on 1·2·13 – 1·3·13
By C.B. and after completing we ran a TRC test. YR

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE
Robert Vialpando Mayor	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.	(505) 352-7675		4/22/13
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

THE FACILITY USES UV LIGHT FOR DISINFECTION. REPORT N/A ON THE DMR FORM, WHEN TOTAL RESIDUAL CHLORINE (TRC) IS NOT USED.

061713 SW

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

Form Approved
OMB No. 2040-0004

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

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

NAME: LOS LUNAS, VILLAGE OF
ADDRESS: 1781 HEATON LOOP S.E.VALENCIA
LOS LUNAS, NM 87031

FACILITY: LOS LUNAS WWTP
LOCATION: 1781 HEATON LOOP S.E.VALENCIA
LOS LUNAS, NM 87031

ATTN: GREG MARTIN Village Admin

NM0020303	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	2·1·2013	TO 2-28·13

DMR Mailing ZIP CODE: 87031
MINOR $

TOTAL FACILITY DISCHARGE
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	38.07	45.58	lb/d	******	3.49	4.14	mg/L	0	2/28	C-24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 30DA AVG	338 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	******	******	******	6.83	******	7.48	SU	0	5/28	G
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.6 MINIMUM	******	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	37.55	66.05	lb/d	******	3.42	6.0	mg/L	0	2/28	C-24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 30DA AVG	338 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.35	1.50	Mgal/d	******	******	******	******	0	28/28	INST
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Daily	INSTAN
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	N/A	0	0/28	G
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	******	******	******	19 INST MAX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	******	******	******	******	8	10	#/100mL	0	2/28	G
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30DAVGEO	410 DAILY MX	#/100mL		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Robert Vigil Pando Mayor	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)	352-7675	4/22/13
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

THE FACILITY USES UV LIGHT FOR DISINFECTION. REPORT N/A ON THE DMR FORM, WHEN TOTAL RESIDUAL CHLORINE (TRC) IS NOT USED.

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

Form Approved
OMB No. 2040-0004

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

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

NAME: LOS LUNAS, VILLAGE OF
ADDRESS: 1781 HEATON LOOP S.E.VALENCIA
LOS LUNAS, NM 87031
FACILITY: LOS LUNAS WWTP
LOCATION: 1781 HEATON LOOP S.E.VALENCIA
LOS LUNAS, NM 87031

ATTN: GREG MARTIN Village Admin.

NM0020303	001A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	3-1-2013	TO	3-31-2013

DMR Mailing ZIP CODE: 87031
MINOR $

TOTAL FACILITY DISCHARGE
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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	29.19	36.07	lb/d	******	2.80	3.46	mg/L	0	2/31	C-24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	225 30DA AVG	338 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Per Month	COMP24
pH	SAMPLE MEASUREMENT	******	******	******	7.40	******	7.44	SU	0	3/31	G
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.6 MINIMUM	******	9 MAXIMUM	SU		Twice Per Month	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	12.46	14.60	lb/d	******	1.20	1.40	mg/L	0	2/31	C-24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	225 30DA AVG	338 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		Twice Per Month	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.3	1.39	Mgal/d	******	******	******	******	0	31/31	I
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	Mgal/d	******	******	******	******		Daily	INSTAN
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	******	******	******	N/A	—	—	N/A	G
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	******	******	******	19 INST MAX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	******	******	******	******	10	34	#/100mL	0	2/31	G
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	******	126 30DAVGEO	410 DAILY MX	#/100mL		Twice Per Month	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Robert Vialpando Mayor	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)	352-7675	4/22/13
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

THE FACILITY USES UV LIGHT FOR DISINFECTION. REPORT N/A ON THE DMR FORM, WHEN TOTAL RESIDUAL CHLORINE (TRC) IS NOT USED.

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

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

Form Approved
OMB No. 2040-0004

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

NAME: LOS LUNAS, VILLAGE OF
ADDRESS: 1781 HEATON LOOP S.E.VALENCIA
LOS LUNAS, NM 87031

FACILITY: LOS LUNAS WWTP
LOCATION: 1781 HEATON LOOP S.E.VALENCIA
LOS LUNAS, NM 87031

ATTN: GREG MARTIN VILLAGE ADMIN.

NM0020303	TX1S
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01-01-2013	TO	06-30-2013

DMR Mailing ZIP CODE: 87031
MINOR $

1/6 MONTHS 48HR ACUTE TOXICITY
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			
Whole effluent toxicity	SAMPLE MEASUREMENT	------	------	------	19	19	------	%	Ø	1/6 MONTH	COMP24
22414 1 0 Effluent Gross	PERMIT REQUIREMENT	------	------	------	14 48HR MIN	14 MO AV MN	------	%		Once Every 6 Months	COMP24
LF Pass/Fail Statre 48Hr Acute Daphnia Pulex	SAMPLE MEASUREMENT	------	------	------	0	0	------	PASS	Ø	1/6 MONTH	COMP24
TEM3D 1 0 Effluent Gross	PERMIT REQUIREMENT	------	------	------	Req. Mon. 48HR MIN	Req. Mon. MO AV MN	------	pass/fail		Once Every 6 Months	COMP24
LF Pass/Fail Statre 48Hr Acute Pimephales Promela	SAMPLE MEASUREMENT	------	------	------	0	0	------	PASS	Ø	1/6 MONTH	COMP24
TEM6C 1 0 Effluent Gross	PERMIT REQUIREMENT	------	------	------	Req. Mon. 48HR MIN	Req. Mon. MO AV MN	------	pass/fail		Once Every 6 Months	COMP24
Noel Lethal Statre 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	------	------	------	19	19	------	%	Ø	1/6 MONTH	COMP24
TOM3D 1 0 Effluent Gross	PERMIT REQUIREMENT	------	------	------	Req. Mon. 48HR MIN	Req. Mon. MO AV MN	------	%		Once Every 6 Months	COMP24
Noel Lethal Statre 48Hr Acute Pimephales	SAMPLE MEASUREMENT	------	------	------	19	19	------	%	Ø	1/6 MONTH	COMP24
TOM6C 1 0 Effluent Gross	PERMIT REQUIREMENT	------	------	------	Req. Mon. 48HR MIN	Req. Mon. MO AV MN	------	%		Once Every 6 Months	COMP24
Coef Of Var Statre 48Hr Acute D. Pulex	SAMPLE MEASUREMENT	------	------	------	0.0	0.0	------	%	Ø	1/6 MONTH	COMP24
TQM3D 1 0 Effluent Gross	PERMIT REQUIREMENT	------	------	------	Req. Mon. 48HR MIN	Req. Mon. MO AV MN	------	%		Once Every 6 Months	COMP24
Coef Of Var Statre 48Hr Acute Pimephales	SAMPLE MEASUREMENT	------	------	------	0.0	0.0	------	%	Ø	1/6 MONTH	COMP24
TQM6C 1 0 Effluent Gross	PERMIT REQUIREMENT	------	------	------	Req. Mon. 48HR MIN	Req. Mon. MO AV MN	------	%		Once Every 6 Months	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
ROBERT VINIPANDO MAYOR	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)	352-7675	4/22/13
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE.