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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLD-F
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2013	TO	12/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR

LANDFILL
Other

No Discharge [X]

ATTN: Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Compliance w/part 258 sludge requirement	SAMPLE MEASUREMENT	------	------	------	------	------					
49030 SL.G Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	Y=1;N=0			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation 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.	Charles S. Leder	505-873-7072		FEB 14 2014
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)

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2013	TO	02/28/2013

DMR Mailing ZIP CODE: 87105
MAJOR

LAND APPLICATION
Other

No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	------	0 *		------	0	0		0	6/yr	GRAB
01003 R 0 See Comments	PERMIT REQUIREMENT	------	41 MX VALUE	kg/ha	------	41 SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Selenium, dry weight	SAMPLE MEASUREMENT	------	0 *		------	0	0		0	6/yr	GRAB
01148 R 0 See Comments	PERMIT REQUIREMENT	------	100 MX VALUE	kg/ha	------	100 SINGSAMP	100 MAXIMUM	mg/kg		Contingent	BATCH
Copper, dry weight	SAMPLE MEASUREMENT	------	0 *		------	460	460		0	6/yr	GRAB
46394 R 0 See Comments	PERMIT REQUIREMENT	------	1500 MX VALUE	kg/ha	------	1500 SINGSAMP	4300 MAXIMUM	mg/kg		Contingent	BATCH
Cadmium, dry weight	SAMPLE MEASUREMENT	------	0 *		------	1	1		0	6/yr	GRAB
46395 R 0 See Comments	PERMIT REQUIREMENT	------	39 MX VALUE	kg/ha	------	39 SINGSAMP	85 MAXIMUM	mg/kg		Contingent	BATCH
Annual whole sludge application rate	SAMPLE MEASUREMENT	------	0 *		------	------	------	------			
49016 P 0 See Comments	PERMIT REQUIREMENT	------	Cpl. Mon. MX VALUE	met t/ha/yr	------	------	------	------			
Molybdenum, dry weight	SAMPLE MEASUREMENT	------	0 *		------	21	21		0	6/yr	GRAB
78465 R 0 See Comments	PERMIT REQUIREMENT	------	Req. Mon. MX VALUE	kg/ha	------	Req. Mon. SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Zinc, dry weight	SAMPLE MEASUREMENT	------	0 *		------	850	850		0	6/yr	GRAB
78467 R 0 See Comments	PERMIT REQUIREMENT	------	2800 MX VALUE	kg/ha	------	2800 SINGSAMP	7500 MAXIMUM	mg/kg		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation 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.	Charles S. Leder	505-873-7072		FEB 14 2014
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) Monitoring Period 1 *Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS "A" SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM ~~MM/DD/YYYY~~ 01/01/2013 TO ~~MM/DD/YYYY~~ 02/28/2013

DMR Mailing ZIP CODE: 87105
MAJOR
LAND APPLICATION
Other
No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	25	25		0	6/yr	GRAB
78468 R 0 See Comments	PERMIT REQUIREMENT	.....	300 MX VALUE	kg/ha	.....	300 SINGSAMP	840 MAXIMUM	mg/kg		Contingent	BATCH
Nickel, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	22	22		0	6/yr	GRAB
78469 R 0 See Comments	PERMIT REQUIREMENT	.....	420 MX VALUE	kg/ha	.....	420 SINGSAMP	420 MAXIMUM	mg/kg		Contingent	BATCH
Mercury, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	0.3	0.3		0	6/yr	GRAB
78471 R 0 See Comments	PERMIT REQUIREMENT	.....	17 MX VALUE	kg/ha	.....	17 SINGSAMP	57 MAXIMUM	mg/kg		Contingent	BATCH
Pollutant table from 503.13	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	3				
84367 S 0 See Comments	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	Req. Mon. VALUE	table #			
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	1				
84368 T 0 See Comments	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	Req. Mon. MX VALUE	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	5				
84369 SL 0 Sludge	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	Req. Mon. VALUE	alt #		Contingent	BATCH
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	1				
84370 SL 0 Sludge	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder ~~Plant Operations Manager~~ 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-873-7072 AREA Code NUMBER	FEB 14 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Monitoring Period 1 *Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

SURFACE DISPOSAL
Other

No Discharge ☐

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2013	TO	02/28/2013

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	------	------	------	------	30	0		0	6/yr	GRAB
01003 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Unit w/liner/leachate collection system	SAMPLE MEASUREMENT	------	------	------	------	------	0				
49028 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	Y=1,N=0			
Unit boundary to property line distance	SAMPLE MEASUREMENT	------	------	------	------	------	0				
49029 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	m			
Nickel, dry weight	SAMPLE MEASUREMENT	------	------	------	------	210	22		0	6/yr	GRAB
78469 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Chromium, dry weight	SAMPLE MEASUREMENT	------	------	------	------	200	45		0	6/yr	GRAB
78473 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	------	------	------	------	------	0			1/day	GRAB
84368 T 0 See Comments	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. SINGSAMP	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	------	------	------	------	------	11			1/day	GRAB
84369 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manager 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-873-7072 AREA Code	NUMBER	FEB 14 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Monitoring Period 1

"T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM 01/01/2013 TO 02/28/2013

DMR Mailing ZIP CODE: 87105
MAJOR
SURFACE DISPOSAL
Other
No Discharge ☐

ATTN: Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	------	------	------	------	------	11		0	1/day	GRAB
84370 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	all #		Continuous	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manag	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.	Charles S. Leder	505-873-7072		FEB 14 2014
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) Monitoring Period 1

"T" - STATE CLASS; A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	03/01/2013	TO	04/30/2013

DMR Mailing ZIP CODE: 87105
MAJOR

LAND APPLICATION
Other

No Discharge ☐

ATTN.
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	0	0		0	6/yr	GRAB
01003 R 0 See Comments	PERMIT REQUIREMENT	.....	41 MX VALUE	kg/ha	.....	41 SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Selenium, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	0	0		0	6/yr	GRAB
01148 R 0 See Comments	PERMIT REQUIREMENT	.....	100 MX VALUE	kg/ha	.....	100 SINGSAMP	100 MAXIMUM	mg/kg		Contingent	BATCH
Copper, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	410	410		0	6/yr	GRAB
46394 R 0 See Comments	PERMIT REQUIREMENT	.....	1500 MX VALUE	kg/ha	.....	1500 SINGSAMP	4300 MAXIMUM	mg/kg		Contingent	BATCH
Cadmium, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	0.8	0.8		0	6/yr	GRAB
46395 R 0 See Comments	PERMIT REQUIREMENT	.....	39 MX VALUE	kg/ha	.....	39 SINGSAMP	85 MAXIMUM	mg/kg		Contingent	BATCH
Annual whole sludge application rate	SAMPLE MEASUREMENT	.....	0 *		.....	.....	.....	.....			
49016 P 0 See Comments	PERMIT REQUIREMENT	.....	Opt. Mon. MX VALUE	met t/ha/yr	.....	.....	.....	.....			
Molybdenum, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	17	17		0	6/yr	GRAB
78465 R 0 See Comments	PERMIT REQUIREMENT	.....	Req. Mon. MX VALUE	kg/ha	.....	Req. Mon. SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Zinc, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	730	730		0	6/yr	GRAB
78467 R 0 See Comments	PERMIT REQUIREMENT	.....	2800 MX VALUE	kg/ha	.....	2800 SINGSAMP	7500 MAXIMUM	mg/kg		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-873-7072		FEB 14 2014
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Monitoring Period 2 *Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS "A" SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

FEB 17 2014

LAND APPLICATION
Other

MONITORING PERIOD
FROM 03/01/2013 TO 04/30/2013

6EN-W

No Discharge ☐

ATTN:

Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	36	36		0	6/yr	GRAB
78468 R 0 See Comments	PERMIT REQUIREMENT	.....	300 MX VALUE	kg/ha	.....	300 SINGSAMP	840 MAXIMUM	mg/kg		Contingent	BATCH
Nickel, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	22	22		0	6/yr	GRAB
78469 R 0 See Comments	PERMIT REQUIREMENT	.....	420 MX VALUE	kg/ha	.....	420 SINGSAMP	420 MAXIMUM	mg/kg		Contingent	BATCH
Mercury, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	0.4	0.4		0	6/yr	GRAB
78471 R 0 See Comments	PERMIT REQUIREMENT	.....	17 MX VALUE	kg/ha	.....	17 SINGSAMP	57 MAXIMUM	mg/kg		Contingent	BATCH
Pollutant table from 503.13	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	3				
84367 S 0 See Comments	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	Req. Mon. VALUE	table #			
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	1				
84368 T 0 See Comments	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	Req. Mon. MX VALUE	class class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	5				
84369 SL 0 Sludge	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	Req. Mon. VALUE	alt #		Contingent	BATCH
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	1				
84370 SL 0 Sludge	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder ~~Plant Operations Manager~~ 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-873-707 AREA Code	NUMBER	FEB 14 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Monitoring Period 2 - *Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

SURFACE DISPOSAL
Other

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	03/01/2013	TO	04/30/2013

No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	------	------	------	------	30	0		0	6/yr	GRAB
01003 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Unit w/liner/leachate collection system	SAMPLE MEASUREMENT	------	------	------	------	------	0				
49028 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	Y=1;N=0			
Unit boundary to property line distance	SAMPLE MEASUREMENT	------	------	------	------	------	0				
49029 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	m			
Nickel, dry weight	SAMPLE MEASUREMENT	------	------	------	------	210	22		0	6/yr	GRAB
78469 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Chromium, dry weight	SAMPLE MEASUREMENT	------	------	------	------	200	36		0	6/yr	GRAB
78473 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	------	------	------	------	------	0			1/day	GRAB
84368 T 0 See Comments	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. SINGSAMP	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	------	------	------	------	------	11			1/day	GRAB
84369 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manager 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-873-7072 AREA Code	NUMBER	FEB 14 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Monitoring Period 2

"T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM 03/01/2013 (MM/DD/YYYY) TO 04/30/2013 (MM/DD/YYYY)

DMR Mailing ZIP CODE: 87105
MAJOR

SURFACE DISPOSAL
Other

No Discharge ☐

ATTN: Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	------	------	------	------	------	11		0	1/day	GRAB
84370 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manag	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.	Charles S. Leder	505-873-7072		FEB 14 2014
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) Monitoring Period 2

"T" - STATE CLASS; A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM 05/01/2013 (MM/DD/YYYY) TO 06/30/2013 (MM/DD/YYYY)

DMR Mailing ZIP CODE: 87105
MAJOR
LAND APPLICATION
Other:
No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	0	0		0	6/yr	GRAB
01003 R 0 See Comments	PERMIT REQUIREMENT	.....	41 MX VALUE	kg/ha	.....	41 SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Selenium, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	0	0		0	6/yr	GRAB
01148 R 0 See Comments	PERMIT REQUIREMENT	.....	100 MX VALUE	kg/ha	.....	100 SINGSAMP	100 MAXIMUM	mg/kg		Contingent	BATCH
Copper, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	550	550		0	6/yr	GRAB
46394 R 0 See Comments	PERMIT REQUIREMENT	.....	1500 MX VALUE	kg/ha	.....	1500 SINGSAMP	4300 MAXIMUM	mg/kg		Contingent	BATCH
Cadmium, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	0.8	0.8		0	6/yr	GRAB
46395 R 0 See Comments	PERMIT REQUIREMENT	.....	39 MX VALUE	kg/ha	.....	39 SINGSAMP	85 MAXIMUM	mg/kg		Contingent	BATCH
Annual whole sludge application rate	SAMPLE MEASUREMENT	.....	0 *		.....	.....	.....	.....			
49016 P 0 See Comments	PERMIT REQUIREMENT	.....	Opt. Mon. MX VALUE	met t/ha/yr	.....	.....	.....	.....			
Molybdenum, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	21	21		0	6/yr	GRAB
78465 R 0 See Comments	PERMIT REQUIREMENT	.....	Req. Mon. MX VALUE	kg/ha	.....	Req. Mon. SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Zinc, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	860	860		0	6/yr	GRAB
78467 R 0 See Comments	PERMIT REQUIREMENT	.....	2800 MX VALUE	kg/ha	.....	2800 SINGSAMP	7500 MAXIMUM	mg/kg		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation 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.	Charles S. Leder	505-873-7072		FEB 14 2014
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) Monitoring Period 3 *Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS "A" SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM 05/01/2013 (MM/DD/YYYY) TO 06/30/2013 (MM/DD/YYYY)

DMR Mailing ZIP CODE: 87105
MAJOR
LAND APPLICATION
Other

No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, dry weight	SAMPLE MEASUREMENT	------	0 *		------	33	33		0	6/yr	GRAB
78468 R 0 See Comments	PERMIT REQUIREMENT		300 MX VALUE	kg/ha		300 SINGSAMP	840 MAXIMUM	mg/kg		Contingent	BATCH
Nickel, dry weight	SAMPLE MEASUREMENT	------	0 *		------	26	26		0	6/yr	GRAB
78469 R 0 See Comments	PERMIT REQUIREMENT		420 MX VALUE	kg/ha		420 SINGSAMP	420 MAXIMUM	mg/kg		Contingent	BATCH
Mercury, dry weight	SAMPLE MEASUREMENT	------	0 *		------	0.8	0.8		0	6/yr	GRAB
78471 R 0 See Comments	PERMIT REQUIREMENT		17 MX VALUE	kg/ha		17 SINGSAMP	57 MAXIMUM	mg/kg		Contingent	BATCH
Pollutant table from 503.13	SAMPLE MEASUREMENT	------	------	------	------	------	3				
84367 S 0 See Comments	PERMIT REQUIREMENT						Req. Mon. VALUE	table #			
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	------	------	------	------	------	1				
84368 T 0 See Comments	PERMIT REQUIREMENT						Req. Mon. MX VALUE	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	------	------	------	------	------	5				
84369 SL 0 Sludge	PERMIT REQUIREMENT						Req. Mon. VALUE	alt #		Contingent	BATCH
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	------	------	------	------	------	1				
84370 SL 0 Sludge	PERMIT REQUIREMENT						Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manager 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-873-707 AREA Code	NUMBER	FEB 14 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Monitoring Period 3 *Sludge complies with 40CFR 503.13 Table No3

P - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. *R* - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. *S* - TABLE NUMBER REPORT (2, 3 OR 4). *T* - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM MM/DD/YYYY 05/01/2013 TO MM/DD/YYYY 06/30/2013

DMR Mailing ZIP CODE: 87105
MAJOR
SURFACE DISPOSAL
Other
No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	------	------	------	------	30	0		0	6/yr	GRAB
01003 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Unit w/liner/leachate collection system	SAMPLE MEASUREMENT	------	------	------	------	------	0				
49028 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	Y=1,N=0			
Unit boundary to property line distance	SAMPLE MEASUREMENT	------	------	------	------	------	0				
49029 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	m			
Nickel, dry weight	SAMPLE MEASUREMENT	------	------	------	------	210	26		0	6/yr	GRAB
78469 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Chromium, dry weight	SAMPLE MEASUREMENT	------	------	------	------	200	50		0	6/yr	GRAB
79473 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	------	------	------	------	------	0			1/day	GRAB
84368 T 0 See Comments	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. SINGSAMP	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	------	------	------	------	------	11			1/day	GRAB
84369 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation 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.	Charles S. Leder	505-873-7072		FEB 14 2014
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)
Monitoring Period 3

"T" - STATE CLASS. A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	05/01/2013	TO 06/30/2013

DMR Mailing ZIP CODE: 87105
MAJOR

SURFACE DISPOSAL
Other

No Discharge ☐

ATTN: Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	------	------	------	------	------	11		0	1/day	GRAB
84370 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manag	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.	Charles S. Leder	505-873-7073		FEB 14 2014
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) Monitoring Period 3

"T" - STATE CLASS; A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM 07/01/2013 TO 08/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR

LAND APPLICATION
Other

No Discharge ☐

ATTN: Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	------	0 *		------	0	0		0	6/yr	GRAB
01003 R 0 See Comments	PERMIT REQUIREMENT	------	41 MX VALUE	kg/ha	------	41 SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Selenium, dry weight	SAMPLE MEASUREMENT	------	0 *		------	0	0		0	6/yr	GRAB
01148 R 0 See Comments	PERMIT REQUIREMENT	------	100 MX VALUE	kg/ha	------	100 SINGSAMP	100 MAXIMUM	mg/kg		Contingent	BATCH
Copper, dry weight	SAMPLE MEASUREMENT	------	0 *		------	550	550		0	6/yr	GRAB
46394 R 0 See Comments	PERMIT REQUIREMENT	------	1500 MX VALUE	kg/ha	------	1500 SINGSAMP	4300 MAXIMUM	mg/kg		Contingent	BATCH
Cadmium, dry weight	SAMPLE MEASUREMENT	------	0 *		------	1	1		0	6/yr	GRAB
46395 R 0 See Comments	PERMIT REQUIREMENT	------	39 MX VALUE	kg/ha	------	39 SINGSAMP	85 MAXIMUM	mg/kg		Contingent	BATCH
Annual whole sludge application rate	SAMPLE MEASUREMENT	------	0 *		------	------	------	------			
49016 P 0 See Comments	PERMIT REQUIREMENT	------	Cod. Mon. MX VALUE	met t/ha/yr	------	------	------	------			
Molybdenum, dry weight	SAMPLE MEASUREMENT	------	0 *		------	26	26		0	6/yr	GRAB
78465 R 0 See Comments	PERMIT REQUIREMENT	------	Req. Mon. MX VALUE	kg/ha	------	Req. Mon. SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Zinc, dry weight	SAMPLE MEASUREMENT	------	0 *		------	905	905		0	6/yr	GRAB
78467 R 0 See Comments	PERMIT REQUIREMENT	------	2800 MX VALUE	kg/ha	------	2800 SINGSAMP	7500 MAXIMUM	mg/kg		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation 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.	Charles S. Leder	505-873-7072		FEB 14 2014
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) Monitoring Period 4 *Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS "A" SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 80% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

LAND APPLICATION
Other

MONITORING PERIOD
FROM 07/01/2013 TO 08/31/2013

No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	3.3	3.3		0	6/yr	GRAB
78468 R 0 See Comments	PERMIT REQUIREMENT	----	300 MX VALUE	kg/ha	----	300 SINGSAMP	840 MAXIMUM	mg/kg		Contingent	BATCH
Nickel, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	2.6	2.6		0	6/yr	GRAB
78469 R 0 See Comments	PERMIT REQUIREMENT	----	420 MX VALUE	kg/ha	----	420 SINGSAMP	420 MAXIMUM	mg/kg		Contingent	BATCH
Mercury, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	0.9	0.9		0	6/yr	GRAB
78471 R 0 See Comments	PERMIT REQUIREMENT	----	17 MX VALUE	kg/ha	----	17 SINGSAMP	57 MAXIMUM	mg/kg		Contingent	BATCH
Pollutant table from 503.13	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	3				
84367 S 0 See Comments	PERMIT REQUIREMENT	----	----	----	----	----	Req. Mon. VALUE	table #			
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	1				
84368 T 0 See Comments	PERMIT REQUIREMENT	----	----	----	----	----	Req. Mon. MX VALUE	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	5				
84369 SL 0 Sludge	PERMIT REQUIREMENT	----	----	----	----	----	Req. Mon. VALUE	alt #		Contingent	BATCH
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	1				
84370 SL 0 Sludge	PERMIT REQUIREMENT	----	----	----	----	----	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder ~~Plant Operations Manager~~ 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-873-7072 AREA Code NUMBER	FEB 14 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Monitoring Period 4 *Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 85% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

SURFACE DISPOSAL
Other

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2013	TO	08/31/2013

No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	------	------	------	------	30	0		0	6/yr	GRAB
01003 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Unit w/liner/leachate collection system	SAMPLE MEASUREMENT	------	------	------	------	------	0				
49028 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	Y=1;N=0			
Unit boundary to property line distance	SAMPLE MEASUREMENT	------	------	------	------	------	0				
49029 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	m			
Nickel, dry weight	SAMPLE MEASUREMENT	------	------	------	------	210	25		0	6/yr	GRAB
78469 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Chromium, dry weight	SAMPLE MEASUREMENT	------	------	------	------	200	53		0	6/yr	GRAB
78473 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	------	------	------	------	------	0			1/day	GRAB
84368 T 0 See Comments	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. SINGSAMP	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	------	------	------	------	------	11			1/day	GRAB
84369 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manage	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.	Charles S. Leder	505-873-7072		FEB 14 2014
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)
Monitoring Period 4

"T" - STATE CLASS. A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2013	TO	08/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR

SURFACE DISPOSAL
Other

No Discharge ☐

ATTN: Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	------	------	------	------	------	11		0	1/day	GRAB
84370 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manag	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.	Charles S. Leder	505-873-7072		FEB 14 2014
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) Monitoring Period 4

T - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM 09/01/2013 TO 10/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR
LAND APPLICATION
Other
No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	19	19		0	6/yr	GRAB
01003 R 0 See Comments	PERMIT REQUIREMENT	.....	41 MX VALUE	kg/ha	.....	41 SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Selenium, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	14	14		0	6/yr	GRAB
01148 R 0 See Comments	PERMIT REQUIREMENT	.....	100 MX VALUE	kg/ha	.....	100 SINGSAMP	100 MAXIMUM	mg/kg		Contingent	BATCH
Copper, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	470	470		0	6/yr	GRAB
46394 R 0 See Comments	PERMIT REQUIREMENT	.....	1500 MX VALUE	kg/ha	.....	1500 SINGSAMP	4300 MAXIMUM	mg/kg		Contingent	BATCH
Cadmium, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	1	1		0	6/yr	GRAB
46395 R 0 See Comments	PERMIT REQUIREMENT	.....	39 MX VALUE	kg/ha	.....	39 SINGSAMP	85 MAXIMUM	mg/kg		Contingent	BATCH
Annual whole sludge application rate	SAMPLE MEASUREMENT	.....	0*		.....	.....	.....	.....			
49016 P 0 See Comments	PERMIT REQUIREMENT	.....	Cpt. Mon. MX VALUE	met t/ha/yr	.....	.....	.....	.....			
Molybdenum, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	24	24		0	6/yr	GRAB
78465 R 0 See Comments	PERMIT REQUIREMENT	.....	Req. Mon. MX VALUE	kg/ha	.....	Req. Mon. SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Zinc, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	780	780		0	6/yr	GRAB
78467 R 0 See Comments	PERMIT REQUIREMENT	.....	2800 MX VALUE	kg/ha	.....	2800 SINGSAMP	7500 MAXIMUM	mg/kg		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder Plant Operation 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.	Charles S. Leder	505-873-7072	FEB 14 2014
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) Monitoring Period 5 *Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS "A" SLUDGE NOT MEETING TASLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE SERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE SERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

ATTN:

Charles S. Leder, Plt Oper Mgr

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM 09/01/2013 TO 10/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR
LAND APPLICATION
Other
No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, dry weight	SAMPLE MEASUREMENT	-----	0*		-----	35	35		0	6/yr	GRAB
78468 R 0 See Comments	PERMIT REQUIREMENT	----	300 MX VALUE	kg/ha	----	300 SINGSAMP	840 MAXIMUM	mg/kg		Contingent	BATCH
Nickel, dry weight	SAMPLE MEASUREMENT	-----	0*		-----	26	26		0	6/yr	GRAB
78469 R 0 See Comments	PERMIT REQUIREMENT	----	420 MX VALUE	kg/ha	----	420 SINGSAMP	420 MAXIMUM	mg/kg		Contingent	BATCH
Mercury, dry weight	SAMPLE MEASUREMENT	-----	0*		-----	0.5	0.5		0	6/yr	GRAB
78471 R 0 See Comments	PERMIT REQUIREMENT	----	17 MX VALUE	kg/ha	----	17 SINGSAMP	57 MAXIMUM	mg/kg		Contingent	BATCH
Pollutant table from 503.13	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	3				
84367 S 0 See Comments	PERMIT REQUIREMENT	----	----	----	----	----	Req. Mon. VALUE	table #			
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	1				
84368 T 0 See Comments	PERMIT REQUIREMENT	----	----	----	----	----	Req. Mon. MX VALUE	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	5				
84369 SL 0 Sludge	PERMIT REQUIREMENT	----	----	----	----	----	Req. Mon. VALUE	alt #		Contingent	BATCH
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	1				
84370 SL 0 Sludge	PERMIT REQUIREMENT	----	----	----	----	----	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder Plant Operations Manager 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-873-707 AREA Code NUMBER	FEB 14 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Monitoring Period 5 - *Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM 09/01/2013 TO 10/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR

SURFACE DISPOSAL
Other

No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	------	------	------	------	30	19		0	6/yr	GRAB
01003 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Unit w/liner/leachate collection system	SAMPLE MEASUREMENT	------	------	------	------	------	0				
49028 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	Y=1,N=0			
Unit boundary to property line distance	SAMPLE MEASUREMENT	------	------	------	------	------	0				
49029 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	m			
Nickel, dry weight	SAMPLE MEASUREMENT	------	------	------	------	210	26		0	6/yr	GRAB
78469 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Chromium, dry weight	SAMPLE MEASUREMENT	------	------	------	------	200	58		0	6/yr	GRAB
78473 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	------	------	------	------	------	0			1/day	GRAB
84362 T 0 See Comments	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. SINGSAMP	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	------	------	------	------	------	11			1/day	GRAB
84369 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manage 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-873-7072 AREA Code	NUMBER	FEB 14 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Monitoring Period 5

"T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.,
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.,
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	09/01/2013	TO 10/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR

SURFACE DISPOSAL
Other

No Discharge ☐

ATTN: Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	------	------	------	------	------	1.1		0	1/day	GRAB
84370 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manag	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.	Charles S. Leder	505-873-7072		FEB 14 2014
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) Monitoring Period 5

"T" - STATE CLASS; A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM 11/01/2013 TO 12/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR
LAND APPLICATION
Other
No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	0	0		0	6/yr	GRAB
01003 R 0 See Comments	PERMIT REQUIREMENT	.....	41 MX VALUE	kg/ha	.....	41 SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Selenium, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	0	0		0	6/yr	GRAB
01148 R 0 See Comments	PERMIT REQUIREMENT	.....	100 MX VALUE	kg/ha	.....	100 SINGSAMP	100 MAXIMUM	mg/kg		Contingent	BATCH
Copper, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	460	460		0	6/yr	GRAB
46394 R 0 See Comments	PERMIT REQUIREMENT	.....	1500 MX VALUE	kg/ha	.....	1500 SINGSAMP	4300 MAXIMUM	mg/kg		Contingent	BATCH
Cadmium, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	1	1		0	6/yr	GRAB
46395 R 0 See Comments	PERMIT REQUIREMENT	.....	39 MX VALUE	kg/ha	.....	39 SINGSAMP	85 MAXIMUM	mg/kg		Contingent	BATCH
Annual whole sludge application rate	SAMPLE MEASUREMENT	.....	0 *		.....	.....	.....	.....			
49016 P 0 See Comments	PERMIT REQUIREMENT	.....	Cpt. Mon. MX VALUE	met t/ha/yr	.....	.....	.....	.....			
Molybdenum, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	19	19		0	6/yr	GRAB
78465 R 0 See Comments	PERMIT REQUIREMENT	.....	Req. Mon. MX VALUE	kg/ha	.....	Req. Mon. SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Zinc, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	790	790		0	6/yr	GRAB
78467 R 0 See Comments	PERMIT REQUIREMENT	.....	2800 MX VALUE	kg/ha	.....	2800 SINGSAMP	7500 MAXIMUM	mg/kg		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation 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.	Charles S. Leder	505-873-7072		FEB 14 2014
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) Monitoring Period 6 *Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS "A" SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM 11/01/2013 TO 12/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR
LAND APPLICATION
Other
No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, dry weight	SAMPLE MEASUREMENT	------	0*		------	25	25		0	6/yr	GRAB
78468 R 0 See Comments	PERMIT REQUIREMENT	------	300 MX VALUE	kg/ha	------	300 SINGSAMP	840 MAXIMUM	mg/kg		Contingent	BATCH
Nickel, dry weight	SAMPLE MEASUREMENT	------	0*		------	25	25		0	6/yr	GRAB
78469 R 0 See Comments	PERMIT REQUIREMENT	------	420 MX VALUE	kg/ha	------	420 SINGSAMP	420 MAXIMUM	mg/kg		Contingent	BATCH
Mercury, dry weight	SAMPLE MEASUREMENT	------	0*		------	1	1		0	6/yr	GRAB
78471 R 0 See Comments	PERMIT REQUIREMENT	------	17 MX VALUE	kg/ha	------	17 SINGSAMP	57 MAXIMUM	mg/kg		Contingent	BATCH
Pollutant table from 503.13	SAMPLE MEASUREMENT	------	------	------	------	------	3				
84367 S 0 See Comments	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	table #			
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	------	------	------	------	------	1				
84368 T 0 See Comments	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. MX VALUE	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	------	------	------	------	------	5				
84369 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Contingent	BATCH
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	------	------	------	------	------	1				
84370 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder ~~Plant Operation Manager~~ 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.	Charles A. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-873-707 AREA Code / NUMBER	FEB 14 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Monitoring Period 6 *Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

SURFACE DISPOSAL
Other

MONITORING PERIOD
FROM MM/DD/YYYY 11/01/2013 TO MM/DD/YYYY 12/31/2013

No Discharge ☐

ATTN: Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	------	------	------	------	30	0		0	6/yr	GRAB
01003 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Unit w/liner/leachate collection system	SAMPLE MEASUREMENT	------	------	------	------	------	0				
49028 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	Y=1;N=0			
Unit boundary to property line distance	SAMPLE MEASUREMENT	------	------	------	------	------	0				
49029 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	m			
Nickel, dry weight	SAMPLE MEASUREMENT	------	------	------	------	210	25		0	6/yr	GRAB
78469 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Chromium, dry weight	SAMPLE MEASUREMENT	------	------	------	------	200	53		0	6/yr	GRAB
78473 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	------	------	------	------	------	0			1/day	GRAB
84368 T 0 See Comments	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. SINGSAMP	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	------	------	------	------	------	11			1/day	GRAB
84369 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation 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.	Charles S. Leder	505-873-7072		FEB 14 2014
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)
"T" - STATE CLASS: A = 1, B = 2, NONE = 0.

Monitoring Period 6

EPA Form 3320-1 (Rev.01/99) 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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2013	TO	12/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR

SURFACE DISPOSAL
Other

No Discharge ☐

ATTN: Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Vector attraction reduction alternative used 84370 SL 0 Sludge	SAMPLE MEASUREMENT	------	------	------	------	------	11		0	1/day	GRAB
	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Continuous	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manag	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.	Charles S. Leder	505-873-7072		FEB 14 2014
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) Monitoring Period 6

"T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

ATTN: Charles S. Leder, Plt Oper Mgr

NM0022250	SLD-P
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2013	TO	12/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR

PRODUCTION AND USE
Other

No Discharge ☐

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	.....	.....	.....	.....	.....	<0.05		0	1/yr	GRAB
39516 SL 0 Sludge	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	49.99 ANNL MAX	mg/kg		See Permit	BATCH
Toxicity characteristic leaching procedure	SAMPLE MEASUREMENT	.....	.....	.....	0	.....	.....		0	1/yr	
46390 SL 0 Sludge	PERMIT REQUIREMENT	.....	.....	.....	Req. Mon. VALUE	.....	.....	pass/fail =T		See Permit	BATCH
Ann. amt sludge disposed by other method	SAMPLE MEASUREMENT	.....	0		.....	.....	.....	.....	0	ANN	EST
49017 V 0 See Comments	PERMIT REQUIREMENT	.....	Req. Mon. ANNL TOT	metric tyr	.....	.....	.....	.....		Annual	ESTIMA
Annual amt of sludge incinerated	SAMPLE MEASUREMENT	.....	0		.....	.....	.....	.....	0	ANN	EST
49018 SL 0 Sludge	PERMIT REQUIREMENT	.....	Req. Mon. ANNL TOT	metric tyr	.....	.....	.....	.....		Annual	ESTIMA
Annual sludge production, total	SAMPLE MEASUREMENT	.....	9942		.....	.....	.....	.....	0	ANN	EST
49019 SL 0 Sludge	PERMIT REQUIREMENT	.....	Req. Mon. ANNL TOT	metric tyr	.....	.....	.....	.....		Annual	ESTIMA
Annual amount of sludge land applied	SAMPLE MEASUREMENT	.....	*3769		.....	.....	.....	.....	0	ANN	EST
49020 SL 0 Sludge	PERMIT REQUIREMENT	.....	Req. Mon. ANNL TOT	metric tyr	.....	.....	.....	.....		Annual	ESTIMA
Annual amt. sludge disposed surface unit	SAMPLE MEASUREMENT	.....	6173		.....	.....	.....	.....	0	ANN	EST
49021 SL 0 Sludge	PERMIT REQUIREMENT	.....	Req. Mon. ANNL TOT	metric tyr	.....	.....	.....	.....		Annual	ESTIMA

Received
FEB 18 2014
6EN-W

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation 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.	Charles S. Leder	505-873-7072		FEB 14 2014
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)
"V" - IF ANNUAL SLUDGE DISPOSED BY OTHER METHODS IS APPLICABLE, EXPLAIN METHOD OF DISPOSAL *(Compost=3769 dry metric tons)

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLD-P
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2013	TO	12/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR

PRODUCTION AND USE
Other

No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Annual amt sludge disposed in landfill	SAMPLE MEASUREMENT	------	0		------	------	------	------	0	ANN	EST
49022 SL 0 Sludge	PERMIT REQUIREMENT	------	Req. Mon. ANNL TOT	metric t/yr	------	------	------	------		Annual	ESTIMA
Annual amt sludge transported interstate	SAMPLE MEASUREMENT	------	0		------	------	------	------	0	ANN	EST
49023 SL 0 Sludge	PERMIT REQUIREMENT	------	Req. Mon. ANNL TOT	metric t/yr	------	------	------	------		Annual	ESTIMA

Received
FEB 18 2014
6EN-W

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation 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.	Charles S. Leder	505-873-7072		FEB 14 2014
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)

"V" - IF ANNUAL SLUDGE DISPOSED BY OTHER METHODS IS APPLICABLE, EXPLAIN METHOD OF DISPOSAL

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLD-F
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	01/01/2013	TO 12/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR
LANDFILL
Other
No Discharge [X]

ATTN: Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Compliance w/part 258 sludge requirement	SAMPLE MEASUREMENT	------	------	------	------	------					
49030 SL.Q Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	Y=1;N=0			

Received
FEB 18 2014
6EN-W

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manager 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.	Charles A. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-873-7072		FEB 14 2014
			AREA Code	NUMBER	MM/DD/YYYY

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

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

Received FEB 18 2014 6EN-W

Form Approved
OMB No. 2040-0004

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

NAME: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM MM/DD/YYYY 01/01/2013 TO MM/DD/YYYY 02/28/2013

DMR Mailing ZIP CODE: 87105
MAJOR
LAND APPLICATION
Other

No Discharge ☐

ATTN: Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	0	0		0	6/yr	GRAB
01003 R 0 See Comments	PERMIT REQUIREMENT	.....	41 MX VALUE	kg/ha	.....	41 SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Selenium, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	0	0		0	6/yr	GRAB
01148 R 0 See Comments	PERMIT REQUIREMENT	.....	100 MX VALUE	kg/ha	.....	100 SINGSAMP	100 MAXIMUM	mg/kg		Contingent	BATCH
Copper, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	460	460		0	6/yr	GRAB
46394 R 0 See Comments	PERMIT REQUIREMENT	.....	1500 MX VALUE	kg/ha	.....	1500 SINGSAMP	4300 MAXIMUM	mg/kg		Contingent	BATCH
Cadmium, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	1	1		0	6/yr	GRAB
46395 R 0 See Comments	PERMIT REQUIREMENT	.....	39 MX VALUE	kg/ha	.....	39 SINGSAMP	85 MAXIMUM	mg/kg		Contingent	BATCH
Annual whole sludge application rate	SAMPLE MEASUREMENT	.....	0*		.....	.....	.....	.....			
49016 P 0 See Comments	PERMIT REQUIREMENT	.....	Opt. Mon. MX VALUE	met t/ha/yr	.....	.....	.....	.....			
Molybdenum, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	21	21		0	6/yr	GRAB
78465 R 0 See Comments	PERMIT REQUIREMENT	.....	Req. Mon. MX VALUE	kg/ha	.....	Req. Mon. SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Zinc, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	850	850		0	6/yr	GRAB
78467 R 0 See Comments	PERMIT REQUIREMENT	.....	2800 MX VALUE	kg/ha	.....	2800 SINGSAMP	7500 MAXIMUM	mg/kg		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation 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.	Charles S. Leder	505-873-7072		FEB 14 2014
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) Monitoring Period 1 *Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS "A" SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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

Received FEB 18 2014 6EN-W

Form Approved
OMB No. 2040-0004

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

NAME: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM 01/01/2013 TO 02/28/2013

DMR Mailing ZIP CODE: 87105
MAJOR

LAND APPLICATION
Other

No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	25	25		0	6/yr	GRAB
78468 R 0 See Comments	PERMIT REQUIREMENT	.....	300 MX VALUE	kg/ha	.....	300 SINGSAMP	840 MAXIMUM	mg/kg		Contingent	BATCH
Nickel, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	22	22		0	6/yr	GRAB
78469 R 0 See Comments	PERMIT REQUIREMENT	.....	420 MX VALUE	kg/ha	.....	420 SINGSAMP	420 MAXIMUM	mg/kg		Contingent	BATCH
Mercury, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	0.3	0.3		0	6/yr	GRAB
78471 R 0 See Comments	PERMIT REQUIREMENT	.....	17 MX VALUE	kg/ha	.....	17 SINGSAMP	57 MAXIMUM	mg/kg		Contingent	BATCH
Pollutant table from 503.13	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	3				
84367 S 0 See Comments	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	Req. Mon. VALUE	table #			
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	1				
84368 T 0 See Comments	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	Req. Mon. MX VALUE	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	5				
84369 SL 0 Sludge	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	Req. Mon. VALUE	alt #		Contingent	BATCH
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	1				
84370 SL 0 Sludge	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operations Manager 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-873-7072 AREA Code	NUMBER	FEB 14 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Monitoring Period 1.*Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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

Received FEB 18 2014 6EN-W

Form Approved
OMB No. 2040-0004

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

NAME: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

SURFACE DISPOSAL
Other

No Discharge ☐

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2013	TO	02/28/2013

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	------	------	------	------	30	0		0	6/yr	GRAB
01003 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Unit w/liner/leachate collection system	SAMPLE MEASUREMENT	------	------	------	------	------	0				
49028 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	Y=1,N=0			
Unit boundary to property line distance	SAMPLE MEASUREMENT	------	------	------	------	------	0				
49029 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	m			
Nickel, dry weight	SAMPLE MEASUREMENT	------	------	------	------	210	22		0	6/yr	GRAB
78469 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Chromium, dry weight	SAMPLE MEASUREMENT	------	------	------	------	200	45		0	6/yr	GRAB
78473 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	------	------	------	------	------	0			1/day	GRAB
84368 T 0 See Comments	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. SINGSAMP	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	------	------	------	------	------	11			1/day	GRAB
84369 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manager 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-873-7072 AREA Code	NUMBER	FEB 14 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Monitoring Period 1

"T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT,
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT,
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM 01/01/2013 (MM/DD/YYYY) TO 02/28/2013 (MM/DD/YYYY)

DMR Mailing ZIP CODE: 87105
MAJOR
SURFACE DISPOSAL
Other
No Discharge ☐

ATTN: Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	------	------	------	------	------	11		0	1/day	GRAB
84370 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Continuous	BATCH

Received
FEB 18 2014
6EN-W

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manag	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.	Charles S. Leder	505-873-7072		FEB 14 2014
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) Monitoring Period 1

T - STATE CLASS; A = 1, B = 2, NONE = 0.

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

Form Approved
OMB No. 2040-0004

Received FEB 18 2014 6EN-W

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

NAME: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM 03/01/2013 (MM/DD/YYYY) TO 04/30/2013 (MM/DD/YYYY)

DMR Mailing ZIP CODE: 87105
MAJOR
LAND APPLICATION
Other
No Discharge ☐

ATTN.
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	------	0 *		------	0	0		0	6/yr	GRAB
01003 R 0 See Comments	PERMIT REQUIREMENT	------	41 MX VALUE	kg/ha	------	41 SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Selenium, dry weight	SAMPLE MEASUREMENT	------	0 *		------	0	0		0	6/yr	GRAB
01148 R 0 See Comments	PERMIT REQUIREMENT	------	100 MX VALUE	kg/ha	------	100 SINGSAMP	100 MAXIMUM	mg/kg		Contingent	BATCH
Copper, dry weight	SAMPLE MEASUREMENT	------	0 *		------	410	410		0	6/yr	GRAB
46394 R 0 See Comments	PERMIT REQUIREMENT	------	1500 MX VALUE	kg/ha	------	1500 SINGSAMP	4300 MAXIMUM	mg/kg		Contingent	BATCH
Cadmium, dry weight	SAMPLE MEASUREMENT	------	0 *		------	0.8	0.8		0	6/yr	GRAB
46395 R 0 See Comments	PERMIT REQUIREMENT	------	39 MX VALUE	kg/ha	------	39 SINGSAMP	85 MAXIMUM	mg/kg		Contingent	BATCH
Annual whole sludge application rate	SAMPLE MEASUREMENT	------	0 *		------	------	------	------			
49016 P 0 See Comments	PERMIT REQUIREMENT	------	Cpt. Mon. MX VALUE	met t/ha/yr	------	------	------	------			
Molybdenum, dry weight	SAMPLE MEASUREMENT	------	0 *		------	17	17		0	6/yr	GRAB
78465 R 0 See Comments	PERMIT REQUIREMENT	------	Req. Mon. MX VALUE	kg/ha	------	Req. Mon. SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Zinc, dry weight	SAMPLE MEASUREMENT	------	0 *		------	730	730		0	6/yr	GRAB
78467 R 0 See Comments	PERMIT REQUIREMENT	------	2800 MX VALUE	kg/ha	------	2800 SINGSAMP	7500 MAXIMUM	mg/kg		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation 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.	Charles S. Leder	505-873-7072		FEB 14 2014
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) Monitoring Period 2 *Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS "A" SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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

Form Approved
OMB No. 2040-0004

Received FEB 18 2014 6EN-W

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

NAME: ALBUQUERQUE SERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE SERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

LAND APPLICATION
Other

No Discharge ☐

MONITORING PERIOD
FROM 03/01/2013 TO 04/30/2013

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, dry weight	SAMPLE MEASUREMENT	-----	0*		-----	36	36		0	6/yr	GRAB
78468 R 0 See Comments	PERMIT REQUIREMENT	----	300. MX VALUE	kg/ha	----	300 SINGSAMP	840 MAXIMUM	mg/kg		Contingent	BATCH
Nickel, dry weight	SAMPLE MEASUREMENT	-----	0*		-----	22	22		0	6/yr	GRAB
78469 R 0 See Comments	PERMIT REQUIREMENT	----	420 MX VALUE	kg/ha	----	420 SINGSAMP	420 MAXIMUM	mg/kg		Contingent	BATCH
Mercury, dry weight	SAMPLE MEASUREMENT	-----	0*		-----	0.4	0.4		0	6/yr	GRAB
78471 R 0 See Comments	PERMIT REQUIREMENT	----	17 MX VALUE	kg/ha	----	17 SINGSAMP	57 MAXIMUM	mg/kg		Contingent	BATCH
Pollutant table from 503.13	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	3				
84367 S 0 See Comments	PERMIT REQUIREMENT	----	----	----	----	----	Req. Mon. VALUE	table #			
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	1				
84368 T 0 See Comments	PERMIT REQUIREMENT	----	----	----	----	----	Req. Mon. MX VALUE	state class		Contingent	BATCH
escription of pathogen option used	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	5				
84369 SL 0 Sludge	PERMIT REQUIREMENT	----	----	----	----	----	Req. Mon. VALUE	alt #		Contingent	BATCH
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	1				
84370 SL 0 Sludge	PERMIT REQUIREMENT	----	----	----	----	----	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operations Manager 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-873-7072 AREA Code / NUMBER		FEB 14 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Monitoring Period 2 - *Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER. REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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

Received FEB 18 2014 6EN-W

Form Approved
OMB No. 2040-0004

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

NAME: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	03/01/2013	TO 04/30/2013

DMR Mailing ZIP CODE: 87105
MAJOR
SURFACE DISPOSAL
Other
No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	------	------	------	------	30	0		0	6/yr	GRAB
01003 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Unit w/liner/leachate collection system	SAMPLE MEASUREMENT	------	------	------	------	------	0				
49028 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	Y=1,N=0			
Unit boundary to property line distance	SAMPLE MEASUREMENT	------	------	------	------	------	0				
49029 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	m			
Nickel, dry weight	SAMPLE MEASUREMENT	------	------	------	------	210	22		0	6/yr	GRAB
78469 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Chromium, dry weight	SAMPLE MEASUREMENT	------	------	------	------	200	36		0	6/yr	GRAB
78473 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	------	------	------	------	------	0			1/day	GRAB
84368 T 0 See Comments	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. SINGSAMP	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	------	------	------	------	------	11			1/day	GRAB
84369 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manage	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.	Charles S. Leder	505-873-7072		FEB 14 2014
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)
Monitoring Period 2

"T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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

Form Approved
OMB No. 2040-0004

Received FEB 18 2014 6EN-W

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

NAME: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

SURFACE DISPOSAL
Other

MONITORING PERIOD
FROM 03/01/2013 TO 04/30/2013
(MM/DD/YYYY)

No Discharge ☐

ATTN: Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	------	------	------	------	------	11		0	1/day	GRAB
84370 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manag	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.	Charles S. Leder	505-873-7072		FEB 14 2014
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) Monitoring Period 2

T - STATE CLASS: A = 1, B = 2, NONE = 0.

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

Received FEB 18 2014 6EN-W

Form Approved
OMB No. 2040-0004

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

NAME: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM MM/DD/YYYY 05/01/2013 TO MM/DD/YYYY 06/30/2013

DMR Mailing ZIP CODE: 87105
MAJOR
LAND APPLICATION
Other
No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	0	0		0	6/yr	GRAB
01003 R 0 See Comments	PERMIT REQUIREMENT	.....	41 MX VALUE	kg/ha	.....	41 SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Selenium, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	0	0		0	6/yr	GRAB
01148 R 0 See Comments	PERMIT REQUIREMENT	.....	100 MX VALUE	kg/ha	.....	100 SINGSAMP	100 MAXIMUM	mg/kg		Contingent	BATCH
Copper, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	550	550		0	6/yr	GRAB
46394 R 0 See Comments	PERMIT REQUIREMENT	.....	1500 MX VALUE	kg/ha	.....	1500 SINGSAMP	4300 MAXIMUM	mg/kg		Contingent	BATCH
Cadmium, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	0.8	0.8		0	6/yr	GRAB
46395 R 0 See Comments	PERMIT REQUIREMENT	.....	39 MX VALUE	kg/ha	.....	39 SINGSAMP	85 MAXIMUM	mg/kg		Contingent	BATCH
Annual whole sludge application rate	SAMPLE MEASUREMENT	.....	0*		.....	.....	.....	.....			
49016 P 0 See Comments	PERMIT REQUIREMENT	.....	Cpt. Mon. MX VALUE	met t/ha/yr	.....	.....	.....	.....			
Molybdenum, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	21	21		0	6/yr	GRAB
78465 R 0 See Comments	PERMIT REQUIREMENT	.....	Req. Mon. MX VALUE	kg/ha	.....	Req. Mon. SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Zinc, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	860	860		0	6/yr	GRAB
78467 R 0 See Comments	PERMIT REQUIREMENT	.....	2800 MX VALUE	kg/ha	.....	2800 SINGSAMP	7500 MAXIMUM	mg/kg		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation 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.	Charles S. Leder	505-873-7072		FEB 14 2014
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) Monitoring Period 3 *Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS "A" SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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

Received FEB 18 2014 6EN-W

Form Approved
OMB No. 2040-0004

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

NAME: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR
LAND APPLICATION
Other

MONITORING PERIOD
FROM 05/01/2013 TO 06/30/2013

No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	33.	33.		0	6/yr	GRAB
78468 R 0 See Comments	PERMIT REQUIREMENT	.....	300 MX VALUE	kg/ha	.....	300 SINGSAMP	840 MAXIMUM	mg/kg		Contingent	BATCH
Nickel, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	26	26		0	6/yr	GRAB
78469 R 0 See Comments	PERMIT REQUIREMENT	.....	420 MX VALUE	kg/ha	.....	420 SINGSAMP	420 MAXIMUM	mg/kg		Contingent	BATCH
Mercury, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	0.8	0.8		0	6/yr	GRAB
78471 R 0 See Comments	PERMIT REQUIREMENT	.....	17 MX VALUE	kg/ha	.....	17 SINGSAMP	57 MAXIMUM	mg/kg		Contingent	BATCH
Pollutant table from 503.13	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	3				
84367 S 0 See Comments	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	Req. Mon. VALUE	table #			
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	1				
84368 T 0 See Comments	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	Req. Mon. MX VALUE	class class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	5				
84369 SL 0 Sludge	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	Req. Mon. VALUE	alt #		Contingent	BATCH
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	1				
84370 SL 0 Sludge	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manager 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-873-707 AREA Code	NUMBER	FEB 14 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Monitoring Period 3 *Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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

Received FEB 18 2014 6EN-W 4

Form Approved
OMB No. 2040-0004

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

NAME: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

SURFACE DISPOSAL
Other

MONITORING PERIOD
FROM 05/01/2013 (MM/DD/YYYY) TO 06/30/2013 (MM/DD/YYYY)

No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	------	------	------	------	30	0		0	6/yr	GRAB
01003 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Unit w/liner/leachate collection system	SAMPLE MEASUREMENT	------	------	------	------	------	0				
49028 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	Y=1,N=0			
Unit boundary to property line distance	SAMPLE MEASUREMENT	------	------	------	------	------	0				
49029 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	m			
Nickel, dry weight	SAMPLE MEASUREMENT	------	------	------	------	210	26		0	6/yr	GRAB
78469 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Chromium, dry weight	SAMPLE MEASUREMENT	------	------	------	------	200	50		0	6/yr	GRAB
78473 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	------	------	------	------	------	0			1/day	GRAB
84368 T 0 See Comments	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. SINGSAMP	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	------	------	------	------	------	11			1/day	GRAB
84369 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manager 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-873-7072 AREA Code	NUMBER	FEB 14 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Monitoring Period 3

T - STATE CLASS. A = 1, B = 2, NONE = 0.

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

Received FEB 18 2014 6EN-W

Form Approved
OMB No. 2040-0004

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

NAME: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM-87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

SURFACE DISPOSAL
Other

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	05/01/2013	TO 06/30/2013

No Discharge ☐

ATTN: Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Vector attraction reduction alternative used 84370 SL 0 Sludge	SAMPLE MEASUREMENT	------	------	------	------	------	11		0	1/day	GRAB
	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manag	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.	Charles S. Leder	505-873-7072		FEB 14 2014
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) Monitoring Period 3

"T" - STATE CLASS; A = 1, B = 2, NONE = 0.

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

Received FEB 18 2014 6EN-W

Form Approved
OMB No. 2040-0004

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

NAME: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM 07/01/2013 TO 08/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR

LAND APPLICATION
Other

No Discharge ☐

ATTN: Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	0	0		0	6/yr	GRAB
01003 R 0 See Comments	PERMIT REQUIREMENT	.....	41 MX VALUE	kg/ha	.....	41 SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Selenium, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	0	0		0	6/yr	GRAB
01148 R 0 See Comments	PERMIT REQUIREMENT	.....	100 MX VALUE	kg/ha	.....	100 SINGSAMP	100 MAXIMUM	mg/kg		Contingent	BATCH
Copper, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	550	550		0	6/yr	GRAB
46394 R 0 See Comments	PERMIT REQUIREMENT	.....	1500 MX VALUE	kg/ha	.....	1500 SINGSAMP	4300 MAXIMUM	mg/kg		Contingent	BATCH
Cadmium, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	1	1		0	6/yr	GRAB
46395 R 0 See Comments	PERMIT REQUIREMENT	.....	39 MX VALUE	kg/ha	.....	39 SINGSAMP	85 MAXIMUM	mg/kg		Contingent	BATCH
Annual whole sludge application rate	SAMPLE MEASUREMENT	.....	0 *		.....	.....	.....	.....			
49016 P 0 See Comments	PERMIT REQUIREMENT	.....	Cpt. Mon. MX VALUE	met t/ha/yr	.....	.....	.....	.....			
Molybdenum, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	26	26		0	6/yr	GRAB
78465 R 0 See Comments	PERMIT REQUIREMENT	.....	Req. Mon. MX VALUE	kg/ha	.....	Req. Mon. SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Zinc, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	905	905		0	6/yr	GRAB
78467 R 0 See Comments	PERMIT REQUIREMENT	.....	2800 MX VALUE	kg/ha	.....	2800 SINGSAMP	7500 MAXIMUM	mg/kg		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation 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.	Charles S. Leder	505-873-7072		FEB 14 2014
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) Monitoring Period 4 *Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS "A" SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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

Received FEB 18 2014 6EN-W

Form Approved
OMB No. 2040-0004

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

NAME: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

LAND APPLICATION
Other

No Discharge ☐

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	07/01/2013	TO 08/31/2013

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	33	33		0	6/yr	GRAB
78468 R 0 See Comments	PERMIT REQUIREMENT	.....	300 MX VALUE	kg/ha	.....	300 SINGSAMP	840 MAXIMUM	mg/kg		Contingent	BATCH
Nickel, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	26	26		0	6/yr	GRAB
78469 R 0 See Comments	PERMIT REQUIREMENT	.....	420 MX VALUE	kg/ha	.....	420 SINGSAMP	420 MAXIMUM	mg/kg		Contingent	BATCH
Mercury, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	0.9	0.9		0	6/yr	GRAB
78471 R 0 See Comments	PERMIT REQUIREMENT	.....	17 MX VALUE	kg/ha	.....	17 SINGSAMP	57 MAXIMUM	mg/kg		Contingent	BATCH
Pollutant table from 503.13	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	3				
84367 S 0 See Comments	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	Req. Mon. VALUE	table #			
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	1				
84368 T 0 See Comments	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	Req. Mon. MX VALUE	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	5				
84369 SL 0 Sludge	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	Req. Mon. VALUE	alt #		Contingent	BATCH
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	1				
84370 SL 0 Sludge	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operations Manager 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-873-7072 AREA Code NUMBER		FEB 14 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Monitoring Period 4 *Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 85% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER. REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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

Received FEB 18 2014 6EN-W

Form Approved
OMB No. 2040-0004

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

NAME: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

SURFACE DISPOSAL
Other

No Discharge ☐

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2013	TO	08/31/2013

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	------	------	------	------	30	0		0	6/yr	GRAB
01003 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Unit w/liner/leachate collection system	SAMPLE MEASUREMENT	------	------	------	------	------	0				
49028 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	Y=1,N=0			
Unit boundary to property line distance	SAMPLE MEASUREMENT	------	------	------	------	------	0				
49029 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	m			
Nickel, dry weight	SAMPLE MEASUREMENT	------	------	------	------	210	25		0	6/yr	GRAB
78469 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Chromium, dry weight	SAMPLE MEASUREMENT	------	------	------	------	200	53		0	6/yr	GRAB
78473 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	------	------	------	------	------	0			1/day	GRAB
84368 T 0 See Comments	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. SINGSAMP	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	------	------	------	------	------	11			1/day	GRAB
84369 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manage	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.	Charles S. Leder	505-873-7072		FEB 14 2014
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)
Monitoring Period 4

"T" - STATE CLASS. A = 1, B = 2, NONE = 0.

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

Received FEB 18 2014 6EN-W

Form Approved
OMB No. 2040-0004

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

NAME: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

SURFACE DISPOSAL
Other

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	07/01/2013	TO 08/31/2013

No Discharge ☐

ATTN: Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Vector attraction reduction alternative used 84370 SL 0 Sludge	SAMPLE MEASUREMENT	------	------	------	------	------	11		0	1/day	GRAB
	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	ent #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manag	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.	Charles S. Leder	505-873-7072		FEB 14 2014
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) Monitoring Period 4

T - STATE CLASS: A = 1, B = 2, NONE = 0.

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

Form Approved
OMB No. 2040-0004

Received
FEB 18 2014
6EN-W

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

NAME: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM MM/DD/YYYY 09/01/2013 TO MM/DD/YYYY 10/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR
LAND APPLICATION
Other
No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	------	0*		------	19	19		0	6/yr	GRAB
01003 R 0 See Comments	PERMIT REQUIREMENT	------	41 MX VALUE	kg/ha	------	41 SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Selenium, dry weight	SAMPLE MEASUREMENT	------	0*		------	14	14		0	6/yr	GRAB
01148 R 0 See Comments	PERMIT REQUIREMENT	------	100 MX VALUE	kg/ha	------	100 SINGSAMP	100 MAXIMUM	mg/kg		Contingent	BATCH
Copper, dry weight	SAMPLE MEASUREMENT	------	0*		------	470	470		0	6/yr	GRAB
46394 R 0 See Comments	PERMIT REQUIREMENT	------	1500 MX VALUE	kg/ha	------	1500 SINGSAMP	4300 MAXIMUM	mg/kg		Contingent	BATCH
Cadmium, dry weight	SAMPLE MEASUREMENT	------	0*		------	1	1		0	6/yr	GRAB
46395 R 0 See Comments	PERMIT REQUIREMENT	------	39 MX VALUE	kg/ha	------	39 SINGSAMP	85 MAXIMUM	mg/kg		Contingent	BATCH
Annual whole sludge application rate	SAMPLE MEASUREMENT	------	0*		------	------	------	------			
49016 P 0 See Comments	PERMIT REQUIREMENT	------	Cpt. Mon. MX VALUE	met t/ha/yr	------	------	------	------			
Molybdenum, dry weight	SAMPLE MEASUREMENT	------	0*		------	24	24		0	6/yr	GRAB
78465 R 0 See Comments	PERMIT REQUIREMENT	------	Req. Mon. MX VALUE	kg/ha	------	Req. Mon. SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Zinc, dry weight	SAMPLE MEASUREMENT	------	0*		------	780	780		0	6/yr	GRAB
78467 R 0 See Comments	PERMIT REQUIREMENT	------	2800 MX VALUE	kg/ha	------	2800 SINGSAMP	7500 MAXIMUM	mg/kg		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manager	I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is 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.	Charles S. Leder	505-873-7072		FEB 14 2014
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) Monitoring Period 5 *Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS "A" SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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

Received FEB 18 2014 6EN-W

Form Approved
OMB No. 2040-0004

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

NAME: ALBUQUERQUE SERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE SERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM 09/01/2013 TO 10/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR
LAND APPLICATION
Other
No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, dry weight	SAMPLE MEASUREMENT	------	0 *		------	35	35		0	6/yr	GRAB
78468 R 0 See Comments	PERMIT REQUIREMENT	------	300 MX VALUE	kg/ha	------	300 SINGSAMP	840 MAXIMUM	mg/kg		Contingent	BATCH
Nickel, dry weight	SAMPLE MEASUREMENT	------	0 *		------	26	26		0	6/yr	GRAB
78469 R 0 See Comments	PERMIT REQUIREMENT	------	420 MX VALUE	kg/ha	------	420 SINGSAMP	420 MAXIMUM	mg/kg		Contingent	BATCH
Mercury, dry weight	SAMPLE MEASUREMENT	------	0 *		------	0.5	0.5		0	6/yr	GRAB
78471 R 0 See Comments	PERMIT REQUIREMENT	------	17 MX VALUE	kg/ha	------	17 SINGSAMP	57 MAXIMUM	mg/kg		Contingent	BATCH
Pollutant table from 503.13	SAMPLE MEASUREMENT	------	------	------	------	------	3				
84367 S 0 See Comments	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	table #			
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	------	------	------	------	------	1				
84368 T 0 See Comments	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. MX VALUE	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	------	------	------	------	------	5				
84369 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Contingent	BATCH
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	------	------	------	------	------	1				
84370 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operations Manager (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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-873-707 AREA Code	NUMBER	FEB 14 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Monitoring Period 5 *Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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

Form Approved
OMB No. 2040-0004

Received FEB 18 2014 6EN-W

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

NAME: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

SURFACE DISPOSAL
Other

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2013	TO	10/31/2013

No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	.....	.....	.....	.....	30	19		0	6/yr	GRAB
01003 SL 0 Sludge	PERMIT REQUIREMENT	.....	.....	.....	.....	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Unit w/liner/leachate collection system	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	0				
49028 SL 0 Sludge	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	Req. Mon. VALUE	Y=1;N=0			
Unit boundary to property line distance	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	0				
49029 SL 0 Sludge	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	Req. Mon. VALUE	m			
Nickel, dry weight	SAMPLE MEASUREMENT	.....	.....	.....	.....	210	26		0	6/yr	GRAB
76469 SL 0 Sludge	PERMIT REQUIREMENT	.....	.....	.....	.....	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Chromium, dry weight	SAMPLE MEASUREMENT	.....	.....	.....	.....	200	58		0	6/yr	GRAB
79473 SL 0 Sludge	PERMIT REQUIREMENT	.....	.....	.....	.....	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	0			1/day	GRAB
84362 T 0 See Comments	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	Req. Mon. SINGSAMP	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	11			1/day	GRAB
84369 SL 0 Sludge	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation 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.	Charles A. Leder	505-873-7072		FEB 14 2014
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)
Monitoring Period 5

"T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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

Form Approved
OMB No. 2040-0004

Received FEB 18 2014 6EN-W

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

NAME: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

SURFACE DISPOSAL
Other

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2013	TO	10/31/2013

No Discharge ☐

ATTN: Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	------	------	------	------	------	1.1		0	1/day	GRAB
24370 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manag	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.	Charles S. Leder	505-873-7072		FEB 14 2014
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) Monitoring Period 5

"T" - STATE CLASS; A = 1, B = 2, NONE = 0.

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

Received FEB 18 2014 6EN-W

Form Approved
OMB No. 2040-0004

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

NAME: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR
LAND APPLICATION
Other

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2013	TO	12/31/2013

No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	0	0		0	6/yr	GRAB
01003 R 0 See Comments	PERMIT REQUIREMENT	.....	41 MX VALUE	kg/ha	.....	41 SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Selenium, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	0	0		0	6/yr	GRAB
01148 R 0 See Comments	PERMIT REQUIREMENT	.....	100 MX VALUE	kg/ha	.....	100 SINGSAMP	100 MAXIMUM	mg/kg		Contingent	BATCH
Copper, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	460	460		0	6/yr	GRAB
46394 R 0 See Comments	PERMIT REQUIREMENT	.....	1500 MX VALUE	kg/ha	.....	1500 SINGSAMP	4300 MAXIMUM	mg/kg		Contingent	BATCH
Cadmium, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	1	1		0	6/yr	GRAB
46395 R 0 See Comments	PERMIT REQUIREMENT	.....	39 MX VALUE	kg/ha	.....	39 SINGSAMP	85 MAXIMUM	mg/kg		Contingent	BATCH
Annual whole sludge application rate	SAMPLE MEASUREMENT	.....	0 *		.....	.....	.....	.....			
49015 P 0 See Comments	PERMIT REQUIREMENT	.....	Cpt. Mon. MX VALUE	met t/ha/yr	.....	.....	.....	.....			
Molybdenum, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	19	19		0	6/yr	GRAB
78465 R 0 See Comments	PERMIT REQUIREMENT	.....	Req. Mon. MX VALUE	kg/ha	.....	Req. Mon. SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Zinc, dry weight	SAMPLE MEASUREMENT	.....	0 *		.....	790	790		0	6/yr	GRAB
78467 R 0 See Comments	PERMIT REQUIREMENT	.....	2800 MX VALUE	kg/ha	.....	2800 SINGSAMP	7500 MAXIMUM	mg/kg		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation 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.	Charles S. Leder	505-873-7072		FEB 14 2014
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) Monitoring Period 6 *Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS "A" SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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

Form Approved
OMB No. 2040-0004

Received FEB 18 2014 6EN-W

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

NAME: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

LAND APPLICATION
Other

MONITORING PERIOD
FROM 11/01/2013 TO 12/31/2013

No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, dry weight	SAMPLE MEASUREMENT	------	0*		------	25	25		0	6/yr	GRAB
78468 R 0 See Comments	PERMIT REQUIREMENT	------	300 MX VALUE	kg/ha	------	300 SINGSAMP	840 MAXIMUM	mg/kg		Contingent	BATCH
Nickel, dry weight	SAMPLE MEASUREMENT	------	0*		------	25	25		0	6/yr	GRAB
78469 R 0 See Comments	PERMIT REQUIREMENT	------	420 MX VALUE	kg/ha	------	420 SINGSAMP	420 MAXIMUM	mg/kg		Contingent	BATCH
Mercury, dry weight	SAMPLE MEASUREMENT	------	0*		------	1	1		0	6/yr	GRAB
78471 R 0 See Comments	PERMIT REQUIREMENT	------	17 MX VALUE	kg/ha	------	17 SINGSAMP	57 MAXIMUM	mg/kg		Contingent	BATCH
Pollutant table from 503.13	SAMPLE MEASUREMENT	------	------	------	------	------	3				
84367 S 0 See Comments	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	table #			
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	------	------	------	------	------	1				
84368 T 0 See Comments	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. MX VALUE	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	------	------	------	------	------	5				
84369 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Contingent	BATCH
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	------	------	------	------	------	1				
84370 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation 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.	Charles S. Leder	505-873-707		FEB 14 2014
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) Monitoring Period 6 *Sludge complies with 40CFR 503.13 Table No3

*"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER; REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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

Form Approved
OMB No. 2040-0004

Received
FEB 18 2014
6EN-W

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

NAME: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

SURFACE DISPOSAL
Other

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2013	TO	12/31/2013

No Discharge ☐

ATTN: Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	------	------	------	------	30	0		0	6/yr	GRAB
01003 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Unit w/liner/leachate collection system	SAMPLE MEASUREMENT	------	------	------	------	------	0				
49028 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	Y=1;N=0			
Unit boundary to property line distance	SAMPLE MEASUREMENT	------	------	------	------	------	0				
49029 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	m			
Nickel, dry weight	SAMPLE MEASUREMENT	------	------	------	------	210	25		0	6/yr	GRAB
78469 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Chromium, dry weight	SAMPLE MEASUREMENT	------	------	------	------	200	53		0	6/yr	GRAB
78473 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	------	------	------	------	------	0			1/day	GRAB
84368 T 0 See Comments	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. SINGSAMP	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	------	------	------	------	------	11			1/day	GRAB
84369 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation 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.	Charles S. Leder	505-873-7072		FEB 14 2014
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)
Monitoring Period 6

"T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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

Form Approved
OMB No. 2040-0004

Received FEB 18 2014 6EN-W

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

NAME: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT,
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT,
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

SURFACE DISPOSAL
Other

MONITORING PERIOD
FROM 11/01/2013 TO 12/31/2013

No Discharge ☐

ATTN: Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	------	------	------	------	------	11		0	1/day	GRAB
84370 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	ah #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manag	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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-873-7072		FEB 14 2014
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Monitoring Period 6

"T" - STATE CLASS; A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLD-F
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	01/01/2013	TO 12/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR
LANDFILL
Other
No Discharge [X]

ATTN: Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Compliance w/part 258 sludge requirement	SAMPLE MEASUREMENT	------	------	------	------	------					
49030 SL G Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Rep. Mon. VALUE	Y=1,N=0			

____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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation 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.	Charles S. Leder	505-873-7072		FEB 14 2014
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)

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLD-P
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2013	TO	12/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR

PRODUCTION AND USE
Other

No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

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	-----	-----	-----	-----	-----	<0.05		0	1/yr	GRAB
39516 SL 0 Sludge	PERMIT REQUIREMENT	-----	-----	-----	-----	-----	49.59 ANNL MAX	mg/kg		See Permit	BATCH
Toxicity characteristic leaching procedure	SAMPLE MEASUREMENT	-----	-----	-----	0	-----	-----		0	1/yr	
46350 SL 0 Sludge	PERMIT REQUIREMENT	-----	-----	-----	Req. Mon. VALUE	-----	-----	pass/fail =T		See Permit	BATCH
Ann. aml sludge disposed by other method	SAMPLE MEASUREMENT	-----	0		-----	-----	-----	-----	0	ANN	EST
49017 V 0 See Comments	PERMIT REQUIREMENT	-----	Req. Mon. ANNL TOT	metric tyr	-----	-----	-----	-----		Annual	ESTIMA
Annual aml of sludge incinerated	SAMPLE MEASUREMENT	-----	0		-----	-----	-----	-----	0	ANN	EST
49018 SL 0 Sludge	PERMIT REQUIREMENT	-----	Req. Mon. ANNL TOT	metric tyr	-----	-----	-----	-----		Annual	ESTIMA
Annual sludge production, total	SAMPLE MEASUREMENT	-----	9942		-----	-----	-----	-----	0	ANN	EST
49019 SL 0 Sludge	PERMIT REQUIREMENT	-----	Req. Mon. ANNL TOT	metric tyr	-----	-----	-----	-----		Annual	ESTIMA
Annual amount of sludge land applied	SAMPLE MEASUREMENT	-----	*3769		-----	-----	-----	-----	0	ANN	EST
49020 SL 0 Sludge	PERMIT REQUIREMENT	-----	Req. Mon. ANNL TOT	metric tyr	-----	-----	-----	-----		Annual	ESTIMA
Annual aml sludge disposed surface unit	SAMPLE MEASUREMENT	-----	6173		-----	-----	-----	-----	0	ANN	EST
49021 SL 0 Sludge	PERMIT REQUIREMENT	-----	Req. Mon. ANNL TOT	metric tyr	-----	-----	-----	-----		Annual	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder Plant Operation 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-873-7072 AREA CODE / NUMBER	FEB 14 2014 MM/DD/YYYY
TYPED OR PRINTED				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
*(Compost=3769 dry metric tons)

"V" - IF ANNUAL SLUDGE DISPOSED BY OTHER METHODS IS APPLICABLE, EXPLAIN METHOD OF DISPOSAL

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

ATTN: Charles S. Leder, Plt Oper Mgr

NM0022250	SLD-P
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 01/01/2013	TO 12/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR

PRODUCTION AND USE
Other

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Annual amt sludge disposed in landfill	SAMPLE MEASUREMENT	------	0		------	------	------	------	0	ANN	EST
49022 SL 0 Sludge	PERMIT REQUIREMENT	------	Req. Mon. ANNL TOT	metric t/yr	------	------	------	------		Annual	ESTIMA
Annual amt sludge transported interstate	SAMPLE MEASUREMENT	------	0		------	------	------	------	0	ANN	EST
49023 SL 0 Sludge	PERMIT REQUIREMENT	------	Req. Mon. ANNL TOT	metric t/yr	------	------	------	------		Annual	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manager 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-873-7072		FEB 14 2014
			AREA Code	NUMBER	MM/DD/YYYY

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

"V" - IF ANNUAL SLUDGE DISPOSED BY OTHER METHODS IS APPLICABLE, EXPLAIN METHOD OF DISPOSAL

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM MM/DD/YYYY 01/01/2013 TO MM/DD/YYYY 02/28/2013

DMR Mailing ZIP CODE: 87105
MAJOR
LAND APPLICATION
Other
No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	------	0*		------	0	0		0	6/yr	GRAB
01003 R 0 See Comments	PERMIT REQUIREMENT	------	41 MX VALUE	kg/ha	------	41 SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Selenium, dry weight	SAMPLE MEASUREMENT	------	0*		------	0	0		0	6/yr	GRAB
01148 R 0 See Comments	PERMIT REQUIREMENT	------	100 MX VALUE	kg/ha	------	100 SINGSAMP	100 MAXIMUM	mg/kg		Contingent	BATCH
Copper, dry weight	SAMPLE MEASUREMENT	------	0*		------	460	460		0	6/yr	GRAB
46394 R 0 See Comments	PERMIT REQUIREMENT	------	1500 MX VALUE	kg/ha	------	1500 SINGSAMP	4300 MAXIMUM	mg/kg		Contingent	BATCH
Cadmium, dry weight	SAMPLE MEASUREMENT	------	0*		------	1	1		0	6/yr	GRAB
46395 R 0 See Comments	PERMIT REQUIREMENT	------	39 MX VALUE	kg/ha	------	39 SINGSAMP	85 MAXIMUM	mg/kg		Contingent	BATCH
Annual whole sludge application rate	SAMPLE MEASUREMENT	------	0*		------	------	------	------			
49015 P 0 See Comments	PERMIT REQUIREMENT	------	Cpt. Mon. MX VALUE	met t/ha/yr	------	------	------	------			
Molybdenum, dry weight	SAMPLE MEASUREMENT	------	0*		------	21	21		0	6/yr	GRAB
78465 R 0 See Comments	PERMIT REQUIREMENT	------	Req. Mon. MX VALUE	kg/ha	------	Req. Mon. SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Zinc, dry weight	SAMPLE MEASUREMENT	------	0*		------	850	850		0	6/yr	GRAB
78467 R 0 See Comments	PERMIT REQUIREMENT	------	2800 MX VALUE	kg/ha	------	2800 SINGSAMP	7500 MAXIMUM	mg/kg		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder Plant Operation 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.	Charles S. Leder	505-873-7072	FEB 14 2014
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) Monitoring Period 1 *Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS "A" SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 50% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM ~~MM/DD/YYYY~~ 01/01/2013 TO ~~MM/DD/YYYY~~ 02/28/2013

DMR Mailing ZIP CODE: 87105
MAJOR
LAND APPLICATION
Other
No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, dry weight	SAMPLE MEASUREMENT	-----	0*		-----	25	25		0	6/yr	GRAB
78468 R 0 See Comments	PERMIT REQUIREMENT	-----	300 MX VALUE	kg/ha	-----	300 SINGSAMP	840 MAXIMUM	mg/kg		Contingent	BATCH
Nickel, dry weight	SAMPLE MEASUREMENT	-----	0*		-----	22	22		0	6/yr	GRAB
78469 R 0 See Comments	PERMIT REQUIREMENT	-----	420 MX VALUE	kg/ha	-----	420 SINGSAMP	420 MAXIMUM	mg/kg		Contingent	BATCH
Mercury, dry weight	SAMPLE MEASUREMENT	-----	0*		-----	0.3	0.3		0	6/yr	GRAB
78471 R 0 See Comments	PERMIT REQUIREMENT	-----	17 MX VALUE	kg/ha	-----	17 SINGSAMP	57 MAXIMUM	mg/kg		Contingent	BATCH
Pollutant table from 503.13	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	3				
84367 S 0 See Comments	PERMIT REQUIREMENT	-----	-----	-----	-----	-----	Req. Mon. VALUE	table #			
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	1				
84368 T 0 See Comments	PERMIT REQUIREMENT	-----	-----	-----	-----	-----	Req. Mon. MX VALUE	class Class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	5				
84369 SL 0 Sludge	PERMIT REQUIREMENT	-----	-----	-----	-----	-----	Req. Mon. VALUE	alt #		Contingent	BATCH
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	1				
84370 SL 0 Sludge	PERMIT REQUIREMENT	-----	-----	-----	-----	-----	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder		Charles S. Leder	505-873-7072		FEB 14 2014
Plant Operation Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Monitoring Period 1 *Sludge complies with 40CFR 503.13 Table No3

P - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. *R* - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. *S* - TABLE NUMBER: REPORT (2, 3 OR 4). *T* - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM MM/DD/YYYY 01/01/2013 TO MM/DD/YYYY 02/28/2013

DMR Mailing ZIP CODE: 87105
MAJOR
SURFACE DISPOSAL
Other
No Discharge ☐

ATTN: Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	------	------	------	------	30	0		0	6/yr	GRAB
01003 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Unit w/liner/leachate collection system	SAMPLE MEASUREMENT	------	------	------	------	------	0				
49028 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	Y=1,N=0			
Unit boundary to property line distance	SAMPLE MEASUREMENT	------	------	------	------	------	0				
49029 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	m			
Nickel, dry weight	SAMPLE MEASUREMENT	------	------	------	------	210	22		0	6/yr	GRAB
78469 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Chromium, dry weight	SAMPLE MEASUREMENT	------	------	------	------	200	45		0	6/yr	GRAB
78473 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	------	------	------	------	------	0			1/day	GRAB
84368 T 0 See Comments	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. SINGSAMP	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	------	------	------	------	------	11			1/day	GRAB
84369 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manager 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-873-7072 AREA Code	NUMBER	FEB 14 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Monitoring Period 1

"T" - STATE CLASS. A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2013	TO	02/28/2013

DMR Mailing ZIP CODE: 87105
MAJOR

SURFACE DISPOSAL
Other

No Discharge ☐

ATTN: Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	------	------	------	------	------	11		0	1/day	GRAB
84370 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manag	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.	Charles S. Leder	505-873-7072		FEB 14 2014
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) Monitoring Period 1

T - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM 03/01/2013 TO 04/30/2013

DMR Mailing ZIP CODE: 87105
MAJOR
LAND APPLICATION
Other
No Discharge ☐

ATTN.
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	0	0		0	6/yr	GRAB
01003 R 0 See Comments	PERMIT REQUIREMENT	.....	41 MX VALUE	kg/ha	.....	41 SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Selenium, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	0	0		0	6/yr	GRAB
01148 R 0 See Comments	PERMIT REQUIREMENT	.....	100 MX VALUE	kg/ha	.....	100 SINGSAMP	100 MAXIMUM	mg/kg		Contingent	BATCH
Copper, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	410	410		0	6/yr	GRAB
46394 R 0 See Comments	PERMIT REQUIREMENT	.....	1500 MX VALUE	kg/ha	.....	1500 SINGSAMP	4300 MAXIMUM	mg/kg		Contingent	BATCH
Cadmium, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	0.8	0.8		0	6/yr	GRAB
46255 R 0 See Comments	PERMIT REQUIREMENT	.....	39 MX VALUE	kg/ha	.....	39 SINGSAMP	85 MAXIMUM	mg/kg		Contingent	BATCH
Annual whole sludge application rate	SAMPLE MEASUREMENT	.....	0*		.....	.....	.....	.....			
45016 P 0 See Comments	PERMIT REQUIREMENT	.....	Cpt. Mon. MX VALUE	met t/ha/yr	.....	.....	.....	.....			
Molybdenum, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	17	17		0	6/yr	GRAB
78465 R 0 See Comments	PERMIT REQUIREMENT	.....	Req. Mon. MX VALUE	kg/ha	.....	Req. Mon. SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Zinc, dry weight	SAMPLE MEASUREMENT	.....	0*		.....	730	730		0	6/yr	GRAB
78467 R 0 See Comments	PERMIT REQUIREMENT	.....	2800 MX VALUE	kg/ha	.....	2500 SINGSAMP	7500 MAXIMUM	mg/kg		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder Plant Operation 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.	Charles S. Leder	505-873-7072	FEB 14 2014
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) Monitoring Period 2 *Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS "A" SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 20% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM 03/01/2013 TO 04/30/2013

DMR Mailing ZIP CODE: 87105
MAJOR
LAND APPLICATION
Other:
No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, dry weight	SAMPLE MEASUREMENT	-----	0*		-----	36	36		0	6/yr	GRAB
78468 R 0 See Comments	PERMIT REQUIREMENT	-----	300 MX VALUE	kg/ha	-----	300 SINGSAMP	840 MAXIMUM	mg/kg		Contingent	BATCH
Nickel, dry weight	SAMPLE MEASUREMENT	-----	0*		-----	22	22		0	6/yr	GRAB
78469 R 0 See Comments	PERMIT REQUIREMENT	-----	420 MX VALUE	kg/ha	-----	420 SINGSAMP	420 MAXIMUM	mg/kg		Contingent	BATCH
Mercury, dry weight	SAMPLE MEASUREMENT	-----	0*		-----	0.4	0.4		0	6/yr	GRAB
78471 R 0 See Comments	PERMIT REQUIREMENT	-----	17 MX VALUE	kg/ha	-----	17 SINGSAMP	57 MAXIMUM	mg/kg		Contingent	BATCH
Pollutant table from 503.13	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	3				
84367 S 0 See Comments	PERMIT REQUIREMENT	-----	-----	-----	-----	-----	Req. Mon. VALUE	table #			
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	1				
84368 T 0 See Comments	PERMIT REQUIREMENT	-----	-----	-----	-----	-----	Req. Mon. MX VALUE	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	5				
84369 SL 0 Sludge	PERMIT REQUIREMENT	-----	-----	-----	-----	-----	Req. Mon. VALUE	alt #		Contingent	BATCH
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	1				
84370 SL 0 Sludge	PERMIT REQUIREMENT	-----	-----	-----	-----	-----	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder Plant Operations Manager 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-873-707 AREA Code NUMBER	FEB 14 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Monitoring Period 2 *Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER. REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	03/01/2013	TO	04/30/2013

DMR Mailing ZIP CODE: 87105
MAJOR
SURFACE DISPOSAL
Other
No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	------	------	------	------	30	0		0	6/yr	GRAB
01003 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Unit w/liner/leachate collection system	SAMPLE MEASUREMENT	------	------	------	------	------	0				
49028 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	Y=1,N=0			
Unit boundary to property line distance	SAMPLE MEASUREMENT	------	------	------	------	------	0				
49029 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	m			
Nickel, dry weight	SAMPLE MEASUREMENT	------	------	------	------	210	22		0	6/yr	GRAB
78469 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Chromium, dry weight	SAMPLE MEASUREMENT	------	------	------	------	200	36		0	6/yr	GRAB
78473 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	------	------	------	------	------	0			1/day	GRAB
84068 T 0 See Comments	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. SINGSAMP	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	------	------	------	------	------	11			1/day	GRAB
84069 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder Plant Operation Manage 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-873-7072 AREA Code / NUMBER	FEB 14 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Monitoring Period 2

"T" - STATE CLASS. A = 1, S = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM 03/01/2013 TO 04/30/2013

DMR Mailing ZIP CODE: 87105
MAJOR

SURFACE DISPOSAL
Other

No Discharge ☐

ATTN: Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	------	------	------	------	------	11		0	1/day	GRAB
84370 SL 0 Sludge	PERMIT REQUIREMENT	----	----	----	----	----	Req. Mon. VALUE	alt #		Continuous	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manag	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.	Charles S. Leder	505-873-7072		FEB 14 2014
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) Monitoring Period 2

T - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM 05/01/2013 TO 06/30/2013

DMR Mailing ZIP CODE: 87105
MAJOR

LAND APPLICATION
Other

No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	------	0*		------	0	0		0	6/yr	GRAB
01003 R 0 See Comments	PERMIT REQUIREMENT	------	41 MX VALUE	kg/ha	------	41 SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Selenium, dry weight	SAMPLE MEASUREMENT	------	0*		------	0	0		0	6/yr	GRAB
01148 R 0 See Comments	PERMIT REQUIREMENT	------	100 MX VALUE	kg/ha	------	100 SINGSAMP	100 MAXIMUM	mg/kg		Contingent	BATCH
Copper, dry weight	SAMPLE MEASUREMENT	------	0*		------	550	550		0	6/yr	GRAB
46394 R 0 See Comments	PERMIT REQUIREMENT	------	1500 MX VALUE	kg/ha	------	1500 SINGSAMP	4300 MAXIMUM	mg/kg		Contingent	BATCH
Cadmium, dry weight	SAMPLE MEASUREMENT	------	0*		------	0.8	0.8		0	6/yr	GRAB
46395 R 0 See Comments	PERMIT REQUIREMENT	------	39 MX VALUE	kg/ha	------	39 SINGSAMP	85 MAXIMUM	mg/kg		Contingent	BATCH
Annual whole sludge application rate	SAMPLE MEASUREMENT	------	0*		------	------	------	------			
45016 P 0 See Comments	PERMIT REQUIREMENT	------	Cpl. Mon. MX VALUE	met ton/yr	------	------	------	------			
Molybdenum, dry weight	SAMPLE MEASUREMENT	------	0*		------	21	21		0	6/yr	GRAB
78465 R 0 See Comments	PERMIT REQUIREMENT	------	Req. Mon. MX VALUE	kg/ha	------	Req. Mon. SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Zinc, dry weight	SAMPLE MEASUREMENT	------	0*		------	860	860		0	6/yr	GRAB
78467 R 0 See Comments	PERMIT REQUIREMENT	------	2800 MX VALUE	kg/ha	------	2800 SINGSAMP	7500 MAXIMUM	mg/kg		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manager	I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is 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.	Charles S. Leder	505-873-7072		FEB 14 2014
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) Monitoring Period 3 *Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS "A" SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250 — PERMIT NUMBER
SLL-A — DISCHARGE NUMBER

MONITORING PERIOD
FROM 05/01/2013 TO 06/30/2013

DMR Mailing ZIP CODE: 87105
MAJOR
LAND APPLICATION
Other
No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, dry weight	SAMPLE MEASUREMENT	------	0*		------	33	33		0	6/yr	GRAB
78468 R 0 See Comments	PERMIT REQUIREMENT	------	300 MX VALUE	kg/ha	------	300 SINGSAMP	840 MAXIMUM	mg/kg		Contingent	BATCH
Nickel, dry weight	SAMPLE MEASUREMENT	------	0*		------	26	26		0	6/yr	GRAB
78469 R 0 See Comments	PERMIT REQUIREMENT	------	420 MX VALUE	kg/ha	------	420 SINGSAMP	420 MAXIMUM	mg/kg		Contingent	BATCH
Mercury, dry weight	SAMPLE MEASUREMENT	------	0*		------	0.8	0.8		0	6/yr	GRAB
78471 R 0 See Comments	PERMIT REQUIREMENT	------	17 MX VALUE	kg/ha	------	17 SINGSAMP	57 MAXIMUM	mg/kg		Contingent	BATCH
Pollutant table from 503.13	SAMPLE MEASUREMENT	------	------	------	------	------	3				
84367 S 0 See Comments	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	table #			
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	------	------	------	------	------	1				
84368 T 0 See Comments	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. MX VALUE	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	------	------	------	------	------	5				
84369 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Contingent	BATCH
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	------	------	------	------	------	1				
84370 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder	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.	Charles S. Leder	505-873-707	FEB 14 2014
Charles Engineering Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code / NUMBER	MM/DD/YYYY
TYPED OR PRINTED				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Monitoring Period 3 *Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM MM/DD/YYYY 05/01/2013 TO MM/DD/YYYY 06/30/2013

DMR Mailing ZIP CODE: 87105
MAJOR
SURFACE DISPOSAL
Other
No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	-----	-----	-----	-----	30	0		0	6/yr	GRAB
01003 SL 0 Sludge	PERMIT REQUIREMENT	-----	-----	-----	-----	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Unit w/liner/leachate collection system	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	0				
49028 SL 0 Sludge	PERMIT REQUIREMENT	-----	-----	-----	-----	-----	Req. Mon. VALUE	Y=1,N=0			
Unit boundary to property line distance	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	0				
49029 SL 0 Sludge	PERMIT REQUIREMENT	-----	-----	-----	-----	-----	Req. Mon. VALUE	m			
Nickel, dry weight	SAMPLE MEASUREMENT	-----	-----	-----	-----	210	26		0	6/yr	GRAB
78469 SL 0 Sludge	PERMIT REQUIREMENT	-----	-----	-----	-----	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Chromium, dry weight	SAMPLE MEASUREMENT	-----	-----	-----	-----	200	50		0	6/yr	GRAB
78473 SL 0 Sludge	PERMIT REQUIREMENT	-----	-----	-----	-----	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	0			1/day	GRAB
84363 T 0 See Comments	PERMIT REQUIREMENT	-----	-----	-----	-----	-----	Req. Mon. SINGSAMP	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	11			1/day	GRAB
84369 SL 0 Sludge	PERMIT REQUIREMENT	-----	-----	-----	-----	-----	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder Plant Operation Manager 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-873-7072 AREA CODE NUMBER	FEB 14 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Monitoring Period 3

"T" - STATE CLASS. A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	05/01/2013	TO 06/30/2013

DMR Mailing ZIP CODE: 87105
MAJOR

SURFACE DISPOSAL
Other

No Discharge ☐

ATTN: Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	------	------	------	------	------	11		0	1/day	GRAB
84370 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	oth #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manag	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.	Charles S. Leder	505-873-7072		FEB 14 2014
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) Monitoring Period 3

"T" - STATE CLASS; A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2013	TO	08/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR
LAND APPLICATION
Other
No Discharge ☐

ATTN: Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	------	0*		------	0	0		0	6/yr	GRAB
01003 R 0 See Comments	PERMIT REQUIREMENT	------	41 MX VALUE	kg/ha	------	41 SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Selenium, dry weight	SAMPLE MEASUREMENT	------	0*		------	0	0		0	6/yr	GRAB
01148 R 0 See Comments	PERMIT REQUIREMENT	------	100 MX VALUE	kg/ha	------	100 SINGSAMP	100 MAXIMUM	mg/kg		Contingent	BATCH
Copper, dry weight	SAMPLE MEASUREMENT	------	0*		------	550	550		0	6/yr	GRAB
46394 R 0 See Comments	PERMIT REQUIREMENT	------	1500 MX VALUE	kg/ha	------	1500 SINGSAMP	4300 MAXIMUM	mg/kg		Contingent	BATCH
Cadmium, dry weight	SAMPLE MEASUREMENT	------	0*		------	1	1		0	6/yr	GRAB
46395 R 0 See Comments	PERMIT REQUIREMENT	------	39 MX VALUE	kg/ha	------	39 SINGSAMP	85 MAXIMUM	mg/kg		Contingent	BATCH
Annual whole sludge application rate	SAMPLE MEASUREMENT	------	0*		------	------	------	------			
45016 P 0 See Comments	PERMIT REQUIREMENT	------	Opt. Mon. MX VALUE	met t/ha/yr	------	------	------	------			
Molybdenum, dry weight	SAMPLE MEASUREMENT	------	0*		------	26	26		0	6/yr	GRAB
78465 R 0 See Comments	PERMIT REQUIREMENT	------	Req. Mon. MX VALUE	kg/ha	------	Req. Mon. SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Zinc, dry weight	SAMPLE MEASUREMENT	------	0*		------	905	905		0	6/yr	GRAB
78467 R 0 See Comments	PERMIT REQUIREMENT	------	2800 MX VALUE	kg/ha	------	2800 SINGSAMP	7500 MAXIMUM	mg/kg		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder Plant Operation 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.	Charles S. Leder	505-873-7072	FEB 14 2014
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) Monitoring Period 4 *Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS "A" SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLLA
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM 07/01/2013 TO 08/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR
LAND APPLICATION
Other
No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, dry weight	SAMPLE MEASUREMENT	-----	0 *		-----	33	33		0	6/yr	GRAB
78468 R 0 See Comments	PERMIT REQUIREMENT	-----	300. MX VALUE	kg/ha	-----	300 SINGSAMP	840 MAXIMUM	mg/kg		Contingent	BATCH
Nickel, dry weight	SAMPLE MEASUREMENT	-----	0 *		-----	26	26		0	6/yr	GRAB
78469 R 0 See Comments	PERMIT REQUIREMENT	-----	420 MX VALUE	kg/ha	-----	420 SINGSAMP	420 MAXIMUM	mg/kg		Contingent	BATCH
Mercury, dry weight	SAMPLE MEASUREMENT	-----	0 *		-----	0.9	0.9		0	6/yr	GRAB
78471 R 0 See Comments	PERMIT REQUIREMENT	-----	17 MX VALUE	kg/ha	-----	17 SINGSAMP	57 MAXIMUM	mg/kg		Contingent	BATCH
Pollutant table from 503.13	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	3				
84367 S 0 See Comments	PERMIT REQUIREMENT	-----	-----	-----	-----	-----	Req. Mon. VALUE	table #			
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	1				
84368 T 0 See Comments	PERMIT REQUIREMENT	-----	-----	-----	-----	-----	Req. Mon. MX VALUE	class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	5				
84369 SL 0 Sludge	PERMIT REQUIREMENT	-----	-----	-----	-----	-----	Req. Mon. VALUE	alt #		Contingent	BATCH
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	1				
84370 SL 0 Sludge	PERMIT REQUIREMENT	-----	-----	-----	-----	-----	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder Plant Operations Manager 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-873-7072 AREA Code / NUMBER	FEB 14 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Monitoring Period 4 *Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 85% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER. REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 3.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

SURFACE DISPOSAL
Other

No Discharge ☐

MONITORING PERIOD
FROM 07/01/2013 (MM/DD/YYYY) TO 08/31/2013 (MM/DD/YYYY)

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	------	------	------	------	30	0		0	6/yr	GRAB
01003 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Unit w/liner/leachate collection system	SAMPLE MEASUREMENT	------	------	------	------	------	0				
49028 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	Y=1;N=0			
Unit boundary to property line distance	SAMPLE MEASUREMENT	------	------	------	------	------	0				
49029 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	m			
Nickel, dry weight	SAMPLE MEASUREMENT	------	------	------	------	210	25		0	6/yr	GRAB
78469 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Chromium, dry weight	SAMPLE MEASUREMENT	------	------	------	------	200	53		0	6/yr	GRAB
78473 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	------	------	------	------	------	0			1/day	GRAB
84368 T 0 See Comments	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. SINGSAMP	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	------	------	------	------	------	11			1/day	GRAB
84369 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt 3		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder Plant Operation Manager 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-873-7072 AREA CODE / NUMBER	FEB 14 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Monitoring Period 4

"T" - STATE CLASS. A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	07/01/2013	TO 08/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR

SURFACE DISPOSAL
Other

No Discharge ☐

ATTN: Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	11		0	1/day	GRAB
84370 SL 0 Sludge	PERMIT REQUIREMENT	----	----	----	----	----	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manag	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.	Charles S. Leder	505-873-7072		FEB 14 2014
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) Monitoring Period 4

T - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

LAND APPLICATION
Other

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2013	TO	10/31/2013

No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	------	0*		------	19	19		0	6/yr	GRAB
01003 R 0 See Comments	PERMIT REQUIREMENT	------	41 MX VALUE	kg/ha	------	41 SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Selenium, dry weight	SAMPLE MEASUREMENT	------	0*		------	14	14		0	6/yr	GRAB
01148 R 0 See Comments	PERMIT REQUIREMENT	------	100 MX VALUE	kg/ha	------	100 SINGSAMP	100 MAXIMUM	mg/kg		Contingent	BATCH
Copper, dry weight	SAMPLE MEASUREMENT	------	0*		------	470	470		0	6/yr	GRAB
46394 R 0 See Comments	PERMIT REQUIREMENT	------	1500 MX VALUE	kg/ha	------	1500 SINGSAMP	4300 MAXIMUM	mg/kg		Contingent	BATCH
Cadmium, dry weight	SAMPLE MEASUREMENT	------	0*^		------	1	1		0	6/yr	GRAB
46395 R 0 See Comments	PERMIT REQUIREMENT	------	39 MX VALUE	kg/ha	------	39 SINGSAMP	85 MAXIMUM	mg/kg		Contingent	BATCH
Annual whole sludge application rate	SAMPLE MEASUREMENT	------	0*		------	------	------	------			
45016 P 0 See Comments	PERMIT REQUIREMENT	------	Rpt. Mon. MX VALUE	met /ha/yr	------	------	------	------			
Molybdenum, dry weight	SAMPLE MEASUREMENT	------	0*		------	24	24		0	6/yr	GRAB
78465 R 0 See Comments	PERMIT REQUIREMENT	------	Req. Mon. MX VALUE	kg/ha	------	Req. Mon. SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Zinc, dry weight	SAMPLE MEASUREMENT	------	0*		------	780	780		0	6/yr	GRAB
78467 R 0 See Comments	PERMIT REQUIREMENT	------	2800 MX VALUE	kg/ha	------	2800 SINGSAMP	7500 MAXIMUM	mg/kg		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manager	I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is 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.	Charles S. Leder	505-873-7072		FEB 14 2014
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) Monitoring Period 5 *Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS "A" SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 50% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2, 3 OR 4). "T" - STATE CLASS; A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM 09/01/2013 TO 10/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR
LAND APPLICATION
Other
No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, dry weight	SAMPLE MEASUREMENT	-----	0 *		-----	35	35		0	6/yr	GRAB
78468 R 0 See Comments	PERMIT REQUIREMENT	-----	300 MX VALUE	kg/ha	-----	300 SINGSAMP	840 MAXIMUM	mg/kg		Contingent	BATCH
Nickel, dry weight	SAMPLE MEASUREMENT	-----	0 *		-----	26	26		0	6/yr	GRAB
78469 R 0 See Comments	PERMIT REQUIREMENT	-----	420 MX VALUE	kg/ha	-----	420 SINGSAMP	420 MAXIMUM	mg/kg		Contingent	BATCH
Mercury, dry weight	SAMPLE MEASUREMENT	-----	0 *		-----	0.5	0.5		0	6/yr	GRAB
78471 R 0 See Comments	PERMIT REQUIREMENT	-----	17 MX VALUE	kg/ha	-----	17 SINGSAMP	57 MAXIMUM	mg/kg		Contingent	BATCH
Pollutant table from 503.13	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	3				
84367 S 0 See Comments	PERMIT REQUIREMENT	-----	-----	-----	-----	-----	Req. Mon. VALUE	table #			
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	1				
84368 T 0 See Comments	PERMIT REQUIREMENT	-----	-----	-----	-----	-----	Req. Mon. MX VALUE	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	5				
84369 SL 0 Sludge	PERMIT REQUIREMENT	-----	-----	-----	-----	-----	Req. Mon. VALUE	alt #		Contingent	BATCH
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	1				
84370 SL 0 Sludge	PERMIT REQUIREMENT	-----	-----	-----	-----	-----	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder		Charles S. Leder	505-873-707		FEB 14 2014
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) Monitoring Period 5-*Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 85% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM MM/DD/YYYY 09/01/2013 TO MM/DD/YYYY 10/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR
SURFACE DISPOSAL
Other
No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	-----	-----	-----	-----	30	19		0	6/yr	GRAB
01003 SL 0 Sludge	PERMIT REQUIREMENT	-----	-----	-----	-----	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Unit w/liner/leachate collection system	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	0				
49028 SL 0 Sludge	PERMIT REQUIREMENT	-----	-----	-----	-----	-----	Req. Mon. VALUE	Y=1;N=0			
Unit boundary to property line distance	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	0				
49029 SL 0 Sludge	PERMIT REQUIREMENT	-----	-----	-----	-----	-----	Req. Mon. VALUE	m			
Nickel, dry weight	SAMPLE MEASUREMENT	-----	-----	-----	-----	210	26		0	6/yr	GRAB
78469 SL 0 Sludge	PERMIT REQUIREMENT	-----	-----	-----	-----	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Chromium, dry weight	SAMPLE MEASUREMENT	-----	-----	-----	-----	200	58		0	6/yr	GRAB
78473 SL 0 Sludge	PERMIT REQUIREMENT	-----	-----	-----	-----	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	0			1/day	GRAB
84368 T 0 See Comments	PERMIT REQUIREMENT	-----	-----	-----	-----	-----	Req. Mon. SINGSAMP	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	11			1/day	GRAB
84369 SL 0 Sludge	PERMIT REQUIREMENT	-----	-----	-----	-----	-----	Req. Mon. VALUE	ml/l		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder Plant Operation Manager 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-873-7072 AREA CODE NUMBER	FEB 14 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Monitoring Period 5

"T" - STATE CLASS. A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2013	TO	10/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR
SURFACE DISPOSAL
Other
No Discharge ☐

ATTN: Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	------	------	------	------	------	1.1		0	1/day	GRAB
84070 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Continuous	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manag 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-873-7072 AREA Code	NUMBER	FEB 14 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Monitoring Period 5

T - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM MM/DD/YYYY 11/01/2013 TO MM/DD/YYYY 12/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR
LAND APPLICATION
Other
No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	------	0 *		------	0	0		0	6/yr	GRAB
01003 R 0 See Comments	PERMIT REQUIREMENT	------	41 MX VALUE	kg/ha	------	41 SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Selenium, dry weight	SAMPLE MEASUREMENT	------	0 *		------	0	0		0	6/yr	GRAB
01148 R 0 See Comments	PERMIT REQUIREMENT	------	100 MX VALUE	kg/ha	------	100 SINGSAMP	100 MAXIMUM	mg/kg		Contingent	BATCH
Copper, dry weight	SAMPLE MEASUREMENT	------	0 *		------	460	460		0	6/yr	GRAB
46394 R 0 See Comments	PERMIT REQUIREMENT	------	1500 MX VALUE	kg/ha	------	1500 SINGSAMP	4300 MAXIMUM	mg/kg		Contingent	BATCH
Cadmium, dry weight	SAMPLE MEASUREMENT	------	0 *		------	1	1		0	6/yr	GRAB
46395 R 0 See Comments	PERMIT REQUIREMENT	------	39 MX VALUE	kg/ha	------	39 SINGSAMP	85 MAXIMUM	mg/kg		Contingent	BATCH
Annual whole sludge application rate	SAMPLE MEASUREMENT	------	0 *		------	------	------	------			
45015 P 0 See Comments	PERMIT REQUIREMENT	------	Cpt. Mon. MX VALUE	met ton/yr	------	------	------	------			
Molybdenum, dry weight	SAMPLE MEASUREMENT	------	0 *		------	19	19		0	6/yr	GRAB
78485 R 0 See Comments	PERMIT REQUIREMENT	------	Req. Mon. MX VALUE	kg/ha	------	Req. Mon. SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Zinc, dry weight	SAMPLE MEASUREMENT	------	0 *		------	790	790		0	6/yr	GRAB
78467 R 0 See Comments	PERMIT REQUIREMENT	------	2800 MX VALUE	kg/ha	------	2800 SINGSAMP	7500 MAXIMUM	mg/kg		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder Plant Operation Manager	I hereby 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.	Charles S. Leder	505-873-7077	FEB 14 2014
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) Monitoring Period 6 *Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS "A" SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD
FROM 11/01/2013 TO 12/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR
LAND APPLICATION
Other
No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, dry weight	SAMPLE MEASUREMENT	-----	0*		-----	25	25		0	6/yr	GRAB
75468 R 0 See Comments	PERMIT REQUIREMENT	-----	300 MX VALUE	kg/ha	-----	300 SINGSAMP	840 MAXIMUM	mg/kg		Contingent	BATCH
Nickel, dry weight	SAMPLE MEASUREMENT	-----	0*		-----	25	25		0	6/yr	GRAB
78469 R 0 See Comments	PERMIT REQUIREMENT	-----	420 MX VALUE	kg/ha	-----	420 SINGSAMP	420 MAXIMUM	mg/kg		Contingent	BATCH
Mercury, dry weight	SAMPLE MEASUREMENT	-----	0*		-----	1	1		0	6/yr	GRAB
78471 R 0 See Comments	PERMIT REQUIREMENT	-----	17 MX VALUE	kg/ha	-----	17 SINGSAMP	57 MAXIMUM	mg/kg		Contingent	BATCH
Pollutant table from 503.13	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	3				
84367 S 0 See Comments	PERMIT REQUIREMENT	-----	-----	-----	-----	-----	Req. Mon. VALUE	table #			
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	1				
84368 T 0 See Comments	PERMIT REQUIREMENT	-----	-----	-----	-----	-----	Req. Mon. MX VALUE	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	5				
84369 SL 0 Sludge	PERMIT REQUIREMENT	-----	-----	-----	-----	-----	Req. Mon. VALUE	alt #		Contingent	BATCH
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	-----	-----	-----	-----	-----	1				
84370 SL 0 Sludge	PERMIT REQUIREMENT	-----	-----	-----	-----	-----	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder Plant Operations Manager	I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is 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.	Charles A. Leder	505-873-707	FEB 14 2014
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) Monitoring Period 6 *Sludge complies with 40CFR 503.13 Table No3

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER; REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
FROM	MM/DD/YYYY 11/01/2013	TO	MM/DD/YYYY 12/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR
SURFACE DISPOSAL
Other
No Discharge ☐

ATTN:
Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	------	------	------	------	30	0		0	6/yr	GRAB
01003 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Unit w/liner/leachate collection system	SAMPLE MEASUREMENT	------	------	------	------	------	0				
49028 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	Y=1,N=0			
Unit boundary to property line distance	SAMPLE MEASUREMENT	------	------	------	------	------	0				
49029 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	m			
Nickel, dry weight	SAMPLE MEASUREMENT	------	------	------	------	210	25		0	6/yr	GRAB
78459 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Chromium, dry weight	SAMPLE MEASUREMENT	------	------	------	------	200	53		0	6/yr	GRAB
78473 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	------	------	------	------	------	0			1/day	GRAB
84368 T 0 See Comments	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. SINGSAMP	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	------	------	------	------	------	11			1/day	GRAB
84369 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manager 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-873-7072 AREA CODE	NUMBER	FEB 14 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Monitoring Period 6

T - STATE CLASS: A = 1, B = 2, NONE = 0.

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

NM0022250	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/201	TO	12/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR

SURFACE DISPOSAL
Other

No Discharge ☐

ATTN: Charles S. Leder, Plt Oper Mgr

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Vector attraction reduction alternative used	SAMPLE MEASUREMENT	------	------	------	------	------	11		0	1/day	GRAB
84370 SL 0 Sludge	PERMIT REQUIREMENT	------	------	------	------	------	Req. Mon. VALUE	alt #		Continuous	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder	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.	Charles S. Leder	505-873-7072		FEB 14 2014
Plant Operation Manag		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Monitoring Period 6

"T" - STATE CLASS: A = 1, B = 2, NONE = 0.

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

Form Approved
OMB No. 2040-0004

REVISED

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)
NAME: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	12/01/2013	TO 12/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR

TREATED MUNICIPAL WASTEWATER
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			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	------	------	-----	6	------	------	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	------	------	-----	5 MO AV MIN	------	------	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	------	------	-----	6.6	------	6.9	SU	0	DAILY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	------	------	-----	6.6 MINIMUM	------	9.0 MAXIMUM	SU		DAILY	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	3074	3197	lb/d	------	7	8	mg/L	0	DAILY	24 HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	19016 30DA AVG	28522 7 DA AVG	lb/d	------	30 30DA AVG	45 7 DA AVG	mg/L		DAILY	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	82	294	lb/d	------	< 0.2	0.7	mg/L	0	DAILY	24 HC
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	634 30DA AVG	951 DAILY MX	lb/d	------	1.0 30DA AVG	1.5 DAILY MX	mg/L		DAILY	COMP24
Nitrogen, inorganic total	SAMPLE MEASUREMENT	3022	3544	lb/d	------	7	9	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6513 30DA AVG	6342 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.53	1.53	lb/d	------	0.004	0.004	mg/L	0	1/MONTH	24HC
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	lb/d	------	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	------	------	-----	50	50	51 *	MGD	0	CONTINUOUS	TOTAL2
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	------	------	-----	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	MGD		CONTINUOUS	TOTAL2

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
Charles Leder Division Manager, Plant Operations 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.	(505) 873-7072	4-15-14
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
* MAXIMUM DAILY AVERAGE FLOW

Received
APR 21 2014
6EN-W

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

Form Approved
OMB No. 2040-0004

REVISED

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)
NAME: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. FT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

NM0022250
PERMIT NUMBER

001-A
DISCHARGE NUMBER

MONITORING PERIOD
MM/DD/YYYY FROM 12/01/2013 TO MM/DD/YYYY 12/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR

TREATED MUNICIPAL WASTEWATER
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			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	------	------	-----	6	------	------	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	------	------	-----	5 MO AV MIN	------	------	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	------	------	-----	6.6	------	6.9	SU	0	DAILY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	------	------	-----	6.6 MINIMUM	------	9.0 MAXIMUM	SU		DAILY	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	3074	3197	lb/d	------	7	8	mg/L	0	DAILY	24 HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	19916 30DA AVG	28522 7 DA AVG	lb/d	------	30 30DA AVG	45 7 DA AVG	mg/L		DAILY	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	82	294	lb/d	------	< 0.2	0.7	mg/L	0	DAILY	24 HC
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	634 30DA AVG	951 DAILY MX	lb/d	------	1.0 30DA AVG	1.5 DAILY MX	mg/L		DAILY	COMP24
Nitrogen, inorganic total	SAMPLE MEASUREMENT	3022	3544	lb/d	------	7	9	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6513 30DA AVG	6342 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.53	1.53	lb/d	------	0.004	0.004	mg/L	0	1/MONTH	24HC
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	lb/d	------	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	------	------	-----	50	59	51 *	MGD	0	CONTINUOUS	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	------	------	-----	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	MGD		CONTINUOUS	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
Charles Leder Division Manager, Plant Operations 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE / NUMBER	4-15-14 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
* MAXIMUM DAILY AVERAGE FLOW

Received
APR 21 2014
6EN-W

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: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

DMR Mailing ZIP CODE: 87105
MAJOR

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

TREATED MUNICIPAL WASTEWATER
EXTERNAL OUTFALL

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	12/01/2013	TO 12/31/2013

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	*****	6	******	******	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	5 MO AV MIN	******	******	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	******	******	*****	6.8	******	6.9	SU	0	DAILY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	6.6 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	3074	3197	lb/d	******	7	8	mg/L	0	DAILY	24 HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	19015 30DA AVG	28522 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		DAILY	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	82	294	lb/d	******	< 0.2	0.7	mg/L	0	DAILY	24 HC
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	634 30DA AVG	951 DAILY MX	lb/d	******	1.0 30DA AVG	1.5 DAILY MX	mg/L		DAILY	COMP24
Nitrogen, inorganic total	SAMPLE MEASUREMENT	3022	3544	lb/d	******	7	9	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	9513 30DA AVG	6342 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.002	0.002	lb/d	******	0.004	0.004	mg/L	0	1/MONTH	24HC
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	*****	50	50	51 *	MGD	0	CONTINUOUS	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	MGD		CONTINUOUS	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles Leder Division Manager, Plant Operations 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE	NUMBER	01/09/2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here

* MAXIMUM DAILY AVERAGE FLOW

Received
JAN 15 2014
6EN-W

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: ABCWUA
ADDRESS: 4201 SECOND ST SW
ALBUQUERQUE, NM 87105

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

TREATED MUNICIPAL WASTEWATER
EXTERNAL OUTFALL

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	12/01/2013	TO	12/31/2013

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	*****	******	******	0**	µg/L	0	DAILY	INSTAN
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	*****	******	******	11 INST MAX	µg/L		DAILY	INSTAN
E. coli	SAMPLE MEASUREMENT	11	21	BCFU/d	******	5	11	cfu/100mL	0	DAILY	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	135 *B 30DAVGEO	Req. Mon. DAILY MX	BCFU/d	******	47 *C 30DAVGEO	88 DAILY MX	cfu/100mL		DAILY	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	0.002	0.006	lb/d	******	0.005	0.014 ***	µg/L	1	WEEKLY	24HC
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	0.005 30DA AVG	0.008 DAILY MX	lb/d	******	0.008 30DA AVG	0.012 DAILY MX	µg/L		WEEKLY	COMP24
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	1154	1250	lb/d	******	< 3	< 3.0	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	709 **** 30DA AVG	Req. Mon. 7 DA AVG	lb/d	******	15 30DA AVG	22.5 7 DA AVG	mg/L		DAILY	COMP24
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%	0	DAILY	CALCTD
81011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	85 MO AV MIN	******	******	%		DAILY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Charles Leder		Charles S. Leder	(505) 873-7072	01/13/2014
Division Manager, Plant Operations		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MM/DD/YYYY
TYPED OR PRINTED				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) **Chlorine is no longer in use on site *B Billion (1.0 x 10^9) cfu/day *C 30 day average is the GEOMEAN of daily values

*** The Mercury concentration for December 4, 2013 was 0.014 micrograms per liter (µg/L) which exceeded the daily maximum concentration of 0.012 µg/L. The required notifications were made for the exceedance.

**** The 30DA AVG loading limitation for CBOD5 is specified as 709 lb/d, but should be 9508 lb/d based on the 15 mg/L 30DA AVG concentration limitation. On July 2, 2013, the Water Authority submitted an AO response stating a permit modification would be submitted. On August 8, 2013, the Water Authority requested a permit modification to correct the error.

Received
JAN 15 2014
6EN-W

Received
NOV 15 2013
6EN-W

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: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER P.E. DIVISION MANAGER

NM0022250	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

QUARTERLY 7-DAY CHRONIC TOXICITY
EXTERNAL OUTFALL

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	10/01/2013	TO 12/31/2013

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	******	******	******	81	81	******	%	0	QUARTERLY	24 HC
22414 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	61 7 DA MIN	61 MO AV MN	******	%		QUARTERLY	COMP 24
Pass/Fail Static Renewal 7 day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	0	0	******		0	QUARTERLY	24 HC
TGP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon MO AV MN	******	P/F		QUARTERLY	COMP 24
Pass/Fail Static Renewal 7 day Chronic Pimephales promelas	SAMPLE MEASUREMENT	******	******	******	0	0	******		0	QUARTERLY	24 HC
TGP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon MO AV MN	******	P/F		QUARTERLY	COMP 24
Low Flow Pass/Fail Survival Test Static Renewal 7day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	0	0	******		0	QUARTERLY	24 HC
TLP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon MO AV MN	******	P/F		QUARTERLY	COMP 24
Low Flow Pass/Fail Survival Test Static Renewal 7day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	0	0	******		0	QUARTERLY	24 HC
TLP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon MO AV MN	******	P/F		QUARTERLY	COMP 24
NOEC Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	81	81	******	%	0	QUARTERLY	24 HC
TOP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon MO AV MN	******	%		QUARTERLY	COMP 24
NOEC Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	******	******	******	81	81	******	%	0	QUARTERLY	24 HC
TOP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon MO AV MN	******	%		QUARTERLY	COMP 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder P.E. Compliance Division Manager 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 331-6021 AREA CODE / NUMBER	11/12/2013 MM/DD/YYYY

COMMENT 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.

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)

Received
NOV 15 2013
6EN-W

NAME: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER P.E. DIVISION MANAGER

NM0022250	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	10/01/2013	TO 12/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR

QUARTERLY 7-DAY CHRONIC 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			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	81	81	******	%	0	QUARTERLY	24 HC
TPP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	******	******	******	81	81	******	%	0	QUARTERLY	24 HC
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24
Coef of Var Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	8.12	8.12	******	%	0	QUARTERLY	24 HC
TQP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24
Coef of Var Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	******	******	******	6.70	6.70	******	%	0	QUARTERLY	24 HC
TQP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder P.E.	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.	Charles S. Leder	(505) 331-6021	11/12/2013
Division Manager, Plant		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MM/DD/YYYY
TYPED OR PRINTED				

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

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

Form Approved
OMB No. 2040-0004

Received
NOV 15 2013
GEN-W

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)
NAME: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER P.E. DIVISION MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
NM0022250	TX1-Q

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	10/01/2013	TO 12/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR

QUARTERLY 7-DAY CHRONIC 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			
LOEC Lethal Survival Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	*	*	******	%	0	QUARTERLY	24 HC
TXP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pimephales prometas	SAMPLE MEASUREMENT	******	******	*****	*	*	******	%	0	QUARTERLY	24 HC
TXP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	*	*	******	%	0	QUARTERLY	24 HC
TYP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	*	*	******	%	0	QUARTERLY	24 HC
TYP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder P.E. Division Manager, Plant 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 331-6021 AREA CODE / NUMBER	11/12/2013 MM/DD/YYYY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * NODI = Q

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

REVISED

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)
NAME: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2013	TO	11/30/2013

DMR Mailing ZIP CODE: 87105
MAJOR

TREATED MUNICIPAL WASTEWATER
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			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	*****	6	******	******	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	5 MO AV MIN	******	******	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	******	******	*****	6.8	******	6.9	SU	0	DAILY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	6.5 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2972	3078	lb/d	******	7	7	mg/L	0	DAILY	24 HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	19015 30DA AVG	28522 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		DAILY	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	61	537	lb/d	******	< 0.1	< 1.3	mg/L	0	DAILY	24 HC
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	634 30DA AVG	951 DAILY MX	lb/d	******	1.0 30DA AVG	1.5 DAILY MX	mg/L		DAILY	COMP24
Nitrogen, inorganic total	SAMPLE MEASUREMENT	3507	4604	lb/d	******	8	11	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6513 30DA AVG	6342 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.95	0.95	lb/d	******	0.002	0.002	mg/L	0	1/MONTH	24HC
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	*****	50	50	52 *	MGD	0	CONTINUOUS	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	MGD		CONTINUOUS	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles Leder Division Manager, Plant Operations 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE / NUMBER	4-15-14 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
* MAXIMUM DAILY AVERAGE FLOW

Received
APR 21 2014
6EN-W

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: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2013	TO	11/30/2013

DMR Mailing ZIP CODE: 87105
MAJOR

TREATED MUNICIPAL WASTEWATER
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			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	*****	6	******	******	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	5 MO AV MIN	******	******	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	******	******	*****	6.8	******	6.9	SU	0	DAILY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	6.6 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2972	3078	lb/d	******	7	7	mg/L	0	DAILY	24 HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	19015 30DA AVG	28522 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		DAILY	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	61	537	lb/d	******	< 0.1	< 1.3	mg/L	0	DAILY	24 HC
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	634 30DA AVG	951 DAILY MX	lb/d	******	1.0 30DA AVG	1.5 DAILY MX	mg/L		DAILY	COMP24
Nitrogen, inorganic total	SAMPLE MEASUREMENT	3507	4604	lb/d	******	8	11	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	9513 30DA AVG	6342 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.001	0.001	lb/d	******	0.002	0.002	mg/L	0	1/MONTH	24HC
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	*****	50	50	52 *	MGD	0	CONTINUOUS	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	MGD		CONTINUOUS	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles Leder	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.	Charles S. Leder	(505) 873-7072		12/11/2013
Division Manager, Plant Operations		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here

* MAXIMUM DAILY AVERAGE FLOW

Received
DEC 16 2013
6EN-W

NM0022250

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: ABCWUA
ADDRESS: 4201 SECOND ST SW
ALBUQUERQUE, NM 87105

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

TREATED MUNICIPAL WASTEWATER
EXTERNAL OUTFALL

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2013	TO	11/30/2013

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	*****	******	******	0**	µg/L	0	DAILY	INSTAN
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	*****	******	******	11 INST MAX	µg/L		DAILY	INSTAN
E. coli	SAMPLE MEASUREMENT	20	44	BCFU/d	******	9	23	cfu/100mL	0	DAILY	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	135 *B 30DAVGEO	Req. Mon. DAILY MX	BCFU/d	******	47 *C 30DAVGEO	88 DAILY MX	cfu/100mL		DAILY	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	0.001	0.002	lb/d	******	0.003	0.006	µg/L	0	WEEKLY	24HC
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	0.005 30DA AVG	0.008 DAILY MX	lb/d	******	0.008 30DA AVG	0.012 DAILY MX	µg/L		WEEKLY	COMP24
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	945	1162	lb/d	******	< 2	< 2.8	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	709 *** 30DA AVG	Req. Mon. 7 DA AVG	lb/d	******	15 30DA AVG	22.5 7 DA AVG	mg/L		DAILY	COMP24
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%	0	DAILY	CALCTD
81011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	85 MO AV MIN	******	******	%		DAILY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles Leder	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.	Charles A. Leder	(505) 873-7072	12/11/2013
Division Manager, Plant Operations		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MM/DD/YYYY
TYPED OR PRINTED				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) **Chlorine is no longer in use on site *B Billion (1.0 x 10^9) cfu/day *C 30 day average is the GEOMEAN of daily values

*** The 30DA AVG loading limitation for CBOD5 is specified as 709 lb/d, but should be 9508 lb/d based on the 15 mg/L 30DA AVG concentration limitation. On July 2, 2013, the Water Authority submitted an AO response stating a permit modification would be submitted. On August 8, 2013, the Water Authority requested a permit modification to correct the error.

Received
DEC 16 2013
6EN-W

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

Form Approved
OMB No. 2040-0004

REVISED

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)
NAME: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2013	TO	10/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR

TREATED MUNICIPAL WASTEWATER
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			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	*****	6	******	******	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	5 MO AV MIN	******	******	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	******	******	*****	6.8	******	7.0	SU	0	DAILY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	6.6 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	3394	4007	lb/d	******	8	10	mg/L	0	DAILY	24 HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	19016 30DA AVG	28522 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		DAILY	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	77	294	lb/d	******	< 0.2	0.7	mg/L	0	DAILY	24 HC
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	634 30DA AVG	951 DAILY MX	lb/d	******	1.0 30DA AVG	1.5 DAILY MX	mg/L		DAILY	COMP24
Nitrogen, inorganic total	SAMPLE MEASUREMENT	3613	4225	lb/d	******	9	10	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	9513 30DA AVG	6342 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.65	1.65	lb/d	******	0.004	0.004	mg/L	0	1/MONTH	24HC
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	*****	50	51	53 *	MGD	0	CONTINUOUS	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	MGD		CONTINUOUS	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles Leder Division Manager, Plant Operations 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE / NUMBER	4-15-14 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
* MAXIMUM DAILY AVERAGE FLOW

Received
APR 21 2014
6EN-W

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

REVISED

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)
NAME: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2013	TO	10/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR

TREATED MUNICIPAL WASTEWATER
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			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	*****	6	******	******	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	5 MO AV MIN	******	******	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	******	******	*****	6.6	******	7.0	SU	0	DAILY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	6.6 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	3384	4007	lb/d	******	8	10	mg/L	0	DAILY	24 HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	10016 30DA AVG	28522 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		DAILY	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	77	294	lb/d	******	< 0.2	0.7	mg/L	0	DAILY	24 HC
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	634 30DA AVG	951 DAILY MX	lb/d	******	1.0 30DA AVG	1.5 DAILY MX	mg/L		DAILY	COMP24
Nitrogen, inorganic total	SAMPLE MEASUREMENT	3613	4225	lb/d	******	9	10	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	9513 30DA AVG	6342 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.65	1.65	lb/d	******	0.004	0.004	mg/L	0	1/MONTH	24HC
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	*****	50	51	53 *	MGD	0	CONTINUOUS	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	MGD		CONTINUOUS	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles Leder Division Manager, Plant Operations 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE / NUMBER	4-15-14 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
* MAXIMUM DAILY AVERAGE FLOW

Received
APR 21 2014
6EN-W

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: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	10/01/2013	TO 10/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR

TREATED MUNICIPAL WASTEWATER
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			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	*****	6	******	******	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	5 MO AV MIN	******	******	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	******	******	*****	6.8	******	7.0	SU	0	DAILY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	6.6 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	3394	4007	lb/d	******	8	10	mg/L	0	DAILY	24 HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	19015 30DA AVG	28522 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		DAILY	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	77	294	lb/d	******	< 0.2	0.7	mg/L	0	DAILY	24 HC
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	634 30DA AVG	951 DAILY MX	lb/d	******	1.0 30DA AVG	1.5 DAILY MX	mg/L		DAILY	COMP24
Nitrogen, inorganic total	SAMPLE MEASUREMENT	3613	4225	lb/d	******	9	10	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	9513 30DA AVG	6342 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.002	0.002	lb/d	******	0.004	0.004	mg/L	0	1/MONTH	24HC
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	*****	50	51	53 *	MGD	0	CONTINUOUS	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	MGD		CONTINUOUS	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles Leder Division Manager, Plant Operations 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072- AREA CODE / NUMBER	11/12/2013 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here
* MAXIMUM DAILY AVERAGE FLOW

Received
NOV 15 2013
6EN-W

NM0022250

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: ABCWUA
ADDRESS: 4201 SECOND ST SW
ALBUQUERQUE, NM 87105

NM0022250
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

TREATED MUNICIPAL WASTEWATER
EXTERNAL OUTFALL

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S LEDER, P.E. DIVISION MANAGER

MONITORING PERIOD
FROM MM/DD/YYYY 10/01/2013 **TO** MM/DD/YYYY 10/31/2013

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	*****	******	******	0**	µg/L	0	DAILY	INSTAN
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	*****	******	******	11 INST MAX	µg/L		DAILY	INSTAN
E. coli	SAMPLE MEASUREMENT	19	42	BCFU/d	******	9	23	cfu/100mL	0	DAILY	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	135 *B 30DAVGEO	Req. Mon. DAILY MX	BCFU/d	******	47 *C 30DAVGEO	88 DAILY MX	cfu/100mL		DAILY	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	0.002	0.002	lb/d	******	0.004	0.005	µg/L	0	WEEKLY	24HC
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	0.005 30DA AVG	0.008 DAILY MX	lb/d	******	0.008 30DA AVG	0.012 DAILY MX	µg/L		WEEKLY	COMP24
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	898	969	lb/d	******	< 2	< 2.3	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	709 *** 30DA AVG	Req. Mon. 7 DA AVG	lb/d	******	15 30DA AVG	22.5 7 DA AVG	mg/L		DAILY	COMP24
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%	0	DAILY	CALCTD
81011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	85 MO AV MIN	******	******	%		DAILY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles Leder Division Manager, Plant Operations 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.	Charles A. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE NUMBER	11/12/2013 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) **Chlorine is no longer in use on site *B Billion (1.0 x 10^9) cfu/day *C 30 day average is the GEOMEAN of daily values

*** The 30DA AVG loading limitation for CBOD5 is specified as 709 lb/d, but should be 9508 lb/d based on the 15 mg/L 30DA AVG concentration limitation. On July 2, 2013, the Water Authority submitted an AO response stating a permit modification would be submitted. On August 8, 2013, the Water Authority requested a permit modification to correct the error.

Received
NOV 15 2013
6EN-W

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

REVISED

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)
NAME: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	09/01/2013	TO 09/30/2013

DMR Mailing ZIP CODE: 87105
MAJOR

TREATED MUNICIPAL WASTEWATER
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			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	*****	6	******	******	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	5 MO AV MIN	******	******	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	******	******	*****	6.9	******	7.1	SU	0	DAILY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	6.6 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2765	3673	lb/d	******	6	9	mg/L	0	DAILY	24 HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	19015 30DA AVG	28522 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		DAILY	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	143	1,654	lb/d	******	0.3	3.8 **	mg/L	1	DAILY	24 HC
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	634 30DA AVG	951 DAILY MX	lb/d	******	1.0 30DA AVG	1.5 DAILY MX	mg/L		DAILY	COMP24
Nitrogen, inorganic total	SAMPLE MEASUREMENT	3065	3917	lb/d	******	7	9	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	9513 30DA AVG	6342 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.46	1.46	lb/d	******	0.003	0.003	mg/L	0	1/MONTH	24HC
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	*****	52	52	60 *	MGD	0	CONTINUOUS	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	MGD		CONTINUOUS	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Barbara Gastian Division Manager, Compliance 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-6958 AREA CODE / NUMBER	4-15-14 MM/DD/YYYY

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

* MAXIMUM DAILY AVERAGE FLOW

** This exceedance was due to a power outage on September 25, 2013 which resulted in an upset.

Received
APR 21 2014
6EN-W

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
OCT 18 2013
6EN-W

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.

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different,
NAME: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

DMR Mailing ZIP CODE: 87105
MAJOR

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

TREATED MUNICIPAL WASTEWATER
EXTERNAL OUTFALL

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2013	TO	09/30/2013

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	*****	6	******	******	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	5 MO AV MIN	******	******	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	******	******	*****	6.9	******	7.1	SU	0	DAILY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	6.6 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2765	3673	lb/d	******	6	9	mg/L	0	DAILY	24 HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	19015 30DA AVG	28522 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		DAILY	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	143	1,654	lb/d	******	0.3	3.8 **	mg/L	1	DAILY	24 HC
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	634 30DA AVG	951 DAILY MX	lb/d	******	1.0 30DA AVG	1.5 DAILY MX	mg/L		DAILY	COMP24
Nitrogen, inorganic total	SAMPLE MEASUREMENT	3065	3917	lb/d	******	7	9	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	9513 30DA AVG	6342 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.001	0.001	lb/d	******	0.003	0.003	mg/L	0	1/MONTH	24HC
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	*****	52	52	60 *	MGD	0	CONTINUOUS	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	MGD		CONTINUOUS	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Barbara Gastian Division Manager, Compliance 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	(505) 873-6958 AREA CODE	NUMBER	10/15/2013 MM/DD/YYYY

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

* MAXIMUM DAILY AVERAGE FLOW

** This exceedance was due to a power outage on September 25, 2013 which resulted in an upset.

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

121313

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: ABCWUA
ADDRESS: 4201 SECOND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2013	TO	09/30/2013

DMR Mailing ZIP CODE: 87105
MAJOR

TREATED MUNICIPAL WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	*****	******	******	0**	µg/L	0	DAILY	INSTAN
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	*****	******	******	11 INST MAX	µg/L		DAILY	INSTAN
E. coli	SAMPLE MEASUREMENT	27	191	BCFU/d	******	7	153 ***	cfu/100mL	1	DAILY	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	135 *B 30DAVGEO	Req. Mon. DAILY MX	BCFU/d	******	47 *C 30DAVGEO	88 DAILY MX	cfu/100mL		DAILY	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	0.003	0.003	lb/d	******	0.007	0.009	µg/L	0	WEEKLY	24HC
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	0.005 30DA AVG	0.008 DAILY MX	lb/d	******	0.008 30DA AVG	0.012 DAILY MX	µg/L		WEEKLY	COMP24
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	915	1009	lb/d	******	< 2	< 2.4	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	709 **** 30DA AVG	Req. Mon. 7 DA AVG	lb/d	******	15 30DA AVG	22.5 7 DA AVG	mg/L		DAILY	COMP24
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%	0	DAILY	CALCTD
81011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	85 MO AV MIN	******	******	%		DAILY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Barbara Gastian Division Manager, Compliance 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	(505) 873-9658 AREA CODE	NUMBER	10/15/2013 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) **Chlorine is no longer in use on site *B Billion (1.0 x 10^9) cfu/day *C 30 day average is the GEOMEAN of daily values

** The TRC measurement for September 25, 2013 was measured in the field using Hach Colonimeter EPA compliant method.

*** Two daily grab samples for E. coli were collected on September 25, 2013. The results were 96 colony forming units/100 milliliters (cfu/100ml) and 225 cfu/100ml. The corresponding discharge flow rates were 95.375 million gallons (MG) and 73.875 MG, respectively. The flow-weighted average of the results is 153 cfu/100ml. This exceedance was due to the power outage on September 25, 2013 which resulted in an upset.

**** The 30DA AVG loading limitation for CBOD5 is specified as 709 lb/d, but should be 9508 lb/d based on the 15 mg/L 30DA AVG concentration limitation. On July 2, 2013, the Water Authority submitted an AO response stating a permit modification would be submitted. On August 8, 2013, the Water Authority requested a permit modification to correct the error.

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: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER P.E. DIVISION MANAGER

NM0022250	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2013	TO	09/30/2013

DMR Mailing ZIP CODE: 87105
MAJOR

QUARTERLY 7-DAY CHRONIC 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	******	******	******	81	81	******	%	0	QUARTERLY	24 HC
22414 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	61 7 DA MIN	61 MO AV MN	******	%		QUARTERLY	COMP 24
Pass/Fail Static Renewal 7 day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	0	0	******		0	QUARTERLY	24 HC
TGP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon MO AV MN	******	P/F		QUARTERLY	COMP 24
Pass/Fail Static Renewal 7 day Chronic Pimephales promelas	SAMPLE MEASUREMENT	******	******	******	0	0	******		0	QUARTERLY	24 HC
TGP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon MO AV MN	******	P/F		QUARTERLY	COMP 24
Low Flow Pass/Fail Survival Test Static Renewal 7day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	0	0	******		0	QUARTERLY	24 HC
TLP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon MO AV MN	******	P/F		QUARTERLY	COMP 24
Low Flow Pass/Fail Survival Test Static Renewal 7day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	0	0	******		0	QUARTERLY	24 HC
TLP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon MO AV MN	******	P/F		QUARTERLY	COMP 24
NOEC Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	81	81	******	%	0	QUARTERLY	24 HC
TOP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon MO AV MN	******	%		QUARTERLY	COMP 24
NOEC Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	******	******	******	81	81	******	%	0	QUARTERLY	24 HC
TOP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon MO AV MN	******	%		QUARTERLY	COMP 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder P.E. Compliance Division Manager 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 331-6021 AREA CODE / NUMBER	08/05/2013 MM/DD/YYYY

COMMENT 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.

121313

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: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER P.E. DIVISION MANAGER

NM0022250	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	07/01/2013	TO 09/30/2013

DMR Mailing ZIP CODE: 87105
MAJOR

QUARTERLY 7-DAY CHRONIC 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			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia TPP3B 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	81	81	******	%	0	QUARTERLY	24 HC
	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas TPP6C 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	81	81	******	%	0	QUARTERLY	24 HC
	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24
Coef of Var Static Renewal 7 Day Chronic Ceriodaphnia dubia TQP3B 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	9.27	9.27	******	%	0	QUARTERLY	24 HC
	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24
Coef of Var Static Renewal 7 Day Chronic Pimephales promelas TQP6C 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	8.10	8.10	******	%	0	QUARTERLY	24 HC
	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder P.E. Division Manager, Plant 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	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 331-6021 AREA CODE / NUMBER	08/05/2013 MM/DD/YYYY

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

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: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE. NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER P.E. DIVISION MANAGER

NM0022250	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	07/01/2013	TO 09/30/2013

DMR Mailing ZIP CODE: 87105
MAJOR

QUARTERLY 7-DAY CHRONIC 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			
LOEC Lethal Survival Static Renewal 7 Day Chronic Ceriodaphnia dubia TXP3B 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	*	*	******	%	0	QUARTERLY	24 HC
	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pimephales promelas TXP6C 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	*	*	******	%	0	QUARTERLY	24 HC
	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Ceriodaphnia TYP3B 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	*	*	******	%	0	QUARTERLY	24 HC
	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Pimephales TYP6C 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	*	*	******	%	0	QUARTERLY	24 HC
	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder P.E.	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.	Charles S. Leder	(505) 331-6021	08/05/2013
Division Manager, Plant		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MM/DD/YYYY
TYPED OR PRINTED				

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * NODI = Q

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

Form Approved
OMB No. 2040-0004

REVISED

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)
NAME: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

NM0022250 — PERMIT NUMBER
001-A — DISCHARGE NUMBER

MONITORING PERIOD
FROM 08/01/2013 (MM/DD/YYYY) TO 08/31/2013 (MM/DD/YYYY)

DMR Mailing ZIP CODE: 87105
MAJOR
TREATED MUNICIPAL WASTEWATER
EXTERNAL OUTFALL

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	*****	5	******	******	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	5 MO AV MIN	******	******	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	******	******	*****	6.9	******	7.5	SU	0	DAILY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	6.6 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1842	1964	lb/d	******	4	5	mg/L	0	DAILY	24 HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	19015 30DA AVG	28522 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		DAILY	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	75	151	lb/d	******	0.2	0.4	mg/L	0	DAILY	24 HC
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	634 30DA AVG	951 DAILY MX	lb/d	******	1.0 30DA AVG	1.5 DAILY MX	mg/L		DAILY	COMP24
Nitrogen, inorganic total	SAMPLE MEASUREMENT	3052	3628	lb/d	******	7	9	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	9513 30DA AVG	6342 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.47	1.47	lb/d	******	0.004	0.004	mg/L	0	1/MONTH	24HC
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	*****	51	51	53 *	MGD	0	CONTINUOUS	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	MGD		CONTINUOUS	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles S. Leder, P.E.
Division Manager, Plant
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: Charles S. Leder

TELEPHONE: (505) 331-6021 (AREA CODE / NUMBER)

DATE: 4-15-14 (MM/DD/YYYY)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments her

* MAXIMUM DAILY AVERAGE FLOW

Received
APR 21 2014
6EN-W

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

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.

RECEIVED
SEP 16 2013
6EN-W

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different,
NAME: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

TREATED MUNICIPAL WASTEWATER
EXTERNAL OUTFALL

NO DISCHARGE

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	08/01/2013	TO	08/31/2013

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	*****	5	******	******	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	5 MO AV MIN	******	******	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	******	******	*****	6.9	******	7.5	SU	0	DAILY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	6.6 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	1842	1964	lb/d	******	4	5	mg/L	0	DAILY	24 HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	19015 30DA AVG	28522 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		DAILY	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	75	151	lb/d	******	0.2	0.4	mg/L	0	DAILY	24 HC
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	634 30DA AVG	951 DAILY MX	lb/d	******	1.0 30DA AVG	1.5 DAILY MX	mg/L		DAILY	COMP24
Nitrogen, inorganic total	SAMPLE MEASUREMENT	3052	3626	lb/d	******	7	9	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	9513 30DA AVG	6342 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.001	0.001	lb/d	******	0.004	0.004	mg/L	0	1/MONTH	24HC
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	*****	51	51	53 *	MGD	0	CONTINUOUS	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	MGD		CONTINUOUS	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder, P.E. Division Manager, Plant 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 331-6021 AREA CODE / NUMBER	09/13/2013 MM/DD/YYYY 12 13 13

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments her

* MAXIMUM DAILY AVERAGE FLOW

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: ABCWUA
ADDRESS: 4201 SECOND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	08/01/2013	TO	08/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR

TREATED MUNICIPAL WASTEWATER
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			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	*****	******	******	0**	µg/L	0	DAILY	INSTAN
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	*****	******	******	11 INST MAX	µg/L		DAILY	INSTAN
E. coli	SAMPLE MEASUREMENT	13	136	BCFU/d	******	3	69	cfu/100mL	0	DAILY	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	135 *B 30DAVGEO	Req. Mon. DAILY MX	BCFU/d	******	47 *C 30DAVGEO	88 DAILY MX	cfu/100mL		DAILY	GRAB
Mercury, total (as Hg) ****	SAMPLE MEASUREMENT	0.001	0.002	lb/d	******	0.004	0.004	µg/L	0	WEEKLY	24HC
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	0.005 30DA AVG	0.008 DAILY MX	lb/d	******	0.008 30DA AVG	0.012 DAILY MX	µg/L		WEEKLY	COMP24
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	854	860	lb/d	******	< 2	< 2.0	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	709 *** 30DA AVG	Req. Mon. 7 DA AVG	lb/d	******	15 30DA AVG	22.5 7 DA AVG	mg/L		DAILY	COMP24
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%	0	DAILY	CALCTD
81011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	85 MO AV MIN	******	******	%		DAILY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder, P.E.	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.	Charles S. Leder	(505) 331-6021		09/13/2013
Division Manager, Plant		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here

**Chlorine is no longer in use on site

*B Billion (1.0 x 10^9) cfu/day *C 30 day average is the GEOMEAN of daily values

***The 30DA AVG loading limitation for CBOD5 is specified as 709 lb/d, but should be 9508 lb/d based on the 15 mg/L 30DA AVG concentration limitation. On July 2, 2013, the Water Authority submitted an AO response stating a permit modification would be submitted. On August 8, 2013, the Water Authority requested a permit modification to correct the error.

****Field blank associated with the August 14, 2013 mercury monitoring was above acceptable quality control limit as specified in the analytical method; therefore the sample was invalid for regulatory reporting purposes and is a monitoring violation.

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

Form Approved
OMB No. 2040-0004

REVISED

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)
NAME: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
NM0022250	001-A

MONITORING PERIOD	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2013	TO	07/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR

TREATED MUNICIPAL WASTEWATER
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			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	*****	5	******	******	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	5 MO AV MIN	******	******	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	******	******	*****	7.0	******	7.2	SU	0	DAILY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	6.6 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2061	2578	lb/d	******	5	6	mg/L	0	DAILY	24 HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	19015 30DA AVG	28522 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		DAILY	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	51	213	lb/d	******	0.1	0.5	mg/L	0	DAILY	24 HC
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	634 30DA AVG	951 DAILY MX	lb/d	******	1.0 30DA AVG	1.5 DAILY MX	mg/L		DAILY	COMP24
Nitrogen, inorganic total	SAMPLE MEASUREMENT	3161	3759	lb/d	******	7	9	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	9513 30DA AVG	6342 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	2.07	2.07	lb/d	******	0.005	0.005	mg/L	0	1/MONTH	24HC
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	*****	51	51	56 *	MGD	0	CONTINUOUS	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	MGD		CONTINUOUS	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
Charles S. Leder, P.E. Division Manager, Plant 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.	(505) 331-6021	4-15-14
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments her

* MAXIMUM DAILY AVERAGE FLOW

Received
APR 21 2014
6EN-W

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

Form Approved
OMB No. 2040-0004

RECEIVED AUG 19 2013 6EN-W

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different,
NAME: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

NM0022250	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	07/01/2013	**TO** 07/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR
TREATED MUNICIPAL WASTEWATER
EXTERNAL OUTFALL
NO DISCHARGE

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	*****	5	******	******	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	5 MO AV MIN	******	******	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	******	******	*****	7.0	******	7.2	SU	0	DAILY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	6.6 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2061	2578	lb/d	******	5	6	mg/L	0	DAILY	24 HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	19015 30DA AVG	28522 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		DAILY	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	51	213	lb/d	******	0.1	0.5	mg/L	0	DAILY	24 HC
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	634 30DA AVG	951 DAILY MX	lb/d	******	1.0 30DA AVG	1.5 DAILY MX	mg/L		DAILY	COMP24
Nitrogen, inorganic total	SAMPLE MEASUREMENT	3161	3759	lb/d	******	7	9	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	9513 30DA AVG	6342 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.006	0.006	lb/d	******	0.005	0.005	mg/L	0	1/MONTH	24HC
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	*****	51	51	56 *	MGD	0	CONTINUOUS	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	MGD		CONTINUOUS	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder, P.E.	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.	Charles S. Leder	(505) 331-6021	08/15/2013
Division Manager, Plant		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MM/DD/YYYY
TYPED OR PRINTED				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments her

* MAXIMUM DAILY AVERAGE FLOW

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: ABCWUA
ADDRESS: 4201 SECOND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

NM0022250	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2013	**TO**	07/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR

TREATED MUNICIPAL WASTEWATER
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			
Chlorine, total residual	**SAMPLE MEASUREMENT**	******	******	*****	******	******	0**	µg/L	0	DAILY	INSTAN
50060 A 0 Disinfection, Process Complete	**PERMIT REQUIREMENT**	******	******	*****	******	******	11 INST MAX	µg/L		DAILY	INSTAN
E. coli	**SAMPLE MEASUREMENT**	12	98	BCFU/d	******	4	48	cfu/100mL	0	DAILY	GRAB
51040 1 0 Effluent Gross	**PERMIT REQUIREMENT**	135 *B 30DAVGEO	Req. Mon. DAILY MX	BCFU/d	******	47 *C 30DAVGEO	88 DAILY MX	cfu/100mL		DAILY	GRAB
Mercury, total (as Hg)	**SAMPLE MEASUREMENT**	0.001	0.001	lb/d	******	0.002	0.003	µg/L	0	WEEKLY	24HC
71900 1 0 Effluent Gross	**PERMIT REQUIREMENT**	0.005 30DA AVG	0.008 DAILY MX	lb/d	******	0.008 30DA AVG	0.012 DAILY MX	µg/L		WEEKLY	COMP24
BOD, carbonaceous, 05 day, 20 C	**SAMPLE MEASUREMENT**	858	873	lb/d	******	< 2	< 2.0	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	**PERMIT REQUIREMENT**	709 *** 30DA AVG	Req. Mon. 7 DA AVG	lb/d	******	15 30DA AVG	22.5 7 DA AVG	mg/L		DAILY	COMP24
Solids, suspended percent removal	**SAMPLE MEASUREMENT**	******	******	******	99	******	******	%	0	DAILY	CALCTD
81011 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	******	******	85 MO AV MIN	******	******	%		DAILY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder, P.E. Division Manager, Plant 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 331-6021 AREA CODE / NUMBER	08/15/2013 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here

**Chlorine is no longer in use on site

*B Billion (1.0 x 10^9) cfu/day *C 30 day average is the GEOMEAN of daily values

***The 30DA AVG loading limitation for CBOD5 is specified as 709 lb/d, but should be 9508 lb/d based on the 15 mg/L 30DA AVG concentration limitation. On July 2, 2013, the Water Authority requested a permit modification to correct the error.

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NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87105
MAJOR

TREATED MUNICIPAL WASTEWATER
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			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	*****	5	******	******	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	5 MO AV MIN	******	******	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	******	******	*****	6.9	******	7.1	SU	0	DAILY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	6.6 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2758	3239	lb/d	******	7	8	mg/L	0	DAILY	24 HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	19015 30DA AVG	28522 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		DAILY	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	97	595	lb/d	******	0.2	1.4	mg/L	0	DAILY	24 HC
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	634 30DA AVG	951 DAILY MX	lb/d	******	1.0 30DA AVG	1.5 DAILY MX	mg/L		DAILY	COMP24
Nitrogen, inorganic total	SAMPLE MEASUREMENT	3564	4529	lb/d	******	9	11	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	9513 30DA AVG	6342 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.43	1.43	lb/d	******	0.003	0.003	mg/L	0	1/MONTH	24HC
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	*****	50	49	51 *	MGD	0	CONTINUOUS	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	MGD		CONTINUOUS	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
Charles S. Leder, P.E. Division Manager, Plant 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 331-6021 AREA CODE NUMBER	4-15-14 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * MAXIMUM DAILY AVERAGE FLOW

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

Received
APR 21 2014
6EN-W

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

Form Approved
OMB No. 2040-0004

1 - Permit/GD
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JUL 17 2013
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PERMITTEE NAME/ADDRESS
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NAME: ABCWUA
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LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

TREATED MUNICIPAL WASTEWATER
EXTERNAL OUTFALL

NO DISCHARGE

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	*****	5	******	******	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	5 MO AV MIN	******	******	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	******	******	*****	6.9	******	7.1	SU	0	DAILY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	6.6 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2758	3239	lb/d	******	7	8	mg/L	0	DAILY	24 HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	19015 30DA AVG	28522 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		DAILY	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	97	595	lb/d	******	0.2	1.4	mg/L	0	DAILY	24 HC
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	634 30DA AVG	951 DAILY MX	lb/d	******	1.0 30DA AVG	1.5 DAILY MX	mg/L		DAILY	COMP24
Nitrogen, inorganic total	SAMPLE MEASUREMENT	3564	4529	lb/d	******	9	11	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	9513 30DA AVG	6342 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.001	0.001	lb/d	******	0.003	0.003	mg/L	0	1/MONTH	24HC
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	*****	50	49	51 *	MGD	0	CONTINUOUS	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	MGD		CONTINUOUS	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
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TYPED OR PRINTED			AREA CODE / NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * MAXIMUM DAILY AVERAGE FLOW

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

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OMB No. 2040-0004

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(Include Facility Name/Location if different)
NAME: ABCWUA
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NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

TREATED MUNICIPAL WASTEWATER
EXTERNAL OUTFALL

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

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

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	*****	******	******	0**	µg/L	0	DAILY	INSTAN
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	*****	******	******	11 INST MAX	µg/L		DAILY	INSTAN
E. coli	SAMPLE MEASUREMENT	17	220	BCFU/d	******	4	119	cfu/100mL	1	DAILY	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	135 *B 30DAVGEO	Req. Mon. DAILY MX	BCFU/d	******	47 *C 30DAVGEO	88 DAILY MX	cfu/100mL		DAILY	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	0.002	0.004	lb/d	******	0.005	0.008	µg/L	0	WEEKLY	24HC
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	0.005 30DA AVG	0.008 DAILY MX	lb/d	******	0.008 30DA AVG	0.012 DAILY MX	µg/L		WEEKLY	COMP24
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	900	960	lb/d	******	2	2.4	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	709 30DA AVG	Req. Mon. 7 DA AVG	lb/d	******	15 30DA AVG	22.5 7 DA AVG	mg/L		DAILY	COMP24
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%	0	DAILY	CALCTD
81011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	85 MO AV MIN	******	******	%		DAILY	CALCTD

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Division Manager, Plant	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	AREA CODE	NUMBER	MM/DD/YYYY
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DISCHARGE MONITORING REPORT (DMR)

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PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

TREATED MUNICIPAL WASTEWATER
EXTERNAL OUTFALL

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	MM/DD/YYYY		MM/DD/YYYY
FROM	05/01/2013	TO	05/31/2013

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	*****	5	******	******	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	5 MO AV MIN	******	******	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	******	******	*****	6.9	******	7.2	SU	0	DAILY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	6.6 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	3805	5880	lb/d	******	9	13	mg/L	0	DAILY	24 HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	19015 30DA AVG	28522 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		DAILY	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	192	714	lb/d	******	0.4	1.6	mg/L	1	DAILY	24 HC
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	634 30DA AVG	951 DAILY MX	lb/d	******	1.0 30DA AVG	1.5 DAILY MX	mg/L		DAILY	COMP24
Nitrogen, inorganic total	SAMPLE MEASUREMENT	3731	6286	lb/d	******	9	14	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	9513 30DA AVG	6342 DAILY MX.	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	3.65	3.65	lb/d	******	0.008	0.008	mg/L	0	1/MONTH	24HC
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	*****	50	51	58 *	MGD	0	CONTINUOUS	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	MGD		CONTINUOUS	TOTALZ

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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) * MAXIMUM DAILY AVERAGE FLOW

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DMR Mailing ZIP CODE: 87105
MAJOR

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EXTERNAL OUTFALL

NO DISCHARGE

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
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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			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	*****	5	******	******	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	5 MO AV MIN	******	******	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	******	******	*****	6.9	******	7.2	SU	0	DAILY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	6.6 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	3805	5880	lb/d	******	9	13	mg/L	0	DAILY	24 HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	19015 30DA AVG	28522 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		DAILY	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	192	714	lb/d	******	0.4	1.6	mg/L	1	DAILY	24 HC
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	634 30DA AVG	951 DAILY MX	lb/d	******	1.0 30DA AVG	1.5 DAILY MX	mg/L		DAILY	COMP24
Nitrogen, inorganic total	SAMPLE MEASUREMENT	3731	6286	lb/d	******	9	14	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	9513 30DA AVG	6342 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.004	0.004	lb/d	******	0.008	0.008	mg/L	0	1/MONTH	24HC
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	*****	50	51	56 *	MGD	0	CONTINUOUS	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	MGD		CONTINUOUS	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder, P.E. Division Manager, Plant 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 331-6021 AREA CODE / NUMBER	06/14/2013 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * MAXIMUM DAILY AVERAGE FLOW

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

Form Approved
OMB No. 2040-0004

Received
JUN 17 2013
6EN-W

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)
NAME: ABCWUA
ADDRESS: 4201 SECOND ST SW
ALBUQUERQUE, NM 87105

NM0022250 — PERMIT NUMBER
001-A — DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

TREATED MUNICIPAL WASTEWATER
EXTERNAL OUTFALL

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

MONITORING PERIOD
FROM MM/DD/YYYY 05/01/2013 TO MM/DD/YYYY 05/31/2013

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	*****	******	******	0**	µg/L	0	DAILY	INSTAN
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	*****	******	******	11 INST MAX	µg/L		DAILY	INSTAN
E. coli	SAMPLE MEASUREMENT	19	72	BCFU/d	******	8	35	cfu/100mL	0	DAILY	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	135 *B 30DAVGEO	Req. Mon. DAILY MX	BCFU/d	******	47 *C 30DAVGEO	88 DAILY MX	cfu/100mL		DAILY	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	0.003	0.005	lb/d	******	0.006	0.012 ***	µg/L	0	WEEKLY	24HC
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	0.005 30DA AVG	0.008 DAILY MX	lb/d	******	0.008 30DA AVG	0.012 DAILY MX	µg/L		WEEKLY	COMP24
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	1465	2187	lb/d	******	3	4.9	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	709 30DA AVG	Req. Mon. 7 DA AVG	lb/d	******	15 30DA AVG	22.5 7 DA AVG	mg/L		DAILY	COMP24
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	98	******	******	%	0	DAILY	CALCTD
81011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	85 MO AV MIN	******	******	%		DAILY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder, P.E.	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.	Charles S. Leder	(505) 331-6021	06/14/2013
Division Manager, Plant		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MM/DD/YYYY
TYPED OR PRINTED				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here **Chlorine is no longer in use on site *B Billion (1.0 x 10^9) cfu/day *C 30 day average is the GEOMEAN of daily values
***Mercury result for May 15, 2013 was blank corrected per EPA Method 1631 Implementation Guidance (EPA 821-R-01-023).

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

REVISED

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)
NAME: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

TREATED MUNICIPAL WASTEWATER
EXTERNAL OUTFALL

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	04/01/2013	TO 04/30/2013

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	*****	6	******	******	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	5 MO AV MIN	******	******	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	******	******	*****	6.8	******	7.1	SU	0	DAILY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	6.6 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	4394	4961	lb/d	******	10	11	mg/L	0	DAILY	24 HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	19015 30DA AVG	28522 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		DAILY	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	101	310	lb/d	******	0.2	0.7	mg/L	0	DAILY	24 HC
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	634 30DA AVG	951 DAILY MX	lb/d	******	1.0 30DA AVG	1.5 DAILY MX	mg/L		DAILY	COMP24
Nitrogen, inorganic total	SAMPLE MEASUREMENT	3558	5923	lb/d	******	8	13	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	9513 30DA AVG	6342 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	5.79	5.79	lb/d	******	0.013	0.013	mg/L	0	1/MONTH	24HC
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	*****	55	55	57 *	MGD	0	CONTINUOUS	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	MGD		CONTINUOUS	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder, P.E.	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.	Chas S. Leder	(505) 331-6021	4-15-14
Division Manager, Plant		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MM/DD/YYYY
TYPED OR PRINTED				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * MAXIMUM DAILY AVERAGE FLOW

Due to a power outage that occurred on April 8, 2013, sample results for E. coli, pH and TRC were not representative and thus not valid.

Received
APR 21 2014
6EN-W

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

Form Approved
OMB No. 2040-0004

1 - Permit/CD
2 - AO & AD
3 - DMRs
4 - Wk Sum. Lts
5 - NOR
6 - Correspondence
7 - GRAS
Date Filed
Clerk's Initials

RECEIVED
MAY 17 2013
6EN-W

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different,

NAME: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

NM0022250	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	04/01/2013	**TO**	04/30/2013

DMR Mailing ZIP CODE: 87105
MAJOR
TREATED MUNICIPAL WASTEWATER
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			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	*****	6	******	******	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	5 MO AV MIN	******	******	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	******	******	*****	6.8	******	7.1	SU	0	DAILY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	6.6 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	4394	4961	lb/d	******	10	11	mg/L	0	DAILY	24 HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	19015 30DA AVG	28522 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		DAILY	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	101	310	lb/d	******	0.2	0.7	mg/L	0	DAILY	24 HC
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	634 30DA AVG	951 DAILY MX	lb/d	******	1.0 30DA AVG	1.5 DAILY MX	mg/L		DAILY	COMP24
Nitrogen, inorganic total	SAMPLE MEASUREMENT	3558	5923	lb/d	******	8	13	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	9513 30DA AVG	6342 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.006	0.006	lb/d	******	0.013	0.013	mg/L	0	1/MONTH	24HC
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	*****	55	55	57 *	MGD	0	CONTINUOUS	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	MGD		CONTINUOUS	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder, P.E.	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.	Charles S. Leder	(505) 331-6021		05/15/2013
Division Manager, Plant		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * MAXIMUM DAILY AVERAGE FLOW

Due to a power outage that occurred on April 8, 2013, sample results for E. coli, pH and TRC were not representative and thus not valid.

121313

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: ABCWUA
ADDRESS: 4201 SECOND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

NM0022250	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	04/01/2013	**TO**	04/30/2013

DMR Mailing ZIP CODE: 87105
MAJOR

TREATED MUNICIPAL WASTEWATER
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			
Chlorine, total residual	**SAMPLE MEASUREMENT**	******	******	*****	******	******	0**	µg/L	0	DAILY	INSTAN
50060 A 0 Disinfection, Process Complete	**PERMIT REQUIREMENT**	******	******	*****	******	******	11 INST MAX	µg/L		DAILY	INSTAN
E. coli	**SAMPLE MEASUREMENT**	9	16	BCFU/d	******	4	8	cfu/100mL	0	DAILY	GRAB
51040 1 0 Effluent Gross	**PERMIT REQUIREMENT**	135 *B 30DAVGEO	Req. Mon. DAILY MX	BCFU/d	******	47 *C 30DAVGEO	88 DAILY MX	cfu/100mL		DAILY	GRAB
Mercury, total (as Hg)	**SAMPLE MEASUREMENT**	0.002	0.003	lb/d	******	0.005	0.007	µg/L	0	WEEKLY	24HC
71900 1 0 Effluent Gross	**PERMIT REQUIREMENT**	0.005 30DA AVG	0.008 DAILY MX	lb/d	******	0.008 30DA AVG	0.012 DAILY MX	µg/L		WEEKLY	COMP24
BOD, carbonaceous, 05 day, 20 C	**SAMPLE MEASUREMENT**	1557	1826	lb/d	******	3	4.0	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	**PERMIT REQUIREMENT**	709 30DA AVG	Req. Mon. 7 DA AVG	lb/d	******	15 30DA AVG	22.5 7 DA AVG	mg/L		DAILY	COMP24
Solids, suspended percent removal	**SAMPLE MEASUREMENT**	******	******	******	98	******	******	%	0	DAILY	CALCTD
81011 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	******	******	85 MO AV MIN	******	******	%		DAILY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder, P.E.	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.	Charles S. Leder	(505) 331-6021		05/15/2013
Division Manager, Plant		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here **Chlorine is no longer in use on site *B Billion (1.0 x 10^9) cfu/day *C 30 day average is the GEOMEAN of daily values

Due to a power outage that occurred on April 8, 2013, sample results for E. coli, pH and TRC were not representative and thus not valid.

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: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER P.E. DIVISION MANAGER

NM0022250	TX1-Q
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	04/01/2013	TO 06/30/2013

DMR Mailing ZIP CODE: 87105
MAJOR

QUARTERLY 7-DAY CHRONIC 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			
LOEC Lethal Survival Static Renewal 7 Day Chronic Ceriodaphnia dubia TXP3B 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	*	*	******	%	0	QUARTERLY	24 HC
	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pimephales promelas TXP6C 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	*	*	******	%	0	QUARTERLY	24 HC
	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Ceriodaphnia TYP3B 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	*	*	******	%	0	QUARTERLY	24 HC
	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Pimephales TYP6C 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	*	*	******	%	0	QUARTERLY	24 HC
	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder P.E. Division Manager, Plant 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 331-6021 AREA CODE	NUMBER	05/13/2013 MM/DD/YYYY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * NODI = Q

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: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

NM0022250	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

QUARTERLY 7-DAY CHRONIC TOXICITY
External Outfall

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER P.E. DIVISION MANAGER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	04/01/2013	TO 06/30/2013

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	81	81	******	%	0	QUARTERLY	24 HC
TPP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	******	******	*****	81	81	******	%	0	QUARTERLY	24 HC
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24
Coef of Var Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	8.24	8.24	******	%	0	QUARTERLY	24 HC
TQP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24
Coef of Var Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	******	******	******	6.65	6.65	******	%	0	QUARTERLY	24 HC
TQP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder P.E. Division Manager, Plant	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.	Charles S. Leder	(505) 331-6021		05/13/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	MM/DD/YYYY

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

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: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER P.E. DIVISION MANAGER

NM0022250	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	04/01/2013	TO	06/30/2013

DMR Mailing ZIP CODE: 87105
MAJOR

QUARTERLY 7-DAY CHRONIC 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	******	******	******	81	81	******	%	0	QUARTERLY	24 HC
22414 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	61 7 DA MIN	61 MO AV MN	******	%		QUARTERLY	COMP 24
Pass/Fail Static Renewal 7 day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	0	0	******		0	QUARTERLY	24 HC
TGP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon MO AV MN	******	P/F		QUARTERLY	COMP 24
Pass/Fail Static Renewal 7 day Chronic Pimephales promelas	SAMPLE MEASUREMENT	******	******	******	0	0	******		0	QUARTERLY	24 HC
TGP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon MO AV MN	******	P/F		QUARTERLY	COMP 24
Low Flow Pass/Fail Survival Test Static Renewal 7day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	0	0	******		0	QUARTERLY	24 HC
TLP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon MO AV MN	******	P/F		QUARTERLY	COMP 24
Low Flow Pass/Fail Survival Test Static Renewal 7day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	0	0	******		0	QUARTERLY	24 HC
TLP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon MO AV MN	******	P/F		QUARTERLY	COMP 24
NOEC Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	81	81	******	%	0	QUARTERLY	24 HC
TOP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon MO AV MN	******	%		QUARTERLY	COMP 24
NOEC Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	******	******	******	81	81	******	%	0	QUARTERLY	24 HC
TOP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon MO AV MN	******	%		QUARTERLY	COMP 24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder P.E.	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.	Charles S. Leder	(505) 331-6021	05/13/2013
Compliance Division Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MM/DD/YYYY
TYPED OR PRINTED				

COMMENT 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.

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

Form Approved
OMB No. 2040-0004

REVISED

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)
NAME: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

PERMIT NUMBER	DISCHARGE NUMBER
NM0022250	001-A

DMR Mailing ZIP CODE: 87105
MAJOR

TREATED MUNICIPAL WASTEWATER
EXTERNAL OUTFALL

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	03/01/2013	TO 03/31/2013

NO DISCHARGE [ ]

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	*****	6	******	******	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	5 MO AV MIN	******	******	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	******	******	*****	6.9	******	7.0	SU	0	DAILY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	6.6 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2775	3278	lb/d	******	6	7	mg/L	0	DAILY	24 HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	19015 30DA AVG	28522 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		DAILY	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	115	541	lb/d	******	0.3	1.2	mg/L	0	DAILY	24 HC
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	634 30DA AVG	851 DAILY MX	lb/d	******	1.0 30DA AVG	1.5 DAILY MX	mg/L		DAILY	COMP24
Nitrogen, inorganic total	SAMPLE MEASUREMENT	3698	4850	lb/d	******	8	10	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	9513 30DA AVG	6342 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.89	0.89	lb/d	******	0.002	0.002	mg/L	0	1/MONTH	24HC
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	*****	54	54	56 *	MGD	0	CONTINUOUS	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	MGD		CONTINUOUS	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
Charles S. Leder, P.E. Division Manager, Plant 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.	(505) 331-6021	4-15-14
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * MAXIMUM DAILY FLOW

Received
APR 21 2014
6EN-W

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: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

RECEIVED APR 17 2013 GEN-W

DMR Mailing ZIP CODE: 87105
MAJOR

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

TREATED MUNICIPAL WASTEWATER
EXTERNAL OUTFALL

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	03/01/2013	TO	03/31/2013

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	*****	6	******	******	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	5 MO AV MIN	******	******	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	******	******	*****	6.9	******	7.0	SU	0	DAILY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	6.6 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2775	3278	lb/d	******	6	7	mg/L	0	DAILY	24 HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	19015 30DA AVG	28522 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		DAILY	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	115	541	lb/d	******	0.3	1.2	mg/L	0	DAILY	24 HC
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	634 30DA AVG	951 DAILY MX	lb/d	******	1.0 30DA AVG	1.5 DAILY MX	mg/L		DAILY	COMP24
Nitrogen, inorganic total	SAMPLE MEASUREMENT	3698	4650	lb/d	******	8	10	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	9513 30DA AVG	6342 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.001	0.001	lb/d	******	0.002	0.002	mg/L	0	1/MONTH	24HC
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	*****	54	54	56 *	MGD	0	CONTINUOUS	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	MGD		CONTINUOUS	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder, P.E.	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.	Charles S. Leder	(505) 331-6021	04/11/2013
Division Manager, Plant		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MM/DD/YYYY
TYPED OR PRINTED				

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * MAXIMUM DAILY FLOW

121313

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: ABCWUA
ADDRESS: 4201 SECOND ST SW
ALBUQUERQUE, NM 87105

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE. 87105
MAJOR

TREATED MUNICIPAL WASTEWATER
EXTERNAL OUTFALL

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	03/01/2013	TO	03/31/2013

NO DISCHARGE

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	*****	******	******	0**	µg/L	0	DAILY	INSTAN
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	*****	******	******	11 INST MAX	µg/L		DAILY	INSTAN
E. coli	SAMPLE MEASUREMENT	7	24	BCFU/d	******	2	12	cfu/100mL	0	DAILY	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	135 *B 30DAVGEO	Req. Mon. DAILY MX	BCFU/d	******	47 *C 30DAVGEO	88 DAILY MX	cfu/100mL		DAILY	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	0.002	0.003	lb/d	******	0.004	0.007	µg/L	0	WEEKLY	24HC
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	0.005 30DA AVG	0.008 DAILY MX	lb/d	******	0.008 30DA AVG	0.012 DAILY MX	µg/L		WEEKLY	COMP24
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	1107	1289	lb/d	******	2	2.8	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	709 30DA AVG	Req. Mon. 7 DA AVG	lb/d	******	15 30DA AVG	22.5 7 DA AVG	mg/L		DAILY	COMP24
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%	0	DAILY	CALCTD
81011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	85 MO AV MIN	******	******	%		DAILY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder, P.E.	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	Charles S. Leder	(505) 331-6021		04/11/2013
Division Manager, Plant	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	AREA CODE	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here **Chlorine is no longer in use on site *B Billion (1.0 x 10^9) cfu/day *C 30 day average is the GEOMEAN of daily values

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

Form Approved
OMB No. 2040-0004

RECEIVED FEB 20 2013 6EN-W

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)
NAME: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER P.E. DIVISION MANAGER

NM0022250	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2013	TO	03/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR

QUARTERLY 7-DAY CHRONIC 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	******	******	******	81	81	******	%	0	QUARTERLY	24 HC
22414 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	61 7 DA MIN	61 MO AV MN	******	%		QUARTERLY	COMP 24
Pass/Fail Static Renewal 7 day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	*****	0	0	******		0	QUARTERLY	24 HC
TGP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	Req. Mon 7 DA MIN	Req. Mon MO AV MN	******	P/F		QUARTERLY	COMP 24
Pass/Fail Static Renewal 7 day Chronic Pimephales promelas	SAMPLE MEASUREMENT	******	******	******	0	0	******		0	QUARTERLY	24 HC
TGP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon MO AV MN	******	P/F		QUARTERLY	COMP 24
Low Flow Pass/Fail Survival Test Static Renewal 7day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	0	0	******		0	QUARTERLY	24 HC
TLP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon MO AV MN	******	P/F		QUARTERLY	COMP 24
Low Flow Pass/Fail Survival Test Static Renewal 7day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	0	0	******		0	QUARTERLY	24 HC
TLP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon MO AV MN	******	P/F		QUARTERLY	COMP 24
NOEC Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	81	81	******	%	0	QUARTERLY	24 HC
TOP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon MO AV MN	******	%		QUARTERLY	COMP 24
NOEC Lethal Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	******	******	******	81	81	******	%	0	QUARTERLY	24 HC
TOP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon MO AV MN	******	%		QUARTERLY	COMP 24

- Permit/CD
- AO & AO mod
- DMR's
- Via. Sum. Log
- NOIR
- Correspondence
- SRAS
- Date Filed
- Clerk's Initials

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder P.E. Compliance Division Manager 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 331-6021 AREA CODE / NUMBER	02/15/2013 MM/DD/YYYY

COMMENT 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.

040313

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: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER P.E. DIVISION MANAGER

NM0022250	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	01/01/2013	TO 03/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR

QUARTERLY 7-DAY CHRONIC 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			
NOEC Sub-Lethal Static Renewal 7 Day Chronic Ceriodaphnia dubia TPP3B 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	81	81	******	%	0	QUARTERLY	24 HC
	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24
NOEC Sub-Lethal Static Renewal 7 Day Chronic Pimephales promelas TPP6C 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	*****	81	81	******	%	0	QUARTERLY	24 HC
	PERMIT REQUIREMENT	******	******	*****	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24
Coef of Var Static Renewal 7 Day Chronic Ceriodaphnia dubia TQP3B 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	13.90	13.90	******	%	0	QUARTERLY	24 HC
	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24
Coef of Var Static Renewal 7 Day Chronic Pimephales promelas TQP6C 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	8.69	8.69	******	%	0	QUARTERLY	24 HC
	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder P.E. Division Manager, Plant 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	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 331-6021 AREA CODE / NUMBER	02/15/2013 MM/DD/YYYY

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

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: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER P.E. DIVISION MANAGER

NM0022250	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2013	TO	03/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR

QUARTERLY 7-DAY CHRONIC 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			
LOEC Lethal Survival Static Renewal 7 Day Chronic Ceriodaphnia dubia	SAMPLE MEASUREMENT	******	******	******	*	*	******	%	0	QUARTERLY	24 HC
TXP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon MO AV MN	******	%		QUARTERLY	COMP24
LOEC Lethal Survival Static Renewal 7 Day Chronic Pimephales promelas	SAMPLE MEASUREMENT	******	******	******	*	*	******	%	0	QUARTERLY	24 HC
TXP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	*	*	******	%	0	QUARTERLY	24 HC
TYP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24
LOEC Sub-Lethal Reproduction Static Renewal 7 Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	*	*	******	%	0	QUARTERLY	24 HC
TYP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder P.E.	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.	Charles S. Leder	(505) 331-6021	02/15/2013
Division Manager, Plant		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE / NUMBER	MM/DD/YYYY
TYPED OR PRINTED				

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

* NODI (No Data Indicator)

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

Form Approved
OMB No. 2040-0004

REVISED

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)
NAME: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

TREATED MUNICIPAL WASTEWATER
EXTERNAL OUTFALL

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	02/01/2013	TO 02/28/2013

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	*****	6	******	******	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	5 MO AV MIN	******	******	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	******	******	*****	6.9	******	7.1	SU	0	DAILY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	6.6 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	3394	5271	lb/d	******	8	12	mg/L	0	DAILY	24 HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	19015 30DA AVG	28522 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		DAILY	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	197	641	lb/d	******	0.4	1.4	mg/L	0	DAILY	24 HC
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	634 30DA AVG	951 DAILY MX	lb/d	******	1.0 30DA AVG	1.5 DAILY MX	mg/L		DAILY	COMP24
Nitrogen, inorganic total	SAMPLE MEASUREMENT	3017	4182	lb/d	******	7	9	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	9513 30DA AVG	6342 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.63	1.63	lb/d	******	0.003	0.003	mg/L	0	1/MONTH	24HC
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	*****	54	54	56 *	MGD	0	CONTINUOUS	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	MGD		CONTINUOUS	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder, P.E. Division Manager, Plant 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 331-6021 AREA CODE / NUMBER	4-15-14 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * MAXIMUM DAILY FLOW

Received
APR 21 2014
6EN-W

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

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

Received
MAR 18 2013
6EN-W

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different,

NAME: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

NM0022250	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2013	**TO**	02/28/2013

DMR Mailing ZIP CODE: 87105
MAJOR

TREATED MUNICIPAL WASTEWATER
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			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	*****	6	******	******	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	5 MO AV MIN	******	******	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	******	******	*****	6.9	******	7.1	SU	0	DAILY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	6.6 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	3394	5271	lb/d	******	8	12	mg/L	0	DAILY	24 HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	19015 30DA AVG	28522 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		DAILY	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	197	641	lb/d	******	0.4	1.4	mg/L	0	DAILY	24 HC
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	634 30DA AVG	951 DAILY MX	lb/d	******	1.0 30DA AVG	1.5 DAILY MX	mg/L		DAILY	COMP24
Nitrogen, inorganic total	SAMPLE MEASUREMENT	3017	4182	lb/d	******	7	9	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	9513 30DA AVG	6342 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.001	0.001	lb/d	******	0.003	0.003	mg/L	0	1/MONTH	24HC
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	*****	54	54	56 *	MGD	0	CONTINUOUS	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	MGD		CONTINUOUS	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder, P.E.	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.	Charles S. Leder	(505) 331-6021		03/14/2013
Division Manager, Plant		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * MAXIMUM DAILY FLOW

040313

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: ABCWUA
ADDRESS: 4201 SECOND ST SW
ALBUQUERQUE, NM 87105

Received
MAR 18 2013
6EN-W

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

NM0022250	001-A
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2013	**TO**	02/28/2013

DMR Mailing ZIP CODE: 87105
MAJOR

TREATED MUNICIPAL WASTEWATER
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			
Chlorine, total residual	**SAMPLE MEASUREMENT**	******	******	*****	******	******	0**	µg/L	0	DAILY	INSTAN
50060 A 0 Disinfection, Process Complete	**PERMIT REQUIREMENT**	******	******	*****	******	******	11 INST MAX	µg/L		DAILY	INSTAN
E. coli	**SAMPLE MEASUREMENT**	12	51	BCFU/d	******	4	25	cfu/100mL	0	DAILY	GRAB
51040 1 0 Effluent Gross	**PERMIT REQUIREMENT**	135 *B 30DAVGEO	Req. Mon. DAILY MX	BCFU/d	******	47 *C 30DAVGEO	88 DAILY MX	cfu/100mL		DAILY	GRAB
Mercury, total (as Hg)	**SAMPLE MEASUREMENT**	0.002	0.003	lb/d	******	0.005	0.007	µg/L	0	WEEKLY	24HC
71900 1 0 Effluent Gross	**PERMIT REQUIREMENT**	0.005 30DA AVG	0.008 DAILY MX	lb/d	******	0.008 30DA AVG	0.012 DAILY MX	µg/L		WEEKLY	COMP24
BOD, carbonaceous, 05 day, 20 C	**SAMPLE MEASUREMENT**	1290	1660	lb/d	******	3	3.7	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	**PERMIT REQUIREMENT**	709 30DA AVG	Req. Mon. 7 DA AVG	lb/d	******	15 30DA AVG	22.5 7 DA AVG	mg/L		DAILY	COMP24
Solids, suspended percent removal	**SAMPLE MEASUREMENT**	******	******	******	99	******	******	%	0	DAILY	CALCTD
81011 1 0 Effluent Gross	**PERMIT REQUIREMENT**	******	******	******	85 MO AV MIN	******	******	%		DAILY	CALCTD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder, P.E.	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.	Charles S. Leder	(505) 331-6021		03/14/2013
Division Manager, Plant		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	MM/DD/YYYY
TYPED OR PRINTED					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here **Chlorine is no longer in use on site *B Billion (1.0 x 10^9) cfu/day *C 30 day average is the GEOMEAN of daily values

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

Form Approved
OMB No. 2040-0004

REVISED

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)
NAME: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

NM0022250 — PERMIT NUMBER
001-A — DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

TREATED MUNICIPAL WASTEWATER
EXTERNAL OUTFALL

MONITORING PERIOD
FROM MM/DD/YYYY 01/01/2013 TO MM/DD/YYYY 01/31/2013

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	*****	6	******	******	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	5 MO AV MIN	******	******	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	******	******	*****	6.9	******	7.0	SU	0	DAILY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	6.6 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2803	3331	lb/d	******	6	7	mg/L	0	DAILY	24 HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	18015 30DA AVG	28522 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		DAILY	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	184	457	lb/d	******	0.4	1.0	mg/L	0	DAILY	24 HC
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	634 30DA AVG	951 DAILY MX	lb/d	******	1.0 30DA AVG	1.5 DAILY MX	mg/L		DAILY	COMP24
Nitrogen, inorganic total	SAMPLE MEASUREMENT	3515	4919	lb/d	******	8	11	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	9513 30DA AVG	6342 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.54	0.54	lb/d	******	0	0	mg/L	0	1/MONTH	24HC
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	*****	55	55	57 *	MGD	0	CONTINUOUS	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	MGD		CONTINUOUS	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	DATE
Charles S. Leder, P.E. Charles S. Leder Division Manager, Plant 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 331-6021 AREA CODE / NUMBER	4-15-14 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * MAXIMUM DAILY FLOW

Received
APR 21 2014
6EN-W

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: ABCWUA
ADDRESS: 4201 2ND ST SW
ALBUQUERQUE, NM 87105

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

TREATED MUNICIPAL WASTEWATER
EXTERNAL OUTFALL

NO DISCHARGE ☐

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2013	TO	01/31/2013

Received FEB 20 2013 6EN-W

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	*****	6	******	******	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	5 MO AV MIN	******	******	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	******	******	*****	6.9	******	7.0	SU	0	DAILY	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	6.6 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	2603	3331	lb/d	******	6	7	mg/L	0	DAILY	24 HC
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	19015 30DA AVG	28522 7 DA AVG	lb/d	******	30 30DA AVG	45 7 DA AVG	mg/L		DAILY	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	184	457	lb/d	******	0.4	1.0	mg/L	0	DAILY	24 HC
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	634 30DA AVG	951 DAILY MX	lb/d	******	1.0 30DA AVG	1.5 DAILY MX	mg/L		DAILY	COMP24
Nitrogen, inorganic total	SAMPLE MEASUREMENT	3515	4919	lb/d	******	8	11	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	9513 30DA AVG	6342 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0	0	lb/d	******	0	0	mg/L	0	1/MONTH	24HC
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	lb/d	******	Req. Mon. 30DA AVG	Req. Mon. DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	*****	55	55	57 *	MGD	0	CONTINUOUS	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	MGD		CONTINUOUS	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Charles S. Leder, P.E.
Charles S. Leder
Division Manager, Plant
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.

Charles S. Leder
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE
(505) 331-6021		02/13/2013
AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) * MAXIMUM DAILY FLOW

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: ABCWUA
ADDRESS: 4201 SECOND ST SW
ALBUQUERQUE, NM 87105

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87105
MAJOR

TREATED MUNICIPAL WASTEWATER
EXTERNAL OUTFALL

FACILITY: ABCWUA (WWTP #2)
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2013	TO	01/31/2013

NO DISCHARGE ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chlorine, total residual	SAMPLE MEASUREMENT	******	******	*****	******	******	0**	µg/L	0	DAILY	INSTAN
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	*****	******	******	11 INST MAX	µg/L		DAILY	INSTAN
E. coli	SAMPLE MEASUREMENT	15	42	BCFU/d	******	6	20	cfu/100mL	0	DAILY	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	135 *B 30DAVGEO	Req. Mon. DAILY MX	BCFU/d	******	47 *C 30DAVGEO	88 DAILY MX	cfu/100mL		DAILY	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	0.001	0.002	lb/d	******	0.003	0.006	µg/L	0	WEEKLY	24HC
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	0.005 30DA AVG	0.008 DAILY MX	lb/d	******	0.008 30DA AVG	0.012 DAILY MX	µg/L		WEEKLY	COMP24
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	1277	1353	lb/d	******	3	3.0	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	709 30DA AVG	Req. Mon. 7 DA AVG	lb/d	******	15 30DA AVG	22.5 7 DA AVG	mg/L		DAILY	COMP24
Solids, suspended percent removal	SAMPLE MEASUREMENT	******	******	******	99	******	******	%	0	DAILY	CALCTD
81011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	85 MO AV MIN	******	******	%		DAILY	CALCTD

Received
FEB 20 2013
6EN-W

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Charles S. Leder, P.E. Division Manager, Plant 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.	Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 331-6021 AREA CODE / NUMBER	02/13/2013 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here **Chlorine is no longer in use on site *B Billion (1.0 x 10^9) cfu/day *C 30 day average is the GEOMEAN of daily values

Received
6EN-W

Received
FEB 20 2013
6EN-W

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

ATTN: Charles S. Leder, Plt Oper Mgr

NM0022250	SLD-P
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2013	TO	12/31/2013

FEB 17 2014
6EN-W

DMR Mailing ZIP CODE: 87105
MAJOR
PRODUCTION AND USE
Other
No Discharge ☐

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	-----	-----	-----	-----	-----	<0.05		0	1/yr	GRAB
39516 SL 0 Sludge	PERMIT REQUIREMENT	-----	-----	-----	-----	-----	49.59 ANNL MAX	mg/kg		See Permit	BATCH
Toxicity characteristic leaching procedure	SAMPLE MEASUREMENT	-----	-----	-----	0	-----	-----		0	1/yr	
46390 SL 0 Sludge	PERMIT REQUIREMENT	-----	-----	-----	Req. Mon. VALUE	-----	-----	pass=0/fail =1		See Permit	BATCH
Ann. amt sludge disposed by other method	SAMPLE MEASUREMENT	-----	0		-----	-----	-----	-----	0	ANN	EST
49017 V 0 See Comments	PERMIT REQUIREMENT	-----	Req. Mon. ANNL TOT	metric tyr	-----	-----	-----	-----		Annual	ESTIMA
Annual amt of sludge incinerated	SAMPLE MEASUREMENT	-----	0		-----	-----	-----	-----	0	ANN	EST
49018 SL 0 Sludge	PERMIT REQUIREMENT	-----	Req. Mon. ANNL TOT	metric tyr.	-----	-----	-----	-----		Annual	ESTIMA
Annual sludge production, total	SAMPLE MEASUREMENT	-----	9942		-----	-----	-----	-----	0	ANN	EST
49019 SL 0 Sludge	PERMIT REQUIREMENT	-----	Req. Mon. ANNL TOT	metric tyr	-----	-----	-----	-----		Annual	ESTIMA
Annual amount of sludge land applied	SAMPLE MEASUREMENT	-----	*3769		-----	-----	-----	-----	0	ANN	EST
49020 SL 0 Sludge	PERMIT REQUIREMENT	-----	Req. Mon. ANNL TOT	metric tyr	-----	-----	-----	-----		Annual	ESTIMA
Annual amt. sludge disposed surface unit	SAMPLE MEASUREMENT	-----	6173		-----	-----	-----	-----	0	ANN	EST
49021 SL 0 Sludge	PERMIT REQUIREMENT	-----	Req. Mon. ANNL TOT	metric tyr	-----	-----	-----	-----		Annual	ESTIMA

1 - Permit/CO
2 - AO & AO mod
3 - DMR's
4 - Wq S
5 - NOI
6 - Correspondence
7 - Misc

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation 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.	Charles S. Leder	505-873-7072		FEB 14 2014
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)

"V" - IF ANNUAL SLUDGE DISPOSED BY OTHER METHODS IS APPLICABLE, EXPLAIN METHOD OF DISPOSAL *(Compost=3769 dry metric tons)

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: ALBUQUERQUE BERNALILLO COUNTY WATER UT
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UT
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

ATTN:
Charles S. Leder, Plt Oper Mgr

NM0022250	SLD-P
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2013	TO	12/31/2013

DMR Mailing ZIP CODE: 87105
MAJOR

PRODUCTION AND USE
Other

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Annual aml sludge disposed in landfill	SAMPLE MEASUREMENT	-----	0		-----	-----	-----	-----	0	ANN	EST
49022 SL 0 Sludge	PERMIT REQUIREMENT	-----	Req. Mon. ANNL TOT	metric tyr	-----	-----	-----	-----		Annual	ESTIMA
Annual aml sludge transported interstate	SAMPLE MEASUREMENT	-----	0		-----	-----	-----	-----	0	ANN	EST
49023 SL 0 Sludge	PERMIT REQUIREMENT	-----	Req. Mon. ANNL TOT	metric tyr	-----	-----	-----	-----		Annual	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Charles S. Leder Plant Operation Manage	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.	Charles S. Leder	505-873-7072		FEB 14 2014
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)

"V" - IF ANNUAL SLUDGE DISPOSED BY OTHER METHODS IS APPLICABLE, EXPLAIN METHOD OF DISPOSAL