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	11/01/2014	TO	11/30/2014

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	30	1,323	BCFU/d	******	16	727 ***	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	0.001	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	1,723	2,365	lb/d	******	4	5.8	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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	******	******	******	97	******	******	%	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 S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE	NUMBER	12/09/2014 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 E. coli result for November 30, 2014 was 727 colony forming units (cfu)/100ml which exceeded the daily maximum concentration of 88 cfu/100ml. The required notifications were made and the 5-day report submitted for the exceedance.

Received
DEC 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 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	11/01/2014	TO	11/30/2014

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	******	******	*****	6 MO AV MIN	******	******	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	******	******	*****	6.7	******	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	6107	9477	lb/d	******	15	23	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	107	273	lb/d	******	< 0.3	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	3,281	4,445	lb/d	******	8	11	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.291	1.291	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	******	******	*****	49	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 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	12/09/2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here

*MAXIMUM DAILY AVERAGE FLOW

Received
DEC 15 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 SECOND 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 10/01/2014 (MM/DD/YYYY) TO 10/31/2014 (MM/DD/YYYY)

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	17	43	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	0.001	lb/d	******	0.001	0.002	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	979	1,059	lb/d	******	< 2	2.5	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE AREA CODE	NUMBER	DATE MM/DD/YYYY
Charles Leder Division Manager, Plant Operations TYPED OR PRINTED		Charles S. Leder	(505)	873-7072	DEC 19 2014

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

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

REVISED

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 10/01/2014 TO MM/DD/YYYY 10/31/2014

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	2630	3375	lb/d	******	6	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	57	173	lb/d	******	< 0.1	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	2,942	3,626	lb/d	******	7	9	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.489	1.489	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	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	DEC 19 2014 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

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

REVISED

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 09/01/2014 TO MM/DD/YYYY 09/30/2014

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	10	53	BCFU/d	******	5	28	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	0.002	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	887	941	lb/d	******	< 2	2.2	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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 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	DEC 19 2014 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

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

REVISED

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
FROM MM/DD/YYYY 09/01/2014 TO MM/DD/YYYY 09/30/2014

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	******	******	*****	6.7	******	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	2136	2431	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	49	167	lb/d	******	0.1	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	3,219	4,521	lb/d	******	8	10	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,339 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.892	0.892	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	******	******	*****	51	51	54 *	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	DEC 19 2014 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

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

REVISED

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	08/01/2014	TO 08/31/2014

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	10	203	BCFU/d	******	< 5	104 ***	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	0.001	0.001	lb/d	******	0.002	0.002	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	850	1,038	lb/d	******	< 2	2.4	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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	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 Division Manager, Plant Operations TYPED OR PRINTED		Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE / NUMBER	DEC 19 2014 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 E.coli result for August 12, 2014 was 104 colony forming units per 100 milliters (cfu/100mL) which exceeded the daily maximum concentration of 88 cfu/100mL. The required notifications were made and the 5-day report submitted for the exceedance.

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

REVISED

DMR Mailing ZIP CODE: 87105
MAJOR

NM0022250 — PERMIT NUMBER
001-A — 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 FROM 08/01/2014 TO MM/DD/YYYY 08/31/2014

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	2402	2687	lb/d	******	6	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	55	197	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	2,978	3,855	lb/d	******	7	9	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.445	1.445	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	******	******	*****	51	51	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 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	DEC 19 2014 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

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

REVISED

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	07/01/2014	TO	07/31/2014

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	775	BCFU/d	******	3	411 ***	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	0.001	0.001	lb/d	******	0.001	0.002	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	894	919	lb/d	******	< 2	2.2	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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 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	DEC 19 2014 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 E.coli result for July 3, 2014 was 411 colony forming units per 100 milliliters (cfu/100mL) which exceeded the daily maximum concentration of 88 cfu/100mL. The required notifications were made and the 5-day report submitted for the exceedance.

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

REVISED

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 07/01/2014 TO MM/DD/YYYY 07/31/2014

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	2136	2372	lb/d	******	5	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	50	223	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	2,576	2,943	lb/d	******	6	7	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.180	1.180	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	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.	(505) 873-7072	DEC 1 9 2014
	Charles A. Leder 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

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)

REVISED

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. FT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2014	TO	06/30/2014

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	5	14	BCFU/d	******	< 3	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	0.001	0.001	lb/d	******	0.002	0.002	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	825	866	lb/d	******	< 2	2.2	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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 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	DEC 19 2014 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

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

REVISED

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 06/01/2014 TO MM/DD/YYYY 06/30/2014

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	2170	2483	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	34	124	lb/d	******	< 0.1	0.3	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	2,683	3,216	lb/d	******	7	8	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.522	0.522	lb/d	******	0.001	0.001	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	******	******	*****	48	48	49 *	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	DEC 19 2014 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

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

REVISED

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	05/01/2014	TO 05/31/2014

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	19	BCFU/d	******	< 4	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	0.001	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	886	941	lb/d	******	< 2	2.3	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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	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 Division Manager, Plant Operations TYPED OR PRINTED		Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE	NUMBER	DEC 1 9 2014 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

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

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 05/01/2014 TO MM/DD/YYYY 05/31/2014

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	******	******	*****	6.7	******	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	2670	3117	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	81	201	lb/d	******	0.2	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	3,140	4,022	lb/d	******	8	10	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.120	1.120	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	******	******	*****	48	48	49 *	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	DEC 19 2014 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

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

REVISED

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	04/01/2014	TO	04/30/2014

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	4	20	BCFU/d	******	< 2	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	0.001	0.001	lb/d	******	0.001	0.002	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	810	825	lb/d	******	< 2	2.0	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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
61011 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	65 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
Charles Leder Division Manager, Plant Operations TYPED OR PRINTED		Charles S. Leder	(505) 873-7072		DEC 19 2014
			AREA CODE	NUMBER	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

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

REVISED

DMR Mailing ZIP CODE: 87105
MAJOR

NM0022250 — PERMIT NUMBER
001-A — 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
FROM 04/01/2014 (MM/DD/YYYY) TO 04/30/2014 (MM/DD/YYYY)

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	******	******	*****	8	******	******	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	5 MO AV MIN	******	******	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	******	******	*****	6.7	******	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	1526	1591	lb/d	******	4	4	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	42	140	lb/d	******	0.1	0.3	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	3,198	4,428	lb/d	******	8	11	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,506 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.617	0.617	lb/d	******	0.001	0.001	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	******	******	*****	49	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 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	DEC 19 2014 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

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

REVISED

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. FT.
ATTN: CHARLES S. LEDER, P.E. DIVISION MANAGER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	03/01/2014	TO 03/31/2014

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	3	10	BCFU/d	******	< 2	5	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	989	1,220	lb/d	******	< 2	3.0	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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 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	DEC 19 2014 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

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

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
FROM MM/DD/YYYY 03/01/2014 TO MM/DD/YYYY 03/31/2014

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	******	******	*****	6.7	******	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	1961	2931	lb/d	******	5	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	32	66	lb/d	******	< 0.1	0.2	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	3,174	4,307	lb/d	******	8	10	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.764	0.764	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	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
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	DEC 19 2014 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

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

REVISED

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	02/01/2014	TO	02/28/2014

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	8	21	BCFU/d	******	< 3	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	0.001	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	1,082	1,226	lb/d	******	< 3	3.0	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 30DA AVG	Req. Mon. 7 DA AVG	lb/d	******	15 30DA AVG	22.6 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 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	DEC 19 2014 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

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

REVISED

DMR Mailing ZIP CODE: 87105
MAJOR

NM0022250 — PERMIT NUMBER
001-A — 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 FROM 02/01/2014 TO MM/DD/YYYY 02/28/2014

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	******	******	*****	8	******	******	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	5 MO AV MIN	******	******	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	******	******	*****	6.7	******	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	2644	3314	lb/d	******	6	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	34	178	lb/d	******	< 0.1	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	3,002	3,717	lb/d	******	7	9	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.137	1.137	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	50	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

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	DEC 19 2014 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

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

REVISED

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	01/01/2014	TO	01/31/2014

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	25	BCFU/d	******	6	13	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	0.004	µg/L	0	WEEKLY	24HC
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	0.005 30DA AVG	0.008 DAILY MX	lb/d	******	0.006 30DA AVG	0.012 DAILY MX	µg/L		WEEKLY	COMP24
BOD, carbonaceous, 05 day, 20 C	SAMPLE MEASUREMENT	1,551	1,891	lb/d	******	4	4.6	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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 S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE NUMBER	DEC 19 2014 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

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

REVISED

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	01/01/2014	TO	01/31/2014

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	******	******	*****	6.7	******	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	3902	4607	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	124	491	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	3,524	5,570	lb/d	******	9	14	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	16 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.365	1.365	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	******	******	*****	49	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 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	DEC 19 2014 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

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

REVISED

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	9	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	1,154	1,250	lb/d	******	< 3	< 3.0	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	8,508 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 S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE / NUMBER	DEC 19 2014 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 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 and the 5-day report was submitted for the exceedance.

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

REVISED

DMR Mailing ZIP CODE: 87105
MAJOR

NM0022250 — PERMIT NUMBER
001-A — 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
FROM MM/DD/YYYY 12/01/2013 TO MM/DD/YYYY 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	******	******	*****	8.6	******	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	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	3,022	3,544	lb/d	******	7	8	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	8,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.534	1.534	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 A. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE / NUMBER	DEC 19 2014 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

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

REVISED

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 11/01/2013 TO MM/DD/YYYY 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	18	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	1,162	lb/d	******	< 2	< 2.8	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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 S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE	NUMBER	DEC 19 2014 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

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

REVISED

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
MM/DD/YYYY FROM 11/01/2013 TO MM/DD/YYYY 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			
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	3,507	4,804	lb/d	******	8	11	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.946	0.946	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	DEC 1 9 2014 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

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

REVISED

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	17	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	9,508 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 S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE / NUMBER	DEC 19 2014 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

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

REVISED

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			
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	3,613	4,225	lb/d	******	9	10	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.653	1.653	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 A. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE / NUMBER	DEC 19 2014 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

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

REVISED

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	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			
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	14	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	1,009	lb/d	******	< 2	< 2.4	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	1,508 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	******	******	******	89	******	******	%	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 S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE NUMBER	DEC 19 2014 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 Colorimeter 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.

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

REVISED

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 09/01/2013 TO MM/DD/YYYY 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	2	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	3,085	3,917	lb/d	******	7	9	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	8,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.456	1.456	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
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	DEC 19 2014
	Charles S. Leder 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

** These exceedances were due to a power outage on September 25, 2013 which resulted in an upset.

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)

REVISED

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	08/01/2013	TO	08/31/2013

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	6	138	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	880	lb/d	******	< 2	< 2.0	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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	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 Division Manager, Plant Operations TYPED OR PRINTED		Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE	NUMBER	DEC 19 2014 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

*** 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

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 08/01/2013 TO MM/DD/YYYY 08/31/2013

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	******	7.6	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	3,052	3,628	lb/d	******	7	8	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,506 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.488	1.488	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 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	DEC 19 2014 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

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

REVISED

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	07/01/2013	TO 07/31/2013

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	8	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	9,508 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	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 Division Manager, Plant Operations TYPED OR PRINTED		Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE	NUMBER	DEC 19 2014 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

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

REVISED

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	07/01/2013	TO 07/31/2013

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	******	******	*****	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	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	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	3,161	3,759	lb/d	******	7	9	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,506 DAILY MX	lb/d		10 30DA AVG	16 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	2.069	2.069	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 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	DEC 19 2014 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

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

REVISED

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			
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	8	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	9,508 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 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	DEC 19 2014 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 E.coli result for June 22, 2013 was 119 colony forming units per 100 milliliters (cfu/100mL) which exceeded the daily maximum concentration of 88 cfu/100mL. The required notifications were made and the 5-day report submitted for the exceedance.

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

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 06/01/2013 TO MM/DD/YYYY 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			
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	2756	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	695	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	3,564	4,529	lb/d	******	9	11	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.431	1.431	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
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

TELEPHONE
(505) 873-7072
AREA CODE | NUMBER

DATE
DEC 19 2014
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

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

REVISED

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	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			
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	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	******	0.008	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	1,465	2,187	lb/d	******	3	4.9	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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	DEC 19 2014 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

*** 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)

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

REVISED

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
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			
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	3,731	6,286	lb/d	******	9	14	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,008 30DA AVG	9,008 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	3.648	3.648	lb/d	******	0.006	0.006	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

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	DEC 19 2014 MM/DD/YYYY

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

*** The Ammonia total (as N) for May 6, 2013 was 1.6 milligrams per liter (mg/L) which exceeded the daily maximum concentration of 1.5 mg/L. The required notifications were made and the 5-day report was submitted for the exceedance.

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)

REVISED

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	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			
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	8	18	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	1,557	1,826	lb/d	******	3	4.0	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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 Division Manager, Plant Operations TYPED OR PRINTED		Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE / NUMBER	DEC 19 2014 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

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

REVISED

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	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	3,558	5,923	lb/d	******	8	13	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	5.792	5.792	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 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	DEC 19 2014 MM/DD/YYYY

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.

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

REVISED

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	5	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	1,107	1,289	lb/d	******	2	2.8	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	8,508 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	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 Division Manager, Plant Operations TYPED OR PRINTED		Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE / NUMBER	DEC 19 2014 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

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

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
MM/DD/YYYY FROM 03/01/2013 TO MM/DD/YYYY 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	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	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	3,698	4,650	lb/d	******	6	10	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.892	0.892	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 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	DEC 19 2014 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

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

REVISED

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 02/01/2013 TO MM/DD/YYYY 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			
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	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	1,290	1,660	lb/d	******	3	3.7	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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 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	DEC 19 2014 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

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

REVISED

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 FROM 02/01/2013 TO MM/DD/YYYY 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	841	lb/d	******	0.4	1.4	mg/L	0	DAILY	24 HC
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	834 30DA AVG	951 DAILY MX	lb/d	******	1.0 30DA AVG	1.5 DAILY MX	mg/L		DAILY	COMP24
Nitrogen, inorganic total	SAMPLE MEASUREMENT	3,017	4,182	lb/d	******	7	9	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.832	1.832	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	******	******	*****	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 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	DEC 19 2014 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

REVISED

PERMITTEE NAME/ADDRESS
(Include Facility Name/Location if different)
NAME: ABCWUA
ADDRESS: 4201 2ND 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 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	******	******	*****	8	******	******	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	5 MO AV MIN	******	******	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	******	******	*****	8.9	******	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	3,516	4,919	lb/d	******	8	11	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,506 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.542	0.542	lb/d	******	0.001	0.001	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 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

TELEPHONE: (505) 873-7072
AREA CODE / NUMBER

DATE: DEC 19 2014
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

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

REVISED

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	12	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	0.008	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	1,277	1,353	lb/d	******	3	3.0	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE (505) 873-7072	DATE DEC 1 9 2014
Charles Leder Division Manager, Plant Operations TYPED OR PRINTED		Charles S. Leder	AREA CODE / NUMBER	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

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

REVISED

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

OMR Mailing ZIP CODE: 87106
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	12/01/2012	TO 12/31/2012

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	43	BCFU/d	******	7	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	0.002	0.003	lb/d	******	0.004	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	1,230	1,602	lb/d	******	3	3.4	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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 Division Manager, Plant Operations TYPED OR PRINTED		Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE	NUMBER	DEC 19 2014 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

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

REVISED

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
FROM 12/01/2012 (MM/DD/YYYY) TO 12/31/2012 (MM/DD/YYYY)

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	3449	3936	lb/d	******	8	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	115	312	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	3,722	4,673	lb/d	******	8	10	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	8,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.192	1.192	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	******	******	*****	55	55	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 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	DEC 19 2014 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

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

REVISED

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	11/01/2012	TO	11/30/2012

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	35	BCFU/d	******	8	16	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	0.004	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	1,235	1,458	lb/d	******	3	3.0	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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	******	******	******	97	******	******	%	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	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE AREA CODE	NUMBER	DATE MM/DD/YYYY
Charles Leder Division Manager, Plant Operations TYPED OR PRINTED		Charles S. Leder	(505)	873-7072	DEC 19 2014

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

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

REVISED

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
FROM MM/DD/YYYY 10/01/2012 TO MM/DD/YYYY 10/31/2012

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	******	7.0	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	5335	5715	lb/d	******	11	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	189	545	lb/d	******	0.4	1.1	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	3,577	4,282	lb/d	******	7	9	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	2.276	2.276	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	******	******	*****	60	60	61 *	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	DEC 19 2014 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

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

REVISED

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	10/01/2012	TO 10/31/2012

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	37	BCFU/d	******	8	16	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	0.004	0.006	lb/d	******	0.008	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	1,261	1,371	lb/d	******	3	2.7	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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 Division Manager, Plant Operations TYPED OR PRINTED		Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE / NUMBER	DEC 19 2014 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

*** Mercury result from Oct 5, 2012 was blank corrected per EPA Method 1631 Implementation Guidance (EPA 821-R-01-023).

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

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 11/01/2012 (MM/DD/YYYY) TO 11/30/2012 (MM/DD/YYYY)

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	******	7.0	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	4336	5388	lb/d	******	9	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	79	223	lb/d	******	0.2	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	3,608	4,712	lb/d	******	8	10	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	2.422	2.422	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	******	******	*****	58	58	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
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	DEC 19 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here

*MAXIMUM DAILY AVERAGE FLOW

ALBUQUERQUE, New Mexico
871065629
3401500119-0096
12/19/2014 (800)275-8777 05:17:24 PM

Sales Receipt

Product Description	Sale Qty	Unit Price	Final Price
ISLETA NM 87022 Zone-1 First-Class Mail Large Env 1.10 oz. Expected Delivery: Mon 12/22/14			$1.19
Issue Postage:			$1.19
Postage Line Item Void			-$1.19
DALLAS TX 75202 Zone-4 First-Class Mail Large Env 1.00 oz. Expected Delivery: Tue 12/23/14			$0.98
Issue Postage:			$0.98
ISLETA NM 87022 Zone-1 First-Class Mail Large Env 1.00 oz. Expected Delivery: Mon 12/22/14			$0.98
Issue Postage:			

U.S. Postal Service Signature Confirmation Receipt

SIGNATURE CONFIRMATION NUMBER:
2308 0440 0000 3620 3199

Gladys Gooden-Jackson
USEPA REGION 6
1445 Ross Avenue
Suite 1200
Mail Code: 6EN
Dallas, TX 75202-2733

Postmark Here
DEC 30 2014
ALBUQUERQUE NM

paid before mailing.

POSTAL CUSTOMER:
Keep this receipt. For Inquiries Access Internet web site at www.usps.com®
or call 1-800-222-1811

[X] Priority Mail™ Service
[ ] First-Class Mail® parcel
[ ] Package Services parcel

PS Form 155, January 2005 (See Reverse)

USPS.COM

USPS Tracking™

Customer Service ›
Have questions? We're here to help.

Tracking Number: 23080440000036203199

On Time
Expected Delivery Day: Monday, December 22, 2014
Signed for By: D FAULKER // DALLAS, TX 75202 // 11:26 am

Product & Tracking Information

Postal Product:
Priority Mail 2-Day™

Features:
Signature Confirmation™
Up to $50 insurance included
Restrictions Apply

DATE & TIME	STATUS OF ITEM	LOCATION
December 22, 2014 , 11:26 am	Delivered	DALLAS, TX 75202

Your item was delivered at 11:26 am on December 22, 2014 in DALLAS, TX 75202. The item was signed for by D FAULKER.

December 22, 2014 , 8:42 am	Arrived at Post Office	DALLAS, TX 75201
December 22, 2014 , 4:34 am	Departed USPS Facility	DALLAS, TX 75260
December 21, 2014 , 7:53 am	Arrived at USPS Facility	DALLAS, TX 75260
December 20, 2014 , 3:23 am	Departed USPS Facility	ALBUQUERQUE, NM 87121
December 20, 2014 , 1:00 am	Arrived at USPS Origin Facility	ALBUQUERQUE, NM 87121
December 19, 2014 , 5:16 pm	Departed Post Office	ALBUQUERQUE, NM 87106
December 19, 2014 , 5:16 pm	Acceptance	ALBUQUERQUE, NM 87106

Available Actions

Proof of Delivery

Text Updates

Email Updates

Track Another Package

Tracking (or receipt) number

Track It

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

Form Approved
OMB No. 2040-0004

NM 022250

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	10/01/2014	TO 10/31/2014

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	2630	3375	lb/d	******	6	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	57	173	lb/d	******	< 0.1	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	2942	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	1.489	1.489	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	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	11/10/2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here

*MAXIMUM DAILY AVERAGE FLOW

SLLA - NR ??

Received
NOV 17 2014
GEN-W

030315

Albuquerque Bernalillo County
Water Utility Authority

PO Box 568
Albuquerque, NM 87103-0568
505-768-2500
www.abcwua.org

Chair
Klarissa J. Peña
City of Albuquerque
Councilor, District 3

Vice Chair
Maggie Hart Stebbins
County of Bernalillo
Commissioner, District 3

Richard J. Berry
City of Albuquerque
Mayor

Art De La Cruz
County of Bernalillo
Commissioner, District 2

Rey Garduño
City of Albuquerque
Councilor, District 6

Trudy E. Jones
City of Albuquerque
Councilor, District 8

Debbie O'Malley
County of Bernalillo
Commissioner, District 1

Ex-Officio Member
Pablo R. Rael
Village of Los Ranchos
Board Trustee

Executive Director
Mark S. Sanchez

Website
www.abcwua.org

December 19, 2014

Ms. Gladys Gooden-Jackson
Water Enforcement Branch (6EN-WC)
US EPA, Region 6
1445 Ross Avenue, Suite 1200
Dallas, TX 75202 2733

Via USPS Priority Mail: Signature Confirmation Receipt

SUBJECT: NPDES Permit No. NM0022250 -- Discharge Monitoring Reports for October 2012 through October 2014 - REVISED

Dear Ms. Gooden-Jackson:

Please find attached the revised Albuquerque Bernalillo County Water Utility (Water Authority) Discharge Monitoring Reports (DMRs) for the Southside Water Reclamation Plant (SWRP) for the months of October 2012 through October 2014. The Water Authority submits these revised DMRs to:

- Reflect the modified loading limitations for carbonaceous BOD and Total Inorganic Nitrogen that were included in the modification to NPDES Permit No. NM0022250 dated December 1, 2014.
- Correct the 30-day Geomean loading result for E. coli.
- Modify or add the explanation for a violation regarding permit exceedances previously reported in the May 2013, June 2013, September 2013, and December 2013 DMRs.
- Remove the less than sign ("<") before the result reported for the Daily Maximum concentration for Ammonia, total (as N) in the November 2013 DMR.

If there are any questions regarding these revised reports, please contact me at (505) 331-6021.

Respectfully submitted,

Charles S. Leder

Charles S. Leder, P.E.
Plant Operations Division Manager

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

REVISED

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2012	TO	10/31/2012

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	******	7.0	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	[illegible]	5715	lb/d	******	11	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	189	545	lb/d	******	0.4	1.1	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	3,577	4,262	lb/d	******	7	9	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	2.276	2.276	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	******	******	*****	60	60	61 *	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.	(505) 873-7072	DEC 19 2014
	Charles S. Leder 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
DEC 22 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 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	10/01/2012	TO	10/31/2012

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	19	37	BCFU/d	******	8	16	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	0.004	0.006	lb/d	******	0.008	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	1,261	1,371	lb/d	******	3	2.7	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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 S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072		DEC 19 2014
			AREA CODE	NUMBER	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

*** Mercury result from Oct 5, 2012 was blank corrected per EPA Method 1631 Implementation Guidance (EPA 821-R-01-023).

Received
DEC 22 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

REVISED

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2012	TO	11/30/2012

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	******	7.0	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	4336	5388	lb/d	******	9	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	79	223	lb/d	******	0.2	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	3,808	4,712	lb/d	******	8	10	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	2.422	2.422	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	******	******	*****	58	58	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
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	DEC 19 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here

*MAXIMUM DAILY AVERAGE FLOW

Received
DEC 22 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)

REVISED

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	11/01/2012	TO	11/30/2012

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	35	BCFU/d	******	8	16	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	0.004	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	1,235	1,458	lb/d	******	3	3.0	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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	******	******	******	97	******	******	%	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 S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE	NUMBER	DEC 19 2014 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
DEC 22 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

REVISED

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	12/01/2012	TO	12/31/2012

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	3449	3936	lb/d	******	8	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	115	312	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	3,722	4,673	lb/d	******	8	10	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.192	1.192	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	******	******	*****	55	55	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 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	DEC 19 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here

*MAXIMUM DAILY AVERAGE FLOW

Received
DEC 23 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)

REVISED

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	12/01/2012	TO 12/31/2012

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	43	BCFU/d	******	7	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	0.002	0.003	lb/d	******	0.004	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	1,230	1,602	lb/d	******	3	3.4	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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	DEC 19 2014 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
DEC 22 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

REVISED

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

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	******	******	*****	6.9	******	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	3,515	4,919	lb/d	******	8	11	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.542	0.542	lb/d	******	0.001	0.001	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 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	DEC 19 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here

*MAXIMUM DAILY AVERAGE FLOW

Received
DEC 22 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)

REVISED

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	12	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	1,277	1,353	lb/d	******	3	3.0	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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 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	DEC 19 2014 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
DEC 22 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

REVISED

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	3,017	4,182	lb/d	******	7	9	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.632	1.632	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	******	******	*****	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 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	DEC 19 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here

*MAXIMUM DAILY AVERAGE FLOW

Received
DEC 22 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)

REVISED

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	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			
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	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	1,290	1,660	lb/d	******	3	3.7	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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 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	DEC 19 2014 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
DEC 22 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

REVISED

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	03/01/2013	TO	03/31/2013

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	******	******	*****	6.9	******	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	3,698	4,650	lb/d	******	8	10	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.892	0.892	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 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	DEC 19 2014
	Charles S. Leder 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
DEC 22 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)

REVISED

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	5	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	1,107	1,289	lb/d	******	2	2.8	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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 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	DEC 19 2014 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
DEC 22 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

REVISED

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	3,558	5,923	lb/d	******	8	13	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d	******	10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	5.792	5.792	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

Received
DEC 22 2014
6EN-W

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	DEC 19 2014 MM/DD/YYYY

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.

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 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	8	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	1,557	1,826	lb/d	******	3	4.0	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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 S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE / NUMBER	DEC 19 2014 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
DEC 22 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

REVISED

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

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	******	******	*****	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	3,731	6,286	lb/d	******	9	14	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	3.648	3.648	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

Received
DEC 22 2014
6EN-W

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	DEC 19 2014 MM/DD/YYYY

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

*** The Ammonia total (as N) for May 6, 2013 was 1.6 miligrams per liter (mg/L) which exceeded the daily maximum concentration of 1.5 mg/L. The required notifications were made and the 5-day report was submitted for the exdeedance.

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 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	05/01/2013	TO	05/31/2013

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	15	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	1,465	2,187	lb/d	******	3	4.9	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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	DEC 19 2014 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

*** Mercury result for May 15, 2013 was blank corrected per EPA Method 1631 Implementation Guidance (EPA 821-R-01-023).

Received
DEC 22 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

REVISED

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	3,564	4,529	lb/d	******	9	11	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.431	1.431	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

Received
DEC 22 2014
6EN-W

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	DEC 19 2014 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

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

REVISED

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	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	8	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	9,508 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	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 Division Manager, Plant Operations TYPED OR PRINTED		Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE	NUMBER	DEC 19 2014 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 E.coli result for June 22, 2013 was 119 colony forming units per 100 milliliters (cfu/100mL) which exceeded the daily maximum concentration of 88 cfu/100mL. The required notifications were made and the 5-day report submitted for the exceedance.

Received
DEC 22 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

REVISED

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	07/01/2013	TO	07/31/2013

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	******	******	*****	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	3,161	3,759	lb/d	******	7	9	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	2.069	2.069	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

Received
DEC 22 2014
GEN-W

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	DEC 19 2014 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

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

REVISED

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	07/01/2013	TO	07/31/2013

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	8	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	9,508 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	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 Division Manager, Plant Operations TYPED OR PRINTED		Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE	NUMBER	DEC 19 2014 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
DEC 22 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

REVISED

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	08/01/2013	TO	09/31/2013

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	******	******	*****	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	3,052	3,626	lb/d	******	7	8	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d	******	10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.466	1.466	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

Received
DEC 22 2014
CEN W

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	DEC 19 2014 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

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

REVISED

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	08/01/2013	TO 08/31/2013

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	6	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	9,508 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 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	DEC 19 2014 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

*** 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.

Received
DEC 22 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

REVISED

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	2	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	3,065	3,917	lb/d	******	7	9	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.456	1.456	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
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	DEC 19 2014
	Charles S. Leder 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

** These exceedances were due to a power outage on September 25, 2013 which resulted in an upset.

Received
DEC 22 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 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	14	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	1,009	lb/d	******	< 2	< 2.4	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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 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	DEC 19 2014 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 Colorimeter 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.

Received
DEC 22 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

REVISED

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	3,613	4,225	lb/d	******	9	10	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.653	1.653	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 A. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE / NUMBER	DEC 19 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here

*MAXIMUM DAILY AVERAGE FLOW

Received
DEC 22 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 SECOND ST SW
ALBUQUERQUE, NM 87105

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

REVISED

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			
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	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	9,508 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 S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE / NUMBER	DEC 19 2014 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
DEC 22 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

REVISED

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	3,507	4,604	lb/d	******	8	11	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.946	0.946	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.	(505) 873-7072	DEC 19 2014
	Charles S. Leder 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
DEC 22 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

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

REVISED

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			
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	18	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	1,162	lb/d	******	< 2	< 2.8	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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 Division Manager, Plant Operations TYPED OR PRINTED		Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE	NUMBER	DEC 19 2014 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
DEC 22 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

REVISED

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	******	******	*****	6.8	******	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	3,022	3,544	lb/d	******	7	9	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.534	1.534	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	DEC 19 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here

*MAXIMUM DAILY AVERAGE FLOW

Received
DEC 22 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 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	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			
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	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	1,154	1,250	lb/d	******	< 3	< 3.0	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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 S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE	NUMBER	DEC 19 2014 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 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 and the 5-day report was submitted for this exceedance.

Received
DEC 22 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

REVISED

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	01/01/2014	TO 01/31/2014

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	******	******	*****	6.7	******	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	3902	4607	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	124	491	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	3,524	5,570	lb/d	******	9	14	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d	******	10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.365	1.365	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	******	******	*****	49	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

Received
DEC 22 2014
6EN-W

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	DEC 19 2014 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

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

REVISED

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	01/01/2014	TO	01/31/2014

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	25	BCFU/d	******	6	13	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	0.004	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	1,551	1,891	lb/d	******	4	4.6	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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 Division Manager, Plant Operations TYPED OR PRINTED		Charles A. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE	NUMBER	DEC 19 2014 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
DEC 22 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

REVISED

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	02/01/2014	TO	02/28/2014

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	******	******	*****	6.7	******	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	2644	3314	lb/d	******	6	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	34	178	lb/d	******	< 0.1	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	3,002	3,717	lb/d	******	7	9	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.137	1.137	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	50	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 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	DEC 19 2014
	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
DEC 22 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)

REVISED

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	02/01/2014	TO	02/28/2014

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	6	21	BCFU/d	******	< 3	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	0.001	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	1,082	1,226	lb/d	******	< 3	3.0	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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	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 Division Manager, Plant Operations		Charles A. Leder	(505) 873-7072		DEC 19 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) **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
DEC 22 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

REVISED

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	03/01/2014	TO	03/31/2014

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	******	******	*****	6.7	******	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	1961	2931	lb/d	******	5	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	32	66	lb/d	******	< 0.1	0.2	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	3,174	4,307	lb/d	******	8	10	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.764	0.764	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	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
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	DEC 19 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here

*MAXIMUM DAILY AVERAGE FLOW

Received
DEC 22 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)

REVISED

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	03/01/2014	TO	03/31/2014

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	3	10	BCFU/d	******	< 2	5	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	989	1,220	lb/d	******	< 2	3.0	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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 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	DEC 19 2014 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
DEC 22 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

REVISED

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	04/01/2014	TO 04/30/2014

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	******	******	*****	6.7	******	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	1526	1591	lb/d	******	4	4	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	42	140	lb/d	******	0.1	0.3	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	3,198	4,428	lb/d	******	8	11	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.617	0.617	lb/d	******	0.001	0.001	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	******	******	*****	49	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 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	DEC 19 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here

*MAXIMUM DAILY AVERAGE FLOW

Received
DEC 22 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)

REVISED

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	04/01/2014	TO	04/30/2014

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	4	20	BCFU/d	******	< 2	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	0.001	0.001	lb/d	******	0.001	0.002	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	810	825	lb/d	******	< 2	2.0	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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 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	DEC 19 2014 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
DEC 22 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

REVISED

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	05/01/2014	TO	05/31/2014

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	******	******	*****	6.7	******	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	2670	3117	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	81	201	lb/d	******	0.2	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	3,140	4,022	lb/d	******	8	10	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.120	1.120	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	******	******	*****	48	48	49 *	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	DEC 19 2014 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

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

REVISED

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	05/01/2014	TO	05/31/2014

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	19	BCFU/d	******	< 4	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	0.001	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	866	941	lb/d	******	< 2	2.3	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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	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 Division Manager, Plant Operations TYPED OR PRINTED		Charles S. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE	NUMBER	DEC 19 2014 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
DEC 22 2014
GEN-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

REVISED

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	06/01/2014	TO	06/30/2014

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	2170	2483	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	34	124	lb/d	******	< 0.1	0.3	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	2,683	3,216	lb/d	******	7	8	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d	******	10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.522	0.522	lb/d	******	0.001	0.001	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	******	******	*****	48	48	49 *	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

Received
DEC 22 2014
GRN-W

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	DEC 19 2014 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

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

REVISED

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	06/01/2014	TO	06/30/2014

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	5	14	BCFU/d	******	< 3	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	0.001	0.001	lb/d	******	0.002	0.002	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	825	866	lb/d	******	< 2	2.2	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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 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	DEC 19 2014 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
DEC 22 2014
GEN-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

REVISED

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2014	TO	07/31/2014

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	2136	2372	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	50	223	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	2,576	2,943	lb/d	******	6	7	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.180	1.180	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	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	DEC 19 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here

*MAXIMUM DAILY AVERAGE FLOW

Received
DEC 22 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)

REVISED

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	07/01/2014	TO 07/31/2014

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	775	BCFU/d	******	3	411 ***	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	0.001	0.001	lb/d	******	0.001	0.002	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	894	919	lb/d	******	< 2	2.2	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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 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	DEC 19 2014 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 E.coli result for July 3, 2014 was 411 colony forming units per 100 milliliters (cfu/100mL) which exceeded the daily maximum concentration of 88 cfu/100mL. The required notifications were made and the 5-day report submitted for the exceedance.

Received
DEC 22 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

REVISED

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	08/01/2014	TO 08/31/2014

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	******	7.2	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	2402	2687	lb/d	******	6	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	55	197	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	2,978	3,655	lb/d	******	7	9	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.445	1.445	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	******	******	*****	51	51	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 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	DEC 19 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here

*MAXIMUM DAILY AVERAGE FLOW

Received
DEC 22 2014
GEN-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)

REVISED

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	08/01/2014	TO 08/31/2014

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	10	203	BCFU/d	******	< 5	104 ***	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	0.001	0.001	lb/d	******	0.002	0.002	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	850	1,038	lb/d	******	< 2	2.4	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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 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	DEC 19 2014 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 E.coli result for August 12, 2014 was 104 colony forming units per 100 milliliters (cfu/100mL) which exceeded the daily maximum concentration of 88 cfu/100mL. The required notifications were made and the 5-day report submitted for the exceedance.

Received
DEC 22 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

REVISED

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2014	TO	09/30/2014

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	******	******	*****	6.7	******	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	2136	2431	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	49	167	lb/d	******	0.1	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	3,219	4,521	lb/d	******	8	10	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.892	0.892	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	******	******	*****	51	51	54 *	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	DEC 19 2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here

*MAXIMUM DAILY AVERAGE FLOW

Received
DEC 22 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

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

REVISED

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	09/01/2014	TO	09/30/2014

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	10	53	BCFU/d	******	5	28	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	0.002	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	887	941	lb/d	******	< 2	2.2	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE AREA CODE	TELEPHONE NUMBER	DATE MM/DD/YYYY
Charles Leder Division Manager, Plant Operations TYPED OR PRINTED		Charles S. Leder	(505)	873-7072	DEC 19 2014

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
DEC 22 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

REVISED

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2014	TO	10/31/2014

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	2630	3375	lb/d	******	6	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	57	173	lb/d	******	< 0.1	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	2,942	3,626	lb/d	******	7	9	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	1.489	1.489	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	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	DEC 19 2014 MM/DD/YYYY

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

Received
DEC 22 2014
CIN-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)

REVISED

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	10/01/2014	TO	10/31/2014

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	43	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	0.001	lb/d	******	0.001	0.002	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	979	1,059	lb/d	******	< 2	2.5	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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 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	DEC 19 2014 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
DEC 22 2014
6EN-W

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

Form Approved
OMB No. 2040-0004

22250

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	12/01/2014	TO	12/31/2014

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	******	******	*****	7	******	******	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	*****	5 MO AV MIN	******	******	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	******	******	*****	6.7	******	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	5142	7897	lb/d	******	13	19	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	55	278	lb/d	******	0.1	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	3,156	4,006	lb/d	******	8	10	mg/L	0	DAILY	24HC
00640 1 0 Effluent Gross	PERMIT REQUIREMENT	6,338 30DA AVG	9,508 DAILY MX	lb/d		10 30DA AVG	15 DAILY MX	mg/L		DAILY	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.826	0.826	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	******	******	*****	49	49	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 A. Leder SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(505) 873-7072 AREA CODE / NUMBER	01/07/2015 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here

*MAXIMUM DAILY AVERAGE FLOW

Received
JAN 14 2015
6EN-W

022015

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	12/01/2014	TO 12/31/2014

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	104	BCFU/d	******	7	54	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	1,384	1,627	lb/d	******	3	4.0	mg/L	0	DAILY	24 HC
80082 1 0 Effluent Gross	PERMIT REQUIREMENT	9,508 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	******	******	******	97	******	******	%	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	01/07/2015 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

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

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
FROM 09/01/2014 (MM/DD/YYYY) TO 09/30/2014 (MM/DD/YYYY)

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	******	******	*****	6.7	******	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	2130	2431	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	49	167	lb/d	******	0.1	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	3219	4521	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	0.892	0.892	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	******	******	*****	51	51	54 *	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	10/09/2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here

*MAXIMUM DAILY AVERAGE FLOW

Received
OCT 14 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

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
FROM MM/DD/YYYY 09/01/2014 TO MM/DD/YYYY 09/30/2014

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	10	53	BCFU/d	******	5	28	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	0.002	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	887	941	lb/d	******	< 2	2.2	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 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	10/09/2014 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
OCT 14 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

PERMIT NUMBER	DISCHARGE NUMBER
NM0022250	TX1-Q

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	10/01/2014	TO	12/31/2014

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

Received
NOV 17 2014
GEN-W

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	11/10/2014 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)

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	10/01/2014	TO	12/31/2014

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	******	******	******	9.73	9.73	******	%	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	******	******	******	7.17	7.17	******	%	0	QUARTERLY	24 HC
	PERMIT REQUIREMENT	******	******	******	Req. Mon 7 DA MIN	Req. Mon. MO AV MN	******	%		QUARTERLY	COMP24

Received
NOV 17 2014
6EN-W

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	11/10/2014
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

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	10/01/2014	TO	12/31/2014

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

Received
NOV 17 2014
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	11/10/2014 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

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	10/01/2014	TO	10/31/2014

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	2630	3375	lb/d	******	6	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	57	173	lb/d	******	< 0.1	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	2942	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	1.489	1.489	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	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	11/10/2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here

*MAXIMUM DAILY AVERAGE FLOW

Received
NOV 17 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

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	10/01/2014	**TO**	10/31/2014

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	17	43	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	0.001	lb/d	******	0.001	0.002	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	979	1059	lb/d	******	< 2	2.5	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 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		11/10/2014
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 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 17 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

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	07/01/2014	**TO**	07/31/2014

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	6.5	775	BCFU/d	******	3	411 ***	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	0.001	0.001	lb/d	******	0.001	0.002	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	894	919	lb/d	******	< 2	2.2	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 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	08/13/2014 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 E. coli result for July 3, 2014 was 411 colony forming units per 100 milliliters (cfu/100mL) which exceeded the daily maximum concentration of 88 cfu/100 mL. The required notifications were made and the 5-day report submitted 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
AUG 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 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	07/01/2014	TO 09/30/2014

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	08/11/2014 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.

Received
AUG 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 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	07/01/2014	TO 09/30/2014

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	******	******	******	4.98	4.98	******	%	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	******	******	******	6.63	6.63	******	%	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	08/11/2014
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)

Received
AUG 15 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	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	07/01/2014	TO 09/30/2014

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		08/11/2014
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

Received
AUG 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 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
PERMIT NUMBER

001-A
DISCHARGE NUMBER

TREATED MUNICIPAL WASTEWATER
EXTERNAL OUTFALL

NO DISCHARGE

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07/01/2014	TO	07/31/2014

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	2136	2372	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	50	223	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	2576	2943	lb/d	******	6	7	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	1.180	1.180	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	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	08/13/2014 MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here

*MAXIMUM DAILY AVERAGE FLOW

Received
AUG 15 2014
6EN-W

Albuquerque Bernalillo County
Water Utility Authority

PO Box 568
Albuquerque, NM 87103-0568
505-768-2500
www.abcwua.org

Chair
Klarissa J. Peña
City of Albuquerque
Councilor, District 3

Vice Chair
Maggie Hart Stebbins
County of Bernalillo
Commissioner, District 3

Richard J. Berry
City of Albuquerque
Mayor

Art De La Cruz
County of Bernalillo
Commissioner, District 2

Rey Garduño
City of Albuquerque
Councilor, District 6

Trudy E. Jones
City of Albuquerque
Councilor, District 8

Debbie O'Malley
County of Bernalillo
Commissioner, District 1

Ex-Officio Member
Pablo R. Rael
Village of Los Ranchos
Board Trustee

Executive Director
Mark S. Sanchez

Website
www.abcwua.org

June 24, 2014

Ms. Hannah Branning
Environmental Specialist
NPDES Compliance Section (6EN-WC)
US EPA, Region 6
1445 Ross Avenue, Suite 1200
Dallas, TX 75202-2733

Via USPS Priority Mail: Signature Confirmation Receipt

SUBJECT: NPDES Permit No. NM0022250 -- Discharge Monitoring Report for Polychlorinated Biphenyl October 1, 2012 - September 2013

Dear Ms. Branning:

Please find attached the Albuquerque Bernalillo County Water Utility (Water Authority) Discharge Monitoring Report (DMR) for Discharge Number 001-T for the Southside Water Reclamation Plant (SWRP) for the monitoring of Polychlorinated Biphenyls (PCBs).

Per the requirements in Part I, Section A of the permit, the Water Authority monitored for PCBs in September 2013, within the first year of the permit. The results were submitted with Discharge Monitoring Report (DMR) 001-A and Discharge Monitoring Reports for SWRP Overflows and Collection System Sanitary Sewer Overflows on October 15, 2013.

If there are any questions regarding this report, please contact me at (505) 331-6021.

Respectfully submitted,

Charles S. Leder, P.E.
Plant Operations Division Manager

Received
JUN 26 2014
6EN-W

Cc: Bruce Yurdin, NMED/SWQB Program Manager
John Stomp III, P.E., Chief Operating Officer
Eddie Paul Torres Sr, Governor, Pueblo of Isleta
Ramona Montoya, Environment Division Manager, Pueblo of Isleta

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 UTILI
ADDRESS: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105
FACILITY: ALBUQUERQUE BERNALILLO COUNTY WATER UTILITY AUTHOI
LOCATION: SOUTHSIDE WATER RECLAM. PT.
ALBUQUERQUE, NM 87105

ATTN: Charles S. Leder -PLANT MGR.

PERMIT NUMBER	DISCHARGE NUMBER
NM0022250	001-T

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2012	9/30/2013

DMR Mailing ZIP CODE: 87105
MAJOR

ONCE PER PERMIT TERM
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			
Polychlorinated biphenyls [PCBs]	SAMPLE MEASUREMENT	******	0.000259	lb/d	******	******	6.03×10^{-8}	mg/L	0	1/5Y	24HC
39516 1 0 Effluent Gross	PERMIT REQUIREMENT	******	Req. Mon. DAILY MX	lb/d	******	******	Req. Mon. DAILY MX	mg/L		Once Per Permit Term	COMP24

Received
JUN 26 2014
6EN-W

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	505-331-6021		6/24/14
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)

PCB TESTING SHALL BE ONE TIME DURING THE FIRST 12-MONTHS AFTER THE PERMIT EFFECTIVE DATE.

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	06/01/2014	**TO** 06/30/2014

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	2170	2483	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	34	124	lb/d	******	< 0.1	0.3	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	2683	3216	lb/d	******	7	8	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	0.522	0.522	lb/d	******	0.001	0.001	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	******	******	*****	48	48	49 *	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	07/14/2014 MM/DD/YYYY

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

Received
JUL 16 2014
6EN-W

082514

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	06/01/2014	**TO**	06/30/2014

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**	6	14	BCFU/d	******	< 3	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**	0.001	0.001	lb/d	******	0.002	0.002	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**	825	866	lb/d	******	< 2	2.2	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	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		07/14/2014
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 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
JUL 16 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

NO DISCHARGE ☐

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	03/01/2014	TO 03/31/2014

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	******	******	*****	6.7	******	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	1961	2931	lb/d	******	5	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	32	66	lb/d	******	< 0.1	0.2	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	3174	4307	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	0.764	0.764	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	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
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		04/08/2014
			AREA CODE	NUMBER	MM/DD/YYYY

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

Received
APR 14 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	03/01/2014	TO 03/31/2014

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	4	10	BCFU/d	******	< 2	5	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	989	1220	lb/d	******	< 2	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

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	04/08/2014 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
APR 14 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

TREATED MUNICIPAL WASTEWATER
EXTERNAL OUTFALL

NM0022250	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	02/01/2014	TO 02/28/2014

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	******	******	*****	6.7	******	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	2644	3314	lb/d	******	6	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	34	178	lb/d	******	< 0.1	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	3002	3717	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	******	******	*****	50	50	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 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	03/10/2014 MM/DD/YYYY

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

Received
MAR 13 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	02/01/2014	TO 02/28/2014

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	21	BCFU/d	******	< 3	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	0.001	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	1082	1226	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

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	Charles S. Leder	(505) 873-7072	03/10/2014
Division Manager, Plant Operations	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

*** 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
MAR 13 2014
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

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	02/01/2014	TO	02/28/2014

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	------	------	-----	8	------	------	mg/L	0	DAILY	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	------	------	-----	5 MO AV MIN	------	------	mg/L		DAILY	GRAB
pH	SAMPLE MEASUREMENT	------	------	-----	6.7	------	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	2844	3314	lb/d	------	6	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	34	178	lb/d	------	< 0.1	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	3002	3717	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	1.14	1.14	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	50	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

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 Division Manager, Plant Operations		Charles S. Leder	(505) 873-7072	4-15-14
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

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	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	01/01/2014	TO	03/31/2014

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	02/12/2014
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.

Received
FEB 18 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

PERMIT NUMBER	DISCHARGE NUMBER
NM0022250	TX1-Q

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	01/01/2014	TO 03/31/2014

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	******	******	******	7.37	7.37	******	%	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	******	******	******	7.13	7.13	******	%	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	02/12/2014
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)

Received
FEB 18 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	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	01/01/2014	TO 03/31/2014

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	02/12/2014
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

Received
FEB 18 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. 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	01/01/2014	TO 01/31/2014

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	******	******	*****	6.7	******	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	3902	4607	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	124	491	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	3524	5570	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	1.36	1.36	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	******	******	*****	49	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 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

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

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	01/01/2014	TO 01/31/2014

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	******	******	*****	6.7	******	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	3902	4607	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	124	491	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	3524	5570	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	0.001	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	******	******	*****	49	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 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	02/12/2014 MM/DD/YYYY

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

Received
FEB 18 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

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	01/01/2014	TO 01/31/2014

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	25	BCFU/d	******	6	13	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	0.004	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	1551	1891	lb/d	******	4	4.6	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	Charles S. Leder	(505) 873-7072	02/12/2014
Division Manager, Plant Operations	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

*** 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
FEB 18 2014
6EN-W