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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87144-4501
MAJOR

QUARTERLY CHRONIC TOXICITY- 001
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 22414 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	15	15	******	%	0	1 90	Comp24
	PERMIT REQUIREMENT	******	******	******	11 7 DA MIN	11 MO AV MN	******	%		Quarterly	COMP24
Pass/Fail Statre 7Day Chronic Ceriodaphnia TGP3B 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	0	0	******	0	0	1 90	Comp24
	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	pass=0/fail =1		Quarterly	COMP24
Pass/Fail Statre 7Day Chronic Pimephales Promelas TGP6C 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	0	0	******	0	0	1 90	Comp24
	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	pass=0/fail =1		Quarterly	COMP24
LF Pass/Fail Leth Statre 7Day Chronic Ceriodaphnia TLP3B 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	0	0	******	0	0	1 90	Comp24
	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	pass=0/fail =1		Quarterly	COMP24
LF Pass/Fail Leth Statre 7Day Chronic Pimephales TLP6C 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	0	0	******	0	0	1 90	Comp24
	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	pass=0/fail =1		Quarterly	COMP24
Noel Lethal Statre 7Day Chronic Ceriodaphnia TOP3B 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	15	15	******	%	0	1 90	Comp24
	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
Noel Lethal Statre 7Day Chronic Pimephales TOP6C 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	15	15	******	%	0	1 90	Comp24
	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	896-8811	01/13/2014
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

Received
JAN 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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87144-4501
MAJOR

QUARTERLY CHRONIC TOXICITY- 001
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			
Noel Sub-Lth Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	15	15	******	%	0	1/90	Comp24
TPP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
Noel Sub-Lth Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	15	15	******	%	0	1/90	Comp24
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
Coef Of Var Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	22.6	22.6	******	%	0	1/90	Comp24
TQP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
Coef Of Var Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	12.8	12.8	******	%	0	1/90	Comp24
TQP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
7-Day Chr. Ceriodph (Lethal Effects)	SAMPLE MEASUREMENT	******	******	******	>15	>15	******	%	0	1/90	Comp24
TXP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
7-Day Chr. Pimephale(Lethal Effects)	SAMPLE MEASUREMENT	******	******	******	>15	>15	******	%	0	1/90	Comp24
TXP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
7-Day Chr. Ceriodphn(Sub-Lethal Effect)	SAMPLE MEASUREMENT	******	******	******	>15	>15	******	%	0	1/90	Comp24
TYP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24

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JAN 21 2014
6EN-W

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

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

Form Approved
OMB No. 2040-0004

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RIO RANCHO, NM 87144-4501
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LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87144-4501
MAJOR

QUARTERLY CHRONIC TOXICITY- 001
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			
7-Day Chr. Pimephale(Sub-Lethal Effect)	SAMPLE MEASUREMENT	******	******	******	>15	>15	******	%	0	1/90	Comp2
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
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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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(1)

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LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124
ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	001-A
PERMIT NUMBER	DISCHARGE NUMBER

R Mailing ZIP CODE: 87144-4501
MAJOR
TREATED MUNICIPAL WASTEWATER
Final Outfall

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

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	6.41	******	******	mg/L	0	31 31	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. DAILY MN	******	******	mg/L		Five Per Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	168	180	lb/d	******	5	5	mg/L	0	23 31	Comp24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	459 30DA AVG	688 7 DA AVG	lb/d	******	10 30DA AVG	15 7 DA AVG	mg/L		Five Per Week	COMP24
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.6	SU	0	31 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.6 MINIMUM	******	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	324	364	lb/d	******	9	10	mg/L	0	23 31	Comp24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	688 30DA AVG	1056 7 DA AVG	lb/d	******	15 30DA AVG	23 7 DA AVG	mg/L		Five Per Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	7	25	lb/d	******	0.19	0.68	mg/L	0	23 31	Comp24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	98 30DA AVG	147 DAILY MX	lb/d	******	2.14 30DA AVG	3.21 DAILY MX	mg/L		Five Per Week	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.24	0.26	lb/d	******	6.3	7.0	ug/L	0	9 31	Comp24
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	.71 30DA AVG	1.06 DAILY MX	lb/d	******	15.4 30DA AVG	23.1 DAILY MX	ug/L		Twice Per Week	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	4.376	4.407	4.798	Mgal/d	0	31 31	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	Mgal/d		Continuous	TOTALZ

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

Received
JAN 17 2014
6EN-W

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

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FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	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: 87144-4501
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	******	******	******	******	******	10	ug/L	0	31 31	GRAB
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	******	******	******	11 INST MAX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	829	******	MCFU/d	******	5	12	CFU/100 mL	0	22 31	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	9800 30DAVGEO	******	MCFU/d	******	47 30DAVGEO	88 DAILY MX	CFU/100mL		Five Per Week	GRAB

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JAN 17 2014
6EN-W

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

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FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	101-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: 87144-4501
MAJOR

INTERNAL OUTFALL 101
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	6	8	mg/L	0	15 31	Comp12
00310 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP12
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	14	19	mg/L	0	15 31	Comp12
00530 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP12

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6EN-W

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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

SAMPLES SHALL BE TAKEN WHEN DISCHARGING FROM WWTP NO. 1, AT THE MANHOLE LOCATED TO THE WEST OF THE SLUDGE BELT BUILDING WHERE THE FLOW FROM RIO RANCHO PLANT #1 ENTERS RIO RANCHO #2 BEFORE GOING TO THE EFFLUENT BOX.

RioRancho
City of Vision

December 14, 2013

Certified No. 7012 1640 0001 4059 2888

Gladys Gooden-Jackson
Environmental Specialist
US Environmental Protection Agency
1445 Ross Ave., Suite 1200
Dallas, Texas 75202-2733

Re: November 2013 Discharge Monitoring Report , Wastewater Treatment Plants #1 and #2, NPDES Permit #NM0027987

Dear Ms. Gooden-Jackson,

We are hereby submitting the Discharge Monitoring Report (DMR) for November 2013 for Wastewater Treatment Plants #1 and #2, NPDES Permit #NM0027987, as required. There were no excursions to report for the month of November. The BOD5 GGA was out of range on November 3rd(effluent 5.0 mg/l) and the BOD5 precision was out of range on November 17th(3.9 mg/l). These results were not included in the monthly averages.

8.029 million gallons were discharged to Wastewater Treatment Plant #2 from Internal Outfall 101 (WWTP #1) during the month of November.

There were no sanitary sewer overflows to report for the month of November.

OVERFLOW REPORTING TABLE

DATE	TIME	LOCATION	VOL. (EST)	CAUSE	ENVIRONMENTAL IMPACTS	ACTIONS TAKE	DISCHARGE LOCATION

Please feel free to contact me at (505) 896-8811 if you have any questions.

Sincerely,

Cliff Leeper
Project Director, CH2M HILL

CL/ab
Enclosures

cc: Larry Webb, Utilities Division Manager, City of Rio Rancho

3200 Civic Center Circle NE • Rio Rancho, New Mexico 87144
Office (505) 896-8715 • Fax (505) 891-5201

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

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RIO RANCHO, NM 87124
ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987
PERMIT NUMBER

001-A
DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87144-4501
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	******	******	******	5.48	******	******	mg/L	0	30 30	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. DAILY MN	******	******	mg/L		Five Per Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	137	166	lb/d	******	4	4	mg/L	0	20 30	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	459 30DA AVG	668 7 DA AVG	lb/d	******	10 30DA AVG	15 7 DA AVG	mg/L		Five Per Week	COMP24
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.6	SU	0	30 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.6 MINIMUM	******	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	226	264	lb/d	******	6	7	mg/L	0	20 30	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	688 30DA AVG	1056 7 DA AVG	lb/d	******	15 30DA AVG	23 7 DA AVG	mg/L		Five Per Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	11	57	lb/d	******	0.31	1.45	mg/L	0	20 30	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	98 30DA AVG	147 DAILY MX	lb/d	******	2.14 30DA AVG	3.21 DAILY MX	mg/L		Five Per Week	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.29	0.43	lb/d	******	8.1	11.0	ug/L	0	8 30	COMP24
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	.71 30DA AVG	1.06 DAILY MX	lb/d	******	15.4 30DA AVG	23.1 DAILY MX	ug/L		Twice Per Week	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	4.161	4.378	4.720	MGAL/d	0	30 30	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	Mgal/d		Continuous	TOTALZ

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DEC 18 2013
6EN-W

NM0027987

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

11/17/2010

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

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ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	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: 87144-4501
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	ug/L	0	30 30	GRAB
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	******	******	******	11 INST MAX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	789	******	MCFU/d	******	5	14	CFU/100 ML	0	21 30	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	9800 30DAVGEO	******	MCFU/d	******	47 30DAVGEO	88 DAILY MX	CFU/100mL		Five Per Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 896-8811		12/11/2013
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

Received
DEC 18 2013
6EN-W

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

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124
ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	101-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: 87144-4501
MAJOR

INTERNAL OUTFALL 101
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	7	9	mg/L	0	12 30	Comp12
00310 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP12
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	12	14	mg/L	0	12 30	Comp12
00530 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP12

Received
DEC 18 2013
6EN-W

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 896-8811		12/11/2013
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

SAMPLES SHALL BE TAKEN WHEN DISCHARGING FROM WWTP NO. 1, AT THE MANHOLE LOCATED TO THE WEST OF THE SLUDGE BELT BUILDING WHERE THE FLOW FROM RIO RANCHO PLANT #1 ENTERS RIO RANCHO #2 BEFORE GOING TO THE EFFLUENT BOX.

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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

Received NOV 18 2013 6EN-W

DMR Mailing ZIP CODE: 87144-4501
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	ug/L	0	31 31	GRAB
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	******	******	******	11 INST MAX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	989	******	MCFU/d	******	7	31	CFU/100 ML	0	23 31	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	9800 30DAVGEO	******	MCFU/d	******	47 30DAVGEO	88 DAILY MX	CFU/100mL		Five Per Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

181713

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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124
ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

Received NOV 18 2013 SWM-W

DMR Mailing ZIP CODE: 87144-4501
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	******	******	******	5.15	******	******	mg/L	0	31 31	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. DAILY MN	******	******	mg/L		Five Per Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	130	213	lb/d	******	4	7	mg/L	0	23 31	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	459 30DA AVG	688 7 DA AVG	lb/d	******	10 30DA AVG	15 7 DA AVG	mg/L		Five Per Week	COMP24
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.8	SU	0	31 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.6 MINIMUM	******	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	190	248	lb/d	******	6	8	mg/L	0	23 31	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	688 30DA AVG	1056 7 DA AVG	lb/d	******	15 30DA AVG	23 7 DA AVG	mg/L		Five Per Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	39	274	lb/d	******	1.21	7.71	mg/L	7	23 31	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	98 30DA AVG	147 DAILY MX	lb/d	******	2.14 30DA AVG	3.21 DAILY MX	mg/L		Five Per Week	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.27	0.31	lb/d	******	8.6	10.0	ug/L	0	8 31	COMP24
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	.71 30DA AVG	1.06 DAILY MX	lb/d	******	15.4 30DA AVG	23.1 DAILY MX	ug/L		Twice Per Week	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	3.728	3.996	4.293	Mgal/d	0	31 31	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	Mgal/d		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 896-8811		11/14/2013
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

181713

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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124
ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	101-A
PERMIT NUMBER	DISCHARGE NUMBER

Received NOV 18 2013 6EN-WM

DMR Mailing ZIP CODE: 87144-4501
MAJOR

INTERNAL OUTFALL 101
External Outfall

No Discharge ☐

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	5	8	mg/l	0	15 31	Comp12
00310 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP12
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	7	12	mg/l	0	15 31	Comp12
00530 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP12

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 896-8811		11/14/2013
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

* SAMPLES SHALL BE TAKEN WHEN DISCHARGING FROM WWTP NO. 1, AT THE MANHOLE LOCATED TO THE WEST OF THE SLUDGE BELT BUILDING WHERE THE FLOW FROM RIO RANCHO PLANT #1 ENTERS RIO RANCHO #2 BEFORE GOING TO THE EFFLUENT BOX.

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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

RECEIVED
OCT 17 2013
6EN-W

NM0027987	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: 87144-4501
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) 00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	5.21	******	******	mg/L	0	30 30	GRAB
	PERMIT REQUIREMENT	******	******	******	Req. Mon. DAILY MN	******	******	mg/L		Five Per Week	GRAB
BOD, 5-day, 20 deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	80	91	lb/d	******	2	3	mg/L	0	22 30	Comp24
	PERMIT REQUIREMENT	459 30DA AVG	688 7 DA AVG	lb/d	******	10 30DA AVG	15 7 DA AVG	mg/L		Five Per Week	COMP24
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.6	SU	0	30 30	GRAB
	PERMIT REQUIREMENT	******	******	******	6.6 MINIMUM	******	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	172	241	lb/d	******	5	7	mg/L	0	22 30	Comp24
	PERMIT REQUIREMENT	688 30DA AVG	1056 7 DA AVG	lb/d	******	15 30DA AVG	23 7 DA AVG	mg/L		Five Per Week	COMP24
Nitrogen, ammonia total (as N) 00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	6	26	lb/d	******	0.19	0.81	mg/L	0	22 30	Comp24
	PERMIT REQUIREMENT	98 30DA AVG	147 DAILY MX	lb/d	******	2.14 30DA AVG	3.21 DAILY MX	mg/L		Five Per Week	COMP24
Arsenic, total (as As) 01002 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.28	0.34	lb/d	******	8.5	9.6	ug/L	0	8 30	Comp24
	PERMIT REQUIREMENT	.71 30DA AVG	1.06 DAILY MX	lb/d	******	15.4 30DA AVG	23.1 DAILY MX	ug/L		Twice Per Week	COMP24
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	4.013	4.470	4.722	MGAL/d	0	30 30	TOTALZ
	PERMIT REQUIREMENT	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	Mgal/d		Continuous	TOTALZ

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	896-8811	10/14/2013
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124
ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987
PERMIT NUMBER

001-A
DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87144-4501
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	ug/L	0	30 30	GRAB
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	******	******	******	11 INST MAX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	456	******	MCFU/d	******	3	11	CFU/100 ML	0	21 30	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	9600 30DAVGEO	******	MCFU/d	******	47 30DAVGEO	88 DAILY MX	CFU/100mL		Five Per Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124
ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	101-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: 87144-4501
MAJOR

INTERNAL OUTFALL 101
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	4	5	MG/L	0	12 30	Comp12
00310 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP12
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	4	6	MG/L	0	12 30	Comp12
00530 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP12

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

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

SAMPLES SHALL BE TAKEN WHEN DISCHARGING FROM WWTP NO. 1, AT THE MANHOLE LOCATED TO THE WEST OF THE SLUDGE BELT BUILDING WHERE THE FLOW FROM RIO RANCHO PLANT #1 ENTERS RIO RANCHO #2 BEFORE GOING TO THE EFFLUENT BOX.

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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

RECEIVED
SEP 16 2013
6EN-W

NM0027987	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87144-4501
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) 00300 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	5.10	******	******	mg/L	0	31 31	GRAB
	PERMIT REQUIREMENT	******	******	******	Req. Mon. DAILY MN	******	******	mg/L		Five Per Week	GRAB
BOD, 5-day, 20 deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	67	73	lb/d	******	2	2	mg/L	0	21 31	Comp24
	PERMIT REQUIREMENT	459 30DA AVG	688 7 DA AVG	lb/d	******	10 30DA AVG	15 7 DA AVG	mg/L		Five Per Week	COMP24
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	7.0	******	7.4	SU	0	31 31	GRAB
	PERMIT REQUIREMENT	******	******	******	6.6 MINIMUM	******	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	120	139	lb/d	******	4	4	mg/L	0	21 31	Comp24
	PERMIT REQUIREMENT	688 30DA AVG	1056 7 DA AVG	lb/d	******	15 30DA AVG	23 7 DA AVG	mg/L		Five Per Week	COMP24
Nitrogen, ammonia total (as N) 00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	4	10	lb/d	******	0.14	0.30	mg/L	0	21 31	Comp24
	PERMIT REQUIREMENT	98 30DA AVG	147 DAILY MX	lb/d	******	2.14 30DA AVG	3.21 DAILY MX	mg/L		Five Per Week	COMP24
Arsenic, total (as As) 01002 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.27	0.34	lb/d	******	8.5	9.7	ug/L	0	9 31	Comp24
	PERMIT REQUIREMENT	.71 30DA AVG	1.06 DAILY MX	lb/d	******	15.4 30DA AVG	23.1 DAILY MX	ug/L		Twice Per Week	COMP24
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	3.744	4.040	4.533	Mgal/d	0	31 31	TOTALZ
	PERMIT REQUIREMENT	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	Mgal/d		Continuous	TOTALZ

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 896-8811		09/12/2013
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124
ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87144-4501
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	ug/L	0	31 31	GRAB
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	******	******	******	11 INST MAX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	426	******	MCFU/d	******	3	23	CFU/100 mL	0	22 31	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	9800 30DAVGEO	******	MCFU/d	******	47 30DAVGEO	88 DAILY MX	CFU/100mL		Five Per Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 896-8811		09/12/2013
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501

FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	101-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87144-4501
MAJOR

INTERNAL OUTFALL 101
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	6	7	mg/L	0	12 31	Comp12
00310 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP12
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	10	11	mg/L	0	1231	Comp12
00530 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP12

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

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

SAMPLES SHALL BE TAKEN WHEN DISCHARGING FROM WWTP NO. 1, AT THE MANHOLE LOCATED TO THE WEST OF THE SLUDGE BELT BUILDING WHERE THE FLOW FROM RIO RANCHO PLANT #1 ENTERS RIO RANCHO #2 BEFORE GOING TO THE EFFLUENT BOX.

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

Form Approved
OMB No. 2040-0004

RECEIVED AUG 19 2013 6EN-W

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

NAME: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87144-4501
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	******	******	******	5.05	******	******	mg/L	0	31 31	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. DAILY MN	******	******	mg/L		Five Per Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	97	146	lb/d	******	3	4	mg/L	0	23 31	Comp24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	459 30DA AVG	688 7 DA AVG	lb/d	******	10 30DA AVG	15 7 DA AVG	mg/L		Five Per Week	COMP24
pH	SAMPLE MEASUREMENT	******	******	******	7.4	******	7.8	SU	0	31 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.6 MINIMUM	******	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	158	205	lb/d	******	5	6	mg/L	0	23 31	Comp24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	688 30DA AVG	1056 7 DA AVG	lb/d	******	15 30DA AVG	23 7 DA AVG	mg/L		Five Per Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	4	7	lb/d	******	0.12	0.20	mg/L	0	23 31	Comp24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	98 30DA AVG	147 DAILY MX	lb/d	******	2.14 30DA AVG	3.21 DAILY MX	mg/L		Five Per Week	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.25	0.32	lb/d	******	8.3	9.2	ug/L	0	8 31	Comp24
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	.71 30DA AVG	1.06 DAILY MX	lb/d	******	15.4 30DA AVG	23.1 DAILY MX	ug/L		Twice Per Week	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	3.619	4.208	4.981	Mgal/d	0	31 31	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	Mgal/d		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 896-8811		08/13/2013
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

121713

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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87144-4501
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	******	******	******	******	******	13	ug/L	1	31 31	GRAB
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	******	******	******	11 INST MAX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	686	******	MCFU/d	******	5	75	CFU/100 ML	0	23 31	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	9800 30DAVGEO	******	MCFU/d	******	47 30DAVGEO	88 DAILY MX	CFU/100mL		Five Per Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 896-8811		08/13/2013
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124
ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	101-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87144-4501
MAJOR

INTERNAL OUTFALL 101
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	6	7	mg/L	0	1531	Comp.
00310 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP12
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	8	10	mg/L	0	1531	Comp 12
00530 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP12

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	8968811	08/13/2013
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

SAMPLES SHALL BE TAKEN WHEN DISCHARGING FROM WWTP NO. 1, AT THE MANHOLE LOCATED TO THE WEST OF THE SLUDGE BELT BUILDING WHERE THE FLOW FROM RIO RANCHO PLANT #1 ENTERS RIO RANCHO #2 BEFORE GOING TO THE EFFLUENT BOX.

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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

RECEIVED
OCT 21 2013
6EN-W

NM0027987	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87144-4501
MAJOR
QUARTERLY CHRONIC TOXICITY- 001
External Outfall

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	07-01-2013	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			
Whole effluent toxicity	SAMPLE MEASUREMENT	******	******	******	15	15	******	%	0	1 90	Comp24
22414 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	11 7 DA MIN	11 MO AV MN	******	%		Quarterly	COMP24
Pass/Fail Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	0	0	******	0	0	1 90	Comp24
TGP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	pass=0/fail =1		Quarterly	COMP24
Pass/Fail Statre 7Day Chronic Pimephales Promelas	SAMPLE MEASUREMENT	******	******	******	0	0	******	0	0	1 90	Comp24
TGP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	pass=0/fail =1		Quarterly	COMP24
LF Pass/Fail Leth Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	0	0	******	0	0	1 90	Comp24
TLP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	pass=0/fail =1		Quarterly	COMP24
LF Pass/Fail Leth Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	0	0	******	0	0	1 90	Comp24
TLP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	pass=0/fail =1		Quarterly	COMP24
Noel Lethal Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	15	15	******	%	0	1 90	Comp24
TOP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
Noel Lethal Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	15	15	******	%	0	1 90	Comp24
TOP6C 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
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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE.

121713

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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87144-4501
MAJOR

QUARTERLY CHRONIC TOXICITY- 001
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			
Noel Sub-Lth Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	15	15	******	%	0	1 90	Comp24
TPP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
Noel Sub-Lth Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	15	15	******	%	0	1 90	Comp24
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
Coef Of Var Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	26.5	26.5	******	%	0	1 90	Comp24
TQP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
Coef Of Var Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	15.8	15.8	******	%	0	1 90	Comp24
TQP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
7-Day Chr. Ceriodph (Lethal Effects)	SAMPLE MEASUREMENT	******	******	******	>15	>15	******	%	0	1 90	Comp24
TXP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
7-Day Chr. Pimephale(Lethal Effects)	SAMPLE MEASUREMENT	******	******	******	>15	>15	******	%	0	1 90	Comp24
TXP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
7-Day Chr. Ceriodphn(Sub-Lethal Effect)	SAMPLE MEASUREMENT	******	******	******	>15	>15	******	%	0	1 90	Comp24
TYP3B 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
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	896-8811	10/14/2013
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87144-4501
MAJOR

QUARTERLY CHRONIC TOXICITY- 001
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			
7-Day Chr. Pimephale(Sub-Lethal Effect) TYP6C 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	>15	>15	******	%	0	1 90	Comp2
	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 8968811		10/14/2013
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

WILKINS ENVIRONMENTAL
CONSULTING & LABORATORIES
832 NW 67th Street, Oklahoma City, Oklahoma 73116 – Ph: 405.286.0468 – Fax: 405.286.0297

Report Date:	08/31/13	**Lab Contact:**	D'Ann Wilkins	**Lab Certification:**	OK-AR
Client Ident:	066	**Client Contact:**	Eddie Delara	**EPA Lab ID:**	OK01010
Report Ident:	RIOR0813	**Client Permit:**	NM0027987	**ODEQ Lab ID:**	9961
Location:	WWTP 2			**Report Type:**	**Compliance**
Outfall:	001				

Client: OMI -City of Rio Rancho
4300 Sara Rd
Rio Rancho, NM 87124

SAMPLE COLLECTION DATA			**Hall Environmental**	**Collection Completed**	
Sample #	**Description**	**Type**	**Client Sample ID**	**Date**	**Time**
082013-03	Effluent	Composite	Eff. 023 2013-1880	08/19/13	0900
082213-03	Effluent	Composite	Eff. 023 2013-1904	08/21/13	0910
082413-01	Effluent	Composite	Eff. 023 2013-19.23	08/23/13	0920

SAMPLE RECEIPT DATA				
Sample #	**Date Rcvd**	**Time Rcvd**	**Temp (°C)**	**Condition on Receipt**
082013-03	08/20/13	1130	1.4	Satisfactory
082213-03	08/22/13	1130	2.8	Satisfactory
082413-01	08/24/13	0945	3.0	Satisfactory

Test Method/Description: Short Term Methods for Estimating the Chronic Toxicity of Effluents and Receiving Waters to Freshwater Organisms (EPA-821-R-02-013) / 7-day Chronic Toxicity, Static-Renewal, w/ *Ceriodaphnia dubia* (Method 1002.0) and w/ *Pimephales promelas* (Method 1000.0)

Deviations from Test Method: None.

Statistical Software Utilized: ToxCalc 5.0

Source of Organism Cultures: WILKINS ENVIRONMENTAL

Dilution Concentrations: 15%, 11%, 8%, 6%, 5%, 0% **Critical Dilution:** 11%

TEST RESULTS				
Species: *C. dubia*			**Species: *P. promelas***	
NOEC survival (%)	15 %		**NOEC survival (%)**	15 %
NOEC reproduction (%)	15 %		**NOEC growth (%)**	15 %
Control survival (%)	100 %		**Control survival (%)**	98 %
% CV reproduction (control)	26.5		**% CV survival (control)**	6.1
% CV reproduction (critical dilution)	12.1		**% CV survival (critical dilution)**	6.1
Mean number of neonates (control)	21.4		**% CV growth (control)**	15.8
			% CV growth (critical dilution)	14.6
			Mean dry weight mg (control)	0.40

Results Summary: Effluent did not induce chronic toxicity in either species.

Test Validity: Valid test. No exceptions to or deviations from the prescribed test methods.

Recommendations: Schedule next regular compliance test in accordance with permit.

Reviewed and Approved By: _____ 8-31-13
Date

Table A Summary of Effluent Toxicity Test Conditions for the Daphnid (*Ceriodaphnia dubia*)		
1.	**Test type:**	Static renewal
2.	**Temperature:**	25°C ± 1°C
3.	**Light quality:**	Ambient laboratory illumination
4.	**Light intensity:**	50 - 100 ft-c (ambient laboratory levels)
5.	**Photoperiod:**	16 hours light, 8 hours darkness
6.	**Test chamber size:**	30 mL
7.	**Test solution volume:**	15 mL
8.	**Renewal of test solutions:**	Daily
9.	**Age of test organisms:**	Less than 24 hours old
10.	**No. of organisms per test chamber:**	1
11.	**No. of replicate test chambers per concentration:**	10
12.	**No. of organisms per test concentration:**	10
13.	**Test vessel randomization:**	Randomized
14.	**Feeding regimen:**	Fed 0.1 ml of YCT and *Selenastrum capricornutum* algal suspension per test chamber daily
15.	**Aeration:**	None
16.	**Dilution water:**	Very Hard synthetic dilution water prepared using deionized water and reagent grade chemicals.
17.	**Effluent concentrations:**	15%, 11%, 8%, 6%, 5%, 0%
18.	**Test duration:**	Until 60% of control females have produced three broods
19.	**Endpoints:**	Survival and reproduction
20.	**Test acceptability:**	≥80% survival and average of ≥15 young produced per surviving female in controls. CV% in control and critical dilutions ≤40 percent in tests not demonstrating significant lethality in the critical dilution.

Table B Summary of Effluent Toxicity Test Conditions for the Fathead Minnow (*Pimephales promelas*)		
1.	**Test type:**	Static renewal
2.	**Temperature:**	25°C ± 1°C
3.	**Light quality:**	Ambient laboratory illumination
4.	**Light intensity:**	50 - 100 ft-c (ambient laboratory levels)
5.	**Photoperiod:**	16 hours light / 24 hours
6.	**Test chamber size:**	500 mL
7.	**Test solution volume:**	250 mL
8.	**Renewal of test solutions:**	Daily
9.	**Age of test organisms**	Less than 24 hours old
10.	**No. of organisms per chamber:**	8
11.	**No. of replicate test chambers per concentration:**	5
12.	**No. of organisms per concentration:**	40
13.	**Test vessel randomization:**	Randomized
14.	**Feeding regimen:**	Fed 0.2 ml newly hatched brine shrimp twice daily, 6 hours between. Sufficient brine shrimp added to provide an excess. Larvae were not fed during the final 12 hours of the test.
15.	**Cleaning:**	Siphoned daily, immediately before solution renewal.
16.	**Aeration:**	None
17.	**Dilution water:**	Very Hard synthetic dilution water prepared using deionized water and reagent grade chemicals.
18.	**Effluent concentrations:**	15%, 11%, 8%, 6%, 5%, 0%
19.	**Test duration:**	7 days
20.	**Endpoints:**	Survival and growth (weight)
21.	**Test acceptability:**	≥80% survival in controls; average dry weight of surviving controls ≥ 0.25 mg. CV% of control and critical dilutions ≤40% in tests not demonstrating significant lethality in the critical dilution.

Table C
Detailed Test Results
***Ceriodaphnia dubia* Survival and Reproduction Test**

Date/Time Test Initiated: 08/20/13, 1340 hrs | **Dilution water used:** Synthetic, Very Hard

Number of Young Produced per Female @ 7 Days (or 3 Broods)

REP	Percent Effluent (%)					
	0%	5%	6%	8%	11%	15%
A	25	20	23	24	20	21
B	14	19	21	14	27	25
C	12	19	21	17	26	28
D	25	22	25	26	22	22
E	23	12	23	30	22	24
F	23	26	M	13	19	25
G	30	21	23	29	27	31
H	25	16	22	16	26	25
I	21	M	L	23	24	23
J	16	21	21	20	24	14
Reproductive Mean	21.4	19.6	22.4	21.2	23.7	23.8
CV%[1]	26.544	19.988	6.292	28.890	12.107	18.874

L = lost or missing, M = males, D_x = dead females with number of neonates (x) released prior to death.

Percent Survival

Time of Reading	Percent Effluent (%)					
	0%	5%	6%	8%	11%	15%
24 hours	100	100	100	100	100	100
48 hours	100	100	100	100	100	100
End of Test	100	100	100	100	100	100

***Ceriodaphnia dubia* Reporting**

Parameter	Value	Description of reporting requirement
TLP3B	0	If the NOEC for survival is less than the critical dilution, enter a "1"; otherwise, enter a "0".
TXP3B	>15	Report the LOEC value for survival (%).
TYP3B	>15	Report the LOEC value for reproduction (%).
TGP3B	0	If the NOEC for reproduction is less than the critical dilution, enter a "1"; otherwise, enter a "0".
TQP3B	26.5	Report the highest coefficient of variation (critical dilution or control) for reproduction (%).
TOP3B	15	Report the NOEC value for survival (%).
TPP3B	15	Report the NOEC value for reproduction (%).

[1] CV% = Coefficient of variation = standard deviation x 100/mean

Table C
Detailed Test Results (continued)
Fathead Minnow Larvae *(Pimephales promelas)* Growth and Survival

Date/Time Test Initiated: 08/20/13, 1350 hrs **Dilution water used:** Synthetic, Very Hard

Data Table for Fathead Minnow Growth

Effluent Concentration (%)	Average Dry Weight (mg) in Replicate Chambers					Mean Dry Weight (mg)	CV%[2]
	A	B	C	D	E		
0%	0.4325	0.4713	0.3425	0.4112	0.3212	0.3958	15.819
5%	0.4313	0.4012	0.3363	0.3525	0.2813	0.3605	16.174
6%	0.3662	0.4713	0.4950	0.3913	0.1725	0.3793	33.592
8%	0.3075	0.4175	0.3237	0.3700	0.2413	0.3320	20.013
11%	0.3550	0.4250	0.4950	0.4600	0.3613	0.4193	14.569
15%	0.4075	0.5163	0.4325	0.4462	0.3350	0.4275	15.343

Data Table for Fathead Minnow Survival

Effluent Concentration (%)	Percent Survival in Replicate Chambers					Mean % Survival			CV%[2]
	A	B	C	D	E	24-h	48-h	7-d	
0%	100%	100%	88%	100%	100%	100%	100%	98%	6.055
5%	88%	100%	100%	100%	100%	100%	100%	98%	6.055
6%	100%	100%	100%	88%	100%	100%	100%	98%	6.055
8%	88%	88%	88%	100%	100%	100%	100%	93%	7.841
11%	100%	88%	100%	100%	100%	100%	100%	98%	6.055
15%	100%	100%	88%	100%	100%	100%	100%	98%	6.055

***Pimephales promelas* (Fathead minnow) Reporting**

Parameter	Value	Description of reporting requirement
TLP6C	0	If the NOEC for survival is less than the critical dilution, enter a "1"; otherwise, enter a "0".
TXP6C	>15	Report the LOEC value for survival (%).
TYP6C	>15	Report the LOEC value for reproduction (%).
TGP6C	0	If the NOEC for reproduction is less than the critical dilution, enter a "1"; otherwise, enter a "0".
TQP6C	15.8	Report the highest coefficient of variation (critical dilution or control) for survival and growth (%).
TOP6C	15	Report the NOEC value for survival (%).
TPP6C	15	Report the NOEC value for reproduction (%).

[2] CV% = Coefficient of variation = standard deviation x 100/mean

Table D **Whole Effluent Lethality Values**
1. Report the Whole Effluent Lethality values for the 30-day average minimum, Item 9 on DMR Form, **Parameter No. 22414. Daily Average Minimum NOEC = 15% (effluent)**
2. Report the Whole Effluent Lethality values for the 7-day minimum, Item 10 on DMR Form, **Parameter No. 22414. 7-Day Minimum NOEC = 15% (effluent)**

The following pages contain raw test data and statistical analysis data, including the following:

- Chronic Chemistry Data Sheet
- Chronic Toxicity Test Raw Data Sheet(s)
- Statistical Analysis Data Sheet(s)
- Copies of Chain of Custody Forms
- Reference Toxicant Results

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

Form Approved
OMB No. 2040-0004

RECEIVED JUL 17 2013 6EN-W

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

NAME: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

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

DMR Mailing ZIP CODE: 87144-4501
FACILITY
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	******	******	******	5.12	******	******	mg/L	0	30 30	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. DAILY MN	******	******	mg/L		Five Per Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	120	164	lb/d	******	5	6	mg/L	0	21 30	Comp24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	459 30DA AVG	688 7 DA AVG	lb/d	******	10 30DA AVG	15 7 DA AVG	mg/L		Five Per Week	COMP24
pH	SAMPLE MEASUREMENT	******	******	******	6.9	******	7.8	SU	0	30 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.6 MINIMUM	******	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	194	300	lb/d	******	8	11	mg/L	0	21 30	Comp24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	688 30DA AVG	1056 7 DA AVG	lb/d	******	15 30DA AVG	23 7 DA AVG	mg/L		Five Per Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	5	11	lb/d	******	0.21	0.46	mg/L	0	21 30	Comp24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	98 30DA AVG	147 DAILY MX	lb/d	******	2.14 30DA AVG	3.21 DAILY MX	mg/L		Five Per Week	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	.22	.32	lb/d	******	8.6	11.0	ug/L	0	9 30	Comp24
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	.71 30DA AVG	1.06 DAILY MX	lb/d	******	15.4 30DA AVG	23.1 DAILY MX	ug/L		Twice Per Week	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	2.966	3.279	3.504	Mgal/d	0	30 30	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	Mgal/d		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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] 9/5/2013 For Cliff Leeper	505 896-8811		07/12/2013
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)

121713

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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501

FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	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: 87144-4501
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	ug/L	0	30 30	GRAB
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	******	******	******	11 INST MAX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	562	******	MCFU/d	******	5	65	CFU/100 ML	0	20 30	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	9800 30DAVGEO	******	MCFU/d	******	47 30DAVGEO	88 DAILY MX	CFU/100mL		Five Per Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	For Cliff Leeper	505 896-8811		07/12/2013
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501

FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	101-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: 87144-4501
MAJOR

INTERNAL OUTFALL 101
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	6	9	mg/L	0	12 30	Comp12
00310 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP12
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	17	26	mg/L	0	12 30	Comp12
00530 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP12

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	For Cliff Leeper 07/12/2013	505 896-8811		07/12/2013
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)

SAMPLES SHALL BE TAKEN WHEN DISCHARGING FROM WWTP NO. 1, AT THE MANHOLE LOCATED TO THE WEST OF THE SLUDGE BELT BUILDING WHERE THE FLOW FROM RIO RANCHO PLANT #1 ENTERS RIO RANCHO #2 BEFORE GOING TO THE EFFLUENT BOX.

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

Form Approv
OMB No: 2040-

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

NAME: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501

FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87144-4501
MAJOR

TREATED MUNICIPAL WASTEWATER
External Outfall

No Discharge ☐

REVISED

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	******	******	******	5.20	******	******	MG/L	0	31 31	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. DAILY MN	******	******	mg/L		Five Per Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	127	165	lb/d	******	4	6	MG/L	0	22 31	Comp24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	459 30DA AVG	688 7 DA AVG	lb/d	******	10 30DA AVG	15 7 DA AVG	mg/L		Five Per Week	COMP24
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.6	SU	0	31 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.6 MINIMUM	******	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	224	280	lb/d	******	8	9	MG/L	0	22 31	Comp24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	688 30DA AVG	1056 7 DA AVG	lb/d	******	15 30DA AVG	23 7 DA AVG	mg/L		Five Per Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	8	36	lb/d	******	0.29	1.30	MG/L	0	22 31	Comp24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	98 30DA AVG	147 DAILY MX	lb/d	******	2.14 30DA AVG	3.21 DAILY MX	mg/L		Five Per Week	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	.27	.48	lb/d	******	9.4	18.0	UG/L	0	9 31	Comp2
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	.71 30DA AVG	1.06 DAILY MX	lb/d	******	15.4 30DA AVG	23.1 DAILY MX	ug/L		Twice Per Week	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	3.435	3.837	4.193	MGAL/d	0	31 31	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	Mgal/d		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR		505 896-8811		06/13/2013
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

Received
DEC 18 2013
6EN-W

12-9-13

L86LCOWN

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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124
ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	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: 87144-4501
MAJOR

TREATED MUNICIPAL WASTEWATER
External Outfall

No Discharge ☐

REVISED

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	ug/L	0	31 31	GRAB
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	******	******	******	11 INST MAX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	651	******	MCFU/d	******	5	22	CFU/100 mL	0	23 31	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	9800 30DAVGEO	******	MCFU/d	******	47 30DAVGEO	88 DAILY MX	CFU/100mL		Five Per Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations		505 896-8811		06/13/2013
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)

Received
DEC 18 2013
6EN-W

12-9-13

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)*

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FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
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ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	101-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: 87144-4501
MAJOR

INTERNAL OUTFALL 101
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	4	5	mg/L	0	12 31	Comp12
00310 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP12
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	12	16	mg/L	0	12 31	Comp12
00530 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP12

Received
DEC 18 2013
6EN-W

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

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

SAMPLES SHALL BE TAKEN WHEN DISCHARGING FROM WWTP NO. 1, AT THE MANHOLE LOCATED TO THE WEST OF THE SLUDGE BELT BUILDING WHERE THE FLOW FROM RIO RANCHO PLANT #1 ENTERS RIO RANCHO #2 BEFORE GOING TO THE EFFLUENT BOX.

12-9-13

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)*

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RIO RANCHO, NM 87144-4501

FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	001-A
PERMIT NUMBER	DISCHARGE NUMBER

Received
JUN 17 2013
6EN-W

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

DMR Mailing ZIP CODE: 87144-4501
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	******	******	******	5.20	******	******	mg/L	0	31 31	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. DAILY MN	******	******	mg/L		Five Per Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	127	165	lb/d	******	4	6	mg/L	0	22 31	Comp24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	459 30DA AVG	688 7 DA AVG	lb/d	******	10 30DA AVG	15 7 DA AVG	mg/L		Five Per Week	COMP24
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.6	SU	0	31 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.6 MINIMUM	******	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	224	280	lb/d	******	8	9	mg/L	0	22 31	Comp24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	688 30DA AVG	1056 7 DA AVG	lb/d	******	15 30DA AVG	23 7 DA AVG	mg/L		Five Per Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	8	36	lb/d	******	0.29	1.30	mg/L	0	22 31	Comp24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	98 30DA AVG	147 DAILY MX	lb/d	******	2.14 30DA AVG	3.21 DAILY MX	mg/L		Five Per Week	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT			lb/d	******	9.4	18.0	ug/L	0	9 31	Comp24
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	.71 30DA AVG	1.06 DAILY MX	lb/d	******	15.4 30DA AVG	23.1 DAILY MX	ug/L		Twice Per Week	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******		3.435	3.837	4.193	MGAL/d	0	31 31	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******			Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	Mgal/d		Continuous	TOTALZ

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	505 896-8811		06/13/2013
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)

121713

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)*

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ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124
ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	001-A
PERMIT NUMBER	DISCHARGE NUMBER

Received
JUN 17 2013
6EN-W

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

DMR Mailing ZIP CODE: 87144-4501
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	ug/L	0	31 31	GRAB
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	******	******	******	11 INST MAX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT		******		******	5	22	CFU/100 mL	0	23 31	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	9800 30DAVGEO	******	MCFU/d	******	47 30DAVGEO	88 DAILY MX	CFU/100mL		Five Per Week	GRAB

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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
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ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	101-A
PERMIT NUMBER	DISCHARGE NUMBER

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

Received
JUN 17 2013
6EN-W

DMR Mailing ZIP CODE: 87144-4501
MAJOR

INTERNAL OUTFALL 101
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	4	5	mg/L	0	12 31	Comp12
00310 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP12
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	12	16	mg/L	0	12 31	Comp12
00530 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP12

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

SAMPLES SHALL BE TAKEN WHEN DISCHARGING FROM WWTP NO. 1, AT THE MANHOLE LOCATED TO THE WEST OF THE SLUDGE BELT BUILDING WHERE THE FLOW FROM RIO RANCHO PLANT #1 ENTERS RIO RANCHO #2 BEFORE GOING TO THE EFFLUENT BOX.

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

Form Approved
OMB No. 2040-0004

RECEIVED JUN 10 2013 6EN-W

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

NAME: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	101-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87144-4501
MAJOR

INTERNAL OUTFALL 101
External Outfall

No Discharge ☐

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	5	6	mg/L	0	15 30	Comp12
00310 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP12
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	10	12	mg/L	0	15 30	Comp12
00530 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP12

_____1 - Permit/CD
_____2 - AO & AO matl
_____3 - DMR's
_____4 - Vio. Sum. Log
_____5 - NCR
_____6 - Correspondence
_____7 - CRAS
_____Date Filed
_____Clerk's Inits.

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

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

SAMPLES SHALL BE TAKEN WHEN DISCHARGING FROM WWTP NO. 1, AT THE MANHOLE LOCATED TO THE WEST OF THE SLUDGE BELT BUILDING WHERE THE FLOW FROM RIO RANCHO PLANT #1 ENTERS RIO RANCHO #2 BEFORE GOING TO THE EFFLUENT BOX.

121713

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

Form Approved
OMB No. 2040-0004

RECEIVED JUN 10 2013 6EN-W

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

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RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	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: 87144-4501
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	******	******	******	5.26	******	******	mg/L	0	28 30	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. DAILY MN	******	******	mg/L		Five Per Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	151	227	lb/d	******	6	9	mg/L	0	22 30	Comp24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	459 30DA AVG	688 7 DA AVG	lb/d	******	10 30DA AVG	15 7 DA AVG	mg/L		Five Per Week	COMP24
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	8.0	SU	0	30 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.6 MINIMUM	******	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	276	431	lb/d	******	10	18	mg/L	0	22 30	Comp24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	688 30DA AVG	1056 7 DA AVG	lb/d	******	15 30DA AVG	23 7 DA AVG	mg/L		Five Per Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	19	55	lb/d	******	0.66	1.91	mg/L	0	22 30	Comp24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	98 30DA AVG	147 DAILY MX	lb/d	******	2.14 30DA AVG	3.21 DAILY MX	mg/L		Five Per Week	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.20	0.24	lb/d	******	7.3	8.3	ug/L	0	9 30	Comp24
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	.71 30DA AVG	1.06 DAILY MX	lb/d	******	15.4 30DA AVG	23.1 DAILY MX	ug/L		Twice Per Week	COMP
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	3.260	3.479	3.771	MGAL/d	0	30 30	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	Mgal/d		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	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: 87144-4501
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	ug/L	0	30 30	GRAB
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	******	******	******	11 INST MAX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	494	******	MCFU/d	******	4	8	CFU/100 mL	0	22 30	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	9800 30DAVGEO	******	MCFU/d	******	47 30DAVGEO	88 DAILY MX	CFU/100mL		Five Per Week	GRAB

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

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

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

Form Approved
OMB No. 2040-0004

RECEIVED JUL 17 2013 6EN-W

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

NAME: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	04/01/2013	TO	06/30/2013

DMR Mailing ZIP CODE: 87144-4501
MAJOR

QUARTERLY CHRONIC TOXICITY- 001
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	******	******	******	15	15	******	%	0	1 90	Comp24
22414 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	11 7 DA MIN	11 MO AV MN	******	%		Quarterly	COMP24
Pass/Fail Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	0	0	******	0	0	1 90	Comp24
TGP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	pass=0/fail =1		Quarterly	COMP24
Pass/Fail Statre 7Day Chronic Pimephales Promelas	SAMPLE MEASUREMENT	******	******	******	0	0	******	0	0	1 90	Comp24
TGP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	pass=0/fail =1		Quarterly	COMP24
LF Pass/Fail Leth Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	0	0	******	0	0	1 90	Comp24
TLP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	pass=0/fail =1		Quarterly	COMP24
LF Pass/Fail Leth Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	0	0	******	0	0	1 90	Comp24
TLP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	pass=0/fail =1		Quarterly	COMP24
Noel Lethal Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	15	15	******	%	0	1 90	Comp24
TOP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
Noel Lethal Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	15	15	******	%	0	1 90	Comp24
TOP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24

1. Permit/CO
2. AO & AO mod
3. DMR's
4. Wo. Sum. Use
5. MOR
6. Correspondence
7. CRAS
Date Filed
Initials

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	FOR CLIFF LEEPER	505 896-8811		07/10/2013
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)

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

121713

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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501

FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	04/01/2013	TO	06/30/2013

DMR Mailing ZIP CODE: 87144-4501
MAJOR

QUARTERLY CHRONIC TOXICITY- 001
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			
Noel Sub-Lth Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	15	15	******	%	0	1 90	Comp24
TPP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
Noel Sub-Lth Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	15	15	******	%	0	1 90	Comp24
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
Coef Of Var Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	23.1	23.1	******	%	0	1 90	Comp24
TQP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
Coef Of Var Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	9.6	9.6	******	%	0	1 90	Comp24
TQP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
7-Day Chr. Ceriodph (Lethal Effects)	SAMPLE MEASUREMENT	******	******	******	>15	>15	******	%	0	1 90	Comp24
TXP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
7-Day Chr. Pimephale(Lethal Effects)	SAMPLE MEASUREMENT	******	******	******	>15	>15	******	%	0	1 90	Comp24
TXP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
7-Day Chr. Ceriodphn(Sub-Lethal Effect)	SAMPLE MEASUREMENT	******	******	******	>15	>15	******	%	0	1 90	Comp24
TYP3B 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
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	For Cliff Leeper	505	896-8811	07/10/2013
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)

(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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	04/01/2013	TO	06/30/2013

DMR Mailing ZIP CODE: 87144-4501
MAJOR

QUARTERLY CHRONIC TOXICITY- 001
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			
7-Day Chr. Pimephale(Sub-Lethal Effect) TYP6C 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	>15	>15	******	%	0	1 90	Comp2
	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	for Cliff Leeper	505 896-8811		07/10/2013
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)

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

5/29/13

Form Approved
OMB No. 2040-0004

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

RECEIVED
MAY 17 2013
6EN-W

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

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

NAME: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	001-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87144-4501

MAJOR
TREATED MUNICIPAL WASTEWATER
External Outfall

No Discharge ☐

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	5.26	******	******	mg/L	0	28 30	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. DAILY MN	******	******	mg/L		Five Per Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	151	227	lb/d	******	6	9	mg/L	0	22 30	Comp24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	459 30DA AVG	688 7 DA AVG	lb/d	******	10 30DA AVG	15 7 DA AVG	mg/L		Five Per Week	COMP24
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	8.0	SU	0	30 30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.6 MINIMUM	******	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	276	431	lb/d	******	10	18	mg/L	0	22 30	Comp24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	688 30DA AVG	1056 7 DA AVG	lb/d	******	15 30DA AVG	23 7 DA AVG	mg/L		Five Per Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	19	55	lb/d	******	0.66	1.91	mg/L	0	22 30	Comp24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	98 30DA AVG	147 DAILY MX	lb/d	******	2.14 30DA AVG	3.21 DAILY MX	mg/L		Five Per Week	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.20	0.24	lb/d	******	7.3	8.3	ug/L	0	9 30	Comp24
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	.71 30DA AVG	1.06 DAILY MX	lb/d	******	15.4 30DA AVG	23.1 DAILY MX	ug/L		Twice Per Week	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	3.260	3.479	3.771	Mgal/d	0	30 30	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	Mgal/d		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 896-8811		05/14/2013
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

061713 SW

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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501

FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	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: 87144-4501
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	ug/L	0	30 30	GRAB
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	******	******	******	11 INST MAX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	494	******		******	4	8	CFU/100mL	0	22 30	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	9800 30DAVGEO	******	MCFU/d	******	47 30DAVGEO	88 DAILY MX	CFU/100mL		Five Per Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 896-8811		05/14/2013
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501

FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	101-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: 87144-4501
MAJOR

INTERNAL OUTFALL 101
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	5	6	mg/L	0	15 30	Comp12
00310 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP12
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	6	12	mg/L	0	15 30	Comp12
00530 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP12

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

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

SAMPLES SHALL BE TAKEN WHEN DISCHARGING FROM WWTP NO. 1, AT THE MANHOLE LOCATED TO THE WEST OF THE SLUDGE BELT BUILDING WHERE THE FLOW FROM RIO RANCHO PLANT #1 ENTERS RIO RANCHO #2 BEFORE GOING TO THE EFFLUENT BOX.

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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

Received
APR 22 2013
6EN-W

DMR Mailing ZIP CODE: 87144-4501
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	******	******	******	4.02	******	******	mg/L	0	30 31	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. DAILY MN	******	******	mg/L		Five Per Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	195	230	lb/d	******	7	7	mg/L	0	21 31	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	459 30DA AVG	688 7 DA AVG	lb/d	******	10 30DA AVG	15 7 DA AVG	mg/L		Five Per Week	COMP24
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.5	SU	0	31 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.6 MINIMUM	******	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	353	369	lb/d	******	12	14	mg/L	0	21 31	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	688 30DA AVG	1056 7 DA AVG	lb/d	******	15 30DA AVG	23 7 DA AVG	mg/L		Five Per Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	28	80	lb/d	******	0.95	2.46	mg/L	0	21 31	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	98 30DA AVG	147 DAILY MX	lb/d	******	2.14 30DA AVG	3.21 DAILY MX	mg/L		Five Per Week	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.19	0.22	lb/d	******	6.4	7.1	ug/L	0	8 31	COMP24
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	.71 30DA AVG	1.06 DAILY MX	lb/d	******	15.4 30DA AVG	23.1 DAILY MX	ug/L		Twice Per Week	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	3.454	3.642	3.889	MGAL/d	0	31 31	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	Mgal/d		Continuous	TOTALZ

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 896-8811		04/10/2013
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

082313

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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

Received
APR 22 2013
FROM
6EN-W

NM0027987	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87144-4501
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	ug/L	0	31 31	GRAB
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	******	******	******	11 INST MAX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	655	******	MCFU/d	******	5	16	CFU/100 ML	0	21 31	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	9800 30DAVGEO	******	MCFU/d	******	47 30DAVGEO	88 DAILY MX	CFU/100mL		Five Per Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 896-8811		04/10/2013
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501

FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

Received
APR 22 2013
6EN-W

NM0027987	101-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: 87144-4501
MAJOR

INTERNAL OUTFALL 101
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	6	8	mg/L	0	12 31	Comp 12
00310 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP12
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	11	15	mg/L	0	12 31	Comp 12
00530 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP12

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	896-8811	04/10/2013
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

SAMPLES SHALL BE TAKEN WHEN DISCHARGING FROM WWTP NO. 1, AT THE MANHOLE LOCATED TO THE WEST OF THE SLUDGE BELT BUILDING WHERE THE FLOW FROM RIO RANCHO PLANT #1 ENTERS RIO RANCHO #2 BEFORE GOING TO THE EFFLUENT BOX.

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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

Received
APR 22 2013
6EN-W

NM0027987	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87144-4501
MAJOR

QUARTERLY CHRONIC TOXICITY- 001
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			
Noel Sub-Lth Statre 7Day Chronic Ceriodaphnia TPP3B 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	15	15	******	%	0	1 90	Comp24
	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
Noel Sub-Lth Statre 7Day Chronic Pimephales TPP6C 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	15	15	******	%	0	1 90	Comp24
	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
Coef Of Var Statre 7Day Chronic Ceriodaphnia TQP3B 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	9.1	9.1	******	%	0	1 90	Comp24
	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
Coef Of Var Statre 7Day Chronic Pimephales TQP6C 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	20.0	20.0	******	%	0	1 90	Comp24
	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
7-Day Chr. Ceriodph (Lethal Effects) TXP3B 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	>15	>15	******	%	0	1 90	Comp24
	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
7-Day Chr. Pimephale(Lethal Effects) TXP6C 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	>15	>15	******	%	0	1 90	Comp24
	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
7-Day Chr. Ceriodphn(Sub-Lethal Effect) TYP3B 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	>15	>15	******	%	0	1 90	Comp24
	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	896-8811	04/10/2013
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501

FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

Received
APR 22 2013
6EN-W

NM0027987	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87144-4501
MAJOR

QUARTERLY CHRONIC TOXICITY- 001
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 22414 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	15	15	******	%	0	1 90	Comp24
	PERMIT REQUIREMENT	******	******	******	11 7 DA MIN	11 MO AV MN	******	%		Quarterly	COMP24
Pass/Fail Statre 7Day Chronic Ceriodaphnia TGP3B 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	0	0	******	0	0	1 90	Comp24
	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	pass=0/fail =1		Quarterly	COMP24
Pass/Fail Statre 7Day Chronic Pimephales Promelas TGP6C 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	0	0	******	0	0	1 90	Comp24
	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	pass=0/fail =1		Quarterly	COMP24
LF Pass/Fail Leth Statre 7Day Chronic Ceriodaphnia TLP3B 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	0	0	******	0	0	1 90	Comp24
	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	pass=0/fail =1		Quarterly	COMP24
LF Pass/Fail Leth Statre 7Day Chronic Pimephales TLP6C 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	0	0	******	0	0	1 90	Comp24
	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	pass=0/fail =1		Quarterly	COMP24
Noel Lethal Statre 7Day Chronic Ceriodaphnia TOP3B 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	15	15	******	%	0	1 90	Comp24
	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
Noel Lethal Statre 7Day Chronic Pimephales TOP6C 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	15	15	******	%	0	1 90	Comp24
	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24

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

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

(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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

Received
APR 22 2013
6EN-W

NM0027987	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87144-4501
MAJOR

QUARTERLY CHRONIC TOXICITY- 001
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			
7-Day Chr. Pimephale(Sub-Lethal Effect) TYP6C 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	>15	>15	******	%	0	1 90	Comp24
	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
(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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124
ATTN: CLIFF LEEPER, PROJ. MANAGER

RECEIVED APR 17 2013

NM0027987	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: 87144-4501
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	******	******	******	4.02	******	******	mg/L	0	30 31	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. DAILY MN	******	******	mg/L		Five Per Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	195	230	lb/d	******	7	7	mg/L	0	21 31	Comp24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	459 30DA AVG	688 7 DA AVG	lb/d	******	10 30DA AVG	15 7 DA AVG	mg/L		Five Per Week	COMP24
pH	SAMPLE MEASUREMENT	******	******	******	7.1	******	7.5	SU	0	31 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.6 MINIMUM	******	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	353	369	lb/d	******	12	14	mg/L	0	21 31	Comp24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	688 30DA AVG	1056 7 DA AVG	lb/d	******	15 30DA AVG	23 7 DA AVG	mg/L		Five Per Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	28	80	lb/d	******	0.95	2.46	mg/L	0	21 31	Comp24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	98 30DA AVG	147 DAILY MX	lb/d	******	2.14 30DA AVG	3.21 DAILY MX	mg/L		Five Per Week	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.19	0.22	lb/d	******	6.4	7.1	ug/L	0	8 31	Comp24
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	.71 30DA AVG	1.06 DAILY MX	lb/d	******	15.4 30DA AVG	23.1 DAILY MX	ug/L		Twice Per Week	COMP2
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	3.454	3.642	3.889	MGAL/d	0	31 31	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	Mgal/d		Continuous	TOTALZ

1 - Permit/CD
2 - AO & AO matl
3 - DMR's
4 - Vio. Sum. Log
5 - NOR
6 - Correspondence
7 - CRAS
Date Filed
Clerk's Inits.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		505 896-8811		04/10/2013
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)

082313 SU

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

11/17/2010

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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124
ATTN: CLIFF LEEPER, PROJ. MANAGER

Received
APR 17 2013
6EN-W

NM0027987
PERMIT NUMBER

001-A
DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87144-4501
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	ug/L	0	31 31	GRAB
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	******	******	******	11 INST MAX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	655	******	MCFU/d.	******	5	16	CFU/100 ML	0	21 31	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	9800 30DAVGEO	******	MCFU/d	******	47 30DAVGEO	88 DAILY MX	CFU/100m L		Five Per Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

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ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
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ATTN: CLIFF LEEPER, PROJ. MANAGER

Received
APR 17 2013
6EN-W

NM0027987	101-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: 87144-4501
MAJOR

INTERNAL OUTFALL 101
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	6	8	mg/L	0	12 31	Comp 12
00310 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP12
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	11	15	mg/L	0	12 31	Comp 12
00530 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP12

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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	896-8811	04/10/2013
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)

SAMPLES SHALL BE TAKEN WHEN DISCHARGING FROM WWTP NO. 1, AT THE MANHOLE LOCATED TO THE WEST OF THE SLUDGE BELT BUILDING WHERE THE FLOW FROM RIO RANCHO PLANT #1 ENTERS RIO RANCHO #2 BEFORE GOING TO THE EFFLUENT BOX.

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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124
ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987
PERMIT NUMBER

001-A
DISCHARGE NUMBER

Received
MAR 18 2013
6EN-W

DMR Mailing ZIP CODE: 87144-4501
MAJOR

TREATED MUNICIPAL WASTEWATER
External Outfall

No Discharge ☐

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

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	6.32	******	******	mg/L	0	28 28	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. DAILY MN	******	******	mg/L		Five Per Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	148	169	lb/d	******	5	5	mg/L	0	20 28	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	459 30DA AVG	688 7 DA AVG	lb/d	******	10 30DA AVG	15 7 DA AVG	mg/L		Five Per Week	COMP24
pH	SAMPLE MEASUREMENT	******	******	******	7.0	******	7.6	SU	0	28 28	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.6 MINIMUM	******	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	293	388	lb/d	******	9	13	mg/L	0	20 28	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	688 30DA AVG	1056 7 DA AVG	lb/d	******	15 30DA AVG	23 7 DA AVG	mg/L		Five Per Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	28	159	lb/d	******	0.88	4.80	mg/L	2	20 28	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	98 30DA AVG	147 DAILY MX	lb/d	******	2.14 30DA AVG	3.21 DAILY MX	mg/L		Five Per Week	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.20	0.24	lb/d	******	6.5	8.1	ug/L	0	8 28	COMP24
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	.71 30DA AVG	1.06 DAILY MX	lb/d	******	15.4 30DA AVG	23.1 DAILY MX	ug/L		Twice Per Week	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	3.713	3.816	4.391	Mgal/d	0	28 28	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	Mgal/d		Continuous	TOTALZ

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 896-8811		03/11/2013
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

11/17/2010

040313

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

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501

FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

Received
MAR 18 2013
6EN-W

DMR Mailing ZIP CODE: 87144-4501
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	ug/L	0	28 28	GRAB
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	******	******	******	11 INST MAX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	704	******	MCFU/d	******	5	21	CFU/100mL	0	20 28	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	9800 30DAVGEO	******	MCFU/d	******	47 30DAVGEO	88 DAILY MX	CFU/100mL		Five Per Week	GRAB

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

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

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

Received
MAR 18 2013
6EN-W

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124
ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	101-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87144-4501
MAJOR

INTERNAL OUTFALL 101
External Outfall

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			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	7	8	mg/L	0	12 28	Comp12
00310 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP12
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	12	14	mg/L	0	12 28	Comp12
00530 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP12

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

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

SAMPLES SHALL BE TAKEN WHEN DISCHARGING FROM WWTP NO. 1, AT THE MANHOLE LOCATED TO THE WEST OF THE SLUDGE BELT BUILDING WHERE THE FLOW FROM RIO RANCHO PLANT #1 ENTERS RIO RANCHO #2 BEFORE GOING TO THE EFFLUENT BOX.

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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027907
PERMIT NUMBER

SLD-F
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87144-4501
MAJOR

LANDFILL
Other

No Discharge ☐

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

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

1 - Permit/CD
2 - AO & AO matl
3 - DMR's
4 - Vio. Sum. Log
5 - NOR
6 - Correspondence
7 - CRAS
Date Filed
Clerk's Initials

Received
APR 22 2014
6EN-W

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Cliff Leeper / Project Director	[illegible]		505-846-8811		03/04/2014
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)

CORR
5058919675
03/20/2002 11:09

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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501

FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	SLD-P
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87144-4501
MAJOR

PRODUCTION AND USE
Other

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Polychlorinated biphenyls (PCBs)	SAMPLE MEASUREMENT	******	******	******	******	******	0.00	mg/kg	0	6/YEAR	BATCH
39516 SL 0 Sludge	PERMIT REQUIREMENT	******	******	******	******	******	49.99 ANNL MAX	mg/kg		See Permit	BATCH
Toxicity characteristic leaching procedure	SAMPLE MEASUREMENT	******	******	******	0	******	******	0	0	6/YEAR	BATCH
46390 SL 0 Sludge	PERMIT REQUIREMENT	******	******	******	Req. Mon. VALUE	******	******	pass=0/fail =1		See Permit	BATCH
Ann. amt sludge disposed by other method	SAMPLE MEASUREMENT	******	0		******	******	******	******			
49017 V 0 See Comments	PERMIT REQUIREMENT	******	Req. Mon. ANNL TOT	metric t/yr	******	******	******	******		Annual	ESTIMA
Annual amt of sludge incinerated	SAMPLE MEASUREMENT	******	0		******	******	******	******			
49018 SL 0 Sludge	PERMIT REQUIREMENT	******	Req. Mon. ANNL TOT	metric t/yr	******	******	******	******		Annual	ESTIMA
Annual sludge production, total	SAMPLE MEASUREMENT	******	280		******	******	******	******	0	ANNUAL	EST.
49019 SL 0 Sludge	PERMIT REQUIREMENT	******	Req. Mon. ANNL TOT	metric t/yr	******	******	******	******		Annual	ESTIMA
Annual amount of sludge land applied	SAMPLE MEASUREMENT	******	0		******	******	******	******			
49020 SL 0 Sludge	PERMIT REQUIREMENT	******	Req. Mon. ANNL TOT	metric t/yr	******	******	******	******		Annual	ESTIMA
Annual amt. sludge disposed surface unit	SAMPLE MEASUREMENT	******	0		******	******	******	******			
49021 SL 0 Sludge	PERMIT REQUIREMENT	******	Req. Mon. ANNL TOT	metric t/yr	******	******	******	******		Annual	ESTIMA

1 - Permit
2 - AO & AO mail
3 - DMR
4 - Vio. Sum. log
5 - NOR
6 - Correspondence
7 - Other
Filed
Clerk's Initials

Received
MAR 11 2013
6EN-W

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		505/896/8811		03/04/2014
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

"V" - IF ANNUAL SLUDGE DISPOSED BYOTHER METHODS IS APPLICABLE, EXPLAIN METHOD OF DISPOSAL.

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

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501

FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	SLD-P
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87144-4501
MAJOR

PRODUCTION AND USE
Other

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Annual amt sludge disposed in landfill	SAMPLE MEASUREMENT	******	280		******	******	******	******		ANNUAL	EST.
49022 SL 0 Sludge	PERMIT REQUIREMENT	******	Req. Mon. ANNL TOT	metric t/yr	******	******	******	******		Annual	ESTIMA
Annual amt sludge transported interstate	SAMPLE MEASUREMENT	******	0		******	******	******	******		ANNUAL	EST.
49023 SL 0 Sludge	PERMIT REQUIREMENT	******	Req. Mon. ANNL TOT	metric t/yr	******	******	******	******		Annual	ESTIMA

Received
MAR 11 2013
6EN-W

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

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

"V" - IF ANNUAL SLUDGE DISPOSED BYOTHER METHODS IS APPLICABLE, EXPLAIN METHOD OF DISPOSAL.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501

FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87144-4501
MAJOR

SURFACE DISPOSAL
Other

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight	SAMPLE MEASUREMENT	******	******	******	******						
01003 SL 0 Sludge	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Unit w/liner/leachate collection system	SAMPLE MEASUREMENT	******	******	******	******	******					
49028 SL 0 Sludge	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	Y=1;N=0			
Unit boundary to property line distance	SAMPLE MEASUREMENT	******	******	******	******	******					
49029 SL 0 Sludge	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	m			
Nickel, dry weight	SAMPLE MEASUREMENT	******	******	******	******						
78469 SL 0 Sludge	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Chromium, dry weight	SAMPLE MEASUREMENT	******	******	******	******						
78473 SL 0 Sludge	PERMIT REQUIREMENT	******	******	******	******	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Level of pathogen requirements achieved	SAMPLE MEASUREMENT	******	******	******	******	******					
04368 T 0 See Comments	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. SINGSAMP	state class		Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT	******	******	******	******	******					
84369 SL 0 Sludge	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	alt #		Contingent	BATCH

Received
MAR 11 2013
OEN-W

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

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

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

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

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501

FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87144-4501
MAJOR

SURFACE DISPOSAL
Other

No Discharge ☒

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
ector attraction reduction alternative ed	SAMPLE MEASUREMENT	******	******	******	******	******					
84370 SL 0 Sludge	PERMIT REQUIREMENT	******	******	******	******	******	Req. Mon. VALUE	alt #		Contingent	BATCH

Received
MAR 11 2013
6EN-W

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE
Cliff Leeper / Project Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505/896/8811	03/04/2014
TYPED OR PRINTED			AREA Code / NUMBER	MM/DD/YYYY

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

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

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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501

FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87144-4501
MAJOR

LAND APPLICATION
Other

No Discharge ☒

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

Received
MAR 11 2013
6EN-W

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

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

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

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

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501

FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87144-4501
MAJOR

LAND APPLICATION
Other

No Discharge ☒

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

Received
MAR 11 2013
6EN-W

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
Cliff Leeper / Project Director	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505/896/8811		03/04/2014
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

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

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

Received
APR 17 2013
6EN-W

NM0027987	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87144-4501
MAJOR

QUARTERLY CHRONIC TOXICITY- 001
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	******	******	******	15	15	******	%	0	1 90	Comp24
22414 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	11 7 DA MIN	11 MO AV MN	******	%		Quarterly	COMP24
Pass/Fail Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	0	0	******	0	0	1 90	Comp24
TGP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	pass=0/fail =1		Quarterly	COMP24
Pass/Fail Statre 7Day Chronic Pimephales Promelas	SAMPLE MEASUREMENT	******	******	******	0	0	******	0	0	1 90	Comp24
TGP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	pass=0/fail =1		Quarterly	COMP24
LF Pass/Fail Leth Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	0	0	******	0	0	1 90	Comp24
TLP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	pass=0/fail =1		Quarterly	COMP24
LF Pass/Fail Leth Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	0	0	******	0	0	1 90	Comp24
TLP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	pass=0/fail =1		Quarterly	COMP24
Noel Lethal Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	15	15	******	%	0	1 90	Comp24
TOP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
Noel Lethal Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	15	15	******	%	0	1 90	Comp24
TOP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR.	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		505 896-8811		04/10/2013
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)

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

N82313

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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501

FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

RECEIVED
APR 17 2013
6EN-W

NM0027987	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87144-4501
MAJOR

QUARTERLY CHRONIC TOXICITY- 001
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			
Noel Sub-Lth Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	15	15	******	%	0	1 90	Comp24
TPP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
Noel Sub-Lth Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	15	15	******	%	0	1 90	Comp24
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
Coef Of Var Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	9.1	9.1	******	%	0	1 90	Comp24
TQP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
Coef Of Var Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	20.0	20.0	******	%	0	1 90	Comp24
TQP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
7-Day Chr. Ceriodph (Lethal Effects)	SAMPLE MEASUREMENT	******	******	******	>15	>15	******	%	0	1 90	Comp24
TXP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
7-Day Chr. Pimephale(Lethal Effects)	SAMPLE MEASUREMENT	******	******	******	>15	>15	******	%	0	1 90	Comp24
TXP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
7-Day Chr. Ceriodphn(Sub-Lethal Effect)	SAMPLE MEASUREMENT	******	******	******	>15	>15	******	%	0	1 90	Comp24
TYP3B 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
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		505 896-8811		04/10/2013
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)

(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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501

FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

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

Received
APR 17 2013
6EN-W

DMR Mailing ZIP CODE: 87144-4501
MAJOR
QUARTERLY CHRONIC TOXICITY- 001
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			
7-Day Chr. Pimephale(Sub-Lethal Effect)	SAMPLE MEASUREMENT	******	******	******	>15	>15	******	%	0	1 90	Comp24
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
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		505 896-8811		04/10/2013
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)

(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

RECEIVED JUN 10 2013 6EN-W

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

NAME: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87144-4501
MAJOR

QUARTERLY CHRONIC TOXICITY- 001
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	******	******	******	15	15	******	%	0	1/90	Comp24
22414 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	11 7 DA MIN	11 MO AV MN	******	%		Quarterly	COMP24
Pass/Fail Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	0	0	******	0	0	1/90	Comp24
TGP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	pass=0/fail =1		Quarterly	COMP24
Pass/Fail Statre 7Day Chronic Pimephales Promelas	SAMPLE MEASUREMENT	******	******	******	0	0	******	0	0	1/90	Comp24
TGP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	pass=0/fail =1		Quarterly	COMP24
LF Pass/Fail Leth Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	0	0	******	0	0	1/90	Comp24
TLP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	pass=0/fail =1		Quarterly	COMP24
LF Pass/Fail Leth Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	0	0	******	0	0	1/90	Comp24
TLP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	pass=0/fail =1		Quarterly	COMP24
Noel Lethal Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	15	15	******	%	0	1/90	Comp24
TOP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
Noel Lethal Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	15	15	******	%	0	1/90	Comp24
TOP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24

1 - Permit/CD
2 - [illegible] & AO mat[illegible]
3 - [illegible]s
4 - Vio. Sum. Log
5 - Non[illegible]
6 - Corr[illegible]ondence
7 - [illegible]
Clerk[illegible]s.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	505 896-8811		06/03/2013
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)

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

121713

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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87144-4501
MAJOR

QUARTERLY CHRONIC TOXICITY- 001
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			
Noel Sub-Lth Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	15	15	******	%	0	1 90	COMP24
TPP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
Noel Sub-Lth Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	15	15	******	%	0	1 90	COMP24
TPP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
Coef Of Var Statre 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	******	******	******	9.1	9.1	******	%	0	1 90	COMP24
TQP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
Coef Of Var Statre 7Day Chronic Pimephales	SAMPLE MEASUREMENT	******	******	******	20.0	20.0	******	%	0	1 90	COMP24
TQP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
7-Day Chr. Ceriodph (Lethal Effects)	SAMPLE MEASUREMENT	******	******	******	>15	>15	******	%	0	1 90	COMP24
TXP3B 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
7-Day Chr. Pimephale(Lethal Effects)	SAMPLE MEASUREMENT	******	******	******	>15	>15	******	%	0	1 90	COMP24
TXP6C 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 7 DA MIN	Req. Mon. MO AV MN	******	%		Quarterly	COMP24
7-Day Chr. Ceriodphn(Sub-Lethal Effect)	SAMPLE MEASUREMENT	******	******	******	>15	>15	******	%	0	1 90	COMP24
TYP3B 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
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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 87144-4501
MAJOR

QUARTERLY CHRONIC TOXICITY- 001
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			
7-Day Chr. Pimephale(Sub-Lethal Effect)	SAMPLE MEASUREMENT	******	******	******	>15	>15	******	%	0	1 90	Comp24
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
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 896-8811		06/03/2013
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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

Form Approved
OMB No. 2040-0004

RECEIVED FEB 19 2013 6EN-W

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

NAME: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501
FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	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: 87144-4501
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	******	******	******	6.70	******	******	mg/L	0	30 31	GRAB
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. DAILY MN	******	******	mg/L		Five Per Week	GRAB
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	150	200	lb/d	******	5	6	mg/L	0	23 31	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	459 30DA AVG	688 7 DA AVG	lb/d	******	10 30DA AVG	15 7 DA AVG	mg/L		Five Per Week	COMP24
pH	SAMPLE MEASUREMENT	******	******	******	7.2	******	7.5	SU	0	31 31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	6.6 MINIMUM	******	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	244	301	lb/d	******	7	9	mg/L	0	23 31	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	688 30DA AVG	1056 7 DA AVG	lb/d	******	15 30DA AVG	23 7 DA AVG	mg/L		Five Per Week	COMP24
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	10	21	lb/d	******	0.31	0.59	mg/L	0	23 31	COMP24
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	98 30DA AVG	147 DAILY MX	lb/d	******	2.14 30DA AVG	3.21 DAILY MX	mg/L		Five Per Week	COMP24
Arsenic, total (as As)	SAMPLE MEASUREMENT	0.15	0.18	lb/d	******	4.6	5.4	ug/L	0	9 31	COMP24
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	.71 30DA AVG	1.06 DAILY MX	lb/d	******	15.4 30DA AVG	23.1 DAILY MX	ug/L		Twice Per Week	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	3.969	4.041	4.290	MGAL/d	0	31 31	TOTALZ
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	******	******	******	Req. Mon. 30DA AVG	Req. Mon. 7 DA AVG	Req. Mon. DAILY MX	Mgal/d		Continuous	TOTALZ

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 896-8811		02/12/2013
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NDS Comprehensive BRAS Filed Back's Initial

040313

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: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501

FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

RECEIVED FEB 19 2013 GEN-W

DMR Mailing ZIP CODE: 87144-4501
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	ug/L	0	31 31	GRAB
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	******	******	******	******	******	11 INST MAX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	451	******	MCFU/d	******	3	15	CFU/100ML	0	23 31	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	9800 30DAVGEO	******	MCFU/d	******	47 30DAVGEO	88 DAILY MX	CFU/100mL		Five Per Week	GRAB

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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF RIO RANCHO
ADDRESS: 3200 CIVIC CENTER CIRCLE, N.E.
RIO RANCHO, NM 87144-4501

FACILITY: RIO RANCHO, CITY OF WWTP #2
LOCATION: 100 INDUSTRIAL PARK LOOP
RIO RANCHO, NM 87124

ATTN: CLIFF LEEPER, PROJ. MANAGER

NM0027987	101-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: 87144-4501
MAJOR

INTERNAL OUTFALL 101
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	******	******	******	******	10	11	mg/L	0	15 31	Comp12
00310 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP12
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	18	19	mg/L	0	15 31	Comp12
00530 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7 DA AVG	mg/L		Three Per Week	COMP12

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	896-8811	02/12/2013
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

SAMPLES SHALL BE TAKEN WHEN DISCHARGING FROM WWTP NO. 1, AT THE MANHOLE LOCATED TO THE WEST OF THE SLUDGE BELT BUILDING WHERE THE FLOW FROM RIO RANCHO PLANT #1 ENTERS RIO RANCHO #2 BEFORE GOING TO THE EFFLUENT BOX.