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

27987

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

NM0027087	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	12/01/2014	TO	12/31/2014

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	.....	.....	.....	5.76	.....	.....	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	231	356	lb/d	.....	6	10	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	.....	7.6	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	406	585	lb/d	.....	11	16	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	16	47	lb/d	.....	0.42	1.19	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	0.23	0.27	lb/d	.....	6.2	6.9	ug/L	0	8 31	COMP
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	.....	.....	.....	4.406	4.707	4.743	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
JEREMIAH MECHAM PROJECT MANAGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		505 896-8811		01/13/2015
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
JAN 20
GEN-W

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

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

Form Approved
OMB No. 2040-0004

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

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

NM0027987	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

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	3131	GRAB
50060 A 0 Disinfection, Process Complete	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	11 INST MAX	ug/L		Daily	GRAB
E. coli	SAMPLE MEASUREMENT	835	.....	MCFU/d	.....	5	10	CFU/100 mL	0	2331	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	9800 30DAVGEO	.....	MCFU/d	.....	47 30DAVGEO	80 DAILY MX	CFU/100mL		Five Per Week	GRAB

Received
JAN 20 2015
CEN-W

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JEREMIAH MECHAM PROJECT MANAGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 896-8811		01/13/2015
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

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 12/01/2014 TO MM/DD/YYYY 12/31/2014

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	.....	.....	.....	.....	7	9	mg/L	0	13 31	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	.....	.....	.....	.....	12	14	mg/L	0	13 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

Received
JAN 20 2015
CEN-W

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JEREMIAH MECHAM PROJECT MANAGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 896 8811		01/13/2015
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

DMR Mailing ZIP CODE: 87144-4501
MAJOR

TREATED MUNICIPAL WASTEWATER
External Outfall

No Discharge ☐

MONITORING PERIOD		
	MM/DD/YYYY	MM/DD/YYYY
FROM	11/01/2014	TO 11/30/2014

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	5.50	******	******	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	194	246	lb/d	******	6	7	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	******	******	******	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	272	319	lb/d	******	8	9	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	18	95	lb/d	******	0.49	2.43	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	0.23	0.30	lb/d	******	6.6	7.6	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	******	******	******	3.987	4.217	4.711	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
JEREMIAH MECHAM PROJECT MANAGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 896-8811		12/15/2014
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

Received
DEC 17 2014
6EN-W

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

Form Approved
OMB No. 2040-0004

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

NAME: 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	11/01/2014	TO	11/30/2014

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	756	.....	MCFU/d	.....	5	25	CFU/100 ML	0	21 30	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	9600 30DAVGEO	.....	MCFU/d	.....	17 30DAVGEO	88 DAILY MX	CFU/100mL		Five Per Week	GRAB

Received
DEC 17 2014
GEN-W

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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)
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Form Approved
OMB No. 2040-0004

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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

NM0027907	101-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	11/01/2014	TO	11/30/2014

DMR Mailing ZIP CODE: 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	15	mg/L	0	13 30	Comp12
00310 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7DA AVG	mg/L		Three Per Week	COMP1
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	25	61	mg/L	1	13 30	Comp12
00530 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7DA AVG	mg/L		Three Per Week	COMP12

Received
DEC 17 2014
ENN-W

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JEREMIAH MECHAM PROJECT MANAGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		505 896-8811		12/15/2014
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)

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

NM0027987	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 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

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.

Received
JAN 20 2015
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

NM0027987	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 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	******	******	******	39.7	39.7	******	%	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	******	******	******	7.8	7.8	******	%	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
JEREMIAH MECHAM PROJECT MANAGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 896-8811		01/13/2015
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 20 2015
GEN-W

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

Form Approved
OMB No. 2040-0004

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

NAME: 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

NM0027987	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 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

Received
JAN 20 2015
CBN-W

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

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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
PERMIT NUMBER

001-A
DISCHARGE NUMBER

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

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	******	******	******	4.72	******	******	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	151	267	lb/d	******	5	7	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	******	******	******	7.4	******	7.7	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	311	504	lb/d	******	10	15	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	7	22	lb/d	******	0.22	0.61	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	0.28	0.38	lb/d	******	8.4	11.0	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	******	******	******	3.768	4.359	4.812	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
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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

Received
NOV 17 2014
6EN-W

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

Form Approved
OMB No. 2040-0004

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

NAME: 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	10/01/2014	TO	10/31/2014

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	714	******	MCFU/d	******	5	10	CFU/100 ML	0	23 31	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	9000 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)

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DISCHARGE MONITORING REPORT (DMR)

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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	101-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 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	******	******	******	******	9	13	Mg/L	0	15/30	COMP12
00310 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	10 30DA AVG	15 7DA AVG	mg/L		Three Per Week	COMP12
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	24	37	Mg/L	0	15/30	COMP12
00530 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT	******	******	******	******	30 30DA AVG	45 7DA AVG	mg/L		Three Per Week	COMP12

Received
NOV 17 2014
6EN-W

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
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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	09/01/2014	TO 09/30/2014

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	******	******	******	4.51	******	******	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	85	122	lb/d	******	3	4	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	******	******	******	7.0	******	7.7	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	182	277	lb/d	******	6	8	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	7	17	lb/d	******	0.21	0.48	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	0.28	0.32	lb/d	******	8.5	9.5	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	******	******	******	3.772	4.021	4.328	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			AREA Code	NUMBER	MM/DD/YYYY

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

Received
OCT 20 2014
6EN-W

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

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

Form Approved
OMB No. 2040-0004

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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	09/01/2014	TO 09/30/2014

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	572	******	MCFU/d	******	4	17	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

Received
OCT 20 2014
6EN-W

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
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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	09/01/2014	TO 09/30/2014

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	15 30	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	******	******	******	******	10	13	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

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OCT 20 2014
6EN-W

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

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RioRancho
City of Vision

September 15, 2014

Certified No. 7012 1640 0001 4057 9445

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

Re: August 2014 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 August 2014 for Wastewater Treatment Plants #1 and #2, NPDES Permit #NM0027987, as required. There are no excursions to report for the month. The BOD5 precision was out of control limits on August 24th (effluent 2.7 mg/l). These results were not included in the monthly averages.

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

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

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,

Jeremiah Mecham
Project Manager, CH2M HILL

JM/ab
Enclosures

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

Received
SEP 17 2014
6EN-W

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)

Form Approved
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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

DMR Mailing ZIP CODE: 87144-4501
MAJOR

TREATED MUNICIPAL WASTEWATER
External Outfall

No Discharge ☐

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	4.75	******	******	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	63	69	lb/d	******	2	2	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	******	******	******	7.5	******	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	133	168	lb/d	******	4	5	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	4	11	lb/d	******	0.12	0.30	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	0.29	0.35	lb/d	******	9.1	11.0	ug/L	0	9 31	COMP24
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	.71 30DA AVG	1.06 DAILY MX	lb/d	******	15.1 30DA AVG	23.1 DAILY MX	ug/L		Twice Per Week	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	******	******	******	3.718	4.126	4.406	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
JEREMIAH MECHAM PROJECT MANAGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 896-8811		09/12/2014
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

Received
SEP 17 2014
GEN-W

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

Form Approved
OMB No. 2040-0004

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

NAME: 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	08/01/2014	TO	08/31/2014

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	423	******	MCFU/d	******	3	5	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
JEREMIAH MECHAM PROJECT MANAGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 896-8811		09/12/2014
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

Received
SEP 17 2014
6EN-W

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

Form Approved
OMB No. 2040-0004

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

NAME: 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	08/01/2014	TO 08/31/2014

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	7	mg/L	0	1231	Comp 2
00310 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT					30 30DA AVG	45 7DA AVG	mg/L		Three Per Week	COMP12
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	26	38	mg/L	0	1231	Comp 12
00530 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT					30 30DA AVG	45 7DA AVG	mg/L		Three Per Week	COMP12

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JEREMIAH MECHAM PROJECT MANAGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 896-8811		09/12/2014
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	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 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

Received
OCT 20 2014
GEN-W

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JEREMIAH MECHAM PROJECT MANAGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 896-8811		10/14/2014
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.

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	07/01/2014	TO	09/30/2014

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	******	******	******	13.3	13.3	******	%	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	******	******	******	12.1	12.1	******	%	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

Received
OCT 20 2014
GEN-W

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE
JEREMIAH MECHAM PROJECT MANAGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	505 896-8811		10/14/2014
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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

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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	07/01/2014	TO 09/30/2014

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

Received
OCT 20 2014
6EN-W

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JEREMIAH MECHAM PROJECT MANAGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 896-8811		10/14/2014
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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RioRancho
City of Vision

2 - AO & NOV
3 - DMR's
4 - Vio. Sum. Leg
5 - NCR
6 - Correspondence
7 - CRAS
Date Filed
Clerk's Inits.

August 15, 2014

Certified No. 7012 1640 0001 4057 9339

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

Re: July 2014 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 July 2014 for Wastewater Treatment Plants #1 and #2, NPDES Permit #NM0027987, as required. There are no excursions to report for the month.

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

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

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,

Jeremiah Mecham
Project Manager, CH2M HILL

JM/ab
Enclosures

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

ADD TO FILE

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

7012 1640 0001 4057 9339

U.S. Postal Se
CERTIFIED
(Domestic Mail Only
For delivery informatio
OFF

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Sent To: Ms. Glad
Environm
U.S. Env
Street, Apt. No.; or PO Box No.: 1445 Ros
City, State, ZIP+4: Dallas, T

PS Form 3800, August 2006 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ms. Gladys Gooden-Jackson
Environmental Specialist
U.S. Environmental Protection Agency
1445 Ross Ave., Suite 1200
Dallas, TX 75202-2733

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X EPA REGION 6 ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

DMR 1+2 July 2014

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7012 1640 0001 4057 9339

PS Form 3811, July 2013 — Domestic Return Receipt

7012 1640 0001 4057 9438

U.S. Postal Service™
CERTIFIED MAIL™ REC
(Domestic Mail Only; No Insurance Co
For delivery information visit our website at
OFFICIAL

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	DMR
Total Postage & Fees	$

Sent To: Sandra Gabaldon
Street, Apt. No.; or PO Box No.: State of N.M. Environment De
City, State, ZIP+4: 1190 St. Francis Dr., Harold Ru
Santa Fe, NM 87502

PS Form 3800, August 2006 — See Re

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sandra Gabaldon
State of N.M. Environment Dept.
1190 St. Francis Dr., Harold Runnels Bldg.
Santa Fe, NM 87502

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X ☐ Agent ☐ Addressee

B. Received by (Printed Name) | C. Date of Delivery: 8-18-14

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

DMR 1+2 July 2014

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7012 1640 0001 4057 9438

PS Form 3811, July 2013 — Domestic Return Receipt

7012 1640 0001 4057 9421

U.S. Postal Service™
CERTIFIED MAIL™ RECE
(Domestic Mail Only; No Insurance Cov
For delivery information visit our website at
OFFICIAL

Postage	$
Certified Fee	
Return Receipt Fee (Endorsement Required)	DMR 1+2
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Sent To: Scott Bulgrin
Water Quality Manager
Street, Apt. No.; or PO Box No.: The Pueblo of Sandia
City, State, ZIP+4: 481 Sandia Loop
Bernalillo, NM 87004

PS Form 3800, August 2006 — See

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Scott Bulgrin
Water Quality Manager
The Pueblo of Sandia
481 Sandia Loop
Bernalillo, NM 87004

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X ☐ Agent ☐ Addressee

B. Received by (Printed Name): Amanda Ortega | C. Date of Delivery: 8/15/14

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

DMR 1+2 July 2014

3. Service Type
☐ Certified Mail® ☐ Priority Mail Express™
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label): 7012 1640 0001 4057 9421

Domestic Return Receipt

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

DMR Mailing ZIP CODE: 87144-4501
MAJOR

TREATED MUNICIPAL WASTEWATER
External Outfall

No Discharge ☐

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	.....	.....	.....	4.48	.....	.....	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	79	109	lb/d	.....	3	3	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	.....	.....	.....	7.4	.....	7.7	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	167	264	lb/d	.....	5	8	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	6	13	lb/d	.....	0.18	0.38	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	0.32	0.44	lb/d	.....	10.2	16.0	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	.....	.....	.....	3.652	3.922	4.266	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
JEREMIAH MECHAM / PROJECT MANAGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 896-8811		08/12/2014
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	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 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
... coli	SAMPLE MEASUREMENT	554	******	MCFU/d	******	4	12	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			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	07/01/2014	TO 07/31/2014

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	8	mg/L	0	1531	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	******	******	******	******	19	27	mg/L	0	1531	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.

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
PERMIT NUMBER

001-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87144-4501
MAJOR

TREATED MUNICIPAL WASTEWATER
External Outfall

No Discharge ☐

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

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen, dissolved (DO)	SAMPLE MEASUREMENT	******	******	******	4.48	******	******	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	79	109	lb/d	******	3	3	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	******	******	******	7.4	******	7.7	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	167	264	lb/d	******	5	8	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	6	13	lb/d	******	0.18	0.38	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	0.32	0.44	lb/d	******	10.2	16.0	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	******	******	******	3.652	3.922	4.266	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
JEREMIAH MECHAM / PROJECT MANAGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		505 896-8811		08/12/2014
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)

Received
AUG 18
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	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 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	554	******	MCFU/d	******	4	12	CFU/100 mL	0	23 31	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)

Received
AUG 18 2014
6EN-W

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

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

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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	07/01/2014	TO 07/31/2014

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	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	******	******	******	******	19	27	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

Received
AUG 18 2014
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.

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 06/01/2014	TO	06/30/2014

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	******	******	******	5.16	******	******	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	131	196	lb/d	******	4	6	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	******	******	******	7.4	******	7.7	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	211	322	lb/d	******	7	9	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	7	18	lb/d	******	0.23	0.49	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	0.28	0.33	lb/d	******	9.1	10.0	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	******	******	******	3.679	4.134	4.425	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)

Received
JUL 17 2014
GEN-W

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

082514

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

Form Approved
OMB No. 2040-0004

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

NAME: 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	06/01/2014	TO 06/30/2014

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	697	******	MCFU/d	******	5	10	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 L		Five Per Week	GRAB

Received
JUL 17 2014
6EN-W

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

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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
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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	06/01/2014	TO 06/30/2014

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	Comp1
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	18	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
JUL 17 2014
GEN-V

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	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	04/01/2014	TO	06/30/2014

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
JEREMIAH MECHAM / PROJECT MANAGER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 896-8811		07/10/2014
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.

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	04/01/2014	TO	06/30/2014

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	******	******	******	8.8	8.8	******	%	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	******	******	******	12.1	12.1	******	%	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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TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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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	TX1-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
	MM/DD/YYYY		MM/DD/YYYY
FROM	04/01/2014	TO	06/30/2014

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	Comp
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

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

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RioRancho
City of Vision

June 13, 2014

Certified No. 7012 1640 0001 4056 2164

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

Re: May 2014 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 May 2014 for Wastewater Treatment Plants #1 and #2, NPDES Permit #NM0027987, as required. There are no excursions to report for the month. The BOD5 precision was out of control limits on May 19th (effluent 6.6 mg/l) and May 20th (effluent 5.4 mg/l). These results were not included in the monthly averages. The BOD5 blank was out of range on May 23rd and May 30th. All other QC was acceptable. These results were included in the monthly averages.

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

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

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,

Eddie De Lara, Jr.
Operations Manager-Wastewater, CH2M HILL

CL/ab
Enclosures

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

Received
JUN 16 2014
6EN-W

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)

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

NM0027087	001-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 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	******	******	******	5.06	******	******	MG/L	0	31 31	GRAB
	PERMIT REQUIREMENT	******	******	******	Req. Mon. DAILY MIN	******	******	mg/L		Five Per Week	GRAB
BOD, 5-day, 20 deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	164	190	lb/d	******	5	7	MG/L	0	21 31	COMP24
	PERMIT REQUIREMENT	450 30DA AVG	600 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	******	******	******	7.4	******	7.6	SU	0	31 31	GRAB
	PERMIT REQUIREMENT	******	******	******	6.0 MINIMUM	******	9 MAXIMUM	SU		Daily	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	298	352	lb/d	******	10	12	MG/L	0	21 31	COMP24
	PERMIT REQUIREMENT	680 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	14	65	lb/d	******	0.45	2.10	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	0.32	lb/d	******	8.9	10.0	UG/L	0	9 31	COMP24
	PERMIT REQUIREMENT	.71 30DA AVG	1.06 DAILY MX	lb/d	******	15.4 30DA AVG	23.4 DAILY MX	ug/L		Twice Per Week	COMP24
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	******	******	******	3.635	3.722	4.214	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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			
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	TELEPHONE: 505 896-8811 (AREA Code / NUMBER)
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	DATE: 06/10/2014 (MM/DD/YYYY)

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

Received
JUN 16 2014
6EN-W

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

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

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF RIO RANCHO
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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	05/01/2014	TO 05/31/2014

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	1,240	******	MCFU/d	******	9	16	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 L		Five Per Week	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR ~~Eddie DeLaroche Jr.~~ EPS/MGE TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	for CLIFF LEEPER SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 896-8811 AREA Code NUMBER		06/10/2014 MM/DD/YYYY

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

Received
JUN 16 2014
6EN-W

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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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	05/01/2014	TO 05/31/2014

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	7	mg/L	0	12/31	Comp 12
00310 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT					30 30DA AVG	45 7DA AVG	mg/L		Three Per Week	COMP12
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	22	35	mg/L	0	12/31	Comp 12
00530 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT					30 30DA AVG	45 7DA AVG	mg/L		Three Per Week	COMP12

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

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

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FROM	04/01/2014	TO 04/30/2014

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	******	******	******	5.90	******	******	mg/L	0	30 30	GR
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	146	185	lb/d	******	5	6	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	******	******	******	7.4	******	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	293	375	lb/d	******	9	11	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	11	53	lb/d	******	0.33	1.44	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	0.27	0.30	lb/d	******	8.3	9.9	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	******	******	******	3.794	3.975	4.443	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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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		05/14/2014
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

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MAY 16 2014
6EN-W

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

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

Form Approved
OMB No. 2040-0004

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

NAME: 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	04/01/2014	TO	04/30/2014

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	575	******	MCFU/d	******	4	12	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

Received
MAY 16 2014
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		05/14/2014
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	04/01/2014	TO 04/30/2014

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	5	mg/L	0	15 30	Co. 2
00310 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT					30 30DA AVG	45 7DA AVG	mg/L		Three Per Week	COMP12
Solids, total suspended	SAMPLE MEASUREMENT	******	******	******	******	18	21	mg/L	0	15 30	Comp 12
00530 J 0 Intermediate Treatment, Process Comp	PERMIT REQUIREMENT					30 30DA AVG	45 7DA AVG	mg/L		Three Per Week	COMP12

Received
MAY 16 2014
CEN-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		05/14/2014
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
PERMIT NUMBER

001-A
DISCHARGE NUMBER

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

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	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	190	208	lb/d	******	6	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	******	7.5	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	336	391	lb/d	******	10	12	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	19	89	lb/d	******	0.55	2.70	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	0.27	0.42	lb/d	******	8.0	13.0	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	******	******	******	3.946	3.956	4.324	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		04/14/2014
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

Received
APR 17 2014
6EN-W

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

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

Form Approved
OMB No. 2040-0004

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

NAME: 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	03/01/2014	TO	03/31/2014

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	1047	******	MCFU/d	******	7	19	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		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		04/14/2014
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

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	03/01/2014	TO 03/31/2014

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	8	mg/L	0	12 31	Comp 2
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	******	******	******	******	22	28	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
APR 17 2014
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		04/14/2014
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
PERMIT NUMBER

001-A
DISCHARGE NUMBER

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

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	******	******	******	6.47	******	******	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	193	221	lb/d	******	6	7	mg/L	0	20 28	Comp24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	459 30DA AVG	608 7 DA AVG	lb/d	******	10 30DA AVG	15 7 DA AVG	mg/L		Five Per Week	COMP24
pH	SAMPLE MEASUREMENT	******	******	******	7.3	******	7.4	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	333	410	lb/d	******	10	12	mg/L	0	20 28	Comp24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	668 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	13	43	lb/d	******	0.39	1.21	mg/L	0	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	0.24	0.25	lb/d	******	7.1	8.1	ug/L	0	8 28	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	******	******	******	3.936	3.953	4.256	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

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		03/12/2014
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)

Received
MAR 17 2014
6EN-W

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

Form Approved
OMB No. 2040-0004

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

NAME: 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	02/01/2014	TO	02/28/2014

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	1044	******	MCFU/d	******	7	16	CFU/100 ML	0	20 28	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	9800 30DAVGEO	******	MCFU/d	******	47 30DAVGEO	88 DAILY MX	CFU/100m L		Five Per Week	GRAB

Received
MAR 17 2014
6EN-W

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT DIRECTOR Eddie DeLamata	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, 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	03/12/2014
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)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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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	02/01/2014	TO 02/28/2014

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	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	******	******	******	******	18	24	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

Received
MAR 17 2014
6EN-W

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE
CLIFF LEEPER / PROJECT ~~Public Works~~ 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		03/12/2014
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)

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

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

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	******	******	******	6.17	******	******	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	242	298	lb/d	******	7	9	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	******	******	******	7.0	******	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	523	764	lb/d	******	15	23	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	18	76	lb/d	******	0.50	1.97	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	0.27	0.31	lb/d	******	7.6	8.2	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	******	******	******	4.198	4.394	4.687	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		02/12/2014
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

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

Received
FEB 18 2014
6EN-W

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

Form Approved
OMB No. 2040-0004

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

NAME: 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	01/01/2014	TO	01/31/2014

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	******	******	******	******	******	12	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	1114	******	MCFU/d	******	7	23	CFU/100 ML	0	23 31	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	9600 30DAVGEO	******	MCFU/d	******	47 30DAVGEO	88 DAILY MX	CFU/100mL		Five Per Week	GRAB

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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)

Received
FEB 18 2014
6EN-W

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

Form Approved
OMB No. 2040-0004

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

NAME: 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	101-A
PERMIT NUMBER	DISCHARGE NUMBER

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

DMR Mailing ZIP CODE: 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	******	******	******	******	8	11	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	******	******	******	******	16	20	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
FEB 18 2014
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.

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	01/01/2014	TO	03/31/2014

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

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.

Received
APR 17 2014
6EN-W

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

Form Approved
OMB No. 2040-0004

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

NAME: 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	01/01/2014	TO	03/31/2014

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	Comp2
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	******	******	******	19.0	19.0	******	%	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	******	******	******	6.5	6.5	******	%	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	Comp2
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)

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Received
APR 17 2014
6EN-W

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

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

NAME: 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	01/01/2014	TO	03/31/2014

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

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