

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

Form Approved
OMB No. 2040-0004

DMR Mailing ZIP CODE: 87103
MAJOR

NORTH FLOODWAY CHANNEL - DRY SEASON
External Outfall

No Discharge

NMS000101	001-E
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	05/31/2015


PERMITTEE NAME/ADDRESS (include Facility Name/Location, if Different)
 NAME: ALBUQUERQUE, CITY OF (JOINT W/)
 ADDRESS: UNKNOWN
 UNKNOWN, NM 00000
 FACILITY: ALBUQUERQUE, CITY OF
 LOCATION: P.O. BOX 1293
 ALBUQUERQUE, NM 87103
 ATTN: ROBERT J. PERRY, CHIEF OFFICER

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Temperature, water deg. centigrade	*****	*****	*****	*****	*****	*****			
00010 10 Effluent Gross Conductivity	*****	*****	*****	Req. Mon. DAILY MN *****	deg C	Req. Mon. DAILY MX *****		Once Per Season	GRAB
00094 1 0 Effluent Gross Oxygen, dissolved [DO]	*****	*****	*****	*****	*****	Req. Mon. DAILY AV *****		Once Per Season	GRAB
00300 1 0 Effluent Gross BOD, 5-day, 20 deg. C	*****	*****	*****	Req. Mon. DAILY MN *****	*****	Req. Mon. DAILY AV *****		Once Per Season	GRAB
00310 1 0 Effluent Gross Oxygen demand, chem. [high level] [COD]	*****	*****	*****	*****	*****	Req. Mon. DAILY AV *****		Once Per Season	COMPOS
00340 1 0 Effluent Gross pH	*****	*****	*****	*****	*****	Req. Mon. DAILY MX *****		Once Per Season	COMPOS
00400 1 0 Effluent Gross Solids, total suspended	*****	*****	*****	Req. Mon. MINIMUM *****	SU	Req. Mon. MAXIMUM *****		Once Per Season	GRAB
00530 1 0 Effluent Gross	*****	*****	*****	*****	*****	Req. Mon. DAILY AV *****		Once Per Season	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Kevin Dagggett, Engr. Div. Mgr.
 TYPED OR PRINTED

DATE 3/1/2015

TELEPHONE 768-2778

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 

AREA code 505

NUMBER 768-2778

Reference all attachments here)

SEASONAL MONITORING PERIODS ARE: WET SEASON = JUNE 1-SEPT. 30 AND DRY SEASON = OCT. 1-MAY 31. 1ST YEAR REPORT PERIOD COVERS THE EFF. DATE OF PERMIT THRU SEPT. SUBSEQUENT YRS. COVER OCT.-SEPT. SEPARATE DMRS REQUIRE FOR EACH SEASON. DMRS TO BE SUBMITTED DUE APRIL 1ST.

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 External Outfall

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	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oil & Grease	*****	*****	*****	*****	*****	*****			
00556 1 0 Effluent Gross Nitrogen, total	*****	*****	*****	Req. Mon. DAILY AV	*****	mg/L		Once Per Season	GRAB
00600 1 0 Effluent Gross Nitrogen, nitrate total [as N]	*****	*****	*****	Req. Mon. DAILY AV	*****	mg/L		Once Per Season	COMPOS
00620 1 0 Effluent Gross Nitrogen, Kjeldahl, total [as N]	*****	*****	*****	Req. Mon. DAILY AV	*****	mg/L		Once Per Season	COMPOS
00625 1 0 Effluent Gross Phosphorus, total [as P]	*****	*****	*****	Req. Mon. DAILY AV	*****	mg/L		Once Per Season	COMPOS
00665 1 0 Effluent Gross Phosphorus, dissolved	*****	*****	*****	Req. Mon. DAILY AV	*****	mg/L		Once Per Season	COMPOS
00666 1 0 Effluent Gross Hardness, total [as CaCO3]	*****	*****	*****	Req. Mon. DAILY AV	*****	mg/L		Once Per Season	COMPOS
00900 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY MN	*****	mg/L		Once Per Season	GRAB

DATE: 3/1/2011
 TELEPHONE: 768-2778
 AREA: 505
 NUMBER: 768-2778
 CODE: MM/DD/YY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT:

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Kevin Daggett, Engr. Div. Mgr.
 TYPED OR PRINTED

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External Outfall

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PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Chloride [as Cl]	*****	*****	*****	*****	*****	*****			
00940 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Once Per Season	COMPOS
Sulfate, total [as SO4]	*****	*****	*****	*****	*****	*****			
00945 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Once Per Season	COMPOS
Arsenic, total [as As]	*****	*****	*****	*****	*****	*****			
01002 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Once Per Season	COMPOS
Cadmium, dissolved [as Cd]	*****	*****	*****	*****	*****	*****			
01025 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Once Per Season	COMPOS
Cadmium, total [as Cd]	*****	*****	*****	*****	*****	*****			
01027 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Once Per Season	COMPOS
Chromium, hexavalent [as Cr]	*****	*****	*****	*****	*****	*****			
01032 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Once Per Season	COMPOS
Chromium, trivalent [as Cr]	*****	*****	*****	*****	*****	*****			
01033 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****		Once Per Season	COMPOS

DATE: 3/1/2011

TELEPHONE: 768-2778

AREA: 505

NUMBER: 768-2778

code: MM/DD/YY

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Kevin Daggett, Engr. Div. Mgr.

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	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Copper, dissolved [as Cu]	*****	*****	*****	*****	*****	*****			
01040 1 0 Effluent Gross Copper, total [as Cu]	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
01042 1 0 Effluent Gross Lead, dissolved [as Pb]	*****	*****	*****	*****	*****	*****			
01049 1 0 Effluent Gross Lead, total [as Pb]	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
01051 1 0 Effluent Gross Thallium, total [as Tl]	*****	*****	*****	*****	*****	*****			
01059 1 0 Effluent Gross Zinc, dissolved [as Zn]	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
01080 1 0 Effluent Gross Zinc, total [as Zn]	*****	*****	*****	*****	*****	*****			
01092 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that truthful information is provided to the public. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Kevin Daggett, Engr. Div. Mgr.
 TYPED OR PRINTED

TELEPHONE 505 768-2778
 AREA code

DATE 3/1/2015

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	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Phenolics, total recoverable	*****	*****	*****	*****					
32730 10 Effluent Gross E. coli	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
51040 10 Effluent Gross Solids, total dissolved	*****	*****	*****	Req. Mon. DA GEOAV	CFU/100mL	Req. Mon. DAILY MX		Once Per Season	GRAB
70295 10 Effluent Gross Mercury, total [as Hg]	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
71900 10 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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TELEPHONE: 505 768-2778
 DATE: 3/1/2015
 AREA: 505
 NUMBER: 768-2778
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: 

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

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LOCATION: P.O. BOX 1293
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SOUTH DIVERSION CHANNEL - DRY SEASON
External Outfall

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PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Temperature, water deg. centigrade	*****	*****							
00010 1 0 Effluent Gross Conductivity	*****	*****	Req. Mon. DAILY MN *****	Req. Mon. DAILY AV	deg C	Req. Mon. DAILY MX		Once Per Season	GRAB
00094 1 0 Effluent Gross Oxygen, dissolved [DO]	*****	*****	*****	Req. Mon. DAILY AV *****	umholcm	Req. Mon. DAILY MX *****		Once Per Season	GRAB
00300 1 0 Effluent Gross BOD, 5-day, 20 deg. C	*****	*****	Req. Mon. DAILY MN *****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX *****		Once Per Season	GRAB
00310 1 0 Effluent Gross Oxygen demand, chem. [high level] [COD]	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
00340 1 0 Effluent Gross pH	*****	*****	*****	Req. Mon. DAILY AV *****	mg/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
00400 1 0 Effluent Gross Solids, total suspended	*****	*****	Req. Mon. MINIMUM *****	*****	SU	Req. Mon. MAXIMUM *****		Once Per Season	GRAB
00530 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV *****	mg/L	Req. Mon. DAILY MX		Once Per Season	COMPOS

DATE 3/1/2013

TELEPHONE 505 768-2778
AREA code NUMBER 505 768-2778
MM/DD/YY MM/DD/YY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Kevin Dagggett, Engr. Div. Mgr.
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	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oil & Grease	*****	*****	*****	*****	*****	*****			
00556 1 0 Effluent Gross Nitrogen, total	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	GRAB
00600 1 0 Effluent Gross Nitrogen, nitrate total [as N]	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
00620 1 0 Effluent Gross Nitrogen, Kjeldahl, total [as N]	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
00625 1 0 Effluent Gross Phosphorus, total [as P]	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
00665 1 0 Effluent Gross Phosphorus, dissolved	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
00666 1 0 Effluent Gross Hardness, total [as CaCO3]	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
00900 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	GRAB

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and analyze the information submitted. Based on my inquiry of the person or persons who manage the system, the information submitted is true and correct. I am submitting this information in good faith, and I am not aware of any circumstances that indicate a violation of any applicable law or rule that may require the submission of false information, including the possibility of false and misleading information.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Kevin Dagggett, Engr. Div. Mgr.
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 505 768 2778
 AREA code 505
 NUMBER 768 2778

DATE 3/1/2015
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SOUTH DIVERSION CHANNEL - DRY SEASON
External Outfall

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	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Chloride [as Cl]	*****	*****	*****	*****					
00940 1 0 Effluent Gross Sulfate, total [as SO4]	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
00945 1 0 Effluent Gross Arsenic, total [as As]	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
01002 1 0 Effluent Gross Cadmium, dissolved [as Cd]	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
01025 1 0 Effluent Gross Cadmium, total [as Cd]	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
01027 1 0 Effluent Gross Chromium, hexavalent [as Cr]	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
01032 1 0 Effluent Gross Chromium, trivalent [as Cr]	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
01033 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OF AUTHORIZED AGENT


TELEPHONE 505
 AREA 768-2778
 DATE 3/1/2015

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External Outfall

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PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Copper, dissolved [as Cu]	*****	*****	*****	*****	*****	*****			
01040 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
Copper, total [as Cu]	*****	*****	*****	*****	*****	*****			
01042 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
Lead, dissolved [as Pb]	*****	*****	*****	*****	*****	*****			
01048 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
Lead, total [as Pb]	*****	*****	*****	*****	*****	*****			
01051 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
Thallium, total [as Tl]	*****	*****	*****	*****	*****	*****			
01059 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
Zinc, dissolved [as Zn]	*****	*****	*****	*****	*****	*****			
01090 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
Zinc, total [as Zn]	*****	*****	*****	*****	*****	*****			
01092 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS

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 Kevin Daggert, Engr. Div. Mgr.
 TYPED OR PRINTED

SEASONAL MONITORING PERIODS ARE: WET SEASON = JUNE 1-SEPT. 30 AND DRY SEASON = OCT. 1-MAY 31. 1ST YEAR REPORT PERIOD COVERS THE EFF. DATE OF 1ST. SUBSEQUENT YRS. COVER OCT.-SEPT. SEPARATE DMRS REQUIRE FOR EACH SEASON. DMRS TO BE SUBMITTED DUE APRIL 1ST.

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

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
NAME: ALBUQUERQUE, CITY OF (JOINT W/)
ADDRESS: UNKNOWN
 UNKNOWN, NM 00000
FACILITY: ALBUQUERQUE, CITY OF
LOCATION: P.O. BOX 1293
 ALBUQUERQUE, NM 87103
ATTN: ROBERT J. PERRY, CHIEF OFFICER

NMS000101	002-E
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	05/31/2013
MONITORING PERIOD	

DMR Mailing ZIP CODE: 87103
 MAJOR

SOUTH DIVERSION CHANNEL - DRY SEASON
 External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Phenolics, total recoverable	*****	*****	*****	*****	*****	*****			
32730 1 0 Effluent Gross E. coli	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
51040 1 0 Effluent Gross Solids, total dissolved	*****	*****	*****	Req. Mon. DA GEOAV	CFU/100mL	Req. Mon. DAILY MX		Once Per Season	GRAB
70295 1 0 Effluent Gross Mercury, total [as Hg]	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
71900 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Kevin Dagggett, Engr. Div. Mgr.
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 768-2778
 DATE 3/1/2015
 AREA 505
 code NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 SEASONAL MONITORING PERIODS ARE: WET SEASON = JUNE 1-SEPT. 30 AND DRY SEASON = OCT. 1-MAY 31. 1ST YEAR REPORT PERIOD COVERS THE EFF. DATE OF PERMIT THROUGH SEPT. OF SUBSEQUENT YRS. COVER OCT.-SEPT. SEPARATE DMRS REQUIRE FOR EACH SEASON. DMRS TO BE SUBMITTED DUE APRIL 1ST.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Includes Facility Name/Location if Different)
NAME: ALBUQUERQUE, CITY OF (JOINT W/)
ADDRESS: UNKNOWN
 UNKNOWN, NM 00000
FACILITY: ALBUQUERQUE, CITY OF
LOCATION: P.O. BOX 1293
 ALBUQUERQUE, NM 87103
ATTN: ROBERT J. PERRY, CHIEF OFFICER

DMR Mailing ZIP CODE: 87103
MAJOR

SAN JOSE DRAIN AT WOODWARD RD. - DRY SEA
 External Outfall

No Discharge


NMS000101	003-E
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	05/31/2013
MONITORING PERIOD	

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Temperature, water deg. centigrade	*****	*****							
00010 10 Effluent Gross Conductivity	*****	*****	Req. Mon. DAILY MN *****	Req. Mon. DAILY AV	deg C	Req. Mon. DAILY MX	Once Per Season	GRAB	
00094 1 0 Effluent Gross BOD, 5-day, 20 deg. C	*****	*****	*****	Req. Mon. DAILY AV *****	umho/cm	Req. Mon. DAILY MX	Once Per Season	GRAB	
00310 1 0 Effluent Gross Oxygen demand, chem. [high level] [COD]	*****	*****	*****	Req. Mon. DAILY AV *****	mg/L	Req. Mon. DAILY MX	Once Per Season	COMPOS	
00340 1 0 Effluent Gross pH	*****	*****	*****	Req. Mon. DAILY AV *****	mg/L	Req. Mon. DAILY MX	Once Per Season	COMPOS	
00400 1 0 Effluent Gross Solids, total suspended	*****	*****	Req. Mon. MINIMUM *****	*****	SU	Req. Mon. MAXIMUM	Once Per Season	GRAB	
00530 1 0 Effluent Gross Oil & Grease	*****	*****	*****	Req. Mon. DAILY AV *****	mg/L	Req. Mon. DAILY MX	Once Per Season	COMPOS	
00556 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV *****	mg/L	Req. Mon. DAILY MX	Once Per Season	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Kevin Daggert, Engr. Div. Mgr.
 TYPED OR PRINTED

DATE 3/1/2015

TELEPHONE 505 768-2778

SIGNATURE OF PRINCIPAL EXECUTING OFFICER OR AUTHORIZED AGENT 

AREA 505

NUMBER 768-2778

DATE 3/1/2015

SEASONAL MONITORING PERIODS ARE: WET SEASON = JUNE 1-SEPT. 30 AND DRY SEASON = OCT. 1-MAY 31. 1ST YEAR REPORT PERIOD COVERS THE EFF. DATE OF PERMIT THRU SEPT. SUBSEQUENT YRS. COVER OCT.-SEPT. SEPARATE DMRS REQUIRE FOR EACH SEASON. DMRS TO BE SUBMITTED DUE APRIL 1ST.

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)

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
NAME: ALBUQUERQUE, CITY OF (JOINT W)
ADDRESS: UNKNOWN
 UNKNOWN, NM 00000
FACILITY: ALBUQUERQUE, CITY OF
LOCATION: P.O. BOX 1293
 ALBUQUERQUE, NM 87103
ATTN: ROBERT J. PERRY, CHIEF OFFICER

NMS000101	003-E
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	05/31/2013
MONITORING PERIOD	


DMR Mailing ZIP CODE: 87103
MAJOR

SAN JOSE DRAIN AT WOODWARD RD. - DRY SE
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Nitrogen, total	MEASUREMENT	*****	*****	*****	*****	*****				
00600 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY AV	mg/L		Once Per Season	COMPOS	
Nitrogen, nitrate total [as N]	MEASUREMENT	*****	*****	*****	*****	*****				
00620 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY AV	mg/L		Once Per Season	COMPOS	
Nitrogen, Kjeldahl, total [as N]	MEASUREMENT	*****	*****	*****	*****	*****				
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY AV	mg/L		Once Per Season	COMPOS	
Phosphorus, total [as P]	MEASUREMENT	*****	*****	*****	*****	*****				
00685 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY AV	mg/L		Once Per Season	COMPOS	
Phosphorus, dissolved	MEASUREMENT	*****	*****	*****	*****	*****				
00686 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY AV	mg/L		Once Per Season	COMPOS	
Hardness, total [as CaCO3]	MEASUREMENT	*****	*****	*****	*****	*****				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY MN	mg/L		Once Per Season	GRAB	
Chloride [as Cl]	MEASUREMENT	*****	*****	*****	*****	*****				
00940 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY AV	mg/L		Once Per Season	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Kevin Daggett, Engr. Div. Mgr.
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE 505 768-2778
 AREA code

DATE 3/1/201

NUMBER 768-2778
 NUMBER MM/DD/A

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system of controls designed to ensure the qualified personnel properly gather and evaluate the information on which this report is based. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Reference all attachments here

SEASONAL MONITORING PERIODS ARE: WET SEASON = JUNE 1-SEPT. 30 AND DRY SEASON = OCT. 1-MAY 31. 1ST YEAR REPORT PERIOD COVERS THE EFF. DATE OF PERMIT THRU SEPT. SUBSEQUENT YRS. COVER OCT.-SEPT. SEPARATE DMRS REQUIRE FOR EACH SEASON. DMRS TO BE SUBMITTED DUE APRIL 1ST.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: ALBUQUERQUE, CITY OF (JOINT W)
ADDRESS: UNKNOWN
 UNKNOWN, NM 00000
FACILITY: ALBUQUERQUE, CITY OF
LOCATION: P.O. BOX 1293
 ALBUQUERQUE, NM 87103
ATTN: ROBERT J. PERRY, CHIEF OFFICER

NMS000101	003-E
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MONITORING PERIOD
10/01/2012	MM/DD/YYYY
	05/31/2013

DMR Mailing ZIP CODE: 87103
MAJOR

SAN JOSE DRAIN AT WOODWARD RD. - DRY SEA
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Sulfate, total [as SO4]	*****	*****	*****	*****					
00945 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
Arsenic, total [as As]	*****	*****	*****	*****					
01002 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
Cadmium, dissolved [as Cd]	*****	*****	*****	*****					
01025 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
Cadmium, total [as Cd]	*****	*****	*****	*****					
01027 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
Chromium, hexavalent [as Cr]	*****	*****	*****	*****					
01032 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
Chromium, trivalent [as Cr]	*****	*****	*****	*****					
01033 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
Copper, dissolved [as Cu]	*****	*****	*****	*****					
01040 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Kevin Daggett, Engr. Div. Mgr.
 TYPED OR PRINTED

TELEPHONE 505 768-2778
 AREA

DATE 3/1/2015

NUMBER 768-2778
 CODE MM/DD/YY

SEASONAL MONITORING PERIODS ARE: WET SEASON = JUNE 1-SEPT. 30 AND DRY SEASON = OCT. 1-MAY 31. 1ST YEAR REPORT PERIOD COVERS THE EFF. DATE OF PERMIT THRU SEPT. SUBSEQUENT YRS. COVER OCT.-SEPT. SEPARATE DMRS REQUIRE FOR EACH SEASON. DMRS TO BE SUBMITTED DUE APRIL 1ST.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME: ALBUQUERQUE, CITY OF (JOINT W)
 ADDRESS: UNKNOWN
 UNKNOWN, NM 00000
 FACILITY: ALBUQUERQUE, CITY OF
 LOCATION: P.O. BOX 1293
 ALBUQUERQUE, NM 87103
 ATTN: ROBERT J. PERRY, CHIEF OFFICER

DMR Mailing ZIP CODE:
MAJOR

87103

SAN JOSE DRAIN AT WOODWARD RD. - DRY SEA
External Outfall

No Discharge

NMS000101	003-E
PERMIT NUMBER	DISCHARGE NUMBER
MMDD/YYYY	MMDD/YYYY
10/01/2013	05/31/2013
MONITORING PERIOD	

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Copper, total [as Cu]	*****	*****	*****	*****	*****	*****			
01042 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
Lead, dissolved [as Pb]	*****	*****	*****	*****	*****	*****			
01049 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
Lead, total [as Pb]	*****	*****	*****	*****	*****	*****			
01051 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
Thallium, total [as Tl]	*****	*****	*****	*****	*****	*****			
01059 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
Zinc, dissolved [as Zn]	*****	*****	*****	*****	*****	*****			
01090 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
Zinc, total [as Zn]	*****	*****	*****	*****	*****	*****			
01092 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
Phenolics, total recoverable	*****	*****	*****	*****	*****	*****			
32730 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Kevin Dagggett, Engr. Div. Mgr.
 TYPED OR PRINTED

DATE 3/1/2013

TELEPHONE 768-2778

AREA 505

NUMBER 768-2778

DATE 3/1/2013

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE OF PERMIT THRU SEPT.

SEASONAL MONITORING PERIODS ARE: WET SEASON = JUNE 1-SEPT. 30 AND DRY SEASON = OCT. 1-MAY 31. 1ST YEAR REPORT PERIOD COVERS THE EFF. DATE OF PERMIT THRU SEPT. SUBSEQUENT YRS. COVER OCT.-SEPT. SEPARATE DMRS REQUIRE FOR EACH SEASON. DMRS TO BE SUBMITTED DUE APRIL 1ST.

reference all attachments here)

EPA Form 320-1 (Rev.01/06) Previous editions may be used.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
NAME: ALBUQUERQUE, CITY OF (JOINT W)
ADDRESS: UNKNOWN
 UNKNOWN, NM 00000
FACILITY: ALBUQUERQUE, CITY OF
LOCATION: P.O. BOX 1293
 ALBUQUERQUE, NM 87103
ATTN: ROBERT J. PERRY, CHIEF OFFICER

NMS000101	003-E
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	05/31/2013
MONITORING PERIOD	

DMR Mailing ZIP CODE: 87103
MAJOR

SAN JOSE DRAIN AT WOODWARD RD. - DRY SEA
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
E. coli	*****	*****	*****	*****	*****	*****			
51040 10 Effluent Gross Solids, total dissolved	*****	*****	*****	Req. Mon. DA GEOAV	CFU/100mL	Req. Mon. DAILY MX		Once Per Season	GRAB
70295 10 Effluent Gross Mercury, total (as Hg)	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
71900 10 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Kevin Daggett, Engr. Div. Mgr.
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

505 AREA code

DATE

3/1/2015

NUMBER

768-2778

MM/DD/YY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 SEASONAL MONITORING PERIODS ARE: WET SEASON = JUNE 1-SEPT. 30 AND DRY SEASON = OCT. 1-MAY 31. 1ST YEAR REPORT PERIOD COVERS THE EFF. DATE OF PERMIT THRU SEPT. SUBSEQUENT YRS. COVER OCT.-SEPT. SEPARATE DMRS REQUIRE FOR EACH SEASON. DMRS TO BE SUBMITTED DUE APRIL 1ST.

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

Form Approved
OMB No. 2040-0004

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

NAME: ALBUQUERQUE, CITY OF (JOINT W/)
ADDRESS: UNKNOWN
UNKNOWN, NM 87000
FACILITY: ALBUQUERQUE, CITY OF
LOCATION: P.O. BOX 1293
ALBUQUERQUE, NM 87103

ATTN: ROBERT J. PERRY, CHIEF OFFICER

NMS000101	004-E
PERMIT NUMBER	DISCHARGE NUMBER
MMDDYYYY 10/01/2012	MMDDYYYY 05/31/2013
MONITORING PERIOD	

DMR Mailing ZIP CODE: 87103
MAJOR

TUERAS ARROYO NEAR ALBUQUERQUE - DRY S
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Temperature, water deg. centigrade	*****	*****							
00010 1 0 Effluent Gross Conductivity	*****	*****	Req. Mon. DAILY MN *****	Req. Mon. DAILY AV	deg C	Req. Mon. DAILY MX		Once Per Season	GRAB
00094 1 0 Effluent Gross Oxygen, dissolved [DO]	*****	*****	*****	Req. Mon. DAILY AV	umho/cm	Req. Mon. DAILY MX *****		Once Per Season	GRAB
00300 1 0 Effluent Gross BOD, 5-day, 20 deg. C	*****	*****	Req. Mon. DAILY MN *****	Req. Mon. DAILY AV	mg/L	*****		Once Per Season	GRAB
00310 1 0 Effluent Gross Oxygen demand, chem. [high level] [COD]	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
00340 1 0 Effluent Gross pH	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
00400 1 0 Effluent Gross Solids, total suspended	*****	*****	Req. Mon. MINIMUM *****	*****	SU	Req. Mon. MAXIMUM		Once Per Season	GRAB
00530 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Kevin Dagggett, Engr. Div. Mgr.
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 knowingly violating.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

505 AREA

DATE

3/1/2011

768-2778

Reference all attachments here)

NUMBER

Code

THRU SEPT.

DATE OF PERMIT

1ST YEAR REPORT PERIOD COVERS THE EFF.

SEASONAL MONITORING PERIODS ARE: WET SEASON = JUNE 1-SEPT. 30 AND DRY SEASON = OCT. 1-MAY 31.

SEPARATE DMRS REQUIRE FOR EACH SEASON. DMRS TO BE SUBMITTED DUE APRIL 1ST.

SEPARATE DMRS REQUIRE FOR EACH SEASON.

SEPARATE DMRS REQUIRE FOR EACH SEASON.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME: ALBUQUERQUE, CITY OF (JOINT W/)
 ADDRESS: UNKNOWN
 UNKNOWN, NM 00000
 FACILITY: ALBUQUERQUE, CITY OF
 LOCATION: P.O. BOX 1293
 ALBUQUERQUE, NM 87103
 ATTN: ROBERT J. PERRY, CHIEF OFFICER

NMS000101	004-E
PERMIT NUMBER	DISCHARGE NUMBER
MMDDYYYY 10/01/2012	MONITORING PERIOD MMDDYYYY 05/31/2013


DMR Mailing ZIP CODE: 87103
MAJOR

TIJERAS ARROYO NEAR ALBUQUERQUE - DRY S
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oil & Grease	*****	*****	*****						
00556 1 0 Effluent Gross Nitrogen, total	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	GRAB
00600 1 0 Effluent Gross Nitrogen, nitrate total [as N]	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
00620 1 0 Effluent Gross Nitrogen, Kjeldahl, total [as N]	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
00625 1 0 Effluent Gross Phosphorus, total [as P]	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
00665 1 0 Effluent Gross Phosphorus, dissolved	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
00666 1 0 Effluent Gross Hardness, total [as CaCO3]	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
00900 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	GRAB

I hereby under penalty of law that the document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and analyze the information and that the information is true, accurate, and complete. I am a duly licensed professional engineer and I am directly responsible for gathering the information, the information submitted is true, accurate, and complete. I have no knowledge of any falsification of the information and I have no knowledge of any person who has furnished information that I know to be false or misleading. I understand that there are no other persons who are responsible for submitting false information, including the possibility of the use of equipment for making violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

 TELEPHONE: 505 768-2778
 AREA: 3/1/2015

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Kevin Daggett, Eng. Div. Mgr.
 TYPED OR PRINTED

SEASONAL MONITORING PERIODS ARE: WET SEASON = JUNE 1-SEPT. 30 AND DRY SEASON = OCT. 1-MAY 31. 1ST YEAR REPORT PERIOD COVERS THE EFF. DATE OF PERMIT THRU SEPT. SUBSEQUENT YRS. COVER OCT.-SEPT. SEPARATE DMRS REQUIRE FOR EACH SEASON. DMRS TO BE SUBMITTED DUE APRIL 1ST.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
NAME: ALBUQUERQUE, CITY OF (JOINT W)
ADDRESS: UNKNOWN
 UNKNOWN, NM 00000
FACILITY: ALBUQUERQUE, CITY OF
LOCATION: P.O. BOX 1293
 ALBUQUERQUE, NM 87103
ATTN: ROBERT J. PERRY, CHIEF OFFICER

NMS000101	004-E
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	05/31/2013

DMR Mailing ZIP CODE: 87103
MAJOR

TIJERAS ARROYO NEAR ALBUQUERQUE - DRY S
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS				
Chloride [as Cl]		*****	*****	*****						
00940 1 0 Effluent Gross Sulfate, total [as SO4]	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX	Once Per Season	COMPOS	
00945 1 0 Effluent Gross Arsenic, total [as As]	SAMPLE MEASUREMENT	*****	*****	*****						
01002 1 0 Effluent Gross Cadmium, dissolved [as Cd]	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX	Once Per Season	COMPOS	
01025 1 0 Effluent Gross Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****						
01027 1 0 Effluent Gross Chromium, hexavalent [as Cr]	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX	Once Per Season	COMPOS	
01032 1 0 Effluent Gross Chromium, trivalent [as Cr]	SAMPLE MEASUREMENT	*****	*****	*****						
01033 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX	Once Per Season	COMPOS	

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Kevin Daggett, Engr. Div. Mgr.
 TYPED OR PRINTED

TELEPHONE 505 768-2778
 AREA 850
 DATE 3/1/2015

Reference all attachments here)
 SEASONAL MONITORING PERIODS ARE: WET SEASON = JUNE 1-SEPT. 30 AND DRY SEASON = OCT. 1-MAY 31. 1ST YEAR REPORT PERIOD COVERS THE EFF. DATE OF PERMIT THRU SEPT. SUBSEQUENT YRS. COVER OCT.-SEPT. SEPARATE DMRS REQUIRE FOR EACH SEASON. DMRS TO BE SUBMITTED DUE APRIL 1ST.

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

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME: ALBUQUERQUE, CITY OF (JOINT W/)
 ADDRESS: UNKNOWN
 UNKNOWN, NM 00000
 FACILITY: ALBUQUERQUE, CITY OF
 LOCATION: P.O. BOX 1293
 ALBUQUERQUE, NM 87103
 ATTN: ROBERT J. PERRY, CHIEF OFFICER

NMS000101	004-E
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2013	05/31/2013

DMR Mailing ZIP CODE: 87103
MAJOR

TIJERAS ARROYO NEAR ALBUQUERQUE - DRY S
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Copper, dissolved [as Cu]	*****	*****	*****	*****	*****	*****			
01040 10 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	*****	*****		Once Per Season	COMPOS
Copper, total [as Cu]	*****	*****	*****	*****	*****	*****			
01042 10 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	*****	*****		Once Per Season	COMPOS
Lead, dissolved [as Pb]	*****	*****	*****	*****	*****	*****			
01049 10 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	*****	*****		Once Per Season	COMPOS
Lead, total [as Pb]	*****	*****	*****	*****	*****	*****			
01051 10 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	*****	*****		Once Per Season	COMPOS
Thallium, total [as Tl]	*****	*****	*****	*****	*****	*****			
01059 10 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	*****	*****		Once Per Season	COMPOS
Zinc, dissolved [as Zn]	*****	*****	*****	*****	*****	*****			
01090 10 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	*****	*****		Once Per Season	COMPOS
Zinc, total [as Zn]	*****	*****	*****	*****	*****	*****			
01092 10 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	*****	*****		Once Per Season	COMPOS

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and report the information required. Based on my inquiry of the person or persons who manage the system, or the person or persons who directly provided the information, the information submitted is true, accurate, and complete. I am not aware of any falsification or omission of information or any significant omissions or misstatements of material information, including the possibility of false and misleading information.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Kevin Daggett, Engr. Div. Mgr.
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED REPRESENTATIVE
 [Signature]

TELEPHONE
 DATE
 505 768-2778
 AREA
 3/1/2013

(Reference all attachments here)
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 768-2778
 505
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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: ALBUQUERQUE, CITY OF (JOINT W/)
ADDRESS: UNKNOWN
UNKNOWN, NM 00000

FACILITY: ALBUQUERQUE, CITY OF
LOCATION: P.O. BOX 1293
ALBUQUERQUE, NM 87103

ATTN: ROBERT J. PERRY, CHIEF OFFICER

NMS000101	004-E
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	05/31/2013

DMR Mailing ZIP CODE: 87103
MAJOR

TJERAS ARROYO NEAR ALBUQUERQUE - DRY S
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Phenolics, total recoverable	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
32730 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY AV	ug/L		Once Per Season	COMPOS	
E. coli	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DA GEOAV	CFU/100mL		Once Per Season	GRAB	
Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
70295 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY AV	mg/L		Once Per Season	COMPOS	
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY AV	ug/L		Once Per Season	COMPOS	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Kevin Dagggett, Engr. Div. Mgr.
TYPED OR PRINTED

TELEPHONE

DATE

505 768-2778 3/1/201

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA code NUMBER MM/DD/Y

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

SEASONAL MONITORING PERIODS ARE: WET SEASON = JUNE 1-SEPT. 30 AND DRY SEASON = OCT. 1-MAY 31. 1ST YEAR REPORT PERIOD COVERS THE EFF. DATE OF PERMIT THRU SEPT. SUBSEQUENT YRS. COVER OCT.-SEPT. SEPARATE DMRS REQUIRE FOR EACH SEASON. DMRS TO BE SUBMITTED DUE APRIL 1ST.

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PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
NAME: ALBUQUERQUE, CITY OF (JOINT W)
ADDRESS: UNKNOWN
 UNKNOWN, NM 00000
FACILITY: ALBUQUERQUE, CITY OF
LOCATION: P.O. BOX 1293
 ALBUQUERQUE, NM 87103
ATTN: ROBERT J. PERRY, CHIEF OFFICER

NMS000101	005-E
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2012	05/31/2013

DMR Mailing ZIP CODE: 87103
MAJOR

MARIPOSA DIVERSION - DRY SEASON
External Outfall

No Discharge


PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Temperature, water deg. centigrade	*****	*****	*****	*****	*****	*****			
00010 10 Effluent Gross Conductivity	*****	*****	*****	Req. Mon. DAILY MN *****	deg C	Req. Mon. DAILY MX *****		Once Per Season	GRAB
00094 10 Effluent Gross Oxygen, dissolved [DO]	*****	*****	*****	*****	umho/cm	*****		Once Per Season	GRAB
00300 10 Effluent Gross BOD, 5-day, 20 deg. C	*****	*****	*****	Req. Mon. DAILY MN *****	mg/L	*****		Once Per Season	GRAB
00310 10 Effluent Gross Oxygen demand, chem. [high level] [COD]	*****	*****	*****	*****	mg/L	*****		Once Per Season	COMPOS
00340 10 Effluent Gross pH	*****	*****	*****	*****	mg/L	*****		Once Per Season	COMPOS
00400 10 Effluent Gross Solids, total suspended	*****	*****	*****	Req. Mon. MINIMUM *****	SU	*****		Once Per Season	GRAB
00530 10 Effluent Gross	*****	*****	*****	*****	mg/L	*****		Once Per Season	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Kevin Dagggett, Engr. Div. Mgr.
 TYPED OR PRINTED

DATE: 3/1/2015

TELEPHONE: 768-2778

AREA: 505

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: 

NUMBER: 768-2778

DATE: 3/1/2015

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MM/DD/YY: MM/DD/YY

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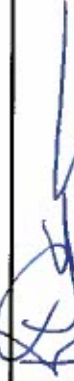
DMR Mailing ZIP CODE: 87103
MAJOR

MARIPOSA DIVERSION - DRY SEASON
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Oil & Grease	*****	*****	*****	*****	*****	*****			
00558 1 0 Effluent Gross Nitrogen, total	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	GRAB
00600 1 0 Effluent Gross Nitrogen, nitrate total [as N]	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
00620 1 0 Effluent Gross Nitrogen, Kjeldahl, total [as N]	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
00625 1 0 Effluent Gross Phosphorus, total [as P]	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
00665 1 0 Effluent Gross Phosphorus, dissolved	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
00666 1 0 Effluent Gross Hardness, total [as CaCO3]	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
00900 1 0 Effluent Gross	*****	*****	Req. Mon. DAILY MN	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Kevin Dagggett, Engr. Div. Mgr.
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED REPRESENTATIVE


TELEPHONE DATE
 505 768-2778 3/1/2015

AREA CODE NUMBER
 505 768-2778 MM/DD/YY

SEASONAL MONITORING PERIODS ARE: WET SEASON = JUNE 1-SEPT. 30 AND DRY SEASON = OCT. 1-MAY 31. 1ST YEAR REPORT PERIOD COVERS THE EFF. DATE OF PERMIT THRU SEPT. SUBSEQUENT YRS. COVER OCT.-SEPT. SEPARATE DMRS REQUIRE FOR EACH SEASON. DMRS TO BE SUBMITTED DUE APRIL 1ST.

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NAME: ALBUQUERQUE, CITY OF (JOINT W/)

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UNKNOWN, NM 00000

FACILITY: ALBUQUERQUE, CITY OF

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ALBUQUERQUE, NM 87103

ATTN: ROBERT J. PERRY, CHIEF OFFICER

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DMR Mailing ZIP CODE: 87103

MAJOR

MARIPOSA DIVERSION - DRY SEASON
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Chloride [as Cl]	*****	*****	*****						
00940 1 0 Effluent Gross Sulfate, total [as SO4]	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
00945 1 0 Effluent Gross Arsenic, total [as As]	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
01002 1 0 Effluent Gross Cadmium, dissolved [as Cd]	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
01025 1 0 Effluent Gross Cadmium, total [as Cd]	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
01027 1 0 Effluent Gross Chromium, hexavalent [as Cr]	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
01032 1 0 Effluent Gross Chromium, trivalent [as Cr]	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
01033 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Kevin Daggett, Engr. Div. Mgr.
TYPED OR PRINTED

DATE 3/1/2015

TELEPHONE 505 768-2778

AREA

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER AUTHORIZED AGENT

Code NUMBER 768-2778

DATE OF PERMIT THRU SEPT. 3/1/2015

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
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DMR Mailing ZIP CODE: 87103
MAJOR

MARIPOSA DIVERSION - DRY SEASON
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Copper, dissolved [as Cu]	*****	*****	*****	*****	*****	*****			
01040 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
Copper, total [as Cu]	*****	*****	*****	*****	*****	*****			
01042 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
Lead, dissolved [as Pb]	*****	*****	*****	*****	*****	*****			
01049 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
Lead, total [as Pb]	*****	*****	*****	*****	*****	*****			
01051 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
Thallium, total [as Tl]	*****	*****	*****	*****	*****	*****			
01059 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
Zinc, dissolved [as Zn]	*****	*****	*****	*****	*****	*****			
01090 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
Zinc, total [as Zn]	*****	*****	*****	*****	*****	*****			
01092 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OF AUTHORIZED AGENCY

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 OFFICER
 Kevin Daggett, Engr. Div. Mgr.
 TYPED OR PRINTED

TELEPHONE
 505 768-2778

DATE
 3/1/2015

AREA
 505

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MARIPOSA DIVERSION - DRY SEASON
 External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Phenolics, total recoverable	*****	*****	*****	*****	*****	*****			
32730 10 Effluent Gross E. coli	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
51040 10 Effluent Gross Solids, total dissolved	*****	*****	*****	Req. Mon. DA GEOAV	CFU/100m L	Req. Mon. DAILY MX		Once Per Season	GRAB
70295 10 Effluent Gross Mercury, total [as Hg]	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Once Per Season	COMPOS
71900 10 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Once Per Season	COMPOS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Kevin Daggert, Engr. Div. Mgr.
 TYPED OR PRINTED

DATE 3/1/2013
 TELEPHONE 768-2778
 NUMBER 505
 AREA 505
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