

NATIONAL 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	001-F
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	09/30/2013

DMR Mailing ZIP CODE: 87103
MAJOR

NORTH FLOODWAY CHANNEL - WET SEASON
External Outfall

No Discharge

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

DATE: 3/1/2015

TELEPHONE: 505 768-2778

AREA: 505

NUMBER: 768-2778

DATE: 3/1/2015

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT:

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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	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		Twice Every Season	GRAB
00600 1 0 Effluent Gross Nitrogen, nitrate total [as N]	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
00620 1 0 Effluent Gross Nitrogen, Kjeldahl, total [as N]	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
00625 1 0 Effluent Gross Phosphorus, total [as P]	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
00665 1 0 Effluent Gross Phosphorus, dissolved	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
00666 1 0 Effluent Gross Hardness, total [as CaCO3]	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
00900 1 0 Effluent Gross	*****	*****	Req. Mon. DAILY MN	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Twice Every Season	GRAB

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE 505 768-2778
 AREA CODE 505
 DATE 3/1/201

REFERENCE TO ATTACHMENTS HERE

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 External Outfall

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MONITORING PERIOD	

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	Twice Every Season	COMPOS	
00945 1 0 Effluent Gross Arsenic, total [as As]	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX	Twice Every Season	COMPOS	
01002 1 0 Effluent Gross Cadmium, dissolved [as Cd]	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX	Twice Every Season	COMPOS	
01025 1 0 Effluent Gross Cadmium, total [as Cd]	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX	Twice Every Season	COMPOS	
01027 1 0 Effluent Gross Chromium, hexavalent [as Cr]	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX	Twice Every Season	COMPOS	
01032 1 0 Effluent Gross Chromium, trivalent [as Cr]	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX	Twice Every Season	COMPOS	
01033 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX	Twice Every Season	COMPOS	

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TELEPHONE
 505 768-2778
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MM/DD/YY
 MM/DD/YY

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

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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 ATTN: ROBERT J. PERRY, CHIEF OFFICER

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MAJOR

NORTH FLOODWAY CHANNEL - WET SEASON
External Outfall

No Discharge

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

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

DATE 3/1/2015

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Reference all attachments here

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MAJOR

NORTH FLOODWAY CHANNEL - WET SEASON
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 E. coli	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX	Twice Every Season	COMPOS	
51040 1 0 Effluent Gross Solids, total dissolved	SAMPLE MEASUREMENT	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DA GEOAV	CFU/100m L	Req. Mon. DAILY MX	Once Per Season	GRAB	
70295 1 0 Effluent Gross Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX	Twice Every Season	COMPOS	
71900 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX	Twice Every Season	COMPOS	

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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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SOUTH DIVERSION CHANNEL - WET 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		Twice Every Season	GRAB
00084 1 0 Effluent Gross Oxygen, dissolved [DO]	*****	*****	*****	*****	umho/cm	Req. Mon. DAILY MX *****		Twice Every Season	GRAB
00300 1 0 Effluent Gross BOD, 5-day, 20 deg. C	*****	*****	*****	Req. Mon. DAILY MN *****	mg/L	*****		Once Per Season	GRAB
00310 1 0 Effluent Gross Oxygen demand, chem. [high level] [COD]	*****	*****	*****	*****	mg/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
00340 1 0 Effluent Gross pH	*****	*****	*****	*****	mg/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
00400 1 0 Effluent Gross Solids, total suspended	*****	*****	*****	Req. Mon. MINIMUM *****	SU	Req. Mon. MAXIMUM		Twice Every Season	GRAB
00530 1 0 Effluent Gross	*****	*****	*****	*****	mg/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS

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

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DMR Mailing ZIP CODE: 87103
MAJOR

SOUTH DIVERSION CHANNEL - WET SEASON
External Outfall

No Discharge

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

I, the undersigned, certify that the information furnished on this report is true and accurate to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are legal penalties for submitting false information, including the possibility of fine and imprisonment for such violations.

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SOUTH DIVERSION CHANNEL - WET SEASON
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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		Twice Every Season	COMPOS
00945 1 0 Effluent Gross Arsenic, total [as As]	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
01002 1 0 Effluent Gross Cadmium, dissolved [as Cd]	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
01025 1 0 Effluent Gross Cadmium, total [as Cd]	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
01027 1 0 Effluent Gross Chromium, hexavalent [as Cr]	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
01032 1 0 Effluent Gross Chromium, trivalent [as Cr]	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
01033 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS

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I certify under penalty of law that this document 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, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations.

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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 Copper, total [as Cu]	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX	Twice Every Season	COMPOS	
01042 1 0 Effluent Gross Lead, dissolved [as Pb]	*****	*****	*****	*****	*****	*****			
01042 1 0 Effluent Gross Lead, total [as Pb]	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX	Twice Every Season	COMPOS	
01049 1 0 Effluent Gross Lead, total [as Pb]	*****	*****	*****	*****	*****	*****			
01051 1 0 Effluent Gross Thallium, total [as Tl]	*****	*****	*****	*****	*****	*****			
01051 1 0 Effluent Gross Zinc, dissolved [as Zn]	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX	Twice Every Season	COMPOS	
01059 1 0 Effluent Gross Zinc, total [as Zn]	*****	*****	*****	*****	*****	*****			
01090 1 0 Effluent Gross Zinc, total [as Zn]	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX	Twice Every Season	COMPOS	
01092 1 0 Effluent Gross	*****	*****	*****	*****	*****	*****			

under penalty of law that the 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 submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is true, accurate, and complete. I am aware that there are severe penalties for submitting false information, including the possibility of fine and imprisonment for such violations.

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 3/1/2011

DATE 3/1/2011

NUMBER 768-2778
 CODE MM/DD/YY

DATE OF PERMIT THRU SEPT. 31

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

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

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

Form Approved
OMB No. 2040-0004

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


NMS000101	002-F
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	09/30/2013
MONITORING PERIOD	

SOUTH DIVERSION CHANNEL - WET 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	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX	Twice Every Season	COMPOS	
E. coli	*****	*****	*****	*****					
51040 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DA GEOAV	CFU/100m L	Req. Mon. DAILY MX	Once Per Season	GRAB	
Solids, total dissolved	*****	*****	*****	*****					
70295 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX	Twice Every Season	COMPOS	
Mercury, total [as Hg]	*****	*****	*****	*****					
71900 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX	Twice Every Season	COMPOS	

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
 MM/DD/
 3/1/2013

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)
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 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-F
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	09/30/2013

DMR Mailing ZIP CODE: 87103
MAJOR

SAN JOSE DRAIN AT WOODWARD RD. - WET SE/
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	*****	*****	25.9	25.9	deg C	25.9	1	G	
00010 1 Effluent Gross Conductivity	*****	*****	Req. Mon. DAILY MN *****	Req. Mon. DAILY AV *****	deg C	Req. Mon. DAILY MX *****	Twice Every Season	GRAB	
00094 1 0 Effluent Gross Oxygen, dissolved [DO]	*****	*****	*****	190	umho/cm	190	1	G	
00300 1 0 Effluent Gross BOD, 5-day, 20 deg. C	*****	*****	*****	4.45	mg/L	4.45	1	G	
00310 1 0 Effluent Gross Oxygen demand, chem. [high level] [COD]	*****	*****	*****	4.4	mg/L	4.4	1	C	
00340 1 0 Effluent Gross pH	*****	*****	*****	38	mg/L	38	1	C	
00400 1 0 Effluent Gross Solids, total suspended	*****	*****	*****	7.59	SU	7.59	1	G	
00590 1 0 Effluent Gross	*****	*****	*****	160	mg/L	160	1	C	

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

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)

Form Approved
OMB No. 2040-0004

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 UNKNOWN, NM 00000
 FACILITY: ALBUQUERQUE, CITY OF
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 ALBUQUERQUE, NM 87103
 ATTN: ROBERT J. PERRY, CHIEF OFFICER

NMS000101	003-F
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	09/30/2013

DMR Mailing ZIP CODE: 87103
MAJOR

SAN JOSE DRAIN AT WOODWARD RD. - WET SE/ 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	*****	*****	ND	ND	mg/L	mg/L	1	1	G
00556 1 0 Effluent Gross Nitrogen, total	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L	mg/L	Twice Every Season	Twice Every Season	GRAB
00600 1 0 Effluent Gross Nitrogen, nitrate total [as N]	*****	*****	2.0	2.0	mg/L	mg/L	1	1	C
00620 1 0 Effluent Gross Nitrogen, Kjeldahl, total [as N]	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L	mg/L	Twice Every Season	Twice Every Season	COMPOS
00620 1 0 Effluent Gross Nitrogen, Kjeldahl, total [as N]	*****	*****	0.64	0.64	mg/L	mg/L	1	1	C
00625 1 0 Effluent Gross Phosphorus, total [as P]	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L	mg/L	Twice Every Season	Twice Every Season	COMPOS
00665 1 0 Effluent Gross Phosphorus, dissolved	*****	*****	1.4	1.4	mg/L	mg/L	1	1	C
00665 1 0 Effluent Gross Phosphorus, dissolved	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L	mg/L	Twice Every Season	Twice Every Season	COMPOS
00666 1 0 Effluent Gross Hardness, total [as CaCO3]	*****	*****	0.33	0.33	mg/L	mg/L	1	1	C
00666 1 0 Effluent Gross Hardness, total [as CaCO3]	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L	mg/L	Twice Every Season	Twice Every Season	COMPOS
00900 1 0 Effluent Gross	*****	*****	0.18	0.18	mg/L	mg/L	1	1	C
00900 1 0 Effluent Gross	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L	mg/L	Twice Every Season	Twice Every Season	COMPOS
00900 1 0 Effluent Gross	*****	*****	56	56	mg/L	mg/L	1	1	C
00900 1 0 Effluent Gross	*****	*****	Req. Mon. DAILY MN	Req. Mon. DAILY MX	mg/L	mg/L	Twice Every Season	Twice Every Season	GRAB

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

DATE 3/1/201

TELEPHONE 505 768-2778

AREA 505

NUMBER 768-2778

code MM/DD/Y

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. 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.

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

08/08/2013 Page 2

NATIONAL 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-F
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	08/30/2013

DMR Mailing ZIP CODE: 87103
MAJOR

SAN JOSE DRAIN AT WOODWARD RD. - WET SE/
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Chloride [as Cl]	*****	*****	9.0	mg/L		1	C
00940 1 0 Effluent Gross	*****	*****	Req. Mon. DAILY AV	mg/L		Twice Every Season	COMPOS
Sulfate, total [as SO4]	*****	*****	18	mg/L		1	C
00945 1 0 Effluent Gross	*****	*****	Req. Mon. DAILY AV	mg/L		Twice Every Season	COMPOS
Arsenic, total [as As]	*****	*****	2.9	ug/L		1	C
01002 1 0 Effluent Gross	*****	*****	Req. Mon. DAILY AV	ug/L		Twice Every Season	COMPOS
Cadmium, dissolved [as Cd]	*****	*****	ND	ug/L		1	C
01025 1 0 Effluent Gross	*****	*****	Req. Mon. DAILY AV	ug/L		Twice Every Season	COMPOS
Cadmium, total [as Cd]	*****	*****	ND	ug/L		1	C
01027 1 0 Effluent Gross	*****	*****	Req. Mon. DAILY AV	ug/L		Twice Every Season	COMPOS
Chromium, hexavalent [as Cr]	*****	*****	ND	ug/L		1	C
01032 1 0 Effluent Gross	*****	*****	Req. Mon. DAILY AV	ug/L		Twice Every Season	COMPOS
Chromium, trivalent [as Cr]	*****	*****	7	ug/L		1	C
01033 1 0 Effluent Gross	*****	*****	Req. Mon. DAILY AV	ug/L		Twice Every Season	COMPOS

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

TELEPHONE: 505 768-2778
 AREA: 31/2015

DATE: 3/1/2015

NUMBER: 768-2778
 CODE: MM/DD/YY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT:

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.

ND = non-detect

NATIONAL 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. - WET SE/ External Outfall
 No Discharge

NIMS000101 PERMIT NUMBER	003-F DISCHARGE NUMBER
MMDD/YYYY 06/01/2013	MMDD/YYYY 09/30/2013

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Copper, dissolved [as Cu]	*****	*****	*****	4	ug/L	4		1	C
01040 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
Copper, total [as Cu]	*****	*****	*****	14	ug/L	14		1	C
01042 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
Lead, dissolved [as Pb]	*****	*****	*****	1.0	ug/L	1.0		1	C
01049 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
Lead, total [as Pb]	*****	*****	*****	24	ug/L	24		1	C
01051 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
Thallium, total [as Tl]	*****	*****	*****	ND	ug/L	ND		1	C
01059 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
Zinc, dissolved [as Zn]	*****	*****	*****	ND	ug/L	ND		1	C
01090 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
Zinc, total [as Zn]	*****	*****	*****	110	ug/L	110		1	C
01092 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS

DATE: 3/1/2015
 TELEPHONE: 768-2778
 AREA: 505
 NUMBER: 768-2778
 NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER
 OFFICER: Kevin Daggett, Engr. Div. Mgr.
 TYPED OR PRINTED
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: 
 under penalty of law that this document and all attachments were prepared under my direction or control in accordance with a system designed to ensure that qualified personnel properly gather and report the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is true, accurate, and complete. I am aware that there are strict penalties for submitting false information, including the possibility of fine and imprisonment for such violations.
 I hereby certify that all attachments were prepared under my direction or control in accordance with a system designed to ensure that qualified personnel properly gather and report the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is true, accurate, and complete. I am aware that there are strict penalties for submitting false information, including the possibility of fine and imprisonment for such violations.
 1ST YEAR REPORT PERIOD COVERS THE EFF. DATE OF PERMIT THRU SEPT. 31. 1ST YEAR REPORT PERIOD COVERS THE EFF. DATE OF PERMIT THRU SEPT. 31. 1ST YEAR REPORT PERIOD COVERS THE EFF. DATE OF PERMIT THRU SEPT. 31.
 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-F
PERMIT NUMBER	DISCHARGE NUMBER
MMDDYY	MMDDYY
06/01/2013	09/30/2013
MONITORING PERIOD	

DMR Mailing ZIP CODE: 87103
 MAJOR
 SAN JOSE DRAIN AT WOODWARD RD. - WET SE/
 External Outfall No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Phenolics, total recoverable	*****	*****	ND	ug/L		1	C
32730 10 Effluent Gross E. coli	*****	*****	Req. Mon. DAILY AV	ug/L		Twice Every Season	COMPOS
51040 10 Effluent Gross Solids, total dissolved	*****	*****	8664	CFU/100mL		1	C
	*****	*****	Req. Mon. DA GEOAV	CFU/100mL		Once Per Season	GRAB
70295 10 Effluent Gross Mercury, total [as Hg]	*****	*****	186	mg/L		1	C
	*****	*****	Req. Mon. DAILY AV	mg/L		Twice Every Season	COMPOS
71900 10 Effluent Gross	*****	*****	ND	ug/L		1	C
	*****	*****	Req. Mon. DAILY AV	ug/L		Twice Every Season	COMPOS

ND = non-detect
 MPN = most probable number (CFU/100 mL)

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER AUTHORIZED AGENT

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

NUMBER 87103
 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.

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NMS000101	004-F
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	09/30/2013

DMR Mailing ZIP CODE: 87103
MAJOR

TIJERAS ARROYO NEAR ALBUQUERQUE - WET
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	*****	*****	25.5	25.5	25.5	°C		1	G
00010 1 Effluent Gross Conductivity	*****	*****	Req. Mon. DAILY MN *****	Req. Mon. DAILY AV *****	Req. Mon. DAILY MX *****	deg C		Twice Every Season	GRAB
00094 1 0 Effluent Gross Oxygen, dissolved [DO]	*****	*****	*****	280	280	umho/cm		1	G
00300 1 0 Effluent Gross BOD, 5-day, 20 deg. C	*****	*****	4.63	4.63	4.63	mg/L		1	G
00310 1 0 Effluent Gross Oxygen demand, chem. [high level] [COD]	*****	*****	*****	8.2	8.2	mg/L		1	C
00340 1 0 Effluent Gross pH	*****	*****	*****	41	41	mg/L		1	C
00400 1 0 Effluent Gross Solids, total suspended	*****	*****	*****	7.68	7.68	SU		1	G
00530 1 0 Effluent Gross	*****	*****	*****	*****	*****	SU		Twice Every Season	GRAB
	*****	*****	*****	26,000	26,000	mg/L		1	C
	*****	*****	*****	*****	*****	mg/L		Twice Every Season	COMPOS

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

DATE 3/1/2015

TELEPHONE 505 768-2778

AREA 505

NUMBER 768-2778

code

MM/DD/YY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	09/30/2013

DMR Mailing ZIP CODE: 87103
 MAJOR


TIJERAS ARROYO NEAR ALBUQUERQUE - WET &
 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	MEASUREMENT	*****	*****	ND	mg/L	ND	mg/L	1	G
00556 1 0 Effluent Gross Nitrogen, total	PERMIT REQUIREMENT	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MIX	mg/L	Twice Every Season	GRAB
	SAMPLE MEASUREMENT	*****	*****	29	mg/L	29	mg/L	1	C
00600 1 0 Effluent Gross Nitrogen, nitrate total [as N]	PERMIT REQUIREMENT	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MIX	mg/L	Twice Every Season	COMPOS
	SAMPLE MEASUREMENT	*****	*****	13	mg/L	13	mg/L	1	C
00620 1 0 Effluent Gross Nitrogen, Kjeldahl, total [as N]	PERMIT REQUIREMENT	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MIX	mg/L	Twice Every Season	COMPOS
	SAMPLE MEASUREMENT	*****	*****	16	mg/L	16	mg/L	1	C
00625 1 0 Effluent Gross Phosphorus, total [as P]	PERMIT REQUIREMENT	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MIX	mg/L	Twice Every Season	COMPOS
	SAMPLE MEASUREMENT	*****	*****	6.5	mg/L	6.5	mg/L	1	C
00665 1 0 Effluent Gross Phosphorus, dissolved	PERMIT REQUIREMENT	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MIX	mg/L	Twice Every Season	COMPOS
	SAMPLE MEASUREMENT	*****	*****	ND	mg/L	ND	mg/L	1	C
00666 1 0 Effluent Gross Hardness, total [as CaCO3]	PERMIT REQUIREMENT	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MIX	mg/L	Twice Every Season	COMPOS
	SAMPLE MEASUREMENT	*****	*****	110	mg/L	110	mg/L	1	C
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	Req. Mon. DAILY MN	mg/L	Req. Mon. DAILY MIX	mg/L	Twice Every Season	GRAB

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


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.

ensure all attachments here)

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

ND = non-detect

NATIONAL 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-F
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	09/30/2013

DMR Mailing ZIP CODE: 87103
 MAJOR
 TIJERAS ARROYO NEAR ALBUQUERQUE - WET &
 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]	*****	*****	*****	4.2	mg/L	4.2		1	C
00940 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
Sulfate, total [as SO4]	*****	*****	*****	21	mg/L	21		1	C
00945 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
Arsenic, total [as As]	*****	*****	*****	17	ug/L	17		1	C
01002 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
Cadmium, dissolved [as Cd]	*****	*****	*****	ND	ug/L	ND		1	C
01025 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
Cadmium, total [as Cd]	*****	*****	*****	6	ug/L	6		1	C
01027 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
Chromium, hexavalent [as Cr]	*****	*****	*****	ND	ug/L	ND		1	C
01032 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
Chromium, trivalent [as Cr]	*****	*****	*****	72	ug/L	72		1	C
01033 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS

DATE: 3/1/2015
 TELEPHONE: 768-2778
 AREA: 505
 NUMBER: 768-2778
 CODE: MM/DD/YY
 NUMBER: MM/DD/YY

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT:

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Kevin Daggett, 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 PERMIT THRU SEPT. SUBSEQUENT YRS. COVER OCT.-SEPT. SEPARATE DMRS REQUIRE FOR EACH SEASON. DMRS TO BE SUBMITTED DUE APRIL 1ST.

EPA Form 3320-1 (Rev. 01/08) Previous editions may be used. *ND = nondetect*

NATIONAL 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-F
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	09/30/2013

DMR Mailing ZIP CODE: 87103
MAJOR

TIJERAS ARROYO NEAR ALBUQUERQUE - WET &
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]	*****	*****	*****	2.6	ug/L	2.6		1	C
01040 1 0 Effluent Gross Copper, total [as Cu]	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
01042 1 0 Effluent Gross Lead, dissolved [as Pb]	*****	*****	*****	130	ug/L	100		1	C
01049 1 0 Effluent Gross Lead, total [as Pb]	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
01049 1 0 Effluent Gross Lead, total [as Pb]	*****	*****	*****	ND	ug/L	ND		1	C
01051 1 0 Effluent Gross Thallium, total [as Tl]	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
01059 1 0 Effluent Gross Zinc, dissolved [as Zn]	*****	*****	*****	160	ug/L	160		1	C
01090 1 0 Effluent Gross Zinc, total [as Zn]	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
01092 1 0 Effluent Gross	*****	*****	*****	ND	ug/L	ND		1	C
	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
	*****	*****	*****	14	ug/L	14		1	C
	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
	*****	*****	*****	460	ug/L	460		1	C
	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS

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

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

DATE

3/1/2015

NUMBER

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.

NO = non-detect

NATIONAL 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-F
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	08/30/2013

DMR Mailing ZIP CODE: 87103
MAJOR

TIJERAS ARROYO NEAR ALBUQUERQUE - WET &
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	*****	*****	*****	ND	ug/g	ND		1	C
32730 1 0 Effluent Gross E. coli	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
51040 1 0 Effluent Gross Solids, total dissolved	*****	*****	*****	4106	mpn	4106		1	G
51040 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DA GEOAV	CFU/100m L	Req. Mon. DAILY MX		Once Per Season	GRAB
70295 1 0 Effluent Gross Mercury, total [as Hg]	*****	*****	*****	520	mg/L	520		1	C
71900 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
	*****	*****	*****	ND	ug/g	ND		1	C
	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS

ND = non-detect
MPN = most probable number (CFU/100ml)

I hereby certify 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 submit 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 significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations.

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
DATE 3/1/2015
AREA code
NUMBER
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

NMS000101	005-F
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	08/30/2013

DMR Mailing ZIP CODE: 87103
 MAJOR

MARIPOSA DIVERSION - WET SEASON
 External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Temperature, water deg. centigrade	*****	*****	*****	21.42	21.42	deg C		1	G
00010 1 Effluent Gross Conductivity	*****	*****	*****	Req. Mon. DAILY MN *****	Req. Mon. DAILY MX *****	deg C		Twice Every Season	GRAB
00094 1 0 Effluent Gross Oxygen, dissolved [DO]	*****	*****	*****	148	148	umho/cm		1	G
00300 1 0 Effluent Gross BOD, 5-day, 20 deg. C	*****	*****	*****	6.45	6.45	mg/L		1	G
00310 1 0 Effluent Gross Oxygen demand, chem. [high level] [COD]	*****	*****	*****	Req. Mon. DAILY MN *****	Req. Mon. DAILY MX *****	mg/L		Once Per Season	GRAB
00340 1 0 Effluent Gross pH	*****	*****	*****	19	19	mg/L		1	C
00400 1 0 Effluent Gross Solids, total suspended	*****	*****	*****	85	85	mg/L		Twice Every Season	COMPOS
00530 1 0 Effluent Gross	*****	*****	*****	7.02	7.02	SU		1	G
	*****	*****	*****	Req. Mon. MINIMUM *****	Req. Mon. MAXIMUM *****	SU		Twice Every Season	GRAB
	*****	*****	*****	16	16	mg/L		1	C
	*****	*****	*****	Req. Mon. DAILY AV *****	Req. Mon. DAILY MX *****	mg/L		Twice Every Season	COMPOS

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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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PERMITS 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	005-F
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2013	08/30/2013

DMR Mailing ZIP CODE: 87103
MAJOR

MARIPOSA DIVERSION - WET 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	*****	*****	*****	ND	mg/L	ND		1	G
00556 1 0 Effluent Gross Nitrogen, total	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Twice Every Season	GRAB
00600 1 0 Effluent Gross Nitrogen, nitrate total [as N]	*****	*****	*****	1.1	mg/L	1.1		1	C
00620 1 0 Effluent Gross Nitrogen, Kjeldahl, total [as N]	*****	*****	*****	ND	mg/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
00625 1 0 Effluent Gross Phosphorus, total [as P]	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		1	C
00665 1 0 Effluent Gross Phosphorus, dissolved	*****	*****	*****	1.1	mg/L	1.1		Twice Every Season	COMPOS
00666 1 0 Effluent Gross Hardness, total [as CaCO3]	*****	*****	*****	0.172	mg/L	0.172		1	C
00900 1 0 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
	*****	*****	*****	55	mg/L	55		1	G
	*****	*****	*****	Req. Mon. DAILY MIN	mg/L	Req. Mon. DAILY MX		Twice Every Season	GRAB

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

SIGNATURE OF MUNICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE
 505 768-2778 3/1/2015

AREA NUMBER
 505 768-2778

code NUMBER
 505 768-2778

MM/DD/YY
 MM/DD/YY

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

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ND = non-detect

NATIONAL 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: 87103
 MAJOR

MARIPOSA DIVERSION - WET SEASON
 External Outfall

No Discharge

NIMS000101	005-F
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
09/01/2013	09/30/2013

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Chloride [as Cl]	*****	*****	*****	3	mg/L	3		1	C
00940 10 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
Sulfate, total [as SO4]	*****	*****	*****	7.5	mg/L	7.5		1	C
00945 10 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	mg/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
Arsenic, total [as As]	*****	*****	*****	1.9	ug/L	1.9		1	C
01002 10 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
Cadmium, dissolved [as Cd]	*****	*****	*****	ND	ug/L	ND		1	C
01025 10 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
Cadmium, total [as Cd]	*****	*****	*****	ND	ug/L	ND		1	C
01027 10 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
Chromium, hexavalent [as Cr]	*****	*****	*****	ND	ug/L	ND		1	C
01032 10 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS
Chromium, trivalent [as Cr]	*****	*****	*****	ND	ug/L	ND		1	C
01033 10 Effluent Gross	*****	*****	*****	Req. Mon. DAILY AV	ug/L	Req. Mon. DAILY MX		Twice Every Season	COMPOS

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

DATE 3/1/2011

TELEPHONE 505 768-2778

AREA 505

NUMBER 768-2778

DATE 3/1/2011

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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)

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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	005-F
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
08/01/2013	09/30/2013

DMR Mailing ZIP CODE: 87103
 MAJOR
 MARIPOSA DIVERSION - WET SEASON
 External Outfall
 No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Copper, dissolved [as Cu]	*****	*****	5.9	ug/L		1	C
	*****	*****	Req. Mon. DAILY AV	ug/L		Twice Every Season	COMPOS
01040 10 Effluent Gross	*****	*****	7.7	ug/L		1	C
	*****	*****	Req. Mon. DAILY AV	ug/L		Twice Every Season	COMPOS
Copper, total [as Cu]	*****	*****	ND	ug/L		1	C
	*****	*****	Req. Mon. DAILY AV	ug/L		Twice Every Season	COMPOS
01042 10 Effluent Gross	*****	*****	1.5	ug/L		1	C
	*****	*****	Req. Mon. DAILY AV	ug/L		Twice Every Season	COMPOS
Lead, dissolved [as Pb]	*****	*****	ND	ug/L		1	C
	*****	*****	Req. Mon. DAILY AV	ug/L		Twice Every Season	COMPOS
01049 10 Effluent Gross	*****	*****	ND	ug/L		1	C
	*****	*****	Req. Mon. DAILY AV	ug/L		Twice Every Season	COMPOS
Lead, total [as Pb]	*****	*****	ND	ug/L		1	C
	*****	*****	Req. Mon. DAILY AV	ug/L		Twice Every Season	COMPOS
01051 10 Effluent Gross	*****	*****	29	ug/L		1	C
	*****	*****	Req. Mon. DAILY AV	ug/L		Twice Every Season	COMPOS
Thallium, total [as Tl]	*****	*****	170	ug/L		1	C
	*****	*****	Req. Mon. DAILY AV	ug/L		Twice Every Season	COMPOS
01059 10 Effluent Gross	*****	*****	ND	ug/L		1	C
	*****	*****	Req. Mon. DAILY AV	ug/L		Twice Every Season	COMPOS
Zinc, dissolved [as Zn]	*****	*****	29	ug/L		1	C
	*****	*****	Req. Mon. DAILY AV	ug/L		Twice Every Season	COMPOS
01090 10 Effluent Gross	*****	*****	170	ug/L		1	C
	*****	*****	Req. Mon. DAILY AV	ug/L		Twice Every Season	COMPOS
01092 10 Effluent Gross	*****	*****	ND	ug/L		1	C
	*****	*****	Req. Mon. DAILY AV	ug/L		Twice Every Season	COMPOS

DATE: 3/1/2015
 TELEPHONE: 768-2778
 AREA: 505
 NUMBER: 768-2778
 NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER
 OFFICER: Kevin Dabgett, Engr. Div. Mgr.
 TYPED OR PRINTED
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: 
 TELEPHONE: 768-2778
 AREA: 505
 NUMBER: 768-2778
 DATE: 3/1/2015
 MM/DD/YY: 3/1/2015

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

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	005-F
PERMIT NUMBER	DISCHARGE NUMBER
MMDDYYYY	MMDDYYYY
06/01/2013	09/30/2013

DMR Mailing ZIP CODE: 87103
 MAJOR

MARIPOSA DIVERSION - WET SEASON
 External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Phenolics, total recoverable	*****	*****	ND	ug/L		1	C
32730 10 Effluent Gross E. coli	*****	*****	Req. Mon. DAILY AV	ug/L		Twice Every Season	COMPOS
51040 10 Effluent Gross Solids, total dissolved	*****	*****	8664	MPN		1	G
	*****	*****	Req. Mon. DA GEOAV	CFU/100m L		Once Per Season	GRAB
70295 10 Effluent Gross Mercury, total [as Hg]	*****	*****	180	ng/L		1	C
	*****	*****	Req. Mon. DAILY AV	mg/L		Twice Every Season	COMPOS
71900 10 Effluent Gross	*****	*****	ND	ug/L		1	C
	*****	*****	Req. Mon. DAILY MX	ug/L		Twice Every Season	COMPOS

ND = non-detect
 MPN = most probable number (CFU/100ml)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Kevin Daggert, Engr. Div. Mgr.	505 768-2778	3/1/2015
TYPED OR PRINTED	AREA	NUMBER
	code	MM/DD/YY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

I, the undersigned, certify that the information submitted in this report is true and accurate to the best of my knowledge and belief, and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations.

reference all attachments here)

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