



**NEW MEXICO
ENVIRONMENT DEPARTMENT**



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RYAN FLYNN
Cabinet Secretary
BUTCH TONGATE
Deputy Secretary

Certified Mail – Return Receipt Requested

June 18, 2015

Mr. Shannon Jones, Division Director
City of Santa Fe
73 Paseo Real
Santa Fe, NM 87507

RE: City of Santa Fe Wastewater Treatment Plant (WWTP); Major; Municipal; SIC 4952;
NPDES Compliance Evaluation Inspection; NPDES Permit No. NM0022292; June 9,
2015

Dear Mr. Jones:

Enclosed please find a copy of the report for the referenced inspection that the New Mexico Environment Department (NMED) conducted at this facility on behalf of the U.S. Environmental Protection Agency (USEPA). This inspection report will be sent to the USEPA in Dallas for their review. These inspections are used by USEPA to determine compliance with the National Pollutant Discharge Elimination System (NPDES) permitting program in accordance with the federal Clean Water Act.

Problems noted during this inspection are listed in the inspection report. You are encouraged to review the inspection report, required to correct any problems noted during the inspection, and to modify your operational and/or administrative procedures, as appropriate. If you have comments on or concerns with the basis for the findings in the NMED inspection report, please contact us (see address above) in writing within 30 days from the date of this letter. Further, notify in writing both USEPA and NMED regarding modifications and compliance schedules at the address below:

Racquel Douglas
US Environmental Protection Agency, Region VI
Enforcement Branch (6EN-WM)
Fountain Place
1445 Ross Avenue
Dallas, Texas 75202-2733

Bruce Yurdin
New Mexico Environment Department
Surface Water Quality Bureau
Point Source Regulation Section
P.O. Box 5469
Santa Fe, New Mexico 87502

If you have any further questions regarding this inspection report, please contact Sandra Gabaldón at (505) 827-1041 or at Sandra.gabaldon@state.nm.us

Sincerely,

/s/ Bruce Yurdin

Bruce J. Yurdin
Program Manager
Point Source Regulation Section
Surface Water Quality Bureau

Cc: Rashida Bowlin, USEPA (6EN-AS) by e-mail
Carol Peters-Wagnon, USEPA (6EN-WM) by e-mail
Racquel Douglas, USEPA (6EN-WM) by e-mail
Brent Larson, USEPA (6EN-PP) by e-mail
Gladys Gooden-Jackson, USEPA (6EN-WC) by e-mail
Darlene Whitten-Hill, USEPA (6EN-WC) by e-mail
Robert Italiano, NMED District II Manager, by e-mail



Form Approved
OMB No. 2040-0003
Approval Expires 7-31-85

NPDES Compliance Inspection Report

Section A: National Data System Coding

Transaction Code	NPDES										yr/mo/day			Inspec. Type	Inspector	Fac Type									
1 <input type="text" value="N"/> 2 <input type="text" value="5"/> 3 <input type="text" value="N"/> <input type="text" value="M"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="9"/> <input type="text" value="2"/> 11 <input type="text" value="1"/> 12 <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="9"/> 17 <input type="text" value="C"/> 18 <input type="text" value="S"/> 20 <input type="text" value="1"/>																									
<input type="text" value="M"/> <input type="text" value="A"/> <input type="text" value="J"/> <input type="text" value="O"/> <input type="text" value="R"/>			<input type="text" value="W"/> <input type="text" value="W"/> <input type="text" value="T"/> <input type="text" value="P"/>																						
Inspection Work Days			Facility Evaluation Rating			BI		QA		-----Reserved-----															
67 <input type="text"/> <input type="text"/> <input type="text"/> 69			70 <input type="text" value="3"/>			71 <input type="text" value="N"/>		72 <input type="text" value="N"/>		73 <input type="text"/>		74 <input type="text"/>		75 <input type="text"/>		76 <input type="text"/>		77 <input type="text"/>		78 <input type="text"/>		79 <input type="text"/>		80 <input type="text"/>	

Section B: Facility Data

Name and Location of Facility Inspected (For industrial users discharging to POTW, also include POTW name and NPDES permit number) Santa Fe WWTP 73 Paseo Real Santa Fe, NM 87507 SANTA FE COUNTY	Entry Time /Date 0915 Hours / June 9, 2015	Permit Effective Date August 1, 2010
	Exit Time/Date 1435 Hours / June 9, 2015	Permit Expiration Date July 31, 2015
Name(s) of On-Site Representative(s)/Title(s)/Phone and Fax Number(s) Patricia Rosaker, Laboratory Manager / 505-955-4623 Luis Orozco, Plant Superintendent / 505-955-4615	Other Facility Data SIC 4952 – Treatment Works Latitude: 35°37'30" North Longitude: -106°05'19" West	
Name, Address of Responsible Official/Title/Phone and Fax Number Mr. Shannon Jones, Division Director / 505-955-4622 / 505-955-4577 City of Santa Fe 73 Paseo Real Santa Fe, NM 87507 swjones@ci.santa-fe.nm.us	Contacted Yes <input type="checkbox"/> * No <input type="checkbox"/>	

Section C: Areas Evaluated During Inspection

(S = Satisfactory, M = Marginal, U = Unsatisfactory, N = Not Evaluated)

<input type="text" value="S"/>	Permit	<input type="text" value="S"/>	Flow Measurement	<input type="text" value="U"/>	Operations & Maintenance	<input type="text" value="N"/>	CSO/SSO
<input type="text" value="M"/>	Records/Reports	<input type="text" value="S"/>	Self-Monitoring Program	<input type="text" value="S"/>	Sludge Handling/Disposal	<input type="text" value="N"/>	Pollution Prevention
<input type="text" value="S"/>	Facility Site Review	<input type="text" value="N"/>	Compliance Schedules	<input type="text" value="N"/>	Pretreatment	<input type="text" value="N"/>	Multimedia
<input type="text" value="S"/>	Effluent/Receiving Waters	<input type="text" value="M"/>	Laboratory	<input type="text" value="N"/>	Storm Water	<input type="text"/>	Other:

Section D: Summary of Findings/Comments (Attach additional sheets if necessary)

Please see checklist and further explanations for details of findings

Name(s) and Signature(s) of Inspector(s) Sandra Gabaldon /s/ Sandra Gabaldon	Agency/Office/Telephone/Fax NMED/SWQB/(505) 827-1041/(505) 827-0160	Date 06/22/2015
Signature of Management QA Reviewer /s/ Michelle Lemon Michelle Lemon, Municipal Team Lead	Agency/Office/Phone and Fax Numbers NMED/SWQB/(505) 827-2819/(505) 827-0160	Date 06/22/2015

SECTION A – PERMIT VERIFICATION

PERMIT SATISFACTORILY ADDRESSES OBSERVATIONS

 S M U NA (FURTHER EXPLANATION ATTACHED NO)

DETAILS: Permit expires on July 31, 2015. The permittee has submitted their renewal application within the 180 days. EPA is currently working on their new NPDES permit.

1. CORRECT NAME AND MAILING ADDRESS OF PERMITTEE

 Y N NA

2. NOTIFICATION GIVEN TO EPA/STATE OF NEW DIFFERENT OR INCREASED DISCHARGES

 Y N NA

3. NUMBER AND LOCATION OF DISCHARGE POINTS AS DESCRIBED IN PERMIT

 Y N NA

4. ALL DISCHARGES ARE PERMITTED

 Y N NA

SECTION B – RECORDKEEPING AND REPORTING EVALUATION

RECORDS AND REPORTS MAINTAINED AS REQUIRED BY PERMIT.

 S M U NA (FURTHER EXPLANATION ATTACHED YES)

DETAILS:

1. ANALYTICAL RESULTS CONSISTENT WITH DATA REPORTED ON DMRs.

 Y N NA

2. SAMPLING AND ANALYSES DATA ADEQUATE AND INCLUDE.

 S M U NA

a) DATES, TIME(S) AND LOCATION(S) OF SAMPLING

 Y N NA

b) NAME OF INDIVIDUAL PERFORMING SAMPLING

 Y N NA

c) ANALYTICAL METHODS AND TECHNIQUES.

 Y N NA

d) RESULTS OF ANALYSES AND CALIBRATIONS.

 Y N NA

e) DATES AND TIMES OF ANALYSES.

 Y N NA

f) NAME OF PERSON(S) PERFORMING ANALYSES.

 Y N NA

3. LABORATORY EQUIPMENT CALIBRATION AND MAINTENANCE RECORDS ADEQUATE.

 S M U NA

4. PLANT RECORDS INCLUDE SCHEDULES, DATES OF EQUIPMENT MAINTENANCE AND REPAIR.

 S M U NA

5. EFFLUENT LOADINGS CALCULATED USING DAILY EFFLUENT FLOW AND DAILY ANALYTICAL DATA.

 Y N NA

SECTION C – OPERATIONS AND MAINTENANCE

TREATMENT FACILITY PROPERLY OPERATED AND MAINTAINED.

 S M U NA (FURTHER EXPLANATION ATTACHED YES)

DETAILS:

1. TREATMENT UNITS PROPERLY OPERATED.

 S M U NA

2. TREATMENT UNITS PROPERLY MAINTAINED.

 S M U NA

3. STANDBY POWER OR OTHER EQUIVALENT PROVIDED.

 S M U NA

4. ADEQUATE ALARM SYSTEM FOR POWER OR EQUIPMENT FAILURES AVAILABLE.

 S M U NA

5. ALL NEEDED TREATMENT UNITS IN SERVICE One of two primary clarifiers are out of service because of a leak. The maintenance manager has been working with a contractor to get this fixed and back on line.

 S M U NA

6. ADEQUATE NUMBER OF QUALIFIED OPERATORS PROVIDED.

 S M U NA

7. SPARE PARTS AND SUPPLIES INVENTORY MAINTAINED.

 S M U NA

8. OPERATION AND MAINTENANCE MANUAL AVAILABLE.

 Y N NA

STANDARD OPERATING PROCEDURES AND SCHEDULES ESTABLISHED.

 Y N NA

PROCEDURES FOR EMERGENCY TREATMENT CONTROL ESTABLISHED.

 Y N NA

SECTION C – OPERATIONS AND MAINTENANCE (CONT'D)

9. HAVE BYPASSES/OVERFLOWS OCCURRED AT THE PLANT OR IN THE COLLECTION SYSTEM IN THE LAST YEAR? Y N NA
 IF SO, HAS THE REGULATORY AGENCY BEEN NOTIFIED? Y N NA
 HAS CORRECTIVE ACTION BEEN TAKEN TO PREVENT ADDITIONAL BYPASSES/OVERFLOWS? Y N NA

10. HAVE ANY HYDRAULIC OVERLOADS OCCURRED AT THE TREATMENT PLANT? Y N NA
 IF SO, DID PERMIT VIOLATIONS OCCUR AS A RESULT? Y N NA

SECTION D – SELF-MONITORING

PERMITTEE SELF-MONITORING MEETS PERMIT REQUIREMENTS. S M U NA (FURTHER EXPLANATION ATTACHED NO).
 DETAILS:

1. SAMPLES TAKEN AT SITE(S) SPECIFIED IN PERMIT. Y N NA

2. LOCATIONS ADEQUATE FOR REPRESENTATIVE SAMPLES. Y N NA

3. FLOW PROPORTIONED SAMPLES OBTAINED WHEN REQUIRED BY PERMIT. Y N NA

4. SAMPLING AND ANALYSES COMPLETED ON PARAMETERS SPECIFIED IN PERMIT. Y N NA

5. SAMPLING AND ANALYSES PERFORMED AT FREQUENCY SPECIFIED IN PERMIT. Y N NA

6. SAMPLE COLLECTION PROCEDURES ADEQUATE Y N NA

a) SAMPLES REFRIGERATED DURING COMPOSITING. Y N NA

b) PROPER PRESERVATION TECHNIQUES USED. Y N NA

c) CONTAINERS AND SAMPLE HOLDING TIMES CONFORM TO 40 CFR 136.3. Y N NA

7. IF MONITORING AND ANALYSES ARE PERFORMED MORE OFTEN THAN REQUIRED BY PERMIT, ARE THE RESULTS REPORTED IN PERMITTEE'S SELF-MONITORING REPORT? Y N NA

SECTION E – FLOW MEASUREMENT S M U NA (FURTHER EXPLANATION ATTACHED NO).
 DETAILS:

1. PRIMARY FLOW MEASUREMENT DEVICE PROPERLY INSTALLED AND MAINTAINED. Y N NA

2. FLOW MEASURED AT EACH OUTFALL AS REQUIRED. Y N NA

3. SECONDARY INSTRUMENTS (TOTALIZERS, RECORDERS, ETC.) PROPERLY OPERATED AND MAINTAINED. Y N NA

4. CALIBRATION FREQUENCY ADEQUATE. Y N NA
 RECORDS MAINTAINED OF CALIBRATION PROCEDURES. Y N NA
 CALIBRATION CHECKS DONE TO ASSURE CONTINUED COMPLIANCE. Y N NA

5. FLOW ENTERING DEVICE WELL DISTRIBUTED ACROSS THE CHANNEL AND FREE OF TURBULENCE. Some turbulence which makes it difficult to determine an accurate flow from the staff gage. Mr. Orozco stated that the turbulence occurs from the post aeration. Post aeration is done to meet the dissolved oxygen requirements of their permit. Y N NA

6. HEAD MEASURED AT PROPER LOCATION. Y N NA

7. FLOW MEASUREMENT EQUIPMENT ADEQUATE TO HANDLE EXPECTED RANGE OF FLOW RATES. Y N NA

SECTION F – LABORATORY

PERMITTEE LABORATORY PROCEDURES MEET PERMIT REQUIREMENTS. S M U NA (FURTHER EXPLANATION ATTACHED YES).
 DETAILS:

1. EPA APPROVED ANALYTICAL PROCEDURES USED (40 CFR 136.3 FOR LIQUIDS, 503.8(b) FOR SLUDGES) Y N NA

SECTION F - LABORATORY (CONT'D)

- 2. IF ALTERNATIVE ANALYTICAL PROCEDURES ARE USED, PROPER APPROVAL HAS BEEN OBTAINED Y N X NA
- 3. SATISFACTORY CALIBRATION AND MAINTENANCE OF INSTRUMENTS AND EQUIPMENT. X S O M U NA
- 4. QUALITY CONTROL PROCEDURES ADEQUATE. O S M X U NA
- 5. DUPLICATE SAMPLES ARE ANALYZED. 100 % OF THE TIME. X Y N NA
- 6. SPIKED SAMPLES ARE ANALYZED. 0 % OF THE TIME. Y X N O NA
- 7. COMMERCIAL LABORATORY USED. X Y N NA

LAB NAME Bio-Aquatics
 LAB ADDRESS Carrollton, TX
 PARAMETERS PERFORMED WET (Biomonitoring)

SECTION G - EFFLUENT/RECEIVING WATERS OBSERVATIONS. X S M O U NA (FURTHER EXPLANATION ATTACHED NO.)

OUTFALL NO.	OIL SHEEN	GREASE	TURBIDITY	VISIBLE FOAM	FLOAT SOL.	COLOR	OTHER
001	NO	NO	NO	SLIGHT	NONE	CLEAR	N/A

RECEIVING WATER OBSERVATIONS Receiving water had a slightly milky white color

SECTION H - SLUDGE DISPOSAL

SLUDGE DISPOSAL MEETS PERMIT REQUIREMENTS. X S M U NA (FURTHER EXPLANATION ATTACHED NO.)
 DETAILS:

- 1. SLUDGE MANAGEMENT ADEQUATE TO MAINTAIN EFFLUENT QUALITY. X S M U NA
- 2. SLUDGE RECORDS MAINTAINED AS REQUIRED BY 40 CFR 503. O S X M U NA
- 3. FOR LAND APPLIED SLUDGE, TYPE OF LAND APPLIED TO: Surface Disposal / Composting (e.g., FOREST, AGRICULTURAL, PUBLIC CONTACT SITE)

SECTION I - SAMPLING INSPECTION PROCEDURES (FURTHER EXPLANATION ATTACHED ___)

- 1. SAMPLES OBTAINED THIS INSPECTION. Y X N NA
- 2. TYPE OF SAMPLE OBTAINED
 GRAB _____ COMPOSITE SAMPLE _____ METHOD _____ FREQUENCY _____
- 3. SAMPLES PRESERVED. Y N NA
- 4. FLOW PROPORTIONED SAMPLES OBTAINED. Y N NA
- 5. SAMPLE OBTAINED FROM FACILITY'S SAMPLING DEVICE. Y N NA
- 6. SAMPLE REPRESENTATIVE OF VOLUME AND MATURE OF DISCHARGE. Y N NA
- 7. SAMPLE SPLIT WITH PERMITTEE. Y N NA
- 8. CHAIN-OF-CUSTODY PROCEDURES EMPLOYED. Y N NA
- 9. SAMPLES COLLECTED IN ACCORDANCE WITH PERMIT. Y N NA

**City of Santa Fe Wastewater Treatment Plant
Compliance Evaluation Inspection
NPDES Permit Number NM0022292
Compliance Inspection Date: June 9, 2015**

Introduction:

On June 9, 2015, Sandra Gabaldón and Daniel Valenta of the New Mexico Environment Department (NMED), Surface Water Quality Bureau (SWQB) conducted a Compliance Evaluation Inspection (CEI) at the City of Santa Fe Wastewater Treatment Plant (WWTP). The City of Santa Fe WWTP has a design flow capacity of 13 MGD (million gallons per day) and is classified as a major municipal discharger under the federal Clean Water Act, Section 402, of the National Pollutant Discharge Elimination System (NPDES) permit program. It is assigned NPDES permit number NM0022292. This permit regulates the WWTP point source discharge to the Santa Fe River in Segment Code 20.6.4.113, NMAC *NEW MEXICO STANDARDS FOR INTERSTATE AND INTRASTATE SURFACE WATERS*.

The NMED performs a certain number of CEIs for the U.S. Environmental Protection Agency (USEPA), Region VI, under the NPDES permit program, in accordance with the federal Clean Water Act. USEPA uses these inspections to determine compliance with the NPDES permit program. This inspection report is based on information provided by the permittee's representatives, observations made by the NMED inspectors, and records and reports kept by the permittee and/or NMED.

Upon arrival at approximately 0915 hours, the inspectors met Mr. Luis Orozco, Plant Superintendent (Wastewater Certified Operator, Level 4). During the entrance interview, the inspector presented her credentials, made introductions and explained the purpose of the inspection. A tour of the facility commenced thereafter. Upon completion of the tour, the inspectors took a break, as the laboratory manager was out for lunch. The inspectors returned at 1240 Hours and commenced the laboratory review and requested January 2015 records. An exit interview to discuss the preliminary findings of the inspection was conducted at approximately 1420 hours on May 19, 2015, at the facility with Mr. Orozco and Mr. Shannon Jones, Public Works Division Director.

Treatment Scheme:

The City of Santa Fe WWTP serves a population of approximately 75,000 residents, but during the summer months, the City of Santa Fe becomes a tourist destination and this increases the flow to the treatment plant.

The treatment plant is a conventional treatment process with a design capacity of 13 MGD. The average flow currently is 6 MGD.

The headworks are comprised of various components used to remove larger debris from raw influent entering the plant. The barscreen is a fine screen type that can be flow actuated or ran by timer. Rocks fall into a rock collector ahead of the barscreen. The purpose of the barscreen is removal of cans, plastic products, paper, rags and other things too large to pass through the screen. These items are fed into the rag press, where most of the moisture is forced out of them by compression, and discharged to the dumpsters placed under the chutes. The influent that passes through the barscreen is allowed to continue in the wastewater flow to two wet wells.

The grit removal system consists of various components including a grit tank, where flows are aerated just enough to allow inorganic waste (sand, glass, egg shells, etc.) to settle while allowing organics to float and pass through to a wet well. This is done by reducing the velocity of the wastewater enough so that the heavier particles settle to the bottom of the tank. The contents of this tank are pumped back to the grit separator by the grit pumps and washed to remove the organic matter that was attached to the grit. The grit with the help of an augur is dropped into a conveyor belt. The conveyor carries and drops the grit into a portable dumpster and is then disposed of at the landfill.

From the grit chamber, flow enters two 580,600 gallons primary clarifiers from a splitter box. The east clarifier was nonfunctional on the day of the inspection because of a leak. The velocity is reduced in the primary clarifiers to allow the heavier organics to settle to the bottom of the tank and be removed by a scraper. The lighter material continues to float to the top and is removed by a skimmer arm. The solids removed from the bottom are removed from the clarifier and pumped to the digester.

After primary clarification, flow enters the aeration basins where nitrification and denitrification take place.

The secondary clarifiers allow the solids to settle further to the bottom of the tank. The clear effluent flows over the weirs and out of the tanks while the settleable solids are pumped from the clarifier to a wet well.

Flow then enters the final process of filtration at the disc filters and sand filters.

After the filtration process is complete, disinfection is achieved through ultraviolet light. The UV system can operate manually or automatically by monitoring the flows.

Post aeration is used to achieve the dissolved oxygen required by the permit. Two aerators aerate the effluent in the post aeration basin prior to being discharged to the Santa Fe River.

SOLIDS:

The DAF (dissolved air flotation) is used to thicken the sludge. The DAF operates by pressurizing water, above atmospheric pressure in a pressure tank. The pressurized water is introduced to a header along with pumped sludge and a polymer. The sludge, pressurized water, and polymer enter into the actual DAF tanks. The thickened solids are then handled in either one of two ways: Anaerobic sludge digestion or lime stabilization.

Digesters are composed of a fixed cover primary digester with a capacity of 462,000 gallons and a floating cover secondary digester with a capacity of 453,000 gallons. The digesters are heated by two hot water boilers, with heat being transferred by the use of spiral heat exchangers. The digester boilers have the ability to be fueled by either natural or digester gas. The digester contents are also mixed by the use of digester gas which is compressed and introduced into the mixing guns. Excess digester gas is burned off using a waste gas burner.

The second method used for sludge treatment is lime stabilization. Lime stabilization is done in a holding tank. Lime raises the sludge pH. The pH is raised to 12.0 s.u. and must remain at this pH for two hours.

After the sludge has been treated, storage of sludge is available prior to disposal. This allows the WWTP extra capacity prior to sludge surface injection in the adjacent field. The City of Santa Fe also employs composting as a means to reducing their sludge injection. The sludge cake is approximately 12% mixed with wood chips/hay and is formed into a windrow. The temperature of the windrow is maintained at 131 degrees or higher for fifteen days. The windrow is turned a minimum of five times while maintaining the temperature. It is then stockpiled for approximately 30-60 days prior to being sold to the public.

RE-USE:

The facility also sells effluent to the following:

1. The Santa Fe Country Club
2. City of Santa Fe Municipal Recreation Complex
3. The Marty Sanchez Golf Club
4. The SWAN park. (This is a new facility and has not yet started receiving water.)

Further Explanations:

Note: The sections are arranged according to the format of the enclosed EPA inspection checklist (Form 3560-3), rather than being ranked in order of importance.

Section B – Recordkeeping and Reporting – Overall Rating “Marginal”

The permit requires in Part I.E. Pollution Prevention Requirements:

The permittee shall institute a program within 12 months of the effective date of the permit (or continue an existing one) directed towards optimizing the efficiency and extending the useful life of the facility. The permittee shall consider the following items in the program:

- a. The influent loadings, flow and design capacity;*
- b. The effluent quality and plant performance;*
- c. The age and expected life of the wastewater treatment facility's equipment;*
- d. Bypasses and overflows of the tributary sewerage system and treatment works;*
- e. New developments at the facility;*
- f. Operator certification and training plans and status;*
- g. The financial status of the facility;*
- h. Preventative maintenance programs and equipment conditions and;*
- i. An overall evaluation of conditions at the facility.*

The permit requires in Part III.D.4 Discharge Monitoring Reports and Other Reports:

Monitoring results must be reported to EPA on either the electronic or paper Discharge Monitoring Report (DMR) approved formats. Monitoring results can be submitted electronically in lieu of the paper DMR form. To submit electronically, access the NetDMR website at www.epa.gov/netdmr and contact the R6NetDMR.epa.gov inbox for further instructions. Until you are approved for

NetDMR, you must report on the DMR Form EPA No. 3320-1 in accordance with the "General Instructions" provided on the form...

The permit requires in Part III.C.4 Record Contents:

Records of monitoring information shall include:

- a. The date, exact place, and time of sampling or measurements;*
- b. The individual(s) who performed the sampling or measurement;*
- c. The date(s) and time(s) analyses were performed*
- d. The individual(s) who performed the analyses;*
- e. The analytical techniques, or methods used; and*
- f. The results of such analyses.*

Findings for Recordkeeping and Reporting:

The permittee's representative stated that they do not have a pollution prevention plan in place at this time. The permittee's representative stated that they do have various documents that address the above considerations; however, they do not have a written plan with each item listed above.

The permittee did not submit their annual sludge DMRs for 2014, which was due on February 19, 2015. If the permittee did send this in, NMED did not receive a copy. The permittee should submit this if it has not previously been submitted to both EPA and NMED.

The permittee provided benchsheets from January 2015. The Total Suspended Solids (TSS) benchsheet is provided below. It appears that not all a-f of Part III.C.4 are on the benchsheet. This is a computer generated benchsheet. It may be that the permittee does have another benchsheet that obtains all of the parts required in Part III.C.4. However, only the computer generated bench sheet was provided.

TOTAL SUSPENDED SOLIDS & VOLATILE SUSPENDED SOLIDS

	VOL ml	TSS mg/L	AVG mg/L	ASH gm	VSS mg/L	AVG mg/L
BL		1.8116	1.8116			
BL	1000	1.8117	1.8116		1.8114	
EF		1.8000	1.8015			
EF	1000	1.8002	1.8015	1.5	1.4	1.4
EF		1.8138	1.8152			
EF	1000	1.8139	1.8151	1.3	1.8138	1.3
IN	15	1.8019	1.8107	587	603	557
IN	15	1.8546	1.8639	620	1.8553	573
Old UP	0	0	0.0000	#DIV/O!	0.0000	#DIV/O!
New UF	0	0	0.0000	#DIV/O!	0.0000	#DIV/O!
RS	3	1.8262	1.8539	9233	9380	7600
RS	3	1.8366	1.8652	9533	1.8415	7900
FI	500	1.8045	1.8096	10.2	1.8051	9.0
ML	5	1.821	1.8348	2760	2740	2240
ML	5	1.83	1.8436	2720	1.8322	2280

Analyst: AR/PR

Time start: 8:44am

Time end: 1:10pm

1st Dry Wt. Time: 10:12am

2nd Dry Wt. Time: 12:31pm

SUMMARY

Test Date: 21-Jan-15

Influent @ Inf Channel

Mixed Liquor

Return Activated Sludge

Old Underflow

New Underflow

Filter Influent

Effluent @ Out fall Eff Sampler

TSS	VSS	Date	Sample Time
2740	2260	21-Jan-15	10:30am
#DIV/O!	#DIV/O!	20-Jan-15	6am. 2pm. 10pm Comp.
#DIV/O!	#DIV/O!	20-Jan-15	6am. 2pm. 10pm Comp.
1.4	1.4	20-Jan-15	Comp.*

* 24hr composite
10am - Sam
1 sample/2hrs

ANALYTICAL TECHNIQUE: Standard Methods - 2540 D - 1997

Section C – Operation and Maintenance – Overall Rating “Unsatisfactory”

The permit requires in Part III, Section B. Proper Operation and Maintenance:

- a. *The permittee shall at all times properly operate and maintain all facilities and systems of treatment and control (and related appurtenances) which are installed or used by permittee as efficiently as possible and in a manner which will minimize upsets and discharges of excessive pollutants and will achieve compliance with the conditions of this permit. Proper operation and maintenance also includes adequate laboratory controls and appropriate quality assurance procedures. This provision requires the operation of back up or auxiliary facilities or similar systems which are installed by a permittee only when the operation is necessary to achieve compliance with the conditions of this permit.*

Findings for Operation and Maintenance:

On the date of this inspection, the secondary clarifier had a sludge blanket of approximately 11 feet. The clarifier depth is 12 feet. This is an extreme amount of sludge that is being kept in the secondary clarifier and it was noted that sludge was leaving the clarifier over the weirs prior to the disc filters and sand beds. If this facility did not have the disc filters and sand beds, they would most likely exceed their parameters for TSS and E. coli.

The east primary clarifier was not online on the date of inspection because it had a leak. The maintenance supervisor stated that he is awaiting parts to fix this. This should be operational within the next few weeks.

Section F – Laboratory – Overall Rating “Marginal”

Part III, Section 5 states:

Monitoring Procedures:

- a. *Monitoring must be conducted according to test procedures approved under 40 CFR Part 136, unless other test procedures have been specified in this permit or approved by the Regional Administrator.*
- b. *The permittee shall calibrate and perform maintenance procedures on all monitoring and analytical instruments at intervals frequent enough to insure accuracy of measurements and shall maintain appropriate records of such activities.*
- c. *An adequate analytical quality control program, including the analyses of sufficient standards, spikes, and duplicate samples to insure the accuracy of all*

required analytical results shall be maintained by the permittee or designated commercial laboratory.

Findings for Laboratory:

The permittee is using Method 1603 modified mTec for analyses of E. coli. The method requires a quality control program be instituted to verify accuracy and precision. Method 1603: *Escherichia coli* (*E. coli*) in Water by Membrane Filtration Using Modified membrane-Thermotolerant *Escherichia coli* Agar (Modified mTEC) states the following:

Quality Control

The minimum analytical QC requirements for the analysis of samples using Method 1603 include an initial demonstration of laboratory capability through performance of the initial precision and recovery (IPR) analyses (Section 9.3), ongoing demonstration of laboratory capability through performance of the ongoing precision and recovery (OPR) analysis (Section 9.4) and matrix spike (MS) analysis (Section 9.5, disinfected wastewater only), and the routine analysis of positive and negative controls (Section 9.6), filter sterility checks (Section 9.8), method blanks (Section 9.9), and media sterility checks (Section 9.11). For the IPR, OPR and MS analyses, it is necessary to spike samples with either laboratory-prepared spiking suspensions or BioBalls.

The permittee stated that they are not doing all the required quality control requirements for this methodology. In order to follow the requirements of 40 CFR 136, the permittee is required to also do all quality control requirements of the methodology they choose to use.

**NMED/SWQB
Official Photograph Log
Photo # 1**

Photographer: Daniel Valenta	Date: June 9, 2015	Time: 1015 Hours
City/County: City of Santa Fe / Santa Fe County		State: New Mexico
Location: City of Santa Fe Wastewater Treatment Plant		
Subject: East Primary Clarifier - offline		



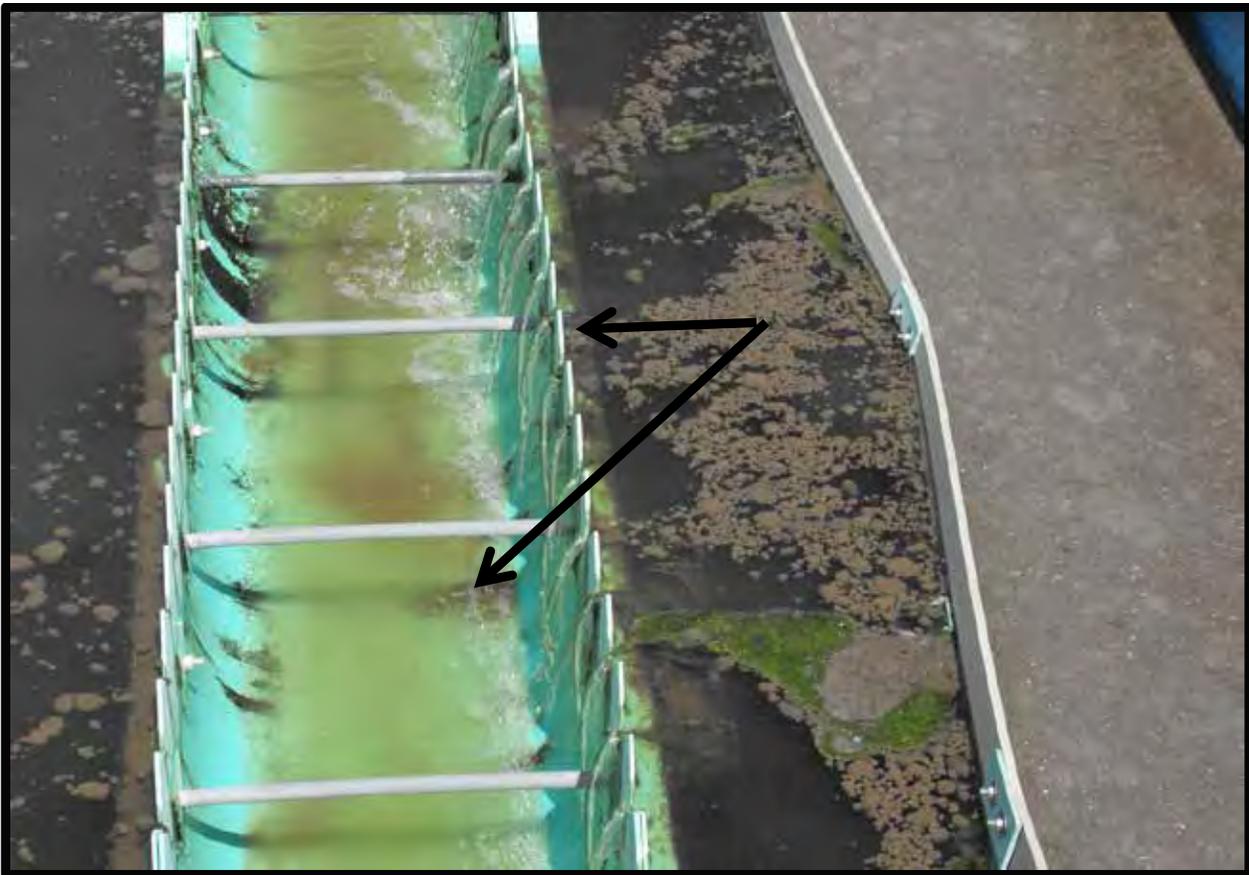
**NMED/SWQB
Official Photograph Log
Photo # 2**

Photographer: Daniel Valenta	Date: June 9, 2015	Time: 1016 Hours
City/County: City of Santa Fe / Santa Fe County		State: New Mexico
Location: Santa Fe Wastewater Treatment Plant		
Subject: West Primary Clarifier		



**NMED/SWQB
Official Photograph Log
Photo # 3**

Photographer: Daniel Valenta	Date: June 9, 2015	Time: 1047 Hours
City/County: City of Santa Fe / Santa Fe County		State: New Mexico
Location: Santa Fe Wastewater Treatment Plant		
Subject: Secondary Clarifier – Note: sludge exiting the clarifier.		



Report



City of Santa Fe, New Mexico

200 Lincoln Avenue, P.O. Box 909, Santa Fe, N.M. 87504-0909

www.santafenm.gov

Javier M. Gonzales, Mayor

Councilors:

Peter N. Ives, Mayor Pro Tem, Dist. 2

Patti J. Bushee, Dist. 1

Signe I. Lindell, Dist. 1

Joseph M. Maestas, Dist. 2

Carmichael A. Dominguez, Dist. 3

Christopher M. Rivera, Dist. 3

Ronald S. Trujillo, Dist. 4

Bill Dimas, Dist. 4

Date: July 7, 2015

Bruce J. Yurdin, Program Manager
New Mexico Environmental Department
Surface Water Quality Bureau
Point Source Regulation Section
P.O. Box 5469
Santa FE, New Mexico 87502



Re: Response to New Mexico Environmental Department (NMED) letter dated June 18, 2015 "City of Santa Fe Wastewater Treatment Plant (WWTP); Major; Municipal; SIC 4952; NPDES Compliance Evaluation Inspection; NPDES Permit No. NM0022292; June 9, 2015

Dear Mr. Yurdin:

Enclosed is the City of Santa Fe's response with regards to the observation findings presented in the above referenced NMED report prepared for an NPDES Compliance Evaluation Inspection (CEI) performed by your staff at the City of Santa Fe's Paseo de Real Wastewater Treatment Plant (WWTP) on June 9th, 2015.

Response to Item 1: Section B – Recordkeeping and Reporting

"The permittee's representative stated that they do not have a pollution prevention plan in place at this time. The permittee's re representative stated that they do have various documents that address the above consideration; however, they do not have a written plan with each item listed above."

Response: The City of Santa Fe's Wastewater Management Division has considered and operates Pollution Prevention Programs. A Pollution Prevention Plan incorporating the referenced items will be assembled by the City and will be made available at the WWTP for future review and comment by NMED staff.

"The permittee did not submit their annual sludge DMRs for 2014, which was due February 19, 2015. If the permittee did send this in, NMED did not receive a copy. The permittee should submit this if it has not previously been submitted to both the EPA and NMED."

Response: The 2014 Annual Sludge Discharge Monitoring Reports were submitted on February 16, 2015. These reports were submitted to the Environmental Protection Agency (EPA) and to the NMED Groundwater

Quality Bureau. On February 19, 2015 a correction to page one of the "Production and Use for Annual Amount of Sludge Land Applied" was submitted. These reports are attached as Exhibit "A".

"The permittee provided benchsheets from January 2015. The Total Suspension Solids (TSS) benchsheet is provided below. It appears that not all a-f of part III.C.4 are on the benchsheet. This is a computer generated benchsheet. It may be that the permittee does have another benchsheet that obtains all of the parts required in Part III.C.4. However, only the computer generated benchsheet was provided."

Response: The computer generated benchsheets meets the requirements of Part III.C.4., with specific reference to:

- a) Date, Time, and Location of Sampling; and,
- b) Individual(s) who perform the sampling measurement.

The benchsheet does indeed have the date, time, and location of sampling, as well as the individual(s) performing the sampling (auto-sampler) which is noted on the same attached benchsheet. (See attached Exhibit "B")

Response to Item 2: Section C – Operations and Maintenance

"On the date of this inspection, the secondary clarifier has a sludge blanket of approximately 11 feet. The clarifier depth is 12 feet. This is an extreme amount of sludge that is being kept in the secondary clarifier and it was noted that sludge was leaving the clarifier over the weirs prior to the disc filters and sand beds. If this facility did not have disc filters and sand beds, they would mostly exceed their parameter for TSS and E. Coli."

Response: The secondary clarifier solids wasting rate was increased to remove excess solids and prevent solids washout. However, as stated in the inspection report, the facility has engineering controls in place, over and above those present at similar activated sludge treatment facilities, to effectively manage conditions where sludge blanket levels are high in the secondary clarifier. These controls prevent potential upsets, avoid the discharge of excessive pollutants (solids), and consistently achieve compliance with permit limits. On the day of the inspection, the WWTP was operated in a manner which achieved full compliance with all effluent limits contained in the facility's NPDES permit.

The East primary clarifier was not online on the date of inspection because it had a leak. The maintenance supervisor stated that he is waiting parts to fix this. This should be operational within the next few weeks."

Response: There seems to have been some misunderstanding with respect to this finding. The East Primary Clarifier is a redundant treatment unit that can be run individually or in parallel with the other primary clarifier at the WWTP. While the drain sluice gate valve for the East Primary Clarifier exhibits seepage, this condition is not abnormal for the type of process or application and was not the reason that the clarifier was off-line at the time of the NMED inspection. The design flow for the WWTP is over 13 MGD and the volume of influent (5.8 MGD) at the time of the NMED inspection did not warrant the operation of both primary clarifiers. Seepage through the sluice gate valve would not hinder isolation of the clarifier, nor would it in any way impact the performance of the clarifier. It also does not affect the ability to place the clarifier into service when needed. The East Primary Clarifier was readily available to be placed into service, if needed, on the date of the inspection, as it is at the current time.

Response to Item 3: Section E – Flow Measurement

"Some turbulence which makes it difficult to determine an accurate flow from the staff gauge."

Response: The facility's effluent flow is measured and report utilizing an ultrasonic flow meter. The staff gauge located in the effluent channel's Parshall flume is a visual field measurement device. Though the device is not utilized for reporting, the facility is evaluating the potential of relocating the staff gauge to the south side of the channel, in an area of lesser turbulence, to provide a better condition for reading the gauge.

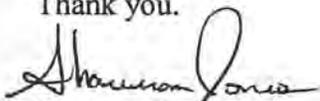
Response to Item 4: Section F – Laboratory

“The permittee stated that they are not doing all the required quality control requirements for this methodology. In order to follow the requirements of 40 CFR 136, the permittee is required to also do all the quality control requirements of the methodology they choose to use.”

Response: Section F, 4. Quality Control Procedures were found to be unsatisfactory due to our laboratory failing to perform positive and negative controls as per EPA Method 1603 modified m-TEC for the analysis of E. coli. The positive control, Pseudomonas aeruginosa, and the negative control, Escherichia coli, used as quality control microorganisms for this method will be purchased and positive negative controls will be performed on each lot # of commercially prepared and purchased m-TEC Agar Plates being utilized.

Response: Section F, 6. Spiked Samples are Analyzed 0% of the Time was rated “No”. Sandra Gabaldon was contacted on June 29, 2015 for clarification for this particular evaluation and responded that it was an error in her evaluation. Our laboratory follows all applicable procedures for this methodology, including the requirement that a spike sample be analyzed at least 10% of the time.

Thank you.



Shannon Jones

WWM Division Director

Enc.: Exhibit “A” Biosolids Report 2014
Exhibit “B” TSS and VSS Benchsheet for January 2015

XC: Racquel Douglas
US Environmental Protection Agency, Region VI
Enforcement Branch (6EN-WM)
Fountain Place
1445 Ross Avenue
Dallas, Texas 75202-2733



City of Santa Fe, New Mexico

200 Lincoln Avenue, P.O. Box 909, Santa Fe, N.M. 87504-0909
www.santafenm.gov

Javier M. Gonzales, Mayor

Councilors:

Peter N. Ives, Mayor Pro Tem, Dist. 2
Patti J. Bushee, Dist. 1
Signe I. Lindell, Dist. 1
Joseph M. Maestas, Dist. 2
Carmichael A. Dominguez, Dist. 3
Christopher M. Rivera, Dist. 3
Ronald S. Trujillo, Dist. 4
Bill Dimas, Dist. 4

February 18, 2015

CERTIFIED MAIL, RETURN RECEIPT REQUESTED
7004 1160 0006 8884 0663

Ms. Gladys Gooden-Jackson
Environmental Protection Specialist
Region VI (6EN-WC)
Lead EPS, New Mexico Coordinator
NPDES Compliance Monitoring Section
Water Enforcement Branch
1445 Ross Avenue, Suite 1200
Dallas, Texas 75202-2733

RE: Discharge Monitoring Report (DMR) NM0022292
Santa Fe Wastewater Treatment Plant

Dear Ms. Gooden-Jackson:

In Compliance with the requirements of 40 CFR 503, I have enclosed the following document:

1. Correction on page 1 of the Production and Use for Annual Amount of Sludge Land Applied (1,546.7 M/T). EPA Form 3320-1, containing information on the city's sludge production/disposal, corresponding to the period January 1, 2014 through December 31, 2014.

If you have any questions regarding the matter, please contact Luis Orozco, Wastewater Management Division Plant Superintendent at (505) 955-4615.

Sincerely,

Brian Snyder,
City Manager
bksnyder@santafenm.gov (Tel. No 505/955-6509)

Enc.: Biosolids Report 2014

XC: Brian Schall, Groundwater Quality Bureau, NMED
WWMD/40CFR 503 Compliance
BS: bks

Exhibit "A"

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

Form Approved
OAS No. 2040-0004

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

NAME: CITY OF SANTA FE
ADDRESS: P.O. BOX 909
SANTA FE, NM 87504

NM0022292
PERMIT NUMBER

SLD-P
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87504
MAJOR

FACILITY: SANTA FE WWTP
LOCATION: AIRPORT ROAD
SANTA FE, NM 87504

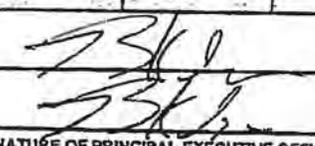
MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
FROM 01/01/2014 TO 12/31/2014

PRODUCTION AND USE
Other

No Discharge

ATTN: Brian Snyder, City Manager

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Polychlorinated biphenyls (PCBs)	SAMPLE MEASUREMENT	.....	.....	.....	.....	.....	< 0.05		0	6/YR	Grab
39516 SL 0 Sludge	PERMIT REQUIREMENT	.....	.....	.....	.....	.....	49.99 ANNL MAX	mg/kg		See Permit	BATCH
Toxicity characteristic leaching procedure	SAMPLE MEASUREMENT	.....	.....	.....	0	.....	.....			1/5	
46390 SL 0 Sludge	PERMIT REQUIREMENT	.....	.....	.....	Req. Mon. VALUE	.....	.....	pass=0/fail=1		See Permit	BATCH
Ann. amt sludge disposed by other method	SAMPLE MEASUREMENT	.....	0		.....	.....	.....	
49017 V 0 See Comments	PERMIT REQUIREMENT	.....	Req. Mon. ANNL TOT	metric/yr	.....	.....	.....			Annual	ESTIMA
Annual amt of sludge Incinerated	SAMPLE MEASUREMENT	.....	0		.....	.....	.....	
49018 SL 0 Sludge	PERMIT REQUIREMENT	.....	Req. Mon. ANNL TOT	metric/yr	.....	.....	.....			Annual	ESTIMA
Annual sludge production, total	SAMPLE MEASUREMENT	.....	2,290.2 MI/YR		.....	.....	.....	
49019 SL 0 Sludge	PERMIT REQUIREMENT	.....	Req. Mon. ANNL TOT	metric/yr	.....	.....	.....			Annual	ESTIMA
Annual amount of sludge land applied	SAMPLE MEASUREMENT	.....	1546.9 2,434.7 MI/YR		.....	.....	.....	
49020 SL 0 Sludge	PERMIT REQUIREMENT	.....	Req. Mon. ANNL TOT	metric/yr	.....	.....	.....			Annual	ESTIMA
Annual amt. sludge disposed surface unit	SAMPLE MEASUREMENT	.....	1,307.7 MI/YR		.....	.....	.....	
49021 SL 0 Sludge	PERMIT REQUIREMENT	.....	Req. Mon. ANNL TOT	metric/yr	.....	.....	.....			Annual	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Brian Snyder, City Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge 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 also certify that there are no significant omissions or misstatements of material information, including the possibility of false and exaggerated reporting.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
			505-955-6509	02/16/2015	
			AREA Code	NUMBER	MMDD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here).
* - IF ANNUAL SLUDGE DISPOSED BY OTHER METHODS IS APPLICABLE, EXPLAIN METHOD OF DISPOSAL.

OROZCO, LUIS G.

From: OROZCO, LUIS G.
Sent: Thursday, February 19, 2015 12:33 PM
To: williams.nancy@epa.gov
Subject: Land Application Correction on DMR
Attachments: 2014 Cor Sldg DMR LndApp.pdf

Dear Ms. Williams,

Attached is a memo and page 1 of the Production and Use of the Annual Sludge DMR. A correction was made on the Annual Amount of Sludge Land Applied in Metric Tons per year due to the incorrect pounds used. As per our conversation I will also fax you the corrections that we made. If you have any questions please feel free to call (505-955-4615) or e-mail me, lgorozco@santafenm.gov.

City of Santa Fe, Wastewater Treatment Plant, NPDES permit number NM0022292

Thank you,

Luis Orozco
WWM Plant Superintendent
Wastewater Management Division
73 Paseo Real
Santa Fe, NM 87507
505-955-4615 Office
505-955-4651 Front Desk
505-955-4677 Fax
lgorozco@santafenm.gov

OROZCO, LUIS G.

From: Microsoft Outlook
To: williams.nancy@epa.gov
S Thursday, February 19, 2015 12:33 PM
Subject: Relayed: Land Application Correction on DMR

Delivery to these recipients or groups is complete, but no delivery notification was sent by the destination server:

williams.nancy@epa.gov (williams.nancy@epa.gov)

Subject: Land Application Correction on DMR

FAX

Date: 02/19/2015

Number of pages including cover sheet: 3

To:

Nancy Williams
EPA Region 6

Phone: (214) 665-7179

Fax phone: (214) 665-2168

CC: _____

From:

**WASTEWATER
MANAGEMENT DIVISION**

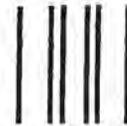
Luis Crozco
(505) 955-4615

Phone: (505) 955-4650

Fax phone: (505) 955-4677

REMARKS: Urgent For your review Reply ASAP Please comment

Corrected Annual Amount of Sludge Land Applied



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

CITY OF SANTA FE
WASTEWATER MANAGEMENT DIVISION
P.O. BOX 909
SANTA FE, NM 87504-0909

GROUND WATER

FEB 17 2015

BUREAU

Moham 3100

SENDER: COMPLETE THIS SECTION

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

1. Article Addressed to:

Brian Schale
Ground Water Pollution
Section - (NMED-SWQB)
PO BOX 5469
Santa Fe, NM 87502

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent

Mannie Chavez Address

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

Mannie Chavez

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

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7004 1160 0006 8884 0656

Sludge Dmr

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-14

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL™



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7004 1160 0006 8884 0656

U.S. Postal Service™
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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

H/D
Postmark Here
Sludge Dmr

Brian Schale
Ground Water Pollution
Section (NMED-SWQB)
PO BOX 5469
Santa Fe, NM 87502



City of Santa Fe, New Mexico

200 Lincoln Avenue, P.O. Box 909, Santa Fe, N.M. 87504-0909

www.santafenm.gov

Javier M. Gonzales, Mayor

Councilors:

Peter N. Ives, Mayor Pro Tem, Dist. 2

Patti J. Bushce, Dist. 1

Signe I. Lindell, Dist. 1

Joseph M. Maestas, Dist. 2

Carmichael A. Dominguez, Dist. 3

Christopher M. Rivera, Dist. 3

Ronald S. Trujillo, Dist. 4

Bill Dimas, Dist. 4

February 16, 2015

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

7004 1160 0006 8884 0632

Ms. Gladys Gooden-Jackson
Environmental Protection Specialist
Region VI (6EN-WC)
Lead EPS, New Mexico Coordinator
NPDES Compliance Monitoring Section
Water Enforcement Branch
1445 Ross Avenue, Suite 1200
Dallas, Texas 75202-2733

RE: Discharge Monitoring Report (DMR) NM0022292
Santa Fe Wastewater Treatment Plant

Dear Ms. Gooden-Jackson:

In Compliance with the requirements of 40 CFR 503, I have enclosed the following documents:

1. EPA Form 3320-1, containing information on the city's sludge production/disposal, corresponding to the period January 1, 2014 through December 31, 2014.

If you have any questions regarding the matter, please contact Luis Orozco, Wastewater Management Division Plant Superintendent at (505) 955-4615.

Sincerely,

Brian Snyder,
City Manager
bksnyder@santafenm.gov (Tel. No 505/955-6509)

Enc.: Biosolids Report 2014

XC: Brian Schall, Groundwater Quality Bureau, NMED
WWMD/40CFR 503 Compliance
BS: bks

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

Form Approved
OMB No. 2040-0004



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

NAME: CITY OF SANTA FE
ADDRESS: P.O. BOX 909
SANTA FE, NM 87504
FACILITY: SANTA FE WWTP
LOCATION: AIRPORT ROAD
SANTA FE, NM 87504

NM0022292	SLD-F
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87504
MAJOR

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

LANDFILL
Other

No Discharge

ATTN: Brian Snyder, City Manager

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Brian Snyder, City Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			505-955-6509	02/16/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			AREA Code	NUMBER

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

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF SANTA FE
ADDRESS: P.O. BOX 909
SANTA FE, NM 87504
FACILITY: SANTA FE WWTP
LOCATION: AIRPORT ROAD
SANTA FE, NM 87504

NM0022292
PERMIT NUMBER

SLD-P
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87504
MAJOR

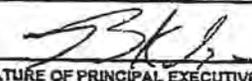
MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
FROM 01/01/2014 TO 12/31/2014

PRODUCTION AND USE
Other

No Discharge

ATTN: Brian Snyder, City Manager

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Polychlorinated biphenyls (PCBs) 39516 SL 0 Sludge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.05		0	6/YR	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	49.99 ANNL MAX	mg/kg		See Permit	BATCH
Toxicity characteristic leaching procedure 46390 SL 0 Sludge	SAMPLE MEASUREMENT	*****	*****	*****	0	*****	*****			1/5	
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. VALUE	*****	*****	pass=0/fail=1		See Permit	BATCH
Ann. amt sludge disposed by other method 49017 V 0 See Comments	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	metric t/yr	*****	*****	*****	*****		Annual	ESTIMA
Annual amt of sludge incinerated 49018 SL 0 Sludge	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	metric t/yr	*****	*****	*****	*****		Annual	ESTIMA
Annual sludge production, total 49019 SL 0 Sludge	SAMPLE MEASUREMENT	*****	2,290.2 MT/YR		*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	metric t/yr	*****	*****	*****	*****		Annual	ESTIMA
Annual amount of sludge land applied 49020 SL 0 Sludge	SAMPLE MEASUREMENT	*****	2,434.7 MT/YR		*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	metric t/yr	*****	*****	*****	*****		Annual	ESTIMA
Annual amt. sludge disposed surface unit 49021 SL 0 Sludge	SAMPLE MEASUREMENT	*****	1,307.7 MT/YR		*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	Req. Mon. ANNL TOT	metric t/yr	*****	*****	*****	*****		Annual	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Brian Snyder, City Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
			505-955-6509	02/16/2015	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here).
"V" - IF ANNUAL SLUDGE DISPOSED BY OTHER METHODS IS APPLICABLE, EXPLAIN METHOD OF DISPOSAL.

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

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF SANTA FE
ADDRESS: P.O. BOX 909
SANTA FE, NM 87504
FACILITY: SANTA FE WWTP
LOCATION: AIRPORT ROAD
SANTA FE, NM 87504
ATTN: Brian Snyder, City Manager

NM0022292	SLD-P
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87504
MAJOR

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

PRODUCTION AND USE
Other

No Discharge

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this NPDES 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 knowledge and belief, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Brian Snyder, City Manager		505-955-6509	02/16/2015
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
"V" - IF ANNUAL SLUDGE DISPOSED BY OTHER METHODS IS APPLICABLE, EXPLAIN METHOD OF DISPOSAL

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

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF SANTA FE
ADDRESS: P.O. BOX 909
SANTA FE, NM 87504
FACILITY: SANTA FE WWTP
LOCATION: AIRPORT ROAD
SANTA FE, NM 87504
ATTN: Brian Snyder, City Manager

NM0022292	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

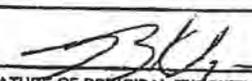
DMR Mailing ZIP CODE: 87504
MAJOR

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

LAND APPLICATION
Other

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight 01003 R 0 See Comments	SAMPLE MEASUREMENT	0			7.96	7.96			0	1/2	Grab
	PERMIT REQUIREMENT	41 MX VALUE	kg/ha		41 SINGSAMP	75 MAXIMUM	mg/kg			Contingent	BATCH
Selenium, dry weight 01148 R 0 See Comments	SAMPLE MEASUREMENT	0			1.29	1.29			0	1/2	Grab
	PERMIT REQUIREMENT	100 MX VALUE	kg/ha		100 SINGSAMP	100 MAXIMUM	mg/kg			Contingent	BATCH
Copper, dry weight 46394 R 0 See Comments	SAMPLE MEASUREMENT	0			178.00	178.00			0	1/2	Grab
	PERMIT REQUIREMENT	1500 MX VALUE	kg/ha		1500 SINGSAMP	4300 MAXIMUM	mg/kg			Contingent	BATCH
Cadmium, dry weight 46395 R 0 See Comments	SAMPLE MEASUREMENT	0			0.56	0.56			0	1/2	Grab
	PERMIT REQUIREMENT	39 MX VALUE	kg/ha		39 SINGSAMP	85 MAXIMUM	mg/kg			Contingent	BATCH
Annual whole sludge application rate 49016 P 0 See Comments	SAMPLE MEASUREMENT	0									
	PERMIT REQUIREMENT	Opt. Mon. MX VALUE	met/ha/yr								
Molybdenum, dry weight 78465 R 0 See Comments	SAMPLE MEASUREMENT	0			2.34	2.34			0	1/2	Grab
	PERMIT REQUIREMENT	Req. Mon. MX VALUE	kg/ha		Req. Mon. SINGSAMP	75 MAXIMUM	mg/kg			Contingent	BATCH
Zinc, dry weight 78467 R 0 See Comments	SAMPLE MEASUREMENT	0			211.00	211.00			0	1/2	Grab
	PERMIT REQUIREMENT	2800 MX VALUE	kg/ha		2800 SINGSAMP	7500 MAXIMUM	mg/kg			Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Brian Snyder, City Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 505-955-6509	DATE 02/16/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			AREA Code	NUMBER

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

Monitoring Period 1

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

Form Approved
OMB No. 2042-0004

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

NAME: CITY OF SANTA FE
ADDRESS: P.O. BOX 909
SANTA FE, NM 87504
FACILITY: SANTA FE WWTP
LOCATION: AIRPORT ROAD
SANTA FE, NM 87504

NM0022292
PERMIT NUMBER

SLL-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87504
MAJOR

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

LAND APPLICATION
Other

No Discharge

ATTN: Brian Snyder, City Manager

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, dry weight	SAMPLE MEASUREMENT	0			9.58	9.58			0	1/2	Grab
78468 R 0 See Comments	PERMIT REQUIREMENT	300 MX VALUE	kg/ha		300 SINGSAMP	640 MAXIMUM	mg/kg			Contingent	BATCH
Nickel, dry weight	SAMPLE MEASUREMENT	0			5.19	5.19			0	1/2	Grab
78465 R 0 See Comments	PERMIT REQUIREMENT	420 MX VALUE	kg/ha		420 SINGSAMP	420 MAXIMUM	mg/kg			Contingent	BATCH
Mercury, dry weight	SAMPLE MEASUREMENT	0			0.10	0.10			0	1/2	Grab
78471 R 0 See Comments	PERMIT REQUIREMENT	17 MX VALUE	kg/ha		17 SINGSAMP	57 MAXIMUM	mg/kg			Contingent	BATCH
Pollutant table from 503.13	SAMPLE MEASUREMENT					3					
84367 S 0 See Comments	PERMIT REQUIREMENT					Req. Mon. VALUE	table #				
Level of pathogen requirements achieved	SAMPLE MEASUREMENT					1			0	WK/DY	
84368 T 0 See Comments	PERMIT REQUIREMENT					Req. Mon. MX VALUE	state class			Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT					5			0	WK/DY	
84369 SL 0 Sludge	PERMIT REQUIREMENT					Req. Mon. VALUE	all #			Contingent	BATCH
Vector attraction reduction alternative used	SAMPLE MEASUREMENT					1			0	WK/DY	
84370 SL 0 Sludge	PERMIT REQUIREMENT					Req. Mon. VALUE	all #			Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this discharge 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 also certify that there are no significant violations for submitting false information, including the possibility of fee and employment for knowing violations.	TELEPHONE	DATE
Brian Snyder, City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-955-6509	02/16/2015
TYPED OR PRINTED		AREA Code	NUMBER
			MM/DD/YYYY

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

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

Monitoring Period 1

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

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF SANTA FE
ADDRESS: P.O. BOX 909
SANTA FE, NM 87504

NM0022292
PERMIT NUMBER

SLL-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87504
MAJOR

FACILITY: SANTA FE WWTP
LOCATION: AIRPORT ROAD
SANTA FE, NM 87504

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
FROM 03/01/2014 TO 04/30/2014

LAND APPLICATION
Other

No Discharge

ATTN: Brian Snyder, City Manager

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight 01003 R 0 See Comments	SAMPLE MEASUREMENT	*****	0		*****	2.72	2.72		0	1/2	Grab
	PERMIT REQUIREMENT	*****	41 MX VALUE	kg/ha	*****	41 SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Selenium, dry weight 01148 R 0 See Comments	SAMPLE MEASUREMENT	*****	0		*****	2.24	2.24		0	1/2	Grab
	PERMIT REQUIREMENT	*****	100 MX VALUE	kg/ha	*****	100 SINGSAMP	100 MAXIMUM	mg/kg		Contingent	BATCH
Copper, dry weight 46394 R 0 See Comments	SAMPLE MEASUREMENT	*****	0		*****	150.00	150.00		0	1/2	Grab
	PERMIT REQUIREMENT	*****	1500 MX VALUE	kg/ha	*****	1500 SINGSAMP	4300 MAXIMUM	mg/kg		Contingent	BATCH
Cadmium, dry weight 46395 R 0 See Comments	SAMPLE MEASUREMENT	*****	0		*****	0.47	0.47		0	1/2	Grab
	PERMIT REQUIREMENT	*****	39 MX VALUE	kg/ha	*****	39 SINGSAMP	85 MAXIMUM	mg/kg		Contingent	BATCH
Annual whole sludge application rate 49016 P 0 See Comments	SAMPLE MEASUREMENT	*****	0		*****						
	PERMIT REQUIREMENT	*****	Opt. Mon. MX VALUE	met ³ /ha/yr	*****						
Molybdenum, dry weight 78485 R 0 See Comments	SAMPLE MEASUREMENT	*****	0		*****	2.14	2.14		0	1/2	Grab
	PERMIT REQUIREMENT	*****	Req. Mon. MX VALUE	kg/ha	*****	Req. Mon. SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Zinc, dry weight 78467 R 0 See Comments	SAMPLE MEASUREMENT	*****	0		*****	196.00	196.00		0	1/2	Grab
	PERMIT REQUIREMENT	*****	2800 MX VALUE	kg/ha	*****	2800 SINGSAMP	7500 MAXIMUM	mg/kg		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Brian Snyder, City Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-955-6509	02/16/2015
TYPED OR PRINTED		AREA Code	NUMBER
			MM/DD/YYYY

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

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

Monitoring Period 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: CITY OF SANTA FE
ADDRESS: P.O. BOX 909
SANTA FE, NM 87504
FACILITY: SANTA FE WWTP
LOCATION: AIRPORT ROAD
SANTA FE, NM 87504

NM0022292
PERMIT NUMBER

SLL-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87504
MAJOR

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 03/01/2014	TO 04/30/2014

LAND APPLICATION
Other

No Discharge

ATTN: Brian Snyder, City Manager

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, dry weight 78468 R 0 See Comments	SAMPLE MEASUREMENT	0			9.81	9.81			0	1/2	Grab
	PERMIT REQUIREMENT	300 MX VALUE		kg/ha	300 SINGSAMP	840 MAXIMUM		mg/kg		Contingent	BATCH
Nickel, dry weight 78468 R 0 See Comments	SAMPLE MEASUREMENT	0			5.32	5.32			0	1/2	Grab
	PERMIT REQUIREMENT	420 MX VALUE		kg/ha	420 SINGSAMP	420 MAXIMUM		mg/kg		Contingent	BATCH
Mercury, dry weight 78471 R 0 See Comments	SAMPLE MEASUREMENT	0			0.07	0.07			0	1/2	Grab
	PERMIT REQUIREMENT	17 MX VALUE		kg/ha	17 SINGSAMP	57 MAXIMUM		mg/kg		Contingent	BATCH
Pollutant table from 503.13 84367 S 0 See Comments	SAMPLE MEASUREMENT					3					
	PERMIT REQUIREMENT					Req. Mon. VALUE		table #			
Level of pathogen requirements achieved 84368 T 0 See Comments	SAMPLE MEASUREMENT					1			0	WK/DY	
	PERMIT REQUIREMENT					Req. Mon. MX VALUE		state class		Contingent	BATCH
Description of pathogen option used 84369 SL 0 Sludge	SAMPLE MEASUREMENT					5			0	WK/DY	
	PERMIT REQUIREMENT					Req. Mon. VALUE		alt #		Contingent	BATCH
Vector attraction reduction alternative used 84370 SL 0 Sludge	SAMPLE MEASUREMENT					1			0	WK/DY	
	PERMIT REQUIREMENT					Req. Mon. VALUE		alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Brian Snyder, City Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
			505-955-6509	02/16/2015	
			AREA Code	NUMBER	MM/DD/YYYY

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

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

Monitoring Period 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: CITY OF SANTA FE
ADDRESS: P.O. BOX 809
SANTA FE, NM 87504

NM0022292
PERMIT NUMBER

SLL-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87504
MAJOR

FACILITY: SANTA FE WWTP
LOCATION: AIRPORT ROAD
SANTA FE, NM 87504

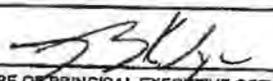
MONITORING PERIOD
FROM 05/01/2014 TO 06/30/2014

LAND APPLICATION
Other

No Discharge

ATTN: Brian Snyder, City Manager

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight 01003 R 0 See Comments	SAMPLE MEASUREMENT	0			3.36	3.36			0	1/2	Grab
	PERMIT REQUIREMENT	41 MX VALUE	kg/ha		41 SINGSAMP	75 MAXIMUM	mg/kg			Contingent	BATCH
Selenium, dry weight 01148 R 0 See Comments	SAMPLE MEASUREMENT	0			2.01	2.01			0	1/2	Grab
	PERMIT REQUIREMENT	100 MX VALUE	kg/ha		100 SINGSAMP	100 MAXIMUM	mg/kg			Contingent	BATCH
Copper, dry weight 46394 R 0 See Comments	SAMPLE MEASUREMENT	0			187.00	187.00			0	1/2	Grab
	PERMIT REQUIREMENT	1500 MX VALUE	kg/ha		1500 SINGSAMP	4300 MAXIMUM	mg/kg			Contingent	BATCH
Cadmium, dry weight 46395 R 0 See Comments	SAMPLE MEASUREMENT	0			0.49	0.49			0	1/2	Grab
	PERMIT REQUIREMENT	39 MX VALUE	kg/ha		39 SINGSAMP	85 MAXIMUM	mg/kg			Contingent	BATCH
Annual whole sludge application rate 49016 P 0 See Comments	SAMPLE MEASUREMENT	0									
	PERMIT REQUIREMENT	Opt. Mon. MX VALUE	met ³ /ha/yr								
Molybdenum, dry weight 78465 R 0 See Comments	SAMPLE MEASUREMENT	0			1.84	1.84			0	1/2	Grab
	PERMIT REQUIREMENT	Req. Mon. MX VALUE	kg/ha		Req. Mon. SINGSAMP	75 MAXIMUM	mg/kg			Contingent	BATCH
Zinc, dry weight 78467 R 0 See Comments	SAMPLE MEASUREMENT	0			188.00	188.00			0	1/2	Grab
	PERMIT REQUIREMENT	2800 MX VALUE	kg/ha		2800 SINGSAMP	7500 MAXIMUM	mg/kg			Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Brian Snyder, City Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE	
			505-955-6509	02/16/2015	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			AREA Code	NUMBER	MM/DD/YYYY

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

Monitoring Period 3

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

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF SANTA FE
ADDRESS: P.O. BOX 909
SANTA FE, NM 87504
FACILITY: SANTA FE WWTP
LOCATION: AIRPORT ROAD
SANTA FE, NM 87504

NM0022292
PERMIT NUMBER

SLL-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87504
MAJOR

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
05/01/2014	FROM	06/30/2014	TO

LAND APPLICATION
Other

No Discharge

ATTN: Brian Snyder, City Manager

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, dry weight 78468 R 0 See Comments	SAMPLE MEASUREMENT	0			11.40	11.40			0	1/2	Grab
	PERMIT REQUIREMENT	300 MX VALUE	kg/ha		300 SINGSAMP	840 MAXIMUM	mg/kg			Contingent	BATCH
Nickel, dry weight 78469 R 0 See Comments	SAMPLE MEASUREMENT	0			6.12	6.12			0	1/2	Grab
	PERMIT REQUIREMENT	420 MX VALUE	kg/ha		420 SINGSAMP	420 MAXIMUM	mg/kg			Contingent	BATCH
Mercury, dry weight 78471 R 0 See Comments	SAMPLE MEASUREMENT	0			0.04	0.04			0	1/2	Grab
	PERMIT REQUIREMENT	17 MX VALUE	kg/ha		17 SINGSAMP	57 MAXIMUM	mg/kg			Contingent	BATCH
Pollutant table from 503.13 84367 S 0 See Comments	SAMPLE MEASUREMENT					3					
	PERMIT REQUIREMENT					Req. Mon. VALUE	table #				
Level of pathogen requirements achieved 84368 T 0 See Comments	SAMPLE MEASUREMENT					1		0	WK/DY		
	PERMIT REQUIREMENT					Req. Mon. MX VALUE	state class		Contingent	BATCH	
Description of pathogen option used 84369 SL 0 Sludge	SAMPLE MEASUREMENT					5		0	WK/DY		
	PERMIT REQUIREMENT					Req. Mon. VALUE	alt #		Contingent	BATCH	
Vector attraction reduction alternative used 84370 SL 0 Sludge	SAMPLE MEASUREMENT					1		0	WK/DY		
	PERMIT REQUIREMENT					Req. Mon. VALUE	alt #		Contingent	BATCH	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Brian Snyder, City Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
			505-955-6509	02/16/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER	MM/DD/YYYY

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

Monitoring Period 3

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

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF SANTA FE
ADDRESS: P.O. BOX 909
SANTA FE, NM 87504
FACILITY: SANTA FE WWTP
LOCATION: AIRPORT ROAD
SANTA FE, NM 87504

NM0022292	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87504
MAJOR

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2014	TO 08/31/2014

LAND APPLICATION
Other

No Discharge

ATTN: Brian Snyder, City Manager

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight 01003 R 0 See Comments	SAMPLE MEASUREMENT	0			2.08	2.08			0	1/2	Grab
	PERMIT REQUIREMENT	41 MX VALUE	kg/ha		41 SINGSAMP	75 MAXIMUM	mg/kg			Contingent	BATCH
Selenium, dry weight 01148 R 0 See Comments	SAMPLE MEASUREMENT	0			3.35	3.35			0	1/2	Grab
	PERMIT REQUIREMENT	100 MX VALUE	kg/ha		100 SINGSAMP	100 MAXIMUM	mg/kg			Contingent	BATCH
Copper, dry weight 46394 R 0 See Comments	SAMPLE MEASUREMENT	0			128.00	128.00			0	1/2	Grab
	PERMIT REQUIREMENT	1500 MX VALUE	kg/ha		1500 SINGSAMP	4300 MAXIMUM	mg/kg			Contingent	BATCH
Cadmium, dry weight 46395 R 0 See Comments	SAMPLE MEASUREMENT	0			0.50	0.50			0	1/2	Grab
	PERMIT REQUIREMENT	39 MX VALUE	kg/ha		39 SINGSAMP	85 MAXIMUM	mg/kg			Contingent	BATCH
Annual whole sludge application rate 48016 P 0 See Comments	SAMPLE MEASUREMENT	0									
	PERMIT REQUIREMENT	Opt. Mon. MX VALUE	met./ha/yr								
Molybdenum, dry weight 78465 R 0 See Comments	SAMPLE MEASUREMENT	0			2.32	2.32			0	1/2	Grab
	PERMIT REQUIREMENT	Req. Mon. MX VALUE	kg/ha		Req. Mon. SINGSAMP	75 MAXIMUM	mg/kg			Contingent	BATCH
Zinc, dry weight 78467 R 0 See Comments	SAMPLE MEASUREMENT	0			212.00	212.00			0	1/2	Grab
	PERMIT REQUIREMENT	2800 MX VALUE	kg/ha		2800 SINGSAMP	7500 MAXIMUM	mg/kg			Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Brian Snyder, City Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE 505-955-6509	DATE 02/16/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	AREA Code	NUMBER
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		MM/DD/YYYY	

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

Monitoring Period 4

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

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF SANTA FE
ADDRESS: P.O. BOX 909
SANTA FE, NM 87504
FACILITY: SANTA FE WWTP
LOCATION: AIRPORT ROAD
SANTA FE, NM 87504

NM0022292
PERMIT NUMBER

SLL-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87504
MAJOR

MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
FROM 07/01/2014 TO 08/31/2014

LAND APPLICATION
Other

No Discharge

ATTN: Brian Snyder, City Manager

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, dry weight 78468 R 0 See Comments	SAMPLE MEASUREMENT	0			7.26	7.26			0	1/2	Grab
	PERMIT REQUIREMENT	300 MX VALUE	kg/ha		300 SINGSAMP	840 MAXIMUM	mg/kg			Contingent	BATCH
Nickel, dry weight 78469 R 0 See Comments	SAMPLE MEASUREMENT	0			5.16	5.16			0	1/2	Grab
	PERMIT REQUIREMENT	420 MX VALUE	kg/ha		420 SINGSAMP	420 MAXIMUM	mg/kg			Contingent	BATCH
Mercury, dry weight 78471 R 0 See Comments	SAMPLE MEASUREMENT	0			0.05	0.05			0	1/2	Grab
	PERMIT REQUIREMENT	17 MX VALUE	kg/ha		17 SINGSAMP	57 MAXIMUM	mg/kg			Contingent	BATCH
Pollutant table from 503.13 84367 S 0 See Comments	SAMPLE MEASUREMENT					3					
	PERMIT REQUIREMENT					Req. Mon. VALUE	table #				
Level of pathogen requirements achieved 84368 T 0 See Comments	SAMPLE MEASUREMENT					1			0	WK/DY	
	PERMIT REQUIREMENT					Req. Mon. MX VALUE	state class			Contingent	BATCH
Description of pathogen option used 84369 SL 0 Sludge	SAMPLE MEASUREMENT					5			0	WK/DY	
	PERMIT REQUIREMENT					Req. Mon. VALUE	alt #			Contingent	BATCH
Vector attraction reduction alternative used 84370 SL 0 Sludge	SAMPLE MEASUREMENT					1			0	WK/DY	
	PERMIT REQUIREMENT					Req. Mon. VALUE	alt #			Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Brian Snyder, City Manager TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-955-6509	02/16/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER
			MM/DD/YYYY

"P" - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. "R" - REPORT LOADING ONLY IF YOU EXCEED 80% OF ALLOWABLE KG/HA. "S" - TABLE NUMBER: REPORT (2, 3 OR 4). "T" - STATE CLASS: A = 1, B = 2, NONE = 0.

Monitoring Period 4

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

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF SANTA FE
ADDRESS: P.O. BOX 909
SANTA FE, NM 87504
FACILITY: SANTA FE WWTP
LOCATION: AIRPORT ROAD
SANTA FE, NM 87504

NM0022292	SLL-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87504
MAJOR

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 09/01/2014	TO 10/31/2014

LAND APPLICATION
Other

No Discharge

ATTN: Brian Snyder, City Manager

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight 01003 R 0 See Comments	SAMPLE MEASUREMENT	0	0		2.66	2.66			0	1/2	Grab
	PERMIT REQUIREMENT	41 MX VALUE	41	kg/ha	75 SINGSAMP	75	MAXIMUM	mg/kg		Contingent	BATCH
Selenium, dry weight 01148 R 0 See Comments	SAMPLE MEASUREMENT	0	0		2.36	2.36			0	1/2	Grab
	PERMIT REQUIREMENT	100 MX VALUE	100	kg/ha	100 SINGSAMP	100	MAXIMUM	mg/kg		Contingent	BATCH
Copper, dry weight 46394 R 0 See Comments	SAMPLE MEASUREMENT	0	0		108.00	108.00			0	1/2	Grab
	PERMIT REQUIREMENT	1500 MX VALUE	1500	kg/ha	1500 SINGSAMP	4300	MAXIMUM	mg/kg		Contingent	BATCH
Cadmium, dry weight 46395 R 0 See Comments	SAMPLE MEASUREMENT	0	0		0.41	0.41			0	1/2	Grab
	PERMIT REQUIREMENT	39 MX VALUE	39	kg/ha	39 SINGSAMP	85	MAXIMUM	mg/kg		Contingent	BATCH
Annual whole sludge application rate 49016 P 0 See Comments	SAMPLE MEASUREMENT	0	0								
	PERMIT REQUIREMENT	Opt. Mon. MX VALUE	Opt. Mon.	met ³ /ha/yr							
Molybdenum, dry weight 78465 R 0 See Comments	SAMPLE MEASUREMENT	0	0		1.44	1.44			0	1/2	Grab
	PERMIT REQUIREMENT	Req. Mon. MX VALUE	Req. Mon.	kg/ha	Req. Mon. SINGSAMP	75	MAXIMUM	mg/kg		Contingent	BATCH
Zinc, dry weight 78467 R 0 See Comments	SAMPLE MEASUREMENT	0	0		197.00	197.00			0	1/2	Grab
	PERMIT REQUIREMENT	2800 MX VALUE	2800	kg/ha	2800 SINGSAMP	7500	MAXIMUM	mg/kg		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and analyze the information submitted, based on my inquiry of the persons or persons who manage the system, or those persons directly responsible for gathering the information. The information included is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Brian Snyder, City Manager		505-955-6509	02/16/2015
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
			MM/DD/YYYY

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

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

Monitoring Period 5

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

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF SANTA FE
ADDRESS: P.O. BOX 909
SANTA FE, NM 87504
FACILITY: SANTA FE WWTP
LOCATION: AIRPORT ROAD
SANTA FE, NM 87504

NM0022292
PERMIT NUMBER

SLL-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87504
MAJOR

MONITORING PERIOD
FROM 09/01/2014 TO 10/31/2014

LAND APPLICATION
Other No Discharge

ATTN: Brian Snyder, City Manager

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, dry weight 78468 R 0 See Comments	SAMPLE MEASUREMENT	*****	0		*****	7.40	7.40		0	1/2	Grab
	PERMIT REQUIREMENT	*****	300 MX VALUE	kg/ha	*****	300 SINGSAMP	840 MAXIMUM	mg/kg		Contingent	BATCH
Nickel, dry weight 78469 R 0 See Comments	SAMPLE MEASUREMENT	*****	0		*****	5.01	5.01		0	1/2	Grab
	PERMIT REQUIREMENT	*****	420 MX VALUE	kg/ha	*****	420 SINGSAMP	420 MAXIMUM	mg/kg		Contingent	BATCH
Mercury, dry weight 78471 R 0 See Comments	SAMPLE MEASUREMENT	*****	0		*****	0.07	0.07		0	1/2	Grab
	PERMIT REQUIREMENT	*****	17 MX VALUE	kg/ha	*****	17 SINGSAMP	57 MAXIMUM	mg/kg		Contingent	BATCH
Pollutant table from 503.13 84367 S 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	table #			
Level of pathogen requirements achieved 84368 T 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1		0	WK/DY	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MX VALUE	state class		Contingent	BATCH
Description of pathogen option used 84369 SL 0 Sludge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5		0	WK/DY	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	all #		Contingent	BATCH
Vector attraction reduction alternative used 84370 SL 0 Sludge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1		0	WK/DY	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	all #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Brian Snyder, City Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision by someone 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 prepare the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE	
			505-955-6509	02/16/2015	
			AREA Code	NUMBER	MM/DD/YYYY

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

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

Monitoring Period 5

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

Form Approved
OMB No. 2040-0034

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

NAME: CITY OF SANTA FE
ADDRESS: P.O. BOX 908
SANTA FE, NM 87504

NM0022292
PERMIT NUMBER

SLI-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87504
MAJOR

FACILITY: SANTA FE WWTP
LOCATION: AIRPORT ROAD
SANTA FE, NM 87504

MONITORING PERIOD
FROM 11/01/2014 TO 12/31/2014

LAND APPLICATION
Other

No Discharge

ATTN: Brian Snyder, City Manager

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight 01003 R 0 See Comments	SAMPLE MEASUREMENT	*****	0		*****	< 1	< 1		0	1/2	Grab
	PERMIT REQUIREMENT	*****	41 MX VALUE	kg/ha	*****	41 SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Selenium, dry weight D1148 R 0 See Comments	SAMPLE MEASUREMENT	*****	0		*****	2.02	2.02		0	1/2	Grab
	PERMIT REQUIREMENT	*****	100 MX VALUE	kg/ha	*****	100 SINGSAMP	100 MAXIMUM	mg/kg		Contingent	BATCH
Copper, dry weight 46394 R 0 See Comments	SAMPLE MEASUREMENT	*****	0		*****	84.40	84.40		0	1/2	Grab
	PERMIT REQUIREMENT	*****	1500 MX VALUE	kg/ha	*****	1500 SINGSAMP	4300 MAXIMUM	mg/kg		Contingent	BATCH
Cadmium, dry weight 46395 R 0 See Comments	SAMPLE MEASUREMENT	*****	0		*****	0.25	0.25		0	1/2	Grab
	PERMIT REQUIREMENT	*****	39 MX VALUE	kg/ha	*****	39 SINGSAMP	85 MAXIMUM	mg/kg		Contingent	BATCH
Annual whole sludge application rate 49016 P 0 See Comments	SAMPLE MEASUREMENT	*****	0		*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	Opt. Mon. MX VALUE	met Vha/yr	*****	*****	*****	*****			
Molybdenum, dry weight 78465 R 0 See Comments	SAMPLE MEASUREMENT	*****	0		*****	2.84	2.84		0	1/2	Grab
	PERMIT REQUIREMENT	*****	Req. Mon. MX VALUE	kg/ha	*****	Req. Mon. SINGSAMP	75 MAXIMUM	mg/kg		Contingent	BATCH
Zinc, dry weight 78467 R 0 See Comments	SAMPLE MEASUREMENT	*****	0		*****	107.00	107.00		0	1/2	Grab
	PERMIT REQUIREMENT	*****	2800 MX VALUE	kg/ha	*****	2800 SINGSAMP	7500 MAXIMUM	mg/kg		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I verify 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 review of the permit or program and the monitoring submitted in the form of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Brian Snyder, City Manager		505-955-6509	02/16/2015
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 P - ANNUAL WHOLE SLUDGE APPLICATION RATE ONLY APPLIES TO CLASS 'A' SLUDGE NOT MEETING TABLE 3. *R* - REPORT LOADING ONLY IF YOU EXCEED 90% OF ALLOWABLE KG/HA. *S* - TABLE NUMBER: REPORT (2, 3 OR 4). *T* - STATE CLASS: A = 1, B = 2, NONE = 0.
 Monitoring Period 6

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

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF SANTA FE
ADDRESS: P.O. BOX 909
SANTA FE, NM 87504

NM0022292
PERMIT NUMBER

SLI-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87504
MAJOR

FACILITY: SANTA FE WWTP
LOCATION: AIRPORT ROAD
SANTA FE, NM 87504

MONITORING PERIOD
FROM 11/01/2014 TO 12/31/2014

LAND APPLICATION
Other

No Discharge

ATTN: Brian Snyder, City Manager

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, dry weight	SAMPLE MEASUREMENT	0	0		2.91	2.91			0	1/2	Grab
78468 R 0 See Comments	PERMIT REQUIREMENT	300 MX VALUE		kg/ha	300 SINGSAMP	840 MAXIMUM		mg/kg		Contingent	BATCH
Nickel, dry weight	SAMPLE MEASUREMENT	0	0		2.67	2.67			0	1/2	Grab
78469 R 0 See Comments	PERMIT REQUIREMENT	420 MX VALUE		kg/ha	420 SINGSAMP	420 MAXIMUM		mg/kg		Contingent	BATCH
Mercury, dry weight	SAMPLE MEASUREMENT	0	0		0.06	0.06			0	1/2	Grab
78471 R 0 See Comments	PERMIT REQUIREMENT	17 MX VALUE		kg/ha	17 SINGSAMP	57 MAXIMUM		mg/kg		Contingent	BATCH
Pollutant table from 503.13	SAMPLE MEASUREMENT					3					
84367 S 0 See Comments	PERMIT REQUIREMENT					Req. Mon. VALUE	table #				
Level of pathogen requirements achieved	SAMPLE MEASUREMENT					1			0	WK/DY	
84368 T 0 See Comments	PERMIT REQUIREMENT					Req. Mon. MX VALUE	state class			Contingent	BATCH
Description of pathogen option used	SAMPLE MEASUREMENT					5			0	WK/DY	
84369 S 0 Sludge	PERMIT REQUIREMENT					Req. Mon. VALUE	alt #			Contingent	BATCH
Vector attraction reduction alternative used	SAMPLE MEASUREMENT					1			0	WK/DY	
84370 SL 0 Sludge	PERMIT REQUIREMENT					Req. Mon. VALUE	alt #			Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision to accurately and truthfully represent the information submitted in this report. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Brian Snyder, City Manager		505-955-6509	02/16/2015
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

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

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

Monitoring Period 6

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

Form Approved
OMB No. 20-c0-0004

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

NAME: CITY OF SANTA FE
ADDRESS: P.O. BOX 909
SANTA FE, NM 87504
FACILITY: SANTA FE WWTP
LOCATION: AIRPORT ROAD
SANTA FE, NM 87504

NM0022292
PERMIT NUMBER

SLS-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87504
MAJOR

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

SURFACE DISPOSAL
Other

No Discharge

ATTN: Brian Snyder, City Manager

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight 01003 SL 0 Sludge	SAMPLE MEASUREMENT	*****	*****	*****	*****	30	< 0.25		0	1/2	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Unit w/liner/leachate collection system 49028 SL 0 Sludge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	Y=1;N=0			
Unit boundary to property line distance 49029 SL 0 Sludge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	m			
Nickel, dry weight 78469 SL 0 Sludge	SAMPLE MEASUREMENT	*****	*****	*****	*****	210	< 0.1		0	1/2	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Chromium, dry weight 78473 SL 0 Sludge	SAMPLE MEASUREMENT	*****	*****	*****	*****	200	< 0.1		0	1/2	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Level of pathogen requirements achieved 84368 T 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2		0	WK/DY	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SINGSAMP	state class		Contingent	BATCH
Description of pathogen option used 84369 SL 0 Sludge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2		0	WK/DY	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Brian Snyder, City Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
			505-955-6509	02/16/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER	MM/DD/YYYY

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

Monitoring Period 1

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

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF SANTA FE
ADDRESS: P.O. BOX 909
SANTA FE, NM 87504

NM0022292
PERMIT NUMBER

SLS-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87504
MAJOR

FACILITY: SANTA FE WWTP
LOCATION: AIRPORT ROAD
SANTA FE, NM 87504

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

SURFACE DISPOSAL
Other

No Discharge

ATTN: Brian Snyder, City Manager

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Vector attraction reduction alternative used	SAMPLE MEASUREMENT							1		0	WK/DY	Grab
84370 SL 0 Sludge	PERMIT REQUIREMENT							Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Brian Snyder, City Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
		505-955-6509		02/16/2015
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MMDD/YYYY

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

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

Monitoring Period 1

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

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF SANTA FE
ADDRESS: P.O. BOX 909
SANTA FE, NM 87504

NM0022292
PERMIT NUMBER

SLS-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87504
MAJOR

FACILITY: SANTA FE WWTP
LOCATION: AIRPORT ROAD
SANTA FE, NM 87504

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
FROM 03/01/2014 TO 04/30/2014

SURFACE DISPOSAL
Other

No Discharge

ATTN: Brian Snyder, City Manager

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight 01003 SL 0 Sludge	SAMPLE MEASUREMENT					30	< 0.25		0	1/2	Grab
	PERMIT REQUIREMENT					Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Unit w/liner/leachate collection system 49028 SL 0 Sludge	SAMPLE MEASUREMENT						1				
	PERMIT REQUIREMENT						Req. Mon. VALUE	Y=1;N=0			
Unit boundary to property line distance 49029 SL 0 Sludge	SAMPLE MEASUREMENT						3				
	PERMIT REQUIREMENT						Req. Mon. VALUE	m			
Nickel, dry weight 78469 SL 0 Sludge	SAMPLE MEASUREMENT					210	<0.1		0	1/2	Grab
	PERMIT REQUIREMENT					Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Chromium, dry weight 78473 SL 0 Sludge	SAMPLE MEASUREMENT					200	< 0.1		0	1/2	Grab
	PERMIT REQUIREMENT					Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Level of pathogen requirements achieved 84368 T 0 See Comments	SAMPLE MEASUREMENT						2		0	WK/DY	
	PERMIT REQUIREMENT						Req. Mon. SINGSAMP	state class		Contingent	BATCH
Description of pathogen option used 84369 SL 0 Sludge	SAMPLE MEASUREMENT						2		0	WK/DY	
	PERMIT REQUIREMENT						Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge and belief, the information submitted is true and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing falsification.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED			505-955-6509	02/16/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			AREA Code	NUMBER
T - STATE CLASS: A = 1, B = 2, NONE = 0.				MM/DD/YYYY

Monitoring Period 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: CITY OF SANTA FE
ADDRESS: P.O. BOX 909
SANTA FE, NM 87504

FACILITY: SANTA FE WWTP
LOCATION: AIRPORT ROAD
SANTA FE, NM 87504

ATTN: Brian Snyder, City Manager

NM0022292
PERMIT NUMBER

SLS-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87504
MAJOR

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM	03/01/2014	TO	04/30/2014

SURFACE DISPOSAL
Other

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Vector attraction reduction alternative used	SAMPLE MEASUREMENT							1		0	WK/TV	Grab
84370 SL 0 Sludge	PERMIT REQUIREMENT							Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Brian Snyder, City Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge and belief, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			505-955-6509	02/16/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER	MMDDYYYY

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

Monitoring Period 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: CITY OF SANTA FE
ADDRESS: P.O. BOX 909
SANTA FE, NM 87504
FACILITY: SANTA FE WWTP
LOCATION: AIRPORT ROAD
SANTA FE, NM 87504

NM0022292	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87504
MAJOR

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 05/01/2014	TO 06/30/2014

SURFACE DISPOSAL
Other

No Discharge

ATTN: Brian Snyder, City Manager

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight 01003 SL 0 Sludge	SAMPLE MEASUREMENT					30	< 0.25		0	1/2	Grab
	PERMIT REQUIREMENT					Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Unit w/liner/leachate collection system 49028 SL 0 Sludge	SAMPLE MEASUREMENT						1				
	PERMIT REQUIREMENT						Req. Mon. VALUE	Y=1,N=0			
Unit boundary to property line distance 49029 SL 0 Sludge	SAMPLE MEASUREMENT						3				
	PERMIT REQUIREMENT						Req. Mon. VALUE	m			
Nickel, dry weight 78489 SL 0 Sludge	SAMPLE MEASUREMENT					210	21.0		0	1/2	Grab
	PERMIT REQUIREMENT					Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Chromium, dry weight 78473 SL 0 Sludge	SAMPLE MEASUREMENT					200	21.0		0	1/2	Grab
	PERMIT REQUIREMENT					Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Level of pathogen requirements achieved 84368 T 0 See Comments	SAMPLE MEASUREMENT						2		0	WK/DY	
	PERMIT REQUIREMENT						Req. Mon. SINGSAMP	state class		Contingent	BATCH
Description of pathogen option used 84369 S-0 Sludge	SAMPLE MEASUREMENT						2		0	WK/DY	
	PERMIT REQUIREMENT						Req. Mon. VALUE	all #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE	
Brian Snyder, City Manager TYPED OR PRINTED				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505-955-6509	02/16/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER	MM/DD/YYYY

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

Monitoring Period 3

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

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF SANTA FE
ADDRESS: P.O. BOX 909
SANTA FE, NM 87504
FACILITY: SANTA FE WWTP
LOCATION: AIRPORT ROAD
SANTA FE, NM 87504

NM0022292	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87504
MAJOR

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 05/01/2014	TO 06/30/2014

SURFACE DISPOSAL
Other

No Discharge

ATTN: Brian Snyder, City Manager

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Vector attraction reduction alternative used	SAMPLE MEASUREMENT							1		0	WK/DY	Grab
84370 SL 0 Sludge	PERMIT REQUIREMENT							Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Brian Snyder, City Manager			505-955-6509	02/16/2015
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
			MMDD/YYYY

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

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

Monitoring Period 3

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

Form Approved
OMB No. 2040-0004



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

NAME: CITY OF SANTA FE
ADDRESS: P.O. BOX 909
SANTA FE, NM 87504
FACILITY: SANTA FE WWTP
LOCATION: AIRPORT ROAD
SANTA FE, NM 87504

NM0022292
PERMIT NUMBER

SLS-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87504
MAJOR

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 07/01/2014	TO 08/31/2014

SURFACE DISPOSAL
Other

No Discharge

ATTN: Brian Snyder, City Manager

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight 01003 SL 0 Sludge	SAMPLE MEASUREMENT					30	< 0.25		0	1/2	Grab
	PERMIT REQUIREMENT					Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Unit w/liner/leachate collection system 49028 SL 0 Sludge	SAMPLE MEASUREMENT						1				
	PERMIT REQUIREMENT						Req. Mon. VALUE	Y=1;N=0			
Unit boundary to property line distance 49029 SL 0 Sludge	SAMPLE MEASUREMENT						3				
	PERMIT REQUIREMENT						Req. Mon. VALUE	m			
Nickel, dry weight 78489 SL 0 Sludge	SAMPLE MEASUREMENT					210	< 0.1		0	1/2	Grab
	PERMIT REQUIREMENT					Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Chromium, dry weight 78473 SL 0 Sludge	SAMPLE MEASUREMENT					200	< 0.1		0	1/2	Grab
	PERMIT REQUIREMENT					Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Level of pathogen requirements achieved 84368 T 0 See Comments	SAMPLE MEASUREMENT						2		0	WK/DY	
	PERMIT REQUIREMENT						Req. Mon. SINGSAMP	state class		Contingent	BATCH
Description of pathogen option used 84369 S- 0 Sludge	SAMPLE MEASUREMENT						2		0	WK/DY	
	PERMIT REQUIREMENT						Req. Mon. VALUE	all #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Brian Snyder, City Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my review of the person or persons who manage the system, and those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			505-955-6509	02/16/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER	MM/DD/YYYY

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

Monitoring Period 4

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

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF SANTA FE
ADDRESS: P.O. BOX 909
SANTA FE, NM 87504

NM0022292
PERMIT NUMBER

SLS-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87504
MAJOR

FACILITY: SANTA FE WWTP
LOCATION: AIRPORT ROAD
SANTA FE, NM 87504

MONITORING PERIOD
MM/DD/YYYY
FROM 07/01/2014 TO 08/31/2014

SURFACE DISPOSAL
Other

No Discharge

ATTN: Brian Snyder, City Manager

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Vector attraction reduction alternative used 84370 SL 0 Sludge	SAMPLE MEASUREMENT						1		0	WK/DY	Grab
	PERMIT REQUIREMENT						Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Brian Snyder, City Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			505-955-6509	02/16/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER	MM/DD/YYYY

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

Monitoring Period 4

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

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF SANTA FE
ADDRESS: P.O. BOX 909
SANTA FE, NM 87504
FACILITY: SANTA FE WWTP
LOCATION: AIRPORT ROAD
SANTA FE, NM 87504

NM0022292
PERMIT NUMBER

SLS-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87504
MAJOR

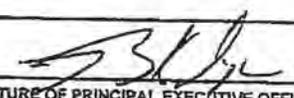
MONITORING PERIOD
MM/DD/YYYY TO MM/DD/YYYY
FROM 09/01/2014 TO 10/31/2014

SURFACE DISPOSAL
Other

No Discharge

ATTN: Brian Snyder, City Manager

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight 01003 SL 0 Sludge	SAMPLE MEASUREMENT					30	< 0.25		0	1/2	Grab
	PERMIT REQUIREMENT					Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Unit w/liner/leachate collection system 49028 SL 0 Sludge	SAMPLE MEASUREMENT						1				
	PERMIT REQUIREMENT						Req. Mon. VALUE	Y=1;N=0			
Unit boundary to property line distance 49029 SL 0 Sludge	SAMPLE MEASUREMENT						3				
	PERMIT REQUIREMENT						Req. Mon. VALUE	m			
Nickel, dry weight 78469 SL 0 Sludge	SAMPLE MEASUREMENT					210	< 0.1		0	1/2	Grab
	PERMIT REQUIREMENT					Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Chromium, dry weight 78473 SL 0 Sludge	SAMPLE MEASUREMENT					200	< 0.1		0	1/2	Grab
	PERMIT REQUIREMENT					Req. Mon. ALLWCONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Level of pathogen requirements achieved 84368 T 0 See Comments	SAMPLE MEASUREMENT						2		0	WK/DX	
	PERMIT REQUIREMENT						Req. Mon. SINGSAMP	state class		Contingent	BATCH
Description of pathogen option used 84369 SL 0 Sludge	SAMPLE MEASUREMENT						2		0	WK/DX	
	PERMIT REQUIREMENT						Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Brian Snyder, City Manager TYPED OR PRINTED			505-955-6509	02/16/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			AREA Code	NUMBER
T - STATE CLASS: A = 1, B = 2, NONE = 0.				MM/DD/YYYY

Monitoring Period 5

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

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF SANTA FE
ADDRESS: P.O. BOX 908
SANTA FE, NM 87504

NM0022292
PERMIT NUMBER

SLS-A
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87504
MAJOR

FACILITY: SANTA FE WWTP
LOCATION: AIRPORT ROAD
SANTA FE, NM 87504

MONITORING PERIOD
MM/DD/YYYY MM/DD/YYYY
FROM 09/01/2014 TO 10/31/2014

SURFACE DISPOSAL
Other

No Discharge

ATTN: Brian Snyder, City Manager

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Vector attraction reduction alternative used	SAMPLE MEASUREMENT							1		0	WK/DY	Grab
84370 SL 0 Sludge	PERMIT REQUIREMENT							Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Brian Snyder, City Manager TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge and belief, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			505-955-6509	02/16/2015
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER	MM/DD/YYYY

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

Monitoring Period 5

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

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF SANTA FE
ADDRESS: P.O. BOX 909
SANTA FE, NM 87504
FACILITY: SANTA FE WWTP
LOCATION: AIRPORT ROAD
SANTA FE, NM 87504

NM0022292	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87504
MAJOR

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 11/01/2014	TO 12/31/2014

SURFACE DISPOSAL
Other

No Discharge

ATTN: Brian Snyder, City Manager

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, dry weight 01003 SL 0 Sludge	SAMPLE MEASUREMENT	*****	*****	*****	*****	30	< 0.25		0	1/2	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. ALLWGONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Unit w/liner/leachate collection system 49028 SL 0 Sludge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	Y=1;N=0			
Unit boundary to property line distance 49029 SL 0 Sludge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	m			
Nickel, dry weight 78469 SL 0 Sludge	SAMPLE MEASUREMENT	*****	*****	*****	*****	210	< 0.1		0	1/2	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. ALLWGONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Chromium, dry weight 78473 SL 0 Sludge	SAMPLE MEASUREMENT	*****	*****	*****	*****	200	< 0.1		0	1/2	Grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. ALLWGONC	Req. Mon. SINGSAMP	mg/kg		Contingent	BATCH
Level of pathogen requirements achieved 84368 T 0 See Comments	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2		0	WK/DY	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. SINGSAMP	state class		Contingent	BATCH
Description of pathogen option used 84369 SL 0 Sludge	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2		0	WK/DY	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge and belief, the information submitted is true and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Brian Snyder, City Manager		505-955-6509	02/16/2015
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
			MMDD/YYYY

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

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

Monitoring Period 6

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

Form Approved
OMB No. 2040-0004

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

NAME: CITY OF SANTA FE
ADDRESS: P.O. BOX 909
SANTA FE, NM 87504
FACILITY: SANTA FE WWTP
LOCATION: AIRPORT ROAD
SANTA FE, NM 87504

NM0022292	SLS-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 87504
MAJOR

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 11/01/2014	TO 12/31/2014

SURFACE DISPOSAL
Other

No Discharge

ATTN: Brian Snyder, City Manager

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Vector attraction reduction alternative used 84370 SL 0 Sludge	SAMPLE MEASUREMENT						1		0	WK/DY	Grab
	PERMIT REQUIREMENT						Req. Mon. VALUE	alt #		Contingent	BATCH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Brian Snyder, City Manager TYPED OR PRINTED	I certify under penalty of law that this discharge 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 persons or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE 505-955-6509	DATE 02/16/2015
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code NUMBER MM/DD/YYYY

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

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

Monitoring Period 6

TOTAL SUSPENDED SOLIDS & VOLATILE SUSPENDED SOLIDS

	VOL ml	INIT gm	DRY gm	TSS mg/L	AVG mg/L	ASH gm	VSS mg/L	AVG mg/L
BL	---	1.8116	1.8116					
BL	1000	1.8117	1.8116		---	1.8114		---
EP		1.8000	1.8015					
EF	1000	1.8002	1.8015	1.5	1.4	1.8000	1.5	1.4
EF		1.8138	1.8152					
EF	1000	1.8139	1.8151	1.3	---	1.8138	1.3	---
IN	15	1.8019	1.8107	587	603	1.8026	540	557
IN	15	1.8546	1.8639	620		1.8553	573	
Old UF	0	0	0.0000	#DIV/0!		0.0000	#DIV/0!	---
New UF	0	0	0.0000	#DIV/0!	---	0.0000	#DIV/0!	---
RS	3	1.8262	1.8539	9233	9380	1.8311	7600	7750
RS	3	1.8366	1.8652	9533	---	1.8415	7900	---
FI	500	1.8045	1.8096	10.2	---	1.8051	9.0	9.0
NL	5	1.821	1.8348	2760	2740	1.8236	2240	2260
NL	5	1.83	1.8436	2720	---	1.8322	2280	---

Analyst: AR/PR

Time start: 8:44am
Time end: 1:10pm

1st Dry Wt. Time: 10:12am
2nd Dry Wt. Time: 12:31pm

SUMMARY

Test Date:	21-Jan-15	TSS	VSS	Date	Sample Time
Influent @ Inf Channel		603 ✓	557 ✓	20-Jan-15	Comp. *
Mixed Liquor		2740 ✓	2260 ✓	21-Jan-15	10:30am
Return Activated Sludge		9380 ✓	7750 ✓	21-Jan-15	10:30am
Old Underflow		#DIV/0!	#DIV/0!	20-Jan-15	6am, 2pm, 10pm Comp
New Underflow		#DIV/0!	#DIV/0!	20-Jan-15	6am, 2pm, 10pm Comp
Filter Influent		10.2 ✓	9.0 ✓	21-Jan-15	10:30am
Effluent @ Outfall Eff Sampler		1.4 ✓	1.4 ✓	20-Jan-15	Comp. *

INDIVIDUAL SAMPLING
(AUTOSAMPLER)

LOCATION

ANALYTICAL TECHNIQUE: Standard Methods - 2540 D - 1997

* 24hr composite
10am - 8am
1 sample/2hrs

DATE

TIME