

PERMITTEE NAME/ADDRESS (Include Facility Name if Different)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

NAME Mora Independent School District  
 ADDRESS PO Box 179  
 Mora, NM 87732

NM 0031097  
 PERMIT NUMBER

001-A  
 DISCHARGE NUMBER

FACILITY Athletic Field  
 LOCATION Ranger Road, Hwy 518  
 Mora, NM 87732

FROM			MONITORING PERIOD			TO		
YEAR	MO	DAY	YEAR	MO	DAY	YEAR	MO	DAY
2023	4	01	2023	4	30			

NOTE: Read instructions before

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
SAMPLE	X										
PERMIT REQUIREMENT											
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*NO Discharge*

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. The information and data herein were reviewed and are 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.

Beverly Dobbins-Monroy, Signatory Authority

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	575	387-3105	DATE	2	3	5	3
AREA			YEAR		MO		DAY

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

TYPED OR PRINTED

EPA Form 3320-1 (Rev. 03-99) Previous editions may be used

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

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OMB No. 2040-0004

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Mora, NM 87732

NM 0031097  
PERMIT NUMBER

001-A  
DISCHARGE NUMBER

FACILITY Athletic Field

LOCATION Ranger Road, Hwy 518  
Mora, NM 87732

MONITORING PERIOD  
FROM YEAR 2023 MO 3 DAY 01 TO YEAR 2023 MO 3 DAY 31

NOTE: Read instructions before

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SAMPLE										
PERMIT REQUIREMENT										
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*Handwritten signature: D. Stinson*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Beverly Dobbins-Montoy, Signatory Authority

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 the requirements of the law and that I am a duly licensed and duly qualified person in the profession of the information submitted. Based on 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.

*Handwritten signature: Beverly Dobbins-Montoy*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 575 387-3105  
DATE YEAR 2 MO 3 DAY 3

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



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

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

Form Approved  
 OMB No. 2040-0004

NAME Mora Independent School District

ADDRESS PO Box 179

Mora, NM 87732

NM 0031097  
 PERMIT NUMBER

001-A  
 DISCHARGE NUMBER

FACILITY

Athletic Field

LOCATION Ranger Road, Hwy 518

Mora, NM 87732

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2023	2	01	2023	2	28

NOTE: Read instructions before

PARAMETER	QUANTITY OR LOADING	QUALITY OR CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	MINIMUM	AVERAGE				
SAMPLE PERMIT REQUIREMENT	AVERAGE								
	MAXIMUM								
PERMIT REQUIREMENT	AVERAGE								
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SAMPLE PERMIT REQUIREMENT	AVERAGE								
	MAXIMUM								

*NP Discharge*

**NAME/TITLE PRINCIPAL EXECUTIVE OFFICER**  
 Beverly Dobbins-Montoy, Signatory Authority

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 information submitted, to the best of my knowledge and belief, the information is true and accurate. I am not aware of any falsification of information, or of any attempt or instruction to falsify information, including the possibility of false and imprisonment for submitting false information.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA	NUMBER	YEAR	MO	DAY
575	387-3105	2	3	3

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

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

Form Approved  
OMB No. 2040-0004

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 NAME Mora Independent School District  
 ADDRESS PO Box 179  
 Mora, NM 87732

NM 0031097  
 PERMIT NUMBER

001-A  
 DISCHARGE NUMBER

**FACILITY** Athletic Field  
**LOCATION** Ranger Road, Hwy 518  
 Mora, NM 87732

**MONITORING PERIOD**  
 FROM YEAR 2023 MO 1 DAY 01 TO YEAR 2023 MO 1 DAY 31

**NOTE:** Read instructions before

PARAMETER		QUANTITY OR LOADING				QUALITY OR CONCENTRATION				UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
		SAMPLE PERMIT REQUIREMENT	SAMPLE PERMIT REQUIREMENT	SAMPLE PERMIT REQUIREMENT	SAMPLE PERMIT REQUIREMENT	SAMPLE PERMIT REQUIREMENT	SAMPLE PERMIT REQUIREMENT	SAMPLE PERMIT REQUIREMENT					

Discharged

**NAME/TITLE PRINCIPAL EXECUTIVE OFFICER**  
 Beverly Dobbins-Monroy, Signatory Authority

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, and I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

*Beverly Dobbins-Monroy*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA 575 NUMBER 387-3105  
 DATE: YEAR 2 MO 2 DAY 3

**COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)**



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NM 0031097

PERMIT NUMBER

001-A

DISCHARGE NUMBER

FACILITY

Athletic Field

LOCATION Ranger Road, Hwy 518

Mora, NM 87732

MONITORING PERIOD

YEAR	MO	DAY
2022	12	01

YEAR	MO	DAY
2022	12	31

NOTE: Read instructions before

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
SAMPLE PERMIT REQUIREMENT										
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SAMPLE PERMIT REQUIREMENT										

*NO* *12/31/2022*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Beverly Dobbins-Montoy, Signatory Authority

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with the requirements of the law. I understand that any false statements, omissions, or other information that I knowingly provide to this system is a violation of the law, and that I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

*Beverly Dobbins-Montoy*  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

575 387-3105

DATE

2 3 1 3

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

TYPED OR PRINTED

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ADDRESS PO Box 179  
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PERMIT NUMBER

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DISCHARGE NUMBER

FACILITY Athletic Field  
LOCATION Ranger Road, Hwy 518  
Mora, NM 87732

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
2022	11	01	2022	11	30

NOTE: Read instructions before

PARAMETER	SAMPLE PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
	SAMPLE PERMIT REQUIREMENT									
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*No Discharges*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Beverly Dobbins-Monroy, Signatory Authority

TELEPHONE 575 387-3105

DATE 2 2 1 2 2

ASEA NUMBER YEAR MO DAY

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

NAME Mora Independent School District  
 ADDRESS PO Box 179  
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 PERMIT NUMBER

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FACILITY Athletic Field  
 LOCATION Ranger Road, Hwy 518  
 Mora, NM 87732

MONITORING PERIOD		
YEAR	MO	DAY
2022	10	01
2022	10	31

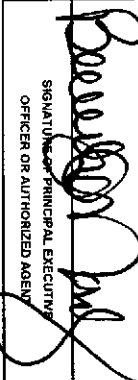
NOTE: Read instructions before

PARAMETER	SAMPLE PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
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*No Data*

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Beverly Dobbins-Monroy, Signatory Authority

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE 575 387-3105

DATE 2 2 1 1 3

AREA NUMBER YEAR MO DAY

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