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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

Form Approved

OMB No 2040-0004

DISCHARGE MONITORING REPORT *(DMR)*

NAME Mora Independent School District

ADDRESS PO Box 179
Mora, NM 87732

FACILITY Athletic Field

LOCATION #10 Ranger Road, Hwy 518
Mora, NM 87732

NM0031097
PERMIT NUMBER

001-A
DISCHARGE NUMBER

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2020	06	01	TO	2020	06	30

NOTE: Read instructions before

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				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										

Discharge to Groundwater

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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
Beverly Dobbins-Montoya- Signatory Authority					20	07	02
TYPED OR PRINTED			AREA	NUMBER	YEAR	MO	DAY

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

2