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

NAME Mora Independent School District

ADDRESS PO Box 179
Mora, NM 87732

FACILITY Athletic Field

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM *(NPDES)*

DISCHARGE MONITORING REPORT *(DMR)*

Form Approved
OMB No 2040-0004

NM0031097	001-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	2020	05	01	TO	2020	05	31

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		TELEPHONE		DATE		
Beverly Dobbins-Montoya- Signatory Authority				20	06	05
TYPED OR PRINTED		AREA	NUMBER	YEAR	MO	DAY

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.

Beverly Montoya

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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