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Created By:	Nicole M. Valerio/USERS/LANL
File name:	Target-ERID # for Domino.txt
Version:	1.0
Document Type:	RPF Record
Description:	RECORD SUBMITTED BY: PHOEBE SUINA. ADEP

Document Details:

Title:	ERID-101840 1) WASTEWATER STREAM CHARACTERIZATION FOR TA-46-1, 2, 24, 41, 59, 75, 76, 88, 111, 119, 120, 121, 134, 181, 185, 186, 217, 218, 252, 257, 258, 259, 260, 261, 262, 271, 272, 286, 297, 298, 301, 309, 314, 318, 319, 341, 342, 343, 357, AND 360 AT LOS ALAMOS NATIONAL LABORATORY, CHARACTERIZATION REPORT NUMBER 71
ERID Number.StartPage:	ERID-101840
Office of Record:	WES-DO
Date Received:	06/19/2008
Official Use Only:	N
Page Count:	287
Record Type:	Report
Document Date:	03/01/94
To:(Addressees - Organization) *(separate multiple values with semicolons)*	LANL
From:(Senders - Organization) *(separate multiple values with semicolons)*	SANTA FE ENGINEERING LTD
Other Document Number(s): *(separate multiple values with semicolons)*	71 PKG-1725 11056-71
TA: *separate multiple values with semicolons)*	46
PRS Number(s): *(separate multiple values with semicolons)*	
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ENVIRONMENTAL STUDY

CHARACTERIZATION REPORT #71

ENVIRONMENTAL MANAGEMENT DIVISION
Los Alamos National Laboratory
Los Alamos, New Mexico 87545

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WASTEWATER STREAM CHARACTERIZATION FOR TA-46-1, 2, 24, 41, 59, 75, 76, 88, 111, 119, 120, 121, 134, 181, 185, 186, 217, 218, 252, 257, 258, 259, 260, 261, 262, 271, 272, 286, 297, 298, 301, 302, 309, 314, 318, 319, 341, 342, 343, 357 AND 360

ENVIRONMENTAL STUDY

prepared for:
THE LOS ALAMOS NATIONAL LABORATORY
Los Alamos, New Mexico

under subcontract 9-XG8-2874P-1

by:
Santa Fe Engineering, Ltd.
1429 Second Street
Santa Fe, New Mexico 87505
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June, 1993

Updated Per ESH-8 Comments March 1994

EXECUTIVE SUMMARY

Buildings 1, 2, 24, 41, 59, 75, 76, 88, 111, 119, 120, 121, 134, 181, 185, 186, 217, 218, 252, 257, 258, 259, 260, 261, 262, 271, 272, 286, 297, 298, 301, 302, 309, 314, 318, 319, 341, 342, 343, 357 and 360 in TA-46 were visited to document all drain piping and building outflows and to make permitting recommendations. The pipes exiting the building are as follows:

1. from building 46-1: one sanitary sewer connection, one EPA permitted outfall (03A042), three unpermitted sanitary outfalls to daylight, four fire line drains, one condensed water drain, two heating system drains, one natural gas vent, two pressure relief valve drains, one sediment tank vent, one compressed air pressure relief valve discharge, seven storm drains, nine abandoned pipes, two trench drains to daylight and two outfall pipes of unknown origin,

2. building 41-2: one sanitary sewer connection and one water heater pressure relief valve drain,

3. from building 46-24: two sanitary sewer connections, one EPA permitted outfall 04A018, one storm drain, eight vacuum pump exhaust vents, two condensed water drains, three fire line drains, one gas connection, one abandoned vent pipe, one vent pipe, four heating system vents, one bottled gas pressure relief vent, one liquid nitrogen drain and one outfall pipe of an unknown origin,

4. from building 46-41: two sanitary sewer connections, one EPA permitted outfall (04A117), three fire line drains, one liquid nitrogen vent, one storm drain, two condensed water drains, fourteen gas cylinder vents, one water heater pressure relief valve drain, two abandoned vent pipes and two water backflow preventer valves,

5. from building 46-59: one EPA permitted outfall (04A018), one water heater pressure relief valve drain, one cable conduit and one electrical conduit,

6. from building 46-75: one unpermitted water fountain drain to daylight, one water backflow preventer drain, two fire line drains, two storm drains and one outfall of an unknown origin,

7. from building 46-76: three sanitary sewer connections, one storm drain, six fire line drains, two condensed water drains, eight vacuum pump exhaust vents, one water heater pressure relief valve drain, two gas cylinder vents and two air vents,

8. from building 46-88: one sanitary sewer connection, one EPA permitted outfall (04A014), one water backflow preventer drain, four fire line drains, eleven abandoned vent pipes, three storm drains, three liquid nitrogen vents, one natural gas vent, one vacuum pump exhaust vent and one outfall with an unknown destination,

9. from building 46-111: one liquid nitrogen vent,

10. from building 46-119: one sanitary sewer connection, four storm drains, four condensed water drains and one water heater pressure relief valve drain,

11. from building 46-120: one sanitary sewer connection, two condensed water drains and one water heater pressure relief valve drain,

12. from building 46-121: one sanitary sewer connection, four storm drains, two condensed water drains and one water heater pressure relief valve drain,

13. from buildings 46-134, 186, 252, 257, 258, 259, 260, 261, 262, 271, 272, 286, 297, 298, 301, 302, 309, 318, 319, 341, 342, 343, 357 and 360: these buildings do not have any drains and no sources of water,

14. from building 46-181: one condensed water drain,

15. from building 46-185: one unpermitted water fountain drain to daylight,

16. from building 46-217: one sanitary sewer connection, two storm drains and one evaporative cooler drain,

17. from building 46-218: one sanitary sewer connection, two storm drains, one water heater pressure relief valve drain and one evaporative cooler drain,

18. from building 46-314: one condensed water drain.

Recommendations for repiping are provided to allow outfall consolidation to minimize permit maintenance requirements and to bring the facility into compliance with the Laboratory's NPDES Permit. Floor drain plugging is recommended where the potential of discharge of pollutants exists.

A Waste Stream Database has been prepared listing the waste water and flow rate for each outfall.

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1.0 INTRODUCTION

During February and March, 1993, Mark E. Wendt of Santa Fe Engineering (SFE) toured buildings 1, 2, 24, 41, 59, 75, 76, 88, 111, 119, 120, 121, 134, 181, 185, 186, 217, 218, 252, 257, 258, 259, 260, 261, 262, 271, 272, 286, 297, 298, 301, 302, 309, 314, 318, 319, 341, 342, 343, 357 and 360 at TA-46. The purpose of this study is to identify building drain piping, locate outfalls which discharge into the environment and to characterize the wastewater flows and sources existing at the time of the visit. This report will not reflect any subsequent changes in piping or operations. The Waste Steam Characterization Policy of September 10, 1992 was followed for this study. The following tasks were performed for this purpose:

1. Building drains and all piping exiting the building were identified and laid out in schematic form;

2. Wastewater sources were identified at each drain and the wastewater was characterized according to the flow rate and quality. The location of outfalls and their potential sources of discharges were determined. Potential pollutants were also noted;

3. Permit applications for discharges of clean water were not prepared since these discharges do not require permitting at this time and

4. Potential problems were identified and recommendations were made for repiping, floor drain plugging and spill containment where deemed appropriate.

The field investigation proceeded by verifying drain schematic drawings prepared by SFE for the appropriate buildings (Figures 1 through 19) from drawings provided by Los Alamos National Laboratory (LANL) Facilities Engineering Division. The other buildings were visited to insure that no drains exist for the buildings. The following process was used to define drain piping and characterize the wastewater streams:

1. Laboratory engineering drawings were used to prepare the SFE drain piping schematic. The Solid Waste Stream Characterization conducted by IT Corporation was reviewed. The National Pollutant Discharge Elimination System (NPDES) Permit, the 1990 NPDES Permit Application submitted by Los Alamos National Laboratory (LANL) in September, 1990, the latest Federal Facilities Compliance Agreement (FFCA) between the Department of Energy (DOE) and the Environmental Protection Agency (EPA) and the Administrative Order (AO) Docket Number VI-92-1306 issued by EPA to the University of California were used for reference;

2. A site visit was performed to verify the SFE drain schematics and to identify potential outfall pipes exiting the building. The visit entailed a room by room inspection of wastewater sources and drains. Interviews with site personnel were conducted to assist in waste stream characterization and

3. SFE verified drain piping by dye checking.

2.0 FIELD INVESTIGATION

The pipes exiting the building have been assigned an Outlet Piping Number. The four part number, sequentially, identifies the Technical Area where the pipe is located, the building from which the pipe discharges, the letters OPN to indicate that it is an outlet piping number and the unique number for the pipe. The piping exiting the building will be labeled for easy identification in the future.

Each drain has a unique identification number. Each number consists of three parts. The first part is the floor the drain is on. The second part has letters that indicate the drain type (abbreviations used are summarized in Table 19). The final part is a unique number for each drain. For example, the floor drain numbering on the first floor would start with 1FD1. The roof drains do not have the number identifying the floor such as RD1 for Roof Drain 1.

The function of each pipe exiting from buildings is listed in Appendix 1, Tables 1 through 17, with non-drain recommendations listed in Table 18 and an abbreviations list in Table 19. Appendix 2 contains the wastestream characterization database output, listing wastewater source, flow rates and periodicity information for each outfall drain. Completed EPA forms are in Appendix 3 for appropriate outfalls. Appendix 4 provides information about the dye study of building drains. Flow schematics of the drains from each building are attached in Appendix 5 as Figures 2 through 19. A Site Plan is included in Appendix 5 as Figure 1 illustrating the locations of buildings included in this report.

3.0 RECOMMENDATIONS FOR BUILDING 46-1

Table 1 is a list of the drains to the building outfalls and Figures 2 and 3 are schematics of the piping. The table lists the drains that connect to the outfall pipe and includes recommendations for changes to the drain piping. The discussion below gives the reasoning for the recommendations. According to Ed Hoth of ENG-6, a LANL plumbing modifications project, No. 13374, is expected to begin sometime in the later part of 1993. This project is to address many of the interconnection problems discussed in this report.

3.1 Outfall 46-1-OPN-1

This outfall is a condensed water drain discharging to daylight from a mechanical cooling unit located just exterior of the building on the east side. This outfall should be covered by a Notice Of Intent (NOI) to Discharge. No piping changes are recommended. No EPA forms were completed.

3.2 Outfall 46-1-OPN-2

This outfall is from a floor drain, lavatories (2), sinks (2), a shower, a urinal and toilets (2) and flows into a sewer manhole which drains to the Sanitary Waste Sewage Consolidation (SWSC) Plant. No chemicals are drained into any of the drains or fixtures. It is recommended that sink BSD3 be labeled "SANITARY WASTE ONLY - NO CHEMICAL DISPOSAL". No permitting or piping changes are recommended and no EPA forms were prepared.

3.3 Outfall 46-1-OPN-3

This unpermitted outfall receives flow from laboratory sinks, floor drains, a toilet, a urinal and roof drains in the building and flows into a manhole which drains to daylight along with outfall 46-1-OPN-6, into Cañada Del Buey just north of building 154.

It is recommended the outlet pipe from the manhole be plugged and a new duplex-pump sewage ejection system be installed in the place of the existing manhole. The discharge from this new lift station should be piped to the existing sanitary sewer manhole located three feet to the north and east. All laboratory sinks and floor drains currently flowing to Cañada Del Buey would then be routed to the sanitary sewage system. All sink drains not removed should be labeled "SANITARY WASTE ONLY - NO CHEMICAL DISPOSAL".

It is also recommended that the two roof drains which currently flow to this same canyon discharge be re-routed to drain to the existing storm sewer catch basin located just east of mechanical room 028. The storm water outlet pipe from this catch basin currently flows to the same manhole mentioned above which drains to Cañada Del Buey. This existing outlet pipe should be plugged and the catch basin re-routed to drain to the storm sewer system in this area.

Re-routing of the two area drains located in the open area at basement level on the north side of the building to the storm sewer system is recommended.

It is recommended that the fume hood sinks located in rooms 020 (BSD7), 027 (BSD9), 107 (1SD6) and 122 (1SD7) be removed and drain lines plugged.

Mechanical room 017 has an air compressor unit with a blow-off line discharging to floor drain BFD8. Containing the liquid from the air compressor is recommended.

An EPA Form 2D was prepared for this outfall, see Appendix 3 in this report.

3.4 Outfalls 46-1-OPN-4 and 46-1-OPN-5

These outfalls are manually operated mechanical hot water heating pipe drains which discharge to daylight next to the building over a main exit doorway. This presents a health and safety hazard. It is recommended these pipes be plugged or re-routed to a location away from the doorway. They should also be included in a general Laboratory NOI. No permitting is recommended for this outfall. No EPA forms were prepared.

3.5 Outfall 46-1-OPN-6

This outfall receives flow from a floor drain and three equipment drains located in mechanical room 028 and drains to a manhole which discharges to daylight, along with outfall 46-1-OPN-3, into Cañada Del Buey. It is recommended this outfall be re-routed to the sanitary sewer system, see Section 3.3.

Mechanical room 028 has an air compressor unit and a compressed air holding tank with drain lines discharging to equipment drain BED2. Re-routing of these two lines to the existing oil/water separator in this room is recommended.

Floor drain BFD11 located in mechanical room 028 is plugged with debris. It is recommended that this floor drain be cleaned out. An EPA Form 2D was prepared for this outfall, see Appendix 3 of this report.

3.6 Outfall 46-1-OPN-7

This outlet pipe is a natural gas vent which discharges to the atmosphere next to the building. No permitting or piping changes are recommended and no EPA forms were completed.

3.7 Outfalls 46-1-OPN-8 and 46-1-OPN-9

These outfalls are water pressure relief valve drains which discharge to daylight next to the building. These outfalls should be provided with an NOI. No piping changes are recommended for these outfalls and no EPA forms have been prepared.

3.8 Outfall 46-1-OPN-10

This outlet pipe is a heating water sediment tank vapor vent which discharges to the atmosphere next to the building. No permitting or piping changes are recommended for this outfall and no EPA forms were prepared.

3.9 Outfall 46-1-OPN-11

This outlet pipe is from a compressed air storage tank pressure relief valve which discharges to the atmosphere next to the building. No permitting or piping changes are recommended for this outfall and no EPA forms were prepared.

3.10 Outfall 46-1-OPN-12

This outfall is from a roof drain on the building and discharges storm water to the catch basin on the east side of this building. No permitting or piping changes are recommended for this outfall and no EPA forms were prepared.

3.11 Outfalls 46-1-OPN-13, 46-1-OPN-20, 46-1-OPN-23 and 46-1-OPN-24

These outfalls are fire water system drains which discharge to daylight next to the building. These outfalls should be covered by an NOI. No piping changes are recommended for these outfalls and no EPA forms have been prepared.

3.12 Outfalls 46-1-OPN-14 and 46-1-OPN-15

These outfalls are abandoned electrical conduits which terminate to daylight next to the building. It is recommended these pipes be plugged. No permitting is recommended for these outfalls. No EPA forms were completed.

3.13 Outfalls 46-1-OPN-16 and 46-1-OPN-38

These outfalls are pipe trench drains which receive infrequent flow from floor washings and drain to daylight next to the building. It is recommended the drain which connects to each outfall be permanently plugged. No permitting is recommended for this outfall, however, an EPA Form 2D has been prepared.

3.14 Outfall 46-1-OPN-17

This outfall receives storm water flow from a roof drain and discharges to daylight at the southeast side of the building. No permitting or piping changes are recommended for this outfall and no EPA forms were completed.

3.15 Outfall 46-1-OPN-18

This outfall receives flow from a trench drain and an equipment drain and discharges to daylight at the south side of the building. A floor drain which should be located in room 133 could not be found and is presumed to be plugged. Verification of the existence of floor drain 1FD1 in room 133 by the user group is recommended.

Equipment drain 1ED1 located in room 133 receives water flow from a concrete cutting machine in this room. It is recommended the cutting machine discharge be containerized at the unit or that the unit be provided with a recirculating system for this discharge. Plugging the drain is recommended. An EPA Form 2D was prepared for this outfall. See Appendix 3.

3.16 Outfall 46-1-OPN-19

This outfall receives storm water flow from a roof drain on the building. The discharge point of this outfall could not be found. It is recommended the user group verify the routing and destination of this outfall. Upon further verification, no permitting is recommended for this outfall. No EPA forms were completed.

3.17 Outfalls 46-1-OPN-21 and 46-1-OPN-22

These two outfalls terminate to daylight next to the building. The source of the two outfalls could not be determined during our field inspection. It is recommended the user group verify the source of each of these two outfalls and what type of flow they may be discharging. Upon further verification, permitting or piping changes may be recommended for these outfalls. No EPA forms were prepared.

3.18 Outfalls 46-1-OPN-25, 46-1-OPN-26, 46-1-OPN-27 and 46-1-OPN-28

These outfall pipes are from an old gas cylinder manifold station and are no longer used. It is recommended that all of the piping associated with these outfalls running along the west wall exterior of the building be removed and the outfalls eliminated. No permitting is recommended for these outfalls and no EPA form were prepared.

3.19 Outfalls 46-1-OPN-29, 46-1-OPN-33 and 46-1-OPN-34

These outfalls are from roof gutter drains. The downspouts drain storm water to daylight next to the building. No permitting is needed for these outfalls and no EPA forms have been prepared.

3.20 Outfall 46-1-OPN-30

This outfall receives treated cooling water discharge from a cooling tower located on the roof above rooms 103 and 105. This outfall also receives storm water flow from roof drains on the building. There is also a trench drain 1TD1 and three floor drains which connect to this outfall pipe. All of these flows combine into one drain pipe which discharges into an open ditch at the northwest end of the building. From there it flows to another pipe which runs below grade and discharges into a tributary to Cañada Del Buey as permitted outfall 03A042. It is recommended this outfall be connected directly to the permitted outfall pipe discharging into the canyon.

It is recommended roof drains RD1 and RD3 be re-routed to discharge to daylight.

It is recommended that trench drain 1TD1 and floor drain 1FD4 be piped to the sanitary sewer system or plugged. A revised EPA Form 2C has been provided for this outfall in Appendix 3.

3.21 Outfall 46-1-OPN-31

This outfall receives treated cooling water flow from a cooling tower overflow tank and discharges to an open ditch located at the northwest end of the building. From there it flows to another pipe which runs below grade and discharges into Cañada Del Buey as permitted outfall 03A042. It is recommended this outfall pipe be connected directly to the permitted outfall pipe discharging into the canyon. A revised EPA Form 2C has been provided for this outfall in Appendix 3.

3.22 Outfalls 46-1-OPN-32 and 46-1-OPN-35

These outfalls are abandoned pipes which have no flow. It is recommended these outfalls be plugged. No permitting is recommended for these outfalls and no EPA forms were prepared.

3.23 Outfall 46-1-OPN-36

This outfall is a pipe which has been disconnected and plugged in room 105. No permitting or piping changes are recommended. No EPA forms were completed.

3.24 Outfall 46-1-OPN-37

This outfall is from a roof drain on the building and discharges storm water to daylight just east of the building. No permitting or piping changes are required for this outfall and no EPA forms were prepared.

4.0 RECOMMENDATIONS FOR BUILDING 46-2

Table 2 is a list of the drains to the building outfalls and Figure 4 is a schematic of the piping. The table lists the drains that connect to the outfall pipe and includes recommendations for changes to the drain piping. The discussion below gives the reasoning for the recommendations.

4.1 Outfall 46-2-OPN-1

This outfall receives sanitary flow from one lavatory, one toilet and one water fountain and drains below grade to a manhole which drains to the SWSC Plant. No permitting is recommended for this outfall and no EPA forms were prepared.

4.2 Outfall 46-2-OPN-2

This outfall is a water heater pressure relief valve drain which discharges to daylight next to the building. This outfall should be covered by an NOI. No piping changes are recommended. No EPA forms were completed.

5.0 RECOMMENDATIONS FOR BUILDING 46-24

Table 3 is a list of the drains to the building outfalls and Figures 5 and 6 are schematics of the piping. The table lists the drains that connect to the outfall pipe and includes recommendations for changes to the drain piping. The discussion below gives the reasoning for the recommendations.

Utility room B-2 has two base-mounted circulating pumps which are leaking oil onto the floor. It is recommended

these pumps be repaired or provided with secondary containment.

5.1 Outfalls 46-24-OPN-1, 46-24-OPN-8, 46-24-OPN-10, 46-24-OPN-11, 46-24-OPN-21, 46-24-OPN-22 and 46-24-OPN-27

These outfalls are vacuum pump exhaust vents which have all been plugged. No permitting is required for these outfalls and no EPA forms were prepared.

5.2 Outfall 46-24-OPN-2

This outfall is a vacuum pump exhaust vent which discharges to the atmosphere next to the building. No permitting is recommended for this outfall and no EPA forms were prepared.

5.3 Outfall 46-24-OPN-3

This outfall is believed to be a condensed water drain discharging to daylight next to the building. It is recommended the user group verify the source of this outfall. If it is a condensate drain, then this outfall should be covered by an NOI. Upon further verification, no permitting or piping changes are recommended for this outfall. No EPA forms were completed.

5.4 Outfall 46-24-OPN-4

This outfall is from laboratory sinks, a service sink, a floor drain, an acid neutralizer and roof drains and flows to an area storm drain to the east of the building which discharges into a tributary to Cañada Del Buey as permitted outfall 04A018. It is recommended the laboratory sinks in the basement and first floor, the service sink in room B-10 and the floor drain in the basement be re-piped to the

sanitary sewer system. The acid neutralizer should be removed. Signs should be posted above all sinks stating "SANITARY SEWER ONLY - NO HAZARDOUS OR CHEMICAL WASTE DOWN THIS DRAIN". Once this is done, the roof drains will be the only flow to the storm sewer. The outfall discharging into a tributary of Cañada Del Buey will then become a storm water only drain and the permit, 04A018, can be eliminated. See Sections 7 and 9 of this report for further information concerning permitted outfall 04A018.

We were unable to gain access to laboratory sinks BSD15 and BSD16 located in room B-30 for dye testing verification. Therefore, it is recommended the user group dye test each drain to determine their destination. A revised EPA Form 2C has been prepared for this outfall in Appendix 3.

5.5 Outfall 46-24-OPN-5

This outfall is from sanitary facilities and flows into a sewer manhole which drains to the SWSC Plant. No chemicals are drained into any of the drains or fixtures. It is recommended that sinks BSD12 and 1SD2 be labeled "SANITARY WASTE ONLY - NO CHEMICAL DISPOSAL". No permitting is recommended for this outfall and no EPA forms were prepared.

5.6 Outfall 46-24-OPN-6

This outfall receives condensed water from a vacuum pump exhaust vent condensate drain which discharges to daylight next to the building. This outfall should be covered by an NOI. No piping changes are recommended. No EPA forms were completed.

5.7 Outfall 46-24-OPN-7

This outfall is believed to discharge condensed water to daylight next to the building. Verification of the source of this outfall by the user group is recommended. This outfall should be covered by an NOI. No piping changes are recommended. No EPA forms were completed.

5.8 Outfall 46-24-OPN-9

This outfall is a gas cylinder connection pipe which protrudes from the building. No permitting or piping changes are recommended for this outfall and no EPA forms have been prepared.

5.9 Outfalls 46-24-OPN-12, 46-24-OPN-13 and 46-24-OPN-14

These outfalls are fire water system drains which discharge to daylight next to the building. These outfalls should be covered by an NOI. No piping changes are recommended for these outfalls and no EPA forms were prepared.

5.10 Outfall 46-24-OPN-15

This outfall is an abandoned vent pipe. It is recommended this pipe be completely removed. No permitting is recommended for this outfall and no EPA forms were prepared.

5.11 Outfall 46-24-OPN-16

This outfall is an abandoned vent pipe exiting the building and has been plugged. No permitting or piping changes are recommended for this outfall and no EPA forms have been prepared.

piping changes are recommended for this outfall and no EPA forms were prepared.

5.16 Outfall 46-24-OPN-26

This outfall is a manual tank drain from a liquid nitrogen storage tank located next to the building which discharges to daylight at the tank. This outfall should be covered by an NOI. No piping changes are recommended for this outfall and no EPA forms were prepared.

6.0 RECOMMENDATIONS FOR BUILDING 46-41

Table 4 is a list of the drains to the building outfalls and Figure 7 is a schematic of the piping. The table lists the drains that connect to the outfall pipe and includes recommendations for changes to the drain piping. The discussion below gives the reasoning for the recommendations.

6.1 Outfall 46-41-OPN-1

This outfall receives non-contact cooling water flow from a vacuum pump cooling system drain which runs below grade and discharges to a culvert located at the northwest side of the building as permitted outfall 04A117. It is recommended the two vacuum pumps be provided with a recirculating cooling system per Laboratory policy. The existing non-contact cooling water drain should be removed and permitted outfall 04A117 be eliminated. A revised EPA Form 2C has been completed for this outfall in Appendix 3.

6.2 Outfalls 46-41-OPN-2, 46-41-OPN-3 and 46-41-OPN-17

These outfalls are fire water system drains which discharge to daylight next to the building. These outfalls should be

provided with an NOI. No piping changes are recommended for these outfalls and no EPA forms have been prepared.

6.3 Outfall 46-41-OPN-4

This outfall is a liquid nitrogen vent which discharges to the atmosphere next to the building. No permitting is recommended for this outfall and no EPA forms have been prepared.

6.4 Outfall 46-41-OPN-5

This outfall is from a vacuum pump exhaust stack condensate drain which discharges condensed water to daylight next to the building. This outfall should be covered by an NOI. No piping changes are recommended for this outfall and no EPA forms have been prepared.

6.5 Outfall 46-41-OPN-6

This outfall is from a lavatory, sink drains (3), a toilet, a urinal and a water fountain and flows into a sewer manhole which drains to the SWSC Plant. No chemicals are drained into any of the drains or fixtures. It is recommended that sinks 1SD1, 1SD2 and 1SD3 be labeled "SANITARY WASTE ONLY - NO CHEMICAL DISPOSAL". No permitting is recommended for this outfall and no EPA forms were prepared.

6.6 Outfalls 46-41-OPN-7, 46-41-OPN-8, 46-41-OPN-9 and 46-41-OPN-10

These outfalls are bottled gas cylinder manifold pressure relief vents which discharge to the atmosphere next to the building. No permitting is recommended for these outfalls and no EPA forms have been prepared.

6.7 Outfall 46-41-OPN-11

This outfall is an abandoned and disconnected vent pipe running exterior of the building. It is recommended this pipe be removed. No permitting is recommended for this outfall and no EPA forms were completed.

6.8 Outfall 46-41-OPN-12

This outfall is a water heater pressure relief valve which discharges to daylight next to the building. This outfall should be covered by an NOI. No piping changes are recommended for this outfall and no EPA forms have been prepared.

6.9 Outfall 46-41-OPN-13

This outfall is an abandoned pipe which exits the building from mechanical room 130. It is recommended this outfall be plugged. No permitting is recommended for this outfall and no EPA forms have been completed.

6.10 Outfalls 46-41-OPN-14 and 46-41-OPN-15

These outfalls are from water backflow preventer valves which discharge to daylight next to the building. These outfalls should be covered by an NOI. No permitting is recommended for these outfalls and no EPA forms have been prepared.

6.11 Outfall 46-41-OPN-16

This outfall is from a cooling coil condensate drain and discharges to daylight next to the building. This outfall should be covered by an NOI. No piping changes are

recommended for this outfall and no EPA forms have been prepared.

6.12 Outfall 46-41-OPN-18

This outfall is a roof gutter downspout which discharges storm water to daylight next to the building. No permitting is recommended for this outfall and no EPA forms have been prepared.

6.13 Outfall 46-41-OPN-19

This outfall is from cup drains (3) and sink drains (5) and flows below grade to a manhole which drains to the SWSC Plant. No chemicals are drained into any of the drains or fixtures. It is recommended that fume hood sinks 1CD1 and 1CD2 in room 106 and 1CD3 in room 110 be removed and their drain lines plugged. It is also recommended that sinks 1SD4, 1SD5, 1SD6 and 1SD8 be labeled "SANITARY WASTE ONLY - NO CHEMICAL DISPOSAL". No permitting is recommended for this outfall and no EPA forms have been prepared.

6.14 Outfalls 46-41-OPN-20, 46-41-OPN-21, 46-41-OPN-22, 46-41-OPN-23, 46-41-OPN-24, 46-41-OPN-25, 46-41-OPN-26, 46-41-OPN-27, 46-41-OPN-28 and 46-41-OPN-29

These outfalls are abandoned bottled gas cylinder pressure relief vents which are running along the south-side exterior wall of the building. It is recommended these pipes be removed. No permitting is recommended for these outfalls and no EPA forms have been prepared.

7.0 RECOMMENDATIONS FOR BUILDING 46-59

Table 5 is a list of the drains to the building outfall and Figure 8 is a schematic of the piping. The table lists the

drains that connect to the outfall pipe and includes recommendations for changes to the drain piping. The discussion below gives the reasoning for the recommendations. This building contains a 55-gallon drum of vacuum pump oil in the main room. It is recommended this 55-gallon drum be provided with a secondary containment pallet.

7.1 Outfall 46-59-OPN-1

This outfall is a cable conduit which terminates on the exterior of the building. No permitting or piping changes are recommended and no EPA forms have been completed.

7.2 Outfall 46-59-OPN-2

This outfall is a water heater pressure relief valve which discharges to daylight next to the building. This outfall should be covered by an NOI. No piping changes are recommended for this outfall and no EPA forms have been prepared.

7.3 Outfall 46-59-OPN-3

This outfall is from a sink drain which flows below grade to a storm sewer area drain which drains to Cañada Del Buey as part of permitted outfall 04A018. It is recommended this sink drain, 1SD1, be re-piped to the sanitary sewer system. Building 46-59 will then be eliminated from the permitted outfall 04A018. A revised EPA Form 2C has been completed for this outfall, see Appendix 3.

7.4 Outfall 46-59-OPN-4

This outfall is an abandoned electrical conduit pipe which protrudes out of the building. It is recommended this

outfall be plugged. No permitting is required for this outfall and no EPA forms have been prepared.

8.0 RECOMMENDATIONS FOR STRUCTURE 46-75

Table 6 is a list of the drains to the building outfalls and Figure 9 is a schematic of the piping. The table lists the drains that connect to the outfall pipe and includes recommendations for changes to the drain piping. The discussion below gives the reasoning for the recommendations. I was not allowed access to the large storage room in the northwest portion of the building and therefore could not field verify the existence of any drains or fixtures. It is recommended the user group verify the existence and location of any drains or fixtures in this room and perform a dye test study of any and all drains found to determine their destination. Also, the user group should produce a list of any hazardous or potentially hazardous materials stored within this area and post it at the entrance to this room.

8.1 Outfall 46-75-OPN-1

This unpermitted outfall is from water fountain 1WF1 located in the weight room and discharges to daylight next to the building. It is recommended this water fountain either be removed and replaced with bottled water or re-piped to the sanitary sewer system. An EPA Form 2D was prepared for this outfall, see Appendix 3.

8.2 Outfall 46-75-OPN-2

This outfall is a water backflow preventer drain which discharges to daylight next to the building. This outfall should be covered by an NOI. No piping changes are

recommended for this outfall and no EPA forms have been prepared.

8.3 Outfalls 46-75-OPN-3 and 46-75-OPN-7

These outfalls are fire water system drains which discharge to daylight next to the building. These outfalls should be provided with an NOI. No piping changes are recommended for these outfalls and no EPA forms have been prepared.

8.4 Outfalls 46-75-OPN-4 and 46-75-OPN-5

These outfalls are roof gutter downspouts which discharge storm water to daylight next to the building. No permitting or changes are recommended for these outfalls and no EPA forms have been completed.

8.5 Outfall 46-75-OPN-6

This outfall originates in the large storage room which we could not access and discharges to daylight next to the building on the north side. It is recommended the user group verify the origin of this drain line. Modifications to and permitting of this outfall will be reviewed upon verification of the outfall source. The user group must prepare an internal Laboratory application for discharge and submit it to ESH-8 pending the user's investigation of this drain.

9.0 RECOMMENDATIONS FOR BUILDING 46-76

Table 7 is a list of the drains to the building outfalls and Figure 10 is a schematic of the piping. The table lists the drains that connect to the outfall pipe and includes recommendations for changes to the drain piping. The

discussion below gives the reasoning for the recommendations.

9.1 Outfalls 46-76-OPN-1, 46-76-OPN-2, 46-76-OPN-6 and 46-76-OPN-7

These outfalls are vacuum pump exhaust vents which discharge to the atmosphere next to the building. No permitting is recommended for these outfalls and no EPA forms have been prepared.

9.2 Outfall 46-76-OPN-3

This outfall is a condensed water drain discharging to daylight next to the building. This outfall should be covered by an NOI. No piping changes are recommended for this outfall and no EPA forms have been prepared.

9.3 Outfall 46-76-OPN-4

This outfall is from sanitary facilities and flows into a sewer manhole which drains to the SWSC Plant. No chemicals are drained into any of the drains or fixtures. It is recommended that sinks 1SD1, 1SD2 and 1SD3 be labeled "SANITARY WASTE ONLY - NO CHEMICAL DISPOSAL". Sink 1SD4 should be removed. No permitting is recommended for this outfall and no EPA forms were prepared.

9.4 Outfall 46-76-OPN-5

This outfall is from a water heater pressure relief valve and discharges to daylight next to the building. This outfall should be provided with an NOI. No piping changes are recommended for this outfall and no EPA forms have been prepared.

9.5 Outfalls 46-76-OPN-8 and 46-76-OPN-10

These outfalls are bottled gas cylinder pressure regulating vents which discharge to the atmosphere next to the building. No changes or permitting are recommended for these outfalls and no EPA forms have been prepared.

9.6 Outfalls 46-76-OPN-9 and 46-76-OPN-24

These outfalls are fire sprinkler heads which, upon activation of the fire sprinkler system, will discharge to daylight next to the building. These outfalls should be covered by an NOI. No piping change are recommended for these outfalls and no EPA forms have been prepared.

9.7 Outfalls 46-76-OPN-11, 46-76-OPN-12, 46-76-OPN-13 and 46-76-OPN-23

These outfalls are fire water system drains which discharge to daylight next to the building. These outfalls should be provided with an NOI. No piping changes are recommended for these outfalls and no EPA forms have been prepared.

9.8 Outfalls 46-76-OPN-14, 46-76-OPN-17, 46-76-OPN-21 and 46-76-OPN-22

These outfalls are vacuum pump exhaust vents which have been plugged. No changes or permitting are recommended for these outfalls and no EPA forms have been prepared.

9.9 Outfalls 46-76-OPN-15 and 46-76-OPN-20

These outfalls receive flow from laboratory sinks and drain into a sewer manhole which drains to the SWSC Plant. No chemicals are drained into the sinks. It is recommended that sinks 1SD5, 1SD6 and 1SD8 be labeled "SANITARY WASTE

ONLY - NO CHEMICAL DISPOSAL". No changes or permitting are recommended for this outfall and no EPA forms were prepared.

9.10 Outfall 46-76-OPN-16

This outfall is a roof gutter downspout which discharges storm water to daylight next to the building. No changes or permitting are recommended for this outfall and no EPA forms have been prepared.

9.11 Outfalls 46-76-OPN-18 and 46-76-OPN-19

These outfalls are compressed air vents which discharge to the atmosphere next to the building. No changes or permitting are recommended for these outfalls and no EPA forms have been prepared.

9.12 Outfall 46-76-OPN-25

This outfall is a mechanical cooling unit condensed water drain which discharges to daylight next to the building. This outfall should be covered by an NOI. No piping changes are recommended for this outfall and no EPA forms have been prepared.

10.0 RECOMMENDATIONS FOR BUILDING 46-88

Table 8 is a list of the drains to the building outfalls and Figures 11 and 12 are schematics of the piping. The table lists the drains that connect to the outfall pipe and includes recommendations for changes to the drain piping. The discussion below gives the reasoning for the recommendations. This building was previously used by INC Division for the ICON program which isolated non-radioactive isotopes of carbon, oxygen and nitrogen. The building has been in a shut-down mode for the past three years according

to the assistant building manager, Joe Montoya, who is keeping the building and the equipment therein maintained. We were also informed the building may again become operational by a private entity. Mechanical room 103 and high bay area 109 have base-mounted circulating pumps which are leaking oil onto the floor. It is recommended these pumps be repaired and provided with secondary containment. High bay area 109 has a cooling water circulating pump located in the northeast corner of the room with a drain discharging onto the floor. Containerizing the liquid from the pump is recommended. High bay area 109 and mechanical room 103 each have an air compressor unit with a drain to the floor. Containing the liquid from the air compressor units is recommended. Laboratory 102 has a non-contact cooling system drain discharging into cup drain 1CD2. It is recommended this non-contact cooling system be eliminated and replaced with a recirculating system per Laboratory policy. There is a metal shed attached to this building just east of the large liquid hydrogen storage tank which contains a vacuum pump. This vacuum pump is leaking oil onto the ground. It is recommended this vacuum pump be repaired and provided with secondary containment.

10.1 Outfall 46-88-OPN-1

This outfall is from sanitary facilities and flows into a sewer manhole which drains to the SWSC Plant. No chemicals are drained into any of the drains or fixtures. It is recommended that sinks 1SD5 and 1SD6 be labeled "SANITARY WASTE ONLY - NO CHEMICAL DISPOSAL". No permitting is recommended for this outfall and no EPA forms were prepared.

10.2 Outfall 46-88-OPN-2

This outfall is from a water backflow preventer which discharges to daylight next to the building. This outfall

should be covered by an NOI. No piping changes are recommended for this outfall and no EPA forms have been prepared.

10.3 Outfalls 46-88-OPN-3, 46-88-OPN-21, 46-88-OPN-23 and 46-88-OPN-24

These outfalls are fire water system drains which discharge to daylight next to the building. These outfalls should be provided with an NOI. No piping changes are recommended for these outfalls and no EPA forms have been prepared.

10.4 Outfalls 46-88-OPN-4, 46-88-OPN-6, 46-88-OPN-7 46-88-OPN-8, 46-88-OPN-9, 46-88-OPN-10, 46-88-OPN-12, 46-88-OPN-13, 46-88-OPN-14, 46-88-OPN-15 and 46-88-OPN-18

These outfalls are abandoned vent pipes protruding from the building. It is recommended these outfalls be plugged. No permitting is recommended for these outfalls and no EPA forms have been prepared.

10.5 Outfall 46-88-OPN-5

This outfall receives flow from a laboratory sink, floor drains and a non-contact cooling water system drain and discharges to daylight in Cañada Del Buey to the north and east of this building as permitted outfall 04A014. No chemicals are drained into any of the drains or fixtures at this time. It is recommended floor drains 1FD5 and 1FD6 be plugged. Re-routing of floor drains 1FD1 through 1FD4, 1FD7 and 1FD8 in room 109 and sink 1SD2 in room 101 to the sanitary sewer system is recommended. Floor drain 1FD9 located in room 104 currently receives non-contact cooling water flow from a water-cooled diffusion pump serving a nitric oxide column vacuum jacket. According to Joe Montoya, this diffusion pump is currently not being used but

the cooling water is still being drained down the floor drain. It is recommended the diffusion pump non-contact cooling water system be eliminated or replaced with a recirculating cooling system per Laboratory policy. Floor drain 1FD9 should then be piped to the sanitary sewer system. Sink 1SD2 should be labeled "SANITARY WASTE ONLY - NO CHEMICAL DISCHARGE".

The modifications stated above and in Section 10.7 would eliminate the need for permitted outfall 04A014. A revised EPA Form 2C was completed for this outfall. See Appendix 3.

10.6 Outfall 46-88-OPN-11

This outfall is a roof overflow drain which discharges storm water to daylight next to the building. No changes or permitting are recommended for this outfall and no EPA forms have been completed.

10.7 Outfalls 46-88-OPN-16, 46-88-OPN-26 and 46-88-OPN-27

These outfalls are liquid nitrogen vents which discharge to the atmosphere next to the building. No changes or permitting are recommended for these outfalls and no EPA forms have been prepared.

10.8 Outfalls 46-88-OPN-17 and 46-88-OPN-22

These outfalls are from roof drains on the building and discharge storm water to daylight next to the building. No changes or permitting are recommended for these outfalls and no EPA forms have been prepared.

10.9 Outfall 46-88-OPN-19

This outfall is a natural gas vent which discharges to the atmosphere next to the building. No changes or permitting are recommended for this outfall and no EPA forms have been prepared.

10.10 Outfall 46-88-OPN-20

This outfall is a vacuum pump exhaust vent which discharges to the atmosphere next to the building. No changes or permitting are recommended for this outfall and no EPA forms have been prepared.

10.11 Outfall 46-88-OPN-25

This outfall receives flow from two fume hood sinks and a water backflow preventer and is believed to drain to permitted outfall 04A014. Because of the lack of water in the vicinity and the remote location of the drains, this outfall could not be dye tested. It is recommended that the fume hood sinks, 1SD1 and 1SD2, be removed and the drain lines plugged. The water backflow preventer drain to 1CD1 should be either routed to daylight next to the building and provided with a general Laboratory NOI. No permitting is recommended for this outfall, however, an EPA Form 2D has been completed.

11.0 RECOMMENDATIONS FOR BUILDING 46-111

Table 9 is a list of the drains to the building outfall and Figure 11 is a schematic of the piping. The table lists the drains that connect to the outfall pipe and includes recommendations for changes to the drain piping. This structure is a large liquid nitrogen storage tank which, according to Joe Montoya, is currently empty. The one

outfall is a vent which discharges to the atmosphere next to the building. No changes or permitting are recommended for this outfall and no EPA forms were prepared.

12.0 RECOMMENDATIONS FOR BUILDING 46-119

Table 10 is a list of the drains to the building outfalls and Figure 13 is a schematic of the piping. The table lists the drains that connect to the outfall pipe and includes recommendations for changes to the drain piping. No chemicals are drained into any of the drains or fixtures. The discussion below gives the reasoning for the recommendations.

12.1 Outfalls 46-119-OPN-1, 46-119-OPN-8, 46-119-OPN-9 and 46-119-OPN-10

These outfalls are roof gutter downspouts which discharge storm water to daylight next to the building. No changes or permitting are recommended for these outfalls and no EPA forms have been prepared.

12.2 Outfalls 46-119-OPN-2, 46-119-OPN-5, 46-119-OPN-6 and 46-119-OPN-7

These outfalls are equipment condensed water drains which discharge to daylight next to the building. These outfalls should be covered by an NOI. No piping changes are recommended for these outfalls and no EPA forms have been prepared.

12.3 Outfall 46-119-OPN-3

This outfall is from a water heater pressure relief valve which discharges to daylight next to the building. This outfall should be covered by an NOI. No piping changes are

recommended for this outfall and no EPA forms were completed.

12.4 Outfall 46-119-OPN-4

This outfall is from sanitary facilities and flows into a sewer manhole which drains to the SWSC Plant. No chemicals are drained into any of the drains or fixtures. No changes or permitting are recommended for this outfall and no EPA forms were prepared.

13.0 RECOMMENDATIONS FOR BUILDING 46-120

Table 11 is a list of the drains to the building outfalls and Figure 14 is a schematic of the piping. The table lists the drains that connect to the outfall pipe and includes recommendations for changes to the drain piping. No chemicals are drained into any of the drains or fixtures. The discussion below gives the reasoning for the recommendations.

13.1 Outfalls 46-120-OPN-1 and 46-120-OPN-2

These outfalls are equipment condensed water drains which discharge to daylight next to the building. These outfalls should be covered by an NOI. No piping changes are recommended for these outfalls and no EPA forms have been prepared.

13.2 Outfall 46-120-OPN-3

This outfall is from a water heater pressure relief valve which discharges to daylight next to the building. This outfall should be covered by an NOI. No piping changes are recommended for this outfall and no EPA forms were completed.

13.3 Outfall 46-120-OPN-4

This outfall is from sanitary facilities and flows into a sewer manhole which drains to the SWSC Plant. No chemicals are drained into any of the drains or fixtures. No permitting is recommended for this outfall and no EPA forms were prepared.

14.0 RECOMMENDATIONS FOR BUILDING 46-121

Table 12 is a list of the drains to the building outfalls and Figure 15 is a schematic of the piping. The table lists the drains that connect to the outfall pipe and includes recommendations for changes to the drain piping. No chemicals are drained into any of the drains or fixtures. The discussion below gives the reasoning for the recommendations.

14.1 Outfalls 46-121-OPN-1, 46-121-OPN-5, 46-121-OPN-6 and 46-121-OPN-8

These outfalls are roof gutter downspouts which discharge storm water to daylight next to the building. No changes or permitting are recommended for these outfalls and no EPA forms have been completed.

14.2 Outfalls 46-121-OPN-2 and 46-121-OPN-4

These outfalls are equipment condensed water drains which discharge to daylight next to the building. These outfalls should be covered by an NOI. No piping changes are recommended for these outfalls and no EPA forms have been prepared.

14.3 Outfalls 46-121-OPN-3

This outfall is from a water heater pressure relief valve which discharges to daylight next to the building. This outfall should be covered by an NOI. No piping changes are recommended for this outfall and no EPA forms were completed.

14.4 Outfalls 46-121-OPN-7

This outfall is from sanitary facilities and flows into a sewer manhole which drains to the SWSC Plant. No chemicals are drained into any of the drains or fixtures. No changes or permitting are recommended for this outfall and no EPA forms were prepared.

15.0 RECOMMENDATIONS FOR BUILDINGS 46-134, 186, 252, 257, 258, 259, 260, 261, 262, 271, 272, 286, 297, 298, 301, 302, 309, 318, 319, 341, 342, 343, 357 AND 360

Buildings TA-46-134, 186, 252, 257, 258, 259, 260, 261, 262, 271, 272, 286, 297, 298, 301, 302, 309, 318, 319, 341, 342, 343, 357 and 360 were investigated and found to not have any drains and no sources of water. No permitting or changes are recommended for these buildings and no EPA forms were prepared.

16.0 RECOMMENDATIONS FOR BUILDING 46-181

Table 13 is a list of the drains to the building outfall and Figure 16 is a schematic of the piping. The table lists the drains that connect to the outfall pipe and includes recommendations for changes to the drain piping. No chemicals are drained into any of the drains or fixtures. The one outfall is a wall-mounted cooling unit condensed water drain which discharges to daylight next to the

building. This outfall should be covered by an NOI. No piping changes are recommended for this outfall and no EPA forms have been prepared.

17.0 RECOMMENDATIONS FOR BUILDING 46-185

Table 14 is a list of the drains to the building outfall and Figure 17 is a schematic of the piping. The table lists the drains that connect to the outfall pipe and includes recommendations for changes to the drain piping. No chemicals are drained into any of the drains or fixtures. The one outfall is from a water fountain and drains to daylight in the crawlspace of the trailer. It is recommended this water fountain be removed and replaced with bottled water. An EPA Form 2D was prepared for this outfall. See Appendix 3.

18.0 RECOMMENDATIONS FOR BUILDING 46-217

Table 15 is a list of the drains to the building outfalls and Figure 18 is a schematic of the piping. The table lists the drains that connect to the outfall pipe and includes recommendations for changes to the drain piping. No chemicals are drained into any of the drains or fixtures. The discussion below gives the reasoning for the recommendations.

18.1 Outfalls 46-217-OPN-1 and 46-217-OPN-3

These outfalls are roof gutter downspouts which discharge storm water to daylight next to the building. No permitting or changes are recommended for these outfalls and no EPA forms have been completed.

18.2 Outfall 46-217-OPN-2

This outfall is a water drain from an evaporative cooler on the roof and discharges to daylight next to the building. This outfall should be covered by an NOI. No piping changes are recommended for this outfall and no EPA forms were prepared.

18.3 Outfall 46-217-OPN-4

This outfall is from a water fountain and flows into a sewer manhole which drains to the SWSC Plant. No chemicals are drained into this fixture. No permitting or changes are recommended for this outfall and no EPA forms were prepared.

19.0 RECOMMENDATIONS FOR BUILDING 46-218

Table 16 is a list of the drains to the building outfalls and Figure 18 is a schematic of the piping. The table lists the drains that connect to the outfall pipe and includes recommendations for changes to the drain piping. No chemicals are drained into any of the drains or fixtures. The discussion below gives the reasoning for the recommendations.

19.1 Outfall 46-218-OPN-1

This outfall is a water drain from an evaporative cooler on the roof and discharges to daylight next to the building. This outfall should be covered by an NOI. No piping changes are recommended for this outfall and no EPA forms were prepared.

19.2 Outfalls 46-218-OPN-2 and 46-218-OPN-3

These outfalls are roof gutter downspouts which discharge storm water to daylight next to the building. No permitting or changes are recommended for these outfalls and no EPA forms have been completed.

19.3 Outfall 46-218-OPN-4

This outfall is from a water heater pressure relief valve which discharges to daylight next to the building. This outfall should be covered by an NOI. No piping changes are recommended for this outfall and no EPA forms were completed.

19.4 Outfall 46-218-OPN-5

This outfall is from sanitary facilities and flows into a sewer manhole which drains to the SWSC Plant. No chemicals are drained into this fixture. It is recommended that sinks 1SD1 and 1SD2 be labeled "SANITARY WASTE ONLY - NO CHEMICAL DISPOSAL". No permitting is required for this outfall and no EPA forms were prepared.

20.0 RECOMMENDATIONS FOR BUILDING 46-314

Table 17 is a list of the drains to the building outfall and Figure 19 is a schematic of the piping. The table lists the drains that connect to the outfall pipe and includes recommendations for changes to the drain piping. No chemicals are drained into any of the drains or fixtures. This one outfall is a mechanical cooling unit condensed water drain which discharges to daylight next to the building. This outfall should be covered by an NOI. No piping changes are recommended for this outfall and no EPA forms have been prepared.

21.0 CONCLUSION

This document provides the information to characterize buildings 1, 2, 24, 41, 59, 75, 76, 88, 111, 119, 120, 121, 134, 181, 185, 186, 217, 218, 252, 257, 258, 259, 260, 261, 262, 271, 272, 286, 297, 298, 301, 302, 309, 314, 318, 319, 341, 342, 343, 357 and 360 of TA-46.

Form 2C:

1.	46-1-OPN-30 (03A042)	2.	46-1-OPN-31 (03A042)
3.	46-24-OPN-4 (04A018)	4.	46-41-OPN-1 (04A117)
5.	46-59-OPN-3 (04A018)	6.	46-88-OPN-5 (04A014)

Form 2D:

1.	46-1-OPN-3	2.	46-1-OPN-6	3.	46-1-OPN-16
4.	46-1-OPN-18	5.	46-1-OPN-38	6.	46-75-OPN-1
7.	46-185-OPN-1				

Permitting is not recommended for the following outfalls, as itemized below.

Discharges to the SWSC Plant:

1.	46-1-OPN-2	2.	46-2-OPN-1	3.	46-24-OPN-5
4.	46-24-OPN-24	5.	46-41-OPN-6	6.	46-41-OPN-19
7.	46-76-OPN-4	8.	46-76-OPN-15	9.	46-76-OPN-20
10.	46-88-OPN-1	11.	46-119-OPN-4	12.	46-120-OPN-4
13.	46-121-OPN-4	14.	46-217-OPN-4	15.	46-218-OPN-5

Discharge from the fire system:

1.	46-1-OPN-13	2.	46-1-OPN-20	3.	46-1-OPN-23
4.	46-1-OPN-24	5.	46-24-OPN-12	6.	46-24-OPN-13
7.	46-24-OPN-14	8.	46-41-OPN-2	8.	46-41-OPN-3
9.	46-41-OPN-17	10.	46-75-OPN-3	11.	46-75-OPN-7
12.	46-76-OPN-9	13.	46-76-OPN-11	14.	46-76-OPN-12
15.	46-76-OPN-13	16.	46-76-OPN-23	17.	46-76-OPN-24
18	46-88-OPN-3	19.	46-88-OPN-21	20.	46-88-OPN-23
21.	46-88-OPN-24				

Discharges of condensed water:

1.	46-1-OPN-1	2.	46-24-OPN-3	3.	46-24-OPN-6
4.	46-41-OPN-5	5.	46-41-OPN-16	6.	46-76-OPN-3
7.	46-76-OPN-25	8.	46-119-OPN-2	9.	46-119-OPN-5
10.	46-119-OPN-6	11.	46-119-OPN-7	12.	46-120-OPN-1
13.	46-120-OPN-2	14.	46-121-OPN-2	15.	46-121-OPN-4
16.	46-181-OPN-1	17.	46-314-OPN-1		

Discharges of storm water:

1. 46-1-OPN-12	2. 46-1-OPN-17	3. 46-1-OPN-19
4. 46-1-OPN-29	5. 46-1-OPN-33	6. 46-1-OPN-34
7. 46-1-OPN-37	8. 46-24-OPN-25	9. 46-41-OPN-18
10. 46-75-OPN-4	11. 46-75-OPN-5	12. 46-76-OPN-16
13. 46-88-OPN-11	14. 46-88-OPN-17	15. 46-88-OPN-22
16. 46-119-OPN-1	17. 46-119-OPN-8	18. 46-119-OPN-9
19. 46-119-OPN-10	20. 46-121-OPN-1	21. 46-121-OPN-5
22. 46-121-OPN-6	23. 46-121-OPN-8	24. 46-217-OPN-1
25. 46-217-OPN-3	26. 46-218-OPN-2	27. 46-218-OPN-3

Discharges from water heater pressure relief valves:

1. 46-1-OPN-8	2. 46-1-OPN-9	3. 46-2-OPN-2
4. 46-41-OPN-12	5. 46-59-OPN-2	6. 46-76-OPN-5
7. 46-119-OPN-3	8. 46-120-OPN-3	9. 46-121-OPN-3
10. 46-218-OPN-4		

Discharges from heating boiler exhaust vents:

1. 46-24-OPN-17	2. 46-24-OPN-18	3. 46-24-OPN-19
4. 46-24-OPN-20		

Discharges from vacuum pump exhaust vents:

1. 46-24-OPN-1	2. 46-24-OPN-2	3. 46-24-OPN-8
4. 46-24-OPN-10	5. 46-24-OPN-11	6. 46-24-OPN-21
7. 46-24-OPN-22	8. 46-24-OPN-27	9. 46-76-OPN-1
10. 46-76-OPN-2	11. 46-76-OPN-6	12. 46-76-OPN-7
13. 46-76-OPN-14	14. 46-76-OPN-17	15. 46-76-OPN-21
16. 46-76-OPN-22	17. 46-88-OPN-20	

Abandoned discharges:

1. 46-1-OPN-14	2. 46-1-OPN-15	3. 46-1-OPN-25
4. 46-1-OPN-26	5. 46-1-OPN-27	6. 46-1-OPN-28
7. 46-1-OPN-32	8. 46-1-OPN-35	9. 46-1-OPN-36
10. 46-24-OPN-15	11. 46-41-OPN-11	12. 46-41-OPN-13
13. 46-88-OPN-4	14. 46-88-OPN-6	15. 46-88-OPN-7
16. 46-88-OPN-8	17. 46-88-OPN-9	18. 46-88-OPN-10
19. 46-88-OPN-12	20. 46-88-OPN-13	21. 46-88-OPN-14
22. 46-88-OPN-15	23. 46-88-OPN-18	

Discharges from gas cylinder vents:

1. 46-24-OPN-23	2. 46-41-OPN-7	3. 46-41-OPN-8
4. 46-41-OPN-9	5. 46-41-OPN-10	6. 46-41-OPN-20
7. 46-41-OPN-21	8. 46-41-OPN-22	9. 46-41-OPN-23
10. 46-41-OPN-24	11. 46-41-OPN-25	12. 46-41-OPN-26
13. 46-41-OPN-27	14. 46-41-OPN-28	15. 46-41-OPN-29
16. 46-76-OPN-8	17. 46-76- OPN-10	

Discharges from water backflow preventers:

1. 46-41-OPN-14	2. 46-41-OPN-15	3. 46-75-OPN-2
4. 46-88-OPN-2		

Discharges of condensed water from evaporative coolers:

1. 46-217-OPN-2	2. 46-218-OPN-1

Discharges from liquid nitrogen vents:

1. 46-24-OPN-26	2. 46-41-OPN-4	3. 46-88-OPN-16
4. 46-88-OPN-26	5. 46-88-OPN-27	6. 46-111-OPN-1

Miscellaneous discharge:

1. 46-1-OPN-4	2. 46-1-OPN-5	3. 46-1-OPN-7
4. 46-1-OPN-10	5. 46-1-OPN-11	6. 46-1-OPN-21
7. 46-1-OPN-22	8. 46-24-OPN-7	9. 46-24-OPN-9
10. 46-24-OPN-16	11. 46-59-OPN-1	12. 46-59-OPN-4
13. 46-75-OPN-6	14. 46-76-OPN-18	15. 46-76-OPN-19
16. 46-88-OPN-19	17. 46-88-OPN-25	

Buildings with no drains:

1. 46-134	2. 46-186	3. 46-252	4. 46-257
5. 46-258	6. 46-259	7. 46-260	8. 46-261
9. 46-262	10. 46-271	11. 46-272	12. 46-286
13. 46-297	14. 46-298	15. 46-301	16. 46-302
17. 46-309	18. 46-318	19. 46-319	20. 46-341
21. 46-342	22. 46-343	23. 46-357	24. 46-360

Recommended corrective actions are outlined in Tables 1 through 18 as well as in the above text. Corrective action should be performed as soon as practical to minimize the chance of unpermitted discharge of pollutants.

TABLE 1: TA 46-1 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
46-1-OPN-1	N/A	CONDENS. WATER	N/A	NOI	NO
46-1-OPN-2 SANITARY	BSD3	JANITOR'S CLOSET	011	LABEL	NO
	1FD5	RESTROOM	115	NO CHANGE	
	1LV1	RESTROOM	115	NO CHANGE	
	1SH1	RESTROOM	115	NO CHANGE	
	1TL1	RESTROOM	115	NO CHANGE	
	1UR1	RESTROOM	115	NO CHANGE	
	2LV1	RESTROOM	217	NO CHANGE	
	2SD2	RESTROOM	215A	NO CHANGE	
	2TL1	RESTROOM	217	NO CHANGE	
46-1-OPN-3 DAYLIGHT	BAD1	AREA WAY	N/A	PIPE TO STORM	YES
	BAD2	AREA WAY	N/A	PIPE TO STORM	
	BFD1	LABORATORY	002	PLUGGED	
	BFD2	LABORATORY	005	PLUGGED	
	BFD3	LABORATORY	009	PLUGGED	
	BFD4	LABORATORY	008	PLUGGED	
	BFD5	LABORATORY	008	PLUGGED	
	BFD6	CORRIDOR	010	PLUG	
	BFD7	MECHANICAL RM	017	PLUG	
	BFD8	MECHANICAL RM	017	PIPE TO S.S.	
	BFD9	MECHANICAL RM	017	PLUG	
	BFD10	LABORATORY	027	PLUGGED	
	BFD11	LABORATORY	024	PLUGGED	
	BLV1	RESTROOM	012	PIPE TO S.S.	
	BSD1	LABORATORY	004	PIPE TO S.S./LABEL	
	BSD2	LABORATORY	008	PIPE TO S.S./LABEL	
	BSD4	LABORATORY	014	REMOVED	
	BSD5	LABORATORY	014	REMOVED	
	BSD6	LABORATORY	014	PIPE TO S.S./LABEL	
	BSD7	LABORATORY	020	ELIMINATE	
	BSD8	LABORATORY	020	TO S.S./LABEL/ CONTAIN	
	BSD9	LABORATORY	027	ELIMINATE	
	BSD10	LABORATORY	027	PIPE TO S.S./LABEL	
	BTL1	RESTROOM	012	PIPE TO S.S.	
	BUR1	RESTROOM	012	PIPE TO S.S.	
	BWF1	CORRIDOR	B	PIPE TO S.S.	
	1EW1	CORRIDOR	1	PIPE TO S.S.	
	1FD6	OFFICE	121	PLUG	
	1SD1	HIGH BAY AREA	100	PIPE TO S.S./LABEL	
	1SD2	OFFICE	102	PIPE TO S.S./LABEL	

TABLE 1: TA 46-1 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
46-1-OPN-3 DAYLIGHT CONT.	1SD3	LABORATORY	106	PIPE TO S.S./LABEL	YES
	1SD4	LABORATORY	112	PIPE TO S.S./LABEL	
	1SD5	LABORATORY	107	PIPE TO S.S./LABEL	
	1SD6	LABORATORY	107	ELIMINATE	
	1SD7	LABORATORY	122	ELIMINATE	
	1SD8	BREAK ROOM	127	PIPE TO S.S./LABEL	
	1SD9	METALS SHOP	131	PIPE TO S.S./LABEL	
	1SD10	METALS SHOP	131	PIPE TO S.S./LABEL	
	2SD1	OFFICE	206	REMOVED	
	2WF1	CORRIDOR	215	PIPE TO S.S.	
	RD4	ROOF	N/A	SEPARATE	
	RD5	ROOF	N/A	SEPARATE	
46-1-OPN-4	N/A	CORRIDOR	010	NOI/PLUG	NO
46-1-OPN-5	N/A	CORRIDOR	010	NOI/PLUG	NO
46-1-OPN-6 DAYLIGHT	BED1	MECHANICAL RM.	028	PIPE TO S.S.	YES
	BED2	MECHANICAL RM.	028	TO S.S./CONTAIN.	
	BED3	MECHANICAL RM.	028	PIPE TO S.S.	
	BFD11	MECHANICAL RM.	028	MODIFY	
46-1-OPN-7	N/A	NATURAL GAS VENT	028	NO CHANGE	NO
46-1-OPN-8	N/A	PRESS RELIEF VALVE	028	NOI	NO
46-1-OPN-9	N/A	PRESS RELIEF VALVE	028	NOI	NO
46-1-OPN-10	N/A	SEDIMNT TANK VENT	028	NO CHANGE	NO
46-1-OPN-11	N/A	COMPR. AIR PRV	028	NOI	NO
46-1-OPN-12	RD6	ROOF	N/A	NO CHANGE	NO
46-1-OPN-13	N/A	FIRE LINE DRAIN	028	NOI	NO
46-1-OPN-14	N/A	ABANDONED PIPE	028	PLUG	NO
46-1-OPN-15	N/A	ABANDONED PIPE	N/A	PLUG	NO
46-1-OPN-16 DAYLIGHT	1TD4	METALS SHOP	131	PLUG	YES
46-1-OPN-17	N/A	ROOF	131	NO CHANGE	NO
46-1-OPN-18 DAYLIGHT	1ED1	MACHINE SHOP	133	PLUG	YES
	1FD1	MACHINE SHOP	133	VERIFY/PLUG	
	1TD5	HIGH BAY AREA	130	PLUG	
46-1-OPN-19	RD8	ROOF	N/A	VERIFY	NO
46-1-OPN-20	N/A	FIRE LINE DRAIN	127	NOI	NO
46-1-OPN-21	N/A	UNKNOWN	127	VERIFY	NO
46-1-OPN-22	N/A	UNKNOWN	127	VERIFY	NO
46-1-OPN-23	N/A	FIRE LINE DRAIN	123	NOI	NO
46-1-OPN-24	N/A	FIRE LINE DRAIN	100	NOI	NO
46-1-OPN-25	N/A	ABANDONED PIPE	EXTER	ELIMINATE	NO
46-1-OPN-26	N/A	ABANDONED PIPE	EXTER	ELIMINATE	NO

TABLE 1: TA 46-1 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
46-1-OPN-27	N/A	ABANDONED PIPE	EXTER	ELIMINATE	NO
46-1-OPN-28	N/A	ABANDONED PIPE	EXTER	ELIMINATE	NO
26-1-OPN-29	N/A	ROOF	N/A	NO CHANGE	NO
46-1-OPN-30 OUTFALL # 03A042	1FD1	MECHANICAL RM.	103	NO CHANGE	YES
	1FD2	MECHANICAL RM.	103	NO CHANGE	
	1FD3	LABORATORY	105	PLUGGED	
	1FD4	LABORATORY	105	PIPE TO S.S./PLUG	
	RD1	ROOF	N/A	MODIFY	
	RD3	ROOF	N/A	MODIFY	
	1TD1	HIGH BAY AREA	100	PIPE TO S.S./PLUG	
	1TD2	HIGH BAY AREA	100	VERIFY/PLUG	
46-1-OPN-31 03A042	N/A	CLG TOWER OVRFLW	103	MODIFY	YES
46-1-OPN-32	N/A	ABANDONED PIPE	103	PLUG	NO
46-1-OPN-33	N/A	ROOF	N/A	NO CHANGE	NO
46-1-OPN-34	N/A	ROOF	N/A	NO CHANGE	NO
46-1-OPN-35	N/A	ABANDONED PIPE	105	PLUG	NO
46-1-OPN-36	N/A	ABANDONED PIPE	100	PLUGGED	NO
46-1-OPN-37	RD2	ROOF	N/A	NO CHANGE	NO
46-1-OPN-38 DAYLIGHT	1TD3	HIGH BAY AREA	100	PLUG	YES

TABLE 2: TA 46-2 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
46-2-OPN-1 SANITARY	1LV1	RESTROOM	100A	NO CHANGE	NO
	1TL1	RESTROOM	100A	NO CHANGE	
	1WF1	WAITING ROOM	100	NO CHANGE	
46-2-OPN-2	1WH1	RESTROOM	100A	NOI	NO

TABLE 3: TA 46-24 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
46-24-OPN-1		VACUUM PUMP EXH.	B-3	PLUGGED	NO
46-24-OPN-2		VACUUM PUMP EXH.	B-25	NO CHANGE	NO
46-24-OPN-3		CONDENSED WATER	B-33	VERIFY/NOI	NO
46-24-OPN-4 OUTFALL 04A018	BFD5	UTILITY ROOM	B-2	PIPE TO S.S.	YES
	BSD6	LABORATORY	B-1	PIPE TO S.S.	
	BSD7	LABORATORY	B-3	PIPE TO S.S.	
	BSD8	LABORATORY	B-7	PIPE TO S.S.	
	BSD9	LABORATORY	B-4	PIPE TO S.S.	
	BSD10	LABORATORY	B-6	PIPE TO S.S.	
	BSD11	JANITOR'S CLOSET	B-10	PIPE TO S.S./LABEL	
	BSD13	LABORATORY	B-22	PIPE TO S.S.	
	BSD15	LABORATORY	B-30	VERIFY	
	BSD16	LABORATORY	B-30	VERIFY	
	BSD17	LABORATORY	B-34	PIPE TO S.S.	
	BSD18	LABORATORY	B-33	PIPE TO S.S.	
	BSP1	LABORATORY	B-22	VERIFY	
	1SD3	OFFICE	133	PIPE TO S.S.	
	RD3	ROOF	N/A	NO CHANGE	
	RD4	ROOF	N/A	NO CHANGE	
46-24-OPN-5 SANITARY	BFD6	RESTROOM	B-21	NO CHANGE	NO
	BFD7	LABORATORY	B-25	PLUGGED	
	BFD8	LABORATORY	B-33	PLUGGED	
	BLV2	RESTROOM	B-21	NO CHANGE	
	BLV3	RESTROOM	B-21	NO CHANGE	
	BLV4	RESTROOM	B-21	NO CHANGE	
	BSD12	BREAK ROOM	B-23	LABEL	
	BSD14	LABORATORY	B-25	REMOVED	
	BTL2	RESTROOM	B-21	NO CHANGE	
	BTL3	RESTROOM	B-21	NO CHANGE	
	BUR1	RESTROOM	B-21	NO CHANGE	
	BWF2	CORRIDOR	N/A	NO CHANGE	
	1FD1	RESTROOM	121	NO CHANGE	
	1FD2	BATHROOM	123	NO CHANGE	
	1LV1	RESTROOM	121	NO CHANGE	
	1LV2	RESTROOM	121	NO CHANGE	
	1LV3	RESTROOM	121	NO CHANGE	
	1LV4	BATHROOM	123	NO CHANGE	
	1SD2	JANITOR'S CLOSET	125	LABEL	
	1SH1	BATHROOM	123	NO CHANGE	
	1TL1	RESTROOM	121	NO CHANGE	

TABLE 1: TA 46-1 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
46-1-OPN-1	N/A	CONDENS. WATER	N/A	NOI	NO
46-1-OPN-2 SANITARY	BSD3	JANITOR'S CLOSET	011	LABEL	NO
	1FD5	RESTROOM	115	NO CHANGE	
	1LV1	RESTROOM	115	NO CHANGE	
	1SH1	RESTROOM	115	NO CHANGE	
	1TL1	RESTROOM	115	NO CHANGE	
	1UR1	RESTROOM	115	NO CHANGE	
	2LV1	RESTROOM	217	NO CHANGE	
	2SD2	RESTROOM	215A	NO CHANGE	
	2TL1	RESTROOM	217	NO CHANGE	
46-1-OPN-3 DAYLIGHT	BAD1	AREA WAY	N/A	PIPE TO STORM	YES
	BAD2	AREA WAY	N/A	PIPE TO STORM	
	BFD1	LABORATORY	002	PLUGGED	
	BFD2	LABORATORY	005	PLUGGED	
	BFD3	LABORATORY	009	PLUGGED	
	BFD4	LABORATORY	008	PLUGGED	
	BFD5	LABORATORY	008	PLUGGED	
	BFD6	CORRIDOR	010	PLUG	
	BFD7	MECHANICAL RM	017	PLUG	
	BFD8	MECHANICAL RM	017	PIPE TO S.S.	
	BFD9	MECHANICAL RM	017	PLUG	
	BFD10	LABORATORY	027	PLUGGED	
	BFD11	LABORATORY	024	PLUGGED	
	BLV1	RESTROOM	012	PIPE TO S.S.	
	BSD1	LABORATORY	004	PIPE TO S.S./LABEL	
	BSD2	LABORATORY	008	PIPE TO S.S./LABEL	
	BSD4	LABORATORY	014	REMOVED	
	BSD5	LABORATORY	014	REMOVED	
	BSD6	LABORATORY	014	PIPE TO S.S./LABEL	
	BSD7	LABORATORY	020	ELIMINATE	
	BSD8	LABORATORY	020	TO S.S./LABEL/ CONTAIN	
	BSD9	LABORATORY	027	ELIMINATE	
	BSD10	LABORATORY	027	PIPE TO S.S./LABEL	
	BTL1	RESTROOM	012	PIPE TO S.S.	
	BUR1	RESTROOM	012	PIPE TO S.S.	
	BWF1	CORRIDOR	B	PIPE TO S.S.	
	1EW1	CORRIDOR	1	PIPE TO S.S.	
	1FD6	OFFICE	121	PLUG	
	1SD1	HIGH BAY AREA	100	PIPE TO S.S./LABEL	
	1SD2	OFFICE	102	PIPE TO S.S./LABEL	

TABLE 1: TA 46-1 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
46-1-OPN-3 DAYLIGHT CONT.	1SD3	LABORATORY	106	PIPE TO S.S./LABEL	YES
	1SD4	LABORATORY	112	PIPE TO S.S./LABEL	
	1SD5	LABORATORY	107	PIPE TO S.S./LABEL	
	1SD6	LABORATORY	107	ELIMINATE	
	1SD7	LABORATORY	122	ELIMINATE	
	1SD8	BREAK ROOM	127	PIPE TO S.S./LABEL	
	1SD9	METALS SHOP	131	PIPE TO S.S./LABEL	
	1SD10	METALS SHOP	131	PIPE TO S.S./LABEL	
	2SD1	OFFICE	206	REMOVED	
	2WF1	CORRIDOR	215	PIPE TO S.S.	
	RD4	ROOF	N/A	SEPARATE	
	RD5	ROOF	N/A	SEPARATE	
46-1-OPN-4	N/A	CORRIDOR	010	NOI/PLUG	NO
46-1-OPN-5	N/A	CORRIDOR	010	NOI/PLUG	NO
46-1-OPN-6 DAYLIGHT	BED1	MECHANICAL RM.	028	PIPE TO S.S.	YES
	BED2	MECHANICAL RM.	028	TO S.S./CONTAIN.	
	BED3	MECHANICAL RM.	028	PIPE TO S.S.	
	BFD11	MECHANICAL RM.	028	MODIFY	
46-1-OPN-7	N/A	NATURAL GAS VENT	028	NO CHANGE	NO
46-1-OPN-8	N/A	PRESS RELIEF VALVE	028	NOI	NO
46-1-OPN-9	N/A	PRESS RELIEF VALVE	028	NOI	NO
46-1-OPN-10	N/A	SEDIMNT TANK VENT	028	NO CHANGE	NO
46-1-OPN-11	N/A	COMPR. AIR PRV	028	NOI	NO
46-1-OPN-12	RD6	ROOF	N/A	NO CHANGE	NO
46-1-OPN-13	N/A	FIRE LINE DRAIN	028	NOI	NO
46-1-OPN-14	N/A	ABANDONED PIPE	028	PLUG	NO
46-1-OPN-15	N/A	ABANDONED PIPE	N/A	PLUG	NO
46-1-OPN-16 DAYLIGHT	1TD4	METALS SHOP	131	PLUG	YES
46-1-OPN-17	N/A	ROOF	131	NO CHANGE	NO
46-1-OPN-18 DAYLIGHT	1ED1	MACHINE SHOP	133	PLUG	YES
	1FD1	MACHINE SHOP	133	VERIFY/PLUG	
	1TD5	HIGH BAY AREA	130	PLUG	
46-1-OPN-19	RD8	ROOF	N/A	VERIFY	NO
46-1-OPN-20	N/A	FIRE LINE DRAIN	127	NOI	NO
46-1-OPN-21	N/A	UNKNOWN	127	VERIFY	NO
46-1-OPN-22	N/A	UNKNOWN	127	VERIFY	NO
46-1-OPN-23	N/A	FIRE LINE DRAIN	123	NOI	NO
46-1-OPN-24	N/A	FIRE LINE DRAIN	100	NOI	NO
46-1-OPN-25	N/A	ABANDONED PIPE	EXTER	ELIMINATE	NO
46-1-OPN-26	N/A	ABANDONED PIPE	EXTER	ELIMINATE	NO

TABLE 1: TA 46-1 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
46-1-OPN-27	N/A	ABANDONED PIPE	EXTER	ELIMINATE	NO
46-1-OPN-28	N/A	ABANDONED PIPE	EXTER	ELIMINATE	NO
26-1-OPN-29	N/A	ROOF	N/A	NO CHANGE	NO
46-1-OPN-30 OUTFALL # 03A042	1FD1	MECHANICAL RM.	103	NO CHANGE	YES
	1FD2	MECHANICAL RM.	103	NO CHANGE	
	1FD3	LABORATORY	105	PLUGGED	
	1FD4	LABORATORY	105	PIPE TO S.S./PLUG	
	RD1	ROOF	N/A	MODIFY	
	RD3	ROOF	N/A	MODIFY	
	1TD1	HIGH BAY AREA	100	PIPE TO S.S./PLUG	
	1TD2	HIGH BAY AREA	100	VERIFY/PLUG	
46-1-OPN-31 03A042	N/A	CLG TOWER OVRFLW	103	MODIFY	YES
46-1-OPN-32	N/A	ABANDONED PIPE	103	PLUG	NO
46-1-OPN-33	N/A	ROOF	N/A	NO CHANGE	NO
46-1-OPN-34	N/A	ROOF	N/A	NO CHANGE	NO
46-1-OPN-35	N/A	ABANDONED PIPE	105	PLUG	NO
46-1-OPN-36	N/A	ABANDONED PIPE	100	PLUGGED	NO
46-1-OPN-37	RD2	ROOF	N/A	NO CHANGE	NO
46-1-OPN-38 DAYLIGHT	1TD3	HIGH BAY AREA	100	PLUG	YES

TABLE 2: TA 46-2 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
46-2-OPN-1 SANITARY	1LV1	RESTROOM	100A	NO CHANGE	NO
	1TL1	RESTROOM	100A	NO CHANGE	
	1WF1	WAITING ROOM	100	NO CHANGE	
46-2-OPN-2	1WH1	RESTROOM	100A	NOI	NO

TABLE 3: TA 46-24 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
46-24-OPN-1		VACUUM PUMP EXH.	B-3	PLUGGED	NO
46-24-OPN-2		VACUUM PUMP EXH.	B-25	NO CHANGE	NO
46-24-OPN-3		CONDENSED WATER	B-33	VERIFY/NOT	NO
46-24-OPN-4 OUTFALL 04A018	BFD5	UTILITY ROOM	B-2	PIPE TO S.S.	YES
	BSD6	LABORATORY	B-1	PIPE TO S.S.	
	BSD7	LABORATORY	B-3	PIPE TO S.S.	
	BSD8	LABORATORY	B-7	PIPE TO S.S.	
	BSD9	LABORATORY	B-4	PIPE TO S.S.	
	BSD10	LABORATORY	B-6	PIPE TO S.S.	
	BSD11	JANITOR'S CLOSET	B-10	PIPE TO S.S./LABEL	
	BSD13	LABORATORY	B-22	PIPE TO S.S.	
	BSD15	LABORATORY	B-30	VERIFY	
	BSD16	LABORATORY	B-30	VERIFY	
	BSD17	LABORATORY	B-34	PIPE TO S.S.	
	BSD18	LABORATORY	B-33	PIPE TO S.S.	
	BSP1	LABORATORY	B-22	VERIFY	
	1SD3	OFFICE	133	PIPE TO S.S.	
	RD3	ROOF	N/A	NO CHANGE	
	RD4	ROOF	N/A	NO CHANGE	
46-24-OPN-5 SANITARY	BFD6	RESTROOM	B-21	NO CHANGE	NO
	BFD7	LABORATORY	B-25	PLUGGED	
	BFD8	LABORATORY	B-33	PLUGGED	
	BLV2	RESTROOM	B-21	NO CHANGE	
	BLV3	RESTROOM	B-21	NO CHANGE	
	BLV4	RESTROOM	B-21	NO CHANGE	
	BSD12	BREAK ROOM	B-23	LABEL	
	BSD14	LABORATORY	B-25	REMOVED	
	BTL2	RESTROOM	B-21	NO CHANGE	
	BTL3	RESTROOM	B-21	NO CHANGE	
	BUR1	RESTROOM	B-21	NO CHANGE	
	BWF2	CORRIDOR	N/A	NO CHANGE	
	1FD1	RESTROOM	121	NO CHANGE	
	1FD2	BATHROOM	123	NO CHANGE	
	1LV1	RESTROOM	121	NO CHANGE	
	1LV2	RESTROOM	121	NO CHANGE	
	1LV3	RESTROOM	121	NO CHANGE	
	1LV4	BATHROOM	123	NO CHANGE	
	1SD2	JANITOR'S CLOSET	125	LABEL	
	1SH1	BATHROOM	123	NO CHANGE	
	1TL1	RESTROOM	121	NO CHANGE	

TABLE 3: TA 46-24 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
46-24-OPN-5 SANITARY CONT.	1TL2	RESTROOM	121	NO CHANGE	NO
	1TL3	BATHROOM	123	NO CHANGE	
	1TL4	BATHROOM	123	NO CHANGE	
	1UR1	RESTROOM	121	NO CHANGE	
	1WF2	CORRIDOR	100	NO CHANGE	
46-24-OPN-6	N/A	VAC EXH/CONDENSAT	B-34	NOI	NO
46-24-OPN-7	N/A	INSULATED PIPE	B-30	VERIFY	NO
46-24-OPN-8	N/A	VACUUM PUMP EXH.	B-22	PLUGGED	NO
46-24-OPN-9	N/A	GAS CONNECTION	B-6	NO CHANGE	NO
46-24-OPN-10	N/A	VACUUM PUMP EXH.	B-6	PLUGGED	NO
46-24-OPN-11	N/A	VACUUM PUMP EXH.	B-6	PLUGGED	NO
46-24-OPN-12	N/A	FIRE LINE DRAIN	B-2	NOI	NO
46-24-OPN-13	N/A	FIRE LINE DRAIN	B-2	NOI	NO
46-24-OPN-14	N/A	FIRE LINE DRAIN	B-2	NOI	NO
46-24-OPN-15	N/A	ABAND. VENT PIPE	B-2	ELIMINATE	NO
46-24-OPN-16	N/A	VENT PIPE	B-2	PLUGGED	NO
46-24-OPN-17	N/A	HTG. SYSTEM VENT	B-2	NO CHANGE	NO
46-24-OPN-18	N/A	HTG. SYSTEM VENT	B-2	NO CHANGE	NO
46-24-OPN-19	N/A	HTG. SYSTEM VENT	B-2	NO CHANGE	NO
46-24-OPN-20	N/A	HTG. SYSTEM VENT	B-2	NO CHANGE	NO
46-24-OPN-21	N/A	VACUUM PUMP EXH.	B-40A	PLUGGED	NO
46-24-OPN-22	N/A	VACUUM PUMP EXH.	B-40A	PLUGGED	NO
46-24-OPN-23	N/A	BOTTLED GAS VENT	EXTER.	NO CHANGE	NO
46-24-OPN-24 SANITARY	BFD1	LABORATORY	B-42	PLUG	NO
	BFD2	LABORATORY	B-42	PLUG	
	BFD3	LABORATORY	B-42	PLUG	
	BFD4	LABORATORY	B-40	PLUG	
	BLV1	RESTROOM	B-41	NO CHANGE	
	BSD1	LABORATORY	B-40	ELIMINATE	
	BSD2	LABORATORY	B-42	LABEL	
	BSD3	LABORATORY	B-42	LABEL	
	BSD4	LABORATORY	B-42	ELIMINATE	
	BSD5	LABORATORY	B-40	LABEL	
	BTL1	RESTROOM	B-41	NO CHANGE	
	BWF1	LABORATORY	B-42	NO CHANGE	
	1SD1	LABORATORY	100	LABEL	
	1WF1	LABORATORY	100	NO CHANGE	
46-24-OPN-25 STORM	RD1	ROOF	N/A	NO CHANGE	NO
	RD2	ROOF	N/A	NO CHANGE	

TABLE 3: TA 46-24 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
46-24-OPN-26	N/A	LIQ NITROGEN DRAIN	EXTER.	NOI	NO
46-24-OPN-27	N/A	VACUUM PUMP EXH.	B-42	PLUGGED	NO

TABLE 4: TA 46-41 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
46-41-OPN-1 (04A117)	1ED1	MECHANICAL RM	120	MODIFY RECIRCULATE	YES
46-41-OPN-2	N/A	FIRE LINE DRAIN	120	NOI	NO
46-41-OPN-3	N/A	FIRE LINE DRAIN	120	NOI	NO
46-41-OPN-4	N/A	LIQ NITROGEN VENT	120	NO CHANGE	NO
46-41-OPN-5	N/A	CONDENSED WATER	EXTER.	NOI	NO
46-41-OPN-6 (SANITARY)	1LV1	RESTROOM	107	NO CHANGE	NO
	1SD1	LABORATORY	105	LABEL	
	1SD2	LABORATORY	114	LABEL	
	1SD3	JANITOR'S CLOSET	109	LABEL	
	1TL1	RESTROOM	107	NO CHANGE	
	1UR1	RESTROOM	107	NO CHANGE	
	1WF1	CORRIDOR	100	NO CHANGE	
46-41-OPN-7	N/A	GAS CYLINDER VENT	EXTER.	NO CHANGE	NO
46-41-OPN-8	N/A	GAS CYLINDER VENT	EXTER.	NO CHANGE	NO
46-41-OPN-9	N/A	GAS CYLINDER VENT	EXTER.	NO CHANGE	NO
46-41-OPN-10	N/A	GAS CYLINDER VENT	EXTER.	NO CHANGE	NO
46-41-OPN-11	N/A	ABANDONED VENT	EXTER.	ELIMINATE	NO
46-41-OPN-12	1WH1	WATER HTR DRAIN	130	NOI	NO
46-41-OPN-13	N/A	ABANDONED PIPE	130	PLUG	NO
46-41-OPN-14	N/A	WATER BFP DRAIN	130	NOI	NO
46-41-OPN-15	N/A	WATER BFP DRAIN	130	NOI	NO
46-41-OPN-16	N/A	CONDENSED WATER	130	NOI	NO
46-41-OPN-17	N/A	FIRE LINE DRAIN	130	NOI	NO
46-41-OPN-18	N/A	ROOF	EXTER.	NO CHANGE	NO
46-41-OPN-19 SANITARY	1CD1	LABORATORY	106	ELIMINATE	NO
	1CD2	LABORATORY	106	ELIMINATE	
	1CD3	LABORATORY	110	ELIMINATE	
	1SD4	MACHINE SHOP	104	LABEL	
	1SD5	LABORATORY	106	LABEL	

TABLE 4: TA 46-41 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
46-41-OPN-19 (SANITARY) CONT.	1SD6	LABORATORY	110	LABEL	NO
	1SD7	LABORATORY	110	REMOVED	
	1SD8	LABORATORY	112	LABEL	
46-41-OPN-20	N/A	GAS CYLINDER VENT	EXTER.	ELIMINATE	NO
46-41-OPN-21	N/A	GAS CYLINDER VENT	EXTER.	ELIMINATE	NO
46-41-OPN-22	N/A	GAS CYLINDER VENT	EXTER.	ELIMINATE	NO
46-41-OPN-23	N/A	GAS CYLINDER VENT	EXTER.	ELIMINATE	NO
46-41-OPN-24	N/A	GAS CYLINDER VENT	EXTER.	ELIMINATE	NO
46-41-OPN-25	N/A	GAS CYLINDER VENT	EXTER.	ELIMINATE	NO
46-41-OPN-26	N/A	GAS CYLINDER VENT	EXTER.	ELIMINATE	NO
46-41-OPN-27	N/A	GAS CYLINDER VENT	EXTER.	ELIMINATE	NO
46-41-OPN-28	N/A	GAS CYLINDER VENT	EXTER.	ELIMINATE	NO
46-41-OPN-29	N/A	GAS CYLINDER VENT	EXTER.	ELIMINATE	NO

TABLE 5: TA 46-59 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
46-59-OPN-1	N/A	CABLE CONDUIT	100	PLUGGED	NO
46-59-OPN-2	1WH1	WATER HTR DRAIN	100	NOI	NO
46-59-OPN-3 (04A018)	1SD1	STORAGE ROOM	100	PIPE TO S.S.	YES
46-59-OPN-4	N/A	ELECT. CONDUIT	100	NO CHANGE	NO

TABLE 6: TA 46-75 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
46-75-OPN-1 DAYLIGHT	1WF1	WEIGHT ROOM	N/A	PIPE TO S.S.	YES
46-75-OPN-2	1BFP	WAREHOUSE	N/A	NOI	NO
46-75-OPN-3	N/A	FIRE LINE DRAIN	N/A	NOI	NO
46-75-OPN-4	N/A	ROOF	EXTER.	NO CHANGE	NO
46-75-OPN-5	N/A	ROOF	EXTER.	NO CHANGE	NO
46-75-OPN-6	N/A	DRAIN PIPE	N/A	VERIFY	NO
46-75-OPN-7	N/A	FIRE LINE DRAIN	N/A	NOI	NO

TABLE 7: TA 46-76 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
46-76-OPN-1	N/A	VACUUM PUMP EXH.	101	NO CHANGE	NO
46-76-OPN-2	N/A	VACUUM PUMP EXH.	101	NO CHANGE	NO
46-76-OPN-3	N/A	CONDENSED WATER	103	NOI	NO
46-76-OPN-4 SANITARY	1EW1	CORRIDOR	100C	NO CHANGE	NO
	1LV1	RESTROOM	103	NO CHANGE	
	1SD1	LABORATORY	101	LABEL	
	1SD2	JANITOR'S CLOSET	105	LABEL	
	1SD3	LABORATORY	107	LABEL	
	1SD4	LABORATORY	107	ELIMINATE	
	1TL1	RESTROOM	103	NO CHANGE	
	1UR1	RESTROOM	103	NO CHANGE	
	1WF1	CORRIDOR	100C	NO CHANGE	
46-76-OPN-5	1WH1	WATER HTR DRAIN	105	NOI	NO
46-76-OPN-6	N/A	VACUUM PUMP EXH.	107	NO CHANGE	NO
46-76-OPN-7	N/A	VACUUM PUMP EXH.	107A	NO CHANGE	NO
46-76-OPN-8	N/A	GAS CYLINDER VENT	EXTER.	NO CHANGE	NO
46-76-OPN-9	N/A	FIRE SPRINKLER HD.	108	NOI	NO
46-76-OPN-10	N/A	GAS CYLINDER VENT	EXTER.	NO CHANGE	NO
46-76-OPN-11	N/A	FIRE LINE DRAIN	108	NOI	NO
46-76-OPN-12	N/A	FIRE LINE DRAIN	108	NOI	NO
46-76-OPN-13	N/A	FIRE LINE DRAIN	108	NOI	NO
46-76-OPN-14	N/A	VACUUM PUMP EXH.	106	PLUGGED	NO
46-76-OPN-15 SANITARY	1SD7	LABORATORY	104	REMOVED	NO
	1SD8	LABORATORY	106	LABEL	
46-76-OPN-16	N/A	ROOF	EXTER.	NO CHANGE	NO
46-76-OPN-17	N/A	VACUUM PUMP EXH.	104	PLUGGED	NO
46-76-OPN-18	N/A	AIR VENT	102	NO CHANGE	NO
46-76-OPN-19	N/A	AIR VENT	102	NO CHANGE	NO
46-76-OPN-20 SANITARY	1SD5	LABORATORY	100	LABEL	NO
	1SD6	LABORATORY	102	LABEL	
46-76-OPN-21	N/A	VACUUM PUMP EXH.	100	PLUGGED	NO
46-76-OPN-22	N/A	VACUUM PUMP EXH.	100	PLUGGED	NO
46-76-OPN-23	N/A	FIRE LINE DRAIN	101	NOI	NO
46-76-OPN-24	N/A	FIRE SPRINKLER HD.	101	NOI	NO
46-76-OPN-25	N/A	CONDENSED WATER	EXTER.	NOI	NO

TABLE 8: TA 46-88 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
46-88-OPN-1 SANITARY	1CD2	CONTROL ROOM	105	CONTAINERIZE	NO
	1FD10	MECHANICAL RM	103	CONTAINERIZE	
	1FD11	MECHANICAL RM	103	NO CHANGE	
	1LV1	BATHROOM	106	NO CHANGE	
	1LV2	BATHROOM	106	NO CHANGE	
	1SD5	HIGH BAY AREA	109	LABEL	
	1SD6	JANITOR'S CLOSET	107	LABEL	
	1SH1	BATHROOM	106	NO CHANGE	
	1TL1	BATHROOM	106	NO CHANGE	
	1UR1	BATHROOM	106	NO CHANGE	
	1WF1	CORRIDOR	100	NO CHANGE	
46-88-OPN-2	N/A	WATER BFP DRAIN	109	NOI	NO
46-88-OPN-3	N/A	FIRE LINE DRAIN	109	NOI	NO
46-88-OPN-4	N/A	ABAND. VENT PIPE	109	PLUG	NO
46-88-OPN-5 OUTFALL 04A014	1FD1	HIGH BAY AREA	109	PIPE TO S.S.	YES
	1FD2	HIGH BAY AREA	109	PIPE TO S.S.	
	1FD3	HIGH BAY AREA	109	PIPE TO S.S.	
	1FD4	HIGH BAY AREA	109	PIPE TO S.S.	
	1FD5	HIGH BAY AREA	109	PLUG	
	1FD6	HIGH BAY AREA	109	PLUG	
	1FD7	HIGH BAY AREA	109	PIPE TO S.S.	
	1FD8	HIGH BAY AREA	109	PIPE TO S.S.	
	1FD9	UTILITY ROOM	104	PIPE TO S.S.	
	1SD2	LABORATORY	101	LABEL	
	1SD3	LABORATORY	102	REMOVED	
46-88-OPN-6	N/A	ABAND. VENT PIPE	109	PLUG	NO
46-88-OPN-7	N/A	ABAND. VENT PIPE	109	PLUG	NO
46-88-OPN-8	N/A	ABAND. VENT PIPE	109	PLUG	NO
46-88-OPN-9	N/A	ABAND. VENT PIPE	109	PLUG	NO
46-88-OPN-10	N/A	ABAND. VENT PIPE	109	PLUG	NO
46-88-OPN-11	N/A	ROOF	109	NO CHANGE	NO
46-88-OPN-12	N/A	ABAND. VENT PIPE	109	PLUG	NO
46-88-OPN-13	N/A	ABAND. VENT PIPE	109	PLUG	NO
46-88-OPN-14	N/A	ABAND. VENT PIPE	109	PLUG	NO
46-88-OPN-15	N/A	ABAND. VENT PIPE	109	PLUG	NO
46-88-OPN-16	N/A	LIQ NITROGEN VENT	109	NO CHANGE	NO
46-88-OPN-17 STORM	RD3	ROOF	N/A	NO CHANGE	NO
	RD4	ROOF	N/A	NO CHANGE	
46-88-OPN-18	N/A	ABANDON. VENT PIPE	104	PLUG	NO
46-88-OPN-19	N/A	NATURAL GAS VENT	103	NO CHANGE	NO

TABLE 8: TA 46-88 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
46-88-OPN-20	N/A	VACUUM PUMP EXH.	103	NO CHANGE	NO
46-88-OPN-21	N/A	FIRE LINE DRAIN	103	NOI	NO
46-88-OPN-22	RD1	ROOF	N/A	NO CHANGE	NO
	RD2	ROOF	N/A	NO CHANGE	
46-88-OPN-23	N/A	FIRE LINE DRAIN	103	NOI	NO
46-88-OPN-24	N/A	FIRE LINE DRAIN	102	NOI	NO
46-88-OPN-25 UNKNOWN	1CD1	WATER BFP DRAIN	101	MODIFY	YES
	1SD1	LABORATORY	101	ELIMINATE	
	1SD2	LABORATORY	101	ELIMINATE	
46-88-OPN-26	N/A	LIQ NITROGEN VENT	109	NO CHANGE	NO
46-88-OPN-27	N/A	LIQ NITROGEN VENT	109	NO CHANGE	NO

TABLE 9: TA 46-111 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
46-111-OPN-1	N/A	LIQ NITROGEN VENT	N/A	NO CHANGE	NO

TABLE 10: TA 46-119 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
46-119-OPN-1	N/A	ROOF	N/A	NO CHANGE	NO
46-119-OPN-2	N/A	CONDENSED WATER	N/A	NOI	NO
46-119-OPN-3	1WH1	WATER HTR DRAIN	101	NOI	NO
46-119-OPN-4 SANITARY	1LV1	RESTROOM	101	NO CHANGE	NO
	1LV2	RESTROOM	102	NO CHANGE	
	1TL1	RESTROOM	101	NO CHANGE	
	1TL2	RESTROOM	102	NO CHANGE	
	1UR1	RESTROOM	102	NO CHANGE	
	1WF1	OFFICE AREA	100	NO CHANGE	

TABLE 10: TA 46-119 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
46-119-OPN-5	N/A	CONDENSED WATER	N/A	NOI	NO
46-119-OPN-6	N/A	CONDENSED WATER	EXTER.	NOI	NO
46-119-OPN-7	N/A	CONDENSED WATER	EXTER.	NOI	NO
46-119-OPN-8	N/A	ROOF	N/A	NO CHANGE	NO
46-119-OPN-9	N/A	ROOF	N/A	NO CHANGE	NO
46-119-OPN-10	N/A	ROOF	N/A	NO CHANGE	NO

TABLE 11: TA 46-120 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
46-120-OPN-1	N/A	CONDENSED WATER	N/A	NOI	NO
46-120-OPN-2	N/A	CONDENSED WATER	N/A	NOI	NO
46-120-OPN-3	1WH1	WATER HTR DRAIN	104	NOI	NO
46-120-OPN-4 SANITARY	1LV1	RESTROOM	104	NO CHANGE	NO
	1TL1	RESTROOM	104	NO CHANGE	
	1UR1	RESTROOM	104	NO CHANGE	

TABLE 12: TA 46-121 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
46-121-OPN-1	N/A	ROOF	N/A	NO CHANGE	NO
46-121-OPN-2	N/A	CONDENSED WATER	101	NOI	NO
46-121-OPN-3	1WH1	WATER HTR DRAIN	101	NOI	NO
46-121-OPN-4	N/A	CONDENSED WATER	102	NOI	NO
46-121-OPN-5	N/A	ROOF	N/A	NO CHANGE	NO
46-121-OPN-6	N/A	ROOF	N/A	NO CHANGE	NO
46-121-OPN-7 SANITARY	1LV1	RESTROOM	101	NO CHANGE	NO
	1LV2	RESTROOM	102	NO CHANGE	
	1TL1	RESTROOM	101	NO CHANGE	
	1TL2	RESTROOM	102	NO CHANGE	
	1UR1	RESTROOM	102	NO CHANGE	
	1WF1	OFFICE AREA	100	NO CHANGE	
46-121-OPN-8	N/A	ROOF	N/A	NO CHANGE	NO

TABLE 13: TA 46-181 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
46-181-OPN-1	N/A	CONDENSED WATER	EXTER.	NOI	NO

TABLE 14: TA 46-185 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
46-185-OPN-1	1WF1	OFFICE	101	ELIMINATE	YES

TABLE 15: TA 46-217 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
46-217-OPN-1	N/A	ROOF	N/A	NO CHANGE	NO
46-217-OPN-2	N/A	EVAP CLR. DRAIN	ROOF	NOI	NO
46-217-OPN-3	N/A	ROOF	N/A	NO CHANGE	NO
46-217-OPN-4	1WF1	CORRIDOR	102	NO CHANGE	NO

TABLE 16: TA 46-218 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
46-218-OPN-1	N/A	EVAP CLR. DRAIN	ROOF	NOI	NO
46-218-OPN-2	N/A	ROOF	N/A	NO CHANGE	NO
46-218-OPN-3	N/A	ROOF	N/A	NO CHANGE	NO
46-218-OPN-4	1WH1	WATER HTR DRAIN	120	NOI	NO
46-218-OPN-5 SANITARY	1LV1	BATHROOM	117	NO CHANGE	NO
	1LV2	BATHROOM	119	NO CHANGE	
	1SD1	BREAK AREA	116	LABEL	
	1SD2	JANITOR'S CLOSET	118	LABEL	
	1SH1	BATHROOM	117	NO CHANGE	
	1SH2	BATHROOM	119	NO CHANGE	
	1TL1	BATHROOM	117	NO CHANGE	
	1TL2	BATHROOM	119	NO CHANGE	
	1UR1	BATHROOM	117	NO CHANGE	
	1WF2	CORRIDOR	126	NO CHANGE	

TABLE 17: TA 46-314 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
46-314-OPN-1	N/A	CONDENSED WATER	EXTER.	NOI	NO

TABLE 18: NON-DRAIN RECOMMENDATIONS

TA #	BLDG. #	ROOM/AREA	RECOMMENDATION
46	24	B-2	REPAIR TWO CIRCULATING PUMPS
46	24 & 59	EAST OF BLDGS.	ELIM. PERMITTED OUTFALL 04A-018
46	41	WEST OF BLDG.	ELIM. PERMITTED OUTFALL 04A-117
46	59	MAIN ROOM	SEC. CONTAIN 55-GAL DRUM OF OIL
46	75	WEST STOR. RM.	USER STUDY CONTENTS & DRAINS
46	88	103 &109	REPAIR TWO CIRCULATING PUMPS
46	88	109	CONTAINERIZE AIR COMPRESSOR
46	88	SOUTH-SIDE	SECOND. CONTAIN. VAC. PUMP
46	88	EAST OF BLDG.	ELIM. PERMITTED OUTFALL 04A-014

TABLE 19
SUMMARY OF ABBREVIATIONS

ABBREVIATION	MEANING
AD	Area Storm Drain
BFP	Backflow Preventer
CD	Cup Drain
ED	Equipment Drain
EW	Emerg. Eye Wash
FD	Floor Drain
FS	Floor Sink
LV	Lavatory
MH	Manhole
RD	Roof Drain
--- SD ---	Storm Drain Pipe
SD	Sink
SH	Shower
--- SS ---	Sanitary Sewer Pipe
SP	Sump Pump
TD	Trench Drain
TL	Toilet
UR	Urinal
WF	Water Fountain
WH	Water Heater

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
46	1	46-1-OPN-01	DAYLIGHT	N/A	N/A	EXTERIOR COOLING UNIT			6 MONTHS/YR.	Yes	CONDENSED WATER
46	1	46-1-OPN-02	13S/SWSC	1FD5	115	RESTROOM			5 DAYS PER WEEK	No	FLOOR WASHINGS
46	1	46-1-OPN-02	13S/SWSC	1LV1	115	RESTROOM			5 DAYS PER WEEK	No	LAVATORY
46	1	46-1-OPN-02	13S/SWSC	1SH1	115	RESTROOM			5 DAYS PER WEEK	No	SHOWER
46	1	46-1-OPN-02	13S/SWSC	1TL1	115	RESTROOM			5 DAYS PER W	No	TOILET
46	1	46-1-OPN-02	13S/SWSC	1UR1	115	RESTROOM			5 DAYS PER W	No	URINAL
46	1	46-1-OPN-02	13S/SWSC	2LV1	217	RESTROOM			5 DAYS PER W	No	LAVATORY
46	1	46-1-OPN-02	13S/SWSC	2SD2	215A	JANITOR'S CLOSET			5 DAYS PER W	No	FLOOR WASHINGS
46	1	46-1-OPN-02	13S/SWSC	2TL1	217	RESTROOM			5 DAYS PER W	No	TOILET
46	1	46-1-OPN-02	13S/SWSC	BSD3	011	JANITOR'S CLOSET			5 DAYS PER WEEK	No	FLOOR WASHINGS
46	1	46-1-OPN-03	DAYLIGHT	1EW1	1	CORRIDOR			AS REQUIRED	No	EMERGENCY EYE WASH
46	1	46-1-OPN-03	DAYLIGHT	1FD6	121	OFFICE			NO FLOW	No	NONE (PLUGGED)
46	1	46-1-OPN-03	DAYLIGHT	1SD01	100	HIGH BAY AREA			5 DAYS PER WEEK	No	HAND WASHING
46	1	46-1-OPN-03	DAYLIGHT	1SD02	102	OFFICE			5 DAYS PER WEEK	No	HAND WASHING
46	1	46-1-OPN-03	DAYLIGHT	1SD03	106	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	1	46-1-OPN-03	DAYLIGHT	1SD04	112	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	1	46-1-OPN-03	DAYLIGHT	1SD05	107	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	1	46-1-OPN-03	DAYLIGHT	1SD06	107	LABORATORY			5 DAYS PER WEEK	No	FUME HOOD SINK
46	1	46-1-OPN-03	DAYLIGHT	1SD07	122	LABORATORY			5 DAYS PER WEEK	No	FUME HOOD SINK
46	1	46-1-OPN-03	DAYLIGHT	1SD08	127	BREAK ROOM			5 DAYS PER WEEK	No	DISH WASHING
46	1	46-1-OPN-03	DAYLIGHT	1SD09	131	METALS SHOP			5 DAYS PER WEEK	No	METAL PARTS WASHING
46	1	46-1-OPN-03	DAYLIGHT	1SD10	131	METALS SHOP			5 DAYS PER WEEK	No	METAL PARTS WASHING
46	1	46-1-OPN-03	DAYLIGHT	2SD1	206	OFFICE			NO FLOW	No	NONE (REMOVED)
46	1	46-1-OPN-03	DAYLIGHT	2WF1	215	CORRIDOR			5 DAYS PER WEEK	No	WATER FOUNTAIN
46	1	46-1-OPN-03	DAYLIGHT	BAD1	N/A	AREA WAY			MOSTLY SUMMER	Yes	STORM WATER
46	1	46-1-OPN-03	DAYLIGHT	BAD2	N/A	AREA WAY			MOSTLY SUMMER	Yes	STORM WATER
46	1	46-1-OPN-03	DAYLIGHT	BFD01	002	LABORATORY			NO FLOW	No	NONE (PLUGGED)
46	1	46-1-OPN-03	DAYLIGHT	BFD02	005	LABORATORY			NO FLOW	No	NONE (PLUGGED)
46	1	46-1-OPN-03	DAYLIGHT	BFD03	009	LABORATORY			NO FLOW	No	NONE (PLUGGED)
46	1	46-1-OPN-03	DAYLIGHT	BFD04	008	LABORATORY			NO FLOW	No	NONE (PLUGGED)
46	1	46-1-OPN-03	DAYLIGHT	BFD05	008	LABORATORY			NO FLOW	No	NONE (PLUGGED)
46	1	46-1-OPN-03	DAYLIGHT	BFD06	010	CORRIDOR			FLOW IS NIL	No	WATER HTR DRAINS (2)
46	1	46-1-OPN-03	DAYLIGHT	BFD07	017	MECHANICAL ROOM			FLOW IS NIL	No	FLOOR WASHINGS

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
46	1	46-1-OPN-03	DAYLIGHT	BFD08	017	MECHANICAL ROOM			FLOW IS NIL	No	WATER BFP DRAINS (3)
46	1	46-1-OPN-03	DAYLIGHT	BFD08	017	MECHANICAL ROOM			FLOW IS NIL	No	AIR COMPR. DRAIN
46	1	46-1-OPN-03	DAYLIGHT	BFD09	017	MECHANICAL ROOM			FLOW IS NIL	No	FIRE LINE/CONDENS. WATER DRAIN
46	1	46-1-OPN-03	DAYLIGHT	BFD10	027	LABORATORY			NO FLOW	No	NONE (PLUGGED)
46	1	46-1-OPN-03	DAYLIGHT	BFD11	024	LABORATORY			NO FLOW	No	NONE (PLUGGED)
46	1	46-1-OPN-03	DAYLIGHT	BLV1	012	RESTROOM			NO FLOW	No	NONE
46	1	46-1-OPN-03	DAYLIGHT	BSD01	004	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	1	46-1-OPN-03	DAYLIGHT	BSD02	008	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	1	46-1-OPN-03	DAYLIGHT	BSD04	014	LABORATORY			NO FLOW	No	NONE (REMOVED)
46	1	46-1-OPN-03	DAYLIGHT	BSD05	014	LABORATORY			NO FLOW	No	NONE (REMOVED)
46	1	46-1-OPN-03	DAYLIGHT	BSD06	014	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	1	46-1-OPN-03	DAYLIGHT	BSD07	020	LABORATORY			5 DAYS PER W	No	FUME HOOD SINK
46	1	46-1-OPN-03	DAYLIGHT	BSD08	020	LABORATORY			5 DAYS PER W	No	HAND WASHING
46	1	46-1-OPN-03	DAYLIGHT	BSD09	027	LABORATORY			5 DAYS PER W	No	FUME HOOD SINK
46	1	46-1-OPN-03	DAYLIGHT	BSD10	027	LABORATORY			5 DAYS PER W	No	HAND WASHING
46	1	46-1-OPN-03	DAYLIGHT	BTL1	012	RESTROOM			NO FLOW	No	NONE
46	1	46-1-OPN-03	DAYLIGHT	BUR1	012	RESTROOM			NO FLOW	No	NONE
46	1	46-1-OPN-03	DAYLIGHT	BWF1	B	CORRIDOR			5 DAYS PER WEEK	No	WATER FOUNTAIN
46	1	46-1-OPN-03	DAYLIGHT	RD4	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER
46	1	46-1-OPN-03	DAYLIGHT	RD5	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER
46	1	46-1-OPN-04	DAYLIGHT	N/A	010	CORRIDOR			FLOW IS NIL	No	HEATING PIPE DRAIN
46	1	46-1-OPN-05	DAYLIGHT	N/A	010	CORRIDOR			FLOW IS NIL	No	HEATING PIPE DRAIN
46	1	46-1-OPN-06	DAYLIGHT	BED1	028	MECHANICAL ROOM			FLOW IS NIL	No	PRESS REDUCING VALVE/BFP DRAIN
46	1	46-1-OPN-06	DAYLIGHT	BED2	028	MECHANICAL ROOM			FLOW IS NIL	No	BOILER DRAIN
46	1	46-1-OPN-06	DAYLIGHT	BED2	028	MECHANICAL ROOM			FLOW IS NIL	No	COMPRESS. AIR TANK DRAIN
46	1	46-1-OPN-06	DAYLIGHT	BED3	028	MECHANICAL ROOM			FLOW IS NIL	No	HEATING SYSTEM DRAINS (13)
46	1	46-1-OPN-06	DAYLIGHT	BFD11	028	MECHANICAL ROOM			FLOW IS NIL	No	SUMP PIT DRAIN
46	1	46-1-OPN-07	ATMOSPHERE	N/A	028	MECHANICAL ROOM			7 DAYS PER WEEK	No	NATURAL GAS VENT
46	1	46-1-OPN-08	DAYLIGHT	N/A	028	MECHANICAL ROOM			FLOW IS NIL	No	BOILER PRESS. RELIEF VALVE
46	1	46-1-OPN-09	DAYLIGHT	N/A	028	MECHANICAL ROOM			FLOW IS NIL	No	BOILER PRESS. RELIEF VALVE
46	1	46-1-OPN-10	ATMOSPHERE	N/A	028	MECHANICAL ROOM			7 DAYS PER WEEK	No	SEDIMENT TANK VENT
46	1	46-1-OPN-11	ATMOSPHERE	N/A	028	MECHANICAL ROOM			7 DAYS PER WEEK	No	COMPRESS. AIR PRV
46	1	46-1-OPN-12	DAYLIGHT	RD6	028	MECHANICAL ROOM			MOSTLY SUMMER	Yes	STORM WATER

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
46	1	46-1-OPN-13	DAYLIGHT	N/A	028	MECHANICAL ROOM			ANNUAL TESTING	No	FIRE LINE DRAIN
46	1	46-1-OPN-14	N/A	N/A	028	MECHANICAL ROOM			NO FLOW	No	ABANDONED PIPE
46	1	46-1-OPN-15	N/A	N/A	028	MECHANICAL ROOM			NO FLOW	No	ABANDONED PIPE
46	1	46-1-OPN-16	DAYLIGHT	1TD4	131	METALS SHOP			FLOW IS NIL	No	FLOOR WASHINGS
46	1	46-1-OPN-17	DAYLIGHT	N/A	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER
46	1	46-1-OPN-18	DAYLIGHT	1ED1.	133	MACHINE SHOP			5 DAYS PER WEEK	No	CONCRETE SHAVINGS
46	1	46-1-OPN-18	DAYLIGHT	1FD1	133	MACHINE SHOP			NO FLOW	No	NONE
46	1	46-1-OPN-18	DAYLIGHT	1TD5	130	HIGH BAY AREA			FLOW IS NIL	No	FLOOR WASHINGS
46	1	46-1-OPN-19	UNKNOWN	RD8	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER
46	1	46-1-OPN-20	DAYLIGHT	N/A	127	OFFICE			ANNUAL TESTING	No	FIRE LINE DRAIN
46	1	46-1-OPN-21	DAYLIGHT	N/A	127	OFFICE			NO FLOW	No	UNKNOWN
46	1	46-1-OPN-22	DAYLIGHT	N/A	127	OFFICE			NO FLOW	No	UNKNOWN
46	1	46-1-OPN-23	DAYLIGHT	N/A	123	OFFICE			ANNUAL TESTING	No	FIRE LINE DRAIN
46	1	46-1-OPN-24	DAYLIGHT	N/A	100	HIGH BAY AREA			ANNUAL TESTING	No	FIRE LINE DRAIN
46	1	46-1-OPN-25	N/A	N/A	N/A	EXTERIOR			NO FLOW	No	NONE
46	1	46-1-OPN-26	N/A	N/A	N/A	EXTERIOR			NO FLOW	No	NONE
46	1	46-1-OPN-27	N/A	N/A	N/A	EXTERIOR			NO FLOW	No	NONE
46	1	46-1-OPN-28	N/A	N/A	N/A	EXTERIOR			NO FLOW	No	NONE
46	1	46-1-OPN-29	DAYLIGHT	N/A	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER
46	1	46-1-OPN-30	03A042	1FD1	103	MECHANICAL ROOM			6 MONTHS/YR	Yes	COOLING TOWER OVERFLOW DRAIN
46	1	46-1-OPN-30	03A042	1FD2	103	MECHANICAL ROOM	519	GPD	6 MONTHS/YR.	Yes	COOLING TOWER BLOWDOWN.
46	1	46-1-OPN-30	03A042	1FD3	105	LABORATORY			NO FLOW	No	NONE (PLUGGED)
46	1	46-1-OPN-30	03A042	1FD4	105	LABORATORY			FLOW IS NIL	No	EMERGENCY SHOWER
46	1	46-1-OPN-30	03A042	1TD1	100	HIGH BAY AREA			FLOW IS NIL	No	FLOOR WASHINGS
46	1	46-1-OPN-30	03A042	1TD2	100	HIGH BAY AREA			NO FLOW	No	NONE
46	1	46-1-OPN-30	03A042	RD1	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER
46	1	46-1-OPN-30	03A042	RD3	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER
46	1	46-1-OPN-31	03A042	N/A	103	MECHANICAL ROOM			6 MONTHS/YR.	Yes	COOLING TOWER OVERFLOW
46	1	46-1-OPN-32	N/A	N/A	103	MECHANICAL ROOM			NO FLOW	No	NONE (ABANDONED)
46	1	46-1-OPN-33	DAYLIGHT	N/A	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER
46	1	46-1-OPN-34	DAYLIGHT	N/A	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER
46	1	46-1-OPN-35	N/A	N/A	105	LABORATORY			NO FLOW	No	NONE (ABANDONED)
46	1	46-1-OPN-36	N/A	N/A	100	HIGH BAY AREA			NO FLOW	No	NONE (ABANDONED)

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
46	1	46-1-OPN-37	DAYLIGHT	RD2	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER
46	1	46-1-OPN-38	DAYLIGHT	1TD3	N/A	HIGH BAY AREA			FLOW IS NIL	No	FLOOR WASHINGS
46	1	46-2-OPN-1	13S/SWSC	1LV1	100A	RESTROOM			5 DAYS PER WEEK	No	LAVATORY
46	1	46-2-OPN-1	13S/SWSC	1TL1	100A	RESTROOM			5 DAYS PER WEEK	No	TOILET
46	1	46-2-OPN-1	13S/SWSC	1WF1	100	WAITING ROOM			5 DAYS PER WEEK	No	WATER FOUNTAIN
46	1	46-2-OPN-2	DAYLIGHT	1WH1	100A	RESTROOM			FLOW IS NIL	No	WATER HTR DRAIN
46	24	46-24-OPN-01	ATMOSPHERE	N/A	B-3	LABORATORY			NO FLOW	No	VACUUM PUMP EXHAUST
46	24	46-24-OPN-02	ATMOSPHERE	N/A	B-25	LABORATORY			5 DAYS PER WEEK	No	VACUUM PUMP EXHAUST
46	24	46-24-OPN-03	DAYLIGHT	N/A	B-33	LABORATORY			FLOW IS NIL	No	CONDENSED WATER DRAIN
46	24	46-24-OPN-04	04A018	1SD3	133	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	24	46-24-OPN-04	04A018	BFD5	B-2	UTILITY ROOM			FLOW IS NIL	No	FLOOR WASHINGS
46	24	46-24-OPN-04	04A018	BSD06	B-1	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	24	46-24-OPN-04	04A018	BSD07	B-3	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	24	46-24-OPN-04	04A018	BSD08	B-7	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	24	46-24-OPN-04	04A018	BSD09	B-4	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	24	46-24-OPN-04	04A018	BSD10	B-6	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	24	46-24-OPN-04	04A018	BSD11	B-10	JANITOR'S CLOSET			5 DAYS PER WEEK	No	FLOOR WASHINGS
46	24	46-24-OPN-04	04A018	BSD13	B-22	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	24	46-24-OPN-04	04A018	BSD15	B-30	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	24	46-24-OPN-04	04A018	BSD16	B-30	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	24	46-24-OPN-04	04A018	BSD17	B-34	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	24	46-24-OPN-04	04A018	BSD18	B-33	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	24	46-24-OPN-04	04A018	BSP1	B-22	LABORATORY			5 DAYS PER WEEK	No	ACID NEUTRALIZER FOR LAB SINKS
46	24	46-24-OPN-04	04A018	RD3	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER
46	24	46-24-OPN-04	04A018	RD4	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER
46	24	46-24-OPN-05	13S/SWSC	1FD1	121	RESTROOM			5 DAYS PER WEEK	No	FLOOR WASHINGS
46	24	46-24-OPN-05	13S/SWSC	1FD2	123	BATHROOM			5 DAYS PER WEEK	No	FLOOR WASHINGS
46	24	46-24-OPN-05	13S/SWSC	1LV1	121	RESTROOM			5 DAYS PER WEEK	No	LAVATORY
46	24	46-24-OPN-05	13S/SWSC	1LV2	121	RESTROOM			5 DAYS PER WEEK	No	LAVATORY
46	24	46-24-OPN-05	13S/SWSC	1LV3	121	RESTROOM			5 DAYS PER WEEK	No	LAVATORY
46	24	46-24-OPN-05	13S/SWSC	1LV4	123	RESTROOM			5 DAYS PER WEEK	No	LAVATORY
46	24	46-24-OPN-05	13S/SWSC	1SD2	125	JANITOR'S CLOSET			5 DAYS PER WEEK	No	FLOOR WASHINGS
46	24	46-24-OPN-05	13S/SWSC	1SH1	123	BATHROOM			5 DAYS PER WEEK	No	SHOWER

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
46	24	46-24-OPN-05	13S/SWSC	1TL1	121	RESTROOM			5 DAYS PER WEEK	No	TOILET
46	24	46-24-OPN-05	13S/SWSC	1TL2	121	RESTROOM			5 DAYS PER WEEK	No	TOILET
46	24	46-24-OPN-05	13S/SWSC	1TL3	123	BATHROOM			5 DAYS PER WEEK	No	TOILET
46	24	46-24-OPN-05	13S/SWSC	1TL4	123	BATHROOM			5 DAYS PER WEEK	No	TOILET
46	24	46-24-OPN-05	13S/SWSC	1UR1	121	RESTROOM			5 DAYS PER WEEK	No	URINAL
46	24	46-24-OPN-05	13S/SWSC	1WF2	100	CORRIDOR			5 DAYS PER WEEK	No	WATER FOUNTAIN
46	24	46-24-OPN-05	13S/SWSC	BFD6	B-21	RESTROOM			5 DAYS PER WEEK	No	FLOOR WASHINGS
46	24	46-24-OPN-05	N/A	BFD7	B-25	LABORATORY			NO FLOW	No	NONE (PLUGGED)
46	24	46-24-OPN-05	N/A	BFD8	B-33	LABORATORY			NO FLOW	No	NONE (PLUGGED)
46	24	46-24-OPN-05	13S/SWSC	BLV2	B-21	RESTROOM			5 DAYS PER WEEK	No	LAVATORY
46	24	46-24-OPN-05	13S/SWSC	BLV3	B-21	RESTROOM			5 DAYS PER WEEK	No	LAVATORY
46	24	46-24-OPN-05	13S/SWSC	BLV4	B-21	RESTROOM			5 DAYS PER WEEK	No	LAVATORY
46	24	46-24-OPN-05	13S/SWSC	BSD12	B-23	BREAK ROOM			5 DAYS PER WEEK	No	DISH WASHING
46	24	46-24-OPN-05	N/A	BSD14	B-25	LABORATORY			NO FLOW	No	NONE (REMOVED)
46	24	46-24-OPN-05	13S/SWSC	BTL2	B-21	RESTROOM			5 DAYS PER WEEK	No	TOILET
46	24	46-24-OPN-05	13S/SWSC	BTL3	B-21	RESTROOM			5 DAYS PER WEEK	No	TOILET
46	24	46-24-OPN-05	13S/SWSC	BUR1	B-21	RESTROOM			5 DAYS PER WEEK	No	URINAL
46	24	46-24-OPN-05	13S/SWSC	BWF2	N/A	CORRIDOR			5 DAYS PER WEEK	No	WATER FOUNTAIN
46	24	46-24-OPN-06	DAYLIGHT	N/A	B-34	LABORATORY			5 DAYS PER WEEK	No	VAC. PUMP EXH./CONDENS. DRAIN
46	24	46-24-OPN-07	DAYLIGHT	N/A	B-30	LABORATORY			NO FLOW	No	UNKNOWN
46	24	46-24-OPN-08	N/A	N/A	B-22	LABORATORY			NO FLOW	No	NONE (PLUGGED)
46	24	46-24-OPN-09	ATMOSPHERE	N/A	B-6	LABORATORY			NO FLOW	No	BOTTLED GAS CONNECTION
46	24	46-24-OPN-10	N/A	N/A	B-6	LABORATORY			NO FLOW	No	NONE (PLUGGED)
46	24	46-24-OPN-11	N/A	N/A	B-4	LABORATORY			NO FLOW	No	NONE (PLUGGED)
46	24	46-24-OPN-12	DAYLIGHT	N/A	B-2	UTILITY ROOM			ANNUAL TESTING	No	FIRE LINE DRAIN
46	24	46-24-OPN-13	DAYLIGHT	N/A	B-2	UTILITY ROOM			ANNUAL TESTING	No	FIRE LINE DRAIN
46	24	46-24-OPN-14	DAYLIGHT	N/A	B-2	UTILITY ROOM			ANNUAL TESTING	No	FIRE LINE DRAIN
46	24	46-24-OPN-15	N/A	N/A	B-2	UTILITY ROOM			NO FLOW	No	NONE (ABANDONED)
46	24	46-24-OPN-16	ATMOSPHERE	N/A	B-2	UTILITY ROOM			7 DAYS PER WEEK	No	VENT PIPE
46	24	46-24-OPN-17	ATMOSPHERE	N/A	B-2	UTILITY ROOM			7 DAYS PER WEEK	No	HEATING SYSTEM VENT
46	24	46-24-OPN-18	ATMOSPHERE	N/A	B-2	UTILITY ROOM			7 DAYS PER WEEK	No	HEATING SYSTEM VENT
46	24	46-24-OPN-19	ATMOSPHERE	N/A	B-2	UTILITY ROOM			7 DAYS PER WEEK	No	HEATING SYSTEM VENT
46	24	46-24-OPN-20	ATMOSPHERE	N/A	B-2	UTILITY ROOM			7 DAYS PER WEEK	No	HEATING SYSTEM VENT

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
46	24	46-24-OPN-21	N/A	N/A	B-40-A	LABORATORY			NO FLOW	No	NONE (PLUGGED)
46	24	46-24-OPN-22	N/A	N/A	B-40-A	LABORATORY			NO FLOW	No	NONE (PLUGGED)
46	24	46-24-OPN-23	ATMOSPHERE	N/A	N/A	EXTERIOR			NO FLOW	No	BOTTLED GAS VENT
46	24	46-24-OPN-24	13S/SWSC	1SD1	100	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	24	46-24-OPN-24	13S/SWSC	1WF1	100	LABORATORY			5 DAYS PER WEEK	No	WATER FOUNTAIN
46	24	46-24-OPN-24	13S/SWSC	BFD1	B-42	LABORATORY			FLOW IS NIL	No	FLOOR WASHINGS
46	24	46-24-OPN-24	13S/SWSC	BFD2	B-42	LABORATORY			FLOW IS NIL	No	FLOOR WASHNGS
46	24	46-24-OPN-24	13S/SWSC	BFD3	B-42	LABORATORY			FLOW IS NIL	No	FLOOR WASHINGS
46	24	46-24-OPN-24	13S/SWSC	BFD4	B-40	LABORATORY			FLOW IS NIL	No	FLOOR WASHINGS
46	24	46-24-OPN-24	13S/SWSC	BLV1	B-41	RESTROOM			5 DAYS PER WEEK	No	LAVATORY
46	24	46-24-OPN-24	13S/SWSC	BSD1	B-40	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	24	46-24-OPN-24	13S/SWSC	BSD2	B-42	LABORATORY			5 DAYS PER WEEK	No	FUME HOOD SINK
46	24	46-24-OPN-24	13S/SWSC	BSD3	B-42	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	24	46-24-OPN-24	13S/SWSC	BSD4	B-42	LABORATORY			5 DAYS PER WEEK	No	FUME HOOD SINK
46	24	46-24-OPN-24	13S/SWSC	BSD5	B-40	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	24	46-24-OPN-24	13S/SWSC	BTL1	B-41	RESTROOM			5 DAYS PER WEEK	No	TOILET
46	24	46-24-OPN-24	13S/SWSC	BWF1	B-42	LABORATORY			5 DAYS PER WEEK	No	WATER FOUNTAIN
46	24	46-24-OPN-25	DAYLIGHT	RD1	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER
46	24	46-24-OPN-25	DAYLIGHT	RD2	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER
46	24	46-24-OPN-26	DAYLIGHT	N/A	N/A	EXTERIOR			NO FLOW	No	LIQ. NITROGEN TANK DRAIN
46	24	46-24-OPN-27	ATMOSPHERE	N/A	B-42	LABORATORY			NO FLOW	No	VACUUM PUMP EXH. (PLUGGED)
46	41	46-41-OPN-01	04A117	1ED1	120	MECHANICAL ROOM			5 DAYS PER WEEK	No	NON-CONTACT COOLING WATER
46	41	46-41-OPN-02	DAYLIGHT	N/A	120	MECHANICAL ROOM			ANNUAL TESTING	No	FIRE LINE DRAIN
46	41	46-41-OPN-03	DAYLIGHT	N/A	120	MECHANICAL ROOM			ANNUAL TESTING	No	FIRE LINE DRAIN
46	41	46-41-OPN-04	ATMOSPHERE	N/A	120	MECHANICAL ROOM			NO FLOW	No	LIQ. NITROGEN VENT
46	41	46-41-OPN-05	DAYLIGHT	N/A	N/A	ROOF			FLOW IS NIL	No	VAC. PUMP EXH. STACK CONDENS DRAI
46	41	46-41-OPN-06	13S/SWSC	1LV1	107	RESTROOM			5 DAYS PER WEEK	No	LAVATORY
46	41	46-41-OPN-06	13S/SWSC	1SD1	105	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	41	46-41-OPN-06	13S/SWSC	1SD2	114	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	41	46-41-OPN-06	13S/SWSC	1SD3	109	JANITOR'S CLOSET			5 DAYS PER WEEK5	No	FLOOR WASHING
46	41	46-41-OPN-06	13S/SWSC	1TL1	107	RESTROOM			5 DAYS PER WEEK	No	TOILET
46	41	46-41-OPN-06	13S/SWSC	1UR1	107	RESTROOM			5 DAYS PER WEEK	No	URINAL
46	41	46-41-OPN-06	13S/SWSC	1WF1	100	CORRIDOR			5 DAYS PER WEEK	No	WATER FOUNTAIN

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
46	41	46-41-OPN-07	ATMOSPHERE	N/A	N/A	EXTERIOR			NO FLOW	No	GAS CYLINDER VENT
46	41	46-41-OPN-08	ATMOSPHERE	N/A	N/A	EXTERIOR			NO FLOW	No	GAS CYLINDER VENT
46	41	46-41-OPN-09	ATMOSPHERE	N/A	N/A	EXTERIOR			NO FLOW	No	GAS CYLINDER VENT
46	41	46-41-OPN-10	ATMOSPHERE	N/A	N/A	EXTERIOR			NO FLOW	No	GAS CYLINDER VENT
46	41	46-41-OPN-11	N/A	N/A	N/A	ROOF			NO FLOW	No	ABANDONED VENT PIPE
46	41	46-41-OPN-12	DAYLIGHT	1WH1	130	MECHANICAL ROOM			FLOW IS NIL	No	WATER HTR DRAIN
46	41	46-41-OPN-13	N/A	N/A	130	MECHANICAL ROOM			NO FLOW	No	NONE (ABANDONED)
46	41	46-41-OPN-14	DAYLIGHT	N/A	130	MECHANICAL ROOM			NO FLOW	No	WATER BACKFLOW PREVENTER DRAIN
46	41	46-41-OPN-15	DAYLIGHT	N/A	130	MECHANICAL ROOM			NO FLOW	No	WATER BACKFLOW PREVENTER DRAIN
46	41	46-41-OPN-16	DAYLIGHT	N/A	130	MECHANICAL ROOM			6 MONTHS/YR	Yes	COOLING COIL CONDENS. WATER
46	41	46-41-OPN-17	DAYLIGHT	N/A	130	MECHANICAL ROOM			ANNUAL TESTING	No	FIRE LINE DRAIN
46	41	46-41-OPN-18	DAYLIGHT	N/A	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER
46	41	46-41-OPN-19	13S/SWSC	1CD1	106	LABORATORY			5 DAYS PER WEEK	No	FUME HOOD SINK
46	41	46-41-OPN-19	13S/SWSC	1CD2	106	LABORATORY			5 DAYS PER WEEK	No	FUME HOOD SINK
46	41	46-41-OPN-19	13S/SWSC	1CD3	110	LABORATORY			5 DAYS PER WEEK	No	FUME HOOD SINK
46	41	46-41-OPN-19	13S/SWSC	1SD4	104	MACHINE SHOP			5 DAYS PER WEEK	No	HAND WASHING
46	41	46-41-OPN-19	13S/SWSC	1SD5	106	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	41	46-41-OPN-19	13S/SWSC	1SD6	110	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	41	46-41-OPN-19	13S/SWSC	1SD7	110	LABORATORY			NO FLOW	No	NONE (REMOVED)
46	41	46-41-OPN-19	13S/SWSC	1SD8	112	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	41	46-41-OPN-20	N/A	N/A	N/A	EXTERIOR			NO FLOW	No	GAS CYILINDER VENT
46	41	46-41-OPN-21	N/A	N/A	N/A	EXTERIOR			NO FLOW	No	GAS CYILINDER VENT
46	41	46-41-OPN-22	N/A	N/A	N/A	EXTERIOR			NO FLOW	No	GAS CYILINDER VENT
46	41	46-41-OPN-23	N/A	N/A	N/A	EXTERIOR			NO FLOW	No	GAS CYILINDER VENT
46	41	46-41-OPN-24	N/A	N/A	N/A	EXTERIOR			NO FLOW	No	GAS CYILINDER VENT
46	41	46-41-OPN-25	N/A	N/A	N/A	EXTERIOR			NO FLOW	No	GAS CYILINDER VENT
46	41	46-41-OPN-26	N/A	N/A	N/A	EXTERIOR			NO FLOW	No	GAS CYILINDER VENT
46	41	46-41-OPN-27	N/A	N/A	N/A	EXTERIOR			NO FLOW	No	GAS CYILINDER VENT
46	41	46-41-OPN-28	N/A	N/A	N/A	EXTERIOR			NO FLOW	No	GAS CYILINDER VENT
46	41	46-41-OPN-29	N/A	N/A	N/A	EXTERIOR			NO FLOW	No	GAS CYILINDER VENT
46	59	46-59-OPN-1	N/A	N/A	100	STORAGE ROOM			NO FLOW	No	CABLE CONDUIT (PLUGGED)
46	59	46-59-OPN-2	DAYLIGHT	1WH1	100	STORAGE ROOM			NO FLOW	No	WATER HTR. DRAIN
46	59	46-59-OPN-3	04A018	1SD1	100	STORAGE ROOM			5 DAYS PER WEEK	No	HAND WASHING

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
46	59	46-59-OPN-4	N/A	N/A	100	STORAGE ROOM			NO FLOW	No	ABANDONED ELECT. CONDUIT
46	75	46-75-OPN-1	DAYLIGHT	1WF1	N/A	WEIGHT ROOM			5 DAYS PER WEEK	No	WATER FOUNTAIN
46	75	46-75-OPN-2	DAYLIGHT	1BFP1	N/A	WAREHOUSE			NO FLOW	No	WATER BACKFLOW PREVENTER DRAIN
46	75	46-75-OPN-3	DAYLIGHT	N/A	N/A	WAREHOUSE			ANNUAL TESTING	No	FIRE LINE DRAIN
46	75	46-75-OPN-4	DAYLIGHT	N/A	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER
46	75	46-75-OPN-5	DAYLIGHT	N/A	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER
46	75	46-75-OPN-6	DAYLIGHT	N/A	N/A	STORAGE ROOM			NO FLOW	No	UNKNOWN
46	75	46-75-OPN-7	DAYLIGHT	N/A	N/A	STORAGE ROOM			ANNUAL TESTING	No	FIRE LINE DRAIN
46	76	46-76-OPN-01	ATMOSPHERE	N/A	101	LABORATORY			NO FLOW	No	VACUUM PUMP EXH.
46	76	46-76-OPN-02	ATMOSPHERE	N/A	101	LABORATORY			NO FLOW	No	VACUUM PUMP EXH.
46	76	46-76-OPN-03	DAYLIGHT	N/A	103	RESTROOM			NO FLOW	No	CONDENSED WATER
46	76	46-76-OPN-04	13S/SWSC	1EW1	100C	CORRIDOR			5 DAYS PER WEEK	No	EMERGENCY EYE WASH
46	76	46-76-OPN-04	13S/SWSC	1LV1	103	RESTROOM			5 DAYS PER WEEK	No	LAVATORY
46	76	46-76-OPN-04	13S/SWSC	1SD1	101	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	76	46-76-OPN-04	13S/SWSC	1SD2	105	JANITOR'S CLOSET			5 DAYS PER WEEK	No	FLOOR WASHING
46	76	46-76-OPN-04	13S/SWSC	1SD3	107	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	76	46-76-OPN-04	13S/SWSC	1SD4	107	LABORATORY			5 DAYS PER WEEK	No	FUME HOOD SINK
46	76	46-76-OPN-04	13S/SWSC	1TL1	103	RESTROOM			5 DAYS PER WEEK	No	TOILET
46	76	46-76-OPN-04	13S/SWSC	1UR1	103	RESTROOM			5 DAYS PER WEEK	No	URINAL
46	76	46-76-OPN-04	13S/SWSC	1WF1	100C	CORRIDOR			5 DAYS PER WEEK	No	WATER FOUNTAIN
46	76	46-76-OPN-05	DAYLIGHT	1WH1	105	RESTROOM			NO FLOW	No	WATER HTR. DRAIN
46	76	46-76-OPN-06	ATMOSPHERE	N/A	107	LABORATORY			NO FLOW	No	VACUUM PUMP EXH.
46	76	46-76-OPN-07	ATMOSPHERE	N/A	107A	STORAGE ROOM			NO FLOW	No	VACUUM PUMP EXH.
46	76	46-76-OPN-08	ATMOSPHERE	N/A	N/A	LABORATORY			NO FLOW	No	GAS CYLINDER VENT
46	76	46-76-OPN-09	DAYLIGHT	N/A	108	LABORATORY			NO FLOW	No	FIRE SPRINKLER HEAD
46	76	46-76-OPN-10	ATMOSPHERE	N/A	N/A	LABORATORY			NO FLOW	No	GAS CYLINDER VENT
46	76	46-76-OPN-11	DAYLIGHT	N/A	108	LABORATORY			ANNUAL TESTING	No	FIRE LINE DRAIN
46	76	46-76-OPN-12	DAYLIGHT	N/A	108	LABORATORY			ANNUAL TESTING	No	FIRE LINE DRAIN
46	76	46-76-OPN-13	DAYLIGHT	N/A	108	LABORATORY			ANNUAL TESTING	No	FIRE LINE DRAIN
46	76	46-76-OPN-14	ATMOSPHERE	N/A	106	LABORATORY			NO FLOW	No	VACUUM PUMP EXH. (PLUGGED)
46	76	46-76-OPN-15	13S/SWSC	1SD7	104	LABORATORY			NO FLOW	No	NONE (REMOVED)
46	76	46-76-OPN-15	13S/SWSC	1SD8	106	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	76	46-76-OPN-16	DAYLIGHT	N/A	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
46	76	46-76-OPN-17	ATMOSPHERE	N/A	104	LABORATORY			NO FLOW	No	VACUUM PUMP EXH. (PLUGGED)
46	76	46-76-OPN-18	ATMOSPHERE	N/A	102	LABORATORY			NO FLOW	No	AIR VENT
46	76	46-76-OPN-19	ATMOSPHERE	N/A	102	LABORATORY			NO FLOW	No	AIR VENT
46	76	46-76-OPN-20	13S/SWSC	1SD5	100	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	76	46-76-OPN-20	13S/SWSC	1SD6	102	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	76	46-76-OPN-21	ATMOSPHERE	N/A	100	LABORATORY			NO FLOW	No	VACUUM PUMP EXH. (PLUGGED)
46	76	46-76-OPN-22	ATMOSPHERE	N/A	100	LABORATORY			NO FLOW	No	VACUUM PUMP EXH. (PLUGGED)
46	76	46-76-OPN-23	DAYLIGHT	N/A	101	LABORATORY			ANNUAL TESTING	No	FIRE LINE DRAIN
46	76	46-76-OPN-24	DAYLIGHT	N/A	101	LABORATORY			NO FLOW	No	FIRE SPRINKLER HEAD
46	76	46-76-OPN-25	DAYLIGHT	N/A	N/A	EXTERIOR			NO FLOW	No	CONDENSED WATER DRAIN
46	88	46-88-OPN-01	13S/SWSC	1CD2		CONTROL ROOM			NO FLOW	No	NONE
46	88	46-88-OPN-01	13S/SWSC	1FD10	103	MECHANICAL ROOM			FLOW IS NIL	No	CONDENSED WATER
46	88	46-88-OPN-01	13S/SWSC	1FD10	103	MECHANICAL ROOM			5 DAYS PER WEEK	No	AIR COMPRESS./AIR DRYER DRAINS
46	88	46-88-OPN-01	13S/SWSC	1FD11	103	MECHANICAL ROOM			FLOW IS NIL	No	WATER PRESS. RELIEF/BFP DRAINS
46	88	46-88-OPN-01	13S/SWSC	1LV1	106	BATHROOM			5 DAYS PER WEEK	No	LAVATORY
46	88	46-88-OPN-01	13S/SWSC	1LV2	106	BATHROOM			5 DAYS PER WEEK	No	LAVATORY
46	88	46-88-OPN-01	13S/SWSC	1SD5	109	HIGH BAY AREA			5 DAYS PER WEEK	No	HAND WASHING
46	88	46-88-OPN-01	13S/SWSC	1SD6	107	JANITOR'S CLOSET			5 DAYS PER WEEK	No	FLOOR WASHING
46	88	46-88-OPN-01	13S/SWSC	1SH1	106	BATHROOM			5 DAYS PER WEEK	No	SHOWER
46	88	46-88-OPN-01	13S/SWSC	1TL1	106	BATHROOM			5 DAYS PER WEEK	No	TOILET
46	88	46-88-OPN-01	13S/SWSC	1UR1	106	BATHROOM			5 DAYS PER WEEK	No	URINAL
46	88	46-88-OPN-01	13S/SWSC	1WF1	100	CORRIDOR			5 DAYS PER WEEK	No	WATER FOUNTAIN
46	88	46-88-OPN-02	DAYLIGHT	N/A	109	HIGH BAY AREA			NO FLOW	No	WATER BACKFLOW PREVENTER DRAIN
46	88	46-88-OPN-03	DAYLIGHT	N/A	109	FIRE LINE DRAIN			ANNUAL TESTING	No	FIRE LINE DRAIN
46	88	46-88-OPN-04	N/A	N/A	109	HIGH BAY AREA			NO FLOW	No	NONE (ABANDONED VENT)
46	88	46-88-OPN-05	04A014	1FD1	109	HIGH BAY AREA			NO FLOW	No	FLOOR WASHINGS
46	88	46-88-OPN-05	04A014	1FD2	109	HIGH BAY AREA			NO FLOW	No	FLOOR WASHINGS
46	88	46-88-OPN-05	04A014	1FD3	109	HIGH BAY AREA			NO FLOW	No	FLOOR WASHINGS
46	88	46-88-OPN-05	04A014	1FD4	109	HIGH BAY AREA			NO FLOW	No	FLOOR WASHINGS
46	88	46-88-OPN-05	04A014	1FD5	109	HIGH BAY AREA			NO FLOW	No	FLOOR WASHINGS
46	88	46-88-OPN-05	04A014	1FD6	109	HIGH BAY AREA			NO FLOW	No	FLOOR WASHINGS
46	88	46-88-OPN-05	04A014	1FD7	109	HIGH BAY AREA			NO FLOW	No	FLOOR WASHINGS
46	88	46-88-OPN-05	04A014	1FD8	109	HIGH BAY AREA			NO FLOW	No	FLOOR WASHINGS

REPORT # 71

TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
46	88	46-88-OPN-05	04A014	1FD9	104	UTILITY ROOM			7 DAYS PER WEEK	No	VACUUM PUMP DRAINS (5)
46	88	46-88-OPN-05	04A014	1FD9	104	UTILITY ROOM	42	GPH	7 DAYS PER WEEK	No	NON-CONTACT COOLING WATER
46	88	46-88-OPN-05	04A014	1FD9	104	UTILITY ROOM			NO FLOW	No	GENERATOR OIL PAN DRAIN
46	88	46-88-OPN-05	04A014	1SD2	101	LABORATORY			5 DAYS PER WEEK	No	HAND WASHING
46	88	46-88-OPN-05	04A014	1SD3	102	LABORATORY			NO FLOW	No	NONE (REMOVED)
46	88	46-88-OPN-06	N/A	N/A	109	HIGH BAY AREA			NO FLOW	No	ABANDONED VENT PIPE
46	88	46-88-OPN-07	N/A	N/A	109	HIGH BAY AREA			NO FLOW	No	ABANDONED VENT PIPE
46	88	46-88-OPN-08	N/A	N/A	109	HIGH BAY AREA			NO FLOW	No	ABANDONED VENT PIPE
46	88	46-88-OPN-09	N/A	N/A	109	HIGH BAY AREA			NO FLOW	No	ABANDONED VENT PIPE
46	88	46-88-OPN-10	N/A	N/A	109	HIGH BAY AREA			NO FLOW	No	ABANDONED VENT PIPE
46	88	46-88-OPN-11	DAYLIGHT	N/A	109	HIGH BAY AREA			MOSTLY SUMMER	Yes	ROOF
46	88	46-88-OPN-12	N/A	N/A	109	HIGH BAY AREA			NO FLOW	No	ABANDONED VENT PIPE
46	88	46-88-OPN-13	N/A	N/A	109	HIGH BAY AREA			NO FLOW	No	ABANDONED VENT PIPE
46	88	46-88-OPN-14	N/A	N/A	109	HIGH BAY AREA			NO FLOW	No	ABANDONED VENT PIPE
46	88	46-88-OPN-15	N/A	N/A	109	HIGH BAY AREA			NO FLOW	No	ABANDONED VENT PIPE
46	88	46-88-OPN-16	N/A	N/A	109	HIGH BAY AREA			NO FLOW	No	ABANDONED VENT PIPE
46	88	46-88-OPN-17	DAYLIGHT	RD3	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER
46	88	46-88-OPN-17	DAYLIGHT	RD4	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER
46	88	46-88-OPN-18	N/A	N/A	104	UTILITY ROOM			NO FLOW	No	ABANDONED VENT PIPE
46	88	46-88-OPN-19	ATMOSPHERE	N/A	103	MECHANICAL ROOM			7 DAYS PER WEEK	No	NATURAL GAS VENT PIPE
46	88	46-88-OPN-20	ATMOSPHERE	N/A	103	MECHANICAL ROOM			NO FLOW	No	VACUUM PUMP EXH.
46	88	46-88-OPN-21	DAYLIGHT	N/A	103	MECHANICAL ROOM			ANNUAL TESTING	No	FIRE LINE DRAIN
46	88	46-88-OPN-22	DAYLIGHT	RD1	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER
46	88	46-88-OPN-22	DAYLIGHT	RD2	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER
46	88	46-88-OPN-23	DAYLIGHT	N/A	103	MECHANICAL ROOM			ANNUAL TESTING	No	FIRE LINE DRAIN
46	88	46-88-OPN-24	DAYLIGHT	N/A	102	LABORATORY			ANNUAL TESTING	No	FIRE LINE DRAIN
46	88	46-88-OPN-25	04A014	1CD1	101	LABORATORY			FLOW IS NIL	No	WATER BACKFLOW PREVENTER DRAIN
46	88	46-88-OPN-25	04A014	1SD1	101	LABORATORY			5 DAYS PER WEEK	No	FUME HOOD SINK
46	88	46-88-OPN-25	04A014	1SD2	101	LABORATORY			5 DAYS PER WEEK	No	FUME HOOD SINK
46	88	46-88-OPN-26	ATMOSPHERE	N/A	109	HIGH BAY AREA			NO FLOW	No	LIQUID NITROGEN VENT
46	88	46-88-OPN-27	ATMOSPHERE	N/A	109	HIGH BAY AREA			NO FLOW	No	LIQUID NITROGEN VENT
46	111	46-111-OPN-1	ATMOSPHERE	N/A	N/A	LIQUID NITROGEN STORAG			NO FLOW	No	LIQUID NITROGEN VENT
46	119	46-119-OPN-1	DAYLIGHT	N/A	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER

REPORT # 71

TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
46	119	46-119-OPN-2	ATMOSPHERE	N/A	N/A	MECHANICAL CLOSET			6 MONTHS/YR	Yes	CONDENSED WATER
46	119	46-119-OPN-3	ATMOSPHERE	1WH1	101	RESTROOM			NO FLOW	No	WATER HTR DRAIN
46	119	46-119-OPN-4	13S/SWSC	1LV1	101	RESTROOM			5 DAYS PER WEEK	No	LAVATORY
46	119	46-119-OPN-4	13S/SWSC	1LV2	102	RESTROOM			5 DAYS PER WEEK	No	LAVATORY
46	119	46-119-OPN-4	13S/SWSC	1TL1	101	RESTROOM			5 DAYS PER WEEK	No	TOILET
46	119	46-119-OPN-4	13S/SWSC	1TL2	102	RESTROOM			5 DAYS PER WEEK	No	TOILET
46	119	46-119-OPN-4	13S/SWSC	1UR1	102	RESTROOM			5 DAYS PER WEEK	No	URINAL
46	119	46-119-OPN-4	13S/SWSC	1WF1	100	OFFICE AREA			5 DAYS PER WEEK	No	WATER FOUNTAIN
46	119	46-119-OPN-5	DAYLIGHT	N/A	N/A	MECHANICAL CLOSET			6 MONTHS/YR	Yes	CONDENSED WATER
46	119	46-119-OPN-6	DAYLIGHT	N/A	N/A	EXTERIOR			7 DAYS PER WEEK	No	CONDENSED WATER
46	119	46-119-OPN-7	DAYLIGHT	N/A	N/A	EXTERIOR			7 DAYS PER WEEK	No	CONDENSED WATER
46	119	46-119-OPN-8	DAYLIGHT	N/A	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER
46	119	46-119-OPN-9	DAYLIGHT	N/A	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER
46	119	TA-46-OPN-10	DAYLIGHT	N/A	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER
46	120	46-120-OPN-1	DAYLIGHT	N/A	N/A	MECHANICAL CLOSET			6 MONTHS/YR	Yes	CONDENSED WATER
46	120	46-120-OPN-2	DAYLIGHT	N/A	N/A	MECHANICAL CLOSET			6 MONTHS/YR	Yes	CONDENSED WATER
46	120	46-120-OPN-3	DAYLIGHT	1WH1	104	RESTROOM			NO FLOW	No	WATER HTR DRAIN
46	120	46-120-OPN-4	13S/SWSC	1LV1	104	RESTROOM			5 DAYS PER WEEK	No	LAVATORY
46	120	46-120-OPN-4	13S/SWSC	1TL1	104	RESTROOM			5 DAYS PER WEEK	No	TOILET
46	120	46-120-OPN-4	13S/SWSC	1UR1	104	RESTROOM			5 DAYS PER WEEK	No	URINAL
46	121	46-121-OPN-1	DAYLIGHT	N/A	N/A	ROOF			MOSTLY SUMMER	No	STORM WATER
46	121	46-121-OPN-2	DAYLIGHT	N/A	101	RESTROOM			6 MONTHS/YR	Yes	CONDENSED WATER
46	121	46-121-OPN-3	DAYLIGHT	1WH1	101	RESTROOM			5 DAYS PER WEEK	No	WATER HTR DRAIN
46	121	46-121-OPN-4	DAYLIGHT	N/A	N/A	MECHANICAL CLOSET			6 MONTHS/YR	Yes	CONDENSED WATER
46	121	46-121-OPN-5	DAYLIGHT	N/A	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER
46	121	46-121-OPN-6	DAYLIGHT	N/A	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER
46	121	46-121-OPN-7	13S/SWSC	1LV1	101	RESTROOM			5 DAYS PER WEEK	No	LAVATORY
46	121	46-121-OPN-7	13S/SWSC	1LV2	102	RESTROOM			5 DAYS PER WEEK	No	LAVATORY
46	121	46-121-OPN-7	13S/SWSC	1TL1	101	RESTROOM			5 DAYS PER WEEK	No	TOILET
46	121	46-121-OPN-7	13S/SWSC	1TL2	102	RESTROOM			5 DAYS PER WEEK	No	TOILET
46	121	46-121-OPN-7	13S/SWSC	1UR1	102	RESTROOM			5 DAYS PER WEEK	No	URINAL
46	121	46-121-OPN-7	13S/SWSC	1WF1	100	OFFICE AREA			5 DAYS PER WEEK	No	WATER FOUNTAIN
46	121	46-121-OPN-8	DAYLIGHT	N/A	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
46	134	TA-46-134	ND	N/A	N/A	GUARD SHACK			NO FLOW	No	NONE
46	181	46-181-OPN-1	DAYLIGHT	N/A	N/A	EXTERIOR			6 MONTHS/YR	Yes	CONDENSED WATER DRAIN
46	185	46-185-OPN-1	DAYLIGHT	1WF1	101	OFFICE			5 DAYS PER WEEK	No	WATER FOUNTAIN
46	186	TA-46-186	ND	N/A	N/A	OFFICE TRAILER			NO FLOW	No	NONE
46	217	46-217-OPN-1	DAYLIGHT	N/A	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER
46	217	46-217-OPN-2	DAYLIGHT	N/A	N/A	ROOF			6 MONTHS/YR	Yes	EVAP. COOLER WATER DRAIN
46	217	46-217-OPN-3	DAYLIGHT	N/A	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER
46	217	46-217-OPN-4	13S/SWSC	1WF1	102	CORRIDOR			5 DAYS PER WEEK	No	WATER FOUNTAIN
46	218	46-218-OPN-1	DAYLIGHT	N/A	N/A	ROOF			6 MONTHS/YR	Yes	EVAP. COOLER DRAIN
46	218	46-218-OPN-2	DAYLIGHT	N/A	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER
46	218	46-218-OPN-3	DAYLIGHT	N/A	N/A	ROOF			MOSTLY SUMMER	Yes	STORM WATER
46	218	46-218-OPN-4	DAYLIGHT	1WH1	120	UTILITY CLOSET			FLOW IS NIL	No	WATER HTR DRAIN
46	218	46-218-OPN-5	13S/SWSC	1LV1	117	BATHROOM			5 DAYS PER WEEK	No	LAVATORY
46	218	46-218-OPN-5	13S/SWSC	1LV2	119	BATHROOM			5 DAYS PER WEEK	No	LAVATORY
46	218	46-218-OPN-5	13S/SWSC	1SD1	116	BREAK AREA			5 DAYS PER WEEK	No	DISH WASHING
46	218	46-218-OPN-5	13S/SWSC	1SD2	118	JANITOR'S CLOSET			5 DAYS PER WEEK	No	FLOOR WASHING
46	218	46-218-OPN-5	13S/SWSC	1SH1	117	BATHROOM			5 DAYS PER WEEK	No	SHOWER
46	218	46-218-OPN-5	13S/SWSC	1SH2	119	BATHROOM			5 DAYS PER WEEK	No	SHOWER
46	218	46-218-OPN-5	13S/SWSC	1TL1	117	BATHROOM			5 DAYS PER WEEK	No	TOILET
46	218	46-218-OPN-5	13S/SWSC	1TL2	119	BATHROOM			5 DAYS PER WEEK	No	TOILET
46	218	46-218-OPN-5	13S/SWSC	1UR1	117	BATHROOM			5 DAYS PER WEEK	No	URINAL
46	218	46-218-OPN-5	13S/SWSC	1WF2	126	CORRIDOR			5 DAYS PER WEEK	No	WATER FOUNTAIN
46	252	TA-46-252	ND	N/A	N/A	MORGAN SHED			NO FLOW	No	NONE
46	257	TA-46-257	ND	N/A	N/A	SHED			NO FLOW	No	NONE
46	258	TA-46-258	ND	N/A	N/A	STORAGE SHED			NO FLOW	No	NONE
46	259	TA-46-259	ND	N/A	N/A	STORAGE SHED			NO FLOW	No	NONE
46	260	TA-46-260	ND	N/A	N/A	STORAGE SHED			NO FLOW	No	NONE
46	261	TA-46-261	ND	N/A	N/A	STORAGE SHED			NO FLOW	No	NONE
46	262	TA-46-262	ND	N/A	N/A	STORAGE SHED			NO FLOW	No	NONE
46	271	TA-46-271	ND	N/A	N/A	TANK STORAGE			NO FLOW	No	NONE
46	272	TA-46-272	ND	N/A	N/A	STORAGE SHED			NO FLOW	No	NONE
46	286	TA-46-286	ND	N/A	N/A	MORGAN SHED			NO FLOW	No	NONE
46	297	TA-46-297	ND	N/A	N/A	TRANSPORTAINER			NO FLOW	No	NONE

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
46	298	TA-46-298	ND	N/A	N/A	TRANSPORTAINER			NO FLOW	No	NONE
46	301	TA-46-301	ND	N/A	N/A	TRANSPORTAINER			NO FLOW	No	NONE
46	302	TA-46-302	ND	N/A	N/A	TRANSPORTAINER			NO FLOW	No	NONE
46	309	TA-46-309	ND	N/A	N/A	TRANSPORTAINER			NO FLOW	No	NONE
46	314	46-314-OPN-1	DAYLIGHT	N/A	N/A	EXTERIOR			6 MONTHS/YR	Yes	CONDENSED WATER DRAIN
46	318	TA-46-318	ND	N/A	N/A	STORAGE SHED			NO FLOW	No	NONE
46	319	TA-46-319	ND	N/A	N/A	TRANSPORTAINER			NO FLOW	No	NONE
46	341	TA-46-341	ND	N/A	N/A	TRANSPORTAINER			NO FLOW	No	NONE
46	342	TA-46-342	ND	N/A	N/A	GAS TEST FACILITY			NO FLOW	No	NONE
46	343	TA-46-343	ND	N/A	N/A	STORAGE SHED			NO FLOW	No	NONE
46	357	TA-46-357	ND	N/A	N/A	PUMP SHED			NO FLOW	No	NONE
46	360	TA-46-360	ND	N/A	N/A	TRANSPORTAINER			NO FLOW	No	NONE

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (copy from Item 1 of Form 1)
NM0890010515

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

FORM 2C NPDES

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
03A042	35	52	33	106	16	53	Tributary to Canada Del Buey, an ephemeral tributary to Rio Grande

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined *(e.g., for certain mining activities)*, provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
03A042	46-1-OPN-30				
	Cooling tower blowdown	520 GPD	None		
	Floor drains (4)	flow is nil	None		
	Trench drains (2)	flow is nil	None		
	Roof drains (2)	storm water	None		

OFFICIAL USE ONLY *(effluent guidelines sub-categories)*

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☒ YES *(complete the following table)* ☐ NO *(go to Section III)*

1. OUTFALL NUMBER *(list)*	2. OPERATION(s) CONTRIBUTING FLOW *(list)*	3. FREQUENCY a. DAYS PER WEEK *(specify average)*	3. FREQUENCY b. MONTHS PER YEAR *(specify average)*	4. FLOW a. FLOW RATE *(in mgd)* 1. LONG TERM AVERAGE	4. FLOW a. FLOW RATE *(in mgd)* 2. MAXIMUM DAILY	4. FLOW b. TOTAL VOLUME *(specify with units)* 1. LONG TERM AVERAGE	4. FLOW b. TOTAL VOLUME *(specify with units)* 2. MAXIMUM DAILY	4. FLOW c. DURATION *(in days)*
03A042	Cooling tower blowdown	5	12	0.000520	0.001240	520 GPD	1240 GPD	260 day/yr

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ YES *(complete Item III-B)* ☒ NO *(to to Section IV)*

B. Are the limitations in the applicable effluent guideline expressed in terms of production *(or other measure of operation)*?

☐ YES *(complete Item III-C)* ☐ NO *(go to Section IV)*

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. *(specify)*	2. AFFECTED OUTFALLS *(list outfall numbers)*

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES *(complete the following table)* ☐ NO *(go to Item IV-B)*

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS a. NO.	2. AFFECTED OUTFALLS b. SOURCE OF DISCHARGE	3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE a. REQUIRED	4. FINAL COMPLIANCE DATE b. PROJECTED
EPA Docket No. VI-92-1306		All	Complete Waste Stream Characterization surveys and implement corrective actions.	7/31/93	FY96

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs *(or other environmental projects which may affect your discharges)* you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. ☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

CONTINUE ON PAGE 3

CONTINUED FROM PAGE 2

EPA I.D. NUMBER (copy from Item 1 of Form 1)
NM0890010515

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding — Complete one set of tables for each outfall — Annotate the outfall number in the space provided. NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
see datasheet			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES (list all such pollutants below) ☒ NO (go to Item VI-B)

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ YES *(identify the test(s) and describe their purposes below)* ☒ NO *(go to Section VIII)*

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☐ YES *(list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)* ☒ NO *(go to Section IX)*

A. NAME	B. ADDRESS	C. TELEPHONE *(area code & no.)*	D. POLLUTANTS ANALYZED *(list)*

IX. CERTIFICATION

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.

A. NAME & OFFICIAL TITLE *(type or print)*	B. PHONE NO. *(area code & no.)*
JERRY L. BELLOWS, AREA MANAGER, DOE	505-667-5105
ALLEN J. TIEDMAN, ASSOC. DIRECTOR FOR OPERATIONS	505-667-9390
C. SIGNATURE	D. DATE SIGNED

[redacted] from first [redacted] complete. [redacted]

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets *(use the same format)* instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*: NM0890010515

Form Approved. OMB No. 2040-0086 Approval expires 7-31-88

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

OUTFALL NO. 03A042

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (2) MASS	d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	3. UNITS b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	4. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	4. INTAKE b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	2.0	9.4						mg/l	g/d			
b. Chemical Oxygen Demand *(COD)*	42.0	197.1						mg/l	g/d			
c. Total Organic Carbon *(TOC)*	7.4	34.7						mg/l	g/d			
d. Total Suspended Solids *(TSS)*	7.0	32.9						mg/l	g/d			
e. Ammonia *(as N)*	< .01	< 46.934						mg/l	mg/d			
f. Flow	VALUE 1240		VALUE		VALUE			gal/day		VALUE		
g. Temperature *(winter)*	VALUE 36.9 C		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 6.8	MAXIMUM 8.8	MINIMUM 6.0	MAXIMUM 9.0				STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	2. MARK 'X' b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE b. NO. OF ANALYSES
a. Bromide (24959-67-9)	X		3.24	15.2						mg/l	g/d			
b. Chlorine, Total Residual		X	0.0	0.0						mg/l	mg/d			
c. Color	X		10							units				
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)	X		0.52	2.4						mg/l	g/d			
f. Nitrate-Nitrite *(as N)*	X		1.13	5.3						mg/l	g/d			

CONTINUE ON REVERSE

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. U[redacted] a. CONCENTRATION	b. MASS	5. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)	X		2.3	10.8						mg/l	g/d			
h. Oil and Grease		X	< 1.2	< 5.6						mg/l	g/d			
i. Phosphorus (as P), Total (7723-14-0)	X		.306	1.4						mg/l	g/d			
j. Radioactivity														
(1) Alpha, Total	X		14	65.7						pCi/l	nCi/d			
(2) Beta, Total	X		6.6	31.0						pCi/l	nCi/d			
(3) Radium, Total	X													
(4) Radium 226, Total	X		0.07	0.3						pCi/l	nCi/d			
k. Sulfate (as SO_4) (14808-79-8)	X		143	671.2						mg/l	g/d			
l. Sulfide (as S)	X		70.2	329.5						mg/l	g/d			
m. Sulfite (as SO_3) (14265-45-3)	X		18.8	88.2						mg/l	g/d			
n. Surfactants	X		0.11	0.5						mg/l	g/d			
o. Aluminum, Total (7429-90-5)	X		0.06	0.3						mg/l	g/d			
p. Barium, Total (7440-39-3)	X		0.11	0.5						mg/l	g/d			
q. Boron, Total (7440-42-8)	X		0.33	1.5						mg/l	g/d			
r. Cobalt, Total (7440-48-4)		X	0.07	0.3						mg/l	g/d			
s. Iron, Total (7439-89-6)	X		1.1	5.2						mg/l	g/d			
t. Magnesium, Total (7439-95-4)	X		5.8	27.2						mg/l	g/d			
u. Molybdenum, Total (7439-98-7)	X		1.7	8.0						mg/l	g/d			
v. Manganese, Total (7439-96-5)	X		0.05	0.2						mg/l	g/d			
w. Tin, Total (7440-31-5)		X	< 0.050	< 0.2						mg/l	g/d			
x. Titanium, Total (7440-32-6)		X	< 0.004	< 18.8						mg/l	mg/d			

CONTINUE ON PAGE V-3

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	03A042

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a *(secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions)*, mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table *(all 7 pages)* for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X	< 0.050	< 0.2						mg/l	g/d			
2M. Arsenic, Total (7440-38-2)		X		0.04	0.2						mg/l	g/d			
3M. Beryllium, Total, 7440-41-7)			X	< 0.1	< 0.5						mg/l	g/d			
4M. Cadmium, Total (7440-43-9)		X		.004	18.8						mg/l	mg/d			
5M. Chromium, Total (7440-47-3)		X		.260	1.2						mg/l	g/d			
6M. Copper, Total (7440-50-8)		X		0.1	0.5						mg/l	g/d			
7M. Lead, Total (7439-92-1)		X		.050	0.2						mg/l	g/d			
8M. Mercury, Total (7439-97-6)			X	< .0002	< 0.9						mg/l	mg/d			
9M. Nickel, Total (7440-02-0)		X		.28	1.3						mg/l	g/d			
10M. Selenium, Total (7782-49-2)			X	< .001	< 4.7						mg/l	mg/d			
11M. Silver, Total (7440-22-4)			X	< 0.01	< 46.9						mg/l	mg/d			
12M. Thallium, Total (7440-28-0)		X		0.51	2.4						mg/l	g/d			
13M. Zinc, Total (7440-66-6)		X		.071	0.3						mg/l	g/d			
14M. Cyanide, Total (57-12-5)		X		.033	0.2						mg/l	g/d			
15M. Phenols, Total			X	< .01	< 46.9						mg/l	mg/d			
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUE ON REVERSE

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X	< 0.005	< 23.5						mg/l	mg/d			
4V. Bis (Chloromethyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X	< 0.005	< 23.5						mg/l	mg/d			
6V. Carbon Tetrachloride (56-23-5)			X	< 0.005	< 23.5						mg/l	mg/d			
7V. Chlorobenzene (108-90-7)			X	< 0.005	< 23.5						mg/l	mg/d			
8V. Chlorodibromomethane (124-48-1)			X	< 0.005	< 23.5						mg/l	mg/d			
9V. Chloroethane (75-00-3)			X	< 0.010	< 0.0						mg/l	mg/d			
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X	< 0.005	< 23.5						mg/l	mg/d			
12V. Dichlorobromomethane (75-27-4)			X	< 0.005	< 23.5						mg/l	mg/d			
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X	< 0.005	< 23.5						mg/l	mg/d			
15V. 1,2-Dichloroethane (107-06-2)			X	< 0.005	< 23.5						mg/l	mg/d			
16V. 1,1-Dichloroethylene (75-35-4)			X	< 0.005	< 23.5						mg/l	mg/d			
17V. 1,2-Dichloropropane (78-87-5)			X	< 0.005	< 23.5						mg/l	kg/d			
18V. 1,3-Dichloropropylene (542-75-6)			X	< 0.005	< 23.5						mg/l	mg/d			
19V. Ethylbenzene (100-41-4)			X	< 0.005	< 23.5						mg/l	mg/d			
20V. Methyl Bromide (74-83-9)			X	< 0.010	< 46.9						mg/l	mg/d			
21V. Methyl Chloride (74-87-3)			X	< 0.010	< 46.9						mg/l	mg/d			

CONTINUE ON PAGE V-

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)			X	< 0.005	< 23.5						mg/l	mg/d			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X	< 0.005	< 23.5						mg/l	mg/d			
24V. Tetrachloroethylene (127-18-4)			X	< 0.005	< 23.5						mg/l	mg/d			
25V. Toluene (108-88-3)			X	< 0.005	< 23.5						mg/l	mg/d			
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X	< 0.005	< 23.5						mg/l	mg/d			
27V. 1,1,1-Trichloroethane (71-55-6)			X	< 0.005	< 23.5						mg/l	mg/d			
28V. 1,1,2-Trichloroethane (79-00-5)			X	< 0.005	< 23.5						mg/l	mg/d			
29V. Trichloroethylene (79-01-6)			X	< 0.005	< 23.5						mg/l	mg/d			
30V. Trichlorofluoromethane (75-69-4)			X	< 0.005	< 23.5						mg/l	mg/d			
31V. Vinyl Chloride (75-01-4)			X	< 0.010	< 46.9						mg/l	mg/d			
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X	< 0.010	< 46.9						mg/l	mg/d			
2A. 2,4-Dichlorophenol (120-83-2)			X	< 0.010	< 46.9						mg/l	mg/d			
3A. 2,4-Dimethylphenol (105-67-9)			X	< 0.010	< 46.9						mg/l	mg/d			
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X	< 0.010	< 46.9						mg/l	mg/d			
5A. 2,4-Dinitrophenol (51-28-5)			X	< 0.010	< 46.9						mg/l	mg/d			
6A. 2-Nitrophenol (88-75-5)			X	< 0.010	< 46.9						mg/l	mg/d			
7A. 4-Nitrophenol (100-02-7)			X	< 0.010	< 46.9						mg/l	mg/d			
8A. P-Chloro-M-Cresol (59-50-7)			X	< 0.010	< 46.9						mg/l	mg/d			
9A. Pentachlorophenol (87-86-5)			X	< 0.010	< 46.9						mg/l	mg/d			
10A. Phenol (108-95-2)			X	< 0.010	< 46.9						mg/l	mg/d			
11A. 2,4,6-Trichlorophenol (88-06-2)			X	< 0.010	< 46.9						mg/l	mg/d			

CONTINUE ON REVERSE

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1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION -- BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X	< 0.010	< 46.9						mg/l	mg/d			
2B. Acenaphtylene (208-96-8)			X	< 0.010	< 46.9						mg/l	mg/d			
3B. Anthracene (120-12-7)			X	< 0.010	< 46.9						mg/l	mg/d			
4B. Benzidine (92-87-5)			X	< 0.010	< 46.9						mg/l	mg/d			
5B. Benzo *(a)* Anthracene (56-55-3)			X	< 0.010	< 46.9						mg/l	mg/d			
6B. Benzo *(a)* Pyrene (50-32-8)			X	< 0.010	< 46.9						mg/l	mg/d			
7B. 3,4-Benzo-fluoranthene (205-99-2)			X	< 0.010	< 46.9						mg/l	mg/d			
8B. Benzo *(ghi)* Perylene (191-24-2)			X	< 0.010	< 46.9						mg/l	mg/d			
9B. Benzo *(k)* Fluoranthene (207-08-9)			X	< 0.010	< 46.9						mg/l	mg/d			
10B. Bis *(2-Chloro-ethoxy)* Methane (111-91-1)			X	< 0.010	< 46.9						mg/l	mg/d			
11B. Bis *(2-Chloro-ethyl)* Ether (111-44-4)			X	< 0.010	< 46.9						mg/l	mg/d			
12B. Bis *(2-Chloroiso-propyl)* Ether (102-60-1)			X	< 0.010	< 46.9						mg/l	mg/d			
13B. Bis *(2-Ethyl-hexyl)* Phthalate (117-81-7)			X	< 0.010	< 46.9						mg/l	mg/d			
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X	< 0.010	< 46.9						mg/l	mg/d			
15B. Butyl Benzyl Phthalate (85-68-7)			X	< 0.010	< 46.9						mg/l	mg/d			
16B. 2-Chloro-naphthalene (91-58-7)			X	< 0.010	< 46.9						mg/l	mg/d			
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X	< 0.010	< 46.9						mg/l	mg/d			
18B. Chrysene (218-01-9)			X	< 0.010	< 46.9						mg/l	mg/d			
19B. Dibenzo *(a,h)* Anthracene (53-70-3)			X	< 0.010	< 46.9						mg/l	mg/d			
20B. 1,2-Dichloro-benzene (95-50-1)			X	< 0.010	< 46.9						mg/l	mg/d			
21B. 1,3-Dichloro-benzene (541-73-1)			X	< 0.010	< 46.9						mg/l	mg/d			

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[redacted] A I[redacted]BER[redacted] from [redacted] of P[redacted] OU[redacted] NUM[redacted]

NM0890010515 | 03A042

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Approval expires 7-31-88

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1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION -- BASE/NEUTRAL COMPOUNDS *(continued)*															
22B. 1,4-Dichlorobenzene (106-46-7)			X	< 0.010	< 46.9						mg/l	mg/d			
23B. 3,3'-Dichlorobenzidine (91-94-1)			X	< 0.010	< 46.9						mg/l	mg/d			
24B. Diethyl Phthalate (84-66-2)			X	< 0.010	< 46.9						mg/l	mg/d			
25B. Dimethyl Phthalate (131-11-3)			X	< 0.010	< 46.9						mg/l	mg/d			
26B. Di-N-Butyl Phthalate (84-74-2)			X	< 0.010	< 46.9						mg/l	mg/d			
27B. 2,4-Dinitrotoluene (121-14-2)			X	< 0.010	< 46.9						mg/l	mg/d			
28B. 2,6-Dinitrotoluene (606-20-2)			X	< 0.010	< 46.9						mg/l	mg/d			
29B. Di-N-Octyl Phthalate (117-84-0)			X	< 0.010	< 46.9						mg/l	mg/d			
30B. 1,2-Diphenylhydrazine *(as Azobenzene)* (122-66-7)			X	< 0.010	< 46.9						mg/l	mg/d			
31B. Fluoranthene (206-44-0)			X	< 0.010	< 46.9						mg/l	mg/d			
32B. Fluorene (86-73-7)			X	< 0.010	< 46.9						mg/l	mg/d			
33B. Hexachlorobenzene (118-74-1)			X	< 0.010	< 46.9						mg/l	mg/d			
34B. Hexachlorobutadiene (87-68-3)			X	< 0.010	< 46.9						mg/l	mg/d			
35B. Hexachlorocyclopentadiene (77-47-4)			X	< 0.010	< 46.9						mg/l	mg/d			
36B. Hexachloroethane (67-72-1)			X	< 0.010	< 46.9						mg/l	mg/d			
37B. Indeno *(1,2,3-cd)* Pyrene (193-39-5)			X	< 0.010	< 46.9						mg/l	mg/d			
38B. Isophorone (78-59-1)			X	< 0.010	< 46.9						mg/l	mg/d			
39B. Naphthalene (91-20-3)			X	< 0.010	< 46.9						mg/l	mg/d			
40B. Nitrobenzene (98-95-3)			X	< 0.010	< 46.9						mg/l	mg/d			
41B. N-Nitrosodimethylamine (62-75-9)			X	< 0.010	< 46.9						mg/l	mg/d			
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X	< 0.010	< 46.9						mg/l	mg/d			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION — BASE/NEUTRAL COMPOUNDS *(continued)*															
43B. N-Nitrosodiphenylamine (86-30-6)			X	< 0.010	< 37.9						mg/l	mg/d			
44B. Phenanthrene (85-01-8)			X	< 0.010	< 37.9						mg/l	mg/d			
45B. Pyrene (129-00-0)			X	< 0.010	< 37.9						mg/l	mg/d			
46B. 1,2,4-Trichlorobenzene (120-82-1)			X	< 0.010	< 37.9						mg/l	mg/d			
GC/MS FRACTION — PESTICIDES															
1P. Aldrin (309-00-2)			X	< 0.06	< 0.2						ug/l	mg/d			
2P. α-BHC (319-84-6)			X	< 0.04	< 0.2						ug/l	mg/d			
3P. β-BHC (319-85-7)			X	< 0.1	< 0.4						ug/l	mg/d			
4P. γ-BHC (58-89-9)			X	< 0.03	< 0.1						ug/l	mg/d			
5P. δ-BHC (319-86-8)			X	< 0.12	< 0.5						ug/l	mg/d			
6P. Chlordane (57-74-9)			X	< 0.25	< 0.9						ug/l	mg/d			
7P. 4,4'-DDT (50-29-3)			X	< 0.06	< 0.2						ug/l	mg/d			
8P. 4,4'-DDE (72-55-9)			X	< 0.08	< 0.3						ug/l	mg/d			
9P. 4,4'-DDD (72-54-8)			X	< 0.08	< 0.3						ug/l	mg/d			
10P. Dieldrin (60-57-1)			X	< 0.08	< 0.3						ug/l	mg/d			
11P. α-Endosulfan (115-29-7)			X	< 0.05	< 0.2						ug/l	mg/d			
12P. β-Endosulfan (115-29-7)			X	< 0.08	< 0.3						ug/l	mg/d			
13P. Endosulfan Sulfate (1031-07-8)			X	< 0.09	< 0.3						ug/l	mg/d			
14P. Endrin (72-20-8)			X	< 0.06	< 0.2						ug/l	mg/d			
15P. Endrin Aldehyde (7421-93-4)			X	< 0.62	< 2.3						ug/l	mg/d			
16P. Heptachlor (76-44-8)			X	< 0.03	< 0.1						ug/l	mg/d			

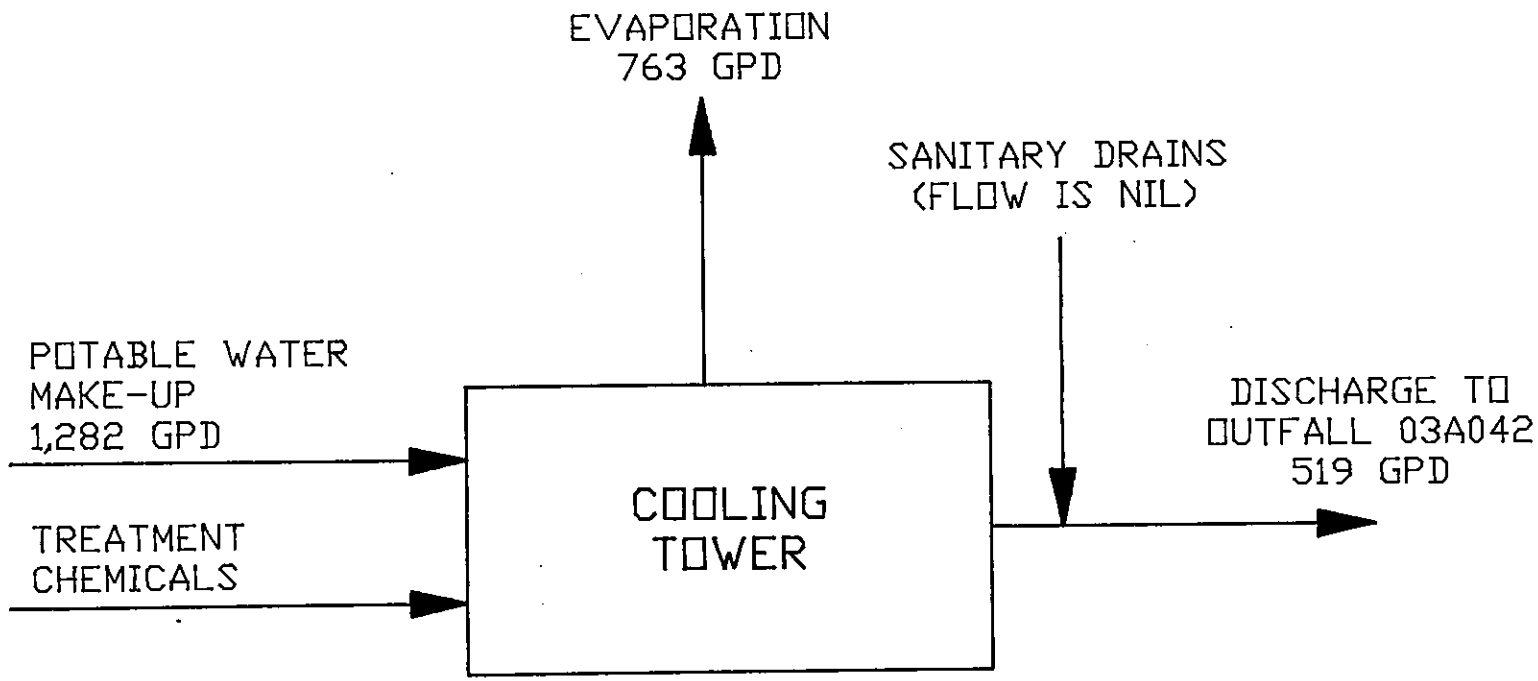
CONTINUE ON PAGE V-9

CONTINUED FROM PAGE V-8

EP[redacted]UMB[redacted]py fr[redacted] I o[redacted]1) [redacted]LL N[redacted]R NM0890010515 03A042

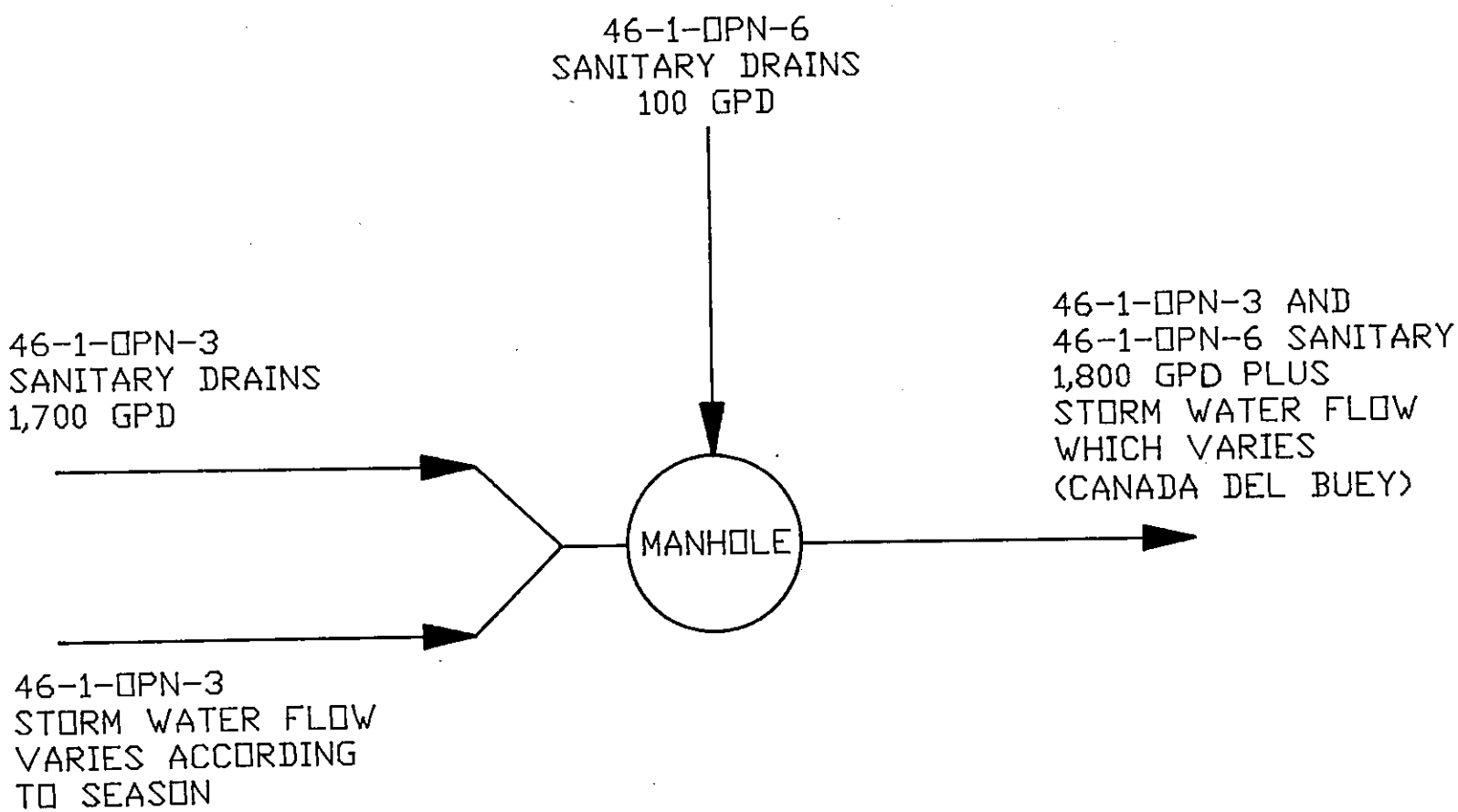
[redacted]MB [redacted]-008[redacted] Approval expires 7-31-88

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION — PESTICIDES *(continued)*															
17P. Heptachlor Epoxide (1024-57-3)			X	< 0.08	< 0.3						ug/l	mg/d			
18P. PCB-1242 (53469-21-9)			X	< 0.71	< 2.7						ug/l	mg/d			
19P. PCB-1254 (11097-69-1)			X	< 0.71	< 2.7						ug/l	mg/d			
20P. PCB-1221 (11104-28-2)			X	N.D.											
21P. PCB-1232 (11141-16-5)			X	N.D.											
22P. PCB-1248 (12672-29-6)			X	N.D.											
23P. PCB-1260 (11096-82-5)			X	< 0.71	< 2.7						ug/l	mg/d			
24P. PCB-1016 (12674-11-2)			X	N.D.											
25P. Toxaphene (8001-35-2)			X	< 2.5	< 9.5						ug/l	mg/d			



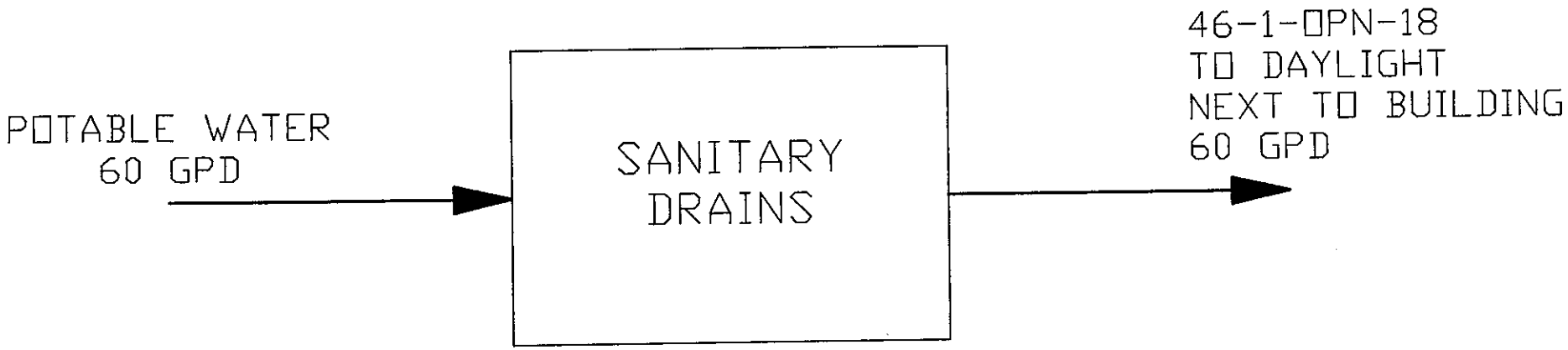
TA-46-1
COOLING TOWER

NTS



46-1-OPN-3 and 46-1-OPN-6 SANITARY AND STORM WATER

NTS



46-1-OPN-18
SANITARY DRAINS

NTS

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (copy from Item 1 of Form 1)
NM0890010515

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

FORM 2C NPDES

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
04A117	35	51	12	106	16	50	Tributary to Canada Del Buey, an ephemeral tributary to Rio Grande

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined *(e.g., for certain mining activities)*, provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
04A117	46-41-OPN-1				
	Non-contact cooling water	300GPD	None		

OFFICIAL USE ONLY *(effluent guidelines sub-categories)*

EPA I.D. NUMBER (copy from Item 1 of Form 1)
NM0890010515

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding — Complete one set of tables for each outfall — Annotate the outfall number in the space provided. NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
see datasheet			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES (list all such pollutants below) ☒ NO (go to Item VI-B)

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ YES *(identify the test(s) and describe their purposes below)* ☒ NO *(go to Section VIII)*

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☐ YES *(list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)* ☒ NO *(go to Section IX)*

A. NAME	B. ADDRESS	C. TELEPHONE *(area code & no.)*	D. POLLUTANTS ANALYZED *(list)*

IX. CERTIFICATION

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.

A. NAME & OFFICIAL TITLE *(type or print)*	B. PHONE NO. *(area code & no.)*
JERRY L. BELLOWS, AREA MANAGER, DOE	505-667-5105
ALLEN J. TIEDMAN, ASSOC. DIRECTOR FOR OPERATIONS	505-667-9390
C. SIGNATURE	D. DATE SIGNED

[redacted] D[redacted] from [redacted]rst c[redacted] com[redacted]te. [redacted]

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets *(use the same format)* instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*: NM0890010515

Form Approved. OMB No. 2040-0086 Approval expires 7-31-88

OUTFALL NO. 04A117

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. (2) MASS	d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. (2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	< 2.0	< 43.6						mg/l	g/d			
b. Chemical Oxygen Demand *(COD)*	< 10.0	< 218.0						mg/l	g/d			
c. Total Organic Carbon *(TOC)*	0.6	12.9						mg/l	g/d			
d. Total Suspended Solids *(TSS)*	18.0	392.4						mg/l	g/d			
e. Ammonia *(as N)*	< 0.1	< 2.180						mg/l	g/d			
f. Flow	VALUE 5760		VALUE		VALUE			gal/day		VALUE		
g. Temperature *(winter)*	VALUE 13.9		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)*	VALUE N/A		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 8.45	MAXIMUM 8.80	MINIMUM	MAXIMUM				STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. (2) MASS	b. NO. OF ANALYSES
a. Bromide (24959-67-9)			< 0.5	< 10.9						mg/l	g/d			
b. Chlorine, Total Residual	X		0.05	0.0						mg/l	mg/d			
c. Color	X		7.0							units				
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)	X		0.21	4.6						mg/l	g/d			
f. Nitrate-Nitrite *(as N)*	X		0.304	6.6						mg/l	g/d			

CONTINUE ON REVERSE

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MA[redacted]		3. E[redacted]ENT							4. U[redacted]		[redacted]AKE[redacted]onal)		
	a. ec-LIEVED PRE-SENT	b. ec-LIEVED AB-SENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANAL-YSES	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANAL-YSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (as N)		X	< 0.5	< 10.9						mg/l	g/d			
h. Oil and Grease		X	< 1.05	< 22.9						mg/l	g/d			
i. Phosphorus (as P), Total (7723-14-0)	X		0.05	1.1						mg/l	g/d			
j. Radioactivity														
(1) Alpha, Total	X		0.1	2.2						pCi/l	nCi/d			
(2) Beta, Total	X		6.6	143.9						pCi/l	nCi/d			
(3) Radium, Total	X													
(4) Radium 226, Total	X		0.06	1.3						pCi/l	nCi/d			
k. Sulfate (as SO_4) (14808-79-8)	X		3.16	68.9						mg/l	g/d			
l. Sulfide (as S)		X		0.0						mg/l	mg/d			
m. Sulfite (as SO_3) (14265-45-3)		X	< 0.05	< 1.1						mg/l	g/d			
n. Surfactants		X	< 0.1	< 2.2						mg/l	g/d			
o. Aluminum, Total (7429-90-5)		X	< 0.04	< 0.9						mg/l	g/d			
p. Barium, Total (7440-39-3)	X		0.03	0.7						mg/l	g/d			
q. Boron, Total (7440-42-8)	X		0.02	0.4						mg/l	g/d			
r. Cobalt, Total (7440-48-4)		X	< 0.1	< 2.2						mg/l	g/d			
s. Iron, Total (7439-89-6)	X		0.41	8.9						mg/l	g/d			
t. Magnesium, Total (7439-95-4)	X		2.5	54.5						mg/l	g/d			
u. Molybdenum, Total (7439-98-7)		X	< 0.02	< 0.4						mg/l	g/d			
v. Manganese, Total (7439-96-5)	X		0.01	0.2						mg/l	g/d			
w. Tin, Total (7440-31-5)		X	< 0.050	< 1.1						mg/l	g/d			
x. Titanium, Total (7440-32-6)		X	< 0.004	< 87.2						mg/l	mg/d			

CONTINUE ON PAGE V-3

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	04A117

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a *(secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions)*, mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table *(all 7 pages)* for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X	< 0.050	< 1.1						mg/l	g/d			
2M. Arsenic, Total (7440-38-2)		X		0.002	43.6						mg/l	mg/d			
3M. Beryllium, Total, 7440-41-7)			X	< 0.001	< 21.8						mg/l	mg/d			
4M. Cadmium, Total (7440-43-9)			X	< 0.010	< 0.2						mg/l	g/d			
5M. Chromium, Total (7440-47-3)		X		0.040	0.9						mg/l	g/d			
6M. Copper, Total (7440-50-8)		X		0.031	0.7						mg/l	g/d			
7M. Lead, Total (7439-92-1)			X	< 0.050	< 1.1						mg/l	g/d			
8M. Mercury, Total (7439-97-6)			X	< 0.0002	< 4.4						mg/l	mg/d			
9M. Nickel, Total (7440-02-0)		X		0.06	1.3						mg/l	g/d			
10M. Selenium, Total (7782-49-2)			X	< 0.001	< 21.8						mg/l	mg/d			
11M. Silver, Total (7440-22-4)			X	< 0.010	< 0.2						mg/l	g/d			
12M. Thallium, Total (7440-28-0)			X	< 0.4	< 8.7						mg/l	g/d			
13M. Zinc, Total (7440-66-6)		X		0.043	0.9						mg/l	g/d			
14M. Cyanide, Total (57-12-5)			X	0.01	0.2						mg/l	g/d			
15M. Phenols, Total			X	< 0.01	< 0.2						mg/l	g/d			
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUE ON REVERSE

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X" a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X	< 0.005	< 0.1						mg/l	g/d			
4V. Bis (Chloromethyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X	< 0.005	< 0.1						mg/l	g/d			
6V. Carbon Tetrachloride (56-23-5)			X	< 0.005	< 0.1						mg/l	g/d			
7V. Chlorobenzene (108-90-7)			X	< 0.005	< 0.1						mg/l	g/d			
8V. Chlorodibromomethane (124-48-1)			X	< 0.005	< 0.1						mg/l	g/d			
9V. Chloroethane (75-00-3)			X	< 0.010	< 0.2						mg/l	g/d			
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X	< 0.005	< 0.1						mg/l	g/d			
12V. Dichlorobromomethane (75-27-4)			X	< 0.005	< 0.1						mg/l	g/d			
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X	< 0.005	< 0.1						mg/l	g/d			
15V. 1,2-Dichloroethane (107-06-2)			X	< 0.005	< 0.1						mg/l	g/d			
16V. 1,1-Dichloroethylene (75-35-4)			X	< 0.005	< 0.1						mg/l	g/d			
17V. 1,2-Dichloropropane (78-87-5)			X	< 0.005	< 0.1						mg/l	kg/d			
18V. 1,3-Dichloropropylene (542-75-6)			X	<	< 0.0						mg/l	mg/d			
19V. Ethylbenzene (100-41-4)			X	< 0.005	< 0.1						mg/l	g/d			
20V. Methyl Bromide (74-83-9)			X	< 0.010	< 0.2						mg/l	g/d			
21V. Methyl Chloride (74-87-3)			X	< 0.010	< 0.2						mg/l	g/d			

CONTINUE ON PAGE V-5

EPA I.D. NUMBER (copy from Item 1 of Form 1) NM0890010515 | OUTFALL NUMBER 04A117

Form Approved. OMB No. 2040-0086 Approval expires 7-31-88

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION — VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)			X	< 0.005	< 0.1						mg/l	g/d			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X	< 0.005	< 0.1						mg/l	g/d			
24V. Tetrachloroethylene (127-18-4)			X	< 0.005	< 0.1						mg/l	g/d			
25V. Toluene (108-88-3)			X	< 0.005	< 0.1						mg/l	g/d			
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X	< 0.005	< 0.1						mg/l	g/d			
27V. 1,1,1-Trichloroethane (71-55-6)			X	< 0.005	< 0.1						mg/l	g/d			
28V. 1,1,2-Trichloroethane (79-00-5)			X	< 0.005	< 0.1						mg/l	g/d			
29V. Trichloroethylene (79-01-6)			X	< 0.005	< 0.1						mg/l	g/d			
30V. Trichlorofluoromethane (75-69-4)			X	< 0.005	< 0.1						mg/l	g/d			
31V. Vinyl Chloride (75-01-4)			X	< 0.010	< 0.2						mg/l	g/d			
GC/MS FRACTION — ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X	< 0.010	< 0.2						mg/l	g/d			
2A. 2,4-Dichlorophenol (120-83-2)			X	< 0.010	< 0.2						mg/l	g/d			
3A. 2,4-Dimethylphenol (105-67-9)			X	< 0.010	< 0.2						mg/l	g/d			
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X	< 0.010	< 0.2						mg/l	g/d			
5A. 2,4-Dinitrophenol (51-28-5)			X	< 0.010	< 0.2						mg/l	g/d			
6A. 2-Nitrophenol (88-75-5)			X	< 0.010	< 0.2						mg/l	g/d			
7A. 4-Nitrophenol (100-02-7)			X	< 0.010	< 0.2						mg/l	g/d			
8A. P-Chloro-M-Cresol (59-50-7)			X	< 0.010	< 0.2						mg/l	g/d			
9A. Pentachlorophenol (87-86-5)			X	< 0.010	< 0.2						mg/l	g/d			
10A. Phenol (108-95-2)			X	< 0.010	< 0.2						mg/l	g/d			
11A. 2,4,6-Trichlorophenol (88-06-2)			X	< 0.010	< 0.2						mg/l	g/d			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X	< 0.010	< 0.2						mg/l	mg/d			
2B. Acenaphtylene (208-96-8)			X	< 0.010	< 0.2						mg/l	mg/d			
3B. Anthracene (120-12-7)			X	< 0.010	< 0.2						mg/l	mg/d			
4B. Benzidine (92-87-5)			X	< 0.010	< 0.2						mg/l	mg/d			
5B. Benzo *(a)* Anthracene (56-55-3)			X	< 0.010	< 0.2						mg/l	mg/d			
6B. Benzo *(a)* Pyrene (50-32-8)			X	< 0.010	< 0.2						mg/l	mg/d			
7B. 3,4-Benzo-fluoranthene (205-99-2)			X	< 0.010	< 0.2						mg/l	mg/d			
8B. Benzo *(ghi)* Perylene (191-24-2)			X	< 0.010	< 0.2						mg/l	mg/d			
9B. Benzo *(k)* Fluoranthene (207-08-9)			X	< 0.010	< 0.2						mg/l	mg/d			
10B. Bis *(2-Chloro-ethoxy)* Methane (111-91-1)			X	< 0.010	< 0.2						mg/l	mg/d			
11B. Bis *(2-Chloro-ethyl)* Ether (111-44-4)			X	< 0.010	< 0.2						mg/l	mg/d			
12B. Bis *(2-Chloroiso-propyl)* Ether (102-60-1)			X	< 0.010	< 0.2						mg/l	mg/d			
13B. Bis *(2-Ethyl-hexyl)* Phthalate (117-81-7)			X	< 0.010	< 0.2						mg/l	mg/d			
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X	< 0.010	< 0.2						mg/l	mg/d			
15B. Butyl Benzyl Phthalate (85-68-7)			X	< 0.010	< 0.2						mg/l	mg/d			
16B. 2-Chloro-naphthalene (91-58-7)			X	< 0.010	< 0.2						mg/l	mg/d			
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X	< 0.010	< 0.2						mg/l	mg/d			
18B. Chrysene (218-01-9)			X	< 0.010	< 0.2						mg/l	mg/d			
19B. Dibenzo *(a,h)* Anthracene (53-70-3)			X	< 0.010	< 0.2						mg/l	mg/d			
20B. 1,2-Dichloro-benzene (95-50-1)			X	< 0.010	< 0.2						mg/l	mg/d			
21B. 1,3-Dichloro-benzene (541-73-1)			X	< 0.010	< 0.2						mg/l	g/d			

CONTINUE ON PAGE V

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
22B. 1,4-Dichlorobenzene (106-46-7)			X	< 0.010	< 0.2						mg/l	mg/d			
23B. 3,3'-Dichlorobenzidine (91-94-1)			X	< 0.010	< 0.2						mg/l	mg/d			
24B. Diethyl Phthalate (84-66-2)			X	< 0.010	< 0.2						mg/l	mg/d			
25B. Dimethyl Phthalate (131-11-3)			X	< 0.010	< 0.0						mg/l	mg/d			
26B. Di-N-Butyl Phthalate (84-74-2)			X	< 0.010	< 0.2						mg/l	mg/d			
27B. 2,4-Dinitrotoluene (121-14-2)			X	< 0.010	< 0.2						mg/l	mg/d			
28B. 2,6-Dinitrotoluene (606-20-2)			X	< 0.010	< 0.2						mg/l	mg/d			
29B. Di-N-Octyl Phthalate (117-84-0)			X	< 0.010	< 0.2						mg/l	mg/d			
30B. 1,2-Diphenylhydrazine *(as Azobenzene)* (122-66-7)			X	< 0.010	< 0.2						mg/l	mg/d			
31B. Fluoranthene (206-44-0)			X	< 0.010	< 0.2						mg/l	mg/d			
32B. Fluorene (86-73-7)			X	< 0.010	< 0.2						mg/l	g/d			
33B. Hexachlorobenzene (118-74-1)			X	< 0.010	< 0.2						mg/l	mg/d			
34B. Hexachlorobutadiene (87-68-3)			X	< 0.010	< 0.2						mg/l	mg/d			
35B. Hexachlorocyclopentadiene (77-47-4)			X	< 0.010	< 0.2						mg/l	mg/d			
36B. Hexachloroethane (67-72-1)			X	< 0.010	< 0.2						mg/l	mg/d			
37B. Indeno *(1,2,3-cd)* Pyrene (193-39-5)			X	< 0.010	< 0.2						mg/l	mg/d			
38B. Isophorone (78-59-1)			X	< 0.010	< 0.2						mg/l	mg/d			
39B. Naphthalene (91-20-3)			X	< 0.010	< 0.2						mg/l	mg/d			
40B. Nitrobenzene (98-95-3)			X	< 0.010	< 0.2						mg/l	mg/d			
41B. N-Nitrosodimethylamine (62-75-9)			X	< 0.010	< 0.2						mg/l	mg/d			
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X	< 0.010	< 0.2						mg/l	g/d			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

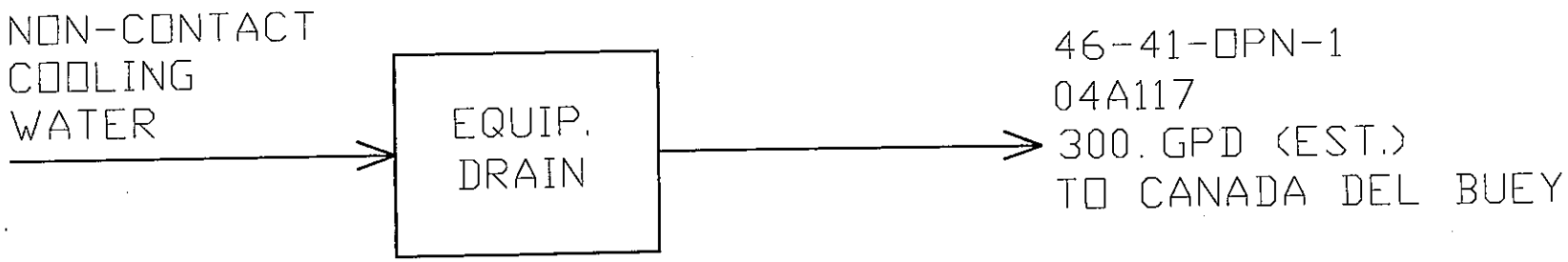
1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
43B. N-Nitrosodiphenylamine (86-30-6)			X	< 0.010	< 41.1						mg/l	mg/d			
44B. Phenanthrene (85-01-8)			X	< 0.010	< 41.1						mg/l	mg/d			
45B. Pyrene (129-00-0)			X	< 0.010	< 41.1						mg/l	mg/d			
46B. 1,2,4-Trichlorobenzene (120-82-1)			X	< 0.010	< 41.1						mg/l	mg/d			
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X	< 0.06	< 0.2						ug/l	ug/d			
2P. α-BHC (319-84-6)			X	< 0.02	< 82.1						ug/l	ug/d			
3P. β-BHC (319-85-7)			X	< 0.1	< 0.4						ug/l	ug/d			
4P. γ-BHC (58-89-9)			X	< 0.03	< 0.1						ug/l	ug/d			
5P. δ-BHC (319-86-8)			X	< 0.12	< 0.5						ug/l	ug/d			
6P. Chlordane (57-74-9)			X	< 0.25	< 1.0						ug/l	ug/d			
7P. 4,4'-DDT (50-29-3)			X	< 0.06	< 0.2						ug/l	ug/d			
8P. 4,4'-DDE (72-55-9)			X	< 0.08	< 0.3						ug/l	ug/d			
9P. 4,4'-DDD (72-54-8)			X	< 0.08	< 0.3						ug/l	ug/d			
10P. Dieldrin (60-57-1)			X	< 0.08	< 0.3						ug/l	ug/d			
11P. α-Endosulfan (115-29-7)			X	< 0.05	< 0.2						ug/l	ug/d			
12P. β-Endosulfan (115-29-7)			X	< 0.08	< 0.3						ug/l	ug/d			
13P. Endosulfan Sulfate (1031-07-8)			X	< 0.09	< 0.4						ug/l	ug/d			
14P. Endrin (72-20-8)			X	< 0.06	< 0.2						ug/l	ug/d			
15P. Endrin Aldehyde (7421-93-4)			X	< 0.62	< 2.5						ug/l	ug/d			
16P. Heptachlor (76-44-8)			X	< 0.3	< 1.2						ug/l	mg/d			

CONTINUE ON PAGE V-9

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TEST-ING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION — PESTICIDES *(continued)*															
17P. Heptachlor Epoxide (1024-57-3)			X	< 0.04	< 0.2						ug/l	ug/d			
18P. PCB-1242 (53469-21-9)			X	< 0.68	< 2.8						ug/l	ug/d			
19P. PCB-1254 (11097-69-1)			X	< 0.68	< 2.8						ug/l	ug/d			
20P. PCB-1221 (11104-28-2)			X	N.D.											
21P. PCB-1232 (11141-16-5)			X	N.D.											
22P. PCB-1248 (12672-29-6)			X	N.D.											
23P. PCB-1260 (11096-82-5)			X	< 0.68	< 2.8						ug/l	ug/d			
24P. PCB-1016 (12674-11-2)			X	N.D.											
25P. Toxaphene (8001-35-2)			X	< 2.5	< 10.3						ug/l	mg/d			

04A117


NON-CONTACT
COOLING
WATER
EQUIP.
DRAIN
46-41-OPN-1
04A117
300. GPD (EST.)
TO CANADA DEL BUEY

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (copy from Item 1 of Form 1)
NM0890010515

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

FORM 2C NPDES

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (list)	B. LATITUDE 1. DEG.	2. MIN.	3. SEC.	C. LONGITUDE 1. DEG.	2. MIN.	3. SEC.	D. RECEIVING WATER (name)
04A018	35	51	11	106	16	49	Tributary to Canada Del Buey, an ephemeral tributary to
							Rio Grande

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined *(e.g., for certain mining activities)*, provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW a. OPERATION (list)	b. AVERAGE FLOW (include units)	3. TREATMENT a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
04A018	46-59-OPN-3				
	Sink drain	10 GPD	None		

OFFICIAL USE ONLY *(effluent guidelines sub-categories)*

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☒ YES *(complete the following table)* ☐ NO *(go to Section III)*

1. OUTFALL NUMBER *(list)*	2. OPERATION(s) CONTRIBUTING FLOW *(list)*	3. FREQUENCY a. DAYS PER WEEK *(specify average)*	3. FREQUENCY b. MONTHS PER YEAR *(specify average)*	4. FLOW a. FLOW RATE *(in mgd)* 1. LONG TERM AVERAGE	4. FLOW a. FLOW RATE *(in mgd)* 2. MAXIMUM DAILY	4. FLOW b. TOTAL VOLUME *(specify with units)* 1. LONG TERM AVERAGE	4. FLOW b. TOTAL VOLUME *(specify with units)* 2. MAXIMUM DAILY	4. FLOW c. DURATION *(in days)*
04A018	Sink drain	5	12	0.00001	0.00001	10 GPD	10 GPD	260 day/yr

II. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ YES *(complete Item III-B)* ☒ NO *(to to Section IV)*

B. Are the limitations in the applicable effluent guideline expressed in terms of production *(or other measure of operation)*?

☐ YES *(complete Item III-C)* ☐ NO *(go to Section IV)*

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. *(specify)*	2. AFFECTED OUTFALLS *(list outfall numbers)*

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES *(complete the following table)* ☐ NO *(go to Item IV-B)*

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS a. NO.	2. AFFECTED OUTFALLS b. SOURCE OF DISCHARGE	3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE a. REQUIRED	4. FINAL COMPLIANCE DATE b. PROJECTED
EPA Docket No. VI-92-1306		All	Complete Waste Stream Characterization surveys and implement corrective actions.	7/31/93	FY96

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs *(or other environmental projects which may affect your discharges)* you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. ☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

CONTINUE ON PAGE 3

EPA I.D. NUMBER (copy from Item 1 of Form 1)
NM0890010515

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding — Complete one set of tables for each outfall — Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
see datasheet			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES *(list all such pollutants below)* ☒ NO *(go to Item VI-B)*

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ YES *(identify the test(s) and describe their purposes below)* ☒ NO *(go to Section VIII)*

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☐ YES *(list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)* ☒ NO *(go to Section IX)*

A. NAME	B. ADDRESS	C. TELEPHONE *(area code & no.)*	D. POLLUTANTS ANALYZED *(list)*

IX. CERTIFICATION

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.

A. NAME & OFFICIAL TITLE *(type or print)*	B. PHONE NO. *(area code & no.)*
JERRY L. BELLOWS, AREA MANAGER, DOE ALLEN J. TIEDMAN, ASSOC. DIRECTOR FOR OPERATIONS	505-667-5105 505-667-9390
C. SIGNATURE	D. DATE SIGNED

[redacted] D[redacted]from[redacted]st c[redacted]com[redacted]te. [redacted]

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets *(use the same format)* instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER *(copy from Item I of Form 1)*: NM0890010515

Form Approved. OMB No. 2040-0086 Approval expires 7-31-88

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

OUTFALL NO. 04A018

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	< 2.0	< 75.7						mg/l	g/d			
b. Chemical Oxygen Demand *(COD)*	< 10.0	< 0.4						mg/l	g/d			
c. Total Organic Carbon *(TOC)*	0.6	22.3						mg/l	g/d			
d. Total Suspended Solids *(TSS)*	18.0	0.7						mg/l	g/d			
e. Ammonia *(as N)*	< 0.1	< 3.785						mg/l	g/d			
f. Flow	VALUE 10		VALUE		VALUE			gal/day		VALUE		
g. Temperature *(winter)*	VALUE 13.9		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)*	VALUE N/A		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 8.45	MAXIMUM 8.80	MINIMUM	MAXIMUM				STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Bromide (24959-67-9)			< 0.5	< 18.9						mg/l	g/d			
b. Chlorine, Total Residual	X		0.05	0.0						mg/l	mg/d			
c. Color	X		7.0							units				
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)	X		0.21	7.9						mg/l	g/d			
f. Nitrate-Nitrite *(as N)*	X		0.304	11.5						mg/l	g/d			

CONTINUE ON REVERSE

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. LONG TERM AVERAGE VALUE a. (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)		X	< 0.5	< 18.9						mg/l	mg/d			
h. Oil and Grease		X	< 1.05	< 39.7						mg/l	mg/d			
i. Phosphorus (as P), Total (7723-14-0)	X		0.05	1.9						mg/l	mg/d			
j. Radioactivity														
(1) Alpha, Total	X		0.1	3.8						pCi/l	pCi/d			
(2) Beta, Total	X		6.6	0.2						pCi/l	nCi/d			
(3) Radium, Total	X													
(4) Radium 226, Total	X		0.06	2.3						pCi/l	pCi/d			
k. Sulfate (as SO_4) (14808-79-8)	X		3.16	0.1						mg/l	g/d			
l. Sulfide (as S)		X		0.0						mg/l	mg/d			
m. Sulfite (as SO_3) (14265-45-3)		X	< 0.05	< 1.9						mg/l	mg/d			
n. Surfactants		X	< 0.1	< 3.8						mg/l	mg/d			
o. Aluminum, Total (7429-90-5)		X	< 0.04	< 1.5						mg/l	mg/d			
p. Barium, Total (7440-39-3)	X		0.03	1.1						mg/l	mg/d			
q. Boron, Total (7440-42-8)	X		0.02	0.8						mg/l	mg/d			
r. Cobalt, Total (7440-48-4)		X	< 0.1	< 3.8						mg/l	mg/d			
s. Iron, Total (7439-89-6)	X		0.41	15.5						mg/l	mg/d			
t. Magnesium, Total (7439-95-4)	X		2.5	94.6						mg/l	mg/d			
u. Molybdenum, Total (7439-98-7)		X	< 0.02	< 0.8						mg/l	mg/d			
v. Manganese, Total (7439-96-5)	X		0.01	0.4						mg/l	mg/d			
w. Tin, Total (7440-31-5)		X	< 0.050	< 1.9						mg/l	mg/d			
x. Titanium, Total (7440-32-6)		X	< 0.004	< 0.2						mg/l	mg/d			

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EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	04A018

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a *(secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions)*, mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table *(all 7 pages)* for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X	< 0.050	< 1.9						mg/l	mg/d			
2M. Arsenic, Total (7440-38-2)		X		0.002	0.1						mg/l	mg/d			
3M. Beryllium, Total, 7440-41-7)			X	< 0.001	< 0.0						mg/l	mg/d			
4M. Cadmium, Total (7440-43-9)			X	< 0.010	< 0.4						mg/l	mg/d			
5M. Chromium, Total (7440-47-3)		X		0.040	1.5						mg/l	mg/d			
6M. Copper, Total (7440-50-8)		X		0.031	1.2						mg/l	mg/d			
7M. Lead, Total (7439-92-1)			X	< 0.050	< 1.9						mg/l	mg/d			
8M. Mercury, Total (7439-97-6)			X	< 0.0002	< 0.00						mg/l	mg/d			
9M. Nickel, Total (7440-02-0)		X		0.06	2.3						mg/l	mg/d			
10M. Selenium, Total (7782-49-2)			X	< 0.001	< 0.0						mg/l	mg/d			
11M. Silver, Total (7440-22-4)			X	< 0.010	< 0.4						mg/l	mg/d			
12M. Thallium, Total (7440-28-0)			X	< 0.4	< 15.1						mg/l	mg/d			
13M. Zinc, Total (7440-66-6)		X		0.043	1.6						mg/l	mg/d			
14M. Cyanide, Total (57-12-5)			X	0.01	0.4						mg/l	mg/d			
15M. Phenols, Total			X	< 0.01	< 0.4						mg/l	mg/d			
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUE ON REVERSE

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X	< 0.005	< 0.2						mg/l	mg/d			
4V. Bis (Chloromethyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X	< 0.005	< 0.2						mg/l	mg/d			
6V. Carbon Tetrachloride (56-23-5)			X	< 0.005	< 0.2						mg/l	mg/d			
7V. Chlorobenzene (108-90-7)			X	< 0.005	< 0.2						mg/l	mg/d			
8V. Chlorodibromomethane (124-48-1)			X	< 0.005	< 0.2						mg/l	mg/d			
9V. Chloroethane (75-00-3)			X	< 0.010	< 0.000						mg/l	mg/d			
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X	< 0.005	< 0.2						mg/l	mg/d			
12V. Dichlorobromomethane (75-27-4)			X	< 0.005	< 0.2						mg/l	mg/d			
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X	< 0.005	< 0.2						mg/l	mg/d			
15V. 1,2-Dichloroethane (107-06-2)			X	< 0.005	< 0.2						mg/l	mg/d			
16V. 1,1-Dichloroethylene (75-35-4)			X	< 0.005	< 0.2						mg/l	mg/d			
17V. 1,2-Dichloropropane (78-87-5)			X	< 0.005	< 0.2						mg/l	kg/d			
18V. 1,3-Dichloropropylene (542-75-6)			X	<	< 0.0						mg/l	mg/d			
19V. Ethylbenzene (100-41-4)			X	< 0.005	< 0.2						mg/l	mg/d			
20V. Methyl Bromide (74-83-9)			X	< 0.010	< 0.4						mg/l	mg/d			
21V. Methyl Chloride (74-87-3)			X	< 0.010	< 0.4						mg/l	mg/d			

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EPA I.D. NUMBER (copy from Item 1 of Form 1) NMU000019915 OUTFALL NUMBER 04A015 Form Approved. OMB No. 2040-0086 Approval expires 5-31-88

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)			X	< 0.005	< 0.2						mg/l	mg/d			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X	< 0.005	< 0.2						mg/l	mg/d			
24V. Tetrachloroethylene (127-18-4)			X	< 0.005	< 0.2						mg/l	mg/d			
25V. Toluene (108-88-3)			X	< 0.005	< 0.2						mg/l	mg/d			
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X	< 0.005	< 0.2						mg/l	mg/d			
27V. 1,1,1-Trichloroethane (71-55-6)			X	< 0.005	< 0.2						mg/l	mg/d			
28V. 1,1,2-Trichloroethane (79-00-5)			X	< 0.005	< 0.2						mg/l	mg/d			
29V. Trichloroethylene (79-01-6)			X	< 0.005	< 0.2						mg/l	mg/d			
30V. Trichlorofluoromethane (75-69-4)			X	< 0.005	< 0.2						mg/l	mg/d			
31V. Vinyl Chloride (75-01-4)			X	< 0.010	< 0.4						mg/l	mg/d			
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X	< 0.010	< 0.4						mg/l	mg/d			
2A. 2,4-Dichlorophenol (120-83-2)			X	< 0.010	< 0.4						mg/l	mg/d			
3A. 2,4-Dimethylphenol (105-67-9)			X	< 0.010	< 0.4						mg/l	mg/d			
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X	< 0.010	< 0.4						mg/l	mg/d			
5A. 2,4-Dinitrophenol (51-28-5)			X	< 0.010	< 0.4						mg/l	mg/d			
6A. 2-Nitrophenol (88-75-5)			X	< 0.010	< 0.4						mg/l	mg/d			
7A. 4-Nitrophenol (100-02-7)			X	< 0.010	< 0.4						mg/l	mg/d			
8A. P-Chloro-M-Cresol (59-50-7)			X	< 0.010	< 0.4						mg/l	mg/d			
9A. Pentachlorophenol (87-86-5)			X	< 0.010	< 0.4						mg/l	mg/d			
10A. Phenol (108-95-2)			X	< 0.010	< 0.4						mg/l	mg/d			
11A. 2,4,6-Trichlorophenol (88-06-2)			X	< 0.010	< 0.4						mg/l	mg/d			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X	< 0.010	< 0.4						mg/l	mg/d			
2B. Acenaphtylene (208-96-8)			X	< 0.010	< 0.4						mg/l	mg/d			
3B. Anthracene (120-12-7)			X	< 0.010	< 0.4						mg/l	mg/d			
4B. Benzidine (92-87-5)			X	< 0.010	< 0.4						mg/l	mg/d			
5B. Benzo *(a)* Anthracene (56-55-3)			X	< 0.010	< 0.4						mg/l	mg/d			
6B. Benzo *(a)* Pyrene (50-32-8)			X	< 0.010	< 0.4						mg/l	mg/d			
7B. 3,4-Benzo-fluoranthene (205-99-2)			X	< 0.010	< 0.4						mg/l	mg/d			
8B. Benzo *(ghi)* Perylene (191-24-2)			X	< 0.010	< 0.4						mg/l	mg/d			
9B. Benzo *(k)* Fluoranthene (207-08-9)			X	< 0.010	< 0.4						mg/l	mg/d			
10B. Bis *(2-Chloro-ethoxy)* Methane (111-91-1)			X	< 0.010	< 0.4						mg/l	mg/d			
11B. Bis *(2-Chloro-ethyl)* Ether (111-44-4)			X	< 0.010	< 0.4						mg/l	mg/d			
12B. Bis *(2-Chloroiso-propyl)* Ether (102-60-1)			X	< 0.010	< 0.4						mg/l	mg/d			
13B. Bis *(2-Ethyl-hexyl)* Phthalate (117-81-7)			X	< 0.010	< 0.4						mg/l	mg/d			
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X	< 0.010	< 0.4						mg/l	mg/d			
15B. Butyl Benzyl Phthalate (85-68-7)			X	< 0.010	< 0.4						mg/l	mg/d			
16B. 2-Chloro-naphthalene (91-58-7)			X	< 0.010	< 0.4						mg/l	mg/d			
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X	< 0.010	< 0.4						mg/l	mg/d			
18B. Chrysene (218-01-9)			X	< 0.010	< 0.4						mg/l	mg/d			
19B. Dibenzo *(a,h)* Anthracene (53-70-3)			X	< 0.010	< 0.4						mg/l	mg/d			
20B. 1,2-Dichloro-benzene (95-50-1)			X	< 0.010	< 0.4						mg/l	mg/d			
21B. 1,3-Dichloro-benzene (541-73-1)			X	< 0.010	< 0.4						mg/l	mg/d			

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EPA I.D. NUMBER (from page 1 of Form 1) NM0890010515 OUTFALL NUMBER 04A018

OMB No. 2040-0086 Approval expires 7-31-88

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
22B. 1,4-Dichlorobenzene (106-46-7)			X	< 0.010	< 0.4						mg/l	mg/d			
23B. 3,3'-Dichlorobenzidine (91-94-1)			X	< 0.010	< 0.4						mg/l	mg/d			
24B. Diethyl Phthalate (84-66-2)			X	< 0.010	< 0.4						mg/l	mg/d			
25B. Dimethyl Phthalate (131-11-3)			X	< 0.010	< 0.4						mg/l	mg/d			
26B. Di-N-Butyl Phthalate (84-74-2)			X	< 0.010	< 0.4						mg/l	mg/d			
27B. 2,4-Dinitrotoluene (121-14-2)			X	< 0.010	< 0.4						mg/l	mg/d			
28B. 2,6-Dinitrotoluene (606-20-2)			X	< 0.010	< 0.4						mg/l	mg/d			
29B. Di-N-Octyl Phthalate (117-84-0)			X	< 0.010	< 0.4						mg/l	mg/d			
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)			X	< 0.010	< 0.4						mg/l	mg/d			
31B. Fluoranthene (206-44-0)			X	< 0.010	< 0.4						mg/l	mg/d			
32B. Fluorene (86-73-7)			X	< 0.010	< 0.4						mg/l	mg/d			
33B. Hexachlorobenzene (118-74-1)			X	< 0.010	< 0.4						mg/l	mg/d			
34B. Hexachlorobutadiene (87-68-3)			X	< 0.010	< 0.4						mg/l	mg/d			
35B. Hexachlorocyclopentadiene (77-47-4)			X	< 0.010	< 0.4						mg/l	mg/d			
36B. Hexachloroethane (67-72-1)			X	< 0.010	< 0.4						mg/l	mg/d			
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X	< 0.010	< 0.4						mg/l	mg/d			
38B. Isophorone (78-59-1)			X	< 0.010	< 0.4						mg/l	mg/d			
39B. Naphthalene (91-20-3)			X	< 0.010	< 0.4						mg/l	mg/d			
40B. Nitrobenzene (98-95-3)			X	< 0.010	< 0.4						mg/l	mg/d			
41B. N-Nitrosodimethylamine (62-75-9)			X	< 0.010	< 0.4						mg/l	mg/d			
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X	< 0.010	< 0.4						mg/l	mg/d			

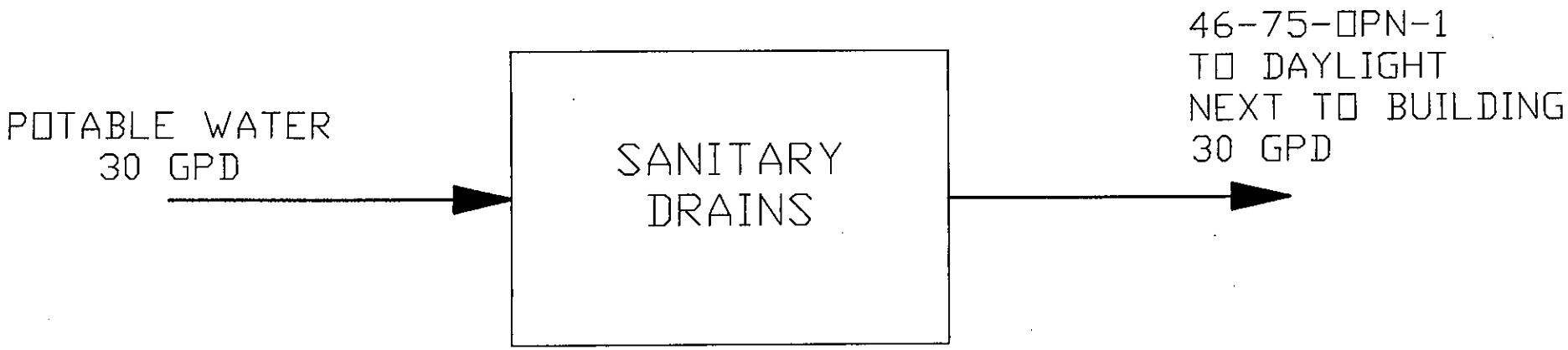
CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION — BASE/NEUTRAL COMPOUNDS *(continued)*															
43B. N-Nitrosodiphenylamine (86-30-6)			X	< 0.010	< 0.4						mg/l	mg/d			
44B. Phenanthrene (85-01-8)			X	< 0.010	< 0.4						mg/l	mg/d			
45B. Pyrene (129-00-0)			X	< 0.010	< 0.4						mg/l	mg/d			
46B. 1,2,4-Trichlorobenzene (120-82-1)			X	< 0.010	< 0.4						mg/l	mg/d			
GC/MS FRACTION — PESTICIDES															
1P. Aldrin (309-00-2)			X	< 0.06	< 2.3						ug/l	ug/d			
2P. α-BHC (319-84-6)			X	< 0.02	< 0.8						ug/l	ug/d			
3P. β-BHC (319-85-7)			X	< 0.1	< 3.8						ug/l	ug/d			
4P. γ-BHC (58-89-9)			X	< 0.03	< 1.1						ug/l	ug/d			
5P. δ-BHC (319-86-8)			X	< 0.12	< 4.5						ug/l	ug/d			
6P. Chlordane (57-74-9)			X	< 0.25	< 9.5						ug/l	ug/d			
7P. 4,4'-DDT (50-29-3)			X	< 0.06	< 2.3						ug/l	ug/d			
8P. 4,4'-DDE (72-55-9)			X	< 0.08	< 3.0						ug/l	ug/d			
9P. 4,4'-DDD (72-54-8)			X	< 0.08	< 3.0						ug/l	ug/d			
10P. Dieldrin (60-57-1)			X	< 0.08	< 3.0						ug/l	ug/d			
11P. α-Endosulfan (115-29-7)			X	< 0.05	< 1.9						ug/l	ug/d			
12P. β-Endosulfan (115-29-7)			X	< 0.08	< 3.0						ug/l	ug/d			
13P. Endosulfan Sulfate (1031-07-8)			X	< 0.09	< 3.4						ug/l	ug/d			
14P. Endrin (72-20-8)			X	< 0.06	< 2.3						ug/l	ug/d			
15P. Endrin Aldehyde (7421-93-4)			X	< 0.62	< 23.5						ug/l	ug/d			
16P. Heptachlor (76-44-8)			X	< 0.3	< 11.4						ug/l	ug/d			

CONTINUE ON PAGE V-9

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – PESTICIDES *(continued)*															
17P. Heptachlor Epoxide (1024-57-3)			X	< 0.04	< 1.5						ug/l	ug/d			
18P. PCB-1242 (53469-21-9)			X	< 0.68	< 25.7						ug/l	ug/d			
19P. PCB-1254 (11097-69-1)			X	< 0.68	< 25.7						ug/l	ug/d			
20P. PCB-1221 (11104-28-2)			X	N.D.											
21P. PCB-1232 (11141-16-5)			X	N.D.											
22P. PCB-1248 (12672-29-6)			X	N.D.											
23P. PCB-1260 (11096-82-5)			X	< 0.68	< 25.7						ug/l	ug/d			
24P. PCB-1016 (12674-11-2)			X	N.D.											
25P. Toxaphene (8001-35-2)			X	< 2.5	< 94.6						ug/l	ug/d			



46-75-OPN-1
SANITARY DRAIN

NTS

Please print or type in the unshaded areas only.

EPA I.D. NUMBER (copy from Item 1 of Form 1)
NM0890010515

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

FORM 2C NPDES

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS
Consolidated Permits Program

I. OUTFALL LOCATION

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. OUTFALL NUMBER (list)	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER (name)
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
04A014	35	51	10	106	19	55	Tributary to Canada Del Buey, an ephemeral tributary to
							Rio Grande

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined *(e.g., for certain mining activities)*, provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
04A014	46-88-OPN-5				
	Non-contact cooling water	1080 GPD	None		
	Floor drains (9)	flow is nil	None		
	Sink drain	5 GPD	None		

OFFICIAL USE ONLY *(effluent guidelines sub-categories)*

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☒ YES *(complete the following table)* ☐ NO *(go to Section III)*

1. OUTFALL NUMBER *(list)*	2. OPERATION(s) CONTRIBUTING FLOW *(list)*	3. FREQUENCY a. DAYS PER WEEK *(specify average)*	3. FREQUENCY b. MONTHS PER YEAR *(specify average)*	4. FLOW a. FLOW RATE *(in mgd)* 1. LONG TERM AVERAGE	4. FLOW a. FLOW RATE *(in mgd)* 2. MAXIMUM DAILY	4. FLOW b. TOTAL VOLUME *(specify with units)* 1. LONG TERM AVERAGE	4. FLOW b. TOTAL VOLUME *(specify with units)* 2. MAXIMUM DAILY	4. FLOW c. DURATION *(in days)*
04A014	Non-contact cooling water	5	12	0.00108	0.00108	1080 GPD	1080 GPD	260 day/yr

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ YES *(complete Item III-B)* ☒ NO *(to to Section IV)*

B. Are the limitations in the applicable effluent guideline expressed in terms of production *(or other measure of operation)*?

☐ YES *(complete Item III-C)* ☐ NO *(go to Section IV)*

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. *(specify)*	2. AFFECTED OUTFALLS *(list outfall numbers)*

IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES *(complete the following table)* ☐ NO *(go to Item IV-B)*

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS a. NO.	2. AFFECTED OUTFALLS b. SOURCE OF DISCHARGE	3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE a. REQUIRED	4. FINAL COMPLIANCE DATE b. PROJECTED
EPA Docket No. VI-92-1306		All	Complete Waste Stream Characterization surveys and implement corrective actions.	7/31/93	FY96

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs *(or other environmental projects which may affect your discharges)* you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. ☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED

CONTINUE ON PAGE 3

EPA I.D. NUMBER (copy from Item 1 of Form 1)
NM0890010515

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding — Complete one set of tables for each outfall — Annotate the outfall number in the space provided. NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
see datasheet			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES (list all such pollutants below) ☒ NO (go to Item VI-B)

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ YES *(identify the test(s) and describe their purposes below)* ☒ NO *(go to Section VIII)*

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☐ YES *(list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)* ☒ NO *(go to Section IX)*

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)

IX. CERTIFICATION

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.

A. NAME & OFFICIAL TITLE *(type or print)*	B. PHONE NO. *(area code & no.)*
JERRY L. BELLOWS, AREA MANAGER, DOE	505-667-5105
ALLEN J. TIEDMAN, ASSOC. DIRECTOR FOR OPERATIONS	505-667-9390
C. SIGNATURE	D. DATE SIGNED

Data from first complete.

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets *(use the same format)* instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER *(copy from Item I of Form 1)*: NM0890010515

Form Approved. OMB No. 2040-0086 Approval expires 7-31-88

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

OUTFALL NO. 04A014

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	< 2.0	< 8.2						mg/l	g/d			
b. Chemical Oxygen Demand *(COD)*	< 10.0	< 41.1						mg/l	g/d			
c. Total Organic Carbon *(TOC)*	0.6	2.4						mg/l	g/d			
d. Total Suspended Solids *(TSS)*	18.0	73.9						mg/l	g/d			
e. Ammonia *(as N)*	< 0.1	< 0.411						mg/l	g/d			
f. Flow	VALUE 1085		VALUE		VALUE			gal/day		VALUE		
g. Temperature *(winter)*	VALUE 13.9		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)*	VALUE N/A		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 8.45	MAXIMUM 8.80	MINIMUM	MAXIMUM				STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Bromide (24959-67-9)			< 0.5	< 2.1						mg/l	g/d			
b. Chlorine, Total Residual	X		0.05	0.0						mg/l	mg/d			
c. Color	X		7.0							units				
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)	X		0.21	0.9						mg/l	g/d			
f. Nitrate-Nitrite *(as N)*	X		0.304	1.2						mg/l	g/d			

CONTINUE ON REVERSE

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	UNIT a. CONCENTRATION	b. MASS	INT (opti a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION — VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X	< 0.005	< 20.5						mg/l	mg/d			
4V. Bis (Chloromethyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X	< 0.005	< 20.5						mg/l	mg/d			
6V. Carbon Tetrachloride (56-23-5)			X	< 0.005	< 20.5						mg/l	mg/d			
7V. Chlorobenzene (108-90-7)			X	< 0.005	< 20.5						mg/l	mg/d			
8V. Chlorodibromomethane (124-48-1)			X	< 0.005	< 20.5						mg/l	mg/d			
9V. Chloroethane (75-00-3)			X	< 0.010	< 0.0						mg/l	mg/d			
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X	< 0.005	< 20.5						mg/l	mg/d			
12V. Dichlorobromomethane (75-27-4)			X	< 0.005	< 20.5						mg/l	mg/d			
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X	< 0.005	< 20.5						mg/l	mg/d			
15V. 1,2-Dichloroethane (107-06-2)			X	< 0.005	< 20.5						mg/l	mg/d			
16V. 1,1-Dichloroethylene (75-35-4)			X	< 0.005	< 20.5						mg/l	mg/d			
17V. 1,2-Dichloropropane (78-87-5)			X	< 0.005	< 20.5						mg/l	kg/d			
18V. 1,3-Dichloropropylene (542-75-6)			X	<	< 0.0						mg/l	mg/d			
19V. Ethylbenzene (100-41-4)			X	< 0.005	< 20.5						mg/l	mg/d			
20V. Methyl Bromide (74-83-9)			X	< 0.010	< 41.1						mg/l	mg/d			
21V. Methyl Chloride (74-87-3)			X	< 0.010	< 41.1						mg/l	mg/d			

CONTINUE ON PAGE V-

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X	< 0.010	< 41.1						mg/l	mg/d			
2B. Acenaphtylene (208-96-8)			X	< 0.010	< 41.1						mg/l	mg/d			
3B. Anthracene (120-12-7)			X	< 0.010	< 41.1						mg/l	mg/d			
4B. Benzidine (92-87-5)			X	< 0.010	< 41.1						mg/l	mg/d			
5B. Benzo (a) Anthracene (56-55-3)			X	< 0.010	< 41.1						mg/l	mg/d			
6B. Benzo (a) Pyrene (50-32-8)			X	< 0.010	< 41.1						mg/l	mg/d			
7B. 3,4-Benzo-fluoranthene (205-99-2)			X	< 0.010	< 41.1						mg/l	mg/d			
8B. Benzo (ghi) Perylene (191-24-2)			X	< 0.010	< 41.1						mg/l	mg/d			
9B. Benzo (k) Fluoranthene (207-08-9)			X	< 0.010	< 41.1						mg/l	mg/d			
10B. Bis (2-Chloro-ethoxy) Methane (111-91-1)			X	< 0.010	< 41.1						mg/l	mg/d			
11B. Bis (2-Chloro-ethyl) Ether (111-44-4)			X	< 0.010	< 41.1						mg/l	mg/d			
12B. Bis (2-Chloroiso-propyl) Ether (102-60-1)			X	< 0.010	< 41.1						mg/l	mg/d			
13B. Bis (2-Ethyl-hexyl) Phthalate (117-81-7)			X	< 0.010	< 41.1						mg/l	mg/d			
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X	< 0.010	< 41.1						mg/l	mg/d			
15B. Butyl Benzyl Phthalate (85-68-7)			X	< 0.010	< 41.1						mg/l	mg/d			
16B. 2-Chloro-naphthalene (91-58-7)			X	< 0.010	< 41.1						mg/l	mg/d			
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X	< 0.010	< 41.1						mg/l	mg/d			
18B. Chrysene (218-01-9)			X	< 0.010	< 41.1						mg/l	mg/d			
19B. Dibenzo (a,h) Anthracene (53-70-3)			X	< 0.010	< 41.1						mg/l	mg/d			
20B. 1,2-Dichloro-benzene (95-50-1)			X	< 0.010	< 41.1						mg/l	mg/d			
21B. 1,3-Dichloro-benzene (541-73-1)			X	< 0.010	< 41.1						mg/l	mg/d			

CONTINUE ON PAGE V

EPA I.D. NUMBER (from page 1 of Form 1) NM0890010515 OUTFALL NUMBER 04A014

Form Approved. OMB No. 2040-0086 Approval expires 7-31-88

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
22B. 1,4-Dichlorobenzene (106-46-7)			X	< 0.010	< 41.1						mg/l	mg/d			
23B. 3,3'-Dichlorobenzidine (91-94-1)			X	< 0.010	< 41.1						mg/l	mg/d			
24B. Diethyl Phthalate (84-66-2)			X	< 0.010	< 41.1						mg/l	mg/d			
25B. Dimethyl Phthalate (131-11-3)			X	< 0.010	< 41.1						mg/l	mg/d			
26B. Di-N-Butyl Phthalate (84-74-2)			X	< 0.010	< 41.1						mg/l	mg/d			
27B. 2,4-Dinitrotoluene (121-14-2)			X	< 0.010	< 41.1						mg/l	mg/d			
28B. 2,6-Dinitrotoluene (606-20-2)			X	< 0.010	< 41.1						mg/l	mg/d			
29B. Di-N-Octyl Phthalate (117-84-0)			X	< 0.010	< 41.1						mg/l	mg/d			
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)			X	< 0.010	< 41.1						mg/l	mg/d			
31B. Fluoranthene (206-44-0)			X	< 0.010	< 41.1						mg/l	mg/d			
32B. Fluorene (86-73-7)			X	< 0.010	< 41.1						mg/l	mg/d			
33B. Hexachlorobenzene (118-74-1)			X	< 0.010	< 41.1						mg/l	mg/d			
34B. Hexachlorobutadiene (87-68-3)			X	< 0.010	< 41.1						mg/l	mg/d			
35B. Hexachlorocyclopentadiene (77-47-4)			X	< 0.010	< 41.1						mg/l	mg/d			
36B. Hexachloroethane (67-72-1)			X	< 0.010	< 41.1						mg/l	mg/d			
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X	< 0.010	< 41.1						mg/l	mg/d			
38B. Isophorone (78-59-1)			X	< 0.010	< 41.1						mg/l	mg/d			
39B. Naphthalene (91-20-3)			X	< 0.010	< 41.1						mg/l	mg/d			
40B. Nitrobenzene (98-95-3)			X	< 0.010	< 41.1						mg/l	mg/d			
41B. N-Nitrosodimethylamine (62-75-9)			X	< 0.010	< 41.1						mg/l	mg/d			
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X	< 0.010	< 41.1						mg/l	mg/d			

CONTINUED FROM THE FRONT

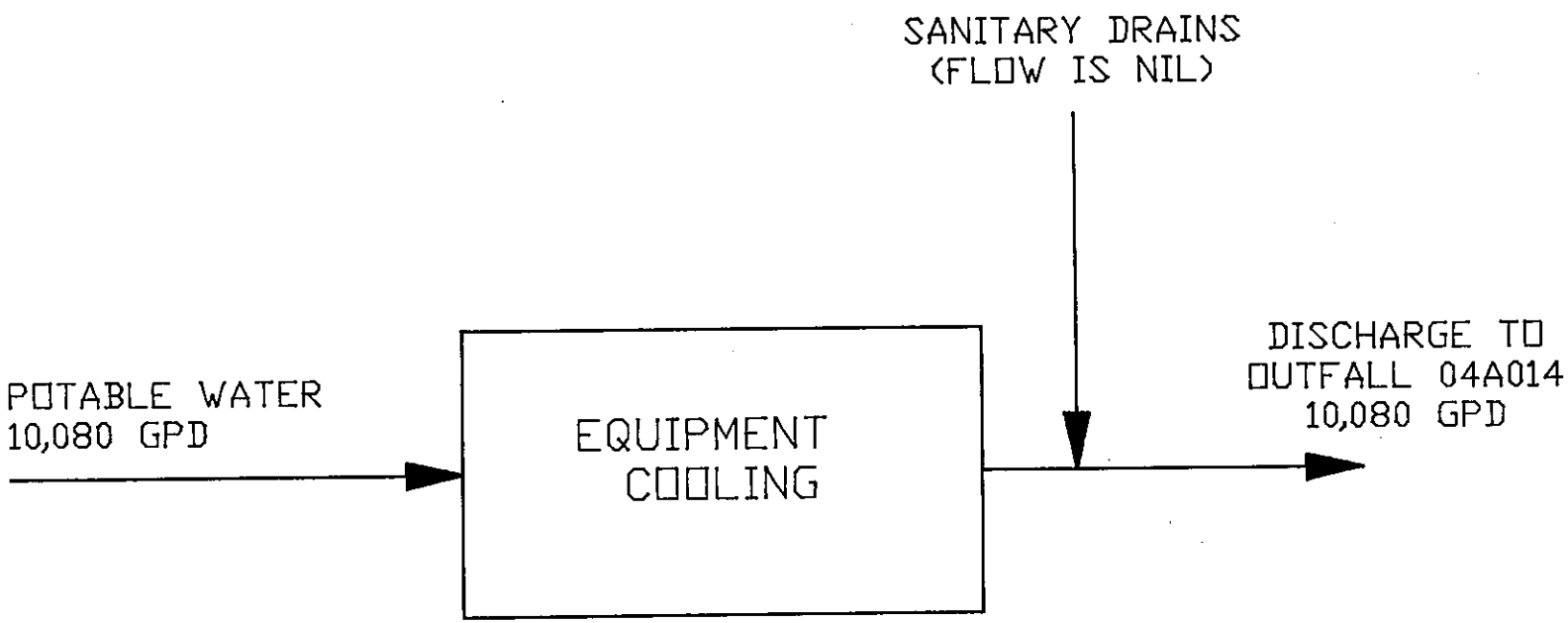
1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
43B. N-Nitrosodiphenylamine (86-30-6)			X	< 0.010	< 41.1						mg/l	mg/d			
44B. Phenanthrene (85-01-8)			X	< 0.010	< 41.1						mg/l	mg/d			
45B. Pyrene (129-00-0)			X	< 0.010	< 41.1						mg/l	mg/d			
46B. 1,2,4-Trichlorobenzene (120-82-1)			X	< 0.010	< 41.1						mg/l	mg/d			
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X	< 0.06	< 0.2						ug/l	ug/d			
2P. α-BHC (319-84-6)			X	< 0.02	< 82.1						ug/l	ug/d			
3P. β-BHC (319-85-7)			X	< 0.1	< 0.4						ug/l	ug/d			
4P. γ-BHC (58-89-9)			X	< 0.03	< 0.1						ug/l	ug/d			
5P. δ-BHC (319-86-8)			X	< 0.12	< 0.5						ug/l	ug/d			
6P. Chlordane (57-74-9)			X	< 0.25	< 1.0						ug/l	ug/d			
7P. 4,4'-DDT (50-29-3)			X	< 0.06	< 0.2						ug/l	ug/d			
8P. 4,4'-DDE (72-55-9)			X	< 0.08	< 0.3						ug/l	ug/d			
9P. 4,4'-DDD (72-54-8)			X	< 0.08	< 0.3						ug/l	ug/d			
10P. Dieldrin (60-57-1)			X	< 0.08	< 0.3						ug/l	ug/d			
11P. α-Endosulfan (115-29-7)			X	< 0.05	< 0.2						ug/l	ug/d			
12P. β-Endosulfan (115-29-7)			X	< 0.08	< 0.3						ug/l	ug/d			
13P. Endosulfan Sulfate (1031-07-8)			X	< 0.09	< 0.4						ug/l	ug/d			
14P. Endrin (72-20-8)			X	< 0.06	< 0.2						ug/l	ug/d			
15P. Endrin Aldehyde (7421-93-4)			X	< 0.62	< 2.5						ug/l	ug/d			
16P. Heptachlor (76-44-8)			X	< 0.3	< 1.2						ug/l	mg/d			

CONTINUE ON PAGE V-9

EPA I.D. NUMBER (Copy from Item 1 of Page 1) NM0890010515 OUTFALL NUMBER 04A014

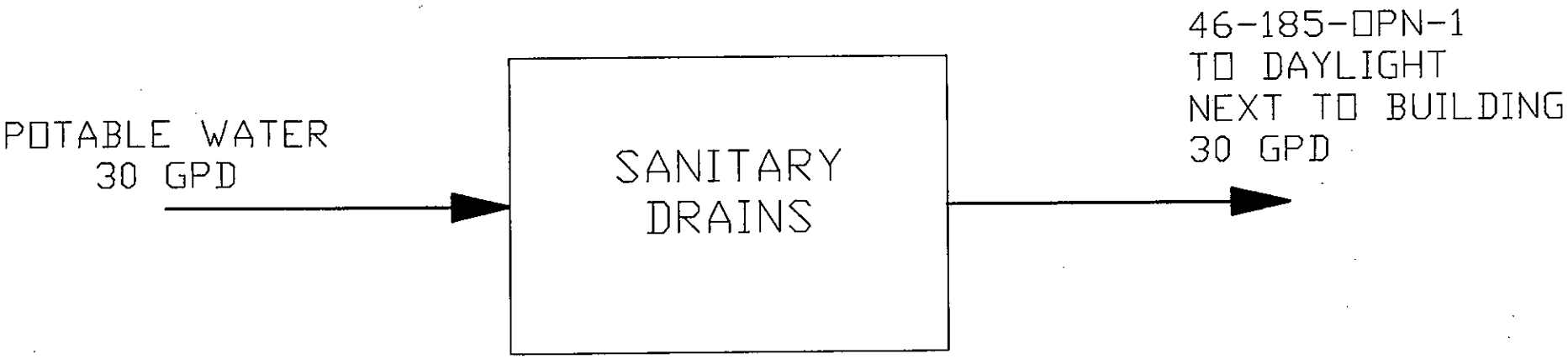
OMB No. [redacted]0086 Approval expires 7-31-88

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS
GC/MS FRACTION -- PESTICIDES *(continued)*														
17P. Heptachlor Epoxide (1024-57-3)			X	< 0.04	< 0.7						ug/l	ug/d		
18P. PCB-1242 (53469-21-9)			X	< 0.68	< 11.1						ug/l	ug/d		
19P. PCB-1254 (11097-69-1)			X	< 0.68	< 11.1						ug/l	ug/d		
20P. PCB-1221 (11104-28-2)			X	N.D.										
21P. PCB-1232 (11141-16-5)			X	N.D.										
22P. PCB-1248 (12672-29-6)			X	N.D.										
23P. PCB-1260 (11096-82-5)			X	< 0.68	< 11.1						ug/l	ug/d		
24P. PCB-1016 (12674-11-2)			X	N.D.										
25P. Toxaphene (8001-35-2)			X	< 2.5	< 40.7						ug/l	mg/d		



TA-46-88
NON-CONTACT COOLING WATER

NTS



46-185-OPN-1
SANITARY DRAIN

NTS

Please type or print in the unshaded areas only	EPA ID Number *(copy from Item 1 of Form 1)* NM0890010515	*Form Approved OMB No. 2040-0086 Approval expires 7-31-88*

Form **2D** NPDES

EPA New Sources and New Dischargers Application for Permit to Discharge Process Wastewater

I. Outfall Location

For each outfall, list the latitude and longitude, and the name of the receiving water.

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
46-1-OPN-3	35	51	18	106	16	53	Tributary to Canada Del Buey, and ephemeral tributary to
							the Rio Grande

II. Discharge Date *(When do you expect to begin discharging?)*

Active discharge noted during waste stream characterization.

III. Flows, Sources of Pollution, and Treatment Technologies

A. For each outfall, provide a description of (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and stormwater runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

Outfall Number	1. Operations Contributing Flow *(list)*	2. Average Flow *(include units)*	3. Treatment *(Description or List Codes from Table 2D-1)*
46-1-OPN-3	Sanitary facilities:	475 GPD	None
	Area drains (2)		
	Floor drains (9)		
	Lavatory		
	Sink drains (18)		
	Toilet		
	Urinal		
	Water fountains (2)		
	Eye wash		
	Roof drains		

B. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item III-A. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

C. Except for storm runoff, leaks, or spills, will any of the discharges described in item III-A be intermittent or seasonal?

☒ Yes *(complete the following table)* ☐ No *(go to item IV)*

Outfall Number	1. Frequency		2. Flow		
	a. Days Per Week *(specify average)*	b. Months Per Year *(specify average)*	a. Maximum Daily Flow Rate *(in mgd)*	b. Maximum Total Volume *(specify with units)*	c. Duration *(in days)*
46-1-OPN-3	5	12	0.000475	475 GPD	260 day/yr

IV. Production

If there is an applicable production-based effluent guideline or NSPS, for each outfall list the estimated level of production (projection of actual production level, not design), expressed in the terms and units used in the applicable effluent guideline or NSPS, for each of the first 3 years of operation. If production is likely to vary, you may also submit alternative estimates (attach a separate sheet).

Year	a. Quantity Per Day	b. Units of Measure	c. Operation, Product, Material, etc *(specify)*
			N/A

CONTINUE ON NEXT PAGE

CONTINUED FROM THE FRONT	EPA ID Number *(copy from Item 1 of Form 1)* NM0890010515	Outfall Number 46-1-OPN-3

V. Effluent Characteristics

A, and B: These items require you to report estimated amounts *(both concentration and mass)* of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

General Instructions *(See table 2D-2 for Pollutants)*

Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value *(include units)*	3. Average Daily Value *(include units)*	4. Source *(see instructions)*
See attached datasheets			Best professional estimates

CONTINUED FROM THE FRONT	EPA ID Number *(copy from Item 1 of Form 1)* NM0890010515	

C. Use the space below to list any of the pollutants listed in Table 2D-3 of the instructions which you know or have reason to believe will be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it will be present.

1. Pollutant	2. Reason for Discharge
N/A	

VI. Engineering Report on Wastewater Treatment

A. If there is any technical evaluation concerning your wastewater treatment, including engineering reports or pilot plant studies, check the appropriate box below.

☒ Report Available ☐ No Report Waste Stream Characterization Report #71

B. Provide the name and location of any existing plant(s) which, to the best of your knowledge, resembles this production facility with respect to production processes, wastewater constituents, or wastewater treatments.

Name	Location
N/A	

 CONTINUE ON NEXT PAGE

EPA ID Number *(copy from item one of Form 1)*
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VII. Other Information *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations for the proposed facility. Attach additional sheets if necessary.

See attached datasheets.

VIII. Certification

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.

A. Name and Official Title *(type or print)*	B. Phone No.
JERRY L. BELLOWS, AREA MANAGER, DOE ALLEN J. TIEDMAN, ASSOC. DIRECTOR FOR OPERATIONS	505-667-5105 505-667-9390
C. Signature	D. Date Signed

*U.S. Government Printing Office : 1986 -491-191/52940

[redacted] D[redacted]rom[redacted]st c[redacted]com[redacted]te. [redacted]

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets *(use the same format)* instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*: NM0890010515

Form Approved. OMB No. 2040-0086 Approval expires 7-31-88

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

OUTFALL NO. 04A

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	< 2.0	< 3.6						mg/l	g/d			
b. Chemical Oxygen Demand *(COD)*	< 10.0	< 18.0						mg/l	g/d			
c. Total Organic Carbon *(TOC)*	0.6	1.1						mg/l	g/d			
d. Total Suspended Solids *(TSS)*	18.0	32.4						mg/l	g/d			
e. Ammonia *(as N)*	< 0.1	< 0.180						mg/l	g/d			
f. Flow	VALUE 475		VALUE		VALUE			gal/day		VALUE		
g. Temperature *(winter)*	VALUE 13.9		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)*	VALUE N/A		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 8.45	MAXIMUM 8.80	MINIMUM	MAXIMUM				STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Bromide (24959-67-9)			< 0.5	< 0.9						mg/l	g/d			
b. Chlorine, Total Residual	X		0.05	0.0						mg/l	mg/d			
c. Color	X		7.0							units				
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)	X		0.21	0.4						mg/l	g/d			
f. Nitrate-Nitrite *(as N)*	X		0.304	0.5						mg/l	g/d			

CONTINUE ON REVERSE

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. a. CONCENTRATION	b. MASS	b. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	c. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)		X	< 0.5	< 0.9						mg/l	g/d			
h. Oil and Grease		X	< 1.05	< 1.9						mg/l	g/d			
i. Phosphorus (as P), Total (7723-14-0)	X		0.05	89.9						mg/l	mg/d			
j. Radioactivity														
(1) Alpha, Total	X		0.1	0.2						pCi/l	nCi/d			
(2) Beta, Total	X		6.6	11.9						pCi/l	nCi/d			
(3) Radium, Total	X													
(4) Radium 226, Total	X		0.06	0.1						pCi/l	nCi/d			
k. Sulfate (as SO_4) (14808-79-8)	X		3.16	5.7						mg/l	g/d			
l. Sulfide (as S)		X		0.0						mg/l	mg/d			
m. Sulfite (as SO_3) (14265-45-3)		X	< 0.05	< 89.9						mg/l	mg/d			
n. Surfactants		X	< 0.1	< 0.2						mg/l	g/d			
o. Aluminum, Total (7429-90-5)		X	< 0.04	< 71.9						mg/l	mg/d			
p. Barium, Total (7440-39-3)	X		0.03	53.9						mg/l	mg/d			
q. Boron, Total (7440-42-8)	X		0.02	36.0						mg/l	mg/d			
r. Cobalt, Total (7440-48-4)		X	< 0.1	< 0.2						mg/l	g/d			
s. Iron, Total (7439-89-6)	X		0.41	0.7						mg/l	g/d			
t. Magnesium, Total (7439-95-4)	X		2.5	4.5						mg/l	g/d			
u. Molybdenum, Total (7439-98-7)		X	< 0.02	< 36.0						mg/l	mg/d			
v. Manganese, Total (7439-96-5)	X		0.01	18.0						mg/l	mg/d			
w. Tin, Total (7440-31-5)		X	< 0.050	< 89.9						mg/l	mg/d			
x. Titanium, Total (7440-32-6)		X	< 0.004	< 7.2						mg/l	mg/d			

CONTINUE ON PAGE V-3

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	04A

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a *(secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions)*, mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table *(all 7 pages)* for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X	< 0.050	< 89.9						mg/l	mg/d			
2M. Arsenic, Total (7440-38-2)		X		0.002	3.6						mg/l	mg/d			
3M. Beryllium, Total, 7440-41-7)			X	< 0.001	< 1.8						mg/l	mg/d			
4M. Cadmium, Total (7440-43-9)			X	< 0.010	< 18.0						mg/l	mg/d			
5M. Chromium, Total (7440-47-3)		X		0.040	71.9						mg/l	mg/d			
6M. Copper, Total (7440-50-8)		X		0.031	55.7						mg/l	mg/d			
7M. Lead, Total (7439-92-1)			X	< 0.050	< 89.9						mg/l	mg/d			
8M. Mercury, Total (7439-97-6)			X	< 0.0002	< 0.4						mg/l	mg/d			
9M. Nickel, Total (7440-02-0)		X		0.06	0.1						mg/l	g/d			
10M. Selenium, Total (7782-49-2)			X	< 0.001	< 1.8						mg/l	mg/d			
11M. Silver, Total (7440-22-4)			X	< 0.010	< 18.0						mg/l	mg/d			
12M. Thallium, Total (7440-28-0)			X	< 0.4	< 0.7						mg/l	g/d			
13M. Zinc, Total (7440-66-6)		X		0.043	77.3						mg/l	mg/d			
14M. Cyanide, Total (57-12-5)			X	0.01	18.0						mg/l	mg/d			
15M. Phenols, Total			X	< 0.01	< 18.0						mg/l	mg/d			
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUE ON REVERSE

1. POLLUTANT AND CAS NUMBER (if available)	MARK "X" a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	UNITS a. CONCENTRATION	b. MASS	INTAKE (opt) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X	< 0.005	< 9.0						mg/l	mg/d			
4V. Bis (Chloromethyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X	< 0.005	< 9.0						mg/l	mg/d			
6V. Carbon Tetrachloride (56-23-5)			X	< 0.005	< 9.0						mg/l	mg/d			
7V. Chlorobenzene (108-90-7)			X	< 0.005	< 9.0						mg/l	mg/d			
8V. Chlorodibromomethane (124-48-1)			X	< 0.005	< 9.0						mg/l	mg/d			
9V. Chloroethane (75-00-3)			X	< 0.010	< 0.0						mg/l	mg/d			
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X	< 0.005	< 9.0						mg/l	mg/d			
12V. Dichlorobromomethane (75-27-4)			X	< 0.005	< 9.0						mg/l	mg/d			
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X	< 0.005	< 9.0						mg/l	mg/d			
15V. 1,2-Dichloroethane (107-06-2)			X	< 0.005	< 9.0						mg/l	mg/d			
16V. 1,1-Dichloroethylene (75-35-4)			X	< 0.005	< 9.0						mg/l	mg/d			
17V. 1,2-Dichloropropane (78-87-5)			X	< 0.005	< 9.0						mg/l	kg/d			
18V. 1,3-Dichloropropylene (542-75-6)			X	<	< 0.0						mg/l	mg/d			
19V. Ethylbenzene (100-41-4)			X	< 0.005	< 9.0						mg/l	mg/d			
20V. Methyl Bromide (74-83-9)			X	< 0.010	< 18.0						mg/l	mg/d			
21V. Methyl Chloride (74-87-3)			X	< 0.010	< 18.0						mg/l	mg/d			

CONTINUE ON PAGE V-

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)			X	< 0.005	< 9.0						mg/l	mg/d			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X	< 0.005	< 9.0						mg/l	mg/d			
24V. Tetrachloroethylene (127-18-4)			X	< 0.005	< 9.0						mg/l	mg/d			
25V. Toluene (108-88-3)			X	< 0.005	< 9.0						mg/l	mg/d			
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X	< 0.005	< 9.0						mg/l	mg/d			
27V. 1,1,1-Trichloroethane (71-55-6)			X	< 0.005	< 9.0						mg/l	mg/d			
28V. 1,1,2-Trichloroethane (79-00-5)			X	< 0.005	< 9.0						mg/l	mg/d			
29V. Trichloroethylene (79-01-6)			X	< 0.005	< 9.0						mg/l	mg/d			
30V. Trichlorofluoromethane (75-69-4)			X	< 0.005	< 9.0						mg/l	mg/d			
31V. Vinyl Chloride (75-01-4)			X	< 0.010	< 18.0						mg/l	mg/d			
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X	< 0.010	< 18.0						mg/l	mg/d			
2A. 2,4-Dichlorophenol (120-83-2)			X	< 0.010	< 18.0						mg/l	mg/d			
3A. 2,4-Dimethylphenol (105-67-9)			X	< 0.010	< 18.0						mg/l	mg/d			
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X	< 0.010	< 18.0						mg/l	mg/d			
5A. 2,4-Dinitrophenol (51-28-5)			X	< 0.010	< 18.0						mg/l	mg/d			
6A. 2-Nitrophenol (88-75-5)			X	< 0.010	< 18.0						mg/l	mg/d			
7A. 4-Nitrophenol (100-02-7)			X	< 0.010	< 18.0						mg/l	mg/d			
8A. P-Chloro-M-Cresol (59-50-7)			X	< 0.010	< 18.0						mg/l	mg/d			
9A. Pentachlorophenol (87-86-5)			X	< 0.010	< 18.0						mg/l	mg/d			
10A. Phenol (108-95-2)			X	< 0.010	< 18.0						mg/l	mg/d			
11A. 2,4,6-Trichlorophenol (88-06-2)			X	< 0.010	< 18.0						mg/l	mg/d			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X	< 0.010	< 18.0						mg/l	mg/d			
2B. Acenaphtylene (208-96-8)			X	< 0.010	< 18.0						mg/l	mg/d			
3B. Anthracene (120-12-7)			X	< 0.010	< 18.0						mg/l	mg/d			
4B. Benzidine (92-87-5)			X	< 0.010	< 18.0						mg/l	mg/d			
5B. Benzo (a) Anthracene (56-55-3)			X	< 0.010	< 18.0						mg/l	mg/d			
6B. Benzo (a) Pyrene (50-32-8)			X	< 0.010	< 18.0						mg/l	mg/d			
7B. 3,4-Benzo-fluoranthene (205-99-2)			X	< 0.010	< 18.0						mg/l	mg/d			
8B. Benzo (ghi) Perylene (191-24-2)			X	< 0.010	< 18.0						mg/l	mg/d			
9B. Benzo (k) Fluoranthene (207-08-9)			X	< 0.010	< 18.0						mg/l	mg/d			
10B. Bis (2-Chloro-ethoxy) Methane (111-91-1)			X	< 0.010	< 18.0						mg/l	mg/d			
11B. Bis (2-Chloro-ethyl) Ether (111-44-4)			X	< 0.010	< 18.0						mg/l	mg/d			
12B. Bis (2-Chloroiso-propyl) Ether (102-60-1)			X	< 0.010	< 18.0						mg/l	mg/d			
13B. Bis (2-Ethyl-hexyl) Phthalate (117-81-7)			X	< 0.010	< 18.0						mg/l	mg/d			
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X	< 0.010	< 18.0						mg/l	mg/d			
15B. Butyl Benzyl Phthalate (85-68-7)			X	< 0.010	< 18.0						mg/l	mg/d			
16B. 2-Chloro-naphthalene (91-58-7)			X	< 0.010	< 18.0						mg/l	mg/d			
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X	< 0.010	< 18.0						mg/l	mg/d			
18B. Chrysene (218-01-9)			X	< 0.010	< 18.0						mg/l	mg/d			
19B. Dibenzo (a,h) Anthracene (53-70-3)			X	< 0.010	< 18.0						mg/l	mg/d			
20B. 1,2-Dichloro-benzene (95-50-1)			X	< 0.010	< 18.0						mg/l	mg/d			
21B. 1,3-Dichloro-benzene (541-73-1)			X	< 0.010	< 18.0						mg/l	mg/d			

CONTINUE ON PAGE V

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
22B. 1,4-Dichlorobenzene (106-46-7)			X	< 0.010	< 18.0						mg/l	mg/d			
23B. 3,3'-Dichlorobenzidine (91-94-1)			X	< 0.010	< 18.0						mg/l	mg/d			
24B. Diethyl Phthalate (84-66-2)			X	< 0.010	< 18.0						mg/l	mg/d			
25B. Dimethyl Phthalate (131-11-3)			X	< 0.010	< 18.0						mg/l	mg/d			
26B. Di-N-Butyl Phthalate (84-74-2)			X	< 0.010	< 18.0						mg/l	mg/d			
27B. 2,4-Dinitrotoluene (121-14-2)			X	< 0.010	< 18.0						mg/l	mg/d			
28B. 2,6-Dinitrotoluene (606-20-2)			X	< 0.010	< 18.0						mg/l	mg/d			
29B. Di-N-Octyl Phthalate (117-84-0)			X	< 0.010	< 18.0						mg/l	mg/d			
30B. 1,2-Diphenylhydrazine *(as Azobenzene)* (122-66-7)			X	< 0.010	< 18.0						mg/l	mg/d			
31B. Fluoranthene (206-44-0)			X	< 0.010	< 18.0						mg/l	mg/d			
32B. Fluorene (86-73-7)			X	< 0.010	< 18.0						mg/l	mg/d			
33B. Hexachlorobenzene (118-74-1)			X	< 0.010	< 18.0						mg/l	mg/d			
34B. Hexachlorobutadiene (87-68-3)			X	< 0.010	< 18.0						mg/l	mg/d			
35B. Hexachlorocyclopentadiene (77-47-4)			X	< 0.010	< 18.0						mg/l	mg/d			
36B. Hexachloroethane (67-72-1)			X	< 0.010	< 18.0						mg/l	mg/d			
37B. Indeno *(1,2,3-cd)* Pyrene (193-39-5)			X	< 0.010	< 18.0						mg/l	mg/d			
38B. Isophorone (78-59-1)			X	< 0.010	< 18.0						mg/l	mg/d			
39B. Naphthalene (91-20-3)			X	< 0.010	< 18.0						mg/l	mg/d			
40B. Nitrobenzene (98-95-3)			X	< 0.010	< 18.0						mg/l	mg/d			
41B. N-Nitrosodimethylamine (62-75-9)			X	< 0.010	< 18.0						mg/l	mg/d			
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X	< 0.010	< 18.0						mg/l	mg/d			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
43B. N-Nitrosodiphenylamine (86-30-6)			X	< 0.010	< 0.4						mg/l	mg/d			
44B. Phenanthrene (85-01-8)			X	< 0.010	< 0.4						mg/l	mg/d			
45B. Pyrene (129-00-0)			X	< 0.010	< 0.4						mg/l	mg/d			
46B. 1,2,4-Trichlorobenzene (120-82-1)			X	< 0.010	< 0.4						mg/l	mg/d			
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X	< 0.06	< 2.3						ug/l	ug/d			
2P. α-BHC (319-84-6)			X	< 0.02	< 0.8						ug/l	ug/d			
3P. β-BHC (319-85-7)			X	< 0.1	< 3.8						ug/l	ug/d			
4P. γ-BHC (58-89-9)			X	< 0.03	< 1.1						ug/l	ug/d			
5P. δ-BHC (319-86-8)			X	< 0.12	< 4.5						ug/l	ug/d			
6P. Chlordane (57-74-9)			X	< 0.25	< 9.5						ug/l	ug/d			
7P. 4,4'-DDT (50-29-3)			X	< 0.06	< 2.3						ug/l	ug/d			
8P. 4,4'-DDE (72-55-9)			X	< 0.08	< 3.0						ug/l	ug/d			
9P. 4,4'-DDD (72-54-8)			X	< 0.08	< 3.0						ug/l	ug/d			
10P. Dieldrin (60-57-1)			X	< 0.08	< 3.0						ug/l	ug/d			
11P. α-Endosulfan (115-29-7)			X	< 0.05	< 1.9						ug/l	ug/d			
12P. β-Endosulfan (115-29-7)			X	< 0.08	< 3.0						ug/l	ug/d			
13P. Endosulfan Sulfate (1031-07-8)			X	< 0.09	< 3.4						ug/l	ug/d			
14P. Endrin (72-20-8)			X	< 0.06	< 2.3						ug/l	ug/d			
15P. Endrin Aldehyde (7421-93-4)			X	< 0.62	< 23.5						ug/l	ug/d			
16P. Heptachlor (76-44-8)			X	< 0.3	< 11.4						ug/l	ug/d			

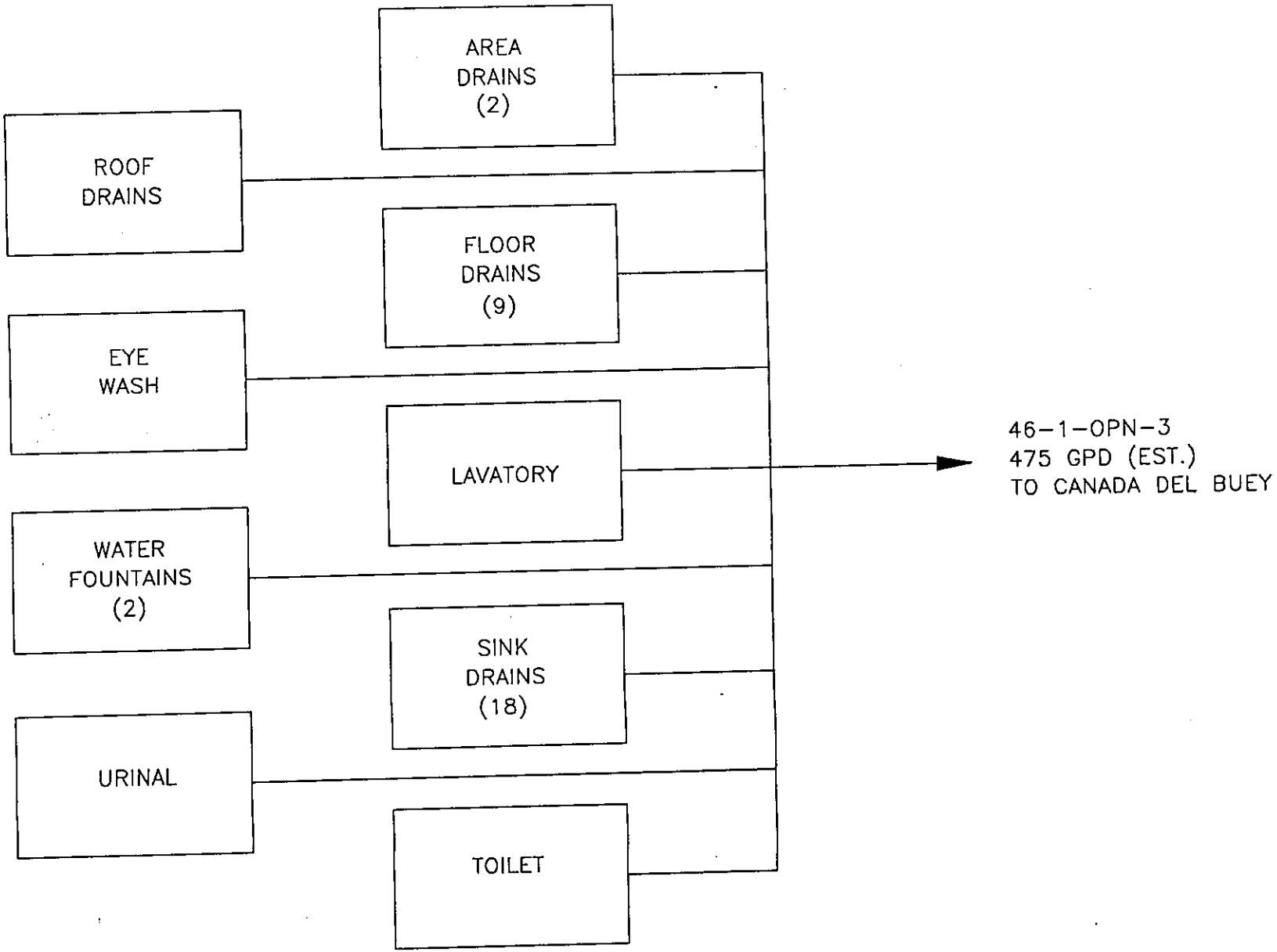
CONTINUE ON PAGE V-9

EPA [redacted] NM0890010515 04A

Form Approved. [redacted] Approval expires 7-31-88

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION -- PESTICIDES *(continued)*															
17P. Heptachlor Epoxide (1024-57-3)			X	< 0.04	< 1.5						ug/l	ug/d			
18P. PCB-1242 (53469-21-9)			X	< 0.68	< 25.7						ug/l	ug/d			
19P. PCB-1254 (11097-69-1)			X	< 0.68	< 25.7						ug/l	ug/d			
20P. PCB-1221 (11104-28-2)			X	N.D.											
21P. PCB-1232 (11141-16-5)			X	N.D.											
22P. PCB-1248 (12672-29-6)			X	N.D.											
23P. PCB-1260 (11096-82-5)			X	< 0.68	< 25.7						ug/l	ug/d			
24P. PCB-1016 (12674-11-2)			X	N.D.											
25P. Toxaphene (8001-35-2)			X	< 2.5	< 94.6						ug/l	ug/d			

TA-46-1


AREA DRAINS (2)
ROOF DRAINS
FLOOR DRAINS (9)
EYE WASH
LAVATORY
WATER FOUNTAINS (2)
SINK DRAINS (18)
URINAL
TOILET
46-1-OPN-3
475 GPD (EST.)
TO CANADA DEL BUEY

Please type or print in the unshaded areas only

EPA ID Number *(copy from Item 1 of Form 1)* NM0890010515

Form Approved
OMB No. 2040-0086
Approval expires 7-31-88

Form **2D** NPDES

EPA New Sources and New Dischargers Application for Permit to Discharge Process Wastewater

I. Outfall Location

For each outfall, list the latitude and longitude, and the name of the receiving water.

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
46-1-OPN-6	35	51	18	106	16	53	Tributary to Canada Del Buey, and ephemeral tributary to the Rio Grande

II. Discharge Date *(When do you expect to begin discharging?)*

Active discharge noted during waste stream characterization.

III. Flows, Sources of Pollution, and Treatment Technologies

A. For each outfall, provide a description of (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and stormwater runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

Outfall Number	1. Operations Contributing Flow *(list)*	2. Average Flow *(include units)*	3. Treatment *(Description or List Codes from Table 2D-1)*
46-1-OPN-6	Equipment room drains (4)	5 GPD	None

B. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item III-A. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

C. Except for storm runoff, leaks, or spills, will any of the discharges described in item III-A be intermittent or seasonal?

☒ Yes *(complete the following table)* ☐ No *(go to item IV)*

Outfall Number	1. Frequency		2. Flow		
	a. Days Per Week *(specify average)*	b. Months Per Year *(specify average)*	a. Maximum Daily Flow Rate *(in mgd)*	b. Maximum Total Volume *(specify with units)*	c. Duration *(in days)*
46-1-OPN-6	5	12	0.000005	5 GPD	260 day/yr

IV. Production

If there is an applicable production-based effluent guideline or NSPS, for each outfall list the estimated level of production (projection of actual production level, not design), expressed in the terms and units used in the applicable effluent guideline or NSPS, for each of the first 3 years of operation. If production is likely to vary, you may also submit alternative estimates (attach a separate sheet).

Year	a. Quantity Per Day	b. Units of Measure	c. Operation, Product, Material, etc *(specify)*
			N/A

CONTINUE ON NEXT PAGE

CONTINUED FROM THE FRONT	EPA ID Number *(copy from Item 1 of Form 1)* NM0890010515	Outfall Number 46-1-OPN-6

V. Effluent Characteristics

A, and B: These items require you to report estimated amounts *(both concentration and mass)* of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

General Instructions *(See table 2D-2 for Pollutants)*

Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value *(include units)*	3. Average Daily Value *(include units)*	4. Source *(see instructions)*
See attached 04A datasheets			Best professional estimates

CONTINUED FROM THE FRONT	EPA ID Number *(copy from Item 1 of Form 1)* NM0890010515	

C. Use the space below to list any of the pollutants listed in Table 2D-3 of the instructions which you know or have reason to believe will be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it will be present.

1. Pollutant	2. Reason for Discharge
N/A	

VI. Engineering Report on Wastewater Treatment

A. If there is any technical evaluation concerning your wastewater treatment, including engineering reports or pilot plant studies, check the appropriate box below.

☒ Report Available ☐ No Report Waste Stream Characterization Report #71

B. Provide the name and location of any existing plant(s) which, to the best of your knowledge, resembles this production facility with respect to production processes, wastewater constituents, or wastewater treatments.

Name	Location
N/A	

EPA ID Number *(copy from item one of Form 1)*
NM0890010515

VII. Other Information *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations for the proposed facility. Attach additional sheets if necessary.

See attached 04A datasheets.

VIII. Certification

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.

A. Name and Official Title *(type or print)*	B. Phone No.
JERRY L. BELLOWS, AREA MANAGER, DOE ALLEN J. TIEDMAN, ASSOC. DIRECTOR FOR OPERATIONS	505-667-5105 505-667-9390
C. Signature	D. Date Signed

* U.S. Government Printing Office : 1986 - 491-191/52940

[redacted] a fr[redacted]rst [redacted] com[redacted]te. [redacted]

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets *(use the same format)* instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*: NM0890010515

Form Approved. OMB No. 2040-0086 Approval expires 7-31-88

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

OUTFALL NO. 04A

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	< 2.0	< 37.9						mg/l	g/d			
b. Chemical Oxygen Demand *(COD)*	< 10.0	< 0.2						mg/l	g/d			
c. Total Organic Carbon *(TOC)*	0.6	11.2						mg/l	g/d			
d. Total Suspended Solids *(TSS)*	18.0	0.3						mg/l	g/d			
e. Ammonia *(as N)*	< 0.1	< 1.893						mg/l	g/d			
f. Flow	VALUE 5		VALUE		VALUE			gal/day		VALUE		
g. Temperature *(winter)*	VALUE 13.9		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)*	VALUE N/A		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 8.45	MAXIMUM 8.80	MINIMUM	MAXIMUM				STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Bromide (24959-67-9)		X	< 0.5	< 9.5						mg/l	g/d			
b. Chlorine, Total Residual	X		0.05	0.0						mg/l	mg/d			
c. Color	X		7.0							units				
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)	X		0.21	4.0						mg/l	g/d			
f. Nitrate-Nitrite *(as N)*	X		0.304	5.8						mg/l	g/d			

CONTINUE ON REVERSE

1. POLLUTANT AND CAS NO. (If available)	2. MARK 'X' a. BELIEVED PRESENT	2. MARK 'X' b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (If available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM AVRG. VALUE (If available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (2) MASS	d. NO. OF ANALYSES	4. a. CONCENTRATION	4. b. MASS	4. a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	4. a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)		X	< 0.5	< 9.5						mg/l	mg/d			
h. Oil and Grease		X	< 1.05	< 19.9						mg/l	mg/d			
i. Phosphorus (as P), Total (7723-14-0)	X		0.05	0.9						mg/l	mg/d			
j. Radioactivity														
(1) Alpha, Total	X		0.1	1.9						pCi/l	pCi/d			
(2) Beta, Total	X		6.6	0.1						pCi/l	nCi/d			
(3) Radium, Total	X													
(4) Radium 226, Total	X		0.06	1.1						pCi/l	pCi/d			
k. Sulfate (as SO_4) (14808-79-8)	X		3.16	59.8						mg/l	mg/d			
l. Sulfide (as S)		X		0.0						mg/l	mg/d			
m. Sulfite (as SO_3) (14265-45-3)		X	< 0.05	< 0.9						mg/l	mg/d			
n. Surfactants		X	< 0.1	< 1.9						mg/l	mg/d			
o. Aluminum, Total (7429-90-5)		X	< 0.04	< 0.8						mg/l	mg/d			
p. Barium, Total (7440-39-3)	X		0.03	0.6						mg/l	mg/d			
q. Boron, Total (7440-42-8)	X		0.02	0.4						mg/l	mg/d			
r. Cobalt, Total (7440-48-4)		X	< 0.1	< 1.9						mg/l	mg/d			
s. Iron, Total (7439-89-6)	X		0.41	7.8						mg/l	mg/d			
t. Magnesium, Total (7439-95-4)	X		2.5	47.3						mg/l	mg/d			
u. Molybdenum, Total (7439-98-7)		X	< 0.02	< 0.4						mg/l	mg/d			
v. Manganese, Total (7439-96-5)	X		0.01	0.2						mg/l	mg/d			
w. Tin, Total (7440-31-5)		X	< 0.050	< 0.9						mg/l	mg/d			
x. Titanium, Total (7440-32-6)		X	< 0.004	< 0.1						mg/l	mg/d			

CONTINUE ON PAGE V-3

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	04A

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a *(secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions)*, mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table *(all 7 pages)* for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X	< 0.050	< 0.9						mg/l	mg/d			
2M. Arsenic, Total (7440-38-2)		X		0.002	0.0						mg/l	mg/d			
3M. Beryllium, Total, 7440-41-7)			X	< 0.001	< 0.0						mg/l	mg/d			
4M. Cadmium, Total (7440-43-9)			X	< 0.010	< 0.2						mg/l	mg/d			
5M. Chromium, Total (7440-47-3)		X		0.040	0.8						mg/l	mg/d			
6M. Copper, Total (7440-50-8)		X		0.031	0.6						mg/l	mg/d			
7M. Lead, Total (7439-92-1)			X	< 0.050	< 0.9						mg/l	mg/d			
8M. Mercury, Total (7439-97-6)			X	< 0.0002	< 0.00						mg/l	mg/d			
9M. Nickel, Total (7440-02-0)		X		0.06	1.1						mg/l	mg/d			
10M. Selenium, Total (7782-49-2)			X	< 0.001	< 0.0						mg/l	mg/d			
11M. Silver, Total (7440-22-4)			X	< 0.010	< 0.2						mg/l	mg/d			
12M. Thallium, Total (7440-28-0)			X	< 0.4	< 7.6						mg/l	mg/d			
13M. Zinc, Total (7440-66-6)		X		0.043	0.8						mg/l	mg/d			
14M. Cyanide, Total (57-12-5)			X	0.01	0.2						mg/l	mg/d			
15M. Phenols, Total			X	< 0.01	< 0.2						mg/l	mg/d			
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK			3. EFFLUENT							4. [redacted]		5. [redacted]		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X	< 0.005	< 0.1						mg/l	mg/d			
4V. Bis (Chloromethyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X	< 0.005	< 0.1						mg/l	mg/d			
6V. Carbon Tetrachloride (56-23-5)			X	< 0.005	< 0.1						mg/l	mg/d			
7V. Chlorobenzene (108-90-7)			X	< 0.005	< 0.1						mg/l	mg/d			
8V. Chlorodibromomethane (124-48-1)			X	< 0.005	< 0.1						mg/l	mg/d			
9V. Chloroethane (75-00-3)			X	< 0.010	< 0.000						mg/l	mg/d			
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X	< 0.005	< 0.1						mg/l	mg/d			
12V. Dichlorobromomethane (75-27-4)			X	< 0.005	< 0.1						mg/l	mg/d			
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X	< 0.005	< 0.1						mg/l	mg/d			
15V. 1,2-Dichloroethane (107-06-2)			X	< 0.005	< 0.1						mg/l	mg/d			
16V. 1,1-Dichloroethylene (75-35-4)			X	< 0.005	< 0.1						mg/l	mg/d			
17V. 1,2-Dichloropropane (78-87-5)			X	< 0.005	< 0.1						mg/l	kg/d			
18V. 1,3-Dichloropropylene (542-75-6)			X	<	< 0.0						mg/l	mg/d			
19V. Ethylbenzene (100-41-4)			X	< 0.005	< 0.1						mg/l	mg/d			
20V. Methyl Bromide (74-83-9)			X	< 0.010	< 0.2						mg/l	mg/d			
21V. Methyl Chloride (74-87-3)			X	< 0.010	< 0.2						mg/l	mg/d			

 CONTINUE ON PAGE V-5

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION — VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)			X	< 0.005	< 0.1						mg/l	mg/d			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X	< 0.005	< 0.1						mg/l	mg/d			
24V. Tetrachloroethylene (127-18-4)			X	< 0.005	< 0.1						mg/l	mg/d			
25V. Toluene (108-88-3)			X	< 0.005	< 0.1						mg/l	mg/d			
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X	< 0.005	< 0.1						mg/l	mg/d			
27V. 1,1,1-Trichloroethane (71-55-6)			X	< 0.005	< 0.1						mg/l	mg/d			
28V. 1,1,2-Trichloroethane (79-00-5)			X	< 0.005	< 0.1						mg/l	mg/d			
29V. Trichloroethylene (79-01-6)			X	< 0.005	< 0.1						mg/l	mg/d			
30V. Trichlorofluoromethane (75-69-4)			X	< 0.005	< 0.1						mg/l	mg/d			
31V. Vinyl Chloride (75-01-4)			X	< 0.010	< 0.2						mg/l	mg/d			
GC/MS FRACTION — ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X	< 0.010	< 0.2						mg/l	mg/d			
2A. 2,4-Dichlorophenol (120-83-2)			X	< 0.010	< 0.2						mg/l	mg/d			
3A. 2,4-Dimethylphenol (105-67-9)			X	< 0.010	< 0.2						mg/l	mg/d			
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X	< 0.010	< 0.2						mg/l	mg/d			
5A. 2,4-Dinitrophenol (51-28-5)			X	< 0.010	< 0.2						mg/l	mg/d			
6A. 2-Nitrophenol (88-75-5)			X	< 0.010	< 0.2						mg/l	mg/d			
7A. 4-Nitrophenol (100-02-7)			X	< 0.010	< 0.2						mg/l	mg/d			
8A. P-Chloro-M-Cresol (59-50-7)			X	< 0.010	< 0.2						mg/l	mg/d			
9A. Pentachlorophenol (87-86-5)			X	< 0.010	< 0.2						mg/l	mg/d			
10A. Phenol (108-95-2)			X	< 0.010	< 0.2						mg/l	mg/d			
11A. 2,4,6-Trichlorophenol (88-06-2)			X	< 0.010	< 0.2						mg/l	mg/d			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION — BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X	< 0.010	< 0.2						mg/l	mg/d			
2B. Acenaphtylene (208-96-8)			X	< 0.010	< 0.2						mg/l	mg/d			
3B. Anthracene (120-12-7)			X	< 0.010	< 0.2						mg/l	mg/d			
4B. Benzidine (92-87-5)			X	< 0.010	< 0.2						mg/l	mg/d			
5B. Benzo *(a)* Anthracene (56-55-3)			X	< 0.010	< 0.2						mg/l	mg/d			
6B. Benzo *(a)* Pyrene (50-32-8)			X	< 0.010	< 0.2						mg/l	mg/d			
7B. 3,4-Benzo-fluoranthene (205-99-2)			X	< 0.010	< 0.2						mg/l	mg/d			
8B. Benzo *(ghi)* Perylene (191-24-2)			X	< 0.010	< 0.2						mg/l	mg/d			
9B. Benzo *(k)* Fluoranthene (207-08-9)			X	< 0.010	< 0.2						mg/l	mg/d			
10B. Bis *(2-Chloro-ethoxy)* Methane (111-91-1)			X	< 0.010	< 0.2						mg/l	mg/d			
11B. Bis *(2-Chloro-ethyl)* Ether (111-44-4)			X	< 0.010	< 0.2						mg/l	mg/d			
12B. Bis *(2-Chloroiso-propyl)* Ether (102-60-1)			X	< 0.010	< 0.2						mg/l	mg/d			
13B. Bis *(2-Ethyl-hexyl)* Phthalate (117-81-7)			X	< 0.010	< 0.2						mg/l	mg/d			
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X	< 0.010	< 0.2						mg/l	mg/d			
15B. Butyl Benzyl Phthalate (85-68-7)			X	< 0.010	< 0.2						mg/l	mg/d			
16B. 2-Chloro-naphthalene (91-58-7)			X	< 0.010	< 0.2						mg/l	mg/d			
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X	< 0.010	< 0.2						mg/l	mg/d			
18B. Chrysene (218-01-9)			X	< 0.010	< 0.2						mg/l	mg/d			
19B. Dibenzo *(a,h)* Anthracene (53-70-3)			X	< 0.010	< 0.2						mg/l	mg/d			
20B. 1,2-Dichloro-benzene (95-50-1)			X	< 0.010	< 0.2						mg/l	mg/d			
21B. 1,3-Dichloro-benzene (541-73-1)			X	< 0.010	< 0.2						mg/l	mg/d			

CONTINUE ON PAGE V-7

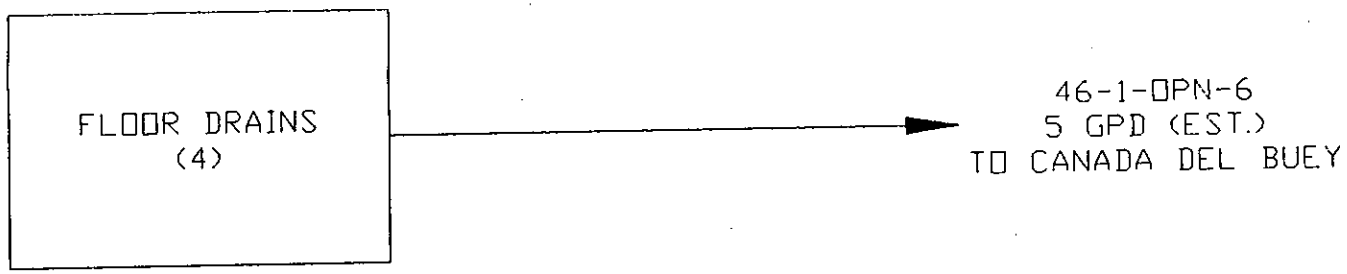
CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION — BASE/NEUTRAL COMPOUNDS (continued)															
22B. 1,4-Dichlorobenzene (106-46-7)			X	< 0.010	< 0.2						mg/l	mg/d			
23B. 3,3'-Dichlorobenzidine (91-94-1)			X	< 0.010	< 0.2						mg/l	mg/d			
24B. Diethyl Phthalate (84-66-2)			X	< 0.010	< 0.2						mg/l	mg/d			
25B. Dimethyl Phthalate (131-11-3)			X	< 0.010	< 0.2						mg/l	mg/d			
26B. Di-N-Butyl Phthalate (84-74-2)			X	< 0.010	< 0.2						mg/l	mg/d			
27B. 2,4-Dinitrotoluene (121-14-2)			X	< 0.010	< 0.2						mg/l	mg/d			
28B. 2,6-Dinitrotoluene (606-20-2)			X	< 0.010	< 0.2						mg/l	mg/d			
29B. Di-N-Octyl Phthalate (117-84-0)			X	< 0.010	< 0.2						mg/l	mg/d			
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)			X	< 0.010	< 0.2						mg/l	mg/d			
31B. Fluoranthene (206-44-0)			X	< 0.010	< 0.2						mg/l	mg/d			
32B. Fluorene (86-73-7)			X	< 0.010	< 0.2						mg/l	mg/d			
33B. Hexachlorobenzene (118-74-1)			X	< 0.010	< 0.2						mg/l	mg/d			
34B. Hexachlorobutadiene (87-68-3)			X	< 0.010	< 0.2						mg/l	mg/d			
35B. Hexachlorocyclopentadiene (77-47-4)			X	< 0.010	< 0.2						mg/l	mg/d			
36B. Hexachloroethane (67-72-1)			X	< 0.010	< 0.2						mg/l	mg/d			
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X	< 0.010	< 0.2						mg/l	mg/d			
38B. Isophorone (78-59-1)			X	< 0.010	< 0.2						mg/l	mg/d			
39B. Naphthalene (91-20-3)			X	< 0.010	< 0.2						mg/l	mg/d			
40B. Nitrobenzene (98-95-3)			X	< 0.010	< 0.2						mg/l	mg/d			
41B. N-Nitrosodimethylamine (62-75-9)			X	< 0.010	< 0.2						mg/l	mg/d			
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X	< 0.010	< 0.2						mg/l	mg/d			

CONTINUE ON REVERSE

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TEST-ING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – PESTICIDES (continued)															
17P. Heptachlor Epoxide (1024-57-3)			X	< 0.04	< 0.8						ug/l	ug/d			
18P. PCB-1242 (53469-21-9)			X	< 0.68	< 12.9						ug/l	ug/d			
19P. PCB-1254 (11097-69-1)			X	< 0.68	< 12.9						ug/l	ug/d			
20P. PCB-1221 (11104-28-2)			X	N.D.											
21P. PCB-1232 (11141-16-5)			X	N.D.											
22P. PCB-1248 (12672-29-6)			X	N.D.											
23P. PCB-1260 (11096-82-5)			X	< 0.68	< 12.9						ug/l	ug/d			
24P. PCB-1016 (12674-11-2)			X	N.D.											
25P. Toxaphene (8001-35-2)			X	< 2.5	< 47.3						ug/l	ug/d			



TA-46-1

NOT TO SCALE

Please type or print in the unshaded areas only

EPA ID Number *(copy from Item 1 of Form 1)* NM0890010515

Form Approved
OMB No. 2040-0086
Approval expires 7-31-88

Form **2D** NPDES

EPA New Sources and New Dischargers Application for Permit to Discharge Process Wastewater

I. Outfall Location

For each outfall, list the latitude and longitude, and the name of the receiving water.

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
46-1-OPN-16	35	51	18	106	16	53	Tributary to Canada Del Buey, and ephemeral tributary to the Rio Grande

II. Discharge Date *(When do you expect to begin discharging?)*

Active discharge noted during waste stream characterization.

III. Flows, Sources of Pollution, and Treatment Technologies

A. For each outfall, provide a description of (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and stormwater runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

Outfall Number	1. Operations Contributing Flow *(list)*	2. Average Flow *(include units)*	3. Treatment *(Description or List Codes from Table 2D-1)*
46-1-OPN-16	Trench drain	1 GPD	None

B. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item III-A. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

C. Except for storm runoff, leaks, or spills, will any of the discharges described in item III-A be intermittent or seasonal?

☒ Yes *(complete the following table)* ☐ No *(go to item IV)*

Outfall Number	1. Frequency		2. Flow		
	a. Days Per Week *(specify average)*	b. Months Per Year *(specify average)*	a. Maximum Daily Flow Rate *(in mgd)*	b. Maximum Total Volume *(specify with units)*	c. Duration *(in days)*
46-1-OPN-16	5	12	0.000001	1 GPD	260 day/yr

IV. Production

If there is an applicable production-based effluent guideline or NSPS, for each outfall list the estimated level of production (projection of actual production level, not design), expressed in the terms and units used in the applicable effluent guideline or NSPS, for each of the first 3 years of operation. If production is likely to vary, you may also submit alternative estimates (attach a separate sheet).

Year	a. Quantity Per Day	b. Units of Measure	c. Operation, Product, Material, etc *(specify)*
			N/A

CONTINUE ON NEXT PAGE

CONTINUED FROM THE FRONT	EPA ID Number *(copy from Item 1 of Form 1)* NM0890010515	Outfall Number 46-1-OPN-16

V. Effluent Characteristics

A, and B: These items require you to report estimated amounts *(both concentration and mass)* of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

General Instructions *(See table 2D-2 for Pollutants)*

Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value *(include units)*	3. Average Daily Value *(include units)*	4. Source *(see instructions)*
See attached 04A datasheets			Best professional estimates

CONTINUED FROM THE FRONT	EPA ID Number *(copy from Item 1 of Form 1)* NM0890010515	

C. Use the space below to list any of the pollutants listed in Table 2D-3 of the instructions which you know or have reason to believe will be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it will be present.

1. Pollutant	2. Reason for Discharge
N/A	

VI. Engineering Report on Wastewater Treatment

A. If there is any technical evaluation concerning your wastewater treatment, including engineering reports or pilot plant studies, check the appropriate box below.

☒ Report Available ☐ No Report Waste Stream Characterization Report #71

B. Provide the name and location of any existing plant(s) which, to the best of your knowledge, resembles this production facility with respect to production processes, wastewater constituents, or wastewater treatments.

Name	Location
N/A	

CONTINUE ON NEXT PAGE

EPA ID Number *(copy from item one of Form 1)*
NM0890010515

VII. Other Information *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations for the proposed facility. Attach additional sheets if necessary.

See attached 04A datasheets.

VIII. Certification

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.

A. Name and Official Title *(type or print)*	B. Phone No.
JERRY L. BELLOWS, AREA MANAGER, DOE ALLEN J. TIEDMAN, ASSOC. DIRECTOR FOR OPERATIONS	505-667-5105 505-667-9390
C. Signature	D. Date Signed

*U.S. Government Printing Office : 1986 -491-191/52940

Data from first ca[redacted] comp[redacted]

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets *(use the same format)* instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*: NM0890010515

Form Approved. OMB No. 2040-0086 Approval expires 7-31-88

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

OUTFALL NO. 04A

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	< 2.0	< 7.6						mg/l	g/d			
b. Chemical Oxygen Demand *(COD)*	< 10.0	< 37.9						mg/l	g/d			
c. Total Organic Carbon *(TOC)*	0.6	2.2						mg/l	g/d			
d. Total Suspended Solids *(TSS)*	18.0	68.1						mg/l	g/d			
e. Ammonia *(as N)*	< 0.1	< 0.379						mg/l	g/d			
f. Flow	VALUE 1		VALUE		VALUE			gal/day		VALUE		
g. Temperature *(winter)*	VALUE 13.9		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)*	VALUE N/A		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 8.45	MAXIMUM 8.80	MINIMUM	MAXIMUM				STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Bromide (24959-67-9)		X	< 0.5	< 1.9						mg/l	g/d			
b. Chlorine, Total Residual	X		0.05	0.0						mg/l	mg/d			
c. Color	X		7.0							units				
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)	X		0.21	0.8						mg/l	g/d			
f. Nitrate-Nitrite *(as N)*	X		0.304	1.2						mg/l	g/d			

CONTINUE ON REVERSE

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X' a. BELIEVED PRESENT	2. MARK 'X' b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (2) MASS	d. NO. OF ANALYSES	4. a. CONCENTRATION	4. b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)		X	< 0.5	< 1.9						mg/l	mg/d			
h. Oil and Grease		X	< 1.05	< 4.0						mg/l	mg/d			
i. Phosphorus (as P), Total (7723-14-0)	X		0.05	0.2						mg/l	mg/d			
j. Radioactivity														
(1) Alpha, Total	X		0.1	0.4						pCi/l	pCi/d			
(2) Beta, Total	X		6.6	25.0						pCi/l	pCi/d			
(3) Radium, Total	X													
(4) Radium 226, Total	X		0.06	0.2						pCi/l	pCi/d			
k. Sulfate (as SO_4) (14808-79-8)	X		3.16	12.0						mg/l	mg/d			
l. Sulfide (as S)		X		0.0						mg/l	mg/d			
m. Sulfite (as SO_3) (14265-45-3)		X	< 0.05	< 0.2						mg/l	mg/d			
n. Surfactants		X	< 0.1	< 0.4						mg/l	mg/d			
o. Aluminum, Total (7429-90-5)		X	< 0.04	< 0.2						mg/l	mg/d			
p. Barium, Total (7440-39-3)	X		0.03	0.1						mg/l	mg/d			
q. Boron, Total (7440-42-8)	X		0.02	0.1						mg/l	mg/d			
r. Cobalt, Total (7440-48-4)		X	< 0.1	< 0.4						mg/l	mg/d			
s. Iron, Total (7439-89-6)	X		0.41	1.6						mg/l	mg/d			
t. Magnesium, Total (7439-95-4)	X		2.5	9.5						mg/l	mg/d			
u. Molybdenum, Total (7439-98-7)		X	< 0.02	< 0.1						mg/l	mg/d			
v. Manganese, Total (7439-96-5)	X		0.01	0.0						mg/l	mg/d			
w. Tin, Total (7440-31-5)		X	< 0.050	< 0.2						mg/l	mg/d			
x. Titanium, Total (7440-32-6)		X	< 0.004	< 0.0						mg/l	mg/d			

CONTINUE ON PAGE V-3

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	04A

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a *(secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions)*, mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table *(all 7 pages)* for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (If available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (If available) (2) MASS	c. LONG TERM AVRG. VALUE (If available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (If available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X	< 0.050	< 0.2						mg/l	mg/d			
2M. Arsenic, Total (7440-38-2)		X		0.002	0.00						mg/l	mg/d			
3M. Beryllium, Total, 7440-41-7)			X	< 0.001	< 0.00						mg/l	mg/d			
4M. Cadmium, Total (7440-43-9)			X	< 0.010	< 0.0						mg/l	mg/d			
5M. Chromium, Total (7440-47-3)		X		0.040	0.2						mg/l	mg/d			
6M. Copper, Total (7440-50-8)		X		0.031	0.1						mg/l	mg/d			
7M. Lead, Total (7439-92-1)			X	< 0.050	< 0.2						mg/l	mg/d			
8M. Mercury, Total (7439-97-6)			X	< 0.0002	< 0.000						mg/l	mg/d			
9M. Nickel, Total (7440-02-0)		X		0.06	0.2						mg/l	mg/d			
10M. Selenium, Total (7782-49-2)			X	< 0.001	< 0.00						mg/l	mg/d			
11M. Silver, Total (7440-22-4)			X	< 0.010	< 0.0						mg/l	mg/d			
12M. Thallium, Total (7440-28-0)			X	< 0.4	< 1.5						mg/l	mg/d			
13M. Zinc, Total (7440-66-6)		X		0.043	0.2						mg/l	mg/d			
14M. Cyanide, Total (57-12-5)			X	0.01	0.0						mg/l	mg/d			
15M. Phenols, Total			X	< 0.01	< 0.0						mg/l	mg/d			
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X" a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UPSTREAM INTAKE (optional) a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION — VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X	< 0.005	< 0.0						mg/l	mg/d			
4V. Bis (Chloromethyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X	< 0.005	< 0.0						mg/l	mg/d			
6V. Carbon Tetrachloride (56-23-5)			X	< 0.005	< 0.0						mg/l	mg/d			
7V. Chlorobenzene (108-90-7)			X	< 0.005	< 0.0						mg/l	mg/d			
8V. Chlorodibromomethane (124-48-1)			X	< 0.005	< 0.0						mg/l	mg/d			
9V. Chloroethane (75-00-3)			X	< 0.010	< 0.0000						mg/l	mg/d			
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X	< 0.005	< 0.0						mg/l	mg/d			
12V. Dichlorobromomethane (75-27-4)			X	< 0.005	< 0.0						mg/l	mg/d			
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X	< 0.005	< 0.0						mg/l	mg/d			
15V. 1,2-Dichloroethane (107-06-2)			X	< 0.005	< 0.0						mg/l	mg/d			
16V. 1,1-Dichloroethylene (75-35-4)			X	< 0.005	< 0.0						mg/l	mg/d			
17V. 1,2-Dichloropropane (78-87-5)			X	< 0.005	< 0.0						mg/l	kg/d			
18V. 1,3-Dichloropropylene (542-75-6)			X	<	< 0.0						mg/l	mg/d			
19V. Ethylbenzene (100-41-4)			X	< 0.005	< 0.0						mg/l	mg/d			
20V. Methyl Bromide (74-83-9)			X	< 0.010	< 0.0						mg/l	mg/d			
21V. Methyl Chloride (74-87-3)			X	< 0.010	< 0.0						mg/l	mg/d			

CONTINUE ON PAGE V-5

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)			X	< 0.005	< 0.0						mg/l	mg/d			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X	< 0.005	< 0.0						mg/l	mg/d			
24V. Tetrachloroethylene (127-18-4)			X	< 0.005	< 0.0						mg/l	mg/d			
25V. Toluene (108-88-3)			X	< 0.005	< 0.0						mg/l	mg/d			
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X	< 0.005	< 0.0						mg/l	mg/d			
27V. 1,1,1-Trichloroethane (71-55-6)			X	< 0.005	< 0.0						mg/l	mg/d			
28V. 1,1,2-Trichloroethane (79-00-5)			X	< 0.005	< 0.0						mg/l	mg/d			
29V. Trichloroethylene (79-01-6)			X	< 0.005	< 0.0						mg/l	mg/d			
30V. Trichlorofluoromethane (75-69-4)			X	< 0.005	< 0.0						mg/l	mg/d			
31V. Vinyl Chloride (75-01-4)			X	< 0.010	< 0.0						mg/l	mg/d			
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X	< 0.010	< 0.0						mg/l	mg/d			
2A. 2,4-Dichlorophenol (120-83-2)			X	< 0.010	< 0.0						mg/l	mg/d			
3A. 2,4-Dimethylphenol (105-67-9)			X	< 0.010	< 0.0						mg/l	mg/d			
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X	< 0.010	< 0.0						mg/l	mg/d			
5A. 2,4-Dinitrophenol (51-28-5)			X	< 0.010	< 0.0						mg/l	mg/d			
6A. 2-Nitrophenol (88-75-5)			X	< 0.010	< 0.0						mg/l	mg/d			
7A. 4-Nitrophenol (100-02-7)			X	< 0.010	< 0.0						mg/l	mg/d			
8A. P-Chloro-M-Cresol (59-50-7)			X	< 0.010	< 0.0						mg/l	mg/d			
9A. Pentachlorophenol (87-86-5)			X	< 0.010	< 0.0						mg/l	mg/d			
10A. Phenol (108-95-2)			X	< 0.010	< 0.0						mg/l	mg/d			
11A. 2,4,6-Trichlorophenol (88-06-2)			X	< 0.010	< 0.0						mg/l	mg/d			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X	< 0.010	< 0.0						mg/l	mg/d			
2B. Acenaphtylene (208-96-8)			X	< 0.010	< 0.0						mg/l	mg/d			
3B. Anthracene (120-12-7)			X	< 0.010	< 0.0						mg/l	mg/d			
4B. Benzidine (92-87-5)			X	< 0.010	< 0.0						mg/l	mg/d			
5B. Benzo *(a)* Anthracene (56-55-3)			X	< 0.010	< 0.0						mg/l	mg/d			
6B. Benzo *(a)* Pyrene (50-32-8)			X	< 0.010	< 0.0						mg/l	mg/d			
7B. 3,4-Benzo-fluoranthene (205-99-2)			X	< 0.010	< 0.0						mg/l	mg/d			
8B. Benzo *(ghi)* Perylene (191-24-2)			X	< 0.010	< 0.0						mg/l	mg/d			
9B. Benzo *(k)* Fluoranthene (207-08-9)			X	< 0.010	< 0.0						mg/l	mg/d			
10B. Bis *(2-Chloro-ethoxy)* Methane (111-91-1)			X	< 0.010	< 0.0						mg/l	mg/d			
11B. Bis *(2-Chloro-ethyl)* Ether (111-44-4)			X	< 0.010	< 0.0						mg/l	mg/d			
12B. Bis *(2-Chloroiso-propyl)* Ether (102-60-1)			X	< 0.010	< 0.0						mg/l	mg/d			
13B. Bis *(2-Ethyl-hexyl)* Phthalate (117-81-7)			X	< 0.010	< 0.0						mg/l	mg/d			
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X	< 0.010	< 0.0						mg/l	mg/d			
15B. Butyl Benzyl Phthalate (85-68-7)			X	< 0.010	< 0.0						mg/l	mg/d			
16B. 2-Chloro-naphthalene (91-58-7)			X	< 0.010	< 0.0						mg/l	mg/d			
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X	< 0.010	< 0.0						mg/l	mg/d			
18B. Chrysene (218-01-9)			X	< 0.010	< 0.0						mg/l	mg/d			
19B. Dibenzo *(a,h)* Anthracene (53-70-3)			X	< 0.010	< 0.0						mg/l	mg/d			
20B. 1,2-Dichloro-benzene (95-50-1)			X	< 0.010	< 0.0						mg/l	mg/d			
21B. 1,3-Dichloro-benzene (541-73-1)			X	< 0.010	< 0.0						mg/l	mg/d			

CONTINUE ON PAGE V-

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
22B. 1,4-Dichlorobenzene (106-46-7)			X	< 0.010	< 0.0						mg/l	mg/d			
23B. 3,3'-Dichlorobenzidine (91-94-1)			X	< 0.010	< 0.0						mg/l	mg/d			
24B. Diethyl Phthalate (84-66-2)			X	< 0.010	< 0.0						mg/l	mg/d			
25B. Dimethyl Phthalate (131-11-3)			X	< 0.010	< 0.0						mg/l	mg/d			
26B. Di-N-Butyl Phthalate (84-74-2)			X	< 0.010	< 0.0						mg/l	mg/d			
27B. 2,4-Dinitrotoluene (121-14-2)			X	< 0.010	< 0.0						mg/l	mg/d			
28B. 2,6-Dinitrotoluene (606-20-2)			X	< 0.010	< 0.0						mg/l	mg/d			
29B. Di-N-Octyl Phthalate (117-84-0)			X	< 0.010	< 0.0						mg/l	mg/d			
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)			X	< 0.010	< 0.0						mg/l	mg/d			
31B. Fluoranthene (206-44-0)			X	< 0.010	< 0.0						mg/l	mg/d			
32B. Fluorene (86-73-7)			X	< 0.010	< 0.0						mg/l	mg/d			
33B. Hexachlorobenzene (118-74-1)			X	< 0.010	< 0.0						mg/l	mg/d			
34B. Hexachlorobutadiene (87-68-3)			X	< 0.010	< 0.0						mg/l	mg/d			
35B. Hexachlorocyclopentadiene (77-47-4)			X	< 0.010	< 0.0						mg/l	mg/d			
36B. Hexachloroethane (67-72-1)			X	< 0.010	< 0.0						mg/l	mg/d			
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X	< 0.010	< 0.0						mg/l	mg/d			
38B. Isophorone (78-59-1)			X	< 0.010	< 0.0						mg/l	mg/d			
39B. Naphthalene (91-20-3)			X	< 0.010	< 0.0						mg/l	mg/d			
40B. Nitrobenzene (98-95-3)			X	< 0.010	< 0.0						mg/l	mg/d			
41B. N-Nitrosodimethylamine (62-75-9)			X	< 0.010	< 0.0						mg/l	mg/d			
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X	< 0.010	< 0.0						mg/l	mg/d			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

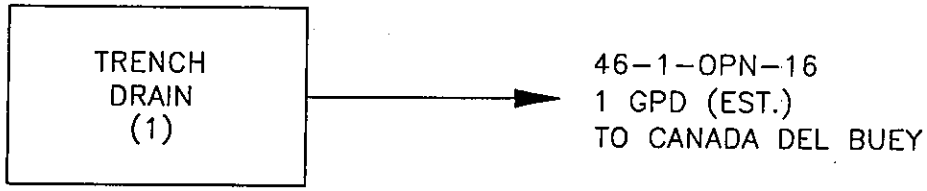
1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
43B. N-Nitrosodiphenylamine (86-30-6)			X	< 0.010	< 0.0						mg/l	mg/d			
44B. Phenanthrene (85-01-8)			X	< 0.010	< 0.0						mg/l	mg/d			
45B. Pyrene (129-00-0)			X	< 0.010	< 0.0						mg/l	mg/d			
46B. 1,2,4-Trichlorobenzene (120-82-1)			X	< 0.010	< 0.0						mg/l	mg/d			
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X	< 0.06	< 0.2						ug/l	ug/d			
2P. α-BHC (319-84-6)			X	< 0.02	< 0.1						ug/l	ug/d			
3P. β-BHC (319-85-7)			X	< 0.1	< 0.4						ug/l	ug/d			
4P. γ-BHC (58-89-9)			X	< 0.03	< 0.1						ug/l	ug/d			
5P. δ-BHC (319-86-8)			X	< 0.12	< 0.5						ug/l	ug/d			
6P. Chlordane (57-74-9)			X	< 0.25	< 0.9						ug/l	ug/d			
7P. 4,4'-DDT (50-29-3)			X	< 0.06	< 0.2						ug/l	ug/d			
8P. 4,4'-DDE (72-55-9)			X	< 0.08	< 0.3						ug/l	ug/d			
9P. 4,4'-DDD (72-54-8)			X	< 0.08	< 0.3						ug/l	ug/d			
10P. Dieldrin (60-57-1)			X	< 0.08	< 0.3						ug/l	ug/d			
11P. α-Endosulfan (115-29-7)			X	< 0.05	< 0.2						ug/l	ug/d			
12P. β-Endosulfan (115-29-7)			X	< 0.08	< 0.3						ug/l	ug/d			
13P. Endosulfan Sulfate (1031-07-8)			X	< 0.09	< 0.3						ug/l	ug/d			
14P. Endrin (72-20-8)			X	< 0.06	< 0.2						ug/l	ug/d			
15P. Endrin Aldehyde (7421-93-4)			X	< 0.62	< 2.3						ug/l	ug/d			
16P. Heptachlor (76-44-8)			X	< 0.3	< 1.1						ug/l	ug/d			

CONTINUE ON PAGE V-9

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION — PESTICIDES *(continued)*															
17P. Heptachlor Epoxide (1024-57-3)			X	< 0.04	< 0.2						ug/l	ug/d			
18P. PCB-1242 (53469-21-9)			X	< 0.68	< 2.6						ug/l	ug/d			
19P. PCB-1254 (11097-69-1)			X	< 0.68	< 2.6						ug/l	ug/d			
20P. PCB-1221 (11104-28-2)			X	N.D.											
21P. PCB-1232 (11141-16-5)			X	N.D.											
22P. PCB-1248 (12672-29-6)			X	N.D.											
23P. PCB-1260 (11096-82-5)			X	< 0.68	< 2.6						ug/l	ug/d			
24P. PCB-1016 (12674-11-2)			X	N.D.											
25P. Toxaphene (8001-35-2)			X	< 2.5	< 9.5						ug/l	ug/d			

TA-46-1



Please type or print in the unshaded areas only

EPA ID Number *(copy from Item 1 of Form 1)* NM0890010515

Form Approved
OMB No. 2040-0086
Approval expires 7-31-88

Form 2D NPDES

EPA New Sources and New Dischargers Application for Permit to Discharge Process Wastewater

I. Outfall Location

For each outfall, list the latitude and longitude, and the name of the receiving water.

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
46-1-OPN-18	35	51	18	106	16	53	Tributary to Canada Del Buey, and ephemeral tributary to the Rio Grande

II. Discharge Date *(When do you expect to begin discharging?)*

Active discharge noted during waste stream characterization.

III. Flows, Sources of Pollution, and Treatment Technologies

A. For each outfall, provide a description of (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and stormwater runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

Outfall Number	1. Operations Contributing Flow *(list)*	2. Average Flow *(include units)*	3. Treatment *(Description or List Codes from Table 2D-1)*
46-1-OPN-18	Equipment room drains (3)	10 GPD	None

B. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item III-A. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

C. Except for storm runoff, leaks, or spills, will any of the discharges described in item III-A be intermittent or seasonal?

☒ Yes *(complete the following table)* ☐ No *(go to item IV)*

Outfall Number	1. Frequency		2. Flow		
	a. Days Per Week *(specify average)*	b. Months Per Year *(specify average)*	a. Maximum Daily Flow Rate *(in mgd)*	b. Maximum Total Volume *(specify with units)*	c. Duration *(in days)*
46-1-OPN-18	5	12	0.000010	10 GPD	260 day/yr

IV. Production

If there is an applicable production-based effluent guideline or NSPS, for each outfall list the estimated level of production (projection of actual production level, not design), expressed in the terms and units used in the applicable effluent guideline or NSPS, for each of the first 3 years of operation. If production is likely to vary, you may also submit alternative estimates (attach a separate sheet).

Year	a. Quantity Per Day	b. Units of Measure	c. Operation, Product, Material, etc *(specify)*
			N/A

CONTINUE ON NEXT PAGE

CONTINUED FROM THE FRONT	EPA ID Number *(copy from Item 1 of Form 1)* NM0890010515	Outfall Number 46-1-OPN-18

V. Effluent Characteristics

A, and B: These items require you to report estimated amounts *(both concentration and mass)* of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

General Instructions *(See table 2D-2 for Pollutants)*

Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value *(include units)*	3. Average Daily Value *(include units)*	4. Source *(see instructions)*
See attached 04A datasheets			Best professional estimates

CONTINUED FROM THE FRONT	EPA ID Number *(copy from Item I of Form I)* NM0890010515	

C. Use the space below to list any of the pollutants listed in Table 2D-3 of the instructions which you know or have reason to believe will be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it will be present.

1. Pollutant	2. Reason for Discharge
N/A	

VI. Engineering Report on Wastewater Treatment

A. If there is any technical evaluation concerning your wastewater treatment, including engineering reports or pilot plant studies, check the appropriate box below.

[X] Report Available [ ] No Report Waste Stream Characterization Report #71

B. Provide the name and location of any existing plant(s) which, to the best of your knowledge, resembles this production facility with respect to production processes, wastewater constituents, or wastewater treatments.

Name	Location
N/A	

EPA ID Number *(copy from item one of Form 1)*
NM0890010515

VII. Other Information *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations for the proposed facility. Attach additional sheets if necessary.

See attached 04A datasheets.

VIII. Certification

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.

A. Name and Official Title *(type or print)*	B. Phone No.
JERRY L. BELLOWS, AREA MANAGER, DOE ALLEN J. TIEDMAN, ASSOC. DIRECTOR FOR OPERATIONS	505-667-5105 505-667-9390
C. Signature	D. Date Signed

*U.S. Government Printing Office : 1986 -491-181/52940

Data from worst case composite.

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on seperate sheets *(use the same format)* instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*: NM0890010515

Form Approved. OMB No. 2040-0086 Approval expires 7-31-88

OUTFALL NO. 04A

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	< 2.0	< 75.7						mg/l	g/d			
b. Chemical Oxygen Demand *(COD)*	< 10.0	< 0.4						mg/l	g/d			
c. Total Organic Carbon *(TOC)*	0.6	22.3						mg/l	g/d			
d. Total Suspended Solids *(TSS)*	18.0	0.7						mg/l	g/d			
e. Ammonia *(as N)*	< 0.1	< 3.785						mg/l	g/d			
f. Flow	VALUE 10		VALUE		VALUE			gal/day		VALUE		
g. Temperature *(winter)*	VALUE 13.9		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)*	VALUE N/A		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 8.45	MAXIMUM 8.80	MINIMUM	MAXIMUM				STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Bromide (24959-67-9)		X	< 0.5	< 18.9						mg/l	g/d			
b. Chlorine, Total Residual	X		0.05	0.0						mg/l	mg/d			
c. Color	X		7.0							units				
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)	X		0.21	7.9						mg/l	g/d			
f. Nitrate-Nitrite *(as N)*	X		0.304	11.5						mg/l	g/d			

CONTINUE ON REVERSE

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	04A

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a *(secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions)*, mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table *(all 7 pages)* for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X	< 0.050	< 1.9						mg/l	mg/d			
2M. Arsenic, Total (7440-38-2)		X		0.002	0.1						mg/l	mg/d			
3M. Beryllium, Total, 7440-41-7)			X	< 0.001	< 0.0						mg/l	mg/d			
4M. Cadmium, Total (7440-43-9)			X	< 0.010	< 0.4						mg/l	mg/d			
5M. Chromium, Total (7440-47-3)		X		0.040	1.5						mg/l	mg/d			
6M. Copper, Total (7440-50-8)		X		0.031	1.2						mg/l	mg/d			
7M. Lead, Total (7439-92-1)			X	< 0.050	< 1.9						mg/l	mg/d			
8M. Mercury, Total (7439-97-6)			X	< 0.0002	< 0.00						mg/l	mg/d			
9M. Nickel, Total (7440-02-0)		X		0.06	2.3						mg/l	mg/d			
10M. Selenium, Total (7782-49-2)			X	< 0.001	< 0.0						mg/l	mg/d			
11M. Silver, Total (7440-22-4)			X	< 0.010	< 0.4						mg/l	mg/d			
12M. Thallium, Total (7440-28-0)			X	< 0.4	< 15.1						mg/l	mg/d			
13M. Zinc, Total (7440-66-6)		X		0.043	1.6						mg/l	mg/d			
14M. Cyanide, Total (57-12-5)			X	0.01	0.4						mg/l	mg/d			
15M. Phenols, Total			X	< 0.01	< 0.4						mg/l	mg/d			
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUE ON REVERSE

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1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X	< 0.005	< 0.2						mg/l	mg/d			
4V. Bis (Chloromethyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X	< 0.005	< 0.2						mg/l	mg/d			
6V. Carbon Tetrachloride (56-23-5)			X	< 0.005	< 0.2						mg/l	mg/d			
7V. Chlorobenzene (108-90-7)			X	< 0.005	< 0.2						mg/l	mg/d			
8V. Chlorodibromomethane (124-48-1)			X	< 0.005	< 0.2						mg/l	mg/d			
9V. Chloroethane (75-00-3)			X	< 0.010	< 0.000						mg/l	mg/d			
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X	< 0.005	< 0.2						mg/l	mg/d			
12V. Dichlorobromomethane (75-27-4)			X	< 0.005	< 0.2						mg/l	mg/d			
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X	< 0.005	< 0.2						mg/l	mg/d			
15V. 1,2-Dichloroethane (107-06-2)			X	< 0.005	< 0.2						mg/l	mg/d			
16V. 1,1-Dichloroethylene (75-35-4)			X	< 0.005	< 0.2						mg/l	mg/d			
17V. 1,2-Dichloropropane (78-87-5)			X	< 0.005	< 0.2						mg/l	kg/d			
18V. 1,3-Dichloropropylene (542-75-6)			X	<	< 0.0						mg/l	mg/d			
19V. Ethylbenzene (100-41-4)			X	< 0.005	< 0.2						mg/l	mg/d			
20V. Methyl Bromide (74-83-9)			X	< 0.010	< 0.4						mg/l	mg/d			
21V. Methyl Chloride (74-87-3)			X	< 0.010	< 0.4						mg/l	mg/d			

CONTINUE ON PAGE V-5

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION — VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)			X	< 0.005	< 0.2						mg/l	mg/d			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X	< 0.005	< 0.2						mg/l	mg/d			
24V. Tetrachloroethylene (127-18-4)			X	< 0.005	< 0.2						mg/l	mg/d			
25V. Toluene (108-88-3)			X	< 0.005	< 0.2						mg/l	mg/d			
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X	< 0.005	< 0.2						mg/l	mg/d			
27V. 1,1,1-Trichloroethane (71-55-6)			X	< 0.005	< 0.2						mg/l	mg/d			
28V. 1,1,2-Trichloroethane (79-00-5)			X	< 0.005	< 0.2						mg/l	mg/d			
29V. Trichloroethylene (79-01-6)			X	< 0.005	< 0.2						mg/l	mg/d			
30V. Trichlorofluoromethane (75-69-4)			X	< 0.005	< 0.2						mg/l	mg/d			
31V. Vinyl Chloride (75-01-4)			X	< 0.010	< 0.4						mg/l	mg/d			
GC/MS FRACTION — ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X	< 0.010	< 0.4						mg/l	mg/d			
2A. 2,4-Dichlorophenol (120-83-2)			X	< 0.010	< 0.4						mg/l	mg/d			
3A. 2,4-Dimethylphenol (105-67-9)			X	< 0.010	< 0.4						mg/l	mg/d			
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X	< 0.010	< 0.4						mg/l	mg/d			
5A. 2,4-Dinitrophenol (51-28-5)			X	< 0.010	< 0.4						mg/l	mg/d			
6A. 2-Nitrophenol (88-75-5)			X	< 0.010	< 0.4						mg/l	mg/d			
7A. 4-Nitrophenol (100-02-7)			X	< 0.010	< 0.4						mg/l	mg/d			
8A. P-Chloro-M-Cresol (59-50-7)			X	< 0.010	< 0.4						mg/l	mg/d			
9A. Pentachlorophenol (87-86-5)			X	< 0.010	< 0.4						mg/l	mg/d			
10A. Phenol (108-95-2)			X	< 0.010	< 0.4						mg/l	mg/d			
11A. 2,4,6-Trichlorophenol (88-06-2)			X	< 0.010	< 0.4						mg/l	mg/d			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X	< 0.010	< 0.4						mg/l	mg/d			
2B. Acenaphtylene (208-96-8)			X	< 0.010	< 0.4						mg/l	mg/d			
3B. Anthracene (120-12-7)			X	< 0.010	< 0.4						mg/l	mg/d			
4B. Benzidine (92-87-5)			X	< 0.010	< 0.4						mg/l	mg/d			
5B. Benzo *(a)* Anthracene (56-55-3)			X	< 0.010	< 0.4						mg/l	mg/d			
6B. Benzo *(a)* Pyrene (50-32-8)			X	< 0.010	< 0.4						mg/l	mg/d			
7B. 3,4-Benzo-fluoranthene (205-99-2)			X	< 0.010	< 0.4						mg/l	mg/d			
8B. Benzo *(ghi)* Perylene (191-24-2)			X	< 0.010	< 0.4						mg/l	mg/d			
9B. Benzo *(k)* Fluoranthene (207-08-9)			X	< 0.010	< 0.4						mg/l	mg/d			
10B. Bis *(2-Chloro-ethoxy)* Methane (111-91-1)			X	< 0.010	< 0.4						mg/l	mg/d			
11B. Bis *(2-Chloro-ethyl)* Ether (111-44-4)			X	< 0.010	< 0.4						mg/l	mg/d			
12B. Bis *(2-Chloroiso-propyl)* Ether (102-60-1)			X	< 0.010	< 0.4						mg/l	mg/d			
13B. Bis *(2-Ethyl-hexyl)* Phthalate (117-81-7)			X	< 0.010	< 0.4						mg/l	mg/d			
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X	< 0.010	< 0.4						mg/l	mg/d			
15B. Butyl Benzyl Phthalate (85-68-7)			X	< 0.010	< 0.4						mg/l	mg/d			
16B. 2-Chloro-naphthalene (91-58-7)			X	< 0.010	< 0.4						mg/l	mg/d			
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X	< 0.010	< 0.4						mg/l	mg/d			
18B. Chrysene (218-01-9)			X	< 0.010	< 0.4						mg/l	mg/d			
19B. Dibenzo *(a,h)* Anthracene (53-70-3)			X	< 0.010	< 0.4						mg/l	mg/d			
20B. 1,2-Dichloro-benzene (95-50-1)			X	< 0.010	< 0.4						mg/l	mg/d			
21B. 1,3-Dichloro-benzene (541-73-1)			X	< 0.010	< 0.4						mg/l	mg/d			

CONTINUE ON PAGE V-7

CONTINUED FROM PAGE V-6

EPA I.D. NUMBER (Copy from Item 1 of Form 1): NM0890010515 | OUTFALL NUMBER: 04A

Form Approved. OMB No. 2040-0086. Approval expires 7-31-88

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
22B. 1,4-Dichlorobenzene (106-46-7)			X	< 0.010	< 0.4						mg/l	mg/d			
23B. 3,3'-Dichlorobenzidine (91-94-1)			X	< 0.010	< 0.4						mg/l	mg/d			
24B. Diethyl Phthalate (84-66-2)			X	< 0.010	< 0.4						mg/l	mg/d			
25B. Dimethyl Phthalate (131-11-3)			X	< 0.010	< 0.4						mg/l	mg/d			
26B. Di-N-Butyl Phthalate (84-74-2)			X	< 0.010	< 0.4						mg/l	mg/d			
27B. 2,4-Dinitrotoluene (121-14-2)			X	< 0.010	< 0.4						mg/l	mg/d			
28B. 2,6-Dinitrotoluene (606-20-2)			X	< 0.010	< 0.4						mg/l	mg/d			
29B. Di-N-Octyl Phthalate (117-84-0)			X	< 0.010	< 0.4						mg/l	mg/d			
30B. 1,2-Diphenylhydrazine *(as Azobenzene)* (122-66-7)			X	< 0.010	< 0.4						mg/l	mg/d			
31B. Fluoranthene (206-44-0)			X	< 0.010	< 0.4						mg/l	mg/d			
32B. Fluorene (86-73-7)			X	< 0.010	< 0.4						mg/l	mg/d			
33B. Hexachlorobenzene (118-74-1)			X	< 0.010	< 0.4						mg/l	mg/d			
34B. Hexachlorobutadiene (87-68-3)			X	< 0.010	< 0.4						mg/l	mg/d			
35B. Hexachlorocyclopentadiene (77-47-4)			X	< 0.010	< 0.4						mg/l	mg/d			
36B. Hexachloroethane (67-72-1)			X	< 0.010	< 0.4						mg/l	mg/d			
37B. Indeno *(1,2,3-cd)* Pyrene (193-39-5)			X	< 0.010	< 0.4						mg/l	mg/d			
38B. Isophorone (78-59-1)			X	< 0.010	< 0.4						mg/l	mg/d			
39B. Naphthalene (91-20-3)			X	< 0.010	< 0.4						mg/l	mg/d			
40B. Nitrobenzene (98-95-3)			X	< 0.010	< 0.4						mg/l	mg/d			
41B. N-Nitrosodimethylamine (62-75-9)			X	< 0.010	< 0.4						mg/l	mg/d			
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X	< 0.010	< 0.4						mg/l	mg/d			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

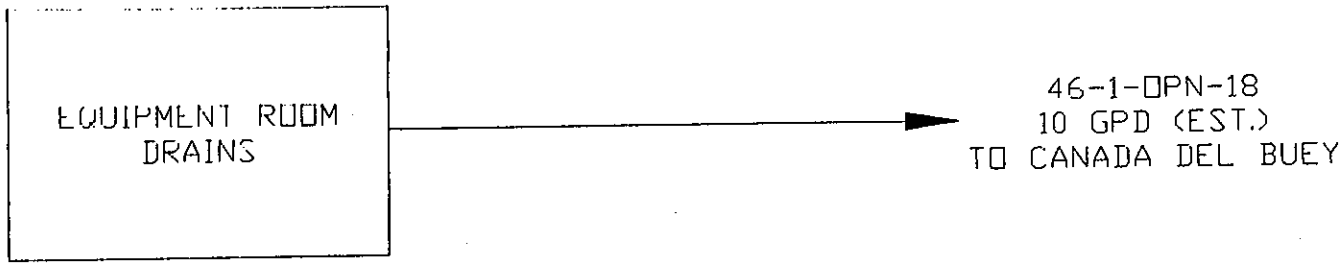
1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION — BASE/NEUTRAL COMPOUNDS *(continued)*															
43B. N-Nitrosodiphenylamine (86-30-6)			X	< 0.010	< 0.4						mg/l	mg/d			
44B. Phenanthrene (85-01-8)			X	< 0.010	< 0.4						mg/l	mg/d			
45B. Pyrene (129-00-0)			X	< 0.010	< 0.4						mg/l	mg/d			
46B. 1,2,4-Trichlorobenzene (120-82-1)			X	< 0.010	< 0.4						mg/l	mg/d			
GC/MS FRACTION — PESTICIDES															
1P. Aldrin (309-00-2)			X	< 0.06	< 2.3						ug/l	ug/d			
2P. α-BHC (319-84-6)			X	< 0.02	< 0.8						ug/l	ug/d			
3P. β-BHC (319-85-7)			X	< 0.1	< 3.8						ug/l	ug/d			
4P. γ-BHC (58-89-9)			X	< 0.03	< 1.1						ug/l	ug/d			
5P. δ-BHC (319-86-8)			X	< 0.12	< 4.5						ug/l	ug/d			
6P. Chlordane (57-74-9)			X	< 0.25	< 9.5						ug/l	ug/d			
7P. 4,4'-DDT (50-29-3)			X	< 0.06	< 2.3						ug/l	ug/d			
8P. 4,4'-DDE (72-55-9)			X	< 0.08	< 3.0						ug/l	ug/d			
9P. 4,4'-DDD (72-54-8)			X	< 0.08	< 3.0						ug/l	ug/d			
10P. Dieldrin (60-57-1)			X	< 0.08	< 3.0						ug/l	ug/d			
11P. α-Endosulfan (115-29-7)			X	< 0.05	< 1.9						ug/l	ug/d			
12P. β-Endosulfan (115-29-7)			X	< 0.08	< 3.0						ug/l	ug/d			
13P. Endosulfan Sulfate (1031-07-8)			X	< 0.09	< 3.4						ug/l	ug/d			
14P. Endrin (72-20-8)			X	< 0.06	< 2.3						ug/l	ug/d			
15P. Endrin Aldehyde (7421-93-4)			X	< 0.62	< 23.5						ug/l	ug/d			
16P. Heptachlor (76-44-8)			X	< 0.3	< 11.4						ug/l	ug/d			

CONTINUE ON PAGE V-9

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION — PESTICIDES *(continued)*															
17P. Heptachlor Epoxide (1024-57-3)			X	< 0.04	< 1.5						ug/l	ug/d			
18P. PCB-1242 (53469-21-9)			X	< 0.68	< 25.7						ug/l	ug/d			
19P. PCB-1254 (11097-69-1)			X	< 0.68	< 25.7						ug/l	ug/d			
20P. PCB-1221 (11104-28-2)			X	N.D.											
21P. PCB-1232 (11141-16-5)			X	N.D.											
22P. PCB-1248 (12672-29-6)			X	N.D.											
23P. PCB-1260 (11096-82-5)			X	< 0.68	< 25.7						ug/l	ug/d			
24P. PCB-1016 (12674-11-2)			X	N.D.											
25P. Toxaphene (8001-35-2)			X	< 2.5	< 94.6						ug/l	ug/d			

☆U.S. GOVERNMENT PRINTING OFFICE : 1986 O - 491-191 (46116)



TA-46-1

NOT TO SCALE

Please type or print in the unshaded areas only

EPA ID Number (copy from Item 1 of Form 1): NM0890010515

Form Approved
OMB No. 2040-0086
Approval expires 7-31-88

Form 2D NPDES

EPA New Sources and New Dischargers Application for Permit to Discharge Process Wastewater

I. Outfall Location

For each outfall, list the latitude and longitude, and the name of the receiving water.

Outfall Number (list)	Latitude			Longitude			Receiving Water (name)
	Deg	Min	Sec	Deg	Min	Sec	
46-1-OPN-31	35	51	18	106	16	53	Tributary to Canada Del Buey, and ephemeral tributary to the Rio Grande

II. Discharge Date (When do you expect to begin discharging?)

Active discharge noted during waste stream characterization.

III. Flows, Sources of Pollution, and Treatment Technologies

A. For each outfall, provide a description of (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and stormwater runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

Outfall Number	1. Operations Contributing Flow (list)	2. Average Flow (include units)	3. Treatment (Description or List Codes from Table 2D-1)
46-1-OPN-31	Cooling tower overflow	50 GPY	None

B. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item III-A. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

C. Except for storm runoff, leaks, or spills, will any of the discharges described in item III-A be intermittent or seasonal?

☐ Yes *(complete the following table)* ☒ No *(go to item IV)*

Outfall Number	1. Frequency		2. Flow		
	a. Days Per Week *(specify average)*	b. Months Per Year *(specify average)*	a. Maximum Daily Flow Rate *(in mgd)*	b. Maximum Total Volume *(specify with units)*	c. Duration *(in days)*

IV. Production

If there is an applicable production-based effluent guideline or NSPS, for each outfall list the estimated level of production (projection of actual production level, not design), expressed in the terms and units used in the applicable effluent guideline or NSPS, for each of the first 3 years of operation. If production is likely to vary, you may also submit alternative estimates (attach a separate sheet).

Year	a. Quantity Per Day	b. Units of Measure	c. Operation, Product, Material, etc *(specify)*
			N/A

CONTINUE ON NEXT PAGE

CONTINUED FROM THE FRONT	EPA ID Number *(copy from Item 1 of Form 1)* NM0890010515	Outfall Number 46-1-OPN-31

V. Effluent Characteristics

A, and B: These items require you to report estimated amounts *(both concentration and mass)* of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

General Instructions *(See table 2D-2 for Pollutants)*

Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value *(include units)*	3. Average Daily Value *(include units)*	4. Source *(see instructions)*
See attached 03A datasheets			Best professional estimates

CONTINUED FROM THE FRONT	EPA ID Number *(copy from Item 1 of Form 1)* NM0890010515	

C. Use the space below to list any of the pollutants listed in Table 2D-3 of the instructions which you know or have reason to believe will be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it will be present.

1. Pollutant	2. Reason for Discharge
N/A	

VI. Engineering Report on Wastewater Treatment

A. If there is any technical evaluation concerning your wastewater treatment, including engineering reports or pilot plant studies, check the appropriate box below.

☒ Report Available ☐ No Report Waste Stream Characterization Report #71

B. Provide the name and location of any existing plant(s) which, to the best of your knowledge, resembles this production facility with respect to production processes, wastewater constituents, or wastewater treatments.

Name	Location
N/A	

 CONTINUE ON NEXT PAGE

EPA ID Number *(copy from item one of Form 1)*
NM0890010515

VII. Other Information *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations for the proposed facility. Attach additional sheets if necessary.

See attached 03A datasheets.

VIII. Certification

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.

A. Name and Official Title *(type or print)*	B. Phone No.
JERRY L. BELLOWS, AREA MANAGER, DOE	505-667-5105
ALLEN J. TIEDMAN, ASSOC. DIRECTOR FOR OPERATIONS	505-667-9390
C. Signature	D. Date Signed

*U.S. Government Printing Office : 1986 -491-191/52940

Da[redacted]om [redacted]case [redacted]mpos[redacted]

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets *(use the same format)* instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*: NM0890010515

Form Approved. OMB No. 2040-0086 Approval expires 7-31-88

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

OUTFALL NO. 03A

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (2) MASS	d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	3. UNITS b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	4. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	4. INTAKE b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	2.0	0.4						mg/l	g/d			
b. Chemical Oxygen Demand *(COD)*	42.0	7.9						mg/l	g/d			
c. Total Organic Carbon *(TOC)*	7.4	1.4						mg/l	g/d			
d. Total Suspended Solids *(TSS)*	7.0	1.3						mg/l	g/d			
e. Ammonia *(as N)*	< .01	< 1.893						mg/l	mg/d			
f. Flow	VALUE 50		VALUE		VALUE			gal/day		VALUE		
g. Temperature *(winter)*	VALUE 36.9 C		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 6.8	MAXIMUM 8.8	MINIMUM 6.0	MAXIMUM 9.0				STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	2. MARK 'X' b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE b. NO. OF ANALYSES
a. Bromide (24959-67-9)	X		3.24	0.6						mg/l	g/d			
b. Chlorine, Total Residual		X	0.0	0.0						mg/l	mg/d			
c. Color	X		10							units				
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)	X		0.52	98.4						mg/l	mg/d			
f. Nitrate-Nitrite *(as N)*	X		1.13	0.2						mg/l	g/d			

CONTINUE ON REVERSE

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)	X		2.3	0.4						mg/l	g/d			
h. Oil and Grease		X	< 1.2	< 0.2						mg/l	g/d			
i. Phosphorus (as P), Total (7723-14-0)	X		.306	57.9						mg/l	mg/d			
j. Radioactivity														
(1) Alpha, Total	X		14	2.6						pCi/l	nCi/d			
(2) Beta, Total	X		6.6	1.2						pCi/l	nCi/d			
(3) Radium, Total	X													
(4) Radium 226, Total	X		0.07	13.2						pCi/l	nCi/d			
k. Sulfate (as SO_4) (14808-79-8)	X		143	27.1						mg/l	g/d			
l. Sulfide (as S)	X		70.2	13.3						mg/l	g/d			
m. Sulfite (as SO_3) (14265-45-3)	X		18.8	3.6						mg/l	g/d			
n. Surfactants	X		0.11	20.8						mg/l	mg/d			
o. Aluminum, Total (7429-90-5)	X		0.06	11.4						mg/l	mg/d			
p. Barium, Total (7440-39-3)	X		0.11	20.8						mg/l	mg/d			
q. Boron, Total (7440-42-8)	X		0.33	62.5						mg/l	mg/d			
r. Cobalt, Total (7440-48-4)		X	0.07	13.2						mg/l	mg/d			
s. Iron, Total (7439-89-6)	X		1.1	0.2						mg/l	g/d			
t. Magnesium, Total (7439-95-4)	X		5.8	1.1						mg/l	g/d			
u. Molybdenum, Total (7439-98-7)	X		1.7	0.3						mg/l	g/d			
v. Manganese, Total (7439-96-5)	X		0.05	9.5						mg/l	mg/d			
w. Tin, Total (7440-31-5)		X	< 0.050	< 9.5						mg/l	mg/d			
x. Titanium, Total (7440-32-6)		X	< 0.004	< 0.8						mg/l	mg/d			

CONTINUE ON PAGE V-3

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	03A

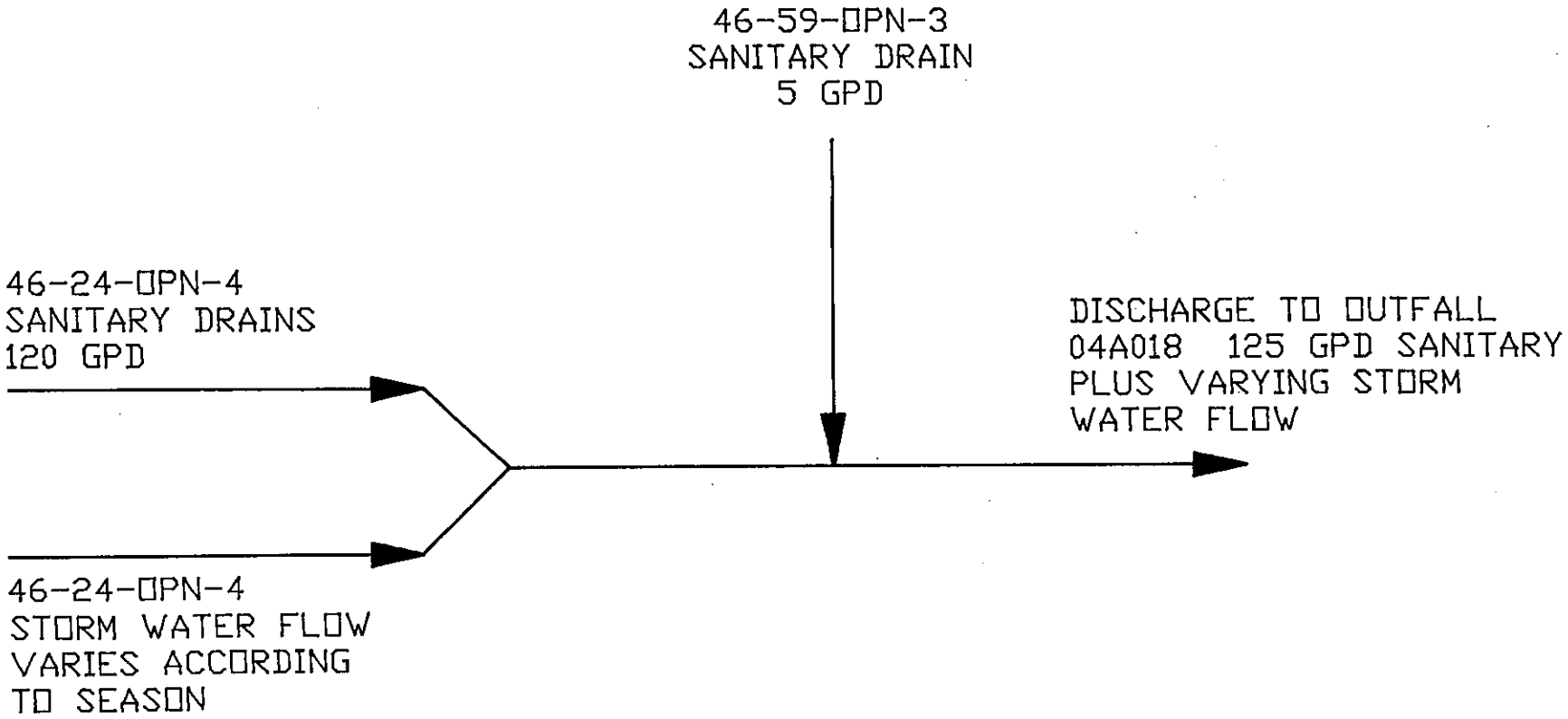
Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a *(secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions)*, mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table *(all 7 pages)* for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X	< 0.050	< 9.5						mg/l	mg/d			
2M. Arsenic, Total (7440-38-2)		X		0.04	7.6						mg/l	mg/d			
3M. Beryllium, Total, 7440-41-7)			X	< 0.1	< 18.9						mg/l	mg/d			
4M. Cadmium, Total (7440-43-9)		X		.004	0.8						mg/l	mg/d			
5M. Chromium, Total (7440-47-3)		X		.260	49.2						mg/l	mg/d			
6M. Copper, Total (7440-50-8)		X		0.1	18.9						mg/l	mg/d			
7M. Lead, Total (7439-92-1)		X		.050	9.5						mg/l	mg/d			
8M. Mercury, Total (7439-97-6)			X	< .0002	< 0.0						mg/l	mg/d			
9M. Nickel, Total (7440-02-0)		X		.28	53.0						mg/l	mg/d			
10M. Selenium, Total (7782-49-2)			X	< .001	< 0.2						mg/l	mg/d			
11M. Silver, Total (7440-22-4)			X	< 0.01	< 1.9						mg/l	mg/d			
12M. Thallium, Total (7440-28-0)		X		0.51	96.5						mg/l	mg/d			
13M. Zinc, Total (7440-66-6)		X		.071	13.4						mg/l	mg/d			
14M. Cyanide, Total (57-12-5)		X		.033	6.2						mg/l	mg/d			
15M. Phenols, Total			X	< .01	< 1.9						mg/l	mg/d			
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUE ON REVERSE



46-24-OPN-4 and 46-59-OPN-3 SANITARY AND STORM WATER

NTS

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION — VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X	< 0.005	< 0.9						mg/l	mg/d			
4V. Bis (Chloromethyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X	< 0.005	< 0.9						mg/l	mg/d			
6V. Carbon Tetrachloride (56-23-5)			X	< 0.005	< 0.9						mg/l	mg/d			
7V. Chlorobenzene (108-90-7)			X	< 0.005	< 0.9						mg/l	mg/d			
8V. Chlorodibromomethane (124-48-1)			X	< 0.005	< 0.9						mg/l	mg/d			
9V. Chloroethane (75-00-3)			X	< 0.010	< 0.00						mg/l	mg/d			
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X	< 0.005	< 0.9						mg/l	mg/d			
12V. Dichlorobromomethane (75-27-4)			X	< 0.005	< 0.9						mg/l	mg/d			
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X	< 0.005	< 0.9						mg/l	mg/d			
15V. 1,2-Dichloroethane (107-06-2)			X	< 0.005	< 0.9						mg/l	mg/d			
16V. 1,1-Dichloroethylene (75-35-4)			X	< 0.005	< 0.9						mg/l	mg/d			
17V. 1,2-Dichloropropane (78-87-5)			X	< 0.005	< 0.9						mg/l	kg/d			
18V. 1,3-Dichloropropylene (542-75-6)			X	< 0.005	< 0.9						mg/l	mg/d			
19V. Ethylbenzene (100-41-4)			X	< 0.005	< 0.9						mg/l	mg/d			
20V. Methyl Bromide (74-83-9)			X	< 0.010	< 1.9						mg/l	mg/d			
21V. Methyl Chloride (74-87-3)			X	< 0.010	< 1.9						mg/l	mg/d			

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CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (If available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (If available) (2) MASS	c. LONG TERM AVRG. VALUE (If available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (If available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION — VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)			X	< 0.005	< 0.9						mg/l	mg/d			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X	< 0.005	< 0.9						mg/l	mg/d			
24V. Tetrachloroethylene (127-18-4)			X	< 0.005	< 0.9						mg/l	mg/d			
25V. Toluene (108-88-3)			X	< 0.005	< 0.9						mg/l	mg/d			
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X	< 0.005	< 0.9						mg/l	mg/d			
27V. 1,1,1-Trichloroethane (71-55-6)			X	< 0.005	< 0.9						mg/l	mg/d			
28V. 1,1,2-Trichloroethane (79-00-5)			X	< 0.005	< 0.9						mg/l	mg/d			
29V. Trichloroethylene (79-01-6)			X	< 0.005	< 0.9						mg/l	mg/d			
30V. Trichlorofluoromethane (75-69-4)			X	< 0.005	< 0.9						mg/l	mg/d			
31V. Vinyl Chloride (75-01-4)			X	< 0.010	< 1.9						mg/l	mg/d			
GC/MS FRACTION — ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X	< 0.010	< 1.9						mg/l	mg/d			
2A. 2,4-Dichlorophenol (120-83-2)			X	< 0.010	< 1.9						mg/l	mg/d			
3A. 2,4-Dimethylphenol (105-67-9)			X	< 0.010	< 1.9						mg/l	mg/d			
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X	< 0.010	< 1.9						mg/l	mg/d			
5A. 2,4-Dinitrophenol (51-28-5)			X	< 0.010	< 1.9						mg/l	mg/d			
6A. 2-Nitrophenol (88-75-5)			X	< 0.010	< 1.9						mg/l	mg/d			
7A. 4-Nitrophenol (100-02-7)			X	< 0.010	< 1.9						mg/l	mg/d			
8A. P-Chloro-M-Cresol (59-50-7)			X	< 0.010	< 1.9						mg/l	mg/d			
9A. Pentachlorophenol (87-86-5)			X	< 0.010	< 1.9						mg/l	mg/d			
10A. Phenol (108-95-2)			X	< 0.010	< 1.9						mg/l	mg/d			
11A. 2,4,6-Trichlorophenol (88-06-2)			X	< 0.010	< 1.9						mg/l	mg/d			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X	< 0.010	< 1.9						mg/l	mg/d			
2B. Acenaphtylene (208-96-8)			X	< 0.010	< 1.9						mg/l	mg/d			
3B. Anthracene (120-12-7)			X	< 0.010	< 1.9						mg/l	mg/d			
4B. Benzidine (92-87-5)			X	< 0.010	< 1.9						mg/l	mg/d			
5B. Benzo *(a)* Anthracene (56-55-3)			X	< 0.010	< 1.9						mg/l	mg/d			
6B. Benzo *(a)* Pyrene (50-32-8)			X	< 0.010	< 1.9						mg/l	mg/d			
7B. 3,4-Benzo-fluoranthene (205-99-2)			X	< 0.010	< 1.9						mg/l	mg/d			
8B. Benzo *(ghi)* Perylene (191-24-2)			X	< 0.010	< 1.9						mg/l	mg/d			
9B. Benzo *(k)* Fluoranthene (207-08-9)			X	< 0.010	< 1.9						mg/l	mg/d			
10B. Bis *(2-Chloro-ethoxy)* Methane (111-91-1)			X	< 0.010	< 1.9						mg/l	mg/d			
11B. Bis *(2-Chloro-ethyl)* Ether (111-44-4)			X	< 0.010	< 1.9						mg/l	mg/d			
12B. Bis *(2-Chloroiso-propyl)* Ether (102-60-1)			X	< 0.010	< 1.9						mg/l	mg/d			
13B. Bis *(2-Ethyl-hexyl)* Phthalate (117-81-7)			X	< 0.010	< 1.9						mg/l	mg/d			
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X	< 0.010	< 1.9						mg/l	mg/d			
15B. Butyl Benzyl Phthalate (85-68-7)			X	< 0.010	< 1.9						mg/l	mg/d			
16B. 2-Chloro-naphthalene (91-58-7)			X	< 0.010	< 1.9						mg/l	mg/d			
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X	< 0.010	< 1.9						mg/l	mg/d			
18B. Chrysene (218-01-9)			X	< 0.010	< 1.9						mg/l	mg/d			
19B. Dibenzo *(a,h)* Anthracene (53-70-3)			X	< 0.010	< 1.9						mg/l	mg/d			
20B. 1,2-Dichloro-benzene (95-50-1)			X	< 0.010	< 1.9						mg/l	mg/d			
21B. 1,3-Dichloro-benzene (541-73-1)			X	< 0.010	< 1.9						mg/l	mg/d			

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EPA I.D. NUMBER (Copy from Item 1 of Form 1) NM0890010515 OUTFALL NUMBER 03A

Form Approved. OMB No. 2040-0086 Approval expires 7-31-88

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
22B. 1,4-Dichlorobenzene (106-46-7)			X	< 0.010	< 1.9						mg/l	mg/d			
23B. 3,3'-Dichlorobenzidine (91-94-1)			X	< 0.010	< 1.9						mg/l	mg/d			
24B. Diethyl Phthalate (84-66-2)			X	< 0.010	< 1.9						mg/l	mg/d			
25B. Dimethyl Phthalate (131-11-3)			X	< 0.010	< 1.9						mg/l	mg/d			
26B. Di-N-Butyl Phthalate (84-74-2)			X	< 0.010	< 1.9						mg/l	mg/d			
27B. 2,4-Dinitrotoluene (121-14-2)			X	< 0.010	< 1.9						mg/l	mg/d			
28B. 2,6-Dinitrotoluene (606-20-2)			X	< 0.010	< 1.9						mg/l	mg/d			
29B. Di-N-Octyl Phthalate (117-84-0)			X	< 0.010	< 1.9						mg/l	mg/d			
30B. 1,2-Diphenylhydrazine *(as Azobenzene)* (122-66-7)			X	< 0.010	< 1.9						mg/l	mg/d			
31B. Fluoranthene (206-44-0)			X	< 0.010	< 1.9						mg/l	mg/d			
32B. Fluorene (86-73-7)			X	< 0.010	< 1.9						mg/l	mg/d			
33B. Hexachlorobenzene (118-74-1)			X	< 0.010	< 1.9						mg/l	mg/d			
34B. Hexachlorobutadiene (87-68-3)			X	< 0.010	< 1.9						mg/l	mg/d			
35B. Hexachlorocyclopentadiene (77-47-4)			X	< 0.010	< 1.9						mg/l	mg/d			
36B. Hexachloroethane (67-72-1)			X	< 0.010	< 1.9						mg/l	mg/d			
37B. Indeno *(1,2,3-cd)* Pyrene (193-39-5)			X	< 0.010	< 1.9						mg/l	mg/d			
38B. Isophorone (78-59-1)			X	< 0.010	< 1.9						mg/l	mg/d			
39B. Naphthalene (91-20-3)			X	< 0.010	< 1.9						mg/l	mg/d			
40B. Nitrobenzene (98-95-3)			X	< 0.010	< 1.9						mg/l	mg/d			
41B. N-Nitrosodimethylamine (62-75-9)			X	< 0.010	< 1.9						mg/l	mg/d			
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X	< 0.010	< 1.9						mg/l	mg/d			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
43B. N-Nitrosodiphenylamine (86-30-6)			X	< 0.010	< 1.2						mg/l	g/d			
44B. Phenanthrene (85-01-8)			X	< 0.010	< 1.2						mg/l	g/d			
45B. Pyrene (129-00-0)			X	< 0.010	< 1.2						mg/l	g/d			
46B. 1,2,4-Trichlorobenzene (120-82-1)			X	< 0.010	< 1.2						mg/l	g/d			
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X	< 0.06	< 7.5						ug/l	mg/d			
2P. α-BHC (319-84-6)			X	< 0.04	< 5.0						ug/l	mg/d			
3P. β-BHC (319-85-7)			X	< 0.1	< 12.5						ug/l	mg/d			
4P. γ-BHC (58-89-9)			X	< 0.03	< 3.7						ug/l	mg/d			
5P. δ-BHC (319-86-8)			X	< 0.12	< 15.0						ug/l	mg/d			
6P. Chlordane (57-74-9)			X	< 0.25	< 31.2						ug/l	mg/d			
7P. 4,4'-DDT (50-29-3)			X	< 0.06	< 7.5						ug/l	mg/d			
8P. 4,4'-DDE (72-55-9)			X	< 0.08	< 10.0						ug/l	mg/d			
9P. 4,4'-DDD (72-54-8)			X	< 0.08	< 10.0						ug/l	mg/d			
10P. Dieldrin (60-57-1)			X	< 0.08	< 10.0						ug/l	mg/d			
11P. α-Endosulfan (115-29-7)			X	< 0.05	< 6.2						ug/l	mg/d			
12P. β-Endosulfan (115-29-7)			X	< 0.08	< 10.0						ug/l	mg/d			
13P. Endosulfan Sulfate (1031-07-8)			X	< 0.09	< 11.2						ug/l	mg/d			
14P. Endrin (72-20-8)			X	< 0.06	< 7.5						ug/l	mg/d			
15P. Endrin Aldehyde (7421-93-4)			X	< 0.62	< 77.4						ug/l	mg/d			
16P. Heptachlor (76-44-8)			X	< 0.03	< 3.7						ug/l	mg/d			

CONTINUE ON PAGE V-9

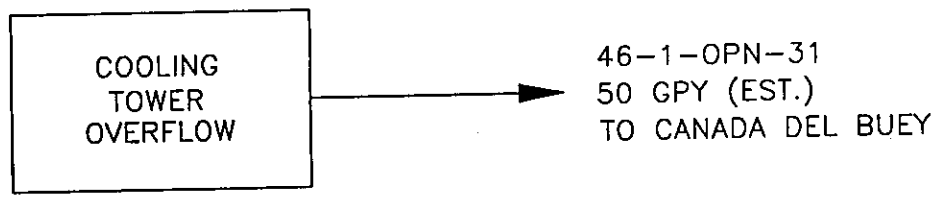
EPA [redacted] UMB[redacted] by fro[redacted] I o[redacted] I) [redacted] L NUMBER [redacted] Form [redacted] d. OMB No. 2040-0086 Approval expires 7-31-88

NM0890010515 | 03A

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION — PESTICIDES (continued)															
17P. Heptachlor Epoxide (1024-57-3)			X	< 0.08	< 10.0						ug/l	mg/d			
18P. PCB-1242 (53469-21-9)			X	< 0.71	< 88.7						ug/l	mg/d			
19P. PCB-1254 (11097-69-1)			X	< 0.71	< 88.7						ug/l	mg/d			
20P. PCB-1221 (11104-28-2)			X	N.D.											
21P. PCB-1232 (11141-16-5)			X	N.D.											
22P. PCB-1248 (12672-29-6)			X	N.D.											
23P. PCB-1260 (11096-82-5)			X	< 0.71	< 88.7						ug/l	mg/d			
24P. PCB-1016 (12674-11-2)			X	N.D.											
25P. Toxaphene (8001-35-2)			X	< 2.5	< 312.3						ug/l	mg/d			

☆U.S. GOVERNMENT PRINTING OFFICE : 1986 O - 491-191 (46116)

TA-46-1


COOLING
TOWER
OVERFLOW
46-1-OPN-31
50 GPY (EST.)
TO CANADA DEL BUEY

Please type or print in the unshaded areas only

EPA ID Number *(copy from Item 1 of Form 1)* NM0890010515

Form Approved
OMB No. 2040-0086
Approval expires 7-31-88

Form **2D** NPDES

EPA New Sources and New Dischargers Application for Permit to Discharge Process Wastewater

I. Outfall Location

For each outfall, list the latitude and longitude, and the name of the receiving water.

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
46-1-OPN-38	35	51	18	106	16	53	Tributary to Canada Del Buey, and ephemeral tributary to the Rio Grande

II. Discharge Date *(When do you expect to begin discharging?)*

Active discharge noted during waste stream characterization.

III. Flows, Sources of Pollution, and Treatment Technologies

A. For each outfall, provide a description of (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and stormwater runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

Outfall Number	1. Operations Contributing Flow *(list)*	2. Average Flow *(include units)*	3. Treatment *(Description or List Codes from Table 2D-1)*
46-1-OPN-38	Trench drain	1 GPD	None

B. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item III-A. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

C. Except for storm runoff, leaks, or spills, will any of the discharges described in item III-A be intermittent or seasonal?

☒ Yes *(complete the following table)* ☐ No *(go to item IV)*

Outfall Number	1. Frequency		2. Flow		
	a. Days Per Week *(specify average)*	b. Months Per Year *(specify average)*	a. Maximum Daily Flow Rate *(in mgd)*	b. Maximum Total Volume *(specify with units)*	c. Duration *(in days)*
46-1-OPN-38	5	12	0.000001	1 GPD	260 day/yr

IV. Production

If there is an applicable production-based effluent guideline or NSPS, for each outfall list the estimated level of production (projection of actual production level, not design), expressed in the terms and units used in the applicable effluent guideline or NSPS, for each of the first 3 years of operation. If production is likely to vary, you may also submit alternative estimates (attach a separate sheet).

Year	a. Quantity Per Day	b. Units of Measure	c. Operation, Product, Material, etc *(specify)*
			N/A

CONTINUE ON NEXT PAGE

CONTINUED FROM THE FRONT	EPA ID Number *(copy from Item 1 of Form 1)* NM0890010515	Outfall Number 46-1-OPN-38

V. Effluent Characteristics

A, and B: These items require you to report estimated amounts *(both concentration and mass)* of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

General Instructions *(See table 2D-2 for Pollutants)*

Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value *(include units)*	3. Average Daily Value *(include units)*	4. Source *(see instructions)*
See attached 04A datasheets			Best professional estimates

CONTINUED FROM THE FRONT	EPA ID Number *(copy from Item 1 of Form 1)* NM0890010515	

C. Use the space below to list any of the pollutants listed in Table 2D-3 of the instructions which you know or have reason to believe will be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it will be present.

1. Pollutant	2. Reason for Discharge
N/A	

VI. Engineering Report on Wastewater Treatment

A. If there is any technical evaluation concerning your wastewater treatment, including engineering reports or pilot plant studies, check the appropriate box below.

[x] Report Available [ ] No Report Waste Stream Characterization Report #71

B. Provide the name and location of any existing plant(s) which, to the best of your knowledge, resembles this production facility with respect to production processes, wastewater constituents, or wastewater treatments.

Name	Location
N/A	

EPA ID Number *(copy from item one of Form 1)*
NM0890010515

VII. Other Information *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations for the proposed facility. Attach additional sheets if necessary.

See attached 04A datasheets.

VIII. Certification

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.

A. Name and Official Title *(type or print)*	B. Phone No.
JERRY L. BELLOWS, AREA MANAGER, DOE	505-667-5105
ALLEN J. TIEDMAN, ASSOC. DIRECTOR FOR OPERATIONS	505-667-9390
C. Signature	D. Date Signed

*U.S. Government Printing Office : 1986 -491-191/52940

Data from worst case composite.

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets *(use the same format)* instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*: NM0890010515

Form Approved. OMB No. 2040-0086 Approval expires 7-31-88

OUTFALL NO. 04A

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (2) MASS	d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	3. UNITS b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	4. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	4. INTAKE b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	< 2.0	< 7.6						mg/l	g/d			
b. Chemical Oxygen Demand *(COD)*	< 10.0	< 37.9						mg/l	g/d			
c. Total Organic Carbon *(TOC)*	0.6	2.2						mg/l	g/d			
d. Total Suspended Solids *(TSS)*	18.0	68.1						mg/l	g/d			
e. Ammonia *(as N)*	< 0.1	< 0.379						mg/l	g/d			
f. Flow	VALUE 1		VALUE		VALUE			gal/day		VALUE		
g. Temperature *(winter)*	VALUE 13.9		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)*	VALUE N/A		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 8.45	MAXIMUM 8.80	MINIMUM	MAXIMUM				STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	2. MARK 'X' b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE b. NO. OF ANALYSES
a. Bromide (24959-67-9)		X	< 0.5	< 1.9						mg/l	g/d			
b. Chlorine, Total Residual	X		0.05	0.0						mg/l	mg/d			
c. Color	X		7.0							units				
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)	X		0.21	0.8						mg/l	g/d			
f. Nitrate-Nitrite *(as N)*	X		0.304	1.2						mg/l	g/d			

CONTINUE ON REVERSE

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X' a. BELIEVED PRESENT	2. MARK 'X' b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. LONG TERM AVERAGE VALUE (2) MASS	5. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)		X	< 0.5	< 1.9						mg/l	mg/d			
h. Oil and Grease		X	< 1.05	< 4.0						mg/l	mg/d			
i. Phosphorus (as P), Total (7723-14-0)	X		0.05	0.2						mg/l	mg/d			
j. Radioactivity														
(1) Alpha, Total	X		0.1	0.4						pCi/l	pCi/d			
(2) Beta, Total	X		6.6	25.0						pCi/l	pCi/d			
(3) Radium, Total	X													
(4) Radium 226, Total	X		0.06	0.2						pCi/l	pCi/d			
k. Sulfate (as SO_4) (14808-79-8)	X		3.16	12.0						mg/l	mg/d			
l. Sulfide (as S)		X		0.0						mg/l	mg/d			
m. Sulfite (as SO_3) (14265-45-3)		X	< 0.05	< 0.2						mg/l	mg/d			
n. Surfactants		X	< 0.1	< 0.4						mg/l	mg/d			
o. Aluminum, Total (7429-90-5)		X	< 0.04	< 0.2						mg/l	mg/d			
p. Barium, Total (7440-39-3)	X		0.03	0.1						mg/l	mg/d			
q. Boron, Total (7440-42-8)	X		0.02	0.1						mg/l	mg/d			
r. Cobalt, Total (7440-48-4)		X	< 0.1	< 0.4						mg/l	mg/d			
s. Iron, Total (7439-89-6)	X		0.41	1.6						mg/l	mg/d			
t. Magnesium, Total (7439-95-4)	X		2.5	9.5						mg/l	mg/d			
u. Molybdenum, Total (7439-98-7)		X	< 0.02	< 0.1						mg/l	mg/d			
v. Manganese, Total (7439-96-5)	X		0.01	0.0						mg/l	mg/d			
w. Tin, Total (7440-31-5)		X	< 0.050	< 0.2						mg/l	mg/d			
x. Titanium, Total (7440-32-6)		X	< 0.004	< 0.0						mg/l	mg/d			

CONTINUE ON PAGE V-3

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION — VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X	< 0.005	< 0.0						mg/l	mg/d			
4V. Bis (Chloromethyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X	< 0.005	< 0.0						mg/l	mg/d			
6V. Carbon Tetrachloride (56-23-5)			X	< 0.005	< 0.0						mg/l	mg/d			
7V. Chlorobenzene (108-90-7)			X	< 0.005	< 0.0						mg/l	mg/d			
8V. Chlorodibromomethane (124-48-1)			X	< 0.005	< 0.0						mg/l	mg/d			
9V. Chloroethane (75-00-3)			X	< 0.010	< 0.0000						mg/l	mg/d			
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X	< 0.005	< 0.0						mg/l	mg/d			
12V. Dichlorobromomethane (75-27-4)			X	< 0.005	< 0.0						mg/l	mg/d			
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X	< 0.005	< 0.0						mg/l	mg/d			
15V. 1,2-Dichloroethane (107-06-2)			X	< 0.005	< 0.0						mg/l	mg/d			
16V. 1,1-Dichloroethylene (75-35-4)			X	< 0.005	< 0.0						mg/l	mg/d			
17V. 1,2-Dichloropropane (78-87-5)			X	< 0.005	< 0.0						mg/l	kg/d			
18V. 1,3-Dichloropropylene (542-75-6)			X	<	< 0.0						mg/l	mg/d			
19V. Ethylbenzene (100-41-4)			X	< 0.005	< 0.0						mg/l	mg/d			
20V. Methyl Bromide (74-83-9)			X	< 0.010	< 0.0						mg/l	mg/d			
21V. Methyl Chloride (74-87-3)			X	< 0.010	< 0.0						mg/l	mg/d			

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EPA [redacted] UMB[redacted]py f[redacted]m I o[redacted] I) C[redacted]LL N[redacted]R NM0890010515 04A

[redacted] No. 20[redacted]6 Approval expires 7-31-88

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)			X	< 0.005	< 0.0						mg/l	mg/d			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X	< 0.005	< 0.0						mg/l	mg/d			
24V. Tetrachloroethylene (127-18-4)			X	< 0.005	< 0.0						mg/l	mg/d			
25V. Toluene (108-88-3)			X	< 0.005	< 0.0						mg/l	mg/d			
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X	< 0.005	< 0.0						mg/l	mg/d			
27V. 1,1,1-Trichloroethane (71-55-6)			X	< 0.005	< 0.0						mg/l	mg/d			
28V. 1,1,2-Trichloroethane (79-00-5)			X	< 0.005	< 0.0						mg/l	mg/d			
29V. Trichloroethylene (79-01-6)			X	< 0.005	< 0.0						mg/l	mg/d			
30V. Trichlorofluoromethane (75-69-4)			X	< 0.005	< 0.0						mg/l	mg/d			
31V. Vinyl Chloride (75-01-4)			X	< 0.010	< 0.0						mg/l	mg/d			
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X	< 0.010	< 0.0						mg/l	mg/d			
2A. 2,4-Dichlorophenol (120-83-2)			X	< 0.010	< 0.0						mg/l	mg/d			
3A. 2,4-Dimethylphenol (105-67-9)			X	< 0.010	< 0.0						mg/l	mg/d			
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X	< 0.010	< 0.0						mg/l	mg/d			
5A. 2,4-Dinitrophenol (51-28-5)			X	< 0.010	< 0.0						mg/l	mg/d			
6A. 2-Nitrophenol (88-75-5)			X	< 0.010	< 0.0						mg/l	mg/d			
7A. 4-Nitrophenol (100-02-7)			X	< 0.010	< 0.0						mg/l	mg/d			
8A. P-Chloro-M-Cresol (59-50-7)			X	< 0.010	< 0.0						mg/l	mg/d			
9A. Pentachlorophenol (87-86-5)			X	< 0.010	< 0.0						mg/l	mg/d			
10A. Phenol (108-95-2)			X	< 0.010	< 0.0						mg/l	mg/d			
11A. 2,4,6-Trichlorophenol (88-06-2)			X	< 0.010	< 0.0						mg/l	mg/d			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X	< 0.010	< 0.0						mg/l	mg/d			
2B. Acenaphtylene (208-96-8)			X	< 0.010	< 0.0						mg/l	mg/d			
3B. Anthracene (120-12-7)			X	< 0.010	< 0.0						mg/l	mg/d			
4B. Benzidine (92-87-5)			X	< 0.010	< 0.0						mg/l	mg/d			
5B. Benzo (a) Anthracene (56-55-3)			X	< 0.010	< 0.0						mg/l	mg/d			
6B. Benzo (a) Pyrene (50-32-8)			X	< 0.010	< 0.0						mg/l	mg/d			
7B. 3,4-Benzo-fluoranthene (205-99-2)			X	< 0.010	< 0.0						mg/l	mg/d			
8B. Benzo (ghi) Perylene (191-24-2)			X	< 0.010	< 0.0						mg/l	mg/d			
9B. Benzo (k) Fluoranthene (207-08-9)			X	< 0.010	< 0.0						mg/l	mg/d			
10B. Bis (2-Chloro-ethoxy) Methane (111-91-1)			X	< 0.010	< 0.0						mg/l	mg/d			
11B. Bis (2-Chloro-ethyl) Ether (111-44-4)			X	< 0.010	< 0.0						mg/l	mg/d			
12B. Bis (2-Chloroiso-propyl) Ether (102-60-1)			X	< 0.010	< 0.0						mg/l	mg/d			
13B. Bis (2-Ethyl-hexyl) Phthalate (117-81-7)			X	< 0.010	< 0.0						mg/l	mg/d			
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X	< 0.010	< 0.0						mg/l	mg/d			
15B. Butyl Benzyl Phthalate (85-68-7)			X	< 0.010	< 0.0						mg/l	mg/d			
16B. 2-Chloro-naphthalene (91-58-7)			X	< 0.010	< 0.0						mg/l	mg/d			
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X	< 0.010	< 0.0						mg/l	mg/d			
18B. Chrysene (218-01-9)			X	< 0.010	< 0.0						mg/l	mg/d			
19B. Dibenzo (a,h) Anthracene (53-70-3)			X	< 0.010	< 0.0						mg/l	mg/d			
20B. 1,2-Dichloro-benzene (95-50-1)			X	< 0.010	< 0.0						mg/l	mg/d			
21B. 1,3-Dichloro-benzene (541-73-1)			X	< 0.010	< 0.0						mg/l	mg/d			

CONTINUE ON PAGE V-7

EPA I.D. NUMBER (Copy from Item 1 of Form 1) NM0890010515 OUTFALL NUMBER 04A

Form Approved. OMB No. 2040-0086 Approval expires 7-31-88

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
22B. 1,4-Dichlorobenzene (106-46-7)			X	< 0.010	< 0.0						mg/l	mg/d			
23B. 3,3'-Dichlorobenzidine (91-94-1)			X	< 0.010	< 0.0						mg/l	mg/d			
24B. Diethyl Phthalate (84-66-2)			X	< 0.010	< 0.0						mg/l	mg/d			
25B. Dimethyl Phthalate (131-11-3)			X	< 0.010	< 0.0						mg/l	mg/d			
26B. Di-N-Butyl Phthalate (84-74-2)			X	< 0.010	< 0.0						mg/l	mg/d			
27B. 2,4-Dinitrotoluene (121-14-2)			X	< 0.010	< 0.0						mg/l	mg/d			
28B. 2,6-Dinitrotoluene (606-20-2)			X	< 0.010	< 0.0						mg/l	mg/d			
29B. Di-N-Octyl Phthalate (117-84-0)			X	< 0.010	< 0.0						mg/l	mg/d			
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)			X	< 0.010	< 0.0						mg/l	mg/d			
31B. Fluoranthene (206-44-0)			X	< 0.010	< 0.0						mg/l	mg/d			
32B. Fluorene (86-73-7)			X	< 0.010	< 0.0						mg/l	mg/d			
33B. Hexachlorobenzene (118-74-1)			X	< 0.010	< 0.0						mg/l	mg/d			
34B. Hexachlorobutadiene (87-68-3)			X	< 0.010	< 0.0						mg/l	mg/d			
35B. Hexachlorocyclopentadiene (77-47-4)			X	< 0.010	< 0.0						mg/l	mg/d			
36B. Hexachloroethane (67-72-1)			X	< 0.010	< 0.0						mg/l	mg/d			
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X	< 0.010	< 0.0						mg/l	mg/d			
38B. Isophorone (78-59-1)			X	< 0.010	< 0.0						mg/l	mg/d			
39B. Naphthalene (91-20-3)			X	< 0.010	< 0.0						mg/l	mg/d			
40B. Nitrobenzene (98-95-3)			X	< 0.010	< 0.0						mg/l	mg/d			
41B. N-Nitrosodimethylamine (62-75-9)			X	< 0.010	< 0.0						mg/l	mg/d			
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X	< 0.010	< 0.0						mg/l	mg/d			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION — BASE/NEUTRAL COMPOUNDS *(continued)*															
43B. N-Nitrosodiphenylamine (86-30-6)			X	< 0.010	< 0.0						mg/l	mg/d			
44B. Phenanthrene (85-01-8)			X	< 0.010	< 0.0						mg/l	mg/d			
45B. Pyrene (129-00-0)			X	< 0.010	< 0.0						mg/l	mg/d			
46B. 1,2,4 - Trichlorobenzene (120-82-1)			X	< 0.010	< 0.0						mg/l	mg/d			
GC/MS FRACTION — PESTICIDES															
1P. Aldrin (309-00-2)			X	< 0.06	< 0.2						ug/l	ug/d			
2P. α-BHC (319-84-6)			X	< 0.02	< 0.1						ug/l	ug/d			
3P. β-BHC (319-85-7)			X	< 0.1	< 0.4						ug/l	ug/d			
4P. γ-BHC (58-89-9)			X	< 0.03	< 0.1						ug/l	ug/d			
5P. δ-BHC (319-86-8)			X	< 0.12	< 0.5						ug/l	ug/d			
6P. Chlordane (57-74-9)			X	< 0.25	< 0.9						ug/l	ug/d			
7P. 4,4'-DDT (50-29-3)			X	< 0.06	< 0.2						ug/l	ug/d			
8P. 4,4'-DDE (72-55-9)			X	< 0.08	< 0.3						ug/l	ug/d			
9P. 4,4'-DDD (72-54-8)			X	< 0.08	< 0.3						ug/l	ug/d			
10P. Dieldrin (60-57-1)			X	< 0.08	< 0.3						ug/l	ug/d			
11P. α-Endosulfan (115-29-7)			X	< 0.05	< 0.2						ug/l	ug/d			
12P. β-Endosulfan (115-29-7)			X	< 0.08	< 0.3						ug/l	ug/d			
13P. Endosulfan Sulfate (1031-07-8)			X	< 0.09	< 0.3						ug/l	ug/d			
14P. Endrin (72-20-8)			X	< 0.06	< 0.2						ug/l	ug/d			
15P. Endrin Aldehyde (7421-93-4)			X	< 0.62	< 2.3						ug/l	ug/d			
16P. Heptachlor (76-44-8)			X	< 0.3	< 1.1						ug/l	ug/d			

CONTINUE ON PAGE V-9

EPA [redacted] UMBE[redacted] by fro[redacted] 1 o[redacted] 1) O[redacted] LL N[redacted]R
NM0890010515 | 04A

[redacted] Form A[redacted]d. [redacted]
OMB No. 2040-0088
Approval expires 7-31-88

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – PESTICIDES (continued)															
17P. Heptachlor Epoxide (1024-57-3)			X	< 0.04	< 0.2						ug/l	ug/d			
18P. PCB-1242 (53469-21-9)			X	< 0.68	< 2.6						ug/l	ug/d			
19P. PCB-1254 (11097-69-1)			X	< 0.68	< 2.6						ug/l	ug/d			
20P. PCB-1221 (11104-28-2)			X	N.D.											
21P. PCB-1232 (11141-16-5)			X	N.D.											
22P. PCB-1248 (12672-29-6)			X	N.D.											
23P. PCB-1260 (11096-82-5)			X	< 0.68	< 2.6						ug/l	ug/d			
24P. PCB-1016 (12674-11-2)			X	N.D.											
25P. Toxaphene (8001-35-2)			X	< 2.5	< 9.5						ug/l	ug/d			

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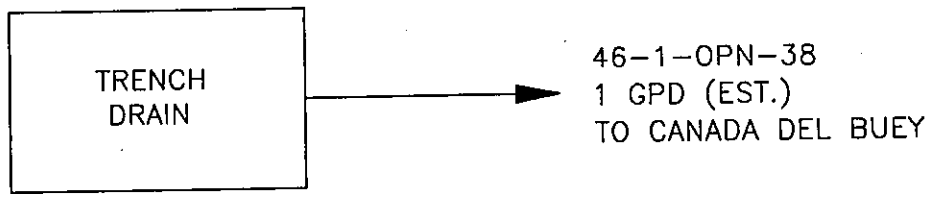
TA-46-1



Please type or print in the unshaded areas only

EPA ID Number *(copy from Item I of Form 1)* NM0890010515

Form Approved
OMB No. 2040-0086
Approval expires 7-31-88

Form **2D** NPDES

EPA New Sources and New Dischargers Application for Permit to Discharge Process Wastewater

I. Outfall Location

For each outfall, list the latitude and longitude, and the name of the receiving water.

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
46-88-OPN-25	35	51	10	106	19	55	Tributary to Canada Del Buey, and ephemeral tributary to
							the Rio Grande

II. Discharge Date *(When do you expect to begin discharging?)*

Active discharge noted during waste stream characterization.

III. Flows, Sources of Pollution, and Treatment Technologies

A. For each outfall, provide a description of (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and stormwater runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

Outfall Number	1. Operations Contributing Flow *(list)*	2. Average Flow *(include units)*	3. Treatment *(Description or List Codes from Table 2D-1)*
46-88-OPN-25	Cup drain sink	5 GPD	None
	Sink drains (2)	10 GPD	None

B. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item III-A. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

C. Except for storm runoff, leaks, or spills, will any of the discharges described in item III-A be intermittent or seasonal?

☒ Yes *(complete the following table)* ☐ No *(go to item IV)*

Outfall Number	1. Frequency		2. Flow		
	a. Days Per Week *(specify average)*	b. Months Per Year *(specify average)*	a. Maximum Daily Flow Rate *(in mgd)*	b. Maximum Total Volume *(specify with units)*	c. Duration *(in days)*
46-88-OPN-25	5	12	0.000015	15 GPD	260 day/yr

IV. Production

If there is an applicable production-based effluent guideline or NSPS, for each outfall list the estimated level of production (projection of actual production level, not design), expressed in the terms and units used in the applicable effluent guideline or NSPS, for each of the first 3 years of operation. If production is likely to vary, you may also submit alternative estimates (attach a separate sheet).

Year	a. Quantity Per Day	b. Units of Measure	c. Operation, Product, Material, etc *(specify)*
			N/A

CONTINUE ON NEXT PAGE

CONTINUED FROM THE FRONT	EPA ID Number *(copy from Item 1 of Form 1)* NM0890010515	Outfall Number 46-88-OPN-25

V. Effluent Characteristics

A, and B: These items require you to report estimated amounts *(both concentration and mass)* of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

General Instructions *(See table 2D-2 for Pollutants)*

Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value *(include units)*	3. Average Daily Value *(include units)*	4. Source *(see instructions)*
See attached 04A datasheets			Best professional estimates

CONTINUED FROM THE FRONT	EPA ID Number *(copy from Item I of Form 1)* NM0890010515	

C. Use the space below to list any of the pollutants listed in Table 2D-3 of the instructions which you know or have reason to believe will be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it will be present.

1. Pollutant	2. Reason for Discharge
N/A	

VI. Engineering Report on Wastewater Treatment

A. If there is any technical evaluation concerning your wastewater treatment, including engineering reports or pilot plant studies, check the appropriate box below.

☒ Report Available ☐ No Report Waste Stream Characterization Report #71

B. Provide the name and location of any existing plant(s) which, to the best of your knowledge, resembles this production facility with respect to production processes, wastewater constituents, or wastewater treatments.

Name	Location
N/A	

EPA ID Number *(copy from item one of Form 1)*
NM0890010515

VII. Other Information *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations for the proposed facility. Attach additional sheets if necessary.

See attached 04A datasheets.

VIII. Certification

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.

A. Name and Official Title *(type or print)*	B. Phone No.
JERRY L. BELLOWS, AREA MANAGER, DOE ALLEN J. TIEDMAN, ASSOC. DIRECTOR FOR OPERATIONS	505-667-5105 505-667-9390
C. Signature	D. Date Signed

☆U.S. Government Printing Office : 1986 -491-191/52940

Data from worst case composite.

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets *(use the same format)* instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*: NM0890010515

Form Approved, OMB No. 2040-0086, Approval expires 7-31-88

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

OUTFALL NO. 04A

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	< 2.0	< 0.1						mg/l	g/d			
b. Chemical Oxygen Demand *(COD)*	< 10.0	< 0.6						mg/l	g/d			
c. Total Organic Carbon *(TOC)*	0.6	33.5						mg/l	g/d			
d. Total Suspended Solids *(TSS)*	18.0	1.0						mg/l	g/d			
e. Ammonia *(as N)*	< 0.1	< 5.678						mg/l	g/d			
f. Flow	VALUE 15		VALUE		VALUE			gal/day		VALUE		
g. Temperature *(winter)*	VALUE 13.9		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)*	VALUE N/A		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 8.45	MAXIMUM 8.80	MINIMUM	MAXIMUM				STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Bromide (24959-67-9)		X	< 0.5	< 28.4						mg/l	g/d			
b. Chlorine, Total Residual	X		0.05	0.0						mg/l	mg/d			
c. Color	X		7.0							units				
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)	X		0.21	11.9						mg/l	g/d			
f. Nitrate-Nitrite *(as N)*	X		0.304	17.3						mg/l	g/d			

CONTINUE ON REVERSE

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X' a. BELIEVED PRESENT	2. MARK 'X' b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)		X	< 0.5	< 28.4						mg/l	mg/d			
h. Oil and Grease		X	< 1.05	< 59.6						mg/l	mg/d			
i. Phosphorus (as P), Total (7723-14-0)	X		0.05	2.8						mg/l	mg/d			
j. Radioactivity														
(1) Alpha, Total	X		0.1	5.7						pCi/l	pCi/d			
(2) Beta, Total	X		6.6	0.4						pCi/l	nCi/d			
(3) Radium, Total	X													
(4) Radium 226, Total	X		0.06	3.4						pCi/l	pCi/d			
k. Sulfate (as SO_4) (14808-79-8)	X		3.16	0.2						mg/l	g/d			
l. Sulfide (as S)		X		0.0						mg/l	mg/d			
m. Sulfite (as SO_3) (14265-45-3)		X	< 0.05	< 2.8						mg/l	mg/d			
n. Surfactants		X	< 0.1	< 5.7						mg/l	mg/d			
o. Aluminum, Total (7429-90-5)		X	< 0.04	< 2.3						mg/l	mg/d			
p. Barium, Total (7440-39-3)	X		0.03	1.7						mg/l	mg/d			
q. Boron, Total (7440-42-8)	X		0.02	1.1						mg/l	mg/d			
r. Cobalt, Total (7440-48-4)		X	< 0.1	< 5.7						mg/l	mg/d			
s. Iron, Total (7439-89-6)	X		0.41	23.3						mg/l	mg/d			
t. Magnesium, Total (7439-95-4)	X		2.5	0.1						mg/l	g/d			
u. Molybdenum, Total (7439-98-7)		X	< 0.02	< 1.1						mg/l	mg/d			
v. Manganese, Total (7439-96-5)	X		0.01	0.6						mg/l	mg/d			
w. Tin, Total (7440-31-5)		X	< 0.050	< 2.8						mg/l	mg/d			
x. Titanium, Total (7440-32-6)		X	< 0.004	< 0.2						mg/l	mg/d			

CONTINUE ON PAGE V-3

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	04A

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a *(secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions)*, mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table *(all 7 pages)* for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X	< 0.050	< 2.8						mg/l	mg/d			
2M. Arsenic, Total (7440-38-2)		X		0.002	0.1						mg/l	mg/d			
3M. Beryllium, Total, 7440-41-7)			X	< 0.001	< 0.1						mg/l	mg/d			
4M. Cadmium, Total (7440-43-9)			X	< 0.010	< 0.6						mg/l	mg/d			
5M. Chromium, Total (7440-47-3)		X		0.040	2.3						mg/l	mg/d			
6M. Copper, Total (7440-50-8)		X		0.031	1.8						mg/l	mg/d			
7M. Lead, Total (7439-92-1)			X	< 0.050	< 2.8						mg/l	mg/d			
8M. Mercury, Total (7439-97-6)			X	< 0.0002	< 0.0						mg/l	mg/d			
9M. Nickel, Total (7440-02-0)		X		0.06	3.4						mg/l	mg/d			
10M. Selenium, Total (7782-49-2)			X	< 0.001	< 0.1						mg/l	mg/d			
11M. Silver, Total (7440-22-4)			X	< 0.010	< 0.6						mg/l	mg/d			
12M. Thallium, Total (7440-28-0)			X	< 0.4	< 22.7						mg/l	mg/d			
13M. Zinc, Total (7440-66-6)		X		0.043	2.4						mg/l	mg/d			
14M. Cyanide, Total (57-12-5)			X	0.01	0.6						mg/l	mg/d			
15M. Phenols, Total			X	< 0.01	< 0.6						mg/l	mg/d			
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUE ON REVERSE

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1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X	< 0.005	< 0.3						mg/l	mg/d			
4V. Bis (Chloromethyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X	< 0.005	< 0.3						mg/l	mg/d			
6V. Carbon Tetrachloride (56-23-5)			X	< 0.005	< 0.3						mg/l	mg/d			
7V. Chlorobenzene (108-90-7)			X	< 0.005	< 0.3						mg/l	mg/d			
8V. Chlorodibromomethane (124-48-1)			X	< 0.005	< 0.3						mg/l	mg/d			
9V. Chloroethane (75-00-3)			X	< 0.010	< 0.000						mg/l	mg/d			
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X	< 0.005	< 0.3						mg/l	mg/d			
12V. Dichlorobromomethane (75-27-4)			X	< 0.005	< 0.3						mg/l	mg/d			
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X	< 0.005	< 0.3						mg/l	mg/d			
15V. 1,2-Dichloroethane (107-06-2)			X	< 0.005	< 0.3						mg/l	mg/d			
16V. 1,1-Dichloroethylene (75-35-4)			X	< 0.005	< 0.3						mg/l	mg/d			
17V. 1,2-Dichloropropane (78-87-5)			X	< 0.005	< 0.3						mg/l	kg/d			
18V. 1,3-Dichloropropylene (542-75-6)			X	<	< 0.0						mg/l	mg/d			
19V. Ethylbenzene (100-41-4)			X	< 0.005	< 0.3						mg/l	mg/d			
20V. Methyl Bromide (74-83-9)			X	< 0.010	< 0.6						mg/l	mg/d			
21V. Methyl Chloride (74-87-3)			X	< 0.010	< 0.6						mg/l	mg/d			

CONTINUE ON PAGE V-5

EPA I.D. NUMBER (copy from Item 1 of Form 1) NM0890010515 | OUTFALL NUMBER 04A | OMB No. 2040-0086 Approval expires 7-31-88

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)			X	< 0.005	< 0.3						mg/l	mg/d			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X	< 0.005	< 0.3						mg/l	mg/d			
24V. Tetrachloroethylene (127-18-4)			X	< 0.005	< 0.3						mg/l	mg/d			
25V. Toluene (108-88-3)			X	< 0.005	< 0.3						mg/l	mg/d			
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X	< 0.005	< 0.3						mg/l	mg/d			
27V. 1,1,1-Trichloroethane (71-55-6)			X	< 0.005	< 0.3						mg/l	mg/d			
28V. 1,1,2-Trichloroethane (79-00-5)			X	< 0.005	< 0.3						mg/l	mg/d			
29V. Trichloroethylene (79-01-6)			X	< 0.005	< 0.3						mg/l	mg/d			
30V. Trichlorofluoromethane (75-69-4)			X	< 0.005	< 0.3						mg/l	mg/d			
31V. Vinyl Chloride (75-01-4)			X	< 0.010	< 0.6						mg/l	mg/d			
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X	< 0.010	< 0.6						mg/l	mg/d			
2A. 2,4-Dichlorophenol (120-83-2)			X	< 0.010	< 0.6						mg/l	mg/d			
3A. 2,4-Dimethylphenol (105-67-9)			X	< 0.010	< 0.6						mg/l	mg/d			
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X	< 0.010	< 0.6						mg/l	mg/d			
5A. 2,4-Dinitrophenol (51-28-5)			X	< 0.010	< 0.6						mg/l	mg/d			
6A. 2-Nitrophenol (88-75-5)			X	< 0.010	< 0.6						mg/l	mg/d			
7A. 4-Nitrophenol (100-02-7)			X	< 0.010	< 0.6						mg/l	mg/d			
8A. P-Chloro-M-Cresol (59-50-7)			X	< 0.010	< 0.6						mg/l	mg/d			
9A. Pentachlorophenol (87-86-5)			X	< 0.010	< 0.6						mg/l	mg/d			
10A. Phenol (108-95-2)			X	< 0.010	< 0.6						mg/l	mg/d			
11A. 2,4,6-Trichlorophenol (88-06-2)			X	< 0.010	< 0.6						mg/l	mg/d			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X	< 0.010	< 0.6						mg/l	mg/d			
2B. Acenaphtylene (208-96-8)			X	< 0.010	< 0.6						mg/l	mg/d			
3B. Anthracene (120-12-7)			X	< 0.010	< 0.6						mg/l	mg/d			
4B. Benzidine (92-87-5)			X	< 0.010	< 0.6						mg/l	mg/d			
5B. Benzo *(a)* Anthracene (56-55-3)			X	< 0.010	< 0.6						mg/l	mg/d			
6B. Benzo *(a)* Pyrene (50-32-8)			X	< 0.010	< 0.6						mg/l	mg/d			
7B. 3,4-Benzo-fluoranthene (205-99-2)			X	< 0.010	< 0.6						mg/l	mg/d			
8B. Benzo *(ghi)* Perylene (191-24-2)			X	< 0.010	< 0.6						mg/l	mg/d			
9B. Benzo *(k)* Fluoranthene (207-08-9)			X	< 0.010	< 0.6						mg/l	mg/d			
10B. Bis *(2-Chloro-ethoxy)* Methane (111-91-1)			X	< 0.010	< 0.6						mg/l	mg/d			
11B. Bis *(2-Chloro-ethyl)* Ether (111-44-4)			X	< 0.010	< 0.6						mg/l	mg/d			
12B. Bis *(2-Chloroiso-propyl)* Ether (102-60-1)			X	< 0.010	< 0.6						mg/l	mg/d			
13B. Bis *(2-Ethyl-hexyl)* Phthalate (117-81-7)			X	< 0.010	< 0.6						mg/l	mg/d			
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X	< 0.010	< 0.6						mg/l	mg/d			
15B. Butyl Benzyl Phthalate (85-68-7)			X	< 0.010	< 0.6						mg/l	mg/d			
16B. 2-Chloro-naphthalene (91-58-7)			X	< 0.010	< 0.6						mg/l	mg/d			
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X	< 0.010	< 0.6						mg/l	mg/d			
18B. Chrysene (218-01-9)			X	< 0.010	< 0.6						mg/l	mg/d			
19B. Dibenzo *(a,h)* Anthracene (53-70-3)			X	< 0.010	< 0.6						mg/l	mg/d			
20B. 1,2-Dichloro-benzene (95-50-1)			X	< 0.010	< 0.6						mg/l	mg/d			
21B. 1,3-Dichloro-benzene (541-73-1)			X	< 0.010	< 0.6						mg/l	mg/d			

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EPA I.D. NUMBER (copy from Item 1 of Form 1): NM0890010515

OUTFALL NUMBER: 04A

Form Approved. OMB No. 2040-0086 Approval expires 7-31-88

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TEST-ING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
22B. 1,4-Dichlorobenzene (106-46-7)			X	< 0.010	< 0.6						mg/l	mg/d			
23B. 3,3'-Dichlorobenzidine (91-94-1)			X	< 0.010	< 0.6						mg/l	mg/d			
24B. Diethyl Phthalate (84-66-2)			X	< 0.010	< 0.6						mg/l	mg/d			
25B. Dimethyl Phthalate (131-11-3)			X	< 0.010	< 0.6						mg/l	mg/d			
26B. Di-N-Butyl Phthalate (84-74-2)			X	< 0.010	< 0.6						mg/l	mg/d			
27B. 2,4-Dinitrotoluene (121-14-2)			X	< 0.010	< 0.6						mg/l	mg/d			
28B. 2,6-Dinitrotoluene (606-20-2)			X	< 0.010	< 0.6						mg/l	mg/d			
29B. Di-N-Octyl Phthalate (117-84-0)			X	< 0.010	< 0.6						mg/l	mg/d			
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)			X	< 0.010	< 0.6						mg/l	mg/d			
31B. Fluoranthene (206-44-0)			X	< 0.010	< 0.6						mg/l	mg/d			
32B. Fluorene (86-73-7)			X	< 0.010	< 0.6						mg/l	mg/d			
33B. Hexachlorobenzene (118-74-1)			X	< 0.010	< 0.6						mg/l	mg/d			
34B. Hexachlorobutadiene (87-68-3)			X	< 0.010	< 0.6						mg/l	mg/d			
35B. Hexachlorocyclopentadiene (77-47-4)			X	< 0.010	< 0.6						mg/l	mg/d			
36B. Hexachloroethane (67-72-1)			X	< 0.010	< 0.6						mg/l	mg/d			
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X	< 0.010	< 0.6						mg/l	mg/d			
38B. Isophorone (78-59-1)			X	< 0.010	< 0.6						mg/l	mg/d			
39B. Naphthalene (91-20-3)			X	< 0.010	< 0.6						mg/l	mg/d			
40B. Nitrobenzene (98-95-3)			X	< 0.010	< 0.6						mg/l	mg/d			
41B. N-Nitrosodimethylamine (62-75-9)			X	< 0.010	< 0.6						mg/l	mg/d			
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X	< 0.010	< 0.6						mg/l	mg/d			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
43B. N-Nitrosodiphenylamine (86-30-6)			X	< 0.010	< 0.6						mg/l	mg/d			
44B. Phenanthrene (85-01-8)			X	< 0.010	< 0.6						mg/l	mg/d			
45B. Pyrene (129-00-0)			X	< 0.010	< 0.6						mg/l	mg/d			
46B. 1,2,4-Trichlorobenzene (120-82-1)			X	< 0.010	< 0.6						mg/l	mg/d			
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X	< 0.06	< 3.4						ug/l	ug/d			
2P. α-BHC (319-84-6)			X	< 0.02	< 1.1						ug/l	ug/d			
3P. β-BHC (319-85-7)			X	< 0.1	< 5.7						ug/l	ug/d			
4P. γ-BHC (58-89-9)			X	< 0.03	< 1.7						ug/l	ug/d			
5P. δ-BHC (319-86-8)			X	< 0.12	< 6.8						ug/l	ug/d			
6P. Chlordane (57-74-9)			X	< 0.25	< 14.2						ug/l	ug/d			
7P. 4,4'-DDT (50-29-3)			X	< 0.06	< 3.4						ug/l	ug/d			
8P. 4,4'-DDE (72-55-9)			X	< 0.08	< 4.5						ug/l	ug/d			
9P. 4,4'-DDD (72-54-8)			X	< 0.08	< 4.5						ug/l	ug/d			
10P. Dieldrin (60-57-1)			X	< 0.08	< 4.5						ug/l	ug/d			
11P. α-Endosulfan (115-29-7)			X	< 0.05	< 2.8						ug/l	ug/d			
12P. β-Endosulfan (115-29-7)			X	< 0.08	< 4.5						ug/l	ug/d			
13P. Endosulfan Sulfate (1031-07-8)			X	< 0.09	< 5.1						ug/l	ug/d			
14P. Endrin (72-20-8)			X	< 0.06	< 3.4						ug/l	ug/d			
15P. Endrin Aldehyde (7421-93-4)			X	< 0.62	< 35.2						ug/l	ug/d			
16P. Heptachlor (76-44-8)			X	< 0.3	< 17.0						ug/l	ug/d			

CONTINUE ON PAGE V-9

EPA I.D. NUMBER (copy from Item 1 of Form 1) NM0890010515 | OUTFALL NUMBER 04A

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – PESTICIDES *(continued)*															
17P. Heptachlor Epoxide (1024-57-3)			X	< 0.04	< 2.3						ug/l	ug/d			
18P. PCB-1242 (53469-21-9)			X	< 0.68	< 38.6						ug/l	ug/d			
19P. PCB-1254 (11097-69-1)			X	< 0.68	< 38.6						ug/l	ug/d			
20P. PCB-1221 (11104-28-2)			X	N.D.											
21P. PCB-1232 (11141-16-5)			X	N.D.											
22P. PCB-1248 (12672-29-6)			X	N.D.											
23P. PCB-1260 (11096-82-5)			X	< 0.68	< 38.6						ug/l	ug/d			
24P. PCB-1016 (12674-11-2)			X	N.D.											
25P. Toxaphene (8001-35-2)			X	< 2.5	< 0.1						ug/l	mg/d			

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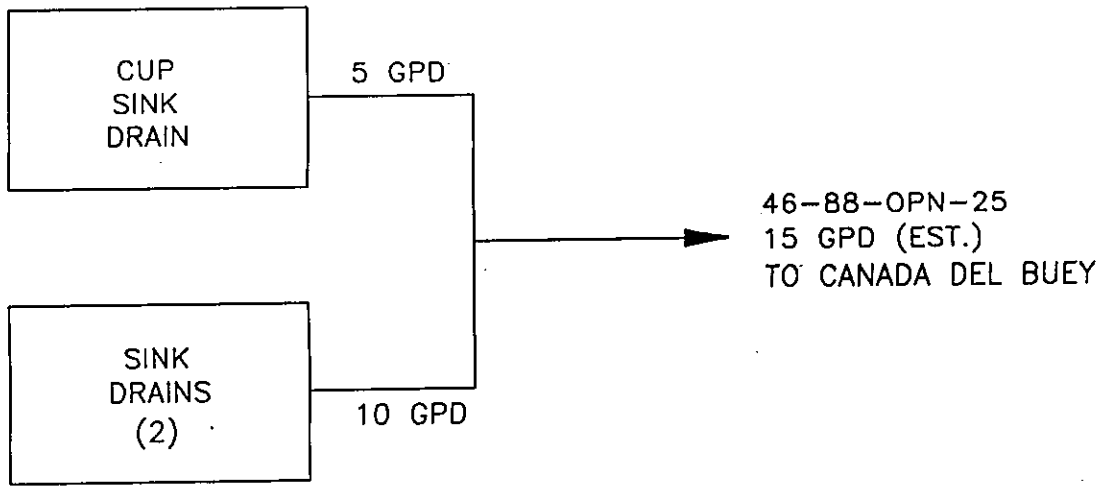
TA-46-88


CUP
SINK
DRAIN
5 GPD
SINK
DRAINS
(2)
10 GPD
46-88-OPN-25
15 GPD (EST.)
TO CANADA DEL BUEY

Please type or print in the unshaded areas only

EPA ID Number *(copy from Item 1 of Form 1)* NM0890010515

Form Approved
OMB No. 2040-0086
Approval expires 7-31-88

Form 2D NPDES

EPA New Sources and New Dischargers Application for Permit to Discharge Process Wastewater

I. Outfall Location

For each outfall, list the latitude and longitude, and the name of the receiving water.

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
46-185-OPN-1	35	51	10	106	19	55	Tributary to Canada Del Buey, and ephemeral tributary to the Rio Grande

II. Discharge Date *(When do you expect to begin discharging?)*

Active discharge noted during waste stream characterization.

III. Flows, Sources of Pollution, and Treatment Technologies

A. For each outfall, provide a description of (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and stormwater runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

Outfall Number	1. Operations Contributing Flow *(list)*	2. Average Flow *(include units)*	3. Treatment *(Description or List Codes from Table 2D-1)*
46-185-OPN-1	Water fountain	5 GPD	None

B. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item III-A. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.

C. Except for storm runoff, leaks, or spills, will any of the discharges described in item III-A be intermittent or seasonal?

☒ Yes *(complete the following table)* ☐ No *(go to item IV)*

Outfall Number	1. Frequency		2. Flow		
	a. Days Per Week *(specify average)*	b. Months Per Year *(specify average)*	a. Maximum Daily Flow Rate *(in mgd)*	b. Maximum Total Volume *(specify with units)*	c. Duration *(in days)*
46-185-OPN-1	5	12	0.000005	5 GPD	260 day/yr

IV. Production

If there is an applicable production-based effluent guideline or NSPS, for each outfall list the estimated level of production (projection of actual production level, not design), expressed in the terms and units used in the applicable effluent guideline or NSPS, for each of the first 3 years of operation. If production is likely to vary, you may also submit alternative estimates (attach a separate sheet).

Year	a. Quantity Per Day	b. Units of Measure	c. Operation, Product, Material, etc *(specify)*
			N/A

 CONTINUE ON NEXT PAGE

CONTINUED FROM THE FRONT	EPA ID Number *(copy from Item 1 of Form 1)* NM0890010515	Outfall Number 46-185-OPN-1

V. Effluent Characteristics

A, and B: These items require you to report estimated amounts *(both concentration and mass)* of the pollutants to be discharged from each of your outfalls. Each part of this item addresses a different set of pollutants and should be completed in accordance with the specific instructions for that part. Data for each outfall should be on a separate page. Attach additional sheets of paper if necessary.

General Instructions *(See table 2D-2 for Pollutants)*

Each part of this item requests you to provide an estimated daily maximum and average for certain pollutants and the source of information. Data for all pollutants in Group A, for all outfalls, must be submitted unless waived by the permitting authority. For all outfalls, data for pollutants in Group B should be reported only for pollutants which you believe will be present or are limited directly by an effluent limitations guideline or NSPS or indirectly through limitations on an indicator pollutant.

1. Pollutant	2. Maximum Daily Value *(include units)*	3. Average Daily Value *(include units)*	4. Source *(see instructions)*
See attached 04A datasheets			Best professional estimates

CONTINUED FROM THE FRONT	EPA ID Number *(copy from Item 1 of Form 1)* NM0890010515	

C. Use the space below to list any of the pollutants listed in Table 2D-3 of the instructions which you know or have reason to believe will be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it will be present.

1. Pollutant	2. Reason for Discharge
N/A	

VI. Engineering Report on Wastewater Treatment

A. If there is any technical evaluation concerning your wastewater treatment, including engineering reports or pilot plant studies, check the appropriate box below.

☒ Report Available ☐ No Report Waste Stream Characterization Report #71

B. Provide the name and location of any existing plant(s) which, to the best of your knowledge, resembles this production facility with respect to production processes, wastewater constituents, or wastewater treatments.

Name	Location
N/A	

EPA ID Number *(copy from item one of Form 1)*
NM0890010515

VII. Other Information *(Optional)*

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations for the proposed facility. Attach additional sheets if necessary.

See attached 04A datasheets.

VIII. Certification

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.

A. Name and Official Title *(type or print)*	B. Phone No.
JERRY L. BELLOWS, AREA MANAGER, DOE ALLEN J. TIEDMAN, ASSOC. DIRECTOR FOR OPERATIONS	505-667-5105 505-667-9390
C. Signature	D. Date Signed

*U.S. Government Printing Office : 1986 -491-191/52940

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PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets *(use the same format)* instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*: NM0890010515

Form Approved. OMB No. 2040-0086 Approval expires 7-31-88

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

OUTFALL NO. 04A

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (2) MASS	d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	< 2.0	< 37.9						mg/l	g/d			
b. Chemical Oxygen Demand *(COD)*	< 10.0	< 0.2						mg/l	g/d			
c. Total Organic Carbon *(TOC)*	0.6	11.2						mg/l	g/d			
d. Total Suspended Solids *(TSS)*	18.0	0.3						mg/l	g/d			
e. Ammonia *(as N)*	< 0.1	< 1.893						mg/l	g/d			
f. Flow	VALUE 5		VALUE		VALUE			gal/day		VALUE		
g. Temperature *(winter)*	VALUE 13.9		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)*	VALUE N/A		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 8.45	MAXIMUM 8.80	MINIMUM	MAXIMUM				STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
a. Bromide (24959-67-9)		X	< 0.5	< 9.5						mg/l	g/d			
b. Chlorine, Total Residual	X		0.05	0.0						mg/l	mg/d			
c. Color	X		7.0							units				
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)	X		0.21	4.0						mg/l	g/d			
f. Nitrate-Nitrite *(as N)*	X		0.304	5.8						mg/l	g/d			

CONTINUE ON REVERSE

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. [redacted] a. CONCENTRATION	b. MASS	5. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)		X	< 0.5	< 9.5						mg/l	mg/d			
h. Oil and Grease		X	< 1.05	< 19.9						mg/l	mg/d			
i. Phosphorus (as P), Total (7723-14-0)	X		0.05	0.9						mg/l	mg/d			
j. Radioactivity														
(1) Alpha, Total	X		0.1	1.9						pCi/l	pCi/d			
(2) Beta, Total	X		6.6	0.1						pCi/l	nCi/d			
(3) Radium, Total	X													
(4) Radium 226, Total	X		0.06	1.1						pCi/l	pCi/d			
k. Sulfate (as SO_4) (14808-79-8)	X		3.16	59.8						mg/l	mg/d			
l. Sulfide (as S)		X		0.0						mg/l	mg/d			
m. Sulfite (as SO_3) (14265-45-3)		X	< 0.05	< 0.9						mg/l	mg/d			
n. Surfactants		X	< 0.1	< 1.9						mg/l	mg/d			
o. Aluminum, Total (7429-90-5)		X	< 0.04	< 0.8						mg/l	mg/d			
p. Barium, Total (7440-39-3)	X		0.03	0.6						mg/l	mg/d			
q. Boron, Total (7440-42-8)	X		0.02	0.4						mg/l	mg/d			
r. Cobalt, Total (7440-48-4)		X	< 0.1	< 1.9						mg/l	mg/d			
s. Iron, Total (7439-89-6)	X		0.41	7.8						mg/l	mg/d			
t. Magnesium, Total (7439-95-4)	X		2.5	47.3						mg/l	mg/d			
u. Molybdenum, Total (7439-98-7)		X	< 0.02	< 0.4						mg/l	mg/d			
v. Manganese, Total (7439-96-5)	X		0.01	0.2						mg/l	mg/d			
w. Tin, Total (7440-31-5)		X	< 0.050	< 0.9						mg/l	mg/d			
x. Titanium, Total (7440-32-6)		X	< 0.004	< 0.1						mg/l	mg/d			

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EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	04A

Form Approved.
OMB No. 2040-0086
Approval expires 7-31-88

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a *(secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions)*, mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table *(all 7 pages)* for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X	< 0.050	< 0.9						mg/l	mg/d			
2M. Arsenic, Total (7440-38-2)		X		0.002	0.0						mg/l	mg/d			
3M. Beryllium, Total, 7440-41-7)			X	< 0.001	< 0.0						mg/l	mg/d			
4M. Cadmium, Total (7440-43-9)			X	< 0.010	< 0.2						mg/l	mg/d			
5M. Chromium, Total (7440-47-3)		X		0.040	0.8						mg/l	mg/d			
6M. Copper, Total (7440-50-8)		X		0.031	0.6						mg/l	mg/d			
7M. Lead, Total (7439-92-1)			X	< 0.050	< 0.9						mg/l	mg/d			
8M. Mercury, Total (7439-97-6)			X	< 0.0002	< 0.00						mg/l	mg/d			
9M. Nickel, Total (7440-02-0)		X		0.06	1.1						mg/l	mg/d			
10M. Selenium, Total (7782-49-2)			X	< 0.001	< 0.0						mg/l	mg/d			
11M. Silver, Total (7440-22-4)			X	< 0.010	< 0.2						mg/l	mg/d			
12M. Thallium, Total (7440-28-0)			X	< 0.4	< 7.6						mg/l	mg/d			
13M. Zinc, Total (7440-66-6)		X		0.043	0.8						mg/l	mg/d			
14M. Cyanide, Total (57-12-5)			X	0.01	0.2						mg/l	mg/d			
15M. Phenols, Total			X	< 0.01	< 0.2						mg/l	mg/d			
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

POLLUTANT AND CAS NUMBER (if available)	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	4. INTAKE a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X	< 0.005	< 0.1						mg/l	mg/d			
4V. Bis (Chloromethyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X	< 0.005	< 0.1						mg/l	mg/d			
6V. Carbon Tetrachloride (56-23-5)			X	< 0.005	< 0.1						mg/l	mg/d			
7V. Chlorobenzene (108-90-7)			X	< 0.005	< 0.1						mg/l	mg/d			
8V. Chlorodibromomethane (124-48-1)			X	< 0.005	< 0.1						mg/l	mg/d			
9V. Chloroethane (75-00-3)			X	< 0.010	< 0.000						mg/l	mg/d			
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X	< 0.005	< 0.1						mg/l	mg/d			
12V. Dichlorobromomethane (75-27-4)			X	< 0.005	< 0.1						mg/l	mg/d			
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X	< 0.005	< 0.1						mg/l	mg/d			
15V. 1,2-Dichloroethane (107-06-2)			X	< 0.005	< 0.1						mg/l	mg/d			
16V. 1,1-Dichloroethylene (75-35-4)			X	< 0.005	< 0.1						mg/l	mg/d			
17V. 1,2-Dichloropropane (78-87-5)			X	< 0.005	< 0.1						mg/l	kg/d			
18V. 1,3-Dichloropropylene (542-75-6)			X	<	< 0.0						mg/l	mg/d			
19V. Ethylbenzene (100-41-4)			X	< 0.005	< 0.1						mg/l	mg/d			
20V. Methyl Bromide (74-83-9)			X	< 0.010	< 0.2						mg/l	mg/d			
21V. Methyl Chloride (74-87-3)			X	< 0.010	< 0.2						mg/l	mg/d			

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CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION — VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)			X	< 0.005	< 0.1						mg/l	mg/d			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X	< 0.005	< 0.1						mg/l	mg/d			
24V. Tetrachloroethylene (127-18-4)			X	< 0.005	< 0.1						mg/l	mg/d			
25V. Toluene (108-88-3)			X	< 0.005	< 0.1						mg/l	mg/d			
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X	< 0.005	< 0.1						mg/l	mg/d			
27V. 1,1,1-Trichloroethane (71-55-6)			X	< 0.005	< 0.1						mg/l	mg/d			
28V. 1,1,2-Trichloroethane (79-00-5)			X	< 0.005	< 0.1						mg/l	mg/d			
29V. Trichloroethylene (79-01-6)			X	< 0.005	< 0.1						mg/l	mg/d			
30V. Trichlorofluoromethane (75-69-4)			X	< 0.005	< 0.1						mg/l	mg/d			
31V. Vinyl Chloride (75-01-4)			X	< 0.010	< 0.2						mg/l	mg/d			
GC/MS FRACTION — ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X	< 0.010	< 0.2						mg/l	mg/d			
2A. 2,4-Dichlorophenol (120-83-2)			X	< 0.010	< 0.2						mg/l	mg/d			
3A. 2,4-Dimethylphenol (105-67-9)			X	< 0.010	< 0.2						mg/l	mg/d			
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X	< 0.010	< 0.2						mg/l	mg/d			
5A. 2,4-Dinitrophenol (51-28-5)			X	< 0.010	< 0.2						mg/l	mg/d			
6A. 2-Nitrophenol (88-75-5)			X	< 0.010	< 0.2						mg/l	mg/d			
7A. 4-Nitrophenol (100-02-7)			X	< 0.010	< 0.2						mg/l	mg/d			
8A. P-Chloro-M-Cresol (59-50-7)			X	< 0.010	< 0.2						mg/l	mg/d			
9A. Pentachlorophenol (87-86-5)			X	< 0.010	< 0.2						mg/l	mg/d			
10A. Phenol (108-95-2)			X	< 0.010	< 0.2						mg/l	mg/d			
11A. 2,4,6-Trichlorophenol (88-06-2)			X	< 0.010	< 0.2						mg/l	mg/d			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION — BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X	< 0.010	< 0.2						mg/l	mg/d			
2B. Acenaphtylene (208-96-8)			X	< 0.010	< 0.2						mg/l	mg/d			
3B. Anthracene (120-12-7)			X	< 0.010	< 0.2						mg/l	mg/d			
4B. Benzidine (92-87-5)			X	< 0.010	< 0.2						mg/l	mg/d			
5B. Benzo (a) Anthracene (56-55-3)			X	< 0.010	< 0.2						mg/l	mg/d			
6B. Benzo (a) Pyrene (50-32-8)			X	< 0.010	< 0.2						mg/l	mg/d			
7B. 3,4-Benzo-fluoranthene (205-99-2)			X	< 0.010	< 0.2						mg/l	mg/d			
8B. Benzo (ghi) Perylene (191-24-2)			X	< 0.010	< 0.2						mg/l	mg/d			
9B. Benzo (k) Fluoranthene (207-08-9)			X	< 0.010	< 0.2						mg/l	mg/d			
10B. Bis (2-Chloro-ethoxy) Methane (111-91-1)			X	< 0.010	< 0.2						mg/l	mg/d			
11B. Bis (2-Chloro-ethyl) Ether (111-44-4)			X	< 0.010	< 0.2						mg/l	mg/d			
12B. Bis (2-Chloroiso-propyl) Ether (102-60-1)			X	< 0.010	< 0.2						mg/l	mg/d			
13B. Bis (2-Ethyl-hexyl) Phthalate (117-81-7)			X	< 0.010	< 0.2						mg/l	mg/d			
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X	< 0.010	< 0.2						mg/l	mg/d			
15B. Butyl Benzyl Phthalate (85-68-7)			X	< 0.010	< 0.2						mg/l	mg/d			
16B. 2-Chloro-naphthalene (91-58-7)			X	< 0.010	< 0.2						mg/l	mg/d			
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X	< 0.010	< 0.2						mg/l	mg/d			
18B. Chrysene (218-01-9)			X	< 0.010	< 0.2						mg/l	mg/d			
19B. Dibenzo (a,h) Anthracene (53-70-3)			X	< 0.010	< 0.2						mg/l	mg/d			
20B. 1,2-Dichloro-benzene (95-50-1)			X	< 0.010	< 0.2						mg/l	mg/d			
21B. 1,3-Dichloro-benzene (541-73-1)			X	< 0.010	< 0.2						mg/l	mg/d			

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EPA [redacted] NUM[redacted]pp[redacted] [redacted] I [redacted] I) [redacted] NM0890010515 | [redacted] 04A | [redacted] No. 20[redacted]6 Approval expires 7-31-88

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
22B. 1,4-Dichlorobenzene (106-46-7)			X	< 0.010	< 0.2						mg/l	mg/d			
23B. 3,3'-Dichlorobenzidine (91-94-1)			X	< 0.010	< 0.2						mg/l	mg/d			
24B. Diethyl Phthalate (84-66-2)			X	< 0.010	< 0.2						mg/l	mg/d			
25B. Dimethyl Phthalate (131-11-3)			X	< 0.010	< 0.2						mg/l	mg/d			
26B. Di-N-Butyl Phthalate (84-74-2)			X	< 0.010	< 0.2						mg/l	mg/d			
27B. 2,4-Dinitrotoluene (121-14-2)			X	< 0.010	< 0.2						mg/l	mg/d			
28B. 2,6-Dinitrotoluene (606-20-2)			X	< 0.010	< 0.2						mg/l	mg/d			
29B. Di-N-Octyl Phthalate (117-84-0)			X	< 0.010	< 0.2						mg/l	mg/d			
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)			X	< 0.010	< 0.2						mg/l	mg/d			
31B. Fluoranthene (206-44-0)			X	< 0.010	< 0.2						mg/l	mg/d			
32B. Fluorene (86-73-7)			X	< 0.010	< 0.2						mg/l	mg/d			
33B. Hexachlorobenzene (118-74-1)			X	< 0.010	< 0.2						mg/l	mg/d			
34B. Hexachlorobutadiene (87-68-3)			X	< 0.010	< 0.2						mg/l	mg/d			
35B. Hexachlorocyclopentadiene (77-47-4)			X	< 0.010	< 0.2						mg/l	mg/d			
36B. Hexachloroethane (67-72-1)			X	< 0.010	< 0.2						mg/l	mg/d			
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X	< 0.010	< 0.2						mg/l	mg/d			
38B. Isophorone (78-59-1)			X	< 0.010	< 0.2						mg/l	mg/d			
39B. Naphthalene (91-20-3)			X	< 0.010	< 0.2						mg/l	mg/d			
40B. Nitrobenzene (98-95-3)			X	< 0.010	< 0.2						mg/l	mg/d			
41B. N-Nitrosodimethylamine (62-75-9)			X	< 0.010	< 0.2						mg/l	mg/d			
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X	< 0.010	< 0.2						mg/l	mg/d			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

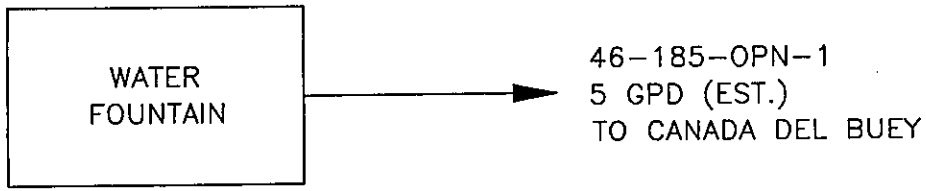
1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
43B. N-Nitrosodiphenylamine (86-30-6)			X	< 0.010	< 0.2						mg/l	mg/d			
44B. Phenanthrene (85-01-8)			X	< 0.010	< 0.2						mg/l	mg/d			
45B. Pyrene (129-00-0)			X	< 0.010	< 0.2						mg/l	mg/d			
46B. 1,2,4-Trichlorobenzene (120-82-1)			X	< 0.010	< 0.2						mg/l	mg/d			
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X	< 0.06	< 1.1						ug/l	ug/d			
2P. α-BHC (319-84-6)			X	< 0.02	< 0.4						ug/l	ug/d			
3P. β-BHC (319-85-7)			X	< 0.1	< 1.9						ug/l	ug/d			
4P. γ-BHC (58-89-9)			X	< 0.03	< 0.6						ug/l	ug/d			
5P. δ-BHC (319-86-8)			X	< 0.12	< 2.3						ug/l	ug/d			
6P. Chlordane (57-74-9)			X	< 0.25	< 4.7						ug/l	ug/d			
7P. 4,4'-DDT (50-29-3)			X	< 0.06	< 1.1						ug/l	ug/d			
8P. 4,4'-DDE (72-55-9)			X	< 0.08	< 1.5						ug/l	ug/d			
9P. 4,4'-DDD (72-54-8)			X	< 0.08	< 1.5						ug/l	ug/d			
10P. Dieldrin (60-57-1)			X	< 0.08	< 1.5						ug/l	ug/d			
11P. α-Endosulfan (115-29-7)			X	< 0.05	< 0.9						ug/l	ug/d			
12P. β-Endosulfan (115-29-7)			X	< 0.08	< 1.5						ug/l	ug/d			
13P. Endosulfan Sulfate (1031-07-8)			X	< 0.09	< 1.7						ug/l	ug/d			
14P. Endrin (72-20-8)			X	< 0.06	< 1.1						ug/l	ug/d			
15P. Endrin Aldehyde (7421-93-4)			X	< 0.62	< 11.7						ug/l	ug/d			
16P. Heptachlor (76-44-8)			X	< 0.3	< 5.7						ug/l	ug/d			

CONTINUE ON PAGE V-9

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION — PESTICIDES (continued)															
17P. Heptachlor Epoxide (1024-57-3)			X	< 0.04	< 0.8						ug/l	ug/d			
18P. PCB-1242 (53469-21-9)			X	< 0.68	< 12.9						ug/l	ug/d			
19P. PCB-1254 (11097-69-1)			X	< 0.68	< 12.9						ug/l	ug/d			
20P. PCB-1221 (11104-28-2)			X	N.D.											
21P. PCB-1232 (11141-16-5)			X	N.D.											
22P. PCB-1248 (12672-29-6)			X	N.D.											
23P. PCB-1260 (11096-82-5)			X	< 0.68	< 12.9						ug/l	ug/d			
24P. PCB-1016 (12674-11-2)			X	N.D.											
25P. Toxaphene (8001-35-2)			X	< 2.5	< 47.3						ug/l	ug/d			

TA-46-185



DYE STUDY INFORMATION

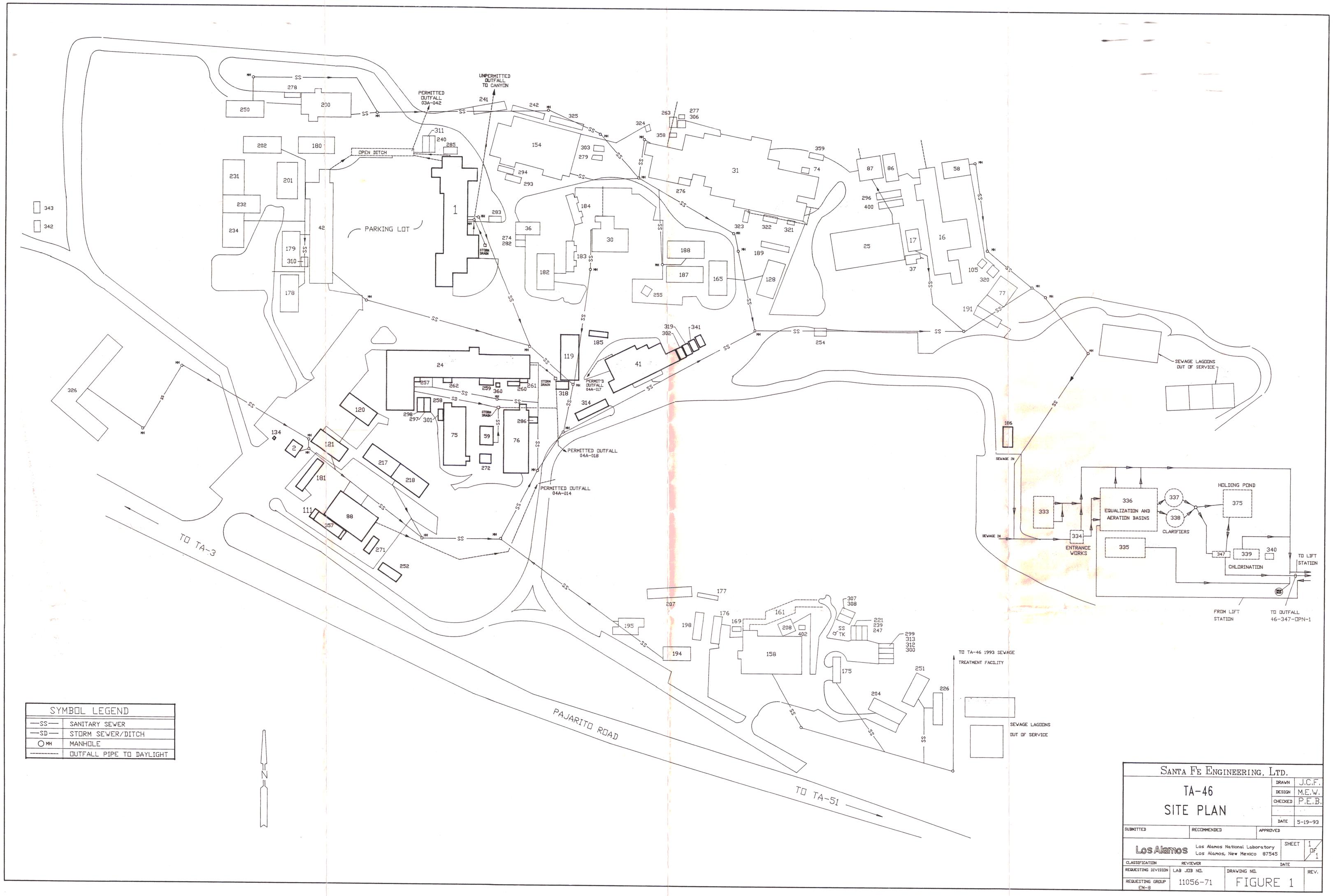
BUILDING NUMBER	DRAIN NUMBER	DID DYE REACH EXPECTED DESTINATION?	COMMENTS
46-1	BED1	NO	PIPE TO S.S./PERMIT
46-1	BED2	NO	PIPE TO S.S./PERMIT
46-1	BED3	NO	PIPE TO S.S./PERMIT
46-1	BFD6	NO	PIPE TO S.S./PERMIT
46-1	BFD8	NO	PIPE TO S.S./PERMIT
46-1	BFD9	NO	PIPE TO S.S./PERMIT
46-1	BFD11	NO	PIPE TO S.S./PERMIT
46-1	BSD1	NO	PIPE TO S.S./PERMIT
46-1	BSD2	NO	PIPE TO S.S./PERMIT
46-1	BSD3	YES	NONE
46-1	BSD6	NO	PIPE TO S.S./PERMIT
46-1	BSD7	NO	PIPE TO S.S./PERMIT
46-1	BSD8	NO	PIPE TO S.S./PERMIT
46-1	BSD9	NO	PIPE TO S.S./PERMIT
46-1	BSD10	NO	PIPE TO S.S./PERMIT
46-1	BTL1	YES	NONE
46-1	BWF1	NO	PIPE TO S.S./PERMIT
46-1	1ED1	YES	PIPE TO S.S./PERMIT
46-1	1FD1	YES	NONE
46-1	1FD2	YES	NONE
46-1	1SD1	NO	PIPE TO S.S./PERMIT
46-1	1SD2	NO	PIPE TO S.S./PERMIT
46-1	1SD3	NO	PIPE TO S.S./PERMIT
46-1	1SD4	NO	PIPE TO S.S./PERMIT
46-1	1SD5	NO	PIPE TO S.S./PERMIT
46-1	1SD6	NO	PIPE TO S.S.
46-1	1SD8	NO	PIPE TO S.S./PERMIT
46-1	1TD1	NO	PIPE TO S.S.
46-1	1TD3	NO	PIPE TO S.S.
46-1	1TD4	NO	PIPE TO S.S.
46-1	1TD5	NO	PIPE TO S.S./PERMIT
46-1	1TL1	YES	NONE
46-1	1WF1	NO	PIPE TO S.S./PERMIT
46-1	2SD2	YES	NONE
46-1	2WF1	NO	PIPE TO S.S./PERMIT
46-2	1LV1	YES	NONE
46-2	1TL1	YES	NONE

DYE STUDY INFORMATION

BUILDING NUMBER	DRAIN NUMBER	DID DYE REACH EXPECTED DESTINATION?	COMMENTS
46-24	BFD2	YES	NONE
46-24	BFD3	YES	NONE
46-24	BFD4	YES	CLEAN DEBRIS
46-24	BFD5	NO	PIPE TO S.S.
46-24	BLV3	YES	NONE
46-24	BSD2	YES	NONE
46-24	BSD3	YES	NONE
46-24	BSD5	YES	NONE
46-24	BSD6	NO	PIPE TO S.S.
46-24	BSD7	NO	PIPE TO S.S.
46-24	BSD8	NO	PIPE TO S.S.
46-24	BSD9	NO	PIPE TO S.S.
46-24	BSD10	NO	PIPE TO S.S.
46-24	BSD11	NO	PIPE TO S.S.
46-24	BSD12	YES	NONE
46-24	BSD13	NO	PIPE TO S.S.
46-24	BSD17	NO	PIPE TO S.S.
46-24	BSD18	NO	PIPE TO S.S.
46-24	BTL1	YES	NONE
46-24	BTL2	YES	NONE
46-24	1FD2	YES	NONE
46-24	1LV2	YES	NONE
46-24	1LV4	YES	NONE
46-24	1SD1	YES	NONE
46-24	1SD2	YES	NONE
46-24	1SD3	NO	PIPE TO S.S.
46-24	1SH1	YES	NONE
46-24	1TL1	YES	NONE
46-24	1TL3	YES	NONE
46-24	1TL4	YES	NONE
46-24	1WF2	YES	NONE
46-41	1SD4	YES	NONE
46-41	1SD5	YES	NONE
46-41	1SD8	YES	NONE
46-41	1TL1	YES	NONE
46-59	1SD1	NO	PIPE TO S.S.
46-76	1SD1	YES	NONE
46-76	1SD2	YES	NONE
46-76	1SD5	YES	NONE
46-76	1SD8	YES	NONE

DYE STUDY INFORMATION

BUILDING NUMBER	DRAIN NUMBER	DID DYE REACH EXPECTED DESTINATION?	COMMENTS
46-76	1TL1	YES	NONE
46-88	1FD1	NO	PIPE TO S.S.
46-88	1FD2	NO	PIPE TO S.S.
46-88	1FD8	NO	PIPE TO S.S.
46-88	1FD9	YES	NONE
46-88	1SD2	NO	PIPE TO S.S.
46-88	1SD5	YES	NONE
46-88	1TL1	YES	NONE
46-119	1TL2	YES	NONE
46-120	1TL1	YES	NONE
46-121	1TL2	YES	NONE
46-185	1WF1	YES	NONE
46-217	1WF1	YES	NONE
46-218	1SD1	YES	NONE
26-218	1TL1	YES	NONE



SANTA FE ENGINEERING, LTD.

TA-46
SITE PLAN

DRAWN	J.C.F.
DESIGN	M.E.W.
CHECKED	P.E.B.
DATE	5-19-93

SUBMITTED | RECOMMENDED | APPROVED

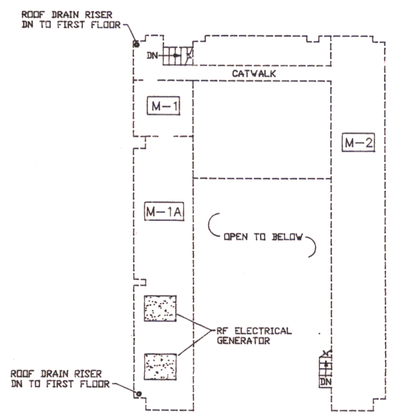
Los Alamos — Los Alamos National Laboratory, Los Alamos, New Mexico 87545

SHEET 1 OF 1

CLASSIFICATION | REVIEWER | DATE

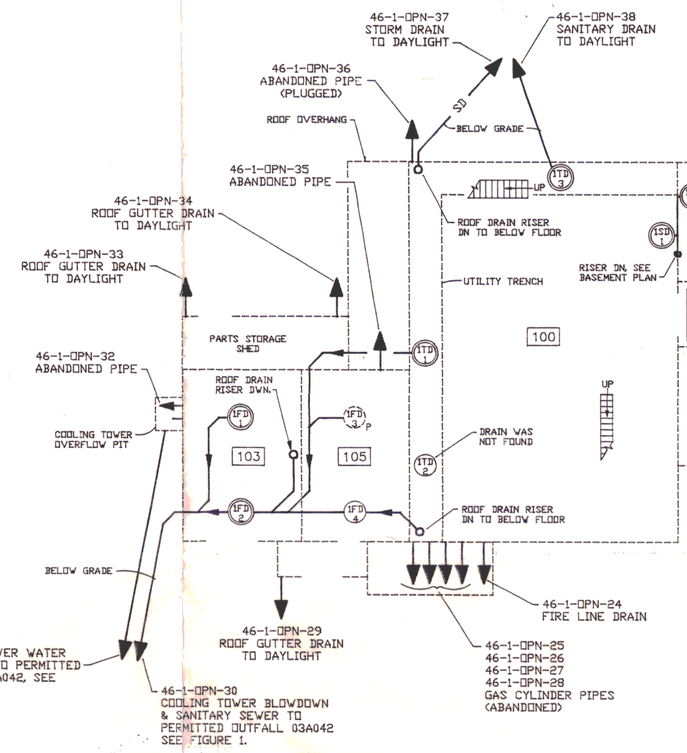
REQUESTING DIVISION | LAB JOB NO. | DRAWING NO. | REV.

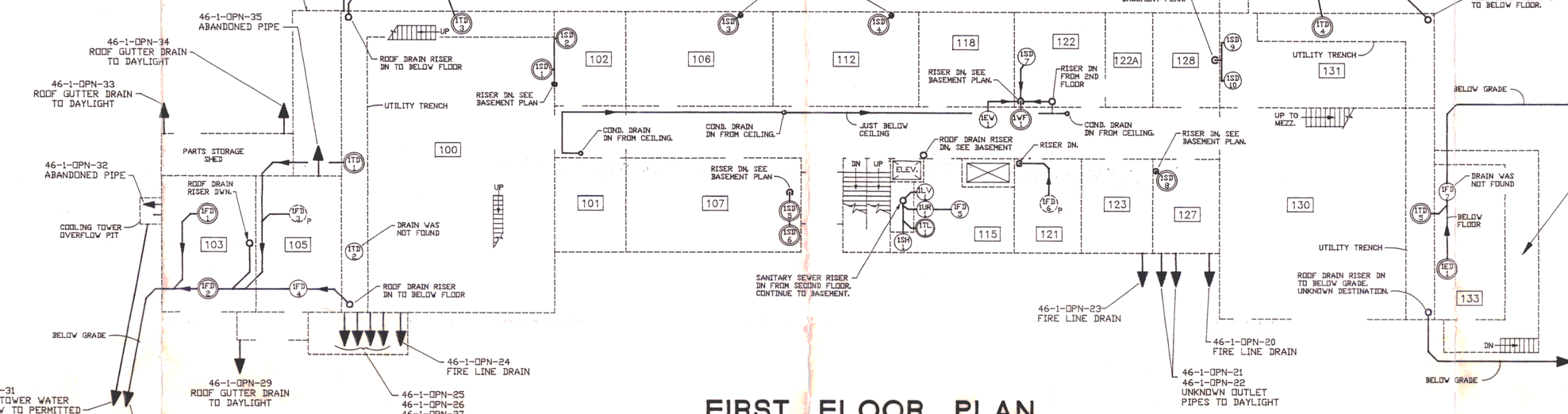
REQUESTING GROUP EM-8 | 11056-71 | FIGURE 1



RM. 100 MEZZANINE

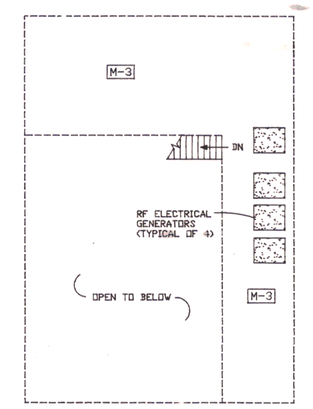
NTS





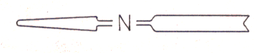
FIRST FLOOR PLAN

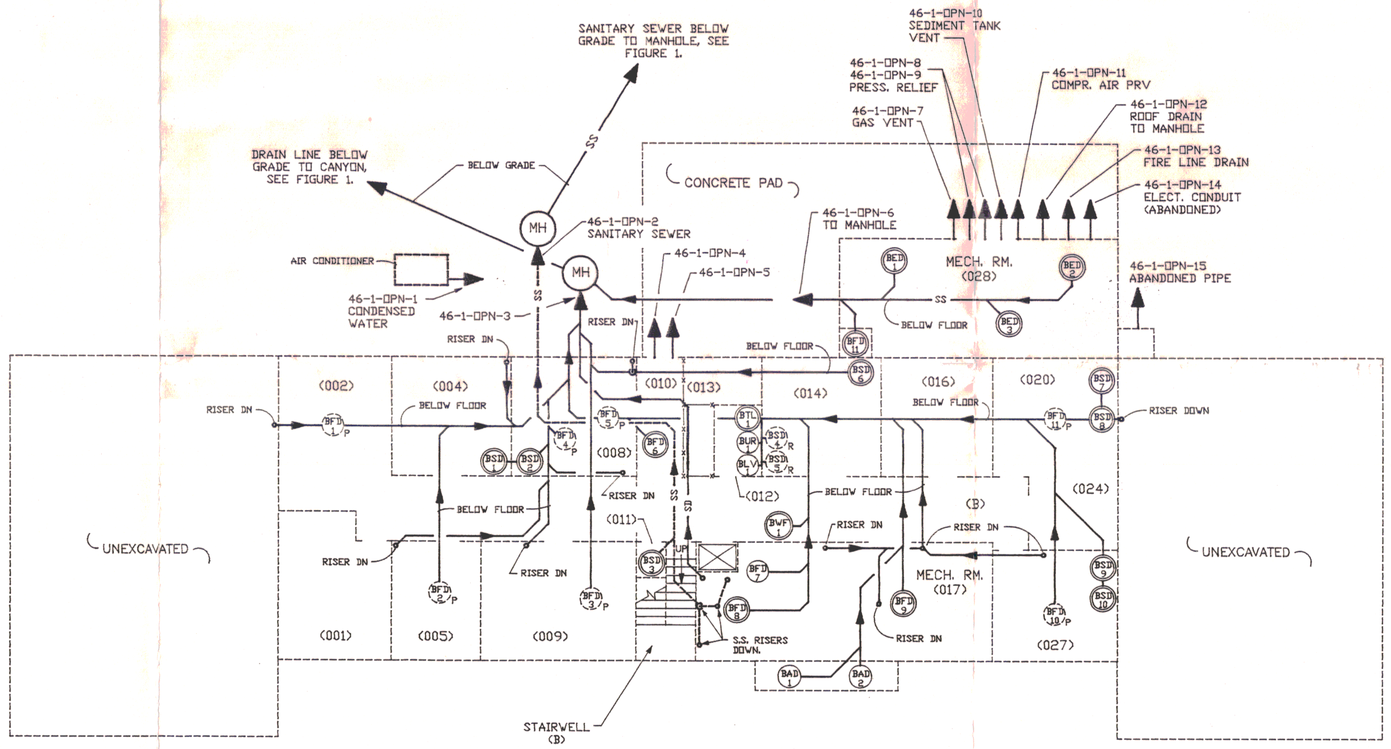
NTS



RMS. 130/131 MEZZANINE

NTS





BASEMENT PLAN

NTS

SYMBOL LEGEND	
AD	AREA DRAIN
ED	EQUIPMENT DRAIN
EW	EMERGENCY EYE WASH
FD	FLOOR DRAIN
FS	FLOOR SINK
LV	LAVATORY
RD	ROOF DRAIN
SD	SINK DRAIN
— SD —	STORM DRAIN PIPE
— SS —	SANITARY SEWER PIPE
SH	SHOWER
TD	TRENCH DRAIN
TL	TOILET
UR	URINAL
WF	WATER FOUNTAIN

DYE TESTED DRAIN

DRAIN HAS BEEN REMOVED

DRAIN HAS BEEN PLUGGED

NOTE:

THIS DRAIN SCHEMATIC WAS DERIVED USING LANL DRAWINGS C-18078, C-18079, C-18111, C-18113, C-18114, C-18120, C-18121, C-18371, C-18373, C-18374, C-21821, C-21822, C-26264, C-26269, C-46362 (SHTS. 1 THROUGH 13), R-3160, R-3161 AND SITE VISITS.

SANTA FE ENGINEERING, LTD.

TA46-1 BASEMENT and 1ST FLOOR BUILDING SCHEMATIC

DRAWN	R.L.P.
DESIGN	S.C.D
CHECKED	P.E.B.
DATE	5-19-93

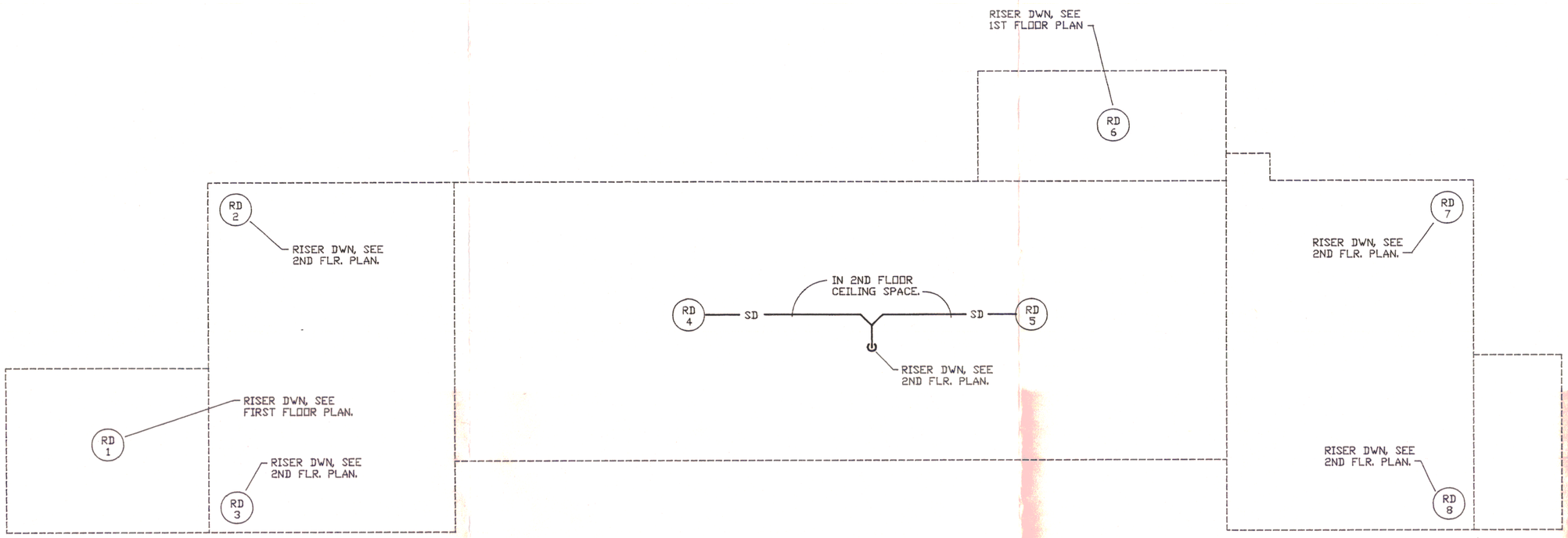
SUBMITTED | RECOMMENDED | APPROVED

Los Alamos — Los Alamos National Laboratory, Los Alamos, New Mexico 87545 — SHEET 1 OF 2

CLASSIFICATION | REVIEWER | DATE

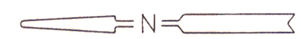
REQUESTING DIVISION | LAB JOB NO. | DRAWING NO. | REV.

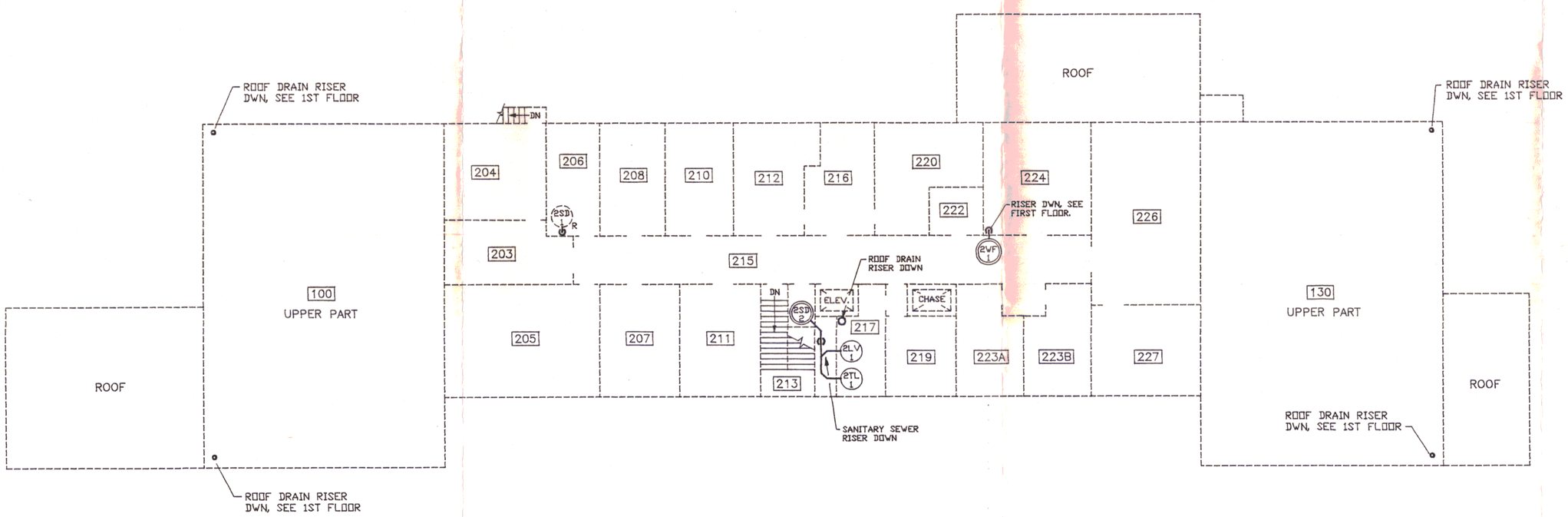
REQUESTING GROUP EM-8 | 11056-71 | FIGURE 2



ROOF PLAN

NTS





SECOND FLOOR PLAN

NTS

SYMBOL LEGEND	
LV	LAVATORY
RD	ROOF DRAIN
SD	SINK DRAIN
TL	TOILET
WF	WATER FOUNTAIN

DYE TESTED DRAIN

R DRAIN HAS BEEN REMOVED

NOTE:

THIS DRAIN SCHEMATIC WAS DERIVED USING L.A.N.L. DRAWINGS C-18078, C-18079, C-18111, C-18113, C-18114, C-18120, C-18121, C-18371, C-18373, C-18374, C-21821, C-21822, C-26264, C-26269, C-46362 (SHTS. 1 THROUGH 13), R-3160, R-3161 AND SITE VISITS.

SANTA FE ENGINEERING, LTD.

TA46-1 SECOND FLOOR AND ROOF DRAIN SCHEMATIC

DRAWN	R.L.P.
DESIGN	S.C.D
CHECKED	P.E.B.
DATE	5-19-93

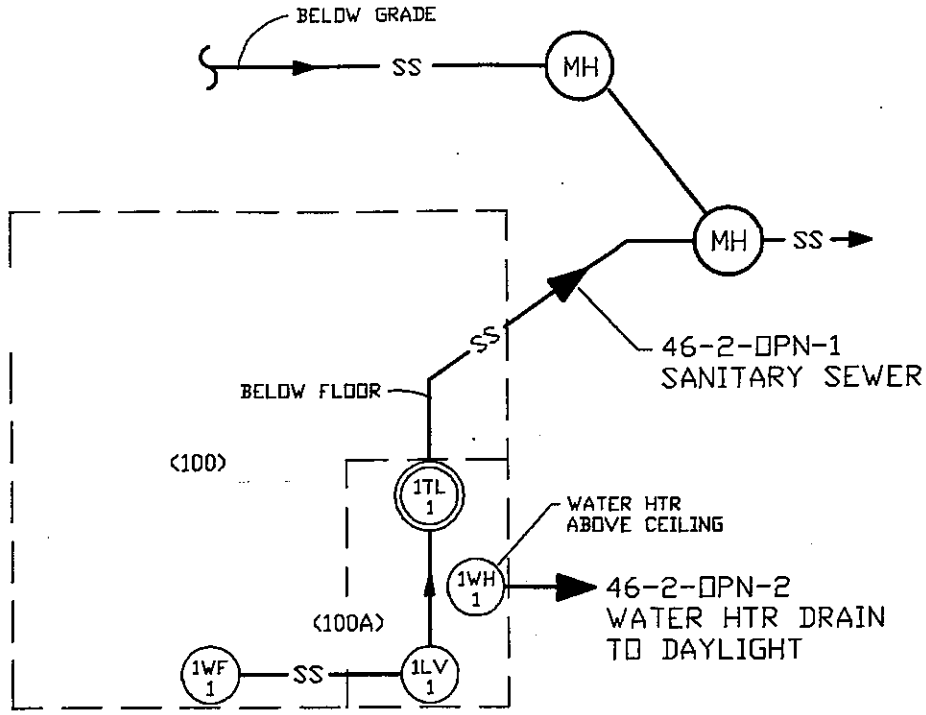
SUBMITTED | RECOMMENDED | APPROVED

Los Alamos — Los Alamos National Laboratory, Los Alamos, New Mexico 87545

SHEET 2 OF 2

CLASSIFICATION | REVIEWER | DATE

REQUESTING DIVISION	LAB JOB NO.	DRAWING NO.	REV.
REQUESTING GROUP EM-8	11056-71	FIGURE 3	



SYMBOL LEGEND	
LV	LAVATORY
—SS—	SANITARY SEWER PIPE
TL	TOILET
WH	WATER HEATER
WF	WATER FOUNTAIN

DYE TESTED DRAIN

NOTE:

THIS DRAIN SCHEMATIC WAS DERIVED FROM SITE VERIFCATION.

SANTA FE ENGINEERING, LTD.

TA46-2 DRAIN SCHEMATIC

DRAWN	M.E.W.
DESIGN	M.E.W.
CHECKED	P.E.B.
DATE	5-19-93

SUBMITTED | RECOMMENDED | APPROVED

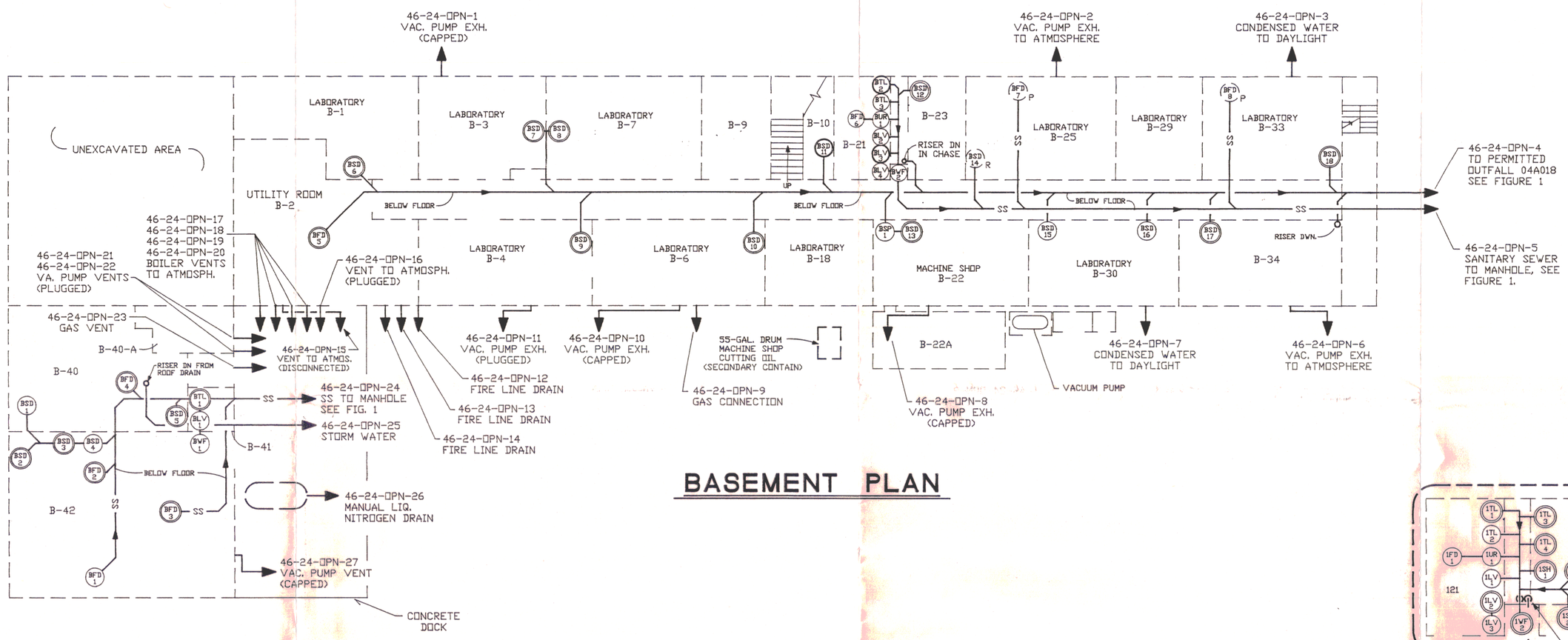
Los Alamos

Los Alamos National Laboratory
Los Alamos, New Mexico 87545

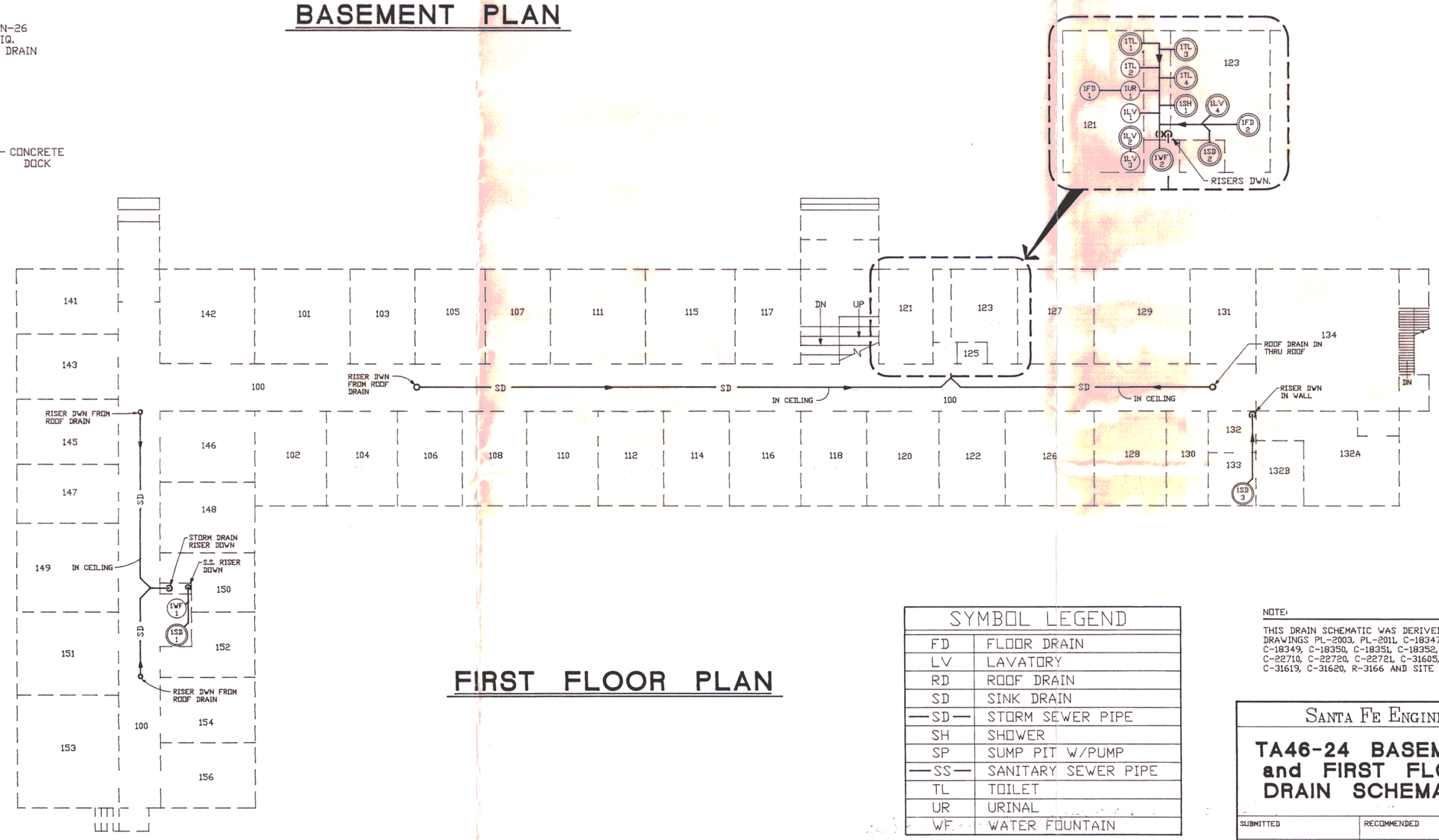
SHEET 1 OF 1

CLASSIFICATION | REVIEWER | DATE

REQUESTING DIVISION	LAB JOB NO.	DRAWING NO.	REV.
REQUESTING GROUP EM-8	11056-71	FIGURE 4	



BASEMENT PLAN



FIRST FLOOR PLAN

SYMBOL LEGEND	
FD	FLOOR DRAIN
LV	LAVATORY
RD	ROOF DRAIN
SD	SINK DRAIN
—SD—	STORM SEWER PIPE
SH	SHOWER
SP	SUMP PIT W/PUMP
—SS—	SANITARY SEWER PIPE
TL	TOILET
UR	URINAL
WF	WATER FOUNTAIN

DYE TESTED DRAIN

P DRAIN HAS BEEN PLUGGED

R DRAIN HAS BEEN REMOVED

NOTE:

THIS DRAIN SCHEMATIC WAS DERIVED FROM L.A.N.L. DRAWINGS PL-2003, PL-2011, C-18347, C-18348, C-18349, C-18350, C-18351, C-18352, C-22707, C-22710, C-22720, C-22721, C-31605, C-31610, C-31619, C-31620, R-3166 AND SITE VISITS.

SANTA FE ENGINEERING, LTD.

TA46-24 BASEMENT and FIRST FLOOR DRAIN SCHEMATIC

DRAWN	M.E.W.
DESIGN	M.E.W.
CHECKED	P.E.B.
DATE	5-19-93

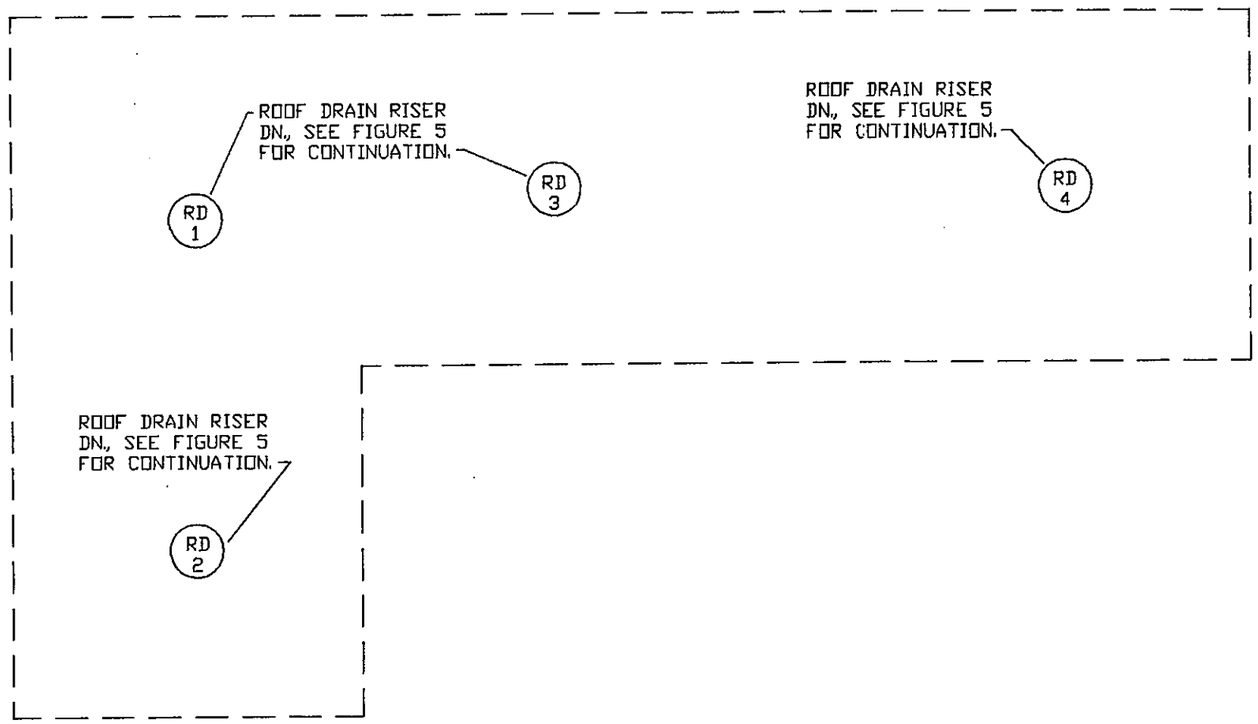
SUBMITTED | RECOMMENDED | APPROVED

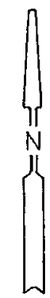
Los Alamos — Los Alamos National Laboratory, Los Alamos, New Mexico 87545

SHEET 1 OF 2

CLASSIFICATION | REVIEWER | DATE

REQUESTING DIVISION	LAB JOB NO.	DRAWING NO.	REV.
REQUESTING GROUP EM-8	11056-71	FIGURE 5	





NOTE:

THIS DRAIN SCHEMATIC WAS DERIVED FROM L.A.N.L. DRAWINGS PL-2003, PL-2011, C-18347, C-18348, C-18349, C-18350, C-18351, C-18352, C-22707, C-22710, C-22721, C-31605, C-31610, C-31619, C-31620, R-3166 AND SITE VISITS.

SYMBOL LEGEND	
RD	ROOF DRAIN

SANTA FE ENGINEERING, LTD.

TA46-24 ROOF DRAIN SCHEMATIC

DRAWN	M.E.W.
DESIGN	M.E.W.
CHECKED	P.E.B.
DATE	5-19-93

SUBMITTED | RECOMMENDED | APPROVED

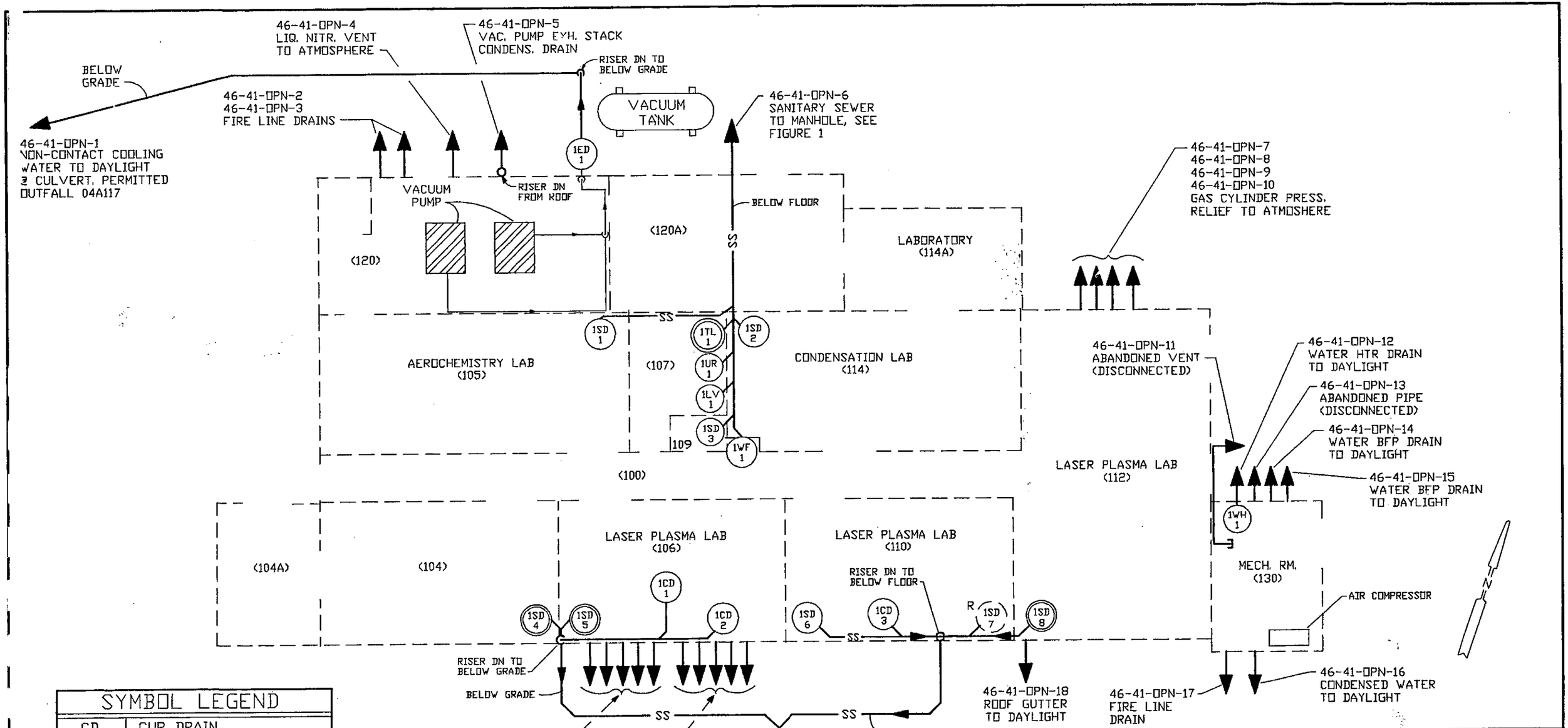
Los Alamos — Los Alamos National Laboratory, Los Alamos, New Mexico 87545

SHEET 2 OF 2

CLASSIFICATION | REVIEWER | DATE

REQUESTING DIVISION | LAB JOB NO. | DRAWING NO. | REV.

REQUESTING GROUP EM-8 | 11056-71 | FIGURE 6



SYMBOL LEGEND	
CD	CUP DRAIN
ED	EQUIPMENT DRAIN
LV	LAVATORY
SD	SINK DRAIN
SS	SANITARY SEWER PIPE
TL	TOILET
UR	URINAL
WF	WATER FOUNTAIN
WH	WATER HEATER

DYE TESTED DRAIN

R DRAIN HAS BEEN REMOVED

NOTE:

THIS DRAIN SCHEMATIC WAS DERIVED FROM L.A.N.L. DRAWINGS C-18092, C-18125, C-22766, C-43036, C-43072, R-3162, R-3172 AND SITE VISITS.

SANTA FE ENGINEERING, LTD.

TA46-41 DRAIN SCHEMATIC

DRAWN	D.A.H.
DESIGN	M.E.W.
CHECKED	P.E.B.
DATE	5-19-93

SUBMITTED | RECOMMENDED | APPROVED

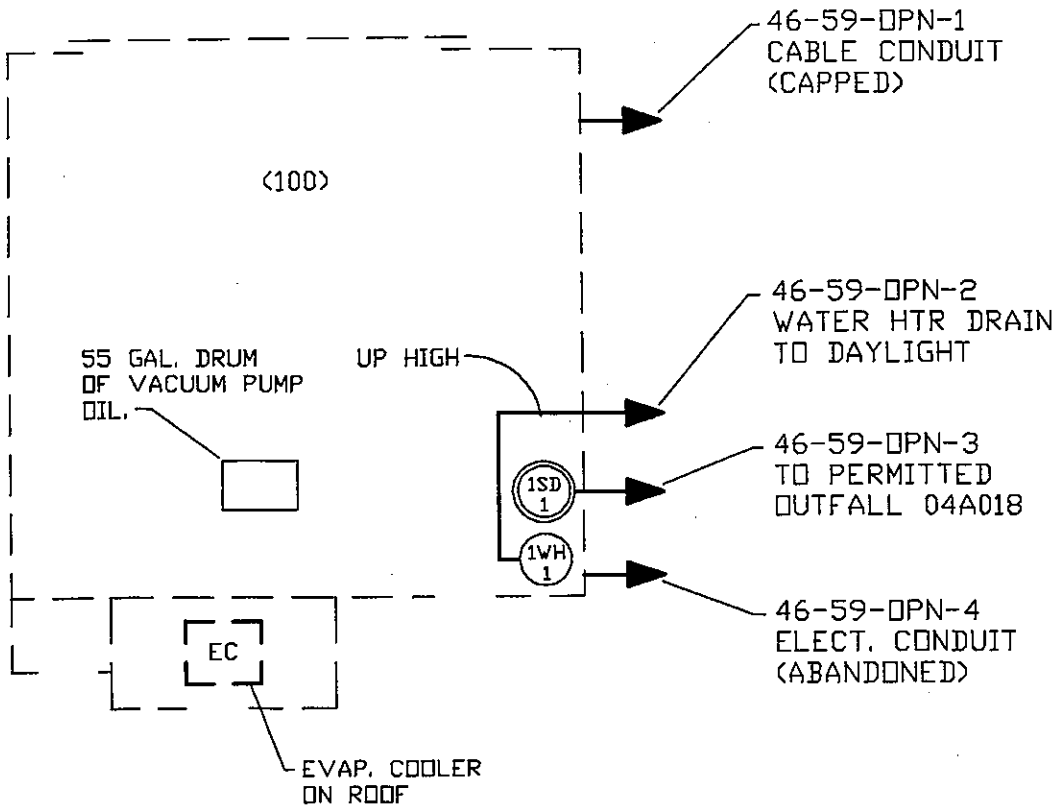
Los Alamos — Los Alamos National Laboratory, Los Alamos, New Mexico 87545

SHEET 1 OF 1

CLASSIFICATION | REVIEWER | DATE

REQUESTING DIVISION | LAB JOB NO. | DRAWING NO. | REV.

REQUESTING GROUP EM-8 | 11056-71 | FIGURE 7



SYMBOL LEGEND	
EC	EVAPORATIVE COOLER
SD	SINK DRAIN
WH	WATER HEATER

DYE TESTED DRAIN

NOTE:

THIS DRAIN SCHEMATIC WAS DERIVED FROM SITE VISITS AND DYE TEST VERIFICATION.

SANTA FE ENGINEERING, LTD.

TA46-59 DRAIN SCHEMATIC

DRAWN	M.E.W.
DESIGN	M.E.W.
CHECKED	P.E.B.
DATE	5-19-93

SUBMITTED | RECOMMENDED | APPROVED

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SHEET 1 OF 1

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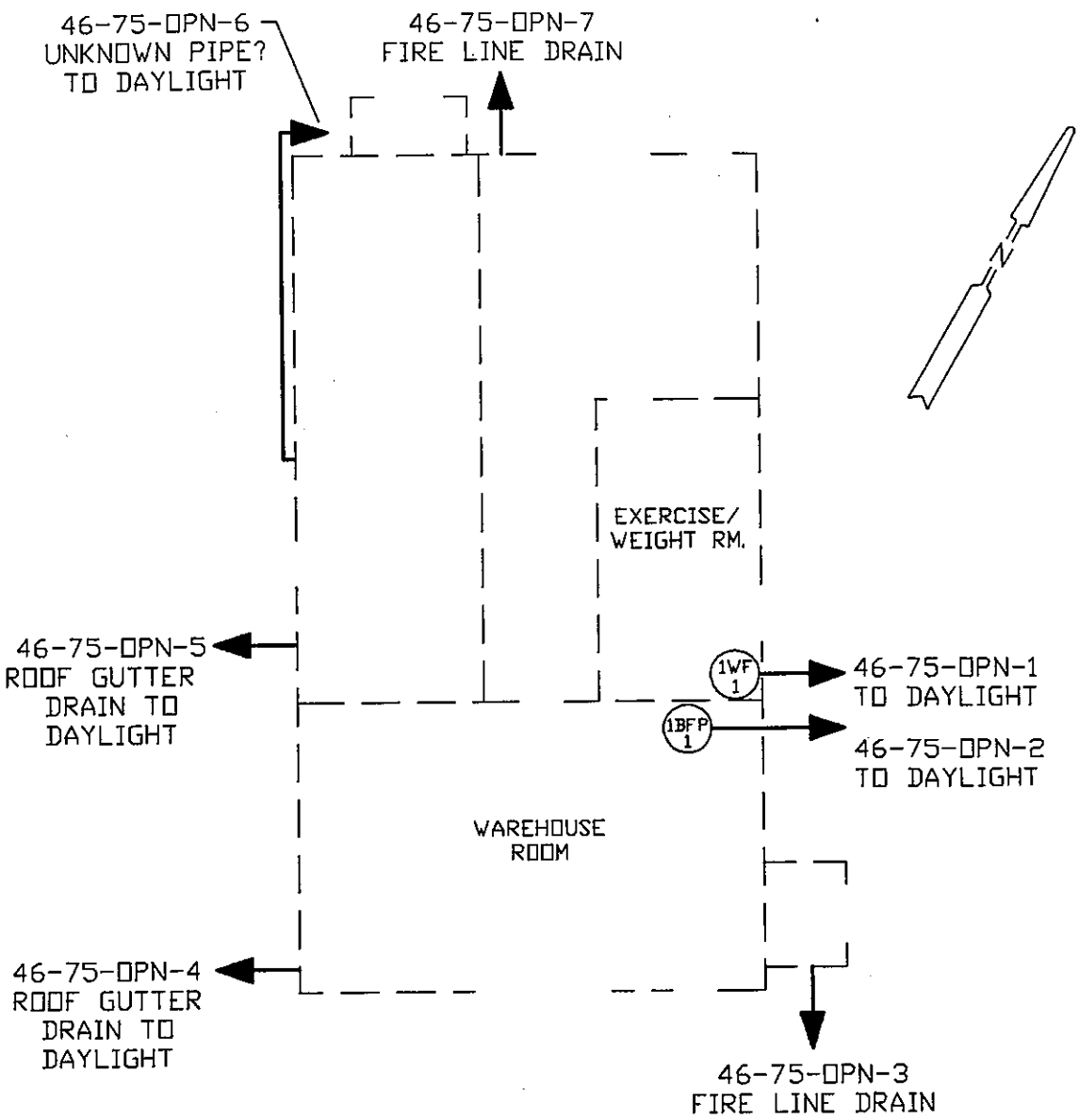
REQUESTING DIVISION	LAB JOB NO.	DRAWING NO.	REV.
REQUESTING GROUP EM-8	11056-71	FIGURE 8	



NOTE:

THIS DRAIN SCHEMATIC WAS DERIVED FROM SITE INVESTIGATION AND VERIFICATION.

SYMBOL LEGEND	
BFP	BACKFLOW PREVENTER
WF	WATER FOUNTAIN

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TA46-75 DRAIN SCHEMATIC

DRAWN	M.E.W.
DESIGN	M.E.W.
CHECKED	P.E.B.
DATE	5-19-93

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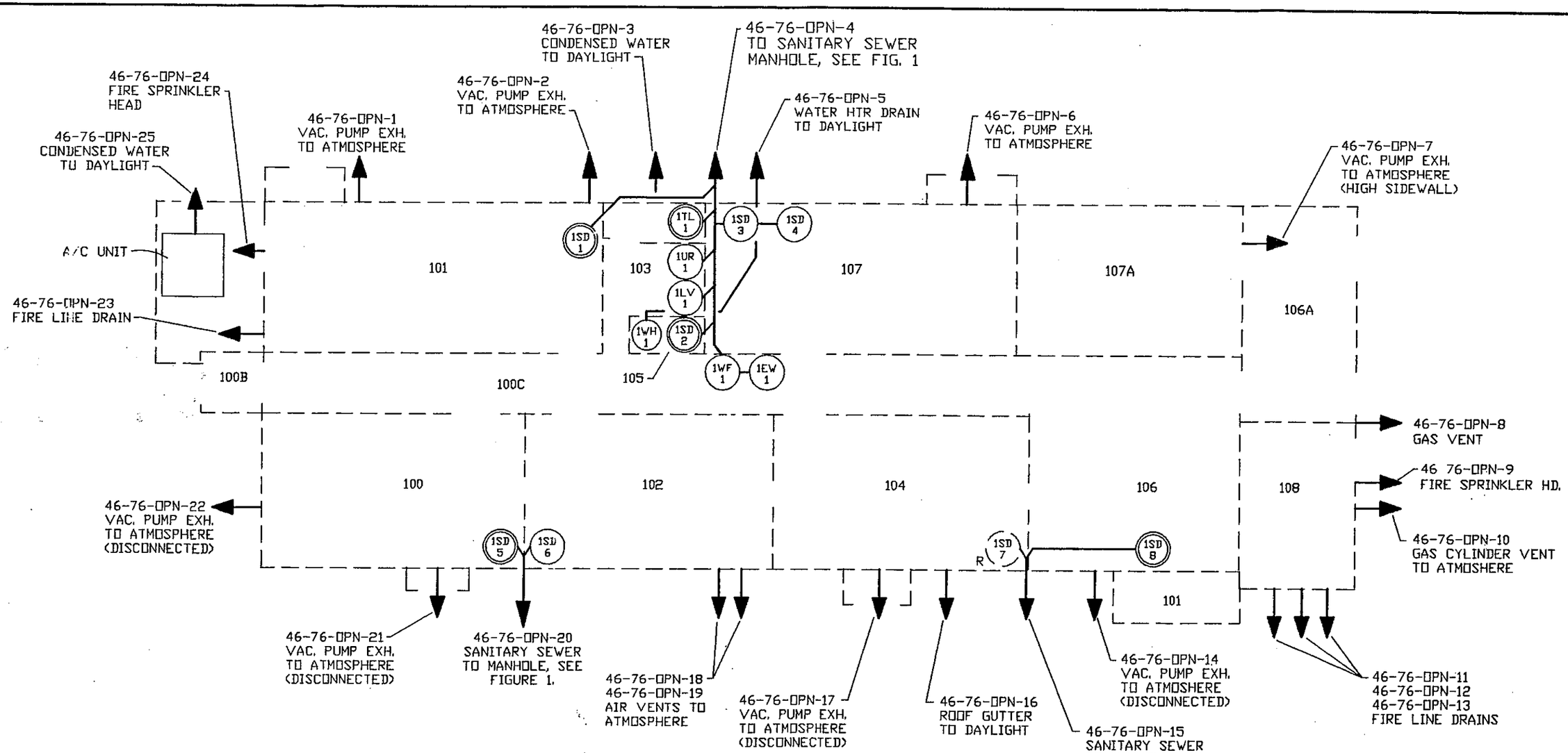
REQUESTING DIVISION	LAB JOB NO.	DRAWING NO.	REV.
REQUESTING GROUP EM-8	11056-71	FIGURE 9	



NOTE:
THIS DRAIN SCHEMATIC WAS DERIVED FROM L.A.N.L. DRAWINGS AND SITE VISITS.

SYMBOL LEGEND	
LV	LAVATORY
SD	SINK DRAIN
TL	TOILET
UR	URINAL
WF	WATER FOUNTAIN

DYE TESTED DRAIN

R DRAIN HAS BEEN REMOVED

N

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TA46-76
DRAIN SCHEMATIC

DRAWN	D.A.H.
DESIGN	M.E.W.
CHECKED	P.E.B.
DATE	5-19-93

SUBMITTED | RECOMMENDED | APPROVED

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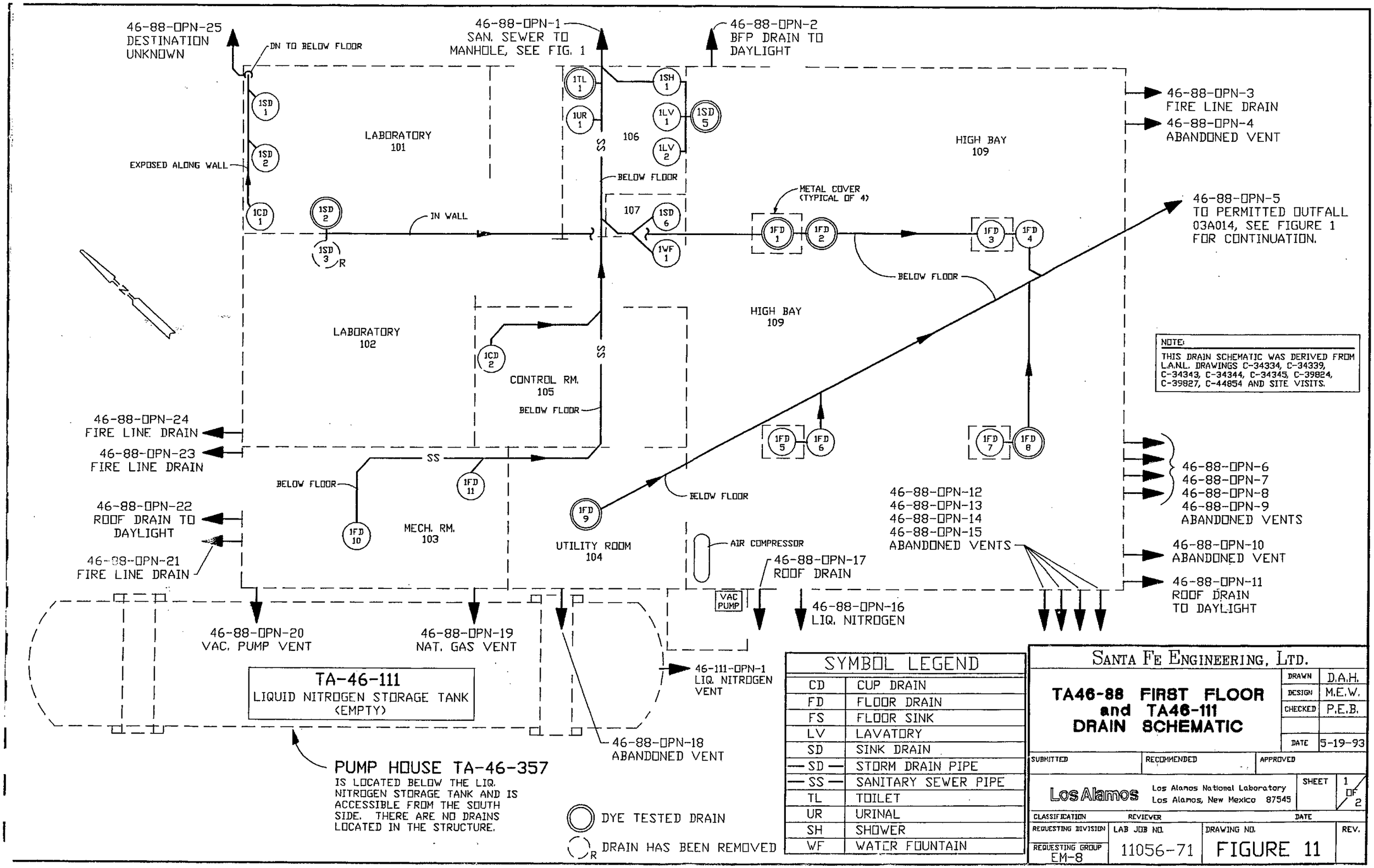
REQUESTING DIVISION	LAB JOB NO.	DRAWING NO.	REV.
REQUESTING GROUP EM-8	11056-71	FIGURE 10	


46-88-OPN-25
DESTINATION
UNKNOWN
DN TO BELOW FLOOR
46-88-OPN-1
SAN. SEWER TO
MANHOLE, SEE FIG. 1
46-88-OPN-2
BFP DRAIN TO
DAYLIGHT
46-88-OPN-3
FIRE LINE DRAIN
46-88-OPN-4
ABANDONED VENT
1SD 1
1SD 2
1CD 1
EXPOSED ALONG WALL
LABORATORY
101
1TL 1
1UR 1
1SH 1
1LV 1
1LV 2
1SD 5
106
SS
BELOW FLOOR
HIGH BAY
109
1SD 2
1SD 3
R
IN WALL
107
1SD 6
1WF 1
METAL COVER
(TYPICAL OF 4)
1FD 1
1FD 2
1FD 3
1FD 4
46-88-OPN-5
TO PERMITTED OUTFALL
03A014, SEE FIGURE 1
FOR CONTINUATION.
BELOW FLOOR
LABORATORY
102
1CD 2
CONTROL RM.
105
BELOW FLOOR
HIGH BAY
109
NOTE:
THIS DRAIN SCHEMATIC WAS DERIVED FROM
L.A.N.L. DRAWINGS C-34334, C-34339,
C-34343, C-34344, C-34345, C-39824,
C-39827, C-44854 AND SITE VISITS.
46-88-OPN-24
FIRE LINE DRAIN
46-88-OPN-23
FIRE LINE DRAIN
SS
BELOW FLOOR
1FD 11
1FD 5
1FD 6
1FD 7
1FD 8
46-88-OPN-6
46-88-OPN-7
46-88-OPN-8
46-88-OPN-9
ABANDONED VENTS
46-88-OPN-22
ROOF DRAIN TO
DAYLIGHT
1FD 10
MECH. RM.
103
1FD 9
UTILITY ROOM
104
BELOW FLOOR
46-88-OPN-12
46-88-OPN-13
46-88-OPN-14
46-88-OPN-15
ABANDONED VENTS
AIR COMPRESSOR
46-88-OPN-17
ROOF DRAIN
46-88-OPN-10
ABANDONED VENT
46-88-OPN-21
FIRE LINE DRAIN
VAC PUMP
46-88-OPN-16
LIQ. NITROGEN
46-88-OPN-11
ROOF DRAIN
TO DAYLIGHT
46-88-OPN-20
VAC. PUMP VENT
46-88-OPN-19
NAT. GAS VENT
TA-46-111
LIQUID NITROGEN STORAGE TANK
(EMPTY)
46-111-OPN-1
LIQ. NITROGEN
VENT
46-88-OPN-18
ABANDONED VENT
PUMP HOUSE TA-46-357
IS LOCATED BELOW THE LIQ.
NITROGEN STORAGE TANK AND IS
ACCESSIBLE FROM THE SOUTH
SIDE. THERE ARE NO DRAINS
LOCATED IN THE STRUCTURE.
DYE TESTED DRAIN
R
DRAIN HAS BEEN REMOVED
SYMBOL LEGEND
CD CUP DRAIN
FD FLOOR DRAIN
FS FLOOR SINK
LV LAVATORY
SD SINK DRAIN
— SD — STORM DRAIN PIPE
— SS — SANITARY SEWER PIPE
TL TOILET
UR URINAL
SH SHOWER
WF WATER FOUNTAIN
SANTA FE ENGINEERING, LTD.
TA46-88 FIRST FLOOR
and TA46-111
DRAIN SCHEMATIC
DRAWN D.A.H.
DESIGN M.E.W.
CHECKED P.E.B.
DATE 5-19-93
SUBMITTED
RECOMMENDED
APPROVED
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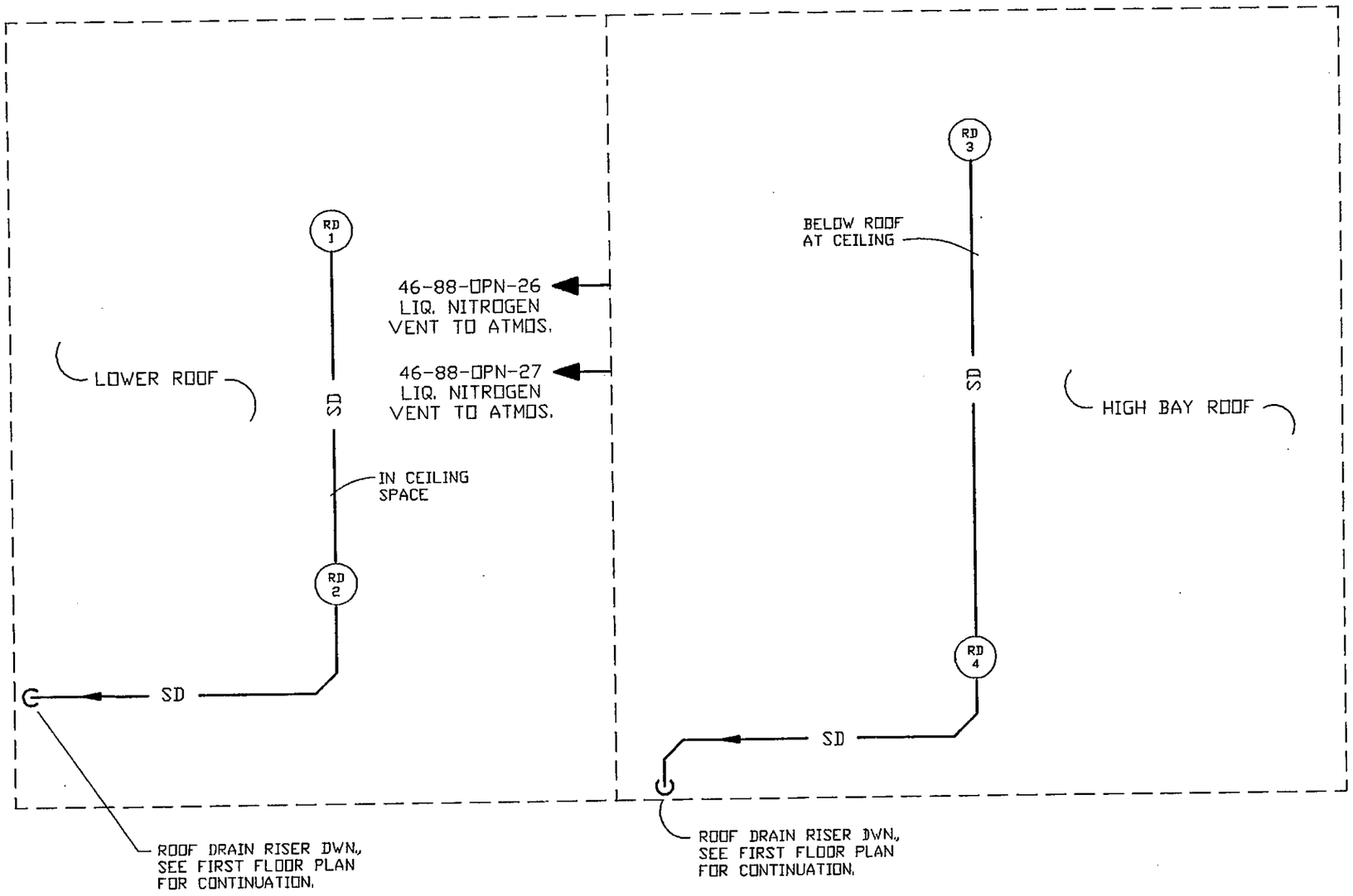
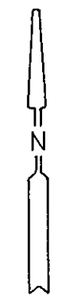
Los Alamos National Laboratory
Los Alamos, New Mexico 87545
SHEET 1 OF 2
CLASSIFICATION
REVIEWER
DATE
REQUESTING DIVISION
LAB JOB NO.
DRAWING NO.
REV.
REQUESTING GROUP
EM-8
11056-71
FIGURE 11





SYMBOL LEGEND	
RD	ROOF DRAIN
— SD —	STORM DRAIN PIPE

NOTE:

THIS DRAIN SCHEMATIC WAS DERIVED FROM L.A.N.L. C-34334, C-34339, C-34343, C-34344, C-34345, C-39824, C-39827, C-44854 AND SITE VISITS.

SANTA FE ENGINEERING, LTD.

TA46-88 ROOF PLAN DRAIN SCHEMATIC

DRAWN	D.A.H.
DESIGN	M.E.W.
CHECKED	P.E.B.
DATE	5-19-93

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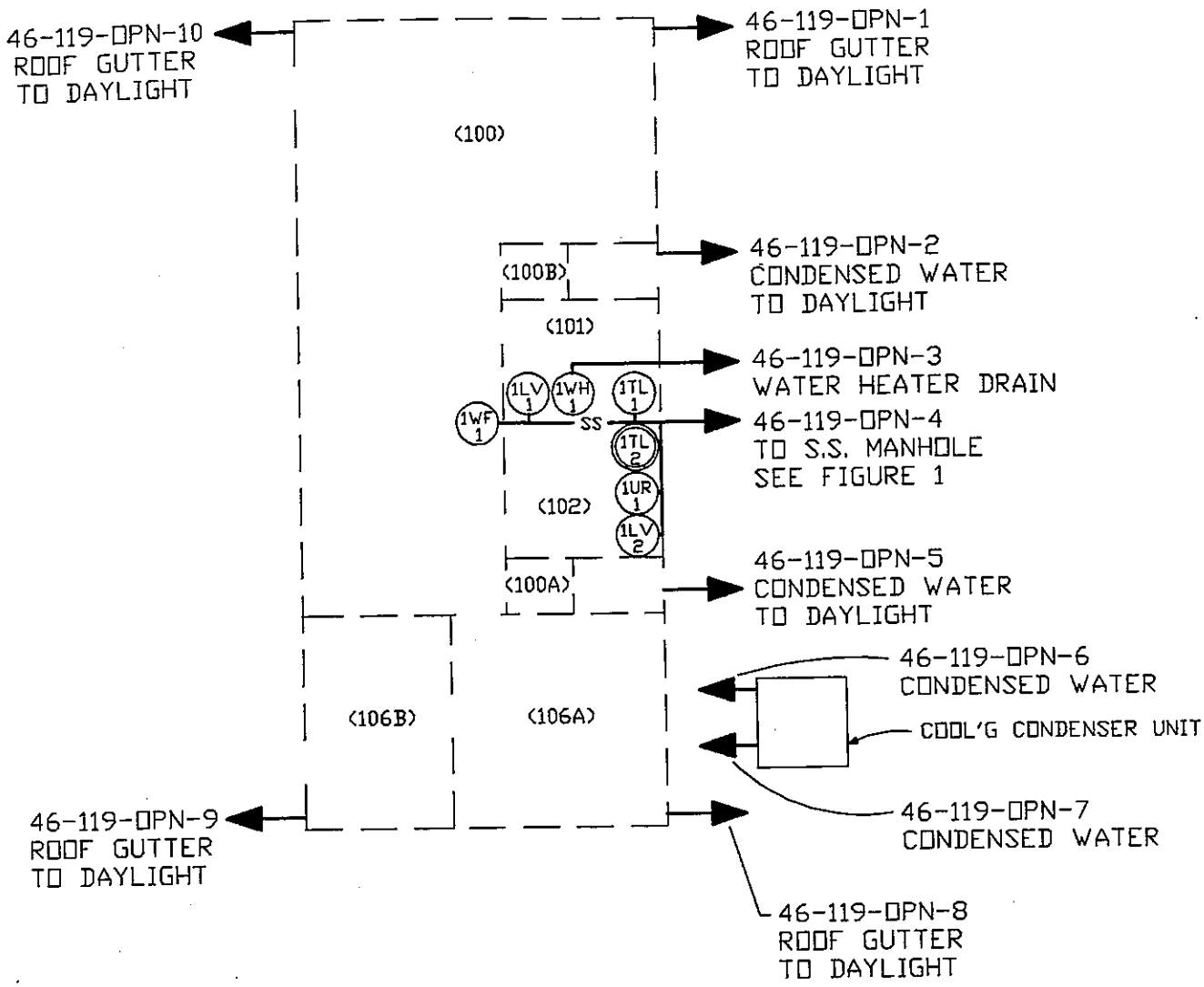
CLASSIFICATION | REVIEWER | DATE

REQUESTING DIVISION	LAB JOB NO.	DRAWING NO.	REV.
REQUESTING GROUP EM-8	11056-71	FIGURE 12	



SYMBOL LEGEND	
LV	LAVATORY
SS	SANITARY SEWER
TL	TOILET
UR	URINAL
WF	WATER FOUNTAIN
WH	WATER HEATER

DYE TESTED DRAIN

NOTE:

THIS DRAIN SCHEMATIC WAS DERIVED FROM SITE INVESTIGATION AND VERIFICATION.

SANTA FE ENGINEERING, LTD.

TA46-119 DRAIN SCHEMATIC

DRAWN	M.E.W.
DESIGN	M.E.W.
CHECKED	P.E.B.
DATE	5-19-93

SUBMITTED | RECOMMENDED | APPROVED

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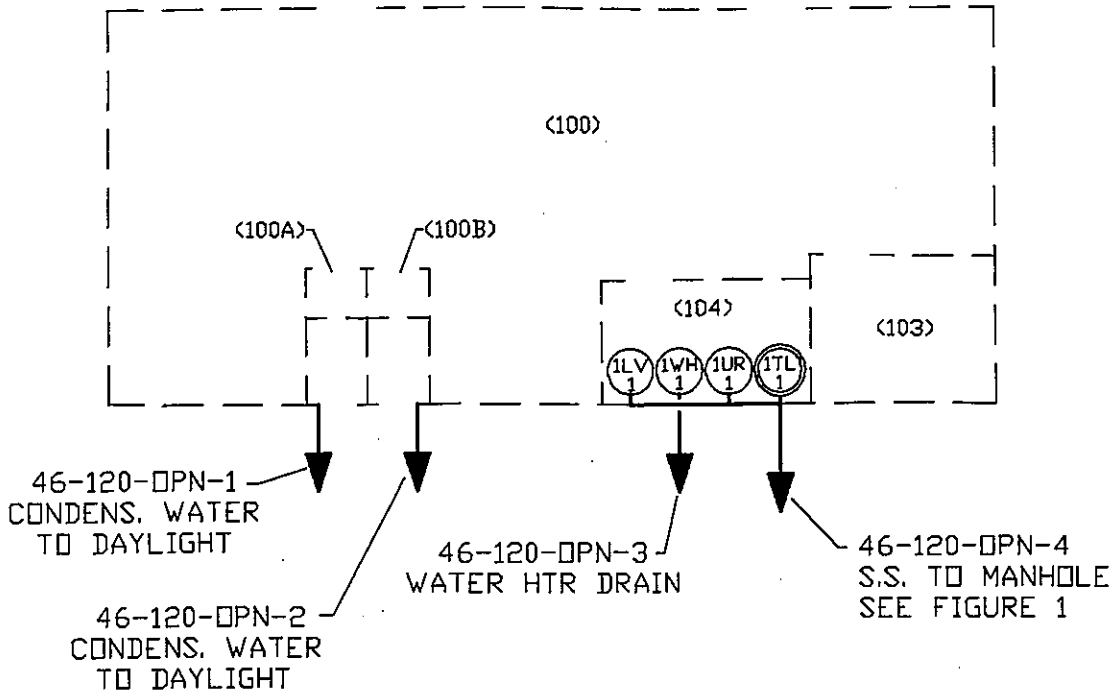
CLASSIFICATION | REVIEWER | DATE

REQUESTING DIVISION	LAB JOB NO.	DRAWING NO.	REV.
REQUESTING GROUP EM-8	11056-71	FIGURE 13	



SYMBOL LEGEND	
LV	LAVATORY
TL	TOILET
UR	URINAL
WH	WATER HEATER
WF	WATER FOUNTAIN

DYE TESTED DRAIN

NOTE:

THIS DRAIN SCHEMATIC WAS DERIVED FROM SITE INVESTIGATION AND VERIFICATION.

SANTA FE ENGINEERING, LTD.

TA46-120 DRAIN SCHEMATIC

DRAWN	M.E.W.
DESIGN	M.E.W.
CHECKED	P.E.B.
DATE	5-19-93

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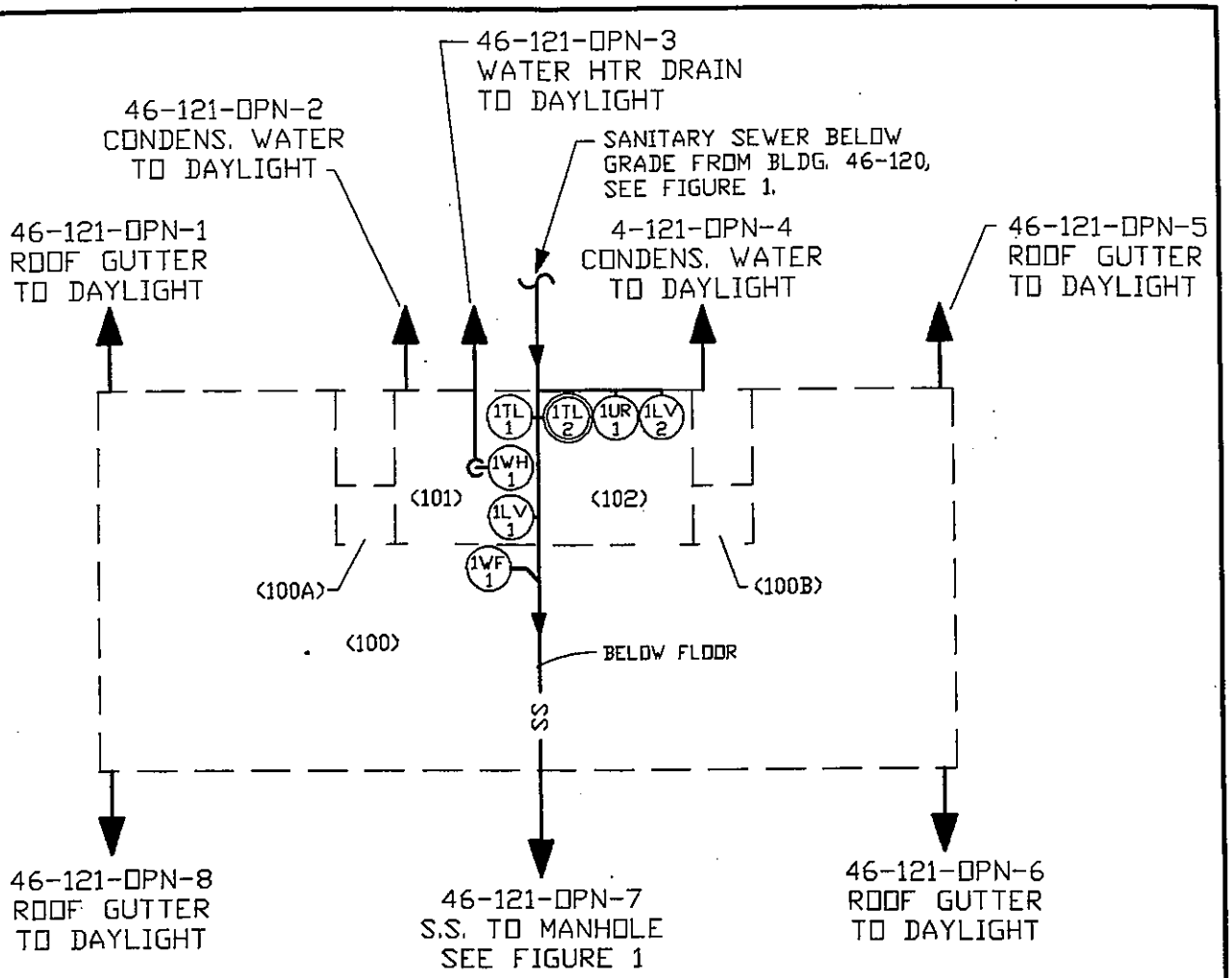
CLASSIFICATION | REVIEWER | DATE

REQUESTING DIVISION | LAB JOB NO. | DRAWING NO. | REV.

REQUESTING GROUP EM-8 | 11056-71 | FIGURE 14



SYMBOL LEGEND	
LV	LAVATORY
— SS —	SANITARY SEWER PIPE
TL	TOILET
UR	URINAL
WF	WATER FOUNTAIN
WH	WATER HEATER

DYE TESTED DRAIN

NOTE:

THIS DRAIN SCHEMATIC WAS DERIVED FROM SITE INVESTIGATION AND VERIFICATION.

SANTA FE ENGINEERING, LTD.

TA46-121 DRAIN SCHEMATIC

DRAWN	M.E.W.
DESIGN	M.E.W.
CHECKED	P.E.B.
DATE	5-19-93

SUBMITTED | RECOMMENDED | APPROVED

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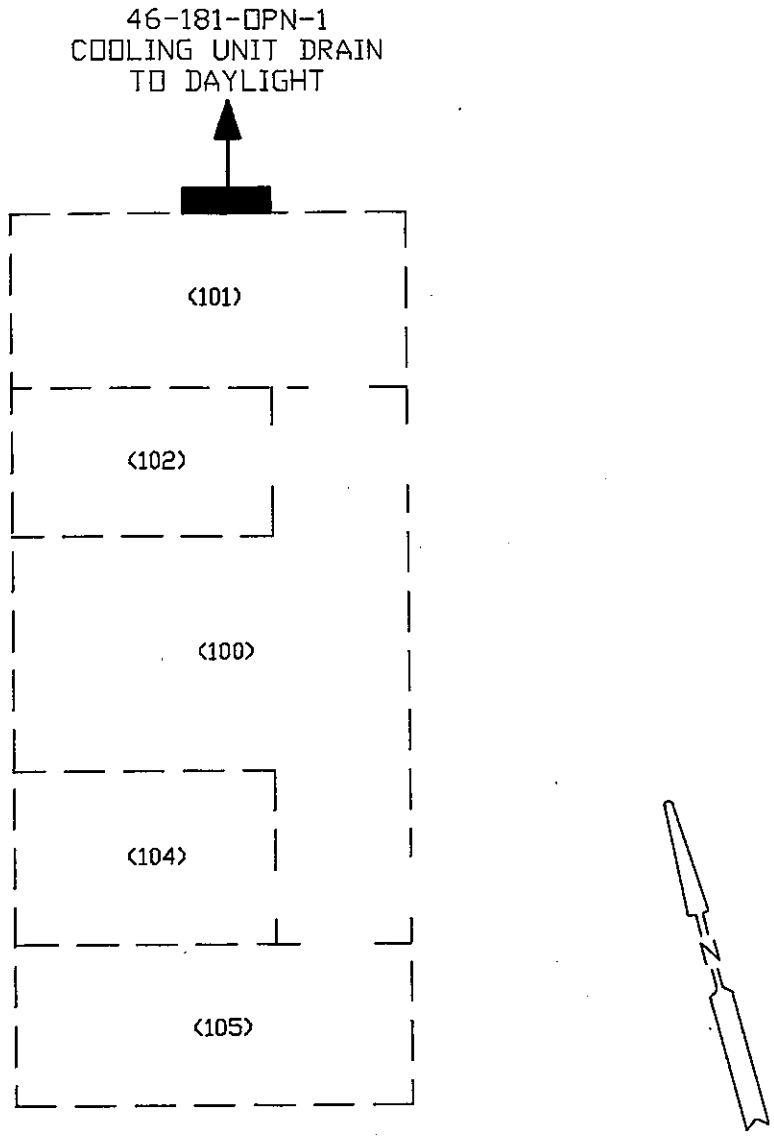
CLASSIFICATION | REVIEWER | DATE

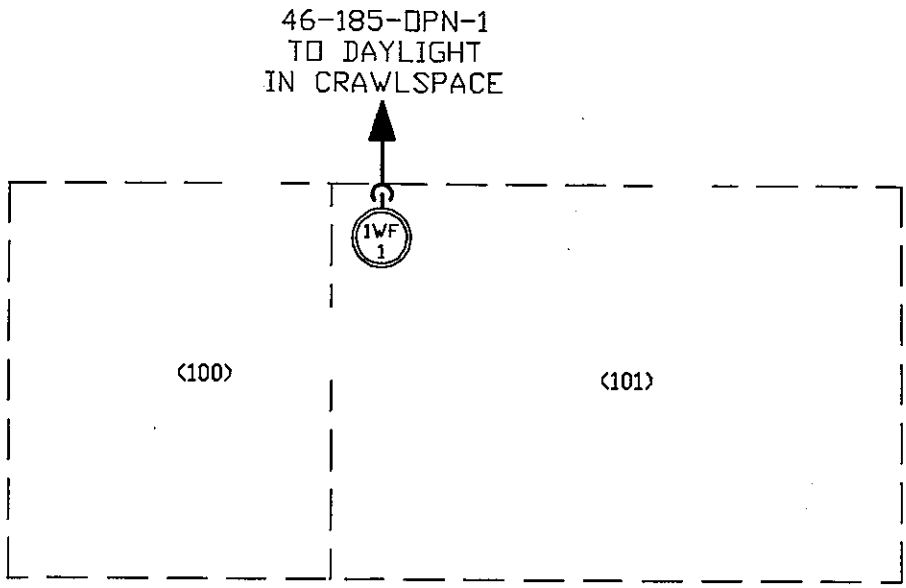
REQUESTING DIVISION	LAB JOB NO.	DRAWING NO.	REV.
REQUESTING GROUP EM-8	11056-71	FIGURE 15	



NOTE:

THIS DRAIN SCHEMATIC WAS DERIVED FROM SITE INVESTIGATION AND VERIFICATION.

SANTA FE ENGINEERING, LTD.		
TA46-181 DRAIN SCHEMATIC	DRAWN	M.E.W.
	DESIGN	M.E.W.
	CHECKED	P.E.B.
	DATE	5-19-93
SUBMITTED	RECOMMENDED	APPROVED
Los Alamos	Los Alamos National Laboratory Los Alamos, New Mexico 87545	SHEET 1 OF 1
CLASSIFICATION	REVIEWER	DATE
REQUESTING DIVISION	LAB JOB NO.	DRAWING NO.	REV.
REQUESTING GROUP EM-8	11056-71	FIGURE 16	



SYMBOL LEGEND	
WF	WATER FOUNTAIN

DYE TESTED DRAIN

N

NOTE:

THIS DRAIN SCHEMATIC WAS DERIVED FROM SITE INVESTIGATION AND VERIFICATION.

SANTA FE ENGINEERING, LTD.

TA46-185 DRAIN SCHEMATIC

DRAWN	M.E.W.
DESIGN	M.E.W.
CHECKED	P.E.B.
DATE	5-19-93

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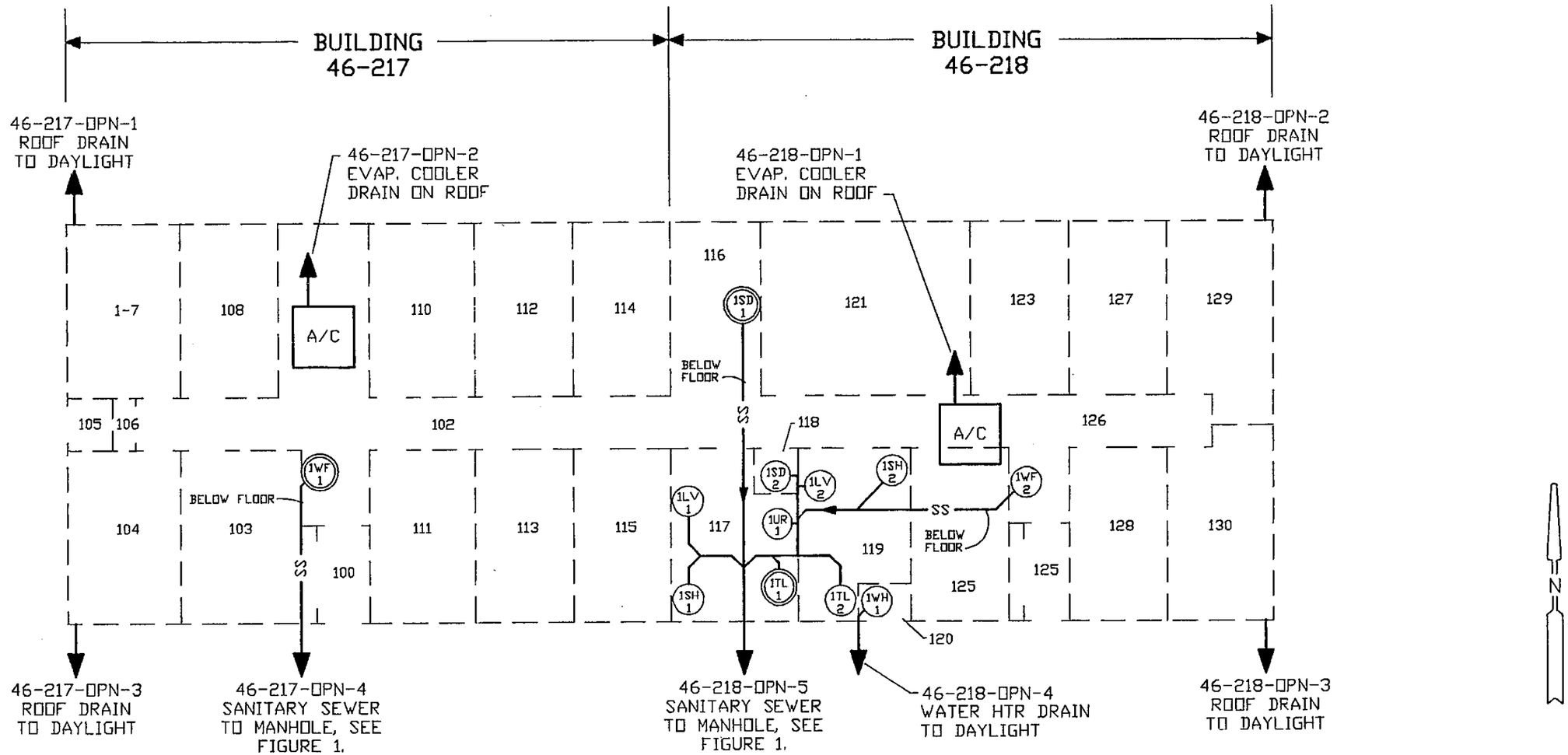
CLASSIFICATION | REVIEWER | DATE

REQUESTING DIVISION	LAB JOB NO.	DRAWING NO.	REV.
REQUESTING GROUP EM-8	11056-71	FIGURE 17	



NOTE:
THIS DRAIN SCHEMATIC WAS DERIVED FROM L.A.N.L. DRAWINGS C-44852, R-5548 AND SITE VISITS.

SYMBOL LEGEND	
E/C	EVAPORATIVE COOLER
FD	FLOOR DRAIN
LV	LAVATORY
SD	SINK DRAIN
SH	SHOWER
—SS—	SANITARY SEWER PIPE
TL	TOILET
UR	URINAL
WF	WATER FOUNTAIN

◯ DYE TESTED DRAIN

SANTA FE ENGINEERING, LTD.

TA46-217 and 218 DRAIN SCHEMATIC

DRAWN	M.E.W.
DESIGN	M.E.W.
CHECKED	P.E.B.
DATE	5-19-93

SUBMITTED | RECOMMENDED | APPROVED

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CLASSIFICATION | REVIEWER | DATE

REQUESTING DIVISION | REQUESTING GROUP EM-8 | LAB JOB NO. 11056-71 | DRAWING NO. FIGURE 18 | REV.