General

ENTERED

Los Alamos
NATIONAL LABORATORY
EST. 1943

Environmental Protection Division
Water Quality & RCRA Group (ENV-RCRA)
P.O. Box 1663, Mail Stop K490
Los Alamos, New Mexico 87545
(505) 667-0666

Date: JAN 2 4 2013
Refer To: ENV-RCRA-13-0019
LAUR: 13-20327

Ms. Hannah Branning
U.S. Environmental Protection Agency, Region 6
Compliance Assurance and Enforcement Division
Water Enforcement Branch (6EN)
1445 Ross Avenue, Suite 1200
Dallas, TX 75202-2733

Dear Ms. Branning:

SUBJECT: NPDES PERMIT NO. NM0028355, MONTHLY DISCHARGE MONITORING REPORTS (DMRS) FOR DECEMBER 2012, QUARTERLY DMRS FOR OCTOBER 2012 THROUGH DECEMBER 2012, AND YEARLY DMRS FOR JANUARY 2012 THROUGH DECEMBER 2012

Enclosed (Enclosure 1) are Los Alamos National Security, LLC (LANS) monthly DMRs for December 2012, quarterly DMRs for October 2012 through December 2012, and yearly DMRs for January 2012 through December 2012 as required under NPDES Permit No. NM0028355.

All monitoring requirements were met for the reporting periods. There were no effluent limitations exceeded out of the 107 analyses conducted on industrial and sanitary outfalls during the monitoring periods.

Two PCB compliance samples were collected at Outfall 001 during calendar year 2012. The first PCB sample was collected on March 14, 2012 with a result of 0.000856 ug/L. This result is less than the interim permit limits of 0.009 ug/L monthly average and 0.014ug/L daily maximum that were in effect through July 30, 2012. The second PCB sample was collected on October 23, 2012 and that result is reported on the enclosed DMR (Discharge Number 001Y) per the guidance of the EPA Region 6 Permit Writer.

Please contact Marc Bailey at (505) 665-8135 or Mike Saladen at (505) 665-6085 of the Water Quality and RCRA Group (ENV-RCRA) if you have questions.

Sincerely,

A R Grieggs

Anthony R. Grieggs
Group Leader
Water Quality & RCRA Group (ENV-RCRA)

ARG:MAB/lm

Enclosures: 1. NPDES Permit No. NM0028355 Monthly DMRs for December 2012, Quarterly DMRs for October 2012 through December 2012, and Yearly DMRs for January 2012 through December 2012

Cy: James Hogan, NMED/SWQB, Santa Fe, NM, w/enc.
Jerry Schoeppner, NMED/GWQB, Santa Fe, NM, w/enc.
Thomas Skibitski, NMED/DOE/OB, Albuquerque, NM, w/enc.
Steve Rydeen, San Ildefonso Pueblo, Santa Fe, NM, w/enc.
Courtney Perkins, LASO-GOV, w/enc., (E-File)
Gene Turner, LASO-EPO, w/enc., (E-File)
Carl A. Beard, PADOPS, w/o enc., A102
Michael T. Brandt, ADESH, w/o enc., (E-File)
Alison M. Dorries, ENV-DO, w/o enc., (E-File)
Marc Bailey, ENV-RCRA, w/enc., (E-File)
LASOmailbox@nnsa.doe.gov, w/enc., (E-File)
IRM-RMMSO File, w/enc., (E-File)
ENV-RCRA Correspondence File, w/enc., K490

ENCLOSURE 1

NPDES Permit No. NM0028355 Monthly DMRs for December 2012, Quarterly DMRs for October 2012 through December 2012, and Yearly DMRs for January 2012 through December 2012

ENV-RCRA-13-0019

LAUR-12-20327

Date: JAN 2 4 2013

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

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: LANS, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545

FACILITY: LANS, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	001A
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
POWER PLANT WASTE WATER
EXTERNAL OUTFALL
PAGE 1

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	12	01	TO	12	12	31

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Temperature, water deg. centigrade 00010 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	12.8	15.2	deg C	0	4/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	24 MO AVG	24 DAILY MX			WEEKLY	GRAB
pH 00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.3	S.U.	0	4/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM			WEEKLY	GRAB
Solids, total suspended 00530 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.57	<0.57	mg/L	0	1/31	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX			MONTHLY	COMP24
Aluminum, total (as Al) 01105 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L	0	1/31	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0.058 MO AVG	0.087 DAILY MX			MONTHLY	COMP24
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.25831	0.4763	Mgal/ day	*****	*****	*****	*****	0	99/99	TOTALZ
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			CONTINUOUS	TOTALZ
Chlorine, total residual 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	4/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX			WEEKLY	GRAB
E. Coli 51040 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<1	2	cfu/ 100ml	0	4/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	126 MOAVG GEO	410 DAILY MX			WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007. *6.6-8.8 SU EFFECTIVE AS OF JANUARY 31, 2008. **AL & TEMP-REPORT ONLY EFFECTIVE THROUGH JULY 31, 2010. E. COLI EFFLUENT LIMITATIONS & MONITORING REQUIREMENTS ONLY APPLY WHEN EFFLUENT FROM OUTFALL 13S REROUTED AND DISCHARGED AT OUTFALL 001. TOTALIZED FLOW ESTIMATE. NOTE: AL RESULT <MQL & < PERMIT LIMIT OF 0.058 MG/L.

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

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: LANS, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

FACILITY: LANS, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	001Y
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
YEARLY REPORTING OUTFALL 001
EXTERNAL OUTFALL
PAGE 2

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	01	01	TO	12	12	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Polychlorinated biphenyls (PCBs)* 39516 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.000565	0.000565	ug/L	0	01/YR	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0.00064 MO AVG	0.00064 DAILY MX			ANNUAL	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007. *PERMIT LIMIT EFFECTIVE 7/31/12. ADDITIONAL PCB SAMPLE COLLECTED 3/14/2012 WAS 0.000856 UG/L AND MET INTERIM PERMIT LIMITS OF 0.009 UG/L MO AVG; 0.014 UG/L DAILY MAX IN EFFECT THROUGH 7/30/2012.

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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL K490
LOS ALAMOS, NEW MEXICO

FACILITY: LANS, LLC.
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	022A
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER WASTEWATER
EXTERNAL OUTFALL
PAGE 3

No Discharge X

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	12	01	TO	12	12	31

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****		*****		S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Copper, Total (as Cu)* 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****			mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.019 MO AVG	0.028 DAILY MX			MONTHLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT			Mgal/ day	*****	*****	*****	*****	0	0/31	ESTIMA
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	ESTIMA
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX			WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007. *CU-REPORT ONLY EFFECTIVE THROUGH JANUARY 31, 2010. NO DISCHARGE DURING MONITORING PERIOD.

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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

FACILITY: LANS, LLC.
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	022Q
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING OUTFALL 022
EXTERNAL OUTFALL
PAGE 4

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	10	01	TO	12	12	31

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Solids, total suspended 00530 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.90	3.90	mg/L	0	1/92	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX			QUARTERLY	GRAB
Phosphorus, total (as P) 00665 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.017	<0.017	mg/L	0	1/92	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX			QUARTERLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007.

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

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: LANS, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

FACILITY: LANS, LLC.
LOCATION: LOS ALAMOS, NEW MEXICO
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	022Y
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
YEARLY REPORTING - OUTFALL 022
EXTERNAL OUTFALL
PAGE 5

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	01	01	TO	12	12	31

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Selenium. Total (as Se) 01147 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.000444	0.000444	mg/L	0	1/366	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX			ANNUAL	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007.

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

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

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LOS ALAMOS, NEW MEXICO 87545

FACILITY: LANS, LLC.
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	027A
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER WASTEWATER
EXTERNAL OUTFALL
PAGE 6

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	12	01	TO	12	12	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.9	S.U.	0	4/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.04875	0.0572	Mgal/ day	*****	*****	*****	*****	0	31/31	ESTIMA
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	ESTIMA
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	4/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX			WEEKLY	GRAB
E. Coli** 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<1	<1	cfu/ 100ml	0	3/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX			WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007.*6.6-8.8 SU EFFECTIVE AS OF JANUARY 31, 2008. **EFFLUENT LIMITATIONS & MONITORING REQUIREMENTS APPLY TO E. COLI ONLY WHEN SWWS EFFLUENT DISCHARGED & 6 MONTHS FROM EFFECTIVE DATE OF PERMIT. TOTALIZED FLOW ESTIMATE.

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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

FACILITY: LANS, LLC
LOCATION: LOS ALAMOS NEW MEXICO 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	027Q
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING OUTFALL 027
EXTERNAL OUTFALL
PAGE 7

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	10	01	TO	12	12	31

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Solids, total suspended 00530 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.06	1.06	mg/L	0	1/92	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX			QUARTERLY	GRAB
Phosphorus, total (as P) 00665 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.986	0.986	mg/L	0	1/92	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX			QUARTERLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 AREA CODE	665-0451 NUMBER	13 YEAR	1 MO	24 DAY
TYPED OR PRINTED							

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007

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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

FACILITY: LANS, LLC.
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	027Y
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
YEARLY REPORTING - OUTFALL 027
EXTERNAL OUTFALL
PAGE 8

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	01	01	TO	12	12	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L	0	1/366	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX			ANNUAL	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE AUGUST 1, 2007. ON 11/15/2012 PCB = 0.0 PG/L WHILE SERF (13S) EFFLUENT WAS BEING USED. CU(T) RESULT <MQL OF 10UG/L.

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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

FACILITY: LANS, LLC.
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	048A
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER WASTEWATER
External Outfall
PAGE 9

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	12	01	TO	12	12	31

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	8.9	S.U.	0	4/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Arsenic, Total (as As)* 01002 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L	0	1/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.01 MO AVG	0.014 DAILY MX			MONTHLY	GRAB
Copper, Total (as Cu)* 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L	0	1/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.021 MO AVG	0.031 DAILY MX			MONTHLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.03672	0.0624	Mgal/ day	*****	*****	*****	*****	0	31/31	ESTIMA
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	ESTIMA
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	4/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX			WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007. *AS & CU-REPORT ONLY EFFECTIVE THROUGH JULY 31, 2010. NOTE: AS(T)RESULT <MQL 0.01MG/L & MONTHLY AVERAGE OF 0.01 MG/L. CU(T)RESULT <MQL OF 0.01MG/L & MONTHLY AVERAGE OF 0.021MG/L. TOTALIZED FLOW ESTIMATE.

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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS,NEW MEXICO 87545

FACILITY: LANS, LLC.
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	048Q
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING-OUTFALL 048
EXTERNAL OUTFALL
PAGE 10

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	10	01	TO	12	12	31

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Solids, total suspended 00530 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.570	<0.570	mg/L	0	1/92	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX			QUARTERLY	GRAB
Phosphorus, total (as P) 00665 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.448	0.448	mg/L	0	1/92	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX			QUARTERLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 AREA CODE	665-0451 NUMBER	13 YEAR	1 MO	24 DAY
TYPED OR PRINTED							

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

PERMIT EFFECTIVE DATE AUGUST 1, 2007.

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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

FACILITY: LANS, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	051A
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO
EXTERNAL OUTFALL

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	12	01	TO	12	12	31

Page 11 (Page 1 of 2)

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (high level) 00340 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			mg/L	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	125 MO AVG	125 DAILY MX			MONTHLY	GRAB
pH 00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		S.U.	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Solids, total suspended 00530 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			mg/L	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	45 DAILY MX			MONTHLY	GRAB
Copper, Total (as Cu)* 01042 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			ug/L	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0.14 MO AVG	0.2 DAILY MX			MONTHLY	GRAB
Zinc, Total (as Zn)* 01092 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			ug/L	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	2.2 MO AVG	3.3 DAILY MX			MONTHLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT			Mgal/ day	*****	*****	*****	*****	0	99/99	RCORDR
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			CONTINUOU	RCORDR
Chlorine, total residual 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		mg/L	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX			WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007. *CU AND ZN-REPORT ONLY THROUGH JULY 31, 2010. THE LIMITS AND MONITORING FOR TOTAL TOXIC ORGANICS DO NOT INCLUDE 2,3,7,8 -TETRACHLORDIBENZO-P-DIOXIN (TCDD), PESTICIDES, OR POLYCHLORINATED BIPHENYLS. NO DISCHARGE DURING MONITORING PERIOD.

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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

FACILITY: LANS, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	051A
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO
EXTERNAL OUTFALL

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	12	01	TO	12	12	31

Page 11 (Page 2 of 2)

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Organics, total toxic (TTO) 78141 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			mg/L	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	1.0 MO AVG	1.0 DAILY MX			MONTHLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007. *CU AND ZN-REPORT ONLY THROUGH JULY 31, 2010. THE LIMITS AND MONITORING FOR TOTAL TOXIC ORGANICS DO NOT INCLUDE 2,3,7,8 -TETRACHLORDIBENZO-P-DIOXIN (TCDD), PESTICIDES, OR POLYCHLORINATED BIPHENYLS. NO DISCHARGE DURING MONITORING PERIOD.

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

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

FACILITY: LANS, LLC.
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	051Y
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
YEARLY REPORTING - OUTFALL 051
EXTERNAL OUTFALL
PAGE 12 (Page 1 of 2)

No Discharge X

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	01	01	TO	12	12	31

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Cadmium. total (as Cd) 01027 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			ug/L	0	0/366	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX			ANNUAL	GRAB
Chromium. total (as Cr) 01034 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			mg/L	0	0/366	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	1.34 MO AVG	2.68 DAILY MX			ANNUAL	GRAB
Lead. total (as Pb) 01051 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			mg/L	0	0/366	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0.423 MO AVG	0.524 DAILY MX			ANNUAL	GRAB
Nickel. total (as Ni) 01067 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			ug/L	0	0/366	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX			ANNUAL	GRAB
Selenium. total (as Se) 01147 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			ug/L	0	0/366	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX			ANNUAL	GRAB
Radium 226 + radium 228. total 11503 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			pCi/L	0	0/366	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	30 DAILY MX			ANNUAL	GRAB
Polychlorinated biphenyls (PCBs) 39516 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			ug/L	0	0/366	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX			ANNUAL	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007. NO DISCHARGE DURING MONITORING PERIOD

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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

FACILITY: LANS, LLC.
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	051Y
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	01	01	TO	12	12	31

DMR MAILING ZIP CODE: 87545
MAJOR
YEARLY REPORTING - OUTFALL 051
EXTERNAL OUTFALL
PAGE 12 (Page 2 of 2)
No Discharge X

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Perchlorate (ClO4) 61209 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			ug/L	0	0/366	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX			ANNUAL	GRAB
Mercury, total (as Hg) 71900 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			ug/L	0	0/366	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX			ANNUAL	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007. NO DISCHARGE DURING MONITORING PERIOD

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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

FACILITY: LANS, LLC.
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355
PERMIT NUMBER

055A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED WASTEWATER
EXTERNAL OUTFALL
PAGE 13

No Discharge X

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	12	01	TO	12	12	31

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
pH 00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		S.U.	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Flow. in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT			Mgal/ day	*****	*****	*****		0	0/31	ESTIMA
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	ESTIMA
RDX. total 81364 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			mg/L	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0.20 MO AVG	0.66 DAILY MX			WICE/MONT	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007. TOTAL RDX - ONE SAMPLE SHOULD BE TAKEN BEFORE THE 15TH OF THE MONTH AND ANOTHER TAKEN AFTER THE 15TH OF THE MONTH. NO DISCHARGE DURING MONITORING PERIOD. TOTALIZED FLOW ESTIMATE.

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

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

FACILITY: LANS, LLC.
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	055Q
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING-OUTFALL 055
EXTERNAL OUTFALL
PAGE 14

No Discharge X

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	10	01	TO	12	12	31

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Oxygen demand, chem. (high level) 00340 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****			mg/L	0	0/92	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	125 MO AVG	125 DAILY MX			QUARTERLY	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****			mg/L	0	0/92	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	45 DAILY MX			QUARTERLY	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****			mg/L	0	0/92	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	15 DAILY MX			QUARTERLY	GRAB
Organics, total toxic (TTO) 78141 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****			mg/L	0	0/92	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.0 MO AVG	1.0 DAILY MX			QUARTERLY	GRAB
TNT, total 81360 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****			mg/L	0	0/92	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.02 MO AVG	Req. Mon. DAILY MX			QUARTERLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 AREA CODE	665-0451 NUMBER	13 YEAR	1 MO	24 DAY
TYPED OR PRINTED							

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007. THE LIMITS AND MONITORING FOR TOTAL TOXIC ORGANICS DO NOT INCLUDE 2,3,7,8-TETRACHLORODIBENZO-P-DIOXIN(TCDD), PESTICIDES, OR POLYCHLORINATED BIPHENYLS. NO DISCHARGE DURING MONITORING PERIOD.

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

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

FACILITY: LANS, LLC.
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	055Y
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
YEARLY REPORTING - OUTFALL 055
EXTERNAL OUTFALL
PAGE 15

No Discharge X

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	01	01	**TO**	12	12	31

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Perchlorate (ClO4) 61209 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			mg/L	0	0/366	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX			ANNUAL	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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.	ARGriggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007. NO DISCHARGE DURING MONITORING PERIOD.

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

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

FACILITY: LANS, LLC.
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	113A
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER WASTEWATER
EXTERNAL OUTFALL
PAGE 16

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	12	01	TO	12	12	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	8.7	S.U.	0	4/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Flow. in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.000764	0.00199	Mgal/ day	*****	*****	*****	*****	0	31/31	ESTIMA
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	ESTIMA
Chlorine. total residual* 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	4/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX			WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007. TOTALIZED FLOW ESTIMATE.

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

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: LANS, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

FACILITY: LANS, LLC.
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	113Q
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING-OUTFALL 113
EXTERNAL OUTFALL
PAGE 17

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	10	01	TO	12	12	31

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.57	<0.57	mg/L	0	1/92	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX			QUARTERLY	GRAB
Phosphorus, total (as P) 00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.376	0.376	mg/L	0	1/92	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX			QUARTERLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007.

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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545

FACILITY: LANS, LLC.
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	13SA
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED SANITARY WASTEWATER TO SANDIA CANYON
EXTERNAL OUTFALL
PAGE 18

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	12	01	TO	12	12	31

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD. 5 Day. 20 Deg. C 00310 1 0	SAMPLE MEASUREMENT	2.31	2.31	lbs/day	*****	1.02	1.02	mg/L	0	1/31	COMP24
Effluent Gross	PERMIT REQUIREMENT	75 MONTHLY AV	112 DAILY MX		*****	30 MO AVG	45 DAILY MX			MONTHLY	COMP24
pH 00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.6	S.U.	0	4/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 DAILY MX			WEEKLY	GRAB
Solids. total suspended 00530 1 0	SAMPLE MEASUREMENT	<1.29	<1.29	lbs/day	*****	<0.57	<0.57	mg/L	0	1/31	COMP24
Effluent Gross	PERMIT REQUIREMENT	75 MONTHLY AV	112 DAILY MX		*****	30 MO AVG	45 DAILY MX			MONTHLY	COMP24
Flow. in conduit or thru treatment plant* 50050 1 0	SAMPLE MEASUREMENT	0.26674	0.374	Mgal/ day	*****	*****	*****	*****	0	99/99	TOTALZ
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			:ONTINUOU:	TOTALZ
Chlorine. total residual** 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	See Comments	mg/L	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX			WEEKLY	GRAB
E. Coli** 51040 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	See Comments	Below	cfu/ 100ml	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX			MONTHLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007. *AVERAGE DISCHARGE RATE <0.318. ** TOTAL RESIDUAL CHLORINE AND E.COLI EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS ONLY APPLY WHEN DISCHARGE IS MADE TO CANADA DEL BUEY. OUTFALL DID NOT DISCHARGE TO CANADA DEL BUEY.

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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: LANS, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

FACILITY: LANS, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	13SY
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
YEARLY REPORTING OUTFALL 13S
EXTERNAL OUTFALL
PAGE 19

No Discharge ☐

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	01	01	TO	12	12	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Polychlorinated biphenyls (PCBs)* 39516 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	See Comments	Below	ug/L	0	00/YR	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0.00064 MO AVG	0.00064 DAILY MX			ANNUAL	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007 *PERMIT LIMIT EFFECTIVE 7/31/2012. PCB LIMITATIONS AND MONITORING REQUIREMENTS ONLY APPLY WHEN EFFLUENT FROM OUTFALL 13S IS DISCHARGE TO CANADA DEL BUEY. OUTFALL DID NOT DISCHARGE TO CANADA DEL BUEY.

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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

FACILITY: LANS, LLC.
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	160A
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER WASTEWATER
EXTERNAL OUTFALL
PAGE 20

No Discharge X

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	12	01	TO	12	12	31

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****		*****		S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****			mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.022 MO AVG	0.032 DAILY MX			MONTHLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT			Mgal/ day	*****	*****	*****	*****	0	0/31	ESTIMA
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	ESTIMA
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX			WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007. *CU-REPORT ONLY EFFECTIVE THROUGH JULY 31, 2010. TOTALIZED FLOW ESTIMATE. NO DISCHARGE TO OUTFALL DURING MONITORING PERIOD.

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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

FACILITY: LANS, LLC.
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	160Q
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING-OUTFALL 160
EXTERNAL OUTFALL
PAGE 21

No Discharge

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	10	01	TO	12	12	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended 00530 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.546	<0.546	mg/L	0	1/92	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX			QUARTERLY	GRAB
Phosphorus, total (as P) 00665 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0581	0.0581	mg/L	0	1/92	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX			QUARTERLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007.

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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

FACILITY: LANS, LLC.
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	181A
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER WASTEWATER
EXTERNAL OUTFALL
PAGE 22

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	12	01	TO	12	12	31

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	8.7	*****	8.8	S.U.	0	4/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.00652	0.00861	Mgal/ day	*****	*****	*****	*****	0	31/31	ESTIMA
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	ESTIMA
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	4/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX			WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007. TOTALIZED FLOW ESTIMATE.

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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545

FACILITY: LANS, LLC.
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	181Q
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING-OUTFALL 181
EXTERNAL OUTFALL
PAGE 23

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	10	01	TO	12	12	31

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids. total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.570	<0.570	mg/L	0	1/92	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX			QUARTERLY	GRAB
Phosphorus. total (as P) 00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.96	2.96	mg/L	0	1/92	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX			QUARTERLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007.

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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

FACILITY: LANS, LLC.
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	181Y
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
YEARLY REPORTING - OUTFALL 181
EXTERNAL OUTFALL
PAGE 24

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	01	01	TO	12	12	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Selenium. Total (as Se) 01147 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.000472	0.000472	mg/L	0	1/366	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX			ANNUAL	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007.

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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

FACILITY: LANS, LLC.
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	199A
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER WASTEWATER
EXTERNAL OUTALL
PAGE 25

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	12	01	TO	12	12	31

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	8.0	S.U.	0	4/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.03138	0.0367	Mgal/ day	*****	*****	*****	*****	0	31/31	ESTIMA
	PERMIT REQUIREMENT	Reg. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	ESTIMA
Chlorine, total residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	4/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX			WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007. *6.6-8.8 SU EFFECTIVE AS OF JANUARY 31, 2008. TOTALIZED FLOW ESTIMATE.

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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

FACILITY: LANS, LLC.
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	199Q
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
QUATERLY REPORTING-OUTFALL 199
EXTERNAL OUTFALL
PAGE 26

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	10	01	**TO**	12	12	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				**NO. EX**	FREQUENCY OF ANALYSIS	**SAMPLE TYPE**
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, total suspended 00530 1 0 Effluent Gross	**SAMPLE MEASUREMENT**	*****	*****	*****	*****	0.900	0.900	mg/L	0	1/92	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX			QUARTERLY	GRAB
Phosphorus, total (as P) 00665 1 0 Effluent Gross	**SAMPLE MEASUREMENT**	*****	*****	*****	*****	1.24	1.24	mg/L	0	1/92	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX			QUARTERLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007.

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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545

FACILITY: LANS, LLC.
LOCATION: LOS ALAMOS, NM 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	T022Y
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
1/5 Years 48-HR ACUTE TOXICITY-OUTFALL 022
EXTERNAL OUTFALL
Page 27

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	01	01	TO	12	12	31

No Discharge X

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole effluent toxicitv - retest #1 22415 1 0	SAMPLE MEASUREMENT	*****	*****	*****			*****	pass/ fail	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Opt. Mon. 48 HR MIN	Opt. Mon. MO AV MN	*****			SEE PERMIT	COMP-3
Whole effluent toxicitv - retest #2 22416 1 0	SAMPLE MEASUREMENT	*****	*****	*****			*****	pass/ fail	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Opt. Mon. 48 HR MIN	Opt. Mon. MO AV MN	*****			SEE PERMIT	COMP-3
LF Pass/Fail Static 48Hr Acute TEM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****			*****	pass/ fail	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
Noel Lethal Static 48Hr Acute D. Pulex TOM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****			*****	%	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
Coef Of Var Static 48Hr Acute D. Pulex TQM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****			*****	%	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007. WET MONITORING WAS CONDUCTED AT THIS OUTFALL ON 3/8-3/9 2010. RESULTS WERE REPORTED TO EPA UNDER ENV-RCRA-11-0012 LETTER AND DMR DATED JANUARY 27, 2011. (PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE.

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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545

FACILITY: LANS, LLC
LOCATION: LOS ALAMOS, NM 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	T027Y
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	01	01	TO	12	12	31

DMR MAILING ZIP CODE: 87545
MAJOR
1/5 Years 48-Hr Acute Toxicity-Outfall 027
External Outfall
Page 28 (Page 1 of 2)
No Discharge

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Whole effluent toxicity - retest #1 22415 1 0	SAMPLE MEASUREMENT	*****	*****	*****	See Comments	Below		pass/ fail	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Opt. Mon. 48 HR MIN	Opt. Mon. MO AV MN	*****			SEE PERMIT	COMP-3
Whole effluent toxicity - retest #2 22416 1 0	SAMPLE MEASUREMENT	*****	*****	*****	See Comments	Below		pass/ fail	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Opt. Mon. 48 HR MIN	Opt. Mon. MO AV MN	*****			SEE PERMIT	COMP-3
LF Pass/Fail Static 48Hr Acute TEM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	See Comments	Below		pass/ fail	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
LF Pass/Fail Static 48Hr Acute TEM6C 1 0	SAMPLE MEASUREMENT	*****	*****	*****	See Comments	Below		pass/ fail	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
Noel Lethal Static 48Hr Acute D. Pulex TOM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	See Comments	Below		%	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
Noel Lethal static 48Hr Acute TOM6C 1 0	SAMPLE MEASUREMENT	*****	*****	*****	See Comments	Below		%	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
Coef Of Var Static 48Hr Acute D. Pulex TQM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	See Comments	Below		%	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 AREA CODE	665-0451 NUMBER	13 YEAR	1 MO	24 DAY
TYPED OR PRINTED							

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007. WET MONITORING WAS CONDUCTED AT THIS OUTFALL ON 5/5/08. RESULTS WERE REPORTED UNDER ENV-RCRA-08172 LETTER AND DMR DATED 8/26/2008. (PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE.

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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545

FACILITY: LANS, LLC
LOCATION: LOS ALAMOS, NM 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	T027Y
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
1/5 Years 48-Hr Acute Toxicity-Outfall 027
External Outfall
Page 28 (Page 2 of 2)

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	01	01	TO	12	12	31

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Coef Of Var Static 48Hr Acute TQM6C 1 0	SAMPLE MEASUREMENT	*****	*****	*****	See Comments	Below		%	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007. WET MONITORING WAS CONDUCTED AT THIS OUTFALL ON 5/5/08. RESULTS WERE REPORTED UNDER ENV-RCRA-08172 LETTER AND DMR DATED 8/26/2008. (PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE.

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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545

FACILITY: LANS, LLC.
LOCATION: LOS ALAMOS, NM 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	T048Y
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	01	01	TO	12	12	31

DMR MAILING ZIP CODE: 87545
MAJOR
1/5 Years 48-Hr ACUTE TOXICITY-OUTFALL 048
External Outfall
Page 29

No Discharge

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Whole effluent toxicity - retest #1 22415 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NA	NA		pass/ fail	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Opt. Mon. 48 HR MIN	Opt. Mon. MO AV MN	*****			SEE PERMIT	COMP-3
Whole effluent toxicity - retest #2 22416 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NA	NA		pass/ fail	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Opt. Mon. 48 HR MIN	Opt. Mon. MO AV MN	*****			SEE PERMIT	COMP-3
LF Pass/Fail Static 48Hr Acute TEM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	0	0		pass/ fail	0	1/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
Noel Lethal Static 48Hr Acute D. Pulex TOM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	100	100		%	0	1/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
Coef Of Var Static 48Hr Acute D. Pulex TQM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	6.06	6.06		%	0	1/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007. (PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE. SAMPLE COLLECTED 1/30, 1/31/2012.

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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545

FACILITY: LANS, LLC.
LOCATION: LOS ALAMOS, NEW MEXICO
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	T051Q
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
Quarterly 48-HR Acute Toxicity-Outfall 051
External Outfall
Page 30

No Discharge X

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	10	01	TO	12	12	31

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Whole effluent toxicity - retest #1 22415 1 0	SAMPLE MEASUREMENT	*****	*****	*****			*****	pass/ fail	0	0/92	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Opt. Mon. 48 HR MIN	Opt. Mon. MO AV MN	*****			SEE PERMIT	COMP-3
Whole effluent toxicity - retest #2 22416 1 0	SAMPLE MEASUREMENT	*****	*****	*****			*****	pass/ fail	0	0/92	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Opt. Mon. 48 HR MIN	Opt. Mon. MO AV MN	*****			SEE PERMIT	COMP-3
LF Pass/Fail Static 48Hr Acute TEM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****			*****	pass/ fail	0	0/92	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			QUARTERLY	COMP-3
Noel Lethal Static 48Hr Acute D. Pulex TOM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****			*****	%	0	0/92	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			QUARTERLY	COMP-3
Coef Of Var Static 48Hr Acute D. Pulex TQM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****			*****	%	0	0/92	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			QUARTERLY	COMP-3
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0541	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007. (PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE. OUTFALL DID NOT DISCHARGE DURING MONITORING PERIOD.

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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: LANS, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

FACILITY: LANS, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	T055Y
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
1/5 Years 48-HR Acute Toxicity-Outfall 055
External Outfall
Page 31

No Discharge X

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	01	01	**TO**	12	12	31

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Whole effluent toxicity - retest #1 22415 1 0	SAMPLE MEASUREMENT	*****	*****	*****			*****	pass/ fail	0	00/YR	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Opt. Mon. 48 HR MIN	Opt. Mon. MO AV MN	*****			SEE PERMIT	COMP-3
Whole effluent toxicity - retest #2 22416 1 0	SAMPLE MEASUREMENT	*****	*****	*****			*****	pass/ fail	0	00/YR	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Opt. Mon. 48 HR MIN	Opt. Mon. MO AV MN	*****			SEE PERMIT	COMP-3
LF Pass/Fail Static 48Hr Acute TEM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****			*****	pass/ fail	0	00/5Y	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Opt. Mon. 48 HR MIN	Opt. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
Noel Lethal Static 48Hr Acute D. Pulex TOM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****			*****	%	0	00/5Y	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Opt. Mon. 48 HR MIN	Opt. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
Coef Of Var Static 48Hr Acute D. Pulex TQM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****			*****	%	0	00/5Y	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Opt. Mon. 48 HR MIN	Opt. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007. (PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE. OUTFALL DID NOT DISCHARGE DURING MONITORING PERIOD.

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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545

FACILITY: LANS, LLC.
LOCATION: LOS ALAMOS, NEW MEXICO
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	T113Y
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
1/5 Years 48-HR Acute Toxicity-Outfall 113
External Outfall
Page 32

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	01	01	TO	12	12	31

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole effluent toxicity - retest #1 22415 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NA	NA	*****	pass/ fail	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Opt. Mon. 48 HR MIN	Opt. Mon. MO AV MN	*****			SEE PERMIT	COMP-3
Whole effluent toxicity - retest #2 22416 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NA	NA	*****	pass/ fail	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Opt. Mon. 48 HR MIN	Opt. Mon. MO AV MN	*****			SEE PERMIT	COMP-3
LF Pass/Fail Static 48Hr Acute TEM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****	pass/ fail	0	1/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			SEE PERMIT	COMP-3
Noel Lethal Static 48Hr Acute D. Pulex TOM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****	%	.0	1/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MN	Req. Mon. MO AV MN	*****			SEE PERMIT	COMP-3
Coef Of Var Static 48Hr Acute D. Pulex TQM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****	%	0	1/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			SEE PERMIT	COMP-3
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEASER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007. (PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE. SAMPLE COLLECTED 1/30, 1/31/2012.

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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545

FACILITY: LANS, LLC.
LOCATION: LOS ALAMOS, NEW MEXICO
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	T13SY
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
1/2 Years 48-HR Acute Toxicity-Outfall 13S
External Outfall
Page 33

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	01	01	TO	12	12	31

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Whole effluent toxicity - retest #1 22415 1 0	SAMPLE MEASUREMENT	*****	*****	*****	See Comments	Below	*****	pass/ fail	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Opt. Mon. 48 HR MIN	Opt. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
Whole effluent toxicity - retest #2 22416 1 0	SAMPLE MEASUREMENT	*****	*****	*****	See Comments	Below	*****	pass/ fail	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Opt. Mon. 48 HR MIN	Opt. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
LF Pass/Fail Static 48Hr Acute TEM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	See Comments	Below	*****	pass/ fail	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
Noel Lethal Static 48Hr Acute D. Pulex TOM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	See Comments	Below	*****	%	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
Coef Of Var Static 48Hr Acute D. Pulex TQM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	See Comments	Below	*****	%	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007. (PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE. MONITORING REQUIREMENTS ONLY APPLY WHEN EFFLUENT FROM OUTFALL 13S IS DISCHARGED TO CANADA DEL BUEY. OUTFALL DID NOT DISCHARGE TO CANADA DEL BUEY.

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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545

FACILITY: LANS, LLC.
LOCATION: LOS ALAMOS, NEW MEXICO
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	T160Y
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
1/5 Years 48-HR Acute Toxicity-Outfall 160
External Outfall
Page 34

No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	01	12	TO	12	12	31

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Whole effluent toxicity - retest #1 22415 1 0	SAMPLE MEASUREMENT	*****	*****	*****	See Comments	Below	*****	pass/ fail	0	0/355	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Opt. Mon. 48 HR MIN	Opt. Mon. MO AV MN	*****			SEE PERMIT	COMP-3
Whole effluent toxicity - retest #2 22416 1 0	SAMPLE MEASUREMENT	*****	*****	*****	See Comments	Below	*****	pass/ fail	0	0/355	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Opt. Mon. 48 HR MIN	Opt. Mon. MO AV MN	*****			SEE PERMIT	COMP-3
LF Pass/Fail Static 48Hr Acute TEM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	See Comment	Below	*****	pass/ fail	0	0/355	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
Noel Lethal Static 48Hr Acute D. Pulex TOM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	See Comment	Below	*****	%	0	0/355	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
Coef Of Var Static 48Hr Acute D. Pulex TQM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	See Comment	Below	*****	%	0	0/355	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007. WET MONITORING WAS CONDUCTED AT THIS OUTFALL ON 3/8, 3/9 2010. RESULTS WERE REPORTED UNDER ENV-RCRA-11-0012 LETTER AND DMR DATED JANUARY 27, 2011. (PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE.

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

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545

FACILITY: LANS, LLC.
LOCATION: LOS ALAMOS, NEW MEXICO
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	T181Y
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	01	01	TO	12	12	31

DMR MAILING ZIP CODE: 87545
MAJOR
1/5 Years 48-HR Acute Toxicity-Outfall 181
External Outfall
Page 35

No Discharge

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Whole effluent toxicity - retest #1 22415 1 0	SAMPLE MEASUREMENT	*****	*****	*****	N/A	N/A	*****	pass/ fail	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Opt. Mon. 48 HR MIN	Opt. Mon. MO AV MN	*****			SEE PERMIT	COMP-3
Whole effluent toxicity - retest #2 22416 1 0	SAMPLE MEASUREMENT	*****	*****	*****	N/A	N/A	*****	pass/ fail	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Opt. Mon. 48 HR MIN	Opt. Mon. MO AV MN	*****			SEE PERMIT	COMP-3
LF Pass/Fail Static 48Hr Acute TEM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****	pass/ fail	0	1/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
Noel Lethal Static 48Hr Acute D. Pulex TOM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****	%	0	1/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
Coef Of Var Static 48Hr Acute D. Pulex TQM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****	%	0	1/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007. (PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE. SAMPLE COLLECTED 1/30, 1/31/2012.

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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545

FACILITY: LANS, LLC.
LOCATION: LOS ALAMOS, NEW MEXICO
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	T199Y
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
1/5 Years 48-HR Acute Toxicity-Outfall 199
External Outfall

MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	01	01	TO	12	12	31

Page 36 (Page 1 of 2)

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole effluent toxicitv - retest #1 22415 1 0	SAMPLE MEASUREMENT	*****	*****	*****	See Comments	Below	*****	pass/ fail	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Opt. Mon. 48 HR MIN	Opt. Mon. MO AV MN	*****			SEE PERMIT	COMP-3
Whole effluent toxicitv - retest #2 22416 1 0	SAMPLE MEASUREMENT	*****	*****	*****	See Comments	Below	*****	pass/ fail	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Opt. Mon. 48 HR MIN	Opt. Mon. MO AV MN	*****			SEE PERMIT	COMP-3
Pass/Fail Static 7Dav Chronic TGP3B 1 0	SAMPLE MEASUREMENT	*****	*****	*****	See Comments	Below	*****	pass/ fail	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
Pass/Fail Static 7Dav Chronic TGP6C 1 0	SAMPLE MEASUREMENT	*****	*****	*****	See Comments	Below	*****	%	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
LF Pass/Fail Leth Static 7Dav Chronic TLP3B 1 0	SAMPLE MEASUREMENT	*****	*****	*****	See Comments	Below	*****	pass/ fail	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
LF Pass/Fail Let Static 7Dav Chronic TLP6C 1 0	SAMPLE MEASUREMENT	*****	*****	*****	See Comments	Below	*****	pass/ fail	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
Noel Lethal Static 7Dav Chronic TOP3B 1 0	SAMPLE MEASUREMENT	*****	*****	*****	See Comments	Below	*****	%	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007. WET MONITORING WAS CONDUCTED AT THIS OUTFALL ON 5/19/2008, 5/21/2008, 5/23/2008. RESULTS WERE REPORTED TO EPA UNDER ENV-RCRA-08-172 LETTER AND DMR DATED 8/26/2008. (PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE.

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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: LANS, LLC.
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545

FACILITY: LANS, LLC.
LOCATION: LOS ALAMOS, NEW MEXICO
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	T199Y
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
1/5 Years 48-HR Acute Toxicity-Outfall 199
External Outfall
Page 36 (Page 2 of 2)

No Discharge

	MONITORING PERIOD						
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	01	01	TO	12	12	31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Noel Lethal Static 7Dav Chronic TOP6C 1 0	SAMPLE MEASUREMENT	*****	*****	*****	See Comments	Below	*****	%	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
Noel Sub-lth Static 7Dav Chronic TPP3B 1 0	SAMPLE MEASUREMENT	*****	*****	*****	See Comments	Below	*****	%	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
Noel Sub-Lth Static 7Dav Chronic TPP6C 1 0	SAMPLE MEASUREMENT	*****	*****	*****	See Comments	Below	*****	%	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
Coef Of Var Static 7Dav Chronic TQP3B 1 0	SAMPLE MEASUREMENT	*****	*****	*****	See Comments	Below	*****	%	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
Coef Of Var Static 7Dav Chronic TQP6C 1 0	SAMPLE MEASUREMENT	*****	*****	*****	See Comments	Below	*****	%	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2007. WET MONITORING WAS CONDUCTED AT THIS OUTFALL ON 5/19/2008, 5/21/2008, 5/23/2008. RESULTS WERE REPORTED TO EPA UNDER ENV-RCRA-08-172 LETTER AND DMR DATED 8/26/2008. (PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE.

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

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: LANS. LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

FACILITY: LANS. LLC.
LOCATION: LOS ALAMOS, NEW MEXICO
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	TX1Y
PERMIT NUMBER	**DISCHARGE NUMBER**

DMR MAILING ZIP CODE: 87545
MAJOR
Yearly Chronic Toxicity-Outfall 001
External Outfall
Page 37 (Page 1 of 2)
No Discharge ☐

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	01	01	TO	12	12	31

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Whole effluent toxicity - retest #1 22415 1 0	SAMPLE MEASUREMENT	*****	*****	*****	N/A	N/A	*****	pass/ fail	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Opt. Mon. 48 HR MIN	Opt. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
Whole effluent toxicity - retest #2 22416 1 0	SAMPLE MEASUREMENT	*****	*****	*****	N/A	N/A	*****	pass/ fail	0	0/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Opt. Mon. 48 HR MIN	Opt. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
Pass/Fail Static 7Dav Chronic TGP3B 1 0	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****	pass/ fail	0	1/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
Pass/Fail Static 7Dav Chronic TGP6C 1 0	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****	%	0	1/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
LF Pass/Fail Leth Static 7Dav Chronic TLP3B 1 0	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****	pass/ fail	0	1/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
LF Pass/Fail Let Static 7Dav Chronic TLP6C 1 0	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****	pass/ fail	0	1/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
Noel Lethal Static 7Dav Chronic TOP3B 1 0	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****	%	0	1/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2012. (PASS = 0 FAIL = 1). REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE. SAMPLE COLLECTED 2/13, 2/15, 2/17/2012 (PIMEPALES). SAMPLE COLLECTED 3/12, 3/14, 3/16/2012 (C. DUBIA).

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

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: LANS. LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

FACILITY: LANS. LLC.
LOCATION: LOS ALAMOS, NEW MEXICO
ATTN: ANTHONY R. GRIEGGS ENV-RCRA

NM0028355	TX1Y
PERMIT NUMBER	**DISCHARGE NUMBER**

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	12	01	01	TO	12	12	31

DMR MAILING ZIP CODE: 87545
MAJOR
Yearly Chronic Toxicity-Outfall 001
External Outfall
Page 37 (Page 2 of 2)
No Discharge

PARAMETER		QUANTITY OR LOADING VALUE	QUANTITY OR LOADING VALUE	QUANTITY OR LOADING UNITS	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION VALUE	QUALITY OR CONCENTRATION UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Noel Lethal Static 7Dav Chronic TOP6C 1 0	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****	%	0	1/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
Noel Sub-lth Static 7Dav Chronic TPP3B 1 0	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****	%	0	1/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
Noel Sub-Lth Static 7Dav Chronic TPP6C 1 0	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****	%	0	1/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
Coef Of Var Static 7Dav Chronic TQP3B 1 0	SAMPLE MEASUREMENT	*****	*****	*****	74.6	74.6	*****	%	0	1/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
Coef Of Var Static 7Dav Chronic TQP6C 1 0	SAMPLE MEASUREMENT	*****	*****	*****	12.2	12.2	*****	%	0	1/366	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48 HR MIN	Req. Mon. MO AV MN	*****			NCE/5 YEAR	COMP-3
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE		DATE		
ANTHONY R. GRIEGGS GROUP LEADER ENV-RCRA	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 R Grieggs SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0451	13	1	24
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

PERMIT EFFECTIVE DATE: AUGUST 1, 2012. (PASS = 0 FAIL = 1). REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE. SAMPLE COLLECTED 2/13, 2/15, 2/17/2012 (PIMEPALES). SAMPLE COLLECTED 3/12, 3/14, 3/16/2012 (C. DUBIA).