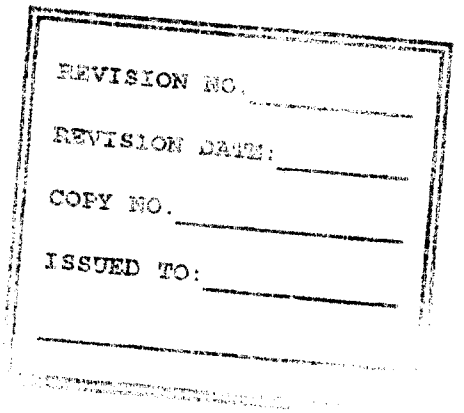
WASTEWATER STREAM CHARACTERIZATION FOR TA-43

at
Los Alamos National Laboratory

ENVIRONMENTAL STUDY

CHARACTERIZATION REPORT #21



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WASTEWATER STREAM CHARACTERIZATION FOR TA-43

an
ENVIRONMENTAL STUDY

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

under subcontract 9-XG8-2874P-1

by:
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EXECUTIVE SUMMARY

The buildings of TA-43, the Health Research Laboratory, were visited to document all drain piping and to make permitting recommendations. The pipes exiting the buildings are as follows:

1) from building 1: two fire water protection system drains, two storm water discharges from the building's roof drains, three outfalls piped to the TA-3 Sanitary Treatment Plant and two EPA permitted outfalls,

2) from building 20: one discharge to the TA-3 Sanitary Waste Treatment System,

3) from building 24: one outfall from a sink drain to daylight,

4) from building 39: three storm water discharges from roof drains into the storm sewer, four outfalls piped to the Los Alamos County Sewage System and one fire drain,

5) from building 41: one outlet pipe which is an overflow discharge and

6) from building 44: two cooling water discharges to the permitted outfall EPA 03A180.

Recommendations for repiping are provided to permit outfall consolidation to minimize permit maintenance requirements.

A waste stream database has been prepared listing wastewater type and flowrate for each outfall.

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1.0 INTRODUCTION

On October 8, 1991, Steve Veenis of Santa Fe Engineering (SFE) toured the buildings of TA-43. A second site visit was made by Ed Hepworth of SFE in October, 1992. The purpose of this study is to identify building drain piping and to characterize the wastewater flows at the time of the visit. This report will not reflect any subsequent changes in piping or operation except for an addition to building one, completed during the summer of 1992. The Wastewater Stream Characterization Policy of September 10, 1992 was followed for this study. The following tasks were performed for this purpose:

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

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

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

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

The field investigation proceeded using drain schematic drawings prepared by SFE to aid in the field investigation to insure that all pipes exiting the building were documented.

The following information was used to define drain piping and characterize the wastewater streams:

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

2. SFE verified drain piping by dye checking and

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

2.0 FIELD INVESTIGATION

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

Each drain has a unique identification number. Each number consists of three parts. The first part indicates the floor on which the drain is located. The second part has letters that indicate the type of drain (see Table 1). The final part is the unique number for the drain. For example, the first floor drain in the sequence on the basement floor of a building would be labeled BFD1. Similarly, the first Roof Drain in a sequence would be identified as RD1.

The functions of each pipe exiting from the buildings are listed in Appendix 1, Tables 2 through 6, with an abbreviations list in Table 1. Appendix 2 contains the wastestream characterization database output, listing wastewater source, flow rates and periodicity information for each outfall drain. Completed EPA forms are in Appendix 3 for the appropriate outfalls. Appendix 4 provides dye study information. Flow schematics of the drains from each building are attached in Appendix 5 as Figures 1 through 7.

3.0 RECOMMENDATIONS FOR BUILDING 43-1

Building 43-1 is the Health Research Laboratory (HRL) building. Facilities within this building include offices, laboratories (various), animal colony, restrooms, hallways, conference areas and mechanical equipment rooms. The building includes both controlled and uncontrolled spaces. The original building had a radioactive liquid waste (RLW) system that was removed approximately 15 years ago. Radiological studies continues after that and chemical and radioactive wastes were containerized for pickup and transport to TA-50. According to the building manager, Mr. John Horne, all radiological studies were suspended last year but may resume at some point in the future. Currently, roughly 40% of the building is "controlled" space, however, the operating group is in the process of "decontrolling" a significant portion of this. At this point in time it is Laboratory policy to eliminate and/or plug all sanitary waste drains originating in controlled space. In this particular case, however, eliminating sanitary drains in this manner would severely handicap ongoing work at the HRL, especially since many areas are now being decontrolled. Based upon discussions with ESH-8, the following general recommendations are being made to accommodate ongoing HRL work while protecting the Laboratory's sanitary waste treatment system from potential radiological contamination:

1. All floor drains in laboratories and/or other controlled areas are to be permanently plugged with the exception of animal colony facilities requiring floor wash down for animal wastes,
2. Sink drains in these areas (labs and other controlled areas) may remain active and in use provided that:
    a. the sinks are clearly labeled "SANITARY WASTE ONLY-NO CHEMICAL OR RADIOACTIVE WASTE DISPOSAL", and,
    b. the operating group certifies that each space is not used for radiological studies.

3. After decontrol is accomplished and prior to initiation of any new radiological studies the operating group will contact ESH-8 to define remaining and/or new controlled areas to be established. Additional changes or removal of sanitary waste facilities may be required at that time.
4. Based upon these requirements and possible additional EPA directives, a pre-treatment system for sanitary waste may be required.

The above general recommendations apply to outfalls 43-1-OPN-5 and 43-1-OPN-6 discussed below. Recommendation #4 would most likely be applies at 43-1-OPN-7.

Table 2 is a list of the nine building outfalls. The table lists the drains that connect to each outfall pipe and includes recommendations for changes to the drain piping (see Figures 2 through 5). The discussion below gives the reasoning for the recommendations.

3.1 Outfalls 43-1-OPN-1 and 43-1-OPN-2

These outfalls drain water from the building's fire water protection system. They should each be included in a Notice of Intent to Discharge (NOI). No piping changes are recommended. No EPA forms were prepared.

3.2 Outfall 43-1-OPN-3

This outfall receives storm water from upper roof drains during rain and snowstorms and discharges through EPA permitted outfall 03A040. Repiping this storm water to the facility's storm sewer is recommended. A revised EPA form 2C was prepared for outfall 03A040 but should not include this storm water discharge.

3.3 Outfall 43-1-OPN-4

This outfall receives storm water from lower roof drains during rain and snowstorms and joins with stormwater runoff from the parking area before entering Los Alamos Canyon to the East. No piping changes or permitting are recommended and no EPA forms were prepared.

3.4 Outfall 43-1-OPN-5

This outfall is piped to the Laboratory's sanitary sewer system. It receives flow from thirty-nine floor drains, two floor sinks, thirty sinks and the basement's restroom facilities. One floor drain, BFD15, is in an exterior stairwell and repiping it to the storm sewer or covering the stairwell is recommended. General recommendations listed previously in Section 3.0 apply to this outfall. No permitting is recommended. No EPA forms were prepared.

3.5 Outfall 43-1-OPN-6

This outfall to the Laboratory's sanitary sewer system receives flow from sanitary facilities on the first and second floor and in the basement and sub-basement. One floor drain, SBFD10, is in an exterior stairwell and repiping it to the storm sewer is recommended. General recommendations listed previously in Section 3.0 apply to this outfall. No permitting is recommended. No EPA forms were prepared.

3.6 Outfall 43-1-OPN-7

This structure is a sanitary sewer lift station. This outfall receives sanitary waste from all of the building's sanitary facilities via 43-1-OPN-5 and 43-1-OPN-6. It is connected to the Laboratory's sanitary sewer system. General recommendation #4,

listed previously in Section 3.0, applies here. No permitting is recommended. No EPA forms were prepared.

3.7 Outfall 43-1-OPN-8

This outfall is permitted as 03A040 for blowdown of water from the building's air washer. The current sources include eight floor drains and other sources discharging into them as well as the cooling water blowdown for which the outfall is permitted. Two of the floor drains are plugged and it is recommended that the other six be plugged since no significant flow is received by them and they do not comply to the permit for this outfall. It is recommended that this outfall be investigated for possible connection to the cooling tower outfall 03A180 (see Section 8.2). By combining these outfalls, the 03A040 permit could be eliminated pending review by ESH-8. A revised EPA form 2C was prepared and is contained in Appendix 3.

3.8 Outfall 43-1-OPN-9

This outfall receives flow from four roof drains and is currently connected to the permitted outfall 03A040. It is recommended that this outfall be repiped to separate it from the permitted outfall. Note: If the 03A040 outfall is combined with the 03A180 outfall as suggested previously, this may not be necessary. No other piping changes or permitting are recommended. No additional EPA forms were prepared.

4.0 RECOMMENDATIONS FOR BUILDINGS 43-12, 43-22, 43-28, 43-29, 43-30, 43-36, 43-37 and 43-41

These buildings have no drains. No permitting or changes are recommended. No EPA forms were completed.

5.0 RECOMMENDATIONS FOR BUILDING 43-20

Table 3 is a description of the building's single outfall. The table lists the sources for the outfall pipe and includes recommendations for changes to the drain piping (see Figure 6). The building outfall flows to the sewage lift station at building 43-1 (see Section 3.6) and subsequently to the Laboratory's sanitary sewer system. The outfall collects flow from the building's sanitary facilities. It is recommended that dishwasher 1DW1 and sink drains 1SD1 through 1SD8 be labeled "SANITARY WASTE ONLY-NO CHEMICAL DISPOSAL". No permitting is recommended. No EPA forms were prepared.

6.0 RECOMMENDATIONS FOR BUILDING 43-24

Table 4 is a description of the single building outfall. The table lists the source for the outfall pipe and includes recommendations for changes to the drain piping. The building contains one sink drain that discharges directly into Los Alamos Canyon. This sink should be disconnected from its water supply and plugged. No permitting is recommended, however, an EPA form 2D has been prepared.

7.0 RECOMMENDATIONS FOR BUILDING 43-39

Table 5 is a list of the eight building outfalls. The table lists the drains that connect to each outfall pipe and includes recommendations for changes to the drain piping (see Figure 7). The discussion below gives the reasoning for the recommendations.

7.1 Outfalls 43-39-OPN-1, 43-39-OPN-2 and 43-39-OPN-3

These three outfalls discharge water from the building's nine roof drains into Los Alamos Canyon. No piping changes or permitting are recommended. No EPA forms were prepared.

7.2 Outfall 43-39-OPN-4

This outfall drains water from the fire water protection system and discharges to daylight. It should be included in an NOI. No piping changes are recommended. No EPA forms were prepared.

7.3 Outfalls 43-39-OPN-5, 43-39-OPN-6, 43-39-OPN-7 and 43-39-OPN-8

These outfalls receive flow from sanitary waste sources in the building and are connected to the County of Los Alamos' Sanitary Sewage Treatment plant. It is recommended that sink drains 1SD1 and 1SD10 be labeled "SANITARY WASTE ONLY-NO CHEMICAL DISPOSAL". No permitting is recommended. No EPA forms were prepared.

8.0 RECOMMENDATIONS FOR BUILDING 43-44

Table 6 is a list of the two building outfalls. The table lists the sources for the outfall pipes and includes recommendations for changes to the drain piping (see Figure 1). The discussion below gives the reasoning for the recommendations.

8.1 Outfall 43-44-OPN-1

This outfall discharges cooling tower blowdown and is currently permitted as 03A180. No piping changes are recommended. EPA forms 2C are included in Appendix 3.

8.2 Outfall 43-44-OPN-2

This outfall discharges cooling tower blowdown into outfall 03A180. No permitting is recommended for this outlet pipe and no additional EPA forms were prepared.

9.0 CONCLUSION

This document provides the information to characterize the buildings in TA-43. Two NPDES application forms have been completed and are included for the following outfalls:

Form 2C:

1. 43-1-OPN-8 (03A040)
2. 43-44-OPN-1 and 43-44-OPN-2 (03A180)

Form 2D:

1. 43-24-OPN-1

The remaining outfalls in the technical area are itemized below:

Storm water drainage:

1. 43-1-OPN-3	2. 43-1-OPN-4	3. 43-1-OPN-9
4. 43-39-OPN-1	5. 43-39-OPN-2	6. 43-39-OPN-3

Discharges that are fire water system blowdowns:

1. 43-1-OPN-1
2. 43-1-OPN-2
3. 43-39-OPN-4

Discharges to the TA-3 Sanitary Collector:

1. 43-1-OPN-5
2. 43-1-OPN-6
3. 43-20-OPN-1

Discharges to City of Los Alamos Sanitary Waste Treatment Plant:

1. 43-39-OPN-5
2. 43-39-OPN-6
3. 43-39-OPN-7
4. 43-39-OPN-8

Recommended permitting and corrective action items are outlined in Tables 2 through 6 as well as in the above text. Corrective actions should be performed as soon as practicable to minimize the chance of unpermitted discharge of pollutants.

TABLE 1:
SUMMARY OF
ABBREVIATIONS

ABBREVIATION	MEANING
DW	Dishwasher
FD	Floor Drain
FS	Floor Sink
IM	Ice Maker
RD	Roof Drain
SD	Sink Drain
SH	Shower
TL	Toilet
UR	Urinal
WF	Water Fountain

TABLE 2: TA 43-1 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
43-1-OPN-1	N/A	FIRE WATER	N/A	NOI	NO
43-1-OPN-2	N/A	FIRE WATER	N/A	NOI	NO
43-1-OPN-3 03A040	RD1	ROOF	EXT.	SEPARATE	YES
	RD2	ROOF	EXT.	SEPARATE	
	RD3	ROOF	EXT.	SEPARATE	
	RD4	ROOF	EXT.	SEPARATE	
	RD5	ROOF	EXT.	SEPARATE	
	RD6	ROOF	EXT.	SEPARATE	
	RD7	ROOF	EXT.	SEPARATE	
	RD8	ROOF	EXT.	SEPARATE	
	RD9	ROOF	EXT.	SEPARATE	
43-1-OPN-4	RD10	ROOF	EXT.	NO CHANGE	NO
	RD11	ROOF	EXT.	NO CHANGE	
	RD12	ROOF	EXT.	NO CHANGE	
	RD13	ROOF	EXT.	NO CHANGE	
43-1-OPN-5 SAN. SEWER	BFD04	JANITOR'S CLOSET	B209	PLUG	NO
	BFD05	ANIMAL SURGERY	B155	NO CHANGE	
	BFD06	MOUSE ROOM	B161	PLUGGED	
	BFD07	MOUSE ROOM	B163	NO CHANGE	
	BFD08	MOUSE ROOM	B165	NO CHANGE	
	BFD09	MOUSE ROOM	B167	NO CHANGE	
	BFD10	MOUSE ROOM	B169	NO CHANGE	
	BFD11	MOUSE ROOM	B171	NO CHANGE	
	BFD12	MOUSE ROOM	B173	NO CHANGE	
	BFD13	MOUSE ROOM	B175	NO CHANGE	
	BFD14	CLEANING AREA	B174	NO CHANGE	
	BFD15	EXTERNAL CORRIDOR	OUTSIDE	TO STORM	
	BFD16	HALLWAY	B100F	PLUG	
	BFD17	HALLWAY	B100F	PLUG	
	BFD18	HALLWAY	B100F	PLUG	
	BFD19	HALLWAY	B100F	PLUG	
	BFD20	HALLWAY	B100F	PLUG	
	BFD21	HALLWAY	B100F	PLUG	
	BFD22	ANIMAL CAGE WASHING	B201	NO CHANGE	
	BFD23	MOUSE ROOM	B191	NO CHANGE	
	BFD24	MOUSE ROOM	B189	NO CHANGE	
	BFD25	MOUSE ROOM	B187	NO CHANGE	
	BFD26	MOUSE ROOM	B183	NO CHANGE	

TABLE 2: TA 43-1 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
43-1-OPN-5 SAN. SEWER CONT.	BFD27	MOUSE ROOM	B181	NO CHANGE	NO
	BFD28	DOG AND MONKEY BREEDING ROOM	B170	NO CHANGE	
	BFD29	MONKEY METABOLISM WARD	B168	NO CHANGE	
	BFD30	HALLWAY	B100K	PLUG	
	BFD31	ANIMAL QUARTERS	B210	NO CHANGE	
	BFD32	HALLWAY	B100L	PLUG	
	BFD33	HALLWAY	B100B	PLUG	
	BFD34	ANIMAL QUARTERS	B208	NO CHANGE	
	BFD35	DOG METABOLISM WARD	B162	NO CHANGE	
	BFD36	MOUSE ROOM	B161	NO CHANGE	
	BFD37	HALLWAY	B100D	PLUG	
	BFD38	CLEANING AREA	B174	NO CHANGE	
	BFD39	SERVICE AREA	B180	PLUG	
	BFD40	BATHROOM	B193	NO CHANGE	
	BFD41	MOUSE CAGE ROOM	B199	NO CHANGE	
	BFD42	SERVICE AREA	B180	PLUG	
	BFS1	ANIMAL CAGE WASHING	B201	NO CHANGE	
	BFS2	ANIMAL CAGE WASHING	B201	NO CHANGE	
	BSD31	DOG AND MONKEY DIET PREP.	B178	LABEL	
	BSD32	ANIMAL CLEANING AREA	B174	LABEL	
	BSD33	MONKEY METABOLISM WARD	B168	LABEL	
	BSD34	DOG METABOLISM WARD	B164	LABEL	
	BSD35	DOG METABOLISM WARD	B162	LABEL	
	BSD36	ANIMAL ROOM	B160	LABEL	
	BSD43	SERVICE AREA	B180	LABEL	
	BSD44	REST ROOM	B193	LABEL	
	BSD45	REST ROOM	B193	LABEL	
	BSD46	ANIMAL QUARTERS	B210	LABEL	
	BSD47	ANIMAL QUARTERS	B208	LABEL	
	BSD48	ANIMAL QUARTERS	B206	LABEL	
	BSD49	ANIMAL SICK BAY	B158	LABEL	
	BSD50	MOUSE ROOM	B161	LABEL	
	BSD51	MOUSE ROOM	B163	LABEL	
	BSD52	MOUSE ROOM	B165	LABEL	
	BSD53	MOUSE ROOM	B167	LABEL	
	BSD54	MOUSE ROOM	B169	LABEL	
	BSD55	MOUSE ROOM	B171	LABEL	
	BSD56	MOUSE ROOM	B173	LABEL	
	BSD57	MOUSE ROOM	B175	LABEL	
	BSD58	MICE DIET PREPARATION	B181	LABEL	
	BSD59	MOUSE ROOM	B183	LABEL	

TABLE 2: TA 43-1 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
43-1-OPN-5 SAN. SEWER CONT.	BSD60	MOUSE ROOM	B183	LABEL	NO
	BSD61	MOUSE ROOM	B187	LABEL	
	BSD62	MOUSE ROOM	B189	LABEL	
	BSD63	MOUSE ROOM	B191	LABEL	
	BSD64	JANITOR'S CLOSET	B197	LABEL	
	BSD65	HALLWAY	B100D	LABEL	
	BSD66	DOG AND MONKEY BREEDING ROOM	B170	LABEL	
	BTL4	REST ROOM	B193	NO CHANGE	
	BUR2	REST ROOM	B193	NO CHANGE	
	BWF4	HALLWAY	B100E	NO CHANGE	
43-1-OPN-6 SAN. SEWER	1FD1	EQUIPMENT	120	NO CHANGE	NO
	1FD2	ANIMAL LABORATORY	149	PLUG	
	1FD3	ANIMAL LABORATORY	149	PLUG	
	1FD4	EQUIPMENT	154	PLUG	
	1FS1	JANITOR'S CLOSET	117	NO CHANGE	
	1IM1	EQUIPMENT	120	NO CHANGE	
	1SD02	DUST LABORATORY	126	LABEL	
	1SD04	LABORATORY	130	LABEL	
	1SD05	URINALYSIS LABORATORY	132	LABEL	
	1SD06	URINALYSIS LABORATORY	134	LABEL	
	1SD07	EQUIPMENT	125	LABEL	
	1SD08	INSTRUMENT LABORATORY	127	LABEL	
	1SD09	MICRO LABORATORY	131	LABEL	
	1SD1	OFFICE	124	LABEL	
	1SD10	JANITOR'S CLOSET	118	LABEL	
	1SD11	REST ROOM	115	LABEL	
	1SD12	REST ROOM	112A	LABEL	
	1SD13	REST ROOM	112A	LABEL	
	1SD14	OFFICE	137B	LABEL	
	1SD15	OFFICE	137C	LABEL	
	1SD16	CHROMATOGRAPHY LABORATORY	137	LABEL	
	1SD17	LABORATORY	139	LABEL	
	1SD18	LABORATORY	141	LABEL	
	1SD19	LABORATORY	143	LABEL	
	1SD20	LABORATORY	145	LABEL	
	1SD21	LABORATORY	145	LABEL	
	1SD22	ANIMAL LABORATORY	147	LABEL	
	1SD23	ANIMAL LABORATORY	147A	LABEL	
	1SD24	ANIMAL LABORATORY	149	LABEL	
	1SD25	ANIMAL LABORATORY	149	LABEL	
	1SD26	ANIMAL LABORATORY	149	LABEL	

TABLE 2: TA 43-1 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
43-1-OPN-6 SAN. SEWER CONT.	1SD27	TOXICOLOGY LABORATORY	150	LABEL	NO
	1SD28	TOXICOLOGY LABORATORY	148	LABEL	
	1SD29	GAS AND AIR LABORATORY	146	LABEL	
	1SD03	SAMPLE RECEIVING	128	LABEL	
	1SD30	LABORATORY	142	LABEL	
	1SD31	LABORATORY	142	LABEL	
	1SD32	LABORATORY	140A	LABEL	
	1SD33	RADIO LABORATORY	138	LABEL	
	1SD34	RADIO LABORATORY	136	LABEL	
	1TL1	REST ROOM	115	NO CHANGE	
	1TL2	REST ROOM	115	NO CHANGE	
	1TL3	REST ROOM	112A	NO CHANGE	
	1TL4	REST ROOM	112A	NO CHANGE	
	1TL5	REST ROOM	112A	NO CHANGE	
	1UR1	REST ROOM	115	NO CHANGE	
	1UR2	REST ROOM	115	NO CHANGE	
	1WF1	HALLWAY	116A	NO CHANGE	
	1WF2	LOBBY	101	NO CHANGE	
	2FD1	EQUIPMENT	216	PLUG	
	2FD2	EQUIPMENT	250	PLUG	
	2FS1	JANITOR'S CLOSET	215	NO CHANGE	
	2IM1	EQUIPMENT	216	NO CHANGE	
	2SD02	ORGANIC SYNTHESIS LABORATORY	222	LABEL	
	2SD03	ORGANIC SYNTHESIS LABORATORY	224	LABEL	
	2SD04	MICROBIOLOGY LABORATORY	226	LABEL	
	2SD05	MICROBIOLOGY UTILITY	228	LABEL	
	2SD06	MICROBIOLOGY UTILITY	228	LABEL	
	2SD07	ORGANIC LABORATORY	225	LABEL	
	2SD08	ORGANIC SYNTHESIS LABORATORY	227	LABEL	
	2SD09	LABORATORY	235B	LABEL	
	2SD01	ORGANIC SYNTHESIS LABORATORY	220	LABEL	
	2SD10	LABORATORY	235B	LABEL	
	2SD11	LABORATORY	213	LABEL	
	2SD12	REST ROOM	213	NO CHANGE	
	2SD13	REST ROOM	213	NO CHANGE	
	2SD14	REST ROOM	210	NO CHANGE	
	2SD15	REST ROOM	210	NO CHANGE	
	2SD16	REST ROOM	210	NO CHANGE	
	2SD17	REST ROOM	235	NO CHANGE	
	2SD18	LABORATORY	235	LABEL	
	2SD19	HISTOLOGY LABORATORY	237	LABEL	

TABLE 2: TA 43-1 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
43-1-OPN-6 SAN. SEWER CONT.	2SD20	OFFICE	237	LABEL	NO
	2SD21	PHYSIOLOGY LABORATORY	232	LABEL	
	2SD22	PHYSIOLOGY LABORATORY	234	LABEL	
	2SD23	PHYSIOLOGY LABORATORY	236	LABEL	
	2SD24	HEMATOLOGY LABORATORY	238	LABEL	
	2SD25	HEMATOLOGY LABORATORY	238	LABEL	
	2SD26	BIO-ORGANIC LABORATORY	240	LABEL	
	2SD27	BIO-ORGANIC LABORATORY	240	LABEL	
	2SD28	BIO-ORGANIC LABORATORY	242	LABEL	
	2SD29	TOXICOLOGY LABORATORY	244	LABEL	
	2SD30	ANIMAL LABORATORY	249	LABEL	
	2SD31	ANIMAL LABORATORY	247	LABEL	
	2SD32	ANIMAL LABORATORY	245	LABEL	
	2SD33	CYTOLOGY LABORATORY	243	LABEL	
	2SD34	CYTOLOGY LABORATORY	243	LABEL	
	2SD35	PATHOLOGY LABORATORY	241	LABEL	
	2TL1	REST ROOM	213A	NO CHANGE	
	2TL2	REST ROOM	213A	NO CHANGE	
	2TL3	REST ROOM	210A	NO CHANGE	
	2TL4	REST ROOM	210A	NO CHANGE	
	2UR1	REST ROOM	210	NO CHANGE	
	2UR2	REST ROOM	210	NO CHANGE	
	BFD1	TEMP. CONTROL LABORATORY	B126A	PLUG	
	BFD2	TEMP. CONTROL LABORATORY	B126B	PLUG	
	BFD3	HALLWAY	B132	PLUG	
	BFD43	ANIMAL CAGE WASH	B213	NO CHANGE	
	BFD44	ANIMAL CAGE WASH	B213	NO CHANGE	
	BFD45	CAGE WASHING AND INCINERATION	B137	NO CHANGE	
	BFD46	CAGE WASHING AND INCINERATION	B137	NO CHANGE	
	BFD47	CAGE WASHING AND INCINERATION	B137	NO CHANGE	
	BIM1	LAB GLASS WASHROOM	B232	NO CHANGE	
	BSD01	COUNTING ROOM	B114	LABEL	
	BSD10	JANITOR'S CLOSET	B230	LABEL	
	BSD11	REST ROOM	B233	NO CHANGE	
	BSD12	REST ROOM	B235	NO CHANGE	
	BSD13	OFFICE	B237	LABEL	
	BSD14	OFFICE	B212	LABEL	
	BSD15	OFFICE	B214	LABEL	
	BSD16	OFFICE	B216	LABEL	
	BSD17	OFFICE	B218	LABEL	
	BSD18	OFFICE	B220	LABEL	

TABLE 2: TA 43-1 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
43-1-OPN-6 SAN. SEWER CONT.	BSD19	OFFICE	B222	LABEL	NO
	BSD2	COUNTER REPAIR ROOM	B116	LABEL	
	BSD20	OFFICE	B224	LABEL	
	BSD21	OFFICE	B247	LABEL	
	BSD22	OFFICE	B244A	LABEL	
	BSD23	OFFICE	B242A	LABEL	
	BSD24	FLOW LABORATORY	B240	LABEL	
	BSD25	FOOD PREPARATION ROOM	B127	LABEL	
	BSD26	ISOLATION ROOM	B131	LABEL	
	BSD27	ANIMAL ROOM	B133	LABEL	
	BSD28	CAGE STORAGE	B135	LABEL	
	BSD29	CAGE WASHING, INCINERATION	B137	LABEL	
	BSD03	COUNTER REPAIR ROOM	B116	LABEL	
	BSD30	CAGE WASHING, INCINERATION	B137	LABEL	
	BSD37	SURGERY	B136	LABEL	
	BSD38	ANIMAL ROOM	B130	LABEL	
	BSD39	ANIMAL ROOM	B130	LABEL	
	BSD04	WOOD SHOP	B117	LABEL	
	BSD40	ANIMAL ROOM	B128	LABEL	
	BSD41	TEMP. CONTROL LABORATORY	B126A	LABEL	
	BSD42	DARK ROOM	B126C	LABEL	
	BSD05	PHYSICAL CHEMISTRY LABORATORY	B122	LABEL	
	BSD06	PHYSICAL CHEMISTRY LABORATORY	B124	LABEL	
	BSD07	PHYISCAL CHEMISTRY LABORATORY	B124	LABEL	
	BSD08	PHYSICAL CHEMISTRY LABORATORY	B126	LABEL	
	BSD09	LAB GLASS WASHING	B232	LABEL	
	BSH1	REST ROOM	B193	NO CHANGE	
	BTL1	REST ROOM	B233	NO CHANGE	
	BTL2	REST ROOM	B235	NO CHANGE	
	BTL3	REST ROOM	B235	NO CHANGE	
	BUR1	REST ROOM	B233	NO CHANGE	
	BWF1	HALLWAY	B100A	NO CHANGE	
	BWF2	HALLWAY	B200A	NO CHANGE	
	BWF3	HALLWAY	B200	NO CHANGE	
	PFD1	PENTHOUSE	PH	NO CHANGE	
	PFD2	PENTHOUSE	PH	NO CHANGE	
	PFD3	PENTHOUSE	PH	NO CHANGE	
	SBFD02	EQUIPMENT	SB10	NO CHANGE	
	SBFD01	MACHINE	SB17	PLUG	
	SBFD10	STAIRWELL	EXTERIOR	REPIPE	
	SBFD12	EQUIPMENT	SB10	PLUG	

TABLE 2: TA 43-1 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
43-1-OPN-6 SAN. SEWER CONT	SBFD13	EQUIPMENT	SB10	NO CHANGE	NO
	SBFD14	EQUIPMENT	SB10	NO CHANGE	
	SBFD15	EQUIPMENT	SB10	NO CHANGE	
	SBFD16	EQUIPMENT	SB10	NO CHANGE	
	SBSD1	REST ROOM	SB10A	NO CHANGE	
	SBSH1	SHOWER	SB16B	NO CHANGE	
	SBTL1	REST ROOM	SB10A	NO CHANGE	
	SBWF1	HALLWAY	N/A	NO CHANGE	
43-1-OPN-7 SAN. SEWER	N/A	SANITARY SEWER/ LIFT STATION	N/A	NO CHANGE	NO
43-1-OPN-8 03A040	SBFD04	BOILER ROOM	BR	PLUG	YES
	SBFD05	BOILER ROOM	BR	PLUG	
	SBFD06	BOILER ROOM	BR	PLUG	
	SBFD07	BOILER ROOM	BR	PLUG	
	SBFD08	BOILER ROOM	BR	PLUG	
	SBFD09	BOILER ROOM	BR	PLUG	
	SBFD11	AIR INLET PASSAGEWAY	EXTERIOR	PLUGGED	
	SBFD3	AIR INLET PASSAGEWAY	EXTERIOR	PLUGGED	
	N/A	COOLING TOWER BLOWDOWN	BR	NO CHANGE	
43-1-OPN-9 03A040	RD14	ROOF	EXT.	SEPARATE	YES
	RD15	ROOF	EXT.	SEPARATE	
	RD16	ROOF	EXT.	SEPARATE	
	RD17	ROOF	EXT.	SEPARATE	

TABLE 3: TA 43-20 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
43-20-OPN-1 SAN. SEWER	1DW1	BIO PREPARATION	B104	LABEL	NO
	1SD1	BREAK AREA	A100	LABEL	
	1SD2	REST ROOM	A103	LABEL	
	1SD3	REST ROOM	A109	LABEL	
	1SD4	STATIC LABORATORY	B101	LABEL	
	1SD5	FLOW LABORATORY	B102	LABEL	
	1SD6	BIO PREPARATION	B104	LABEL	
	1SD7	BIO PREPARATION	B104	LABEL	
	1SD8	BIO PREPARATION	B103A	LABEL	
	1SH1	REST ROOM	A103	LABEL	

TABLE 3: TA 43-20 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
43-20-OPN-1 SAN. SEWER CONT.	1SH2	REST ROOM	A109	NO CHANGE	NO
	1TL1	REST ROOM	A103	NO CHANGE	
	1TL2	REST ROOM	A109	NO CHANGE	
	1WF1	HALLWAY	N/A	NO CHANGE	

TABLE 4: TA 43-24 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
43-24-OPN-1 DAYLIGHT	N/A	SINK DRAIN	N/A	PLUG	YES

TABLE 5: TA 43-39 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
43-39-OPN-1 STORM	RD1	ROOF	EXT.	NO CHANGE	NO
	RD2	ROOF	EXT.	NO CHANGE	
	RD3	ROOF	EXT.	NO CHANGE	
	RD4	ROOF	EXT.	NO CHANGE	
	RD5	ROOF	EXT.	NO CHANGE	
43-39-OPN-2 STORM	RD6	ROOF	EXT.	NO CHANGE	NO
	RD7	ROOF	EXT.	NO CHANGE	
	RD8	ROOF	EXT.	NO CHANGE	
	RD9	ROOF	EXT.	NO CHANGE	
43-39-OPN-3 STORM	RD10	ROOF	EXT.	NO CHANGE	NO
	RD11	ROOF	EXT.	NO CHANGE	
	RD12	ROOF	EXT.	NO CHANGE	
	RD13	ROOF	EXT.	NO CHANGE	
43-39-OPN-4	N/A	FIRE WATER	N/A	NOI	NO
43-39-OPN-5 LOS ALAMOS COUNTY SAN. SEWER	1SD10	OFFICE	139	LABEL	NO
	BSD1	REST ROOM	23	NO CHANGE	
	BSD2	REST ROOM	22	NO CHANGE	
	BTL1	REST ROOM	23	NO CHANGE	

TABLE 5: TA 43-39 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
43-39-OPN-5 SAN. SEWER CONT.	BTL2	REST ROOM	22	NO CHANGE	NO
	BWF1	REST ROOM	N/A	NO CHANGE	
43-39-OPN-6 LOS ALAMOS COUNTY SAN. SEWER	1FD1	REST ROOM	100W	NO CHANGE	NO
	1FD2	REST ROOM	100W	NO CHANGE	
	1FS1	JANITOR'S CLOSET	100LA	NO CHANGE	
	1SD1	OFFICE	123	LABEL	
	1SD2	REST ROOM	100W	NO CHANGE	
	1SD3	REST ROOM	100W	NO CHANGE	
	1SD4	REST ROOM	100W	NO CHANGE	
	1SD5	REST ROOM	100W	NO CHANGE	
	1SH1	REST ROOM	100W	NO CHANGE	
	1SH2	REST ROOM	100W	NO CHANGE	
	1SH3	REST ROOM	100W	NO CHANGE	
	1TL1	REST ROOM	100W	NO CHANGE	
	1TL2	REST ROOM	100W	NO CHANGE	
	1TL3	REST ROOM	100W	NO CHANGE	
	1UR1	REST ROOM	100W	NO CHANGE	
	1UR2	REST ROOM	100W	NO CHANGE	
	1UR3	REST ROOM	100W	NO CHANGE	
	1WF1	HALLWAY	N/A	NO CHANGE	
	2FD1	REST ROOM	200M	NO CHANGE	
	2FD2	REST ROOM	200M	NO CHANGE	
	2FS1	JANITOR'S CLOSET	200JW	NO CHANGE	
	2SD1	OFFICE	225	NO CHANGE	
	2SD2	REST ROOM	200M	NO CHANGE	
	2SD3	REST ROOM	200M	NO CHANGE	
	2SD4	REST ROOM	200M	NO CHANGE	
	2SH1	REST ROOM	200M	NO CHANGE	
	2SH2	REST ROOM	200M	NO CHANGE	
	2SH3	REST ROOM	200M	NO CHANGE	
	2TL1	REST ROOM	200M	NO CHANGE	
	2TL2	SANITARY SEWER	200M	NO CHANGE	
	2TL3	SANITARY SEWER	200M	NO CHANGE	
	2UR1	REST ROOM	200M	NO CHANGE	
	2UR2	REST ROOM	200M	NO CHANGE	
	2UR3	REST ROOM	200M	NO CHANGE	
	2WF1	HALLWAY	N/A	NO CHANGE	
	3FD1	REST ROOM	300M	NO CHANGE	
	3FD2	REST ROOM	300M	NO CHANGE	
	3FS1	JANITOR'S CLOSET	300JW	NO CHANGE	
	3SD1	REST ROOM	300M	NO CHANGE	

TABLE 5: TA 43-39 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
43-39-OPN-6 LOS ALAMOS COUNTY SAN. SEWER CONT.	3SD2	REST ROOM	300M	NO CHANGE	NO
	3SD3	REST ROOM	300M	NO CHANGE	
	3SH1	REST ROOM	300M	NO CHANGE	
	3SH2	REST ROOM	300M	NO CHANGE	
	3SH3	REST ROOM	300M	NO CHANGE	
	3TL1	REST ROOM	300M	NO CHANGE	
	3TL2	RESTROOM	300M	NO CHANGE	
	3TL3	REST ROOM	300M	NO CHANGE	
	3UR1	REST ROOM	300M	NO CHANGE	
	3UR2	REST ROOM	300M	NO CHANGE	
	3UR3	REST ROOM	300M	NO CHANGE	
	3WF1	HALLWAY	N/A	NO CHANGE	
43-39-OPN-7 LOS ALAMOS COUNTY SAN. SEWER	1SD8	REST ROOM	128D	NO CHANGE	NO
	1SD9	REST ROOM	128B	NO CHANGE	
	1TL7	REST ROOM	128D	NO CHANGE	
	1TL8	REST ROOM	128B	NO CHANGE	
	1WF4	HALLWAY	N/A	NO CHANGE	
43-39-OPN-8 LOS ALAMOS COUNTY SAN. SEWER	1FD3	REST ROOM	100M	NO CHANGE	NO
	1FD4	REST ROOM	100M	NO CHANGE	
	1FS2	JANITOR'S CLOSET	100LB	NO CHANGE	
	1SD5	REST ROOM	100M	NO CHANGE	
	1SD6	REST ROOM	100M	NO CHANGE	
	1SD7	REST ROOM	100M	NO CHANGE	
	1SD8	REST ROOM	102	NO CHANGE	
	1SH4	REST ROOM	100M	NO CHANGE	
	1SH5	REST ROOM	100M	NO CHANGE	
	1SH6	REST ROOM	100M	NO CHANGE	
	1TL4	REST ROOM	100M	NO CHANGE	
	1TL5	REST ROOM	100M	NO CHANGE	
	1TL6	REST ROOM	100M	NO CHANGE	
	1UR3	REST ROOM	100M	NO CHANGE	
	1UR4	REST ROOM	100M	NO CHANGE	
	1UR5	REST ROOM	100M	NO CHANGE	
	1WF2	HALLWAY	N/A	NO CHANGE	
	1WF3	HALLWAY	N/A	NO CHANGE	
	2FD3	REST ROOM	200W	NO CHANGE	
	2FD4	REST ROOM	200W	NO CHANGE	
	2FS2	JANITOR'S CLOSET	200JE	NO CHANGE	
	2SD6	REST ROOM	200W	NO CHANGE	
	2SD7	REST ROOM	200W	NO CHANGE	
	2SD8	REST ROOM	200W	NO CHANGE	

TABLE 5: TA 43-39 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
43-39-OPN-8 LOS ALAMOS COUNTY SAN. SEWER CONT.	2SH4	REST ROOM	200W	NO CHANGE	NO
	2SH5	REST ROOM	200W	NO CHANGE	
	2SH6	REST ROOM	200W	NO CHANGE	
	2TL4	REST ROOM	200W	NO CHANGE	
	2TL5	REST ROOM	200W	NO CHANGE	
	2TL6	REST ROOM	200W	NO CHANGE	
	2UR3	REST ROOM	200W	NO CHANGE	
	2UR4	REST ROOM	200W	NO CHANGE	
	2UR5	REST ROOM	200W	NO CHANGE	
	2WF2	JANITOR'S CLOSET	N/A	NO CHANGE	
	3FD3	REST ROOM	300W	NO CHANGE	
	3FD4	REST ROOM	300W	NO CHANGE	
	3FS2	JANITOR'S CLOSET	300JE	NO CHANGE	
	3SD4	REST ROOM	300W	NO CHANGE	
	3SD5	REST ROOM	300W	NO CHANGE	
	3SD6	REST ROOM	300W	NO CHANGE	
	3SH4	REST ROOM	300W	NO CHANGE	
	3SH5	REST ROOM	300W	NO CHANGE	
	3SH6	REST ROOM	300W	NO CHANGE	
	3TL4	REST ROOM	300W	NO CHANGE	
	3TL5	REST ROOM	300W	NO CHANGE	
	3TL6	REST ROOM	300W	NO CHANGE	
	3UR4	REST ROOM	300W	NO CHANGE	
	3UR5	REST ROOM	300W	NO CHANGE	
	3UR6	REST ROOM	300W	NO CHANGE	
	3WF2	HALLWAY	N/A	NO CHANGE	
	BFD1	EQUIPMENT ROOM	12	NO CHANGE	
	BFD2	EQUIPMENT ROOM	11	NO CHANGE	
	PFD1	PENTHOUSE	P1	NO CHANGE	

TABLE 6: TA 43-44 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
43-44-OPN-1 03A180	N/A	COOLING WATER		NO CHANGE	YES
43-44-OPN-2 03A180	N/A	COOLING WATER		NO CHANGE	YES

TABLE 7
NON-DRAIN RECOMMENDATIONS

TECH AREA	BUILDING NO.	ROOM OR AREA	RECOMMENDATION
43	1	ALL	LABEL ALL SINKS SANITARY WASTE ONLY. PLUG ALL FLOOR DRAINS IN LABS & CONTROLLED AREAS EXCEPT ANIMAL COLONY FACILITIES. CERTIFY TO ESH-8 THAT NO RAD MATERIAL BE USED IN ROOMS WITH SANITARY DRAINS. POSSIBLE PRETREATMENT REQUIRED FOR SANITARY OUTFALL 43-1-OPN-7.

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
43	1	43-1-OPN-1	DAYLIGHT	N/A	N/A	FIRE WATER			ANNUAL TESTING	No	FIRE WATER
43	1	43-1-OPN-2	DAYLIGHT	N/A	N/A	FIRE WATER			ANNUAL TESTING	No	FIRE WATER
43	1	43-1-OPN-3	03A040	RD1	N/A	ROOF			MOSTLY SUMMER	Yes	STORM DRAIN
43	1	43-1-OPN-3	03A040	RD2	N/A	ROOF			MOSTLY SUMMER	Yes	STORM DRAIN
43	1	43-1-OPN-3	03A040	RD3	N/A	ROOF			MOSTLY SUMMER	Yes	STORM DRAIN
43	1	43-1-OPN-3	03A040	RD4	N/A	ROOF			MOSTLY SUMMER	Yes	STORM DRAIN
43	1	43-1-OPN-3	03A040	RD5	N/A	ROOF			MOSTLY SUMMER	Yes	STORM DRAIN
43	1	43-1-OPN-3	03A040	RD6	N/A	ROOF			MOSTLY SUMMER	Yes	STORM DRAIN
43	1	43-1-OPN-3	03A040	RD7	N/A	ROOF			MOSTLY SUMMER	Yes	STORM DRAIN
43	1	43-1-OPN-3	03A040	RD8	N/A	ROOF			MOSTLY SUMMER	Yes	STORM DRAIN
43	1	43-1-OPN-3	03A040	RD9	N/A	ROOF			MOSTLY SUMMER	Yes	STORM DRAIN
43	1	43-1-OPN-4	DAYLIGHT	RD10	N/A	ROOF			MOSTLY SUMMER	Yes	STORM DRAIN
43	1	43-1-OPN-4	DAYLIGHT	RD11	N/A	ROOF			MOSTLY SUMMER	Yes	STORM DRAIN
43	1	43-1-OPN-4	DAYLIGHT	RD12	N/A	ROOF			MOSTLY SUMMER	Yes	STORM DRAIN
43	1	43-1-OPN-4	DAYLIGHT	RD13	N/A	ROOF			MOSTLY SUMMER	Yes	STORM DRAIN
43	1	43-1-OPN-5	01S/SWSC	BFD04	B209	JANITOR'S CLOSET			FLOW IS NIL	No	FLOOR WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD05	B155	ANIMAL SURGERY			FLOW IS NIL	No	FLOOR, ANIMAL WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD06	B161	MOUSE ROOM			NO FLOW	No	PLUGGED
43	1	43-1-OPN-5	01S/SWSC	BFD07	B163	MOUSE ROOM			FLOW IS NIL	No	FLOOR, ANIMAL WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD08	B165	MOUSE ROOM			FLOW IS NIL	No	FLOOR, ANIMAL WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD09	B167	MOUSE ROOM			FLOW IS NIL	No	FLOOR WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD10	B169	MOUSE ROOM			FLOW IS NIL	No	FLOOR, ANIMAL WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD11	B171	MOUSE ROOM			FLOW IS NIL	No	FLOOR, ANIMAL WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD12	B173	MOUSE ROOM			FLOW IS NIL	No	FLOOR, ANIMAL WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD13	B175	MOUSE ROOM			FLOW IS NIL	No	FLOOR, ANIMAL WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD14	B174	CLEANING AREA			FLOW IS NIL	No	ANIMAL WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD15	N/A	EXTERNAL CORRIDOR			MOSTLY SUMMER	Yes	STORM WATER
43	1	43-1-OPN-5	01S/SWSC	BFD16	B100F	HALLWAY			FLOW IS NIL	No	FLOOR, ANIMAL WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD17	B100F	HALLWAY			FLOW IS NIL	No	FLOOR, ANIMAL WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD18	B100F	HALLWAY			FLOW IS NIL	No	FLOOR, ANIMAL WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD19	B100F	HALLWAY			FLOW IS NIL	No	FLOOR, ANIMAL WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD20	B100F	HALLWAY			FLOW IS NIL	No	FLOOR, ANIMAL WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD21	B100F	HALLWAY			FLOW IS NIL	No	FLOOR, ANIMAL WASHINGS

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
43	1	43-1-OPN-5	01S/SWSC	BFD22	B201	ANIMAL CAGE WASHING			FLOW IS NIL	No	FLOOR, ANIMAL WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD23	B191	MOUSE ROOM			FLOW IS NIL	No	FLOOR, ANIMAL WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD24	B189	MOUSE ROOM			FLOW IS NIL	No	FLOOR, ANIMAL WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD25	B187	MOUSE ROOM			FLOW IS NIL	No	FLOOR, ANIMAL WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD26	B183	MOUSE ROOM			FLOW IS NIL	No	FLOOR, ANIMAL WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD27	B181	MOUSE ROOM			FLOW IS NIL	No	FLOOR, ANIMAL WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD28	B170	DOG MONKEY BREEDING			FLOW IS NIL	No	FLOOR, ANIMAL WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD29	B168	MONKEY WARD			FLOW IS NIL	No	FLOOR, ANIMAL WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD30	B100K	HALLWAY			FLOW IS NIL	No	FLOOR WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD31	B210	ANIMAL QUARTERS			FLOW IS NIL	No	FLOOR, ANIMAL WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD32	B100L	HALLWAY			FLOW IS NIL	No	FLOOR WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD33	B100B	HALLWAY			FLOW IS NIL	No	FLOOR WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD34	B208	ANIMAL QUARTERS			FLOW IS NIL	No	FLOOR, ANIMAL WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD35	B162	DOG METABOLISM WARD			FLOW IS NIL	No	FLOOR, ANIMAL WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD36	B161	MOUSE ROOM			FLOW IS NIL	No	ANIMAL, FLOOR WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD37	B100D	HALLWAY			FLOW IS NIL	No	FLOOR WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD38	B174	CLEANING AREA			FLOW IS NIL	No	FLOOR, ANIMAL WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD39	B180	SERVICE AREA			FLOW IS NIL	No	FLOOR WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD40	B193	BATHROOM			FLOW IS NIL	No	FLOOR WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD41	B199	MOUSE CAGE ROOM			FLOW IS NIL	No	ANIMAL CAGE WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFD42	B180	SERVICE AREA			FLOW IS NIL	No	FLOOR WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFS1	B201	ANIMAL CAGE WASHING			FLOW IS NIL	No	ANIMAL CAGE WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BFS2	B201	ANIMAL CAGE WASHING			FLOW IS NIL	No	ANIMAL CAGE WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BSD31	B178	DOG/MONKEY DIET PREP.			FLOW IS NIL	No	ANIMAL FEED, HAND WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BSD32	B174	ANIMAL CLEANING AREA			FLOW IS NIL	No	ANIMAL WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BSD33	B168	MONKEY WARD			FLOW IS NIL	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BSD34	B164	DOG METABOLISM WARD			FLOW IS NIL	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BSD35	B162	DOG METABOLISM WARD			FLOW IS NIL	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BSD36	B160	ANIMAL ROOM			FLOW IS NIL	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BSD43	B180	SERVICE AREA			FLOW IS NIL	No	FLOOR, HAND WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BSD44	B193	REST ROOM			FLOW IS NIL	No	FLOOR WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BSD45	B193	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BSD46	B210	ANIMAL QUARTERS			FLOW IS NIL	No	ANIMAL, HAND WASHINGS

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
43	1	43-1-OPN-5	01S/SWSC	BSD47	B208	ANIMAL QUARTERS			FLOW IS NIL	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BSD48	B206	ANIMAL QUARTERS			FLOW IS NIL	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BSD49	B158	ANIMAL SICK BAY			FLOW IS NIL	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BSD50	B161	MOUSE ROOM			FLOW IS NIL	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BSD51	B163	MOUSE ROOM			FLOW IS NIL	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BSD52	B165	MOUSE ROOM			FLOW IS NIL	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BSD53	B167	MOUSE ROOM			FLOW IS NIL	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BSD54	B169	MOUSE ROOM			FLOW IS NIL	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BSD55	B171	MOUSE ROOM			FLOW IS NIL	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BSD56	B173	MOUSE ROOM			FLOW IS NIL	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BSD57	B175	MOUSE ROOM			FLOW IS NIL	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BSD58	B181	MICE DIET PREPARATION			FLOW IS NIL	No	ANIMAL FEED, HAND WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BSD59	B183	MOUSE ROOM			FLOW IS NIL	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BSD60	B183	MOUSE ROOM			FLOW IS NIL	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BSD61	B187	MOUSE ROOM			FLOW IS NIL	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BSD62	B189	MOUSE ROOM			FLOW IS NIL	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BSD63	B191	MOUSE ROOM			FLOW IS NIL	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BSD64	B197	JANITOR'S CLOSET			NO FLOW	No	PLUGGED
43	1	43-1-OPN-5	01S/SWSC	BSD65	B100D	HALLWAY			FLOW IS NIL	No	FLOOR, HAND WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BSD66	B170	DOG MONKEY BREEDING			FLOW IS NIL	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-5	01S/SWSC	BTL4	B193	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	1	43-1-OPN-5	01S/SWSC	BUR2	B193	REST ROOM			5 DAYS PER WEEK	No	URINAL
43	1	43-1-OPN-5	01S/SWSC	BWF4	B100E	HALLWAY			5 DAYS PER WEEK	No	DRINKING FOUNTAIN
43	1	43-1-OPN-6	01S/SWSC	1FD1	120	EQUIPMENT			FLOW IS NIL	No	FLOOR WASHINGS
43	1	43-1-OPN-6	01S/SWSC	1FD2	149	ANIMAL LABORATORY			FLOW IS NIL	No	FLOOR WASHINGS
43	1	43-1-OPN-6	01S/SWSC	1FD3	149	ANIMAL LABORATORY			FLOW IS NIL	No	FLOOR WASHINGS
43	1	43-1-OPN-6	01S/SWSC	1FD4	154	EQUIPMENT			FLOW IS NIL	No	FLOOR WASHINGS
43	1	43-1-OPN-6	01S/SWSC	1FS1	117	JANITOR'S CLOSET			FLOW IS NIL	No	FLOOR WASHINGS
43	1	43-1-OPN-6	01S/SWSC	1IM1	120	EQUIPMENT			FLOW IS NIL	No	ICE MACHINE DRAIN
43	1	43-1-OPN-6	01S/SWSC	1SD02	126	DUST LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	1SD04	130	LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	1SD05	132	URINALYSIS LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	1SD06	134	URINALYSIS LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP SINK

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
43	1	43-1-OPN-6	01S/SWSC	1SD07	125	EQUIPMENT			FLOW IS NIL	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	1SD08	127	INSTRUMENT LABORATOR			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	1SD09	131	MICRO LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP LABORATORY
43	1	43-1-OPN-6	01S/SWSC	1SD1	124	OFFICE			FLOW IS NIL	No	HAND WASHINGS
43	1	43-1-OPN-6	01S/SWSC	1SD10	118	JANITOR'S CLOSET			5 DAYS PER WEEK	No	FLOOR WASHINGS
43	1	43-1-OPN-6	01S/SWSC	1SD11	115	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	1	43-1-OPN-6	01S/SWSC	1SD12	112A	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	1	43-1-OPN-6	01S/SWSC	1SD13	112A	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	1	43-1-OPN-6	01S/SWSC	1SD14	137B	OFFICE			FLOW IS NIL	No	HAND WASHINGS
43	1	43-1-OPN-6	01S/SWSC	1SD15	137C	OFFICE			FLOW IS NIL	No	HAND WASHINGS
43	1	43-1-OPN-6	01S/SWSC	1SD16	137	CHROMATOGRAPHY LAB			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	1SD17	139	LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	1SD18	141	LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	1SD19	143	LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	1SD20	145	LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	1SD21	145	LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	1SD22	147	ANIMAL LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	1SD23	147A	ANIMAL LABORATORY			5 DAYS PER WEEK	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-6	01S/SWSC	1SD24	149	ANIMAL LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	1SD25	149	ANIMAL LABORATORY			5 DAYS PER WEEK	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-6	01S/SWSC	1SD26	149	ANIMAL LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	1SD27	150	TOXICOLOGY LAB			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	1SD28	148	TOXICOLOGY LAB			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	1SD29	146	GAS AND AIR LABOR			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	1SD3	128	SAMPLE RECEIVING			5 DAYS PER WEEK	No	HAND WASHINGS
43	1	43-1-OPN-6	01S/SWSC	1SD30	142	LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	1SD31	142	LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	1SD32	140A	LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	1SD33	138	RADIO LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	1SD34	136	RADIO LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	1TL1	115	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	1	43-1-OPN-6	01S/SWSC	1TL2	115	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	1	43-1-OPN-6	01S/SWSC	1TL3	112A	REST ROOM			5 DAYS PER WEEK	No	TOILET

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
43	1	43-1-OPN-6	01S/SWSC	1TL4	112A	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	1	43-1-OPN-6	01S/SWSC	1TL5	112A	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	1	43-1-OPN-6	01S/SWSC	1UR1	115	REST ROOM			5 DAYS PER WEEK	No	URINAL
43	1	43-1-OPN-6	01S/SWSC	1UR2	115	REST ROOM			5 DAYS PER WEEK	No	URINAL
43	1	43-1-OPN-6	01S/SWSC	1WF1	116A	HALLWAY			5 DAYS PER WEEK	No	WATER FOUNTAIN
43	1	43-1-OPN-6	01S/SWSC	1WF2	101	LOBBY			5 DAYS PER WEEK	No	WATER FOUNTAIN
43	1	43-1-OPN-6	01S/SWSC	2FD1	216	EQUIPMENT			FLOW IS NIL	No	FLOOR WASHINGS
43	1	43-1-OPN-6	01S/SWSC	2FD2	250	EQUIPMENT			FLOW IS NIL	No	FLOOR WASHINGS
43	1	43-1-OPN-6	01S/SWSC	2FS1	215	JANITOR'S CLOSET			5 DAYS PER WEEK	No	FLOOR WASHINGS
43	1	43-1-OPN-6	01S/SWSC	2IM1	216	EQUIPMENT			5 DAYS PER WEEK	No	ICE MACHINE DRAIN
43	1	43-1-OPN-6	01S/SWSC	2SD02	222	ORGANIC SYNTHESIS LAB			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	2SD03	224	ORGANIC SYNTHESIS LAB			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	2SD04	226	MICROBIOLOGY LAB			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	2SD05	228	MICROBIOLOGY LAB			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	2SD06	228	MICROBIOLOGY LAB			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	2SD07	225	ORGANIC LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	2SD08	227	ORGANIC SYNTHESIS LAB			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	2SD09	235B	LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	2SD1	220	ORGANIC SYNTHESIS LAB			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	2SD10	235B	LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	2SD11	213	LABORATORY			5 DAYS PER WEEK	No	HAND WASHINGS
43	1	43-1-OPN-6	01S/SWSC	2SD12	213	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	1	43-1-OPN-6	01S/SWSC	2SD13	213	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	1	43-1-OPN-6	01S/SWSC	2SD14	210	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	1	43-1-OPN-6	01S/SWSC	2SD15	210	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	1	43-1-OPN-6	01S/SWSC	2SD16	210	REST ROOM			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	2SD17	235	REST ROOM			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	2SD18	235	LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	2SD19	237	HISTOLOGY LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	2SD20	237	OFFICE			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	2SD21	232	PHYSIOLOGY LAB			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	2SD22	234	PHYSIOLOGY LAB			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	2SD23	236	PHYSIOLOGY LAB			5 DAYS PER WEEK	No	COUNTERTOP SINK

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
43	1	43-1-OPN-6	01S/SWSC	2SD24	238	HEMATOLOGY LAB			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	2SD25	238	HEMATOLOGY LAB			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	2SD26	240	BIO-ORGANIC LAB			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	2SD27	240	BIO-ORGANIC LAB			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	2SD28	242	BIO-ORGANIC LAB			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	2SD29	244	TOXICOLOGY LAB			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	2SD30	249	ANIMAL LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	2SD31	247	ANIMAL LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	2SD32	245	ANIMAL LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	2SD33	243	CYTOLOGY LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	2SD34	243	CYTOLOGY LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	2SD35	241	PATHOLOGY LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	2TL1	213A	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	1	43-1-OPN-6	01S/SWSC	2TL2	213A	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	1	43-1-OPN-6	01S/SWSC	2TL3	210A	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	1	43-1-OPN-6	01S/SWSC	2TL4	210A	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	1	43-1-OPN-6	01S/SWSC	2UR1	210	REST ROOM			5 DAYS PER WEEK	No	URINAL
43	1	43-1-OPN-6	01S/SWSC	2UR2	210	REST ROOM			5 DAYS PER WEEK	No	URINAL
43	1	43-1-OPN-6	01S/SWSC	BFD1	B126A	TEMP. CONTROL LAB			FLOW IS NIL	No	FLOOR WASHINGS
43	1	43-1-OPN-6	01S/SWSC	BFD2	B126B	TEMP. CONTROL LAB			FLOW IS NIL	No	FLOOR WASHINGS
43	1	43-1-OPN-6	01S/SWSC	BFD3	B132	HALLWAY			FLOW IS NIL	No	FLOOR WASHINGS
43	1	43-1-OPN-6	01S/SWSC	BFD43	B213	ANIMAL CAGE WASH			5 DAYS PER WEEK	No	ANIMAL CAGE WASHINGS
43	1	43-1-OPN-6	01S/SWSC	BFD44	B213	ANIMAL CAGE WASH			5 DAYS PER WEEK	No	ANIMAL CAGE WASHINGS
43	1	43-1-OPN-6	01S/SWSC	BFD45	B137	CAGE WASHI/INCINERATIO			FLOW IS NIL	No	FLOOR WASHINGS
43	1	43-1-OPN-6	01S/SWSC	BFD46	B137	CAGE WASHI/INCINERATIO			FLOW IS NIL	No	FLOOR WASHINGS
43	1	43-1-OPN-6	01S/SWSC	BFD47	B137	CAGE WASHI/INCINERATIO			FLOW IS NIL	No	FLOOR WASHINGS
43	1	43-1-OPN-6	01S/SWSC	BIM1	B232	LAB GLASS WASHROOM			FLOW IS NIL	No	ICE MACHINE DRAIN
43	1	43-1-OPN-6	01S/SWSC	BSD01	B114	COUNTING ROOM			FLOW IS NIL	No	HAND WASHINGS
43	1	43-1-OPN-6	01S/SWSC	BSD02	B116	COUNTER REPAIR ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	1	43-1-OPN-6	01S/SWSC	BSD03	B116	COUNTER REPAIR ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	1	43-1-OPN-6	01S/SWSC	BSD04	B117	WOOD SHOP			5 DAYS PER WEEK	No	HAND WASHINGS
43	1	43-1-OPN-6	01S/SWSC	BSD05	B122	PHYSICAL CHEMISTRY LAB			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	BSD06	B124	PHYSICAL CHEMISTRY LAB			5 DAYS PER WEEK	No	COUNTERTOP SINK

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
43	1	43-1-OPN-6	01S/SWSC	BSD07	B124	PHYSICAL CHEMISTRY LAB			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	BSD08	B126	PHYSICAL CHEMISTRY LAB			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	BSD09	B232	LAB GLASS WASHING			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	BSD10	B230	JANITOR'S CLOSET			5 DAYS PER WEEK	No	FLOOR WASHINGS
43	1	43-1-OPN-6	01S/SWSC	BSD11	B233	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	1	43-1-OPN-6	01S/SWSC	BSD12	B235	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	1	43-1-OPN-6	01S/SWSC	BSD13	B237	OFFICE			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	BSD14	B212	OFFICE			5 DAYS PER WEEK	No	COUTNERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	BSD15	B214	OFFICE			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	BSD16	B216	OFFICE			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	BSD17	B218	OFFICE			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	BSD18	B220	OFFICE			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	BSD19	B222	OFFICE			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	BSD20	B224	OFFICE			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	BSD21	B247	OFFICE			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	BSD22	B244A	OFFICE			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	BSD23	B242A	OFFICE			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	BSD24	B240	FLOW LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	BSD25	B127	FOOD PREPARATION ROOM			5 DAYS PER WEEK	No	COUTNERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	BSD26	B131	ISOLATION ROOM			5 DAYS PER WEEK	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-6	01S/SWSC	BSD27	B133	ANIMAL ROOM			5 DAYS PER WEEK	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-6	01S/SWSC	BSD28	B135	CAGE STORAGE			5 DAYS PER WEEK	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-6	01S/SWSC	BSD29	B137	CAGE WASH/INCINERATION			5 DAYS PER WEEK	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-6	01S/SWSC	BSD30	B137	CAGE WASH/INCINERATION			5 DAYS PER WEEK	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-6	01S/SWSC	BSD37	B136	SURGERY			5 DAYS PER WEEK	No	HAND WASHINGS
43	1	43-1-OPN-6	01S/SWSC	BSD38	B130	ANIMAL ROOM			5 DAYS PER WEEK	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-6	01S/SWSC	BSD39	B130	ANIMAL ROOM			5 DAYS PER WEEK	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-6	01S/SWSC	BSD40	B128	ANIMAL ROOM			5 DAYS PER WEEK	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-6	01S/SWSC	BSD41	B126A	TEMP. CONTROL LAB			5 DAYS PER WEEK	No	ANIMAL, HAND WASHINGS
43	1	43-1-OPN-6	01S/SWSC	BSD42	B126C	DARK ROOM			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	1	43-1-OPN-6	01S/SWSC	BSH1	B193	REST ROOM			5 DAYS PER WEEK	No	SHOWER DRAIN
43	1	43-1-OPN-6	01S/SWSC	BTL1	B233	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	1	43-1-OPN-6	01S/SWSC	BTL2	B235	REST ROOM			5 DAYS PER WEEK	No	TOILET

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
43	1	43-1-OPN-6	01S/SWSC	BTL3	B235	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	1	43-1-OPN-6	01S/SWSC	BUR1	B233	REST ROOM			5 DAYS PER WEEK	No	URINAL
43	1	43-1-OPN-6	01S/SWSC	BWF1	B100A	HALLWAY			5 DAYS PER WEEK	No	DRINKING FOUNTAIN
43	1	43-1-OPN-6	01S/SWSC	BWF2	B200A	HALLWAY			5 DAYS PER WEEK	No	DRINKING FOUNTAIN
43	1	43-1-OPN-6	01S/SWSC	BWF3	B200	HALLWAY			5 DAYS PER WEEK	No	WATER FOUNTAIN
43	1	43-1-OPN-6	01S/SWSC	PFD1	PH	PENTHOUSE			FLOW IS NIL	No	FLOOR/WASHINGS
43	1	43-1-OPN-6	01S/SWSC	PFD2	PH	PENTHOUSE			FLOW IS NIL	No	FLOOR WASHINGS
43	1	43-1-OPN-6	01S/SWSC	PFD3	PH	PENTHOUSE			FLOW IS NIL	No	FLOOR WASHINGS
43	1	43-1-OPN-6	01S/SWSC	SBFD01	SB17	MACHINE			FLOW IS NIL	No	FLOOR WASHINGS
43	1	43-1-OPN-6	01S/SWSC	SBFD02	SB10	EQUIPMENT			FLOW IS NIL	No	FLOOR WASHINGS, EQUIP DRAINAGE
43	1	43-1-OPN-6	01S/SWSC	SBFD10	EXTERIOR	STAIRWELL			MOSTLY SUMMER	No	STORM WATER
43	1	43-1-OPN-6	01S/SWSC	SBFD12	SB10	EQUIPMENT			FLOW IS NIL	No	FLOOR WASHINGS
43	1	43-1-OPN-6	01S/SWSC	SBFD13	SB10	EQUIPMENT			FLOW IS NIL	No	FLOOR WASHINGS
43	1	43-1-OPN-6	01S/SWSC	SBFD14	SB10	EQUIPMENT			FLOW IS NIL	No	FLOOR WASHINGS
43	1	43-1-OPN-6	01S/SWSC	SBFD15	SB10	EQUIPMENT			FLOW IS NIL	No	FLOOR WASHINGS
43	1	43-1-OPN-6	01S/SWSC	SBFD16	SB10	EQUIPMENT			FLOW IS NIL	No	FLOOR WASHINGS
43	1	43-1-OPN-6	01S/SWSC	SBSD1	SB10A	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	1	43-1-OPN-6	01S/SWSC	SBSH1	SB16B	SHOWER			5 DAYS PER WEEK	No	SHOWER
43	1	43-1-OPN-6	01S/SWSC	SBTL1	SB10A	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	1	43-1-OPN-6	01S/SWSC	SBWF1	N/A	HALLWAY			5 DAYS PER WEEK	No	DRINKING FOUNTAIN
43	1	43-1-OPN-7	01S/SWSC	N/A	N/A	SEWER LIFT STATION			5 DAYS PER WEEK	No	SANITARY WASTE
43	1	43-1-OPN-8	03A040	N/A	BR	COOLING TOWER			5 DAYS PER WEEK	No	COOLING WATER BLOWDOWN
43	1	43-1-OPN-8	03A040	SBFD03	N/A	AIR INLET PASSAGEWAY			NO FLOW	No	PLUGGED
43	1	43-1-OPN-8	03A040	SBFD04	BR	BOILER ROOM			FLOW IS NIL	No	COOLING WATER
43	1	43-1-OPN-8	03A040	SBFD05	BR	BOILER ROOM			FLOW IS NIL	No	COOLING WATER
43	1	43-1-OPN-8	03A040	SBFD06	BR	BOILER ROOM			FLOW IS NIL	No	COOLING WATER
43	1	43-1-OPN-8	03A040	SBFD07	BR	BOILER ROOM			FLOW IS NIL	No	COOLING WATER
43	1	43-1-OPN-8	03A040	SBFD08	BR	BOILER ROOM			FLOW IS NIL	No	COOLING WATER
43	1	43-1-OPN-8	03A040	SBFD09	BR	BOILER ROOM			FLOW IS NIL	No	COOLING WATER
43	1	43-1-OPN-8	03A040	SBFD11	N/A	AIR INLET PASSAGEWAY			NO FLOW	No	PLUGGED
43	1	43-1-OPN-9	03A040	RD14	N/A	ROOF			NO FLOW	No	PLUGGED
43	1	43-1-OPN-9	03A040	RD15	N/A	ROOF			NO FLOW	No	PLUGGED
43	1	43-1-OPN-9	03A040	RD16	N/A	ROOF			NO FLOW	No	PLUGGED

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
43	1	43-1-OPN-9	03A040	RD17	N/A	ROOF			NO FLOW	No	PLUGGED
43	20	43-20-OPN-1	01S/SWSC	1DW1	B104	BIO PREPARATION			5 DAYS PER WEEK	No	DISH WASHER DRAIN
43	20	43-20-OPN-1	01S/SWSC	1SD1	A100	BREAK AREA			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	20	43-20-OPN-1	01S/SWSC	1SD2	A103	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	20	43-20-OPN-1	01S/SWSC	1SD3	A109	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	20	43-20-OPN-1	01S/SWSC	1SD4	B101	STATIC LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	20	43-20-OPN-1	01S/SWSC	1SD5	B102	FLOW LABORATORY			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	20	43-20-OPN-1	01S/SWSC	1SD6	B104	BIO PREPARATION			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	20	43-20-OPN-1	01S/SWSC	1SD7	B104	BIO PREPARATION			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	20	43-20-OPN-1	01S/SWSC	1SD8	B103A	BIO PREPARATION			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	20	43-20-OPN-1	01S/SWSC	1SH1	A103	REST ROOM			5 DAYS PER WEEK	No	SHOWER DRAIN
43	20	43-20-OPN-1	01S/SWSC	1SH2	A109	REST ROOM			5 DAYS PER WEEK	No	SHOWER DRAIN
43	20	43-20-OPN-1	01S/SWSC	1TL1	A103	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	20	43-20-OPN-1	01S/SWSC	1TL2	A109	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	20	43-20-OPN-1	01S/SWSC	1WF1	N/A	HALLWAY			5 DAYS PER WEEK	No	DRINKING FOUNTAIN
43	24	43-24-OPN-1	01S/SWSC	N/A	N/A	SANITARY			5 DAYS PER WEEK	No	COUNTERTOP SINK
43	39	43-39-OPN-1	DAYLIGHT	RD1	N/A	ROOF			MOSTLY SUMMER	Yes	STORM DRAIN
43	39	43-39-OPN-1	DAYLIGHT	RD2	N/A	ROOF			MOSTLY SUMMER	Yes	STORM DRAIN
43	39	43-39-OPN-1	DAYLIGHT	RD3	N/A	ROOF			MOSTLY SUMMER	Yes	STORM DRAIN
43	39	43-39-OPN-1	DAYLIGHT	RD4	N/A	ROOF			MOSTLY SUMMER	Yes	STORM DRAIN
43	39	43-39-OPN-1	DAYLIGHT	RD5	N/A	ROOF			MOSTLY SUMMER	Yes	STORM DRAIN
43	39	43-39-OPN-2	DAYLIGHT	RD6	N/A	ROOF			MOSTLY SUMMER	Yes	STORM DRAIN
43	39	43-39-OPN-2	DAYLIGHT	RD7	N/A	ROOF			MOSTLY SUMMER	Yes	STORM DRAIN
43	39	43-39-OPN-2	DAYLIGHT	RD8	N/A	ROOF			MOSTLY SUMMER	Yes	STORM DRAIN
43	39	43-39-OPN-2	DAYLIGHT	RD9	N/A	ROOF			MOSTLY SUMMER	Yes	STORM DRAIN
43	39	43-39-OPN-3	DAYLIGHT	RD10	N/A	ROOF			MOSTLY SUMMER	Yes	STORM DRAIN
43	39	43-39-OPN-3	DAYLIGHT	RD11	N/A	ROOF			MOSTLY SUMMER	Yes	STORM DRAIN
43	39	43-39-OPN-3	DAYLIGHT	RD12	N/A	ROOF			MOSTLY SUMMER	Yes	STORM DRAIN
43	39	43-39-OPN-3	DAYLIGHT	RD13	N/A	ROOF			MOSTLY SUMMER	Yes	STORM DRAIN
43	39	43-39-OPN-4	DAYLIGHT	N/A	N/A	FIRE WATER			ANNUAL TESTING	No	FIRE WATER
43	39	43-39-OPN-5	DAYLIGHT	1SD10	139	OFFICE			FLOW IS NIL	No	HAND WASHINGS
43	39	43-39-OPN-5	CITY SEWAGE	BSD1	23	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	39	43-39-OPN-5	CITY SEWAGE	BSD2	22	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
43	39	43-39-OPN-5	CITY SEWAGE	BTL1	23	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	39	43-39-OPN-5	CITY SEWAGE	BTL2	22	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	39	43-39-OPN-5	CITY SEWAGE	BWF1	N/A	REST ROOM			5 DAYS PER WEEK	No	DRINKING FOUNTAIN
43	39	43-39-OPN-6	CITY SEWAGE	1FD1	100W	REST ROOM			FLOW IS NIL	No	FLOOR WASHINGS
43	39	43-39-OPN-6	CITY SEWAGE	1FD2	100W	REST ROOM			FLOW IS NIL	No	FLOOR WASHINGS
43	39	43-39-OPN-6	CITY SEWAGE	1FS1	100LA	JANITOR'S CLOSET			5 DAYS PER WEEK	No	FLOOR WASHINGS
43	39	43-39-OPN-6	CITY SEWAGE	1SD1	123	OFFICE			FLOW IS NIL	No	HAND WASHINGS
43	39	43-39-OPN-6	CITY SEWAGE	1SD2	100W	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	39	43-39-OPN-6	CITY SEWAGE	1SD3	100W	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	39	43-39-OPN-6	CITY SEWAGE	1SD4	100W	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	39	43-39-OPN-6	CITY SEWAGE	1SD5	100W	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	39	43-39-OPN-6	CITY SEWAGE	1SH1	100W	REST ROOM			5 DAYS PER WEEK	No	SHOWER DRAIN
43	39	43-39-OPN-6	CITY SEWAGE	1SH2	100W	REST ROOM			5 DAYS PER WEEK	No	SHOWER DRAIN
43	39	43-39-OPN-6	CITY SEWAGE	1SH3	100W	REST ROOM			5 DAYS PER WEEK	No	SHOWER DRAIN
43	39	43-39-OPN-6	CITY SEWAGE	1TL1	100W	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	39	43-39-OPN-6	CITY SEWAGE	1TL2	100W	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	39	43-39-OPN-6	CITY SEWAGE	1TL3	100W	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	39	43-39-OPN-6	CITY SEWAGE	1UR1	100W	REST ROOM			5 DAYS PER WEEK	No	URINAL
43	39	43-39-OPN-6	CITY SEWAGE	1UR2	100W	REST ROOM			5 DAYS PER WEEK	No	URINAL
43	39	43-39-OPN-6	CITY SEWAGE	1UR3	100W	REST ROOM			5 DAYS PER WEEK	No	URINAL
43	39	43-39-OPN-6	CITY SEWAGE	1WF1	N/A	HALLWAY			5 DAYS PER WEEK	No	DRINKING FOUNTAIN
43	39	43-39-OPN-6	CITY SEWAGE	2FD1	200M	REST ROOM			FLOW IS NIL	No	FLOOR WASHINGS
43	39	43-39-OPN-6	CITY SEWAGE	2FD2	200M	REST ROOM			FLOW IS NIL	No	FLOOR WASHINGS
43	39	43-39-OPN-6	CITY SEWAGE	2FS1	200JW	JANITOR'S CLOSET			FLOW IS NIL	No	FLOOR WASHINGS
43	39	43-39-OPN-6	CITY SEWAGE	2SD1	225	OFFICE			FLOW IS NIL	No	HAND WASHINGS
43	39	43-39-OPN-6	CITY SEWAGE	2SD2	200M	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	39	43-39-OPN-6	CITY SEWAGE	2SD3	200M	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	39	43-39-OPN-6	CITY SEWAGE	2SD4	200M	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	39	43-39-OPN-6	CITY SEWAGE	2SH1	200M	REST ROOM			5 DAYS PER WEEK	No	SHOWER DRAIN
43	39	43-39-OPN-6	CITY SEWAGE	2SH2	200M	REST ROOM			5 DAYS PER WEEK	No	SHOWER DRAIN
43	39	43-39-OPN-6	CITY SEWAGE	2SH3	200M	REST ROOM			5 DAYS PER WEEK	No	SHOWER DRAIN
43	39	43-39-OPN-6	CITY SEWAGE	2TL1	200M	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	39	43-39-OPN-6	CITY SEWAGE	2TL2	200M	SANITARY SEWER			5 DAYS PER WEEK	No	TOILET

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
43	39	43-39-OPN-6	CITY SEWAGE	2TL3	200M	SANITARY SEWER			5 DAYS PER WEEK	No	TOILET
43	39	43-39-OPN-6	CITY SEWAGE	2UR1	200M	REST ROOM			5 DAYS PER WEEK	No	URINAL
43	39	43-39-OPN-6	CITY SEWAGE	2UR2	200M	REST ROOM			5 DAYS PER WEEK	No	URINAL
43	39	43-39-OPN-6	CITY SEWAGE	2UR3	200M	REST ROOM			5 DAYS PER WEEK	No	URINAL
43	39	43-39-OPN-6	CITY SEWAGE	2WF1	N/A	HALLWAY			5 DAYS PER WEEK	No	DRINKING FOUNTAIN
43	39	43-39-OPN-6	CITY SEWAGE	3FD1	300M	REST ROOM			FLOW IS NIL	No	FLOOR WASHINGS
43	39	43-39-OPN-6	CITY SEWAGE	3FD2	300M	REST ROOM			FLOW IS NIL	No	FLOOR WASHINGS
43	39	43-39-OPN-6	CITY SEWAGE	3FS1	300JW	JANITOR'S CLOSET			FLOW IS NIL	No	FLOOR WASHINGS
43	39	43-39-OPN-6	CITY SEWAGE	3SD1	300M	REST ROOM			FLOW IS NIL	No	FLOOR WASHINGS
43	39	43-39-OPN-6	CITY SEWAGE	3SD2	300M	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	39	43-39-OPN-6	CITY SEWAGE	3SD3	300M	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	39	43-39-OPN-6	CITY SEWAGE	3SH1	300M	REST ROOM			5 DAYS PER WEEK	No	SHOWER DRAIN
43	39	43-39-OPN-6	CITY SEWAGE	3SH2	300M	REST ROOM			5 DAYS PER WEEK	No	SHOWER DRAIN
43	39	43-39-OPN-6	CITY SEWAGE	3SH3	300M	REST ROOM			5 DAYS PER WEEK	No	SHOWER DRAIN
43	39	43-39-OPN-6	CITY SEWAGE	3TL1	300M	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	39	43-39-OPN-6	CITY SEWAGE	3TL2	300M	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	39	43-39-OPN-6	CITY SEWAGE	3TL3	300M	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	39	43-39-OPN-6	CITY SEWAGE	3UR1	300M	REST ROOM			5 DAYS PER WEEK	No	URINAL
43	39	43-39-OPN-6	CITY SEWAGE	3UR2	300M	REST ROOM			5 DAYS PER WEEK	No	URINAL
43	39	43-39-OPN-6	CITY SEWAGE	3UR3	300M	REST ROOM			5 DAYS PER WEEK	No	URINAL
43	39	43-39-OPN-6	CITY SEWAGE	3WF1	N/A	HALLWAY			5 DAYS PER WEEK	No	DRINKING FOUNTAIN
43	39	43-39-OPN-7	CITY SEWAGE	1SD8	128D	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	39	43-39-OPN-7	CITY SEWAGE	1SD9	128B	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	39	43-39-OPN-7	CITY SEWAGE	1TL7	128D	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	39	43-39-OPN-7	CITY SEWAGE	1TL8	128B	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	39	43-39-OPN-7	CITY SEWAGE	1WF4	N/A	HALLWAY			5 DAYS PER WEEK	No	DRINKING FOUNTAIN
43	39	43-39-OPN-8	CITY SEWAGE	1FD3	100M	REST ROOM			5 DAYS PER WEEK	No	FLOOR WASHINGS
43	39	43-39-OPN-8	CITY SEWAGE	1FD4	100M	REST ROOM			5 DAYS PER WEEK	No	FLOOR WASHINGS
43	39	43-39-OPN-8	CITY SEWAGE	1FS2	100LB	JANITOR'S CLOSET			5 DAYS PER WEEK	No	HAND WASHINGS
43	39	43-39-OPN-8	CITY SEWAGE	1SD5	100M	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	39	43-39-OPN-8	CITY SEWAGE	1SD6	100M	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	39	43-39-OPN-8	CITY SEWAGE	1SD7	100M	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	39	43-39-OPN-8	CITY SEWAGE	1SD8	102	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
43	39	43-39-OPN-8	CITY SEWAGE	1SH4	100M	REST ROOM			5 DAYS PER WEEK	No	SHOWER DRAIN
43	39	43-39-OPN-8	CITY SEWAGE	1SH5	100M	REST ROOM			5 DAYS PER WEEK	No	SHOWER DRAIN
43	39	43-39-OPN-8	CITY SEWAGE	1SH6	100M	REST ROOM			5 DAYS PER WEEK	No	SHOWER DRAIN
43	39	43-39-OPN-8	CITY SEWAGE	1TL4	100M	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	39	43-39-OPN-8	CITY SEWAGE	1TL5	100M	REST ROM			5 DAYS PER WEEK	No	TOILET
43	39	43-39-OPN-8	CITY SEWAGE	1TL6	100M	TOILET			5 DAYS PER WEEK	No	TOILET
43	39	43-39-OPN-8	CITY SEWAGE	1UR3	100M	TOILET			5 DAYS PER WEEK	No	URINAL
43	39	43-39-OPN-8	CITY SEWAGE	1UR4	100M	REST ROOM			5 DAYS PER WEEK	No	URINAL
43	39	43-39-OPN-8	CITY SEWAGE	1UR5	100M	REST ROOM			5 DAYS PER WEEK	No	URINAL
43	39	43-39-OPN-8	CITY SEWAGE	1WF2	N/A	SANITARY SEWER			5 DAYS PER WEEK	No	DRINKING FOUNTAIN
43	39	43-39-OPN-8	CITY SEWAGE	1WF3	N/A	HALLWAY			5 DAYS PER WEEK	No	DRINKING FOUNTAIN
43	39	43-39-OPN-8	CITY SEWAGE	2FD3	200W	REST ROOM			5 DAYS PER WEEK	No	FLOOR WASHINGS
43	39	43-39-OPN-8	CITY SEWAGE	2FD4	200W	REST ROOM			5 DAYS PER WEEK	No	FLOOR WASHINGS
43	39	43-39-OPN-8	CITY SEWAGE	2FS2	200JE	JANITOR'S CLOSET			5 DAYS PER WEEK	No	FLOOR WASHINGS
43	39	43-39-OPN-8	CITY SEWAGE	2SD6	200W	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	39	43-39-OPN-8	CITY SEWAGE	2SD7	200W	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	39	43-39-OPN-8	CITY SEWAGE	2SD8	200W	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	39	43-39-OPN-8	CITY SEWAGE	2SH4	200W	REST ROOM			5 DAYS PER WEEK	No	SHOWER DRAIN
43	39	43-39-OPN-8	CITY SEWAGE	2SH5	200W	REST ROOM			5 DAYS PER WEEK	No	SHOWER DRAIN
43	39	43-39-OPN-8	CITY SEWAGE	2SH6	200W	REST ROOM			5 DAYS PER WEEK	No	SHOWER DRAIN
43	39	43-39-OPN-8	CITY SEWAGE	2TL4	200W	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	39	43-39-OPN-8	CITY SEWAGE	2TL5	200W	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	39	43-39-OPN-8	CITY SEWAGE	2TL6	200W	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	39	43-39-OPN-8	CITY SEWAGE	2UR3	200W	REST ROOM			5 DAYS PER WEEK	No	URINAL
43	39	43-39-OPN-8	CITY SEWAGE	2UR4	200W	REST ROOM			5 DAYS PER WEEK	No	URINAL
43	39	43-39-OPN-8	CITY SEWAGE	2UR5	200W	REST ROOM			5 DAYS PER WEEK	No	URINAL
43	39	43-39-OPN-8	CITY SEWAGE	2WF2	N/A	HALLWAY			5 DAYS PER WEEK	No	DRINKING FOUNTAIN
43	39	43-39-OPN-8	CITY SEWAGE	3FD3	300W	REST ROOM			5 DAYS PER WEEK	No	FLOOR WASHINGS
43	39	43-39-OPN-8	CITY SEWAGE	3FD4	300W	REST ROOM			5 DAYS PER WEEK	No	FLOOR WASHINGS
43	39	43-39-OPN-8	CITY SEWAGE	3FS2	300JE	JANITOR'S CLOSET			5 DAYS PER WEEK	No	FLOOR WASHINGS
43	39	43-39-OPN-8	CITY SEWAGE	3SD4	300W	JANITOR'S CLOSET			5 DAYS PER WEEK	No	FLOOR WASHINGS
43	39	43-39-OPN-8	CITY SEWAGE	3SD5	300W	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS
43	39	43-39-OPN-8	CITY SEWAGE	3SD6	300W	REST ROOM			5 DAYS PER WEEK	No	HAND WASHINGS

REPORT # 21

TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
43	39	43-39-OPN-8	CITY SEWAGE	3SH4	300W	REST ROOM			5 DAYS PER WEEK	No	SHOWER DRAIN
43	39	43-39-OPN-8	CITY SEWAGE	3SH5	300W	REST ROOM			5 DAYS PER WEEK	No	SHOWER DRAIN
43	39	43-39-OPN-8	CITY SEWAGE	3SH6	300W	REST ROOM			5 DAYS PER WEEK	No	SHOWER DRAIN
43	39	43-39-OPN-8	CITY SEWAGE	3TL4	300W	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	39	43-39-OPN-8	CITY SEWAGE	3TL5	300W	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	39	43-39-OPN-8	CITY SEWAGE	3TL6	300W	REST ROOM			5 DAYS PER WEEK	No	TOILET
43	39	43-39-OPN-8	CITY SEWAGE	3UR4	300W	REST ROOM			5 DAYS PER WEEK	No	URINAL
43	39	43-39-OPN-8	CITY SEWAGE	3UR5	300W	REST ROOM			5 DAYS PER WEEK	No	URINAL
43	39	43-39-OPN-8	CITY SEWAGE	3UR6	300W	REST ROOM			5 DAYS PER WEEK	No	URINAL
43	39	43-39-OPN-8	CITY SEWAGE	3WF2	N/A	HALLWAY			5 DAYS PER WEEK	No	DRINKING FOUNTAIN
43	39	43-39-OPN-8	CITY SEWAGE	BFD1	12	EQUIPMENT ROOM			FLOW IS NIL	No	FLOOR WASHINGS
43	39	43-39-OPN-8	CITY SEWAGE	BFD2	11	EQUIPMENT ROOM			FLOW IS NIL	No	FLOOR WASHINGS
43	44	43-44-OPN-1	03A180	N/A	N/A	COOLING TOWER	1600	GPD	MOSTLY SUMMER	Yes	COOLING WATER
43	44	43-44-OPN-2	03A180	N/A	N/A	COOLING TOWER	1600	GPD	MOSTLY SUMMER	No	COOLING WATER

Please print or type in the unshaded areas only.

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

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FORM 2C NPDES

EPA

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

I. OUTFALL LOCATION

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

A. OUTFALL NUMBER *(list)*	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER *(name)*
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
03A040	35	52	51	106	19	14	Tributary to Los Alamos Canyon, an ephemeral tributary to Rio Grande

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

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

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

1. OUT-FALL NO *(list)*	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION *(list)*	b. AVERAGE FLOW *(include units)*	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
03A040	TA-43-1 Air handler blowdown	6800GPD	None		

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

CONTINUED FROM THE FRONT

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

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

1. OUTFALL NUMBER *(list)*	2. OPERATION(s) CONTRIBUTING FLOW *(list)*	3. FREQUENCY		4. FLOW				
		a. DAYS PER WEEK *(specify average)*	b. MONTHS PER YEAR *(specify average)*	a. FLOW RATE *(in mgd)*		b. TOTAL VOLUME *(specify with units)*		c. DURATION *(in days)*
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	
03A040	Air handler blowdown	7	6	0.0068	0.033	6800 GPD	33000 GPD	180 day/yr

III. PRODUCTION

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

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

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

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

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

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

IV. IMPROVEMENTS

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

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

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

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

CONTINUED FROM PAGE 2

EPA I.D. NUMBER (copy from Item 1 of Form 1)
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V. INTAKE AND EFFLUENT CHARACTERISTICS

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

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

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

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

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

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

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

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

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

VIII. CONTRACT ANALYSIS INFORMATION

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

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

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

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

Data from worst case composite.

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

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

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

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

OUTFALL NO. 03A040

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	2. EFFLUENT a. MAXIMUM DAILY VALUE (2) MASS	2. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	2. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	2. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	2. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (2) MASS	2. EFFLUENT d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	3. UNITS (specify if blank) b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	4. INTAKE (optional) b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	2.0	25.0						mg/l	g/d			
b. Chemical Oxygen Demand *(COD)*	42.0	524.6						mg/l	g/d			
c. Total Organic Carbon *(TOC)*	7.4	92.4						mg/l	g/d			
d. Total Suspended Solids *(TSS)*	7.0	87.4						mg/l	g/d			
e. Ammonia *(as N)*	< .01	< 0.125						mg/l	g/d			
f. Flow	VALUE 3300		VALUE		VALUE			gal/day		VALUE		
g. Temperature *(winter)*	VALUE 36.9 C		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 6.8	MAXIMUM 8.8	MINIMUM 6.0	MAXIMUM 9.0				STANDARD UNITS				

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

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	2. MARK 'X' b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	3. EFFLUENT a. MAXIMUM DAILY VALUE (2) MASS	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	3. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	3. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (2) MASS	3. EFFLUENT d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. OF ANALYSES
a. Bromide (24959-67-9)	X		3.24	40.5						mg/l	g/d			
b. Chlorine, Total Residual		X	0.0	0.0						mg/l	mg/d			
c. Color	X		10							units				
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)	X		0.52	6.5						mg/l	g/d			
f. Nitrate-Nitrite *(as N)*	X		1.13	14.1						mg/l	g/d			

CONTINUE ON REVERSE

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X' a. BELIEVED PRESENT	2. MARK 'X' b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	3. EFFLUENT a. MAXIMUM DAILY VALUE (2) MASS	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	3. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	3. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (2) MASS	3. EFFLUENT d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)	X		2.3	28.7						mg/l	g/d			
h. Oil and Grease		X	< 1.2	< 15.0						mg/l	g/d			
i. Phosphorus (as P), Total (7723-14-0)	X		.306	3.8						mg/l	g/d			
j. Radioactivity														
(1) Alpha, Total	X		14	174.9						pCi/l	nCi/d			
(2) Beta, Total	X		6.6	82.4						pCi/l	nCi/d			
(3) Radium, Total	X													
(4) Radium 226, Total	X		0.07	0.9						pCi/l	nCi/d			
k. Sulfate (as SO_4) (14808-79-8)	X		143	1.8						mg/l	kg/d			
l. Sulfide (as S)	X		70.2	876.8						mg/l	g/d			
m. Sulfite (as SO_3) (14265-45-3)	X		18.8	234.8						mg/l	g/d			
n. Surfactants	X		0.11	1.4						mg/l	g/d			
o. Aluminum, Total (7429-90-5)	X		0.06	0.7						mg/l	g/d			
p. Barium, Total (7440-39-3)	X		0.11	1.4						mg/l	g/d			
q. Boron, Total (7440-42-8)	X		0.33	4.1						mg/l	g/d			
r. Cobalt, Total (7440-48-4)		X	0.07	0.9						mg/l	g/d			
s. Iron, Total (7439-89-6)	X		1.1	13.7						mg/l	g/d			
t. Magnesium, Total (7439-95-4)	X		5.8	72.4						mg/l	g/d			
u. Molybdenum, Total (7439-98-7)	X		1.7	21.2						mg/l	g/d			
v. Manganese, Total (7439-96-5)	X		0.05	0.6						mg/l	g/d			
w. Tin, Total (7440-31-5)		X	< 0.050	< 0.6						mg/l	g/d			
x. Titanium, Total (7440-32-6)		X	< 0.004	< 50.0						mg/l	mg/d			

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	03A040

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CONTINUED FROM PAGE 3 OF FORM 2-C

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

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X	< 0.050	< 0.6						mg/l	g/d			
2M. Arsenic, Total (7440-38-2)		X		0.04	0.5						mg/l	g/d			
3M. Beryllium, Total, 7440-41-7)			X	< 0.1	< 1.2						mg/l	g/d			
4M. Cadmium, Total (7440-43-9)		X		.004	50.0						mg/l	mg/d			
5M. Chromium, Total (7440-47-3)		X		.260	3.2						mg/l	g/d			
6M. Copper, Total (7440-50-8)		X		0.1	1.2						mg/l	g/d			
7M. Lead, Total (7439-92-1)		X		.050	0.6						mg/l	g/d			
8M. Mercury, Total (7439-97-6)			X	< .0002	< 2.5						mg/l	mg/d			
9M. Nickel, Total (7440-02-0)		X		.28	3.5						mg/l	g/d			
10M. Selenium, Total (7782-49-2)			X	< .001	< 12.5						mg/l	mg/d			
11M. Silver, Total (7440-22-4)			X	< 0.01	< 0.1						mg/l	g/d			
12M. Thallium, Total (7440-28-0)		X		0.51	6.4						mg/l	g/d			
13M. Zinc, Total (7440-66-6)		X		.071	0.9						mg/l	g/d			
14M. Cyanide, Total (57-12-5)		X		.033	0.4						mg/l	g/d			
15M. Phenols, Total			X	< .01	< 0.1						mg/l	g/d			
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X	< 0.005	< 62.5						mg/l	mg/d			
4V. Bis (*Chloromethyl*) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X	< 0.005	< 62.5						mg/l	mg/d			
6V. Carbon Tetrachloride (56-23-5)			X	< 0.005	< 62.5						mg/l	mg/d			
7V. Chlorobenzene (108-90-7)			X	< 0.005	< 62.5						mg/l	mg/d			
8V. Chlorodibromomethane (124-48-1)			X	< 0.005	< 62.5						mg/l	mg/d			
9V. Chloroethane (75-00-3)			X	< 0.010	< 0.1						mg/l	g/d			
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X	< 0.005	< 62.5						mg/l	mg/d			
12V. Dichlorobromomethane (75-27-4)			X	< 0.005	< 62.5						mg/l	mg/d			
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X	< 0.005	< 62.5						mg/l	mg/d			
15V. 1,2-Dichloroethane (107-06-2)			X	< 0.005	< 62.5						mg/l	mg/d			
16V. 1,1-Dichloroethylene (75-35-4)			X	< 0.005	< 62.5						mg/l	mg/d			
17V. 1,2-Dichloropropane (78-87-5)			X	< 0.005	< 62.5						mg/l	kg/d			
18V. 1,3-Dichloropropylene (542-75-6)			X	< 0.005	< 62.5						mg/l	mg/d			
19V. Ethylbenzene (100-41-4)			X	< 0.005	< 62.5						mg/l	mg/d			
20V. Methyl Bromide (74-83-9)			X	< 0.010	< 0.1						mg/l	g/d			
21V. Methyl Chloride (74-87-3)			X	< 0.010	< 0.1						mg/l	g/d			

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

OUTFALL NUMBER: 03A040

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

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TEST-ING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. OF ANALYSES
GC/MS FRACTION -- VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)			X	< 0.005	< 0.6						mg/l	g/d			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X	< 0.005	< 0.6						mg/l	g/d			
24V. Tetrachloroethylene (127-18-4)			X	< 0.005	< 0.6						mg/l	g/d			
25V. Toluene (108-88-3)			X	< 0.005	< 0.6						mg/l	g/d			
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X	< 0.005	< 0.6						mg/l	g/d			
27V. 1,1,1-Trichloroethane (71-55-6)			X	< 0.005	< 0.6						mg/l	g/d			
28V. 1,1,2-Trichloroethane (79-00-5)			X	< 0.005	< 0.6						mg/l	g/d			
29V. Trichloroethylene (79-01-6)			X	< 0.005	< 0.6						mg/l	g/d			
30V. Trichlorofluoromethane (75-69-4)			X	< 0.005	< 0.6						mg/l	g/d			
31V. Vinyl Chloride (75-01-4)			X	< 0.010	< 1.2						mg/l	g/d			
GC/MS FRACTION -- ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X	< 0.010	< 1.2						mg/l	g/d			
2A. 2,4-Dichlorophenol (120-83-2)			X	< 0.010	< 1.2						mg/l	g/d			
3A. 2,4-Dimethylphenol (105-67-9)			X	< 0.010	< 1.2						mg/l	g/d			
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X	< 0.010	< 1.2						mg/l	g/d			
5A. 2,4-Dinitrophenol (51-28-5)			X	< 0.010	< 1.2						mg/l	g/d			
6A. 2-Nitrophenol (88-75-5)			X	< 0.010	< 1.2						mg/l	g/d			
7A. 4-Nitrophenol (100-02-7)			X	< 0.010	< 1.2						mg/l	g/d			
8A. P-Chloro-M-Cresol (59-50-7)			X	< 0.010	< 1.2						mg/l	g/d			
9A. Pentachlorophenol (87-86-5)			X	< 0.010	< 1.2						mg/l	g/d			
10A. Phenol (108-95-2)			X	< 0.010	< 1.2						mg/l	g/d			
11A. 2,4,6-Trichlorophenol (88-06-2)			X	< 0.010	< 1.2						mg/l	g/d			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X	< 0.010	< 1.2						mg/l	g/d			
2B. Acenaphtylene (208-96-8)			X	< 0.010	< 1.2						mg/l	g/d			
3B. Anthracene (120-12-7)			X	< 0.010	< 1.2						mg/l	g/d			
4B. Benzidine (92-87-5)			X	< 0.010	< 1.2						mg/l	g/d			
5B. Benzo *(a)* Anthracene (56-55-3)			X	< 0.010	< 1.2						mg/l	g/d			
6B. Benzo *(a)* Pyrene (50-32-8)			X	< 0.010	< 1.2						mg/l	g/d			
7B. 3,4-Benzo-fluoranthene (205-99-2)			X	< 0.010	< 1.2						mg/l	g/d			
8B. Benzo *(ghi)* Perylene (191-24-2)			X	< 0.010	< 1.2						mg/l	g/d			
9B. Benzo *(k)* Fluoranthene (207-08-9)			X	< 0.010	< 1.2						mg/l	g/d			
10B. Bis *(2-Chloro-ethoxy)* Methane (111-91-1)			X	< 0.010	< 1.2						mg/l	g/d			
11B. Bis *(2-Chloro-ethyl)* Ether (111-44-4)			X	< 0.010	< 1.2						mg/l	g/d			
12B. Bis *(2-Chloroiso-propyl)* Ether (102-60-1)			X	< 0.010	< 1.2						mg/l	g/d			
13B. Bis *(2-Ethyl-hexyl)* Phthalate (117-81-7)			X	< 0.010	< 1.2						mg/l	g/d			
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X	< 0.010	< 1.2						mg/l	g/d			
15B. Butyl Benzyl Phthalate (85-68-7)			X	< 0.010	< 1.2						mg/l	g/d			
16B. 2-Chloro-naphthalene (91-58-7)			X	< 0.010	< 1.2						mg/l	g/d			
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X	< 0.010	< 1.2						mg/l	g/d			
18B. Chrysene (218-01-9)			X	< 0.010	< 1.2						mg/l	g/d			
19B. Dibenzo *(a,h)* Anthracene (53-70-3)			X	< 0.010	< 1.2						mg/l	g/d			
20B. 1,2-Dichloro-benzene (95-50-1)			X	< 0.010	< 1.2						mg/l	g/d			
21B. 1,3-Dichloro-benzene (541-73-1)			X	< 0.010	< 1.2						mg/l	g/d			

EPA I.D. NUMBER (copy from Item 1 of Form 1): NM0890010515 | OUTFALL NUMBER: 03A040

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

1. POLLUTANT AND CAS NUMBER (If available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (If available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (If available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
22B. 1,4-Dichlorobenzene (106-46-7)			X	< 0.010	< 1.2						mg/l	g/d			
23B. 3,3'-Dichlorobenzidine (91-94-1)			X	< 0.010	< 1.2						mg/l	g/d			
24B. Diethyl Phthalate (84-66-2)			X	< 0.010	< 1.2						mg/l	g/d			
25B. Dimethyl Phthalate (131-11-3)			X	< 0.010	< 0.0						mg/l	g/d			
26B. Di-N-Butyl Phthalate (84-74-2)			X	< 0.010	< 1.2						mg/l	g/d			
27B. 2,4-Dinitrotoluene (121-14-2)			X	< 0.010	< 1.2						mg/l	g/d			
28B. 2,6-Dinitrotoluene (606-20-2)			X	< 0.010	< 1.2						mg/l	g/d			
29B. Di-N-Octyl Phthalate (117-84-0)			X	< 0.010	< 1.2						mg/l	g/d			
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)			X	< 0.010	< 1.2						mg/l	g/d			
31B. Fluoranthene (206-44-0)			X	< 0.010	< 1.2						mg/l	g/d			
32B. Fluorene (86-73-7)			X	< 0.010	< 1.2						mg/l	g/d			
33B. Hexachlorobenzene (118-74-1)			X	< 0.010	< 1.2						mg/l	g/d			
34B. Hexachlorobutadiene (87-68-3)			X	< 0.010	< 1.2						mg/l	g/d			
35B. Hexachlorocyclopentadiene (77-47-4)			X	< 0.010	< 1.2						mg/l	g/d			
36B. Hexachloroethane (67-72-1)			X	< 0.010	< 1.2						mg/l	g/d			
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X	< 0.010	< 1.2						mg/l	g/d			
38B. Isophorone (78-59-1)			X	< 0.010	< 1.2						mg/l	g/d			
39B. Naphthalene (91-20-3)			X	< 0.010	< 1.2						mg/l	g/d			
40B. Nitrobenzene (98-95-3)			X	< 0.010	< 1.2						mg/l	g/d			
41B. N-Nitrosodimethylamine (62-75-9)			X	< 0.010	< 1.2						mg/l	g/d			
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X	< 0.010	< 1.2						mg/l	g/d			

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	2. MARK 'X' b. BELIEVED PRESENT	2. MARK 'X' c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	3. EFFLUENT a. MAXIMUM DAILY VALUE (2) MASS	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	3. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	3. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (2) MASS	3. EFFLUENT d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
43B. N-Nitrosodiphenylamine (86-30-6)			X	< 0.010	< 60.6						mg/l	mg/d			
44B. Phenanthrene (85-01-8)			X	< 0.010	< 60.6						mg/l	mg/d			
45B. Pyrene (129-00-0)			X	< 0.010	< 60.6						mg/l	mg/d			
46B. 1,2,4-Trichlorobenzene (120-82-1)			X	< 0.010	< 60.6						mg/l	mg/d			
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X	< 0.06	< 0.4						ug/l	mg/d			
2P. α-BHC (319-84-6)			X	< 0.04	< 0.2						ug/l	mg/d			
3P. β-BHC (319-85-7)			X	< 0.1	< 0.6						ug/l	mg/d			
4P. γ-BHC (58-89-9)			X	< 0.03	< 0.2						ug/l	mg/d			
5P. δ-BHC (319-86-8)			X	< 0.12	< 0.7						ug/l	mg/d			
6P. Chlordane (57-74-9)			X	< 0.25	< 1.5						ug/l	mg/d			
7P. 4,4'-DDT (50-29-3)			X	< 0.06	< 0.4						ug/l	mg/d			
8P. 4,4'-DDE (72-55-9)			X	< 0.08	< 0.5						ug/l	mg/d			
9P. 4,4'-DDD (72-54-8)			X	< 0.08	< 0.5						ug/l	mg/d			
10P. Dieldrin (60-57-1)			X	< 0.08	< 0.5						ug/l	mg/d			
11P. α-Endosulfan (115-29-7)			X	< 0.05	< 0.3						ug/l	mg/d			
12P. β-Endosulfan (115-29-7)			X	< 0.08	< 0.5						ug/l	mg/d			
13P. Endosulfan Sulfate (1031-07-8)			X	< 0.09	< 0.5						ug/l	mg/d			
14P. Endrin (72-20-8)			X	< 0.06	< 0.4						ug/l	mg/d			
15P. Endrin Aldehyde (7421-93-4)			X	< 0.62	< 3.8						ug/l	mg/d			
16P. Heptachlor (76-44-8)			X	< 0.03	< 0.2						ug/l	mg/d			

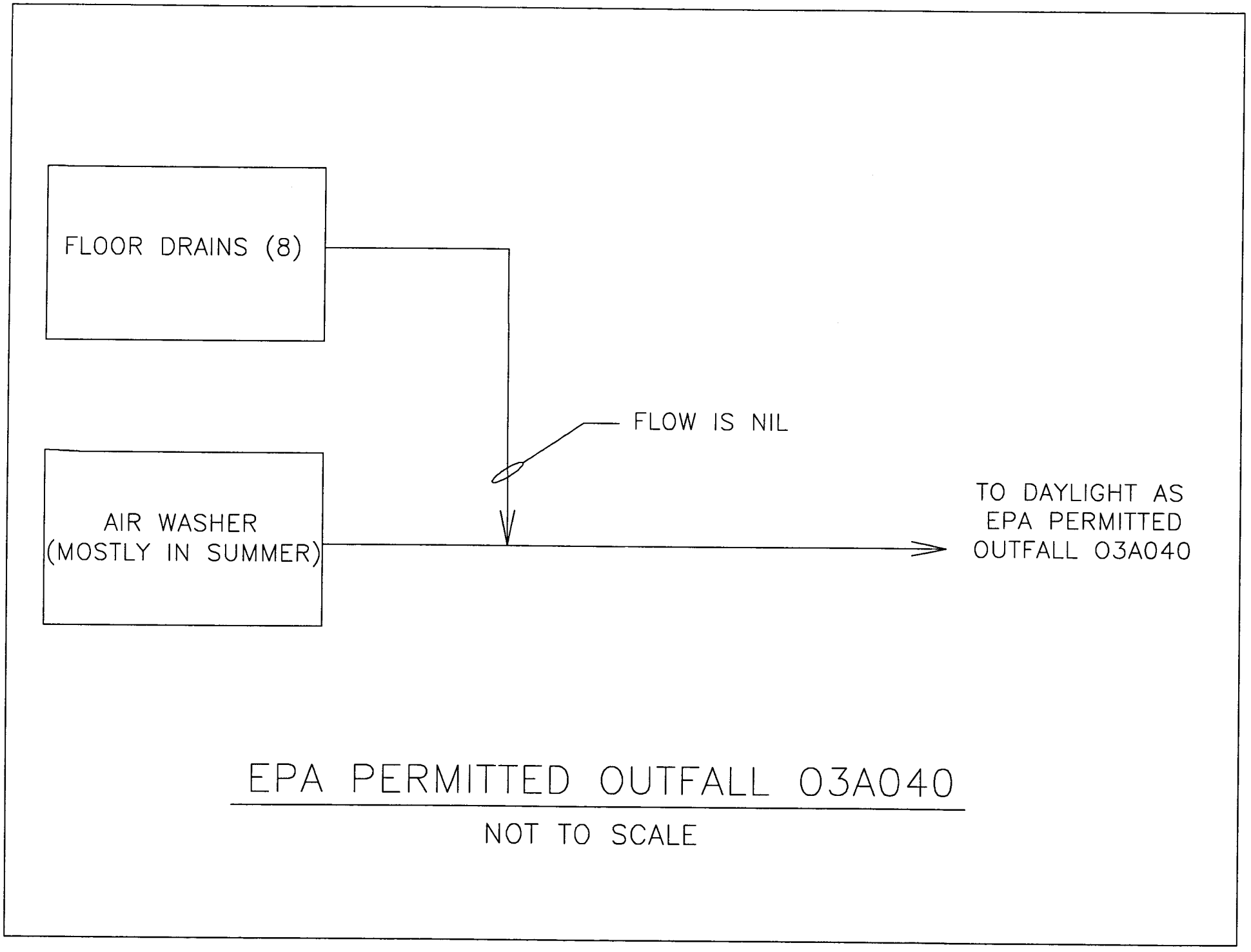
CONTINUED FROM PAGE V-8

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

OUTFALL NUMBER: 03A040

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

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION — PESTICIDES (continued)															
17P. Heptachlor Epoxide (1024-57-3)			X	< 0.08	< 0.5						ug/l	mg/d			
18P. PCB-1242 (53469-21-9)			X	< 0.71	< 4.3						ug/l	mg/d			
19P. PCB-1254 (11097-69-1)			X	< 0.71	< 4.3						ug/l	mg/d			
20P. PCB-1221 (11104-28-2)			X	N.D.											
21P. PCB-1232 (11141-16-5)			X	N.D.											
22P. PCB-1248 (12672-29-6)			X	N.D.											
23P. PCB-1260 (11096-82-5)			X	< 0.71	< 4.3						ug/l	mg/d			
24P. PCB-1016 (12674-11-2)			X	N.D.											
25P. Toxaphene (8001-35-2)			X	< 2.5	< 15.1						ug/l	mg/d			



EPA PERMITTED OUTFALL 03A040

NOT TO SCALE

Please print or type in the unshaded areas only.

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

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

FORM 2C NPDES

EPA

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

I. OUTFALL LOCATION

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

A. OUTFALL NUMBER *(list)*	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER *(name)*
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
03A180	35	52	50	106	19	14	Tributary to Los Alamos Canyon, an ephemeral tributary to Rio Grande

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

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

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

1. OUT-FALL NO *(list)*	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT	
	a. OPERATION *(list)*	b. AVERAGE FLOW *(include units)*	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1
03A180	TA-43-44 Cooling tower blowdown	1600 GPD	None	

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

CONTINUED FROM THE FRONT

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

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

1. OUTFALL NUMBER *(list)*	2. OPERATION(s) CONTRIBUTING FLOW *(list)*	3. FREQUENCY		4. FLOW				
		a. DAYS PER WEEK *(specify average)*	b. MONTHS PER YEAR *(specify average)*	a. FLOW RATE *(in mgd)*		b. TOTAL VOLUME *(specify with units)*		c. DURATION *(in days)*
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	
03A180	Cooling tower blowdown	7	12	0.0016	0.0016	1600 GPD	1600 GPD	365 day/yr

III. PRODUCTION

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

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

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

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

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

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

IV. IMPROVEMENTS

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

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

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

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

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

Form Approved.
OMB No. 2040-0086
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V. INTAKE AND EFFLUENT CHARACTERISTICS

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

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

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

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

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

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

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

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

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

VIII. CONTRACT ANALYSIS INFORMATION

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

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

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

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

Data from worst case composite.

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

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

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

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

OUTFALL NO. 03A180

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	3. UNITS b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	4. INTAKE (optional) b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	2.0	12.1						mg/l	g/d			
b. Chemical Oxygen Demand *(COD)*	42.0	254.4						mg/l	g/d			
c. Total Organic Carbon *(TOC)*	7.4	44.8						mg/l	g/d			
d. Total Suspended Solids *(TSS)*	7.0	42.4						mg/l	g/d			
e. Ammonia *(as N)*	< .01	< 60.560						mg/l	mg/d			
f. Flow	VALUE 1600		VALUE		VALUE			gal/day		VALUE		
g. Temperature *(winter)*	VALUE 36.9 C		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 6.8	MAXIMUM 8.8	MINIMUM 6.0	MAXIMUM 9.0				STANDARD UNITS				

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

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	2. MARK 'X' b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. OF ANALYSES
a. Bromide (24959-67-9)	X		3.24	19.6						mg/l	g/d			
b. Chlorine, Total Residual		X	0.0	0.0						mg/l	mg/d			
c. Color	X		10							units				
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)	X		0.52	3.1						mg/l	g/d			
f. Nitrate-Nitrite *(as N)*	X		1.13	6.8						mg/l	g/d			

CONTINUE ON REVERSE

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK 'X'		3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. believed present	b. believed absent	a. MAXIMUM DAILY VALUE (1) concentration	a. MAXIMUM DAILY VALUE (2) mass	b. MAXIMUM 30 DAY VALUE (if available) (1) concentration	b. MAXIMUM 30 DAY VALUE (if available) (2) mass	c. LONG TERM AVRG. VALUE (if available) (1) concentration	c. LONG TERM AVRG. VALUE (if available) (2) mass	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) concentration	a. LONG TERM AVERAGE VALUE (2) mass	b. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)	X		2.3	13.9						mg/l	g/d			
h. Oil and Grease		X	< 1.2	< 7.3						mg/l	g/d			
i. Phosphorus (as P), Total (7723-14-0)	X		.306	1.9						mg/l	g/d			
j. Radioactivity														
(1) Alpha, Total	X		14	84.8						pCi/l	nCi/d			
(2) Beta, Total	X		6.6	40.0						pCi/l	nCi/d			
(3) Radium, Total	X													
(4) Radium 226, Total	X		0.07	0.4						pCi/l	nCi/d			
k. Sulfate (as SO_4) (14808-79-8)	X		143	866.0						mg/l	g/d			
l. Sulfide (as S)	X		70.2	425.1						mg/l	g/d			
m. Sulfite (as SO_3) (14265-45-3)	X		18.8	113.9						mg/l	g/d			
n. Surfactants	X		0.11	0.7						mg/l	g/d			
o. Aluminum, Total (7429-90-5)	X		0.06	0.4						mg/l	g/d			
p. Barium, Total (7440-39-3)	X		0.11	0.7						mg/l	g/d			
q. Boron, Total (7440-42-8)	X		0.33	2.0						mg/l	g/d			
r. Cobalt, Total (7440-48-4)		X	0.07	0.4						mg/l	g/d			
s. Iron, Total (7439-89-6)	X		1.1	6.7						mg/l	g/d			
t. Magnesium, Total (7439-95-4)	X		5.8	35.1						mg/l	g/d			
u. Molybdenum, Total (7439-98-7)	X		1.7	10.3						mg/l	g/d			
v. Manganese, Total (7439-96-5)	X		0.05	0.3						mg/l	g/d			
w. Tin, Total (7440-31-5)		X	< 0.050	< 0.3						mg/l	g/d			
x. Titanium, Total (7440-32-6)		X	< 0.004	< 24.2						mg/l	mg/d			

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	03A180

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OMB No. 2040-0086
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CONTINUED FROM PAGE 3 OF FORM 2-C

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

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X	< 0.050	< 0.3						mg/l	g/d			
2M. Arsenic, Total (7440-38-2)		X		0.04	0.2						mg/l	g/d			
3M. Beryllium, Total, 7440-41-7)			X	< 0.1	< 0.6						mg/l	g/d			
4M. Cadmium, Total (7440-43-9)		X		.004	24.2						mg/l	mg/d			
5M. Chromium, Total (7440-47-3)		X		.260	1.6						mg/l	g/d			
6M. Copper, Total (7440-50-8)		X		0.1	0.6						mg/l	g/d			
7M. Lead, Total (7439-92-1)		X		.050	0.3						mg/l	g/d			
8M. Mercury, Total (7439-97-6)			X	< .0002	< 1.2						mg/l	mg/d			
9M. Nickel, Total (7440-02-0)		X		.28	1.7						mg/l	g/d			
10M. Selenium, Total (7782-49-2)			X	< .001	< 6.1						mg/l	mg/d			
11M. Silver, Total (7440-22-4)			X	< 0.01	< 60.6						mg/l	mg/d			
12M. Thallium, Total (7440-28-0)		X		0.51	3.1						mg/l	g/d			
13M. Zinc, Total (7440-66-6)		X		.071	0.4						mg/l	g/d			
14M. Cyanide, Total (57-12-6)		X		.033	0.2						mg/l	g/d			
15M. Phenols, Total			X	< .01	< 60.6						mg/l	mg/d			
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X	< 0.005	< 30.3						mg/l	mg/d			
4V. Bis (Chloromethyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X	< 0.005	< 30.3						mg/l	mg/d			
6V. Carbon Tetrachloride (56-23-5)			X	< 0.005	< 30.3						mg/l	mg/d			
7V. Chlorobenzene (108-90-7)			X	< 0.005	< 30.3						mg/l	mg/d			
8V. Chlorodibromomethane (124-48-1)			X	< 0.005	< 30.3						mg/l	mg/d			
9V. Chloroethane (75-00-3)			X	< 0.010	< 0.1						mg/l	mg/d			
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X	< 0.005	< 30.3						mg/l	mg/d			
12V. Dichlorobromomethane (75-27-4)			X	< 0.005	< 30.3						mg/l	mg/d			
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X	< 0.005	< 30.3						mg/l	mg/d			
15V. 1,2-Dichloroethane (107-06-2)			X	< 0.005	< 30.3						mg/l	mg/d			
16V. 1,1-Dichloroethylene (75-35-4)			X	< 0.005	< 30.3						mg/l	mg/d			
17V. 1,2-Dichloropropane (78-87-5)			X	< 0.005	< 30.3						mg/l	kg/d			
18V. 1,3-Dichloropropylene (542-75-6)			X	< 0.005	< 30.3						mg/l	mg/d			
19V. Ethylbenzene (100-41-4)			X	< 0.005	< 30.3						mg/l	mg/d			
20V. Methyl Bromide (74-83-9)			X	< 0.010	< 60.6						mg/l	mg/d			
21V. Methyl Chloride (74-87-3)			X	< 0.010	< 60.6						mg/l	mg/d			

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

OUTFALL NUMBER: 03A180

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1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	2. MARK 'X' b. BELIEVED PRESENT	2. MARK 'X' c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	3. EFFLUENT a. MAXIMUM DAILY VALUE (2) MASS	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	3. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	3. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (2) MASS	3. EFFLUENT d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. OF ANALYSES
GC/MS FRACTION — VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)			X	< 0.005	< 30.3						mg/l	mg/d			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X	< 0.005	< 30.3						mg/l	mg/d			
24V. Tetrachloroethylene (127-18-4)			X	< 0.005	< 30.3						mg/l	mg/d			
25V. Toluene (108-88-3)			X	< 0.005	< 30.3						mg/l	mg/d			
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X	< 0.005	< 30.3						mg/l	mg/d			
27V. 1,1,1-Trichloroethane (71-55-6)			X	< 0.005	< 30.3						mg/l	mg/d			
28V. 1,1,2-Trichloroethane (79-00-5)			X	< 0.005	< 30.3						mg/l	mg/d			
29V. Trichloroethylene (79-01-6)			X	< 0.005	< 30.3						mg/l	mg/d			
30V. Trichlorofluoromethane (75-69-4)			X	< 0.005	< 30.3						mg/l	mg/d			
31V. Vinyl Chloride (75-01-4)			X	< 0.010	< 60.6						mg/l	mg/d			
GC/MS FRACTION — ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X	< 0.010	< 60.6						mg/l	mg/d			
2A. 2,4-Dichlorophenol (120-83-2)			X	< 0.010	< 60.6						mg/l	mg/d			
3A. 2,4-Dimethylphenol (105-67-9)			X	< 0.010	< 60.6						mg/l	mg/d			
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X	< 0.010	< 60.6						mg/l	mg/d			
5A. 2,4-Dinitrophenol (51-28-5)			X	< 0.010	< 60.6						mg/l	mg/d			
6A. 2-Nitrophenol (88-75-5)			X	< 0.010	< 60.6						mg/l	mg/d			
7A. 4-Nitrophenol (100-02-7)			X	< 0.010	< 60.6						mg/l	mg/d			
8A. P-Chloro-M-Cresol (59-50-7)			X	< 0.010	< 60.6						mg/l	mg/d			
9A. Pentachlorophenol (87-86-5)			X	< 0.010	< 60.6						mg/l	mg/d			
10A. Phenol (108-95-2)			X	< 0.010	< 60.6						mg/l	mg/d			
11A. 2,4,6-Trichlorophenol (88-06-2)			X	< 0.010	< 60.6						mg/l	mg/d			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X	< 0.010	< 60.6						mg/l	mg/d			
2B. Acenaphtylene (208-96-8)			X	< 0.010	< 60.6						mg/l	mg/d			
3B. Anthracene (120-12-7)			X	< 0.010	< 60.6						mg/l	mg/d			
4B. Benzidine (92-87-5)			X	< 0.010	< 60.6						mg/l	mg/d			
5B. Benzo *(a)* Anthracene (56-55-3)			X	< 0.010	< 60.6						mg/l	mg/d			
6B. Benzo *(a)* Pyrene (50-32-8)			X	< 0.010	< 60.6						mg/l	mg/d			
7B. 3,4-Benzo-fluoranthene (205-99-2)			X	< 0.010	< 60.6						mg/l	mg/d			
8B. Benzo *(ghi)* Perylene (191-24-2)			X	< 0.010	< 60.6						mg/l	mg/d			
9B. Benzo *(k)* Fluoranthene (207-08-9)			X	< 0.010	< 60.6						mg/l	mg/d			
10B. Bis *(2-Chloro-ethoxy)* Methane (111-91-1)			X	< 0.010	< 60.6						mg/l	mg/d			
11B. Bis *(2-Chloro-ethyl)* Ether (111-44-4)			X	< 0.010	< 60.6						mg/l	mg/d			
12B. Bis *(2-Chloroiso-propyl)* Ether (102-60-1)			X	< 0.010	< 60.6						mg/l	mg/d			
13B. Bis *(2-Ethyl-hexyl)* Phthalate (117-81-7)			X	< 0.010	< 60.6						mg/l	mg/d			
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X	< 0.010	< 60.6						mg/l	mg/d			
15B. Butyl Benzyl Phthalate (85-68-7)			X	< 0.010	< 60.6						mg/l	mg/d			
16B. 2-Chloro-naphthalene (91-58-7)			X	< 0.010	< 60.6						mg/l	mg/d			
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X	< 0.010	< 60.6						mg/l	mg/d			
18B. Chrysene (218-01-9)			X	< 0.010	< 60.6						mg/l	mg/d			
19B. Dibenzo *(a,h)* Anthracene (53-70-3)			X	< 0.010	< 60.6						mg/l	mg/d			
20B. 1,2-Dichloro-benzene (95-50-1)			X	< 0.010	< 60.6						mg/l	mg/d			
21B. 1,3-Dichloro-benzene (541-73-1)			X	< 0.010	< 60.6						mg/l	mg/d			

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

OUTFALL NUMBER: 03A180

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1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	2. MARK 'X' b. BELIEVED PRESENT	2. MARK 'X' c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	3. EFFLUENT a. MAXIMUM DAILY VALUE (2) MASS	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	3. EFFLUENT b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	3. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	3. EFFLUENT c. LONG TERM AVRG. VALUE (if available) (2) MASS	3. EFFLUENT d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
22B. 1,4-Dichlorobenzene (106-46-7)			X	< 0.010	< 60.6						mg/l	mg/d			
23B. 3,3'-Dichlorobenzidine (91-94-1)			X	< 0.010	< 60.6						mg/l	mg/d			
24B. Diethyl Phthalate (84-66-2)			X	< 0.010	< 60.6						mg/l	mg/d			
25B. Dimethyl Phthalate (131-11-3)			X	< 0.010	< 60.6						mg/l	mg/d			
26B. Di-N-Butyl Phthalate (84-74-2)			X	< 0.010	< 60.6						mg/l	mg/d			
27B. 2,4-Dinitrotoluene (121-14-2)			X	< 0.010	< 60.6						mg/l	mg/d			
28B. 2,6-Dinitrotoluene (606-20-2)			X	< 0.010	< 60.6						mg/l	mg/d			
29B. Di-N-Octyl Phthalate (117-84-0)			X	< 0.010	< 60.6						mg/l	mg/d			
30B. 1,2-Diphenylhydrazine *(as Azobenzene)* (122-66-7)			X	< 0.010	< 60.6						mg/l	mg/d			
31B. Fluoranthene (206-44-0)			X	< 0.010	< 60.6						mg/l	mg/d			
32B. Fluorene (86-73-7)			X	< 0.010	< 60.6						mg/l	mg/d			
33B. Hexachlorobenzene (118-74-1)			X	< 0.010	< 60.6						mg/l	mg/d			
34B. Hexachlorobutadiene (87-68-3)			X	< 0.010	< 60.6						mg/l	mg/d			
35B. Hexachlorocyclopentadiene (77-47-4)			X	< 0.010	< 60.6						mg/l	mg/d			
36B. Hexachloroethane (67-72-1)			X	< 0.010	< 60.6						mg/l	mg/d			
37B. Indeno *(1,2,3-cd)* Pyrene (193-39-5)			X	< 0.010	< 60.6						mg/l	mg/d			
38B. Isophorone (78-59-1)			X	< 0.010	< 60.6						mg/l	mg/d			
39B. Naphthalene (91-20-3)			X	< 0.010	< 60.6						mg/l	mg/d			
40B. Nitrobenzene (98-95-3)			X	< 0.010	< 60.6						mg/l	mg/d			
41B. N-Nitrosodimethylamine (62-75-9)			X	< 0.010	< 60.6						mg/l	mg/d			
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X	< 0.010	< 60.6						mg/l	mg/d			

CONTINUED FROM THE FRONT

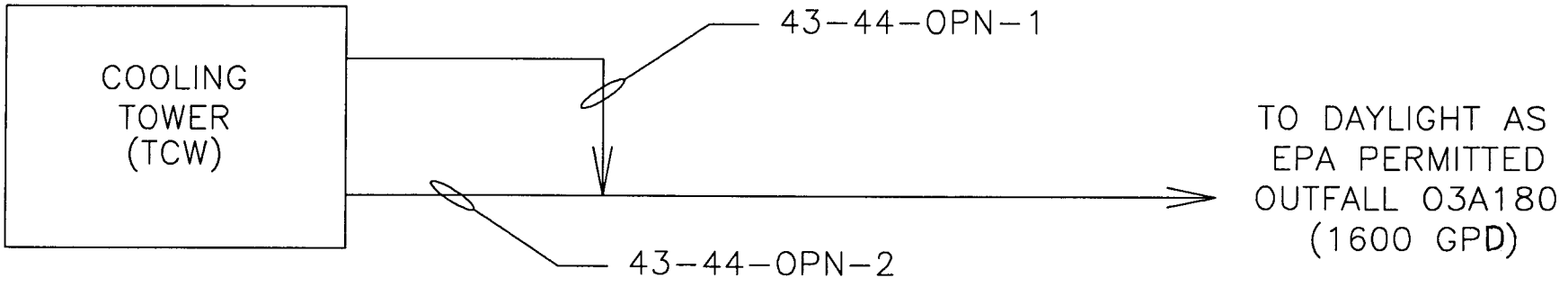
1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
43B. N-Nitrosodiphenylamine (86-30-6)			X	< 0.010	< 0.5						mg/l	g/d			
44B. Phenanthrene (85-01-8)			X	< 0.010	< 0.5						mg/l	g/d			
45B. Pyrene (129-00-0)			X	< 0.010	< 0.5						mg/l	g/d			
46B. 1,2,4-Trichlorobenzene (120-82-1)			X	< 0.010	< 0.5						mg/l	g/d			
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X	< 0.06	< 3.1						ug/l	mg/d			
2P. α-BHC (319-84-6)			X	< 0.04	< 2.0						ug/l	mg/d			
3P. β-BHC (319-85-7)			X	< 0.1	< 5.1						ug/l	mg/d			
4P. γ-BHC (58-89-9)			X	< 0.03	< 1.5						ug/l	mg/d			
5P. δ-BHC (319-86-8)			X	< 0.12	< 6.1						ug/l	mg/d			
6P. Chlordane (57-74-9)			X	< 0.25	< 12.8						ug/l	mg/d			
7P. 4,4'-DDT (50-29-3)			X	< 0.06	< 3.1						ug/l	mg/d			
8P. 4,4'-DDE (72-55-9)			X	< 0.08	< 4.1						ug/l	mg/d			
9P. 4,4'-DDD (72-54-8)			X	< 0.08	< 4.1						ug/l	mg/d			
10P. Dieldrin (60-57-1)			X	< 0.08	< 4.1						ug/l	mg/d			
11P. α-Endosulfan (115-29-7)			X	< 0.05	< 2.6						ug/l	mg/d			
12P. β-Endosulfan (115-29-7)			X	< 0.08	< 4.1						ug/l	mg/d			
13P. Endosulfan Sulfate (1031-07-8)			X	< 0.09	< 4.6						ug/l	mg/d			
14P. Endrin (72-20-8)			X	< 0.06	< 3.1						ug/l	mg/d			
15P. Endrin Aldehyde (7421-93-4)			X	< 0.62	< 31.7						ug/l	mg/d			
16P. Heptachlor (76-44-8)			X	< 0.03	< 1.5						ug/l	mg/d			

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	03A180

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

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION — PESTICIDES (continued)															
17P. Heptachlor Epoxide (1024-57-3)			X	< 0.08	< 4.1						ug/l	mg/d			
18P. PCB-1242 (53469-21-9)			X	< 0.71	< 36.3						ug/l	mg/d			
19P. PCB-1254 (11097-69-1)			X	< 0.71	< 36.3						ug/l	mg/d			
20P. PCB-1221 (11104-28-2)			X	N.D.											
21P. PCB-1232 (11141-16-5)			X	N.D.											
22P. PCB-1248 (12672-29-6)			X	N.D.											
23P. PCB-1260 (11098-82-5)			X	< 0.71	< 36.3						ug/l	mg/d			
24P. PCB-1016 (12674-11-2)			X	N.D.											
25P. Toxaphene (8001-35-2)			X	< 2.5	< 127.7						ug/l	mg/d			

☆U.S. GOVERNMENT PRINTING OFFICE : 1986 0 - 491-191 (46116)



EPA PERMITTED OUTFALL 03A180

NOT TO SCALE

Please type or print in the unshaded areas only

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

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

Form 2D NPDES

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

I. Outfall Location

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

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
43-24-OPN-1	35	52	51	106	19	14	Tributary to Los Alamos Canyon, and ephemeral tributary to the Rio Grande

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

Active discharge noted during waste stream characterization.

III. Flows, Sources of Pollution, and Treatment Technologies

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

Outfall Number	1. Operations Contributing Flow *(list)*	2. Average Flow *(include units)*	3. Treatment *(Description or List Codes from Table 2D-1)*
43-24-OPN-1	Sink drain	5 GPD	None

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

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

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

Outfall Number	1. Frequency		2. Flow		
	a. Days Per Week *(specify average)*	b. Months Per Year *(specify average)*	a. Maximum Daily Flow Rate *(in mgd)*	b. Maximum Total Volume *(specify with units)*	c. Duration *(in days)*
43-24-OPN-1	5	12	0.000005	5 GPD	260 day/yr

IV. Production

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

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

CONTINUED FROM THE FRONT	EPA ID Number *(copy from Item 1 of Form 1)*	Outfall Number
	NM0890010515	43-24-OPN-1

V. Effluent Characteristics

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

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

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

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

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

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

1. Pollutant	2. Reason for Discharge
N/A	

VI. Engineering Report on Wastewater Treatment

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

☒ Report Available ☐ No Report Waste Stream Characterization Report #21

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

Name	Location
N/A	

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

VII. Other Information *(Optional)*

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

See attached 04A datasheets. Discharge is consistent with potable water.

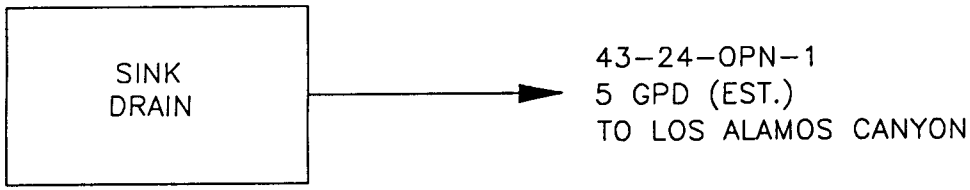
VIII. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

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

TA-43-24



Data from worst case composite.

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

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

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

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

OUTFALL NO. 04A

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

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

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

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

CONTINUE ON REVERSE

ITEM V-B CONTINUED FROM FRONT

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

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

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

CONTINUED FROM PAGE 3 OF FORM 2-C

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

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

CONTINUED FROM THE FRONT

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

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

OUTFALL NUMBER: 04A

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

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

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

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

OUTFALL NUMBER: 04A

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

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

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	2. MARK 'X' b. BELIEVED PRESENT	2. MARK 'X' c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
43B. N-Nitrosodiphenylamine (86-30-6)			X	< 0.010	< 0.2						mg/l	mg/d			
44B. Phenanthrene (85-01-8)			X	< 0.010	< 0.2						mg/l	mg/d			
45B. Pyrene (129-00-0)			X	< 0.010	< 0.2						mg/l	mg/d			
46B. 1,2,4 - Trichlorobenzene (120-82-1)			X	< 0.010	< 0.2						mg/l	mg/d			
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X	< 0.06	< 1.1						ug/l	ug/d			
2P. α-BHC (319-84-6)			X	< 0.02	< 0.4						ug/l	ug/d			
3P. β-BHC (319-85-7)			X	< 0.1	< 1.9						ug/l	ug/d			
4P. γ-BHC (58-89-9)			X	< 0.03	< 0.6						ug/l	ug/d			
5P. δ-BHC (319-86-8)			X	< 0.12	< 2.3						ug/l	ug/d			
6P. Chlordane (57-74-9)			X	< 0.25	< 4.7						ug/l	ug/d			
7P. 4,4'-DDT (50-29-3)			X	< 0.06	< 1.1						ug/l	ug/d			
8P. 4,4'-DDE (72-55-9)			X	< 0.08	< 1.5						ug/l	ug/d			
9P. 4,4'-DDD (72-54-8)			X	< 0.08	< 1.5						ug/l	ug/d			
10P. Dieldrin (60-57-1)			X	< 0.08	< 1.5						ug/l	ug/d			
11P. α-Endosulfan (115-29-7)			X	< 0.05	< 0.9						ug/l	ug/d			
12P. β-Endosulfan (115-29-7)			X	< 0.08	< 1.5						ug/l	ug/d			
13P. Endosulfan Sulfate (1031-07-8)			X	< 0.09	< 1.7						ug/l	ug/d			
14P. Endrin (72-20-8)			X	< 0.06	< 1.1						ug/l	ug/d			
15P. Endrin Aldehyde (7421-93-4)			X	< 0.62	< 11.7						ug/l	ug/d			
16P. Heptachlor (76-44-8)			X	< 0.3	< 5.7						ug/l	ug/d			

CONTINUED FROM PAGE V-8

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

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

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

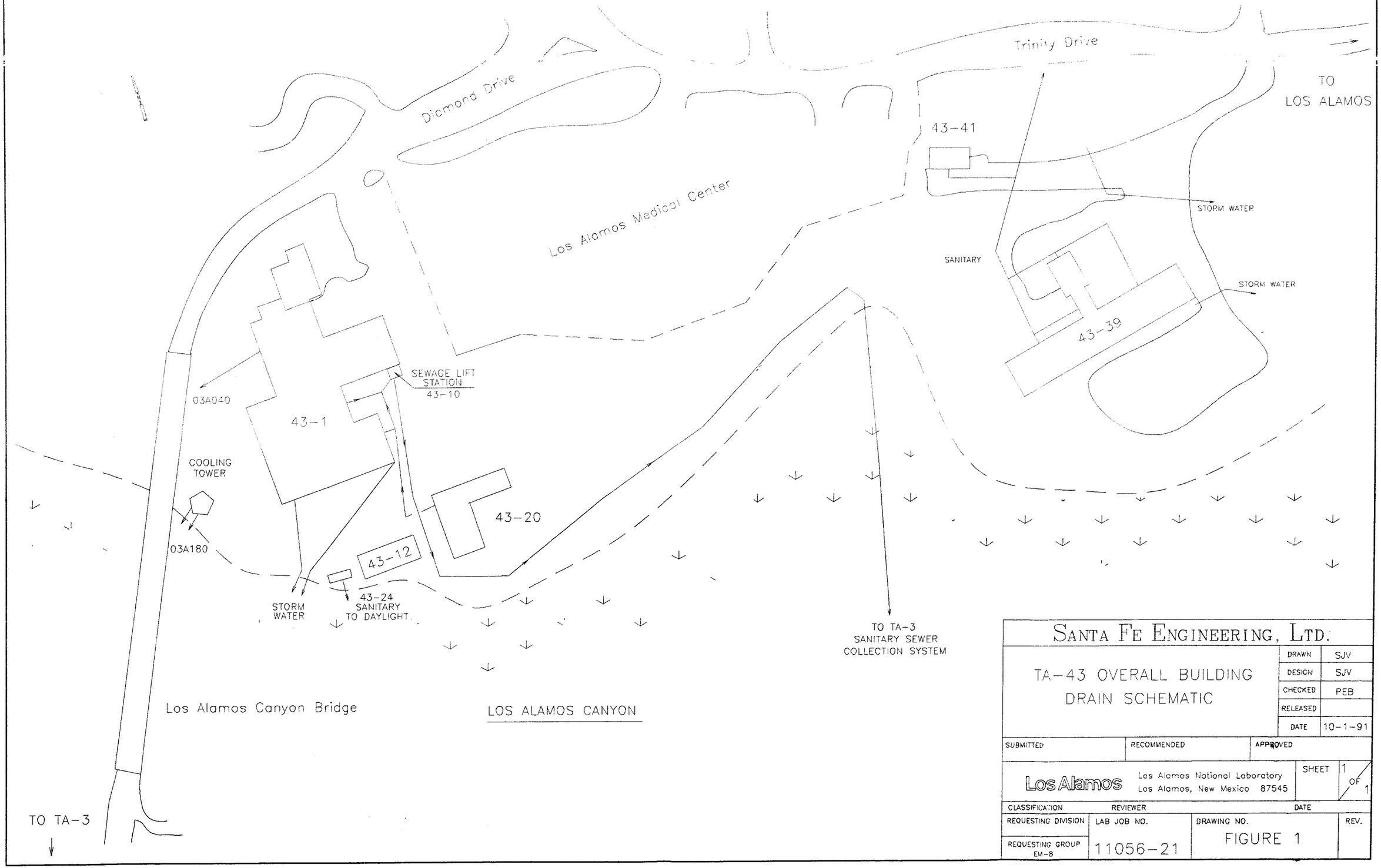
☆U.S. GOVERNMENT PRINTING OFFICE : 1986 0 - 491-191 (46116)

DYE STUDY INFORMATION

BUILDING NUMBER	DRAIN NUMBER	DID DYE REACH EXPECTED DESTINATION?	COMMENTS
43-1	SBFD2	YES	DRAINS TO SEWAGE LIFT STATION
43-1	SBFD4	YES	CONNECTED TO EPA 03A-040
43-1	SBFD5	YES	CONNECTED TO EPA 03A-040
43-1	SBFD6	YES	CONNECTED TO EPA 03A-040
43-1	SBFD8	YES	CONNECTED TO EPA 03A-040
43-1	SBFD9	YES	CONNECTED TO EPA 03A-040
43-1	SBFD11	YES	CONNECTED TO EPA 03A-040
43-1	SBFD13	YES	DRAINS TO SEWAGE LIFT STATION
43-1	SB SUMP	YES	DRAINS TO SEWAGE LIFT STATION
43-1	BFD15	YES	DRAINS TO SEWAGE LIFT STATION
43-1	BFD38	YES	DRAINS TO SEWAGE LIFT STATION
43-1	BSD46	YES	DRAINS TO SEWAGE LIFT STATION
43-1	BSD51	YES	DRAINS TO SEWAGE LIFT STATION
43-1	1FD1	YES	DRAINS TO SEWAGE LIFT STATION
43-1	1FD4	YES	DRAINS TO SEWAGE LIFT STATION
43-1	2SD32	YES	DRAINS TO SEWAGE LIFT STATION
43-1	2SD33	YES	DRAINS TO SEWAGE LIFT STATION
43-1	2SD34	YES	DRAINS TO SEWAGE LIFT STATION
43-1	2SD39	YES	DRAINS TO SEWAGE LIFT STATION
43-1	RD14	YES	CONNECTED TO EPA 03A-040
43-1	RD15	YES	CONNECTED TO EPA 03A-040

DYE STUDY INFORMATION

BUILDING NUMBER	DRAIN NUMBER	DID DYE REACH EXPECTED DESTINATION?	COMMENTS
11-2	1S1	NO	WATER OFF. COULD NOT TEST.
11-3	1FD1	NO	PLUGGED
	1LV1	YES	NONE
	1T1	YES	NONE
11-4	1LV1	YES	NONE
11-24	1FD1	NO	NO SIGN OF WATER IN CANYON
11-30	1FD1	YES	NONE
11-30A	1FD3	YES	NONE
11-33		YES	VISUAL OBSERVATION



SANTA FE ENGINEERING, LTD.

TA-43 OVERALL BUILDING DRAIN SCHEMATIC

DRAWN	SJV
DESIGN	SJV
CHECKED	PEB
RELEASED	
DATE	10-1-91

SUBMITTED | RECOMMENDED | APPROVED

Los Alamos

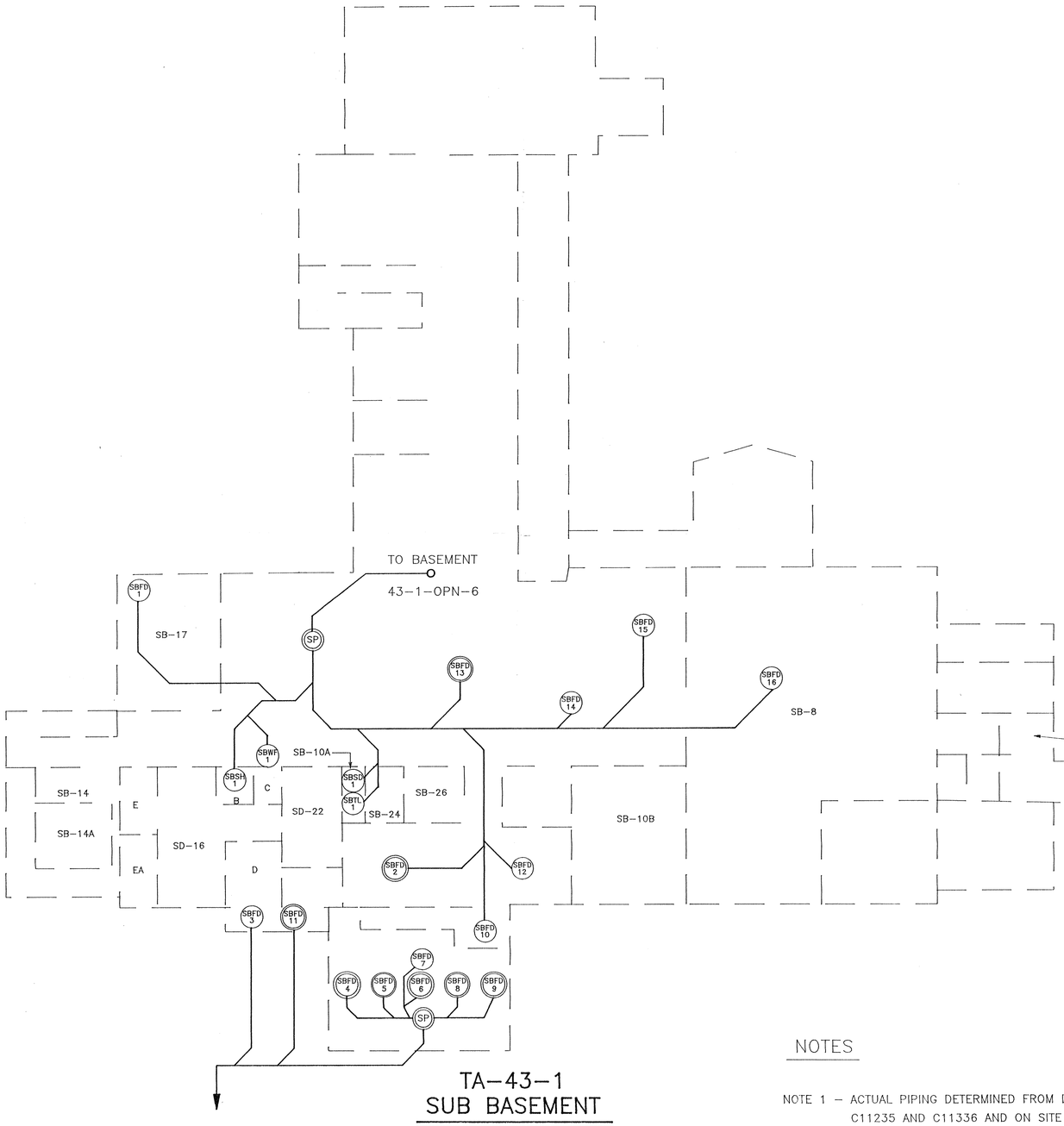
Los Alamos National Laboratory
Los Alamos, New Mexico 87545

SHEET 1 OF 1

CLASSIFICATION | REVIEWER | DATE

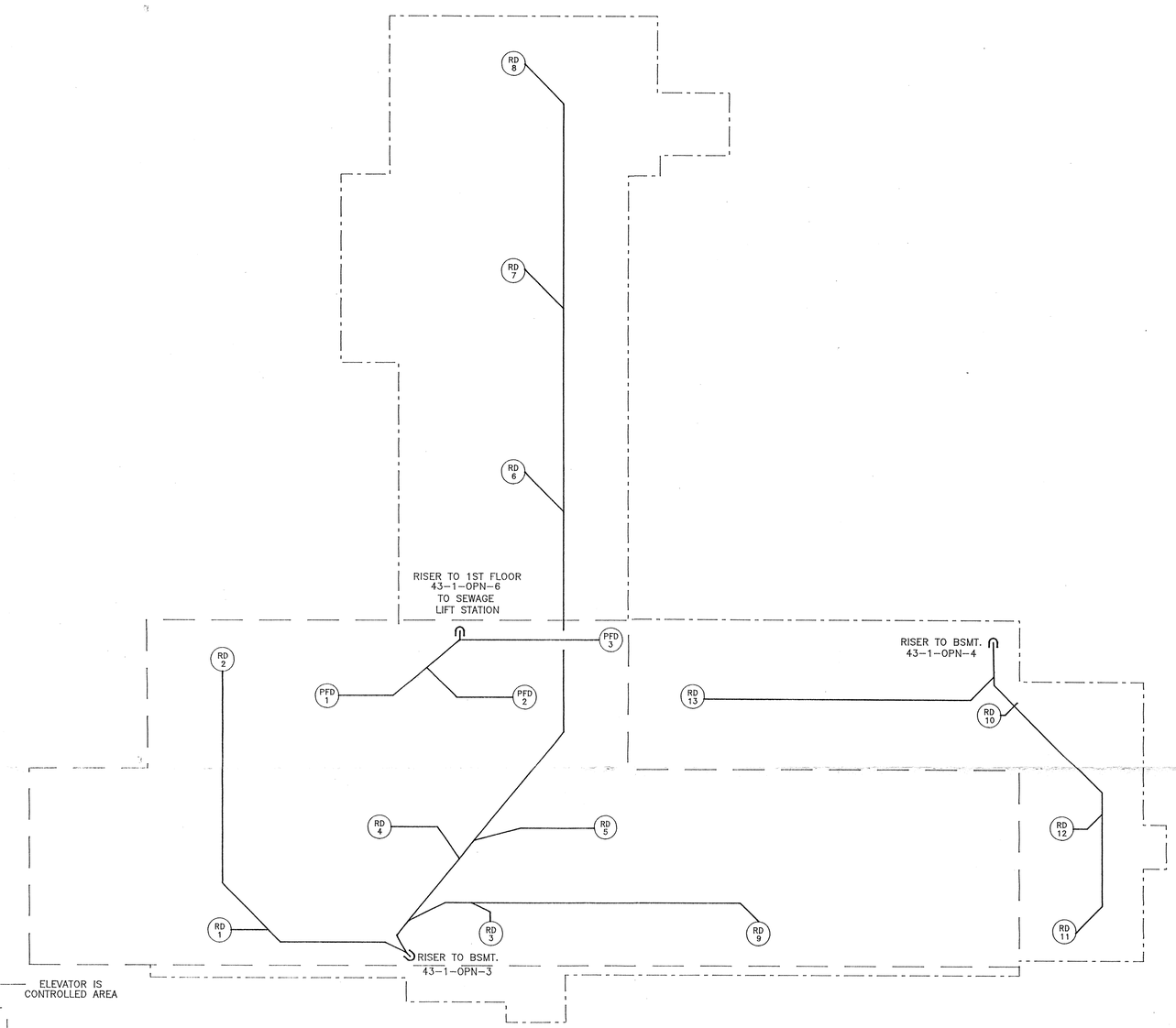
REQUESTING DIVISION | LAB JOB NO. | DRAWING NO. | REV.

REQUESTING GROUP EM-8 | 11056-21 | FIGURE 1



TA-43-1
SUB BASEMENT

NOT TO SCALE



TA-43-1
ROOF & PENTHOUSE

NOT TO SCALE

NOTES

NOTE 1 – ACTUAL PIPING DETERMINED FROM DYE STUDY, ENGINEERING DRAWINGS C27989, C11272, C45632, C11235 AND C11336 AND ON SITE INSPECTION

LEGEND

FD – FLOOR DRAIN
FS – FLOOR SINK
IM – ICE MACHINE
RD – ROOF DRAIN
SD – SINK DRAIN
SH – SHOWER
SP – SUMP PUMP
TL – TOILET
UR – URINAL
WF – WATER FOUNTAIN
◯ – DYE TESTED DRAIN OR SUMP
– – – – – OUTLINE OF BLDG. BELOW

15275-A

SANTA FE ENGINEERING, LTD.

TA-43-1
SUB BASEMENT,
PENTHOUSE & ROOF
DRAIN SCHEMATIC

DRAWN	D.A.H
DESIGN	E.J.H
CHECKED	P.E.B.
RELEASED	
DATE	10/21/92

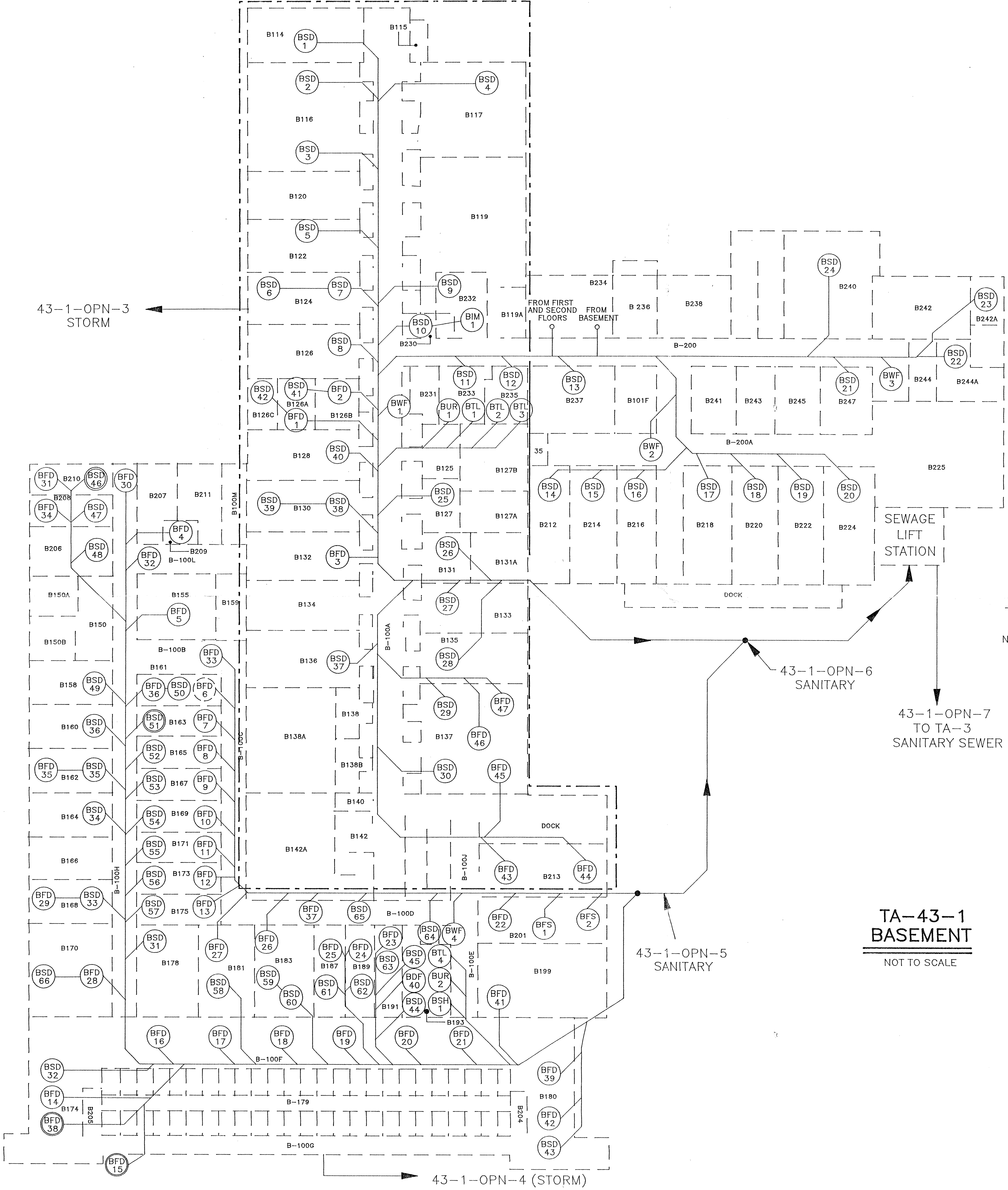
SUBMITTED | RECOMMENDED | APPROVED

Los Alamos — Los Alamos National Laboratory, Los Alamos, New Mexico 87545

SHEET 1 OF 1

CLASSIFICATION | REVIEWER | DATE

REQUESTING DIVISION: EM-8 | LAB JOB NO.: 11056-21 | DRAWING NO.: FIGURE 2 | REV.



TA-43-1 BASEMENT

NOT TO SCALE

LEGEND

FD – FLOOR DRAIN
FS – FLOOR SINK
IM – ICE MACHINE
RD – ROOF DRAIN
SD – SINK DRAIN
SH – SHOWER
TL – TOILET
UR – URINAL
WF – WATER FOUNTAIN

( ) – PLUGGED DRAIN

◎ – DYE TESTED DRAIN OR SUMP

— - — – DENOTES BOUNDARY OF CONTROLLED AREA

NOTES

NOTE 1 – ACTUAL PIPING DETERMINED FROM DYE STUDY, ENGINEERING DRAWINGS C27989, C11272, C45632, C11235 AND C11336 AND ON SITE INSPECTION

N

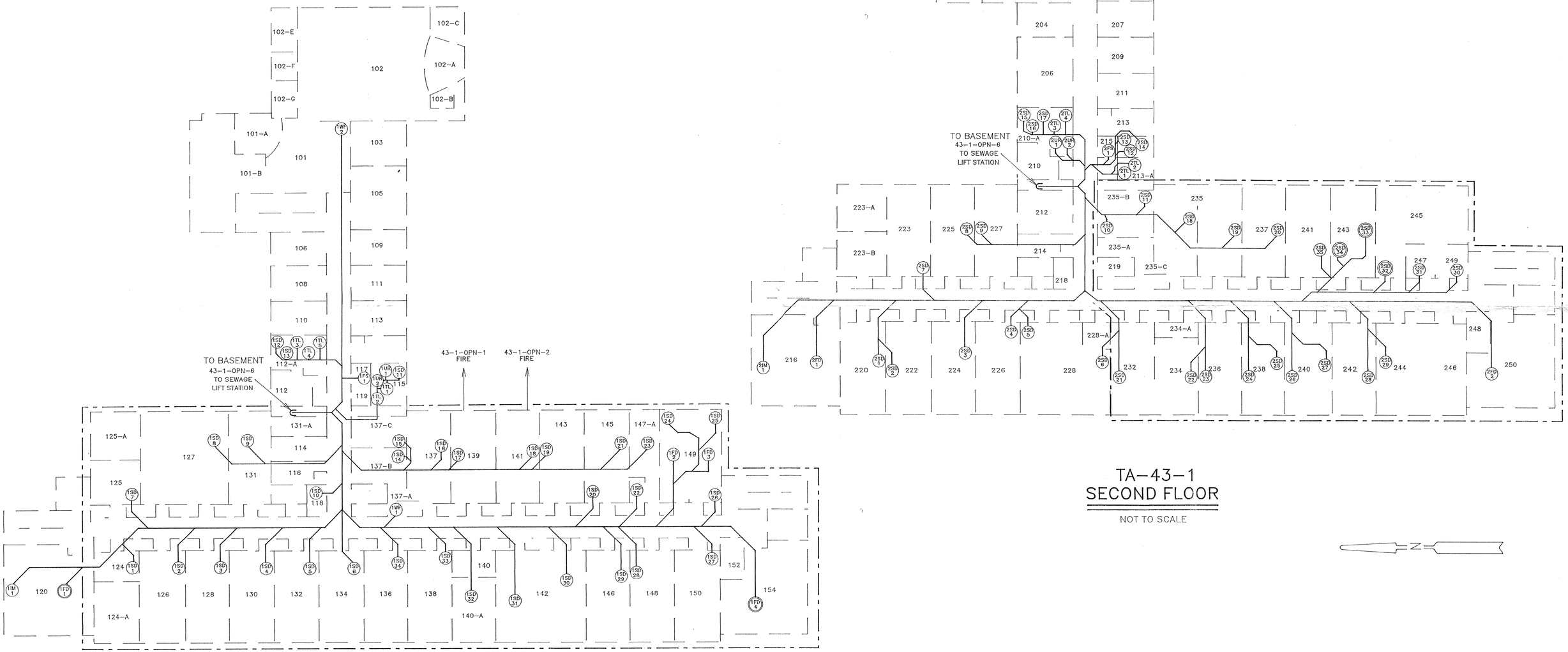
15275-B

SANTA FE ENGINEERING, LTD.		
TA-43-1 BASEMENT DRAIN SCHEMATIC	DRAWN	D.A.H
	DESIGN	E.J.H
	CHECKED	P.E.B.
	RELEASED	
	DATE	10/21/92

SUBMITTED	RECOMMENDED	APPROVED

Los Alamos — Los Alamos National Laboratory, Los Alamos, New Mexico 87545 — SHEET OF

CLASSIFICATION	REVIEWER	DATE	
REQUESTING DIVISION	LAB JOB NO.	DRAWING NO.	REV.
REQUESTING GROUP	11056-21	FIGURE 3	



TA-43-1
SECOND FLOOR

NOT TO SCALE

TA-43-1
FIRST FLOOR

NOT TO SCALE

N

15275-C

NOTES

NOTE 1 – ACTUAL PIPING DETERMINED FROM DYE STUDY, ENGINEERING DRAWINGS C27989, C11272, C45632, C11235 AND C11336 AND ON SITE INSPECTION

LEGEND

FD – FLOOR DRAIN
FS – FLOOR SINK
IM – ICE MACHINE
RD – ROOF DRAIN
SD – SINK DRAIN
SH – SHOWER
TL – TOILET
UR – URINAL
WF – WATER FOUNTAIN

– PLUGGED DRAIN

– DYE TESTED DRAIN OR SUMP

– – – – – DENOTES BOUNDARY OF CONTROLLED AREA

SANTA FE ENGINEERING, LTD.

TA-43-1
FIRST & SECOND FLOOR
DRAIN SCHEMATIC

DRAWN	D.A.H
DESIGN	E.J.H
CHECKED	P.E.B.
RELEASED	
DATE	10/21/92

SUBMITTED | RECOMMENDED | APPROVED

Los Alamos National Laboratory
Los Alamos, New Mexico 87545

SHEET 1 OF 1

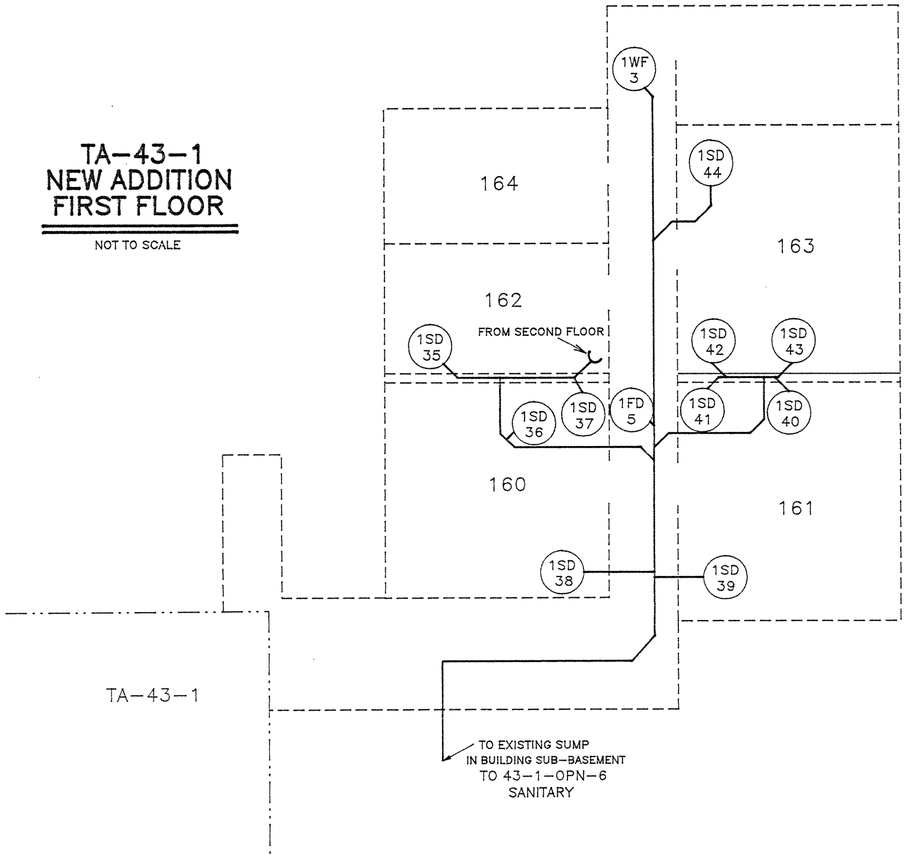
CLASSIFICATION | REVIEWER | DATE

REQUESTING DIVISION | LAB JOB NO. | DRAWING NO. | REV.

REQUESTING GROUP EM-8 | 11056-21 | FIGURE 4

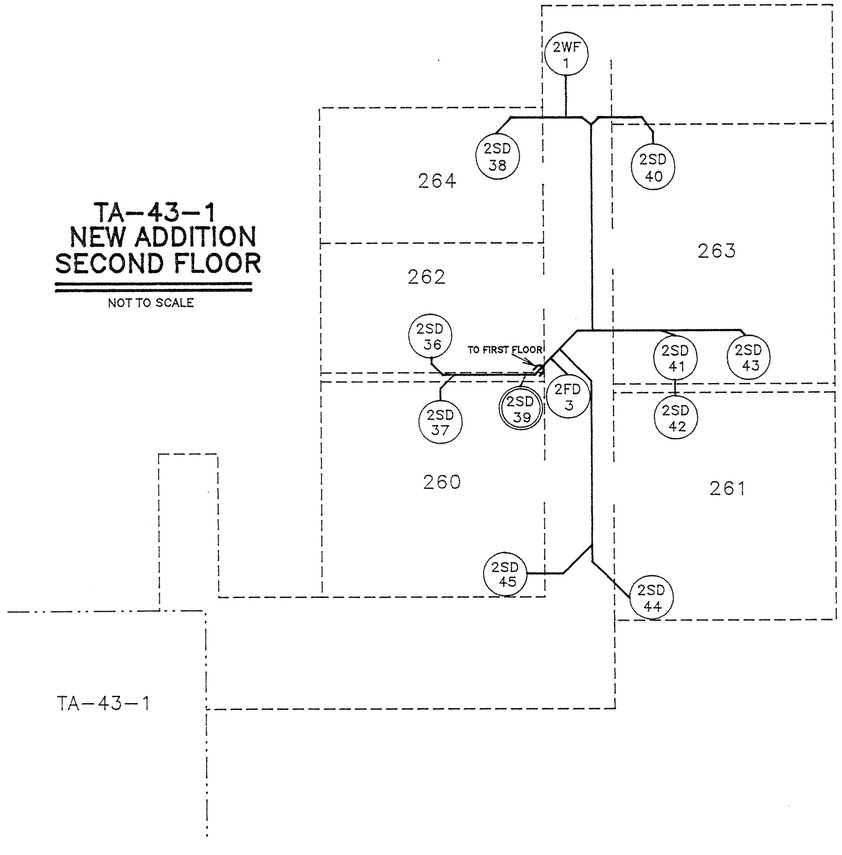
TA-43-1 NEW ADDITION FIRST FLOOR

NOT TO SCALE



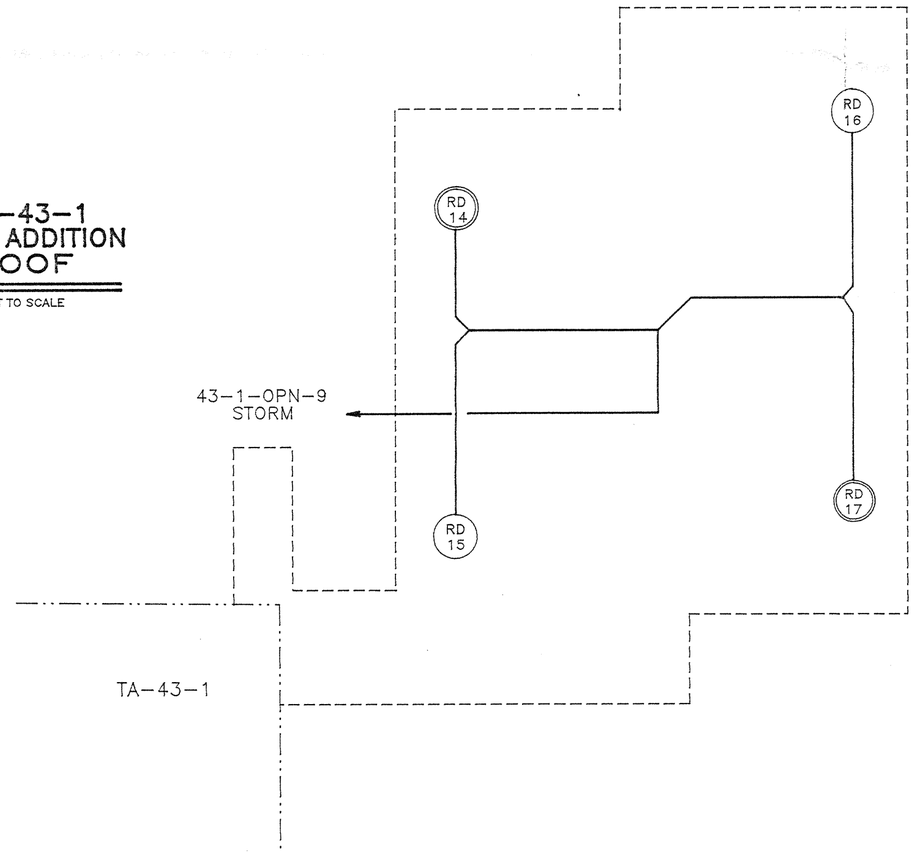
TA-43-1 NEW ADDITION SECOND FLOOR

NOT TO SCALE



TA-43-1 NEW ADDITION ROOF

NOT TO SCALE



NOTES

NOTE 1 – ACTUAL PIPING DETERMINED FROM ENGINEERING DRAWING C45632 AND ON-SITE INSPECTION.

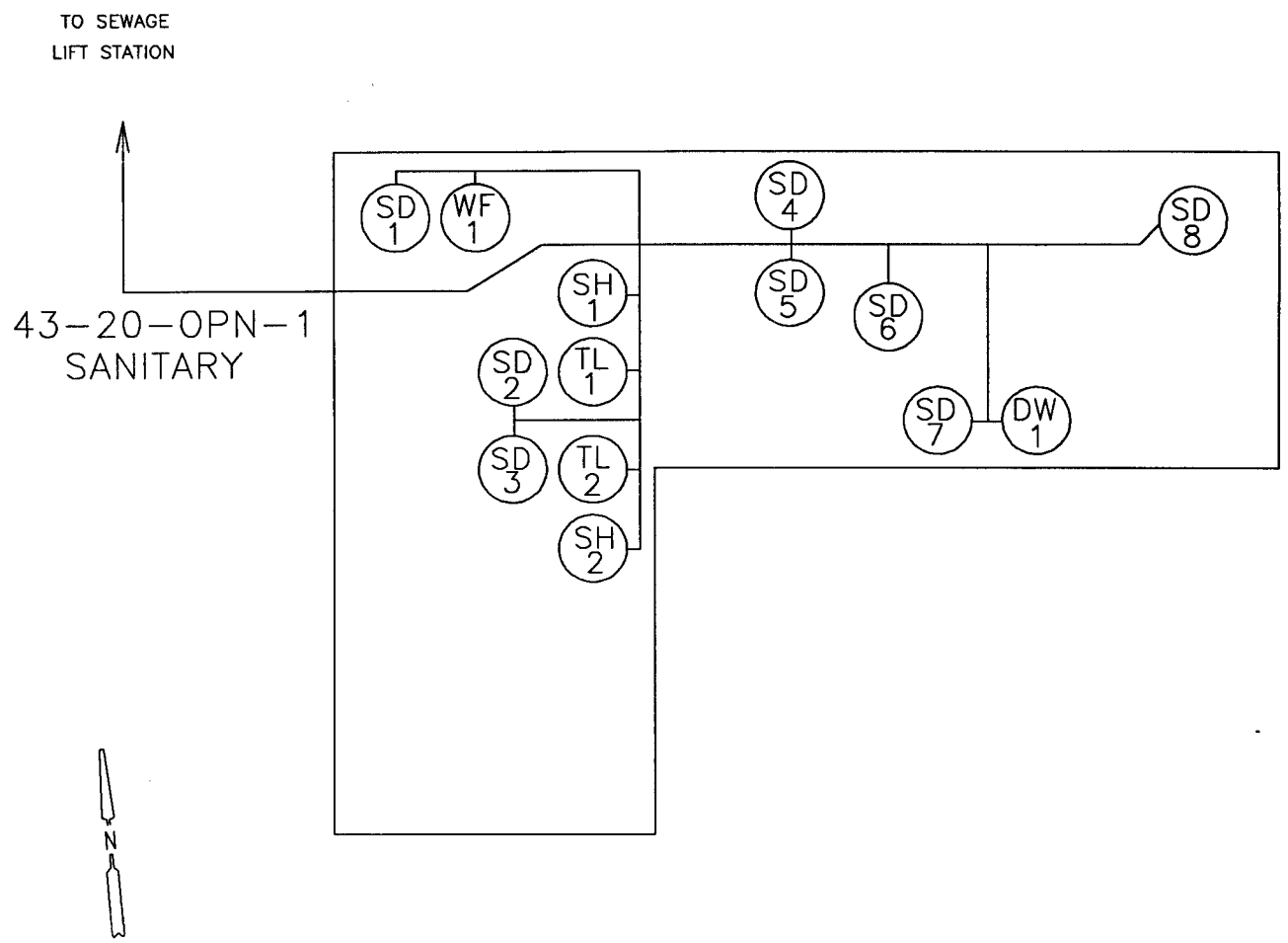
15275-D

LEGEND

FD – FLOOR DRAIN
RD – ROOF DRAIN
SD – SINK DRAIN
◯ – DYE TESTED DRAIN OR SUMP

N

SANTA FE ENGINEERING, LTD.			
TA-43-1 NEW ADDITION NORTHSIDE		DRAWN	DAH
		DESIGN	EJH
		CHECKED	PEB
		RELEASED	
		DATE	11/2/92
SUBMITTED	RECOMMENDED	APPROVED	
Los Alamos — Los Alamos National Laboratory, Los Alamos, New Mexico 87545		SHEET	1 OF 1
CLASSIFICATION	REVIEWER	DATE	
REQUESTING DIVISION	LAB JOB NO.	DRAWING NO.	REV.
REQUESTING GROUP EM-8	11056-21	FIGURE 5	



NOTES

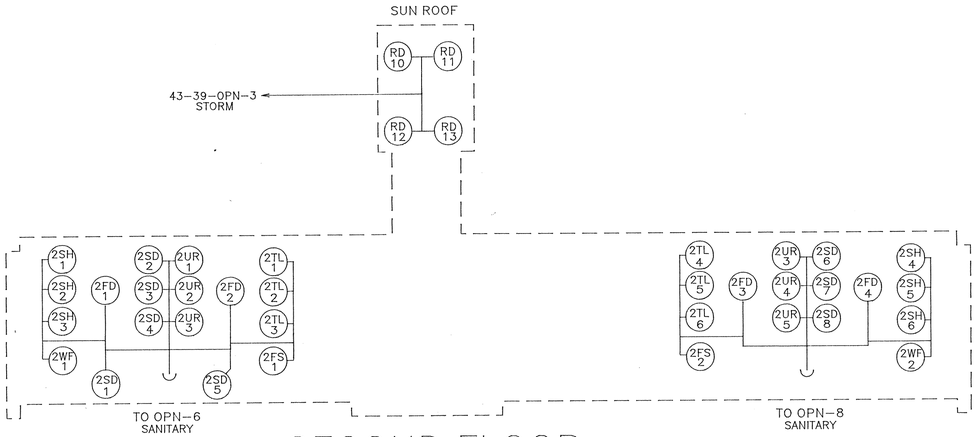
NOTE 1 – ACTUAL PIPING DETERMINED FROM ENGINEER DRAWINGS R5475 AND C27965 AND ON SITE INSPECTION

NOTE 2 – SANITARY FLOWS BY GRAVITY TO SEWAGE LIFT STATION BEFORE BEING PUMPED TO TA-3 SANITARY TREATMENT PLANT

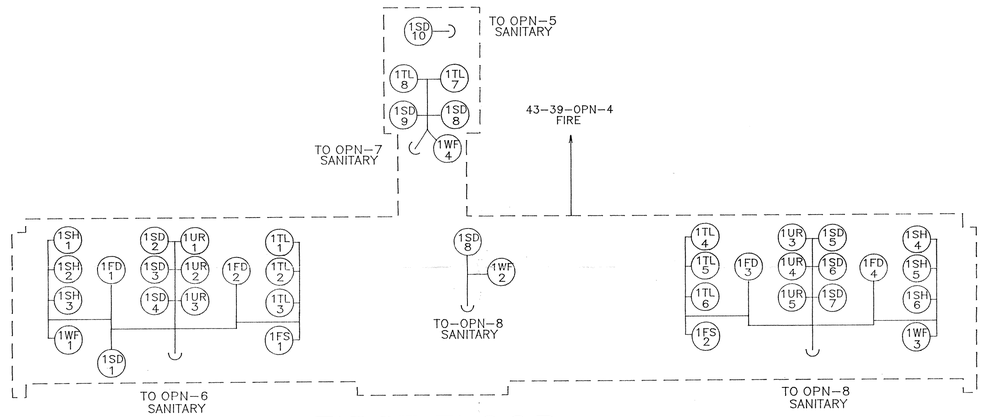
LEGEND

DW – DISHWASHER
SD – SINK DRAIN
SH – SHOWER
TL – TOILET
WF – WATER FOUNTAIN

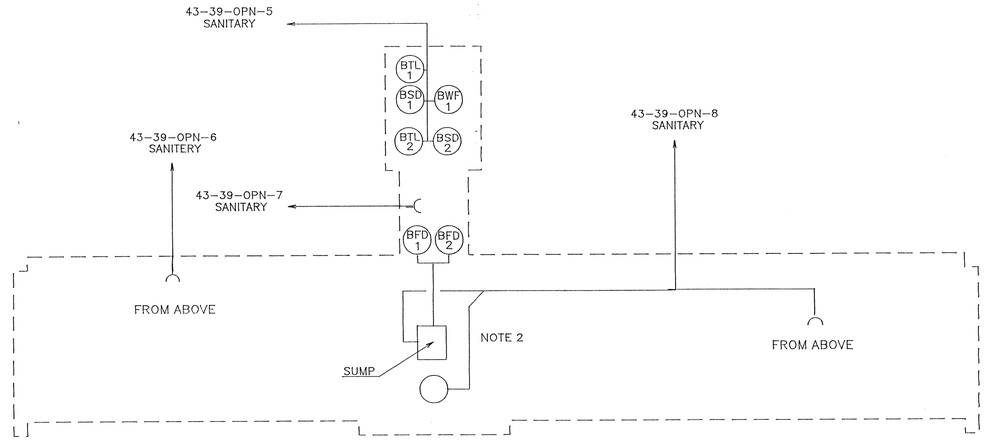
SANTA FE ENGINEERING, LTD.		
TA-43-20 BUILDING DRAIN SCHEMATIC	DRAWN	EJH
	DESIGN	EJH
	CHECKED	PEB
	DATE	1/13/93
SUBMITTED	RECOMMENDED	APPROVED
Los Alamos — Los Alamos National Laboratory, Los Alamos, New Mexico 87545	SHEET	1 OF 1
CLASSIFICATION	REVIEWER	DATE
REQUESTING DIVISION	LAB JOB NO.	DRAWING NO. / REV.
REQUESTING GROUP EM-8	11056-57	FIGURE 6



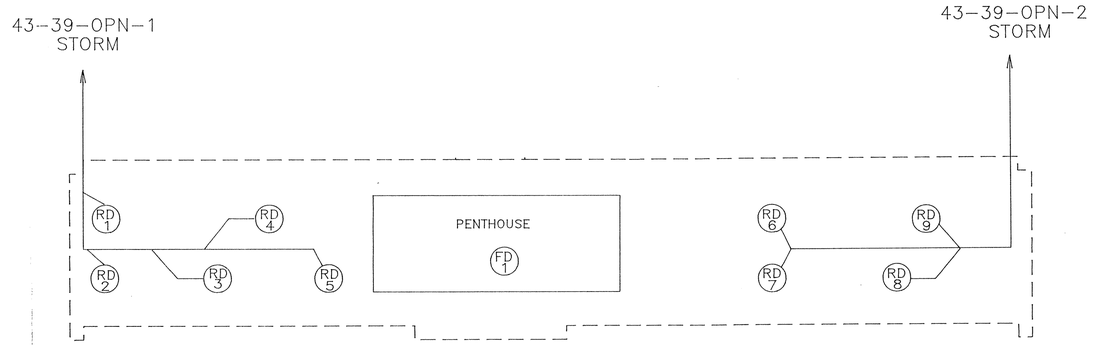
SECOND FLOOR



FIRST FLOOR



BASEMENT



ROOF

THIRD FLOOR

NOTES

NOTE 1 – ACTUAL PIPING DETERMINED FROM ENGINEERING DRAWINGS C44986 SHEETS 21 THROUGH 24, AND ON SITE INSPECTION

NOTE 2 – OIL/GREASE APPEAR TO BE ENTERING SUMP AND GOING INTO SANITARY

NOTE 3 – ALL SANITARY DISCHARGES TO THE LOS ALAMOS COUNTY SANITARY SEWER SYSTEM

LEGEND

FD – FLOOR DRAIN
FS – FLOOR SINK
RD – ROOF DRAIN
SD – SINK DRAIN
TL – TOILET
UR – URINAL
WF – WATER FOUNTAIN

15275-E

SANTA FE ENGINEERING, LTD.			
TA-43-39 BUILDING DRAIN SCHEMATIC		DRAWN	SJV
		DESIGN	SJV
		CHECKED	PEB
		DATE	10/17/91
SUBMITTED	RECOMMENDED	APPROVED	
Los Alamos	Los Alamos National Laboratory, Los Alamos, New Mexico 87545	SHEET	1 OF 1
CLASSIFICATION	REVIEWER	DATE	
REQUESTING DIVISION	LAB JOB NO. 11056-21	DRAWING NO. FIGURE 7	REV.
REQUESTING GROUP FM-8			