WASTEWATER STREAM CHARACTERIZATION FOR TA 40-1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 23, 36, 37, 38, 39, 40, 41, 43, 45, 58, 64, 72 & 73

at

Los Alamos National Laboratory

ENVIRONMENTAL STUDY

CHARACTERIZATION REPORT # 10

REVISION NO. 2

REVISION DATE: 9/93

COPY NO. 5

ISSUED TO:

15313

Los Alamo

Los Alamos National Laboratory is c

ANAGEMENT DIVISION
itional Laboratory
ew Mexico 87545
e United States Department of Energy

WASTEWATER STREAM CHARACTERIZATION FOR TA 40-1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 23, 36, 37, 38, 39, 40, 41, 43, 45, 58, 64, 72 & 73

an
ENVIRONMENTAL STUDY

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

under subcontract 9-XG8-2874P-1

by:
Santa Fe Engineering, Ltd.
1426 Second Street
Santa Fe, New Mexico 87501
(505) 988-7438

May, 1993

Updated Per EM-8 Comments September 1993

EXECUTIVE SUMMARY

Buildings 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 23, 36, 37, 38, 39, 40, 41, 43, 45, 58, 64, 72 and 73 in TA-40 were visited to document all drain piping and to make permitting recommendations. Fifty pipes were found exiting the buildings, as follows:

1. from 40-1: one sanitary discharge and one roof drain,
2. from 40-2, 3, 6, 7, 10, 13, 14, 36, 37, 38, 39, 40, 43, 45, 58, 64, 72 and 73: no outfalls,
3. from 40-4: one photo discharge, one discharge from a water heater relief valve and one vent from the photo processing sink,
4. from 40-5: one drain from a photo discharge,
5. from 40-8: one photo discharge,
6. from 40-9: one discharge permitted for non-contact cooling water,
7. from 40-11: one sanitary discharge, one natural gas vent, one disconnected vent pipe and one discharge of steam and compressor condensate,
8. from 40-12: one photo discharge,
9. from 40-15: one photo discharge,
10. from 40-16: one discharge leaching into the ground,
11. from 40-17: one discharge leaching into the ground two natural gas vent,
12. from 40-18: one discharge to an unknown destination from a floor drain that receives an air compressor drain,
13. from 40-19: one connection to sanitary sewer with no sources,
14. from 40-23: one sanitary sewer discharge, one discharge to daylight from a photo sink and two roof drains and one discharge to daylight from a roof drain and
15. from 40-41: one High Explosive discharge.

Revised EPA Forms 2C are included in Appendix 3 for the appropriate outfalls. Recommendation for repiping are provided to permit outfall consolidation to minimize permit maintenance requirements. Floor drain plugging is recommended where potential for discharge of pollutants exists. A waste stream database has been prepared listing wastewater type and flow rate for each outfall.

TABLE OF CONTENTS

1.0 INTRODUCTION 1

2.0 FIELD INVESTIGATION 3

3.0 RECOMMENDATIONS FOR BUILDING 40-1 4

3.1 Outfall 40-1-OPN-1 4
3.2 Outfall 40-1-OPN-2 4

4.0 RECOMMENDATIONS FOR BUILDINGS 40-2, 3, 6, 7, 10, 13, 14, 37, 38, 39, 40, 43, 45, 58, 64, 72 AND 73 4

5.0 RECOMMENDATIONS FOR BUILDING 40-4 4

5.1 Outfall 40-4-OPN-1 5
5.2 Outfall 40-4-OPN-2 5
5.3 Outfall 40-4-OPN-3 5

6.0 RECOMMENDATIONS FOR BUILDING 40-5 5

7.0 RECOMMENDATIONS FOR BUILDING 40-8 6

8.0 RECOMMENDATIONS FOR BUILDING 40-9 6

9.0 RECOMMENDATIONS FOR BUILDING 40-11 6

9.1 Outfall 40-11-OPN-1 7
9.2 Outfall 40-11-OPN-2 7
9.3 Outfall 40-11-OPN-3 7
9.4 Outfall 40-11-OPN-4 7

10.0 RECOMMENDATIONS FOR BUILDING 40-12 7

11.0 RECOMMENDATIONS FOR BUILDING 40-15 8

12.0 RECOMMENDATIONS FOR BUILDING 40-16 8

13.0 RECOMMENDATIONS FOR BUILDING 40-17 8

13.1 Outfall 40-17-OPN-1 9
13.2 Outfalls 40-17-OPN-2 and 40-17-OPN-3 9

14.0 RECOMMENDATIONS FOR BUILDING 40-18 9

15.0 RECOMMENDATIONS FOR BUILDING 40-19 9

16.0 RECOMMENDATIONS FOR BUILDING 40-23 10

16.1 Outfall 40-23-OPN-1 10
16.2 Outfall 40-23-OPN-2 10
16.3 Outfall 40-23-OPN-3 10

17.0 RECOMMENDATIONS FOR BUILDING 40-41 11

18.0 CONCLUSION 12

APPENDICES

APPENDIX 1 - DRAIN SUMMARIES
APPENDIX 2 - WASTE STREAM CHARACTERIZATION DATABASE
APPENDIX 3 - EPA FORMS
APPENDIX 4 - DYE STUDY INFORMATION
APPENDIX 5 - DRAIN SCHEMATICS

LIST OF TABLES

1. SUMMARY OF ABBREVIATIONS
2. TA 40-1 DRAIN SUMMARY
3. TA 40-4 DRAIN SUMMARY
4. TA 40-5 DRAIN SUMMARY
5. TA 40-8 DRAIN SUMMARY
6. TA 40-9 DRAIN SUMMARY
7. TA 40-11 DRAIN SUMMARY
8. TA 40-12 DRAIN SUMMARY
9. TA 40-15 DRAIN SUMMARY
10. TA 40-16 DRAIN SUMMARY
11. TA 40-17 DRAIN SUMMARY
12. TA 40-18 DRAIN SUMMARY
13. TA 40-19 DRAIN SUMMARY
14. TA 40-23 DRAIN SUMMARY
15. TA 40-41 DRAIN SUMMARY

LIST OF FIGURES

1. TA-40 SITE PLAN
2. TA 40-1 BUILDING DRAIN SCHEMATIC
3. TA 40-4 BUILDING DRAIN SCHEMATIC
4. TA 40-5 BUILDING DRAIN SCHEMATIC
5. TA 40-8 BUILDING DRAIN SCHEMATIC
6. TA 40-9 BUILDING DRAIN SCHEMATIC
7. TA 40-11 BUILDING DRAIN SCHEMATIC
8. TA 40-12 BUILDING DRAIN SCHEMATIC
9. TA 40-15 BUILDING DRAIN SCHEMATIC
10. TA 40-16 BUILDING DRAIN SCHEMATIC
11. TA 40-17 BUILDING DRAIN SCHEMATIC
12. TA 40-18 BUILDING DRAIN SCHEMATIC
13. TA 40-19 BUILDING DRAIN SCHEMATIC
14. TA 40-23 BUILDING DRAIN SCHEMATIC
15. TA 40-41 BUILDING DRAIN SCHEMATIC

1.0 INTRODUCTION

On June 4, 1991, Patrick Binkley and John Sisneros of Santa Fe Engineering (SFE) toured buildings 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13 ,14, 15, 16, 17, 18, 19, 23, 36, 37, 38, 39, 40, 41, 43, 45, 58, 64, 72 and 73 at TA-40 with Jerry Vasilik of Reaction Science (M-9). The purpose of this study is to identify building drain piping and to characterize the waste water flows at the time of the visit. This report will not reflect any subsequent changes in piping or operation. The Waste water Stream Characterization Policy of April 14, 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. Waste water sources were identified at each drain and the waste water 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 discharges 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 a drain schematic drawings prepared by SFE (Figures 1 through 12) from engineering drawings provided by Los Alamos National Laboratory (LANL) Facilities Engineering Division. The other buildings were visited to insure that no drains exist in the buildings. The

following process was used to define drain piping and characterize the waste water streams:

1. Laboratory engineering drawings were used to prepare the SFE drain piping schematics. The Solid Waste Stream Characterization conducted by IT Corporation was also reviewed. The National Pollutant Discharge System (NPDES) Permit, the 1990 NPDES Permit Application submitted by LANL in September, 1990 and 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 the 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 buildings. The visit entailed a room by room inspection of waste water sources and drains. Interviews with site personnel were conducted to assist in waste stream characterization.

2.0 FIELD INVESTIGATION

The pipes exiting the buildings have been assigned an Outlet Piping Number. The four part number, sequentially, identifies the Technical Area where the pipe is located, the building from which the pipe discharges, the letters OPN to indicate that it is an outlet 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 is the floor the drain is on. The second part has letters that indicate the drain type (abbreviations used are summarized in Table 1). The final part is a unique number for each drain. For example, the floor drain numbering on the first floor would start with 1FD1. The roof drains do not have the number identifying the floor such as RD1 for Roof Drain 1.

The function of each pipe is listed in Appendix in Tables 2 through 15, with an abbreviations list in Table 1. Appendix 2 contains the waste stream characterization database output, listing waste water source, flow rates and periodicity information for each outfall drain. EPA forms are included in Appendix for the appropriate outfalls. Appendix 4 provides information about the dye study of building drains. Flow schematics of the drains from each building are attached in Appendix 5 as Figures 1 through 14.

3.0 RECOMMENDATIONS FOR BUILDING 40-1

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

3.1 Outfall 40-1-OPN-1

This outfall to the sanitary sewer receives water from sanitary facilities, service sinks, a water fountain and a steam pressure relief. The relief valve should be repiped outside and included in a Notice of Intent (NOI) to Discharge. No permitting is recommended. No EPA forms were prepared.

3.2 Outfall 40-1-OPN-2

This outfall receives water from four roof drains. The final discharge point of this outfall was not located. The destination should be verified by the user. No permitting is recommended. No EPA forms were prepared.

4.0 RECOMMENDATIONS FOR BUILDINGS 40-2, 3, 6, 7, 10, 13, 14, 37, 38, 39, 40, 43, 45, 58, 64, 72 AND 73

These buildings have no drains and no water supplies. No changes or permitting are recommended. No EPA forms were prepared.

5.0 RECOMMENDATIONS FOR BUILDING 40-4

Table 3 is a list of the drains to the building outfalls and Figure 3 is a schematic of the piping. The table lists the drains that connect to the outfall pipes and includes recommendations for changes to the drain piping. The discussion below gives the reasoning for the recommendations.

5.1 Outfall 40-4-OPN-1

This outfall to the canyon receives water from a photo processing sink and a laser cooling system. The outfall was once permitted as 06A079 but was eliminated. Since the outfall is being used, repermitting is recommended. The laser should be modified to allow recirculation of the cooling water. An EPA Form 2D was prepared.

5.2 Outfall 40-4-OPN-2

This outfall to daylight is from a water heater relief valve. This outfall should be included in an NOI. No changes are recommended. No EPA forms were prepared.

5.3 Outfall 40-4-OPN-3

This outfall to the atmosphere is a vent pipe for the photo processing sink. No permitting or changes are recommended. No EPA forms were prepared.

6.0 RECOMMENDATIONS FOR BUILDING 40-5

Table 4 is a list of the drains to the building outfall and Figure 4 is a schematic of the piping. The table lists the drains that connect to the outfall pipe and includes recommendations for changes to the drain piping. This outfall to the canyon receives water from a photo processing sink and a water heater relief valve. These two sources should be separated. A completed EPA Form 2C is included for the outfall 06A080. The relief valve should be included in an NOI.

7.0 RECOMMENDATIONS FOR BUILDING 40-8

Table 5 is a list of the drains to the building outfall and Figure 5 is a schematic of the piping. The table lists the drains that connect to the outfall pipe and includes recommendations for changes to the drain piping. This outfall receives water from a photo processing sink, a laser cooling system and a water heater relief valve. The three sources should be separated. The laser should be modified to allow recirculation of the water. An EPA Form 2C was prepared for the outfall 06A081. The relief valve should be included in an NOI.

8.0 RECOMMENDATIONS FOR BUILDING 40-9

Table 6 is a list of the drains to the building outfall and Figure 6 is a schematic of the piping. The table lists the drains that connect to the outfall pipe and includes recommendations for changes to the drain piping. This outfall is permitted as 04A101 and receives water from a laser cooling system, a service sink, a water heater relief valve, a back flow preventer and an outside storm water drop inlet. The back flow preventer, the relief valve and the drop inlet should be separated as new outfalls. The back flow preventer should be included in an NOI. The laser should be modified to allow the water to be recirculated. The service sink should be removed or piped to the sanitary sewer. No permitting is recommended for this outfall. No EPA forms were prepared.

9.0 RECOMMENDATIONS FOR BUILDING 40-11

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

9.1 Outfall 40-11-OPN-1

This outfall to the sanitary sewer receives water from sanitary facilities and a service sink. No changes or permitting are recommended. No EPA forms were prepared.

9.2 Outfall 40-11-OPN-2

This outfall to atmosphere is a natural gas vent. No changes or permitting are recommended. No EPA forms were prepared.

9.3 Outfall 40-11-OPN-3

This outfall to atmosphere is disconnected in the building. Removal is recommended. No permitting is recommended. No EPA forms were prepared.

9.4 Outfall 40-11-OPN-4

This outfall receives water from a steam pressure relief valve and condensate from an air compressor. The destination of the outfall should be verified by the user. The air compressor condensate should be contained. The relief valve should be included in an NOI. No EPA forms were prepared.

10.0 RECOMMENDATIONS FOR BUILDING 40-12

Table 8 is a list of the drains to the building outfall and Figure 8 is a schematic of the piping. The table lists the drains that connect to the outfall pipe and includes recommendations for changes to the drain piping. This outfall to the canyon receives water from a photo processing sink and a water heater relief valve. These two sources should be separated. The relief valve should be included in an NOI. An EPA Form 2C was prepared for outfall 06A082.

11.0 RECOMMENDATIONS FOR BUILDING 40-15

Table 9 is a list of the drains to the building outfall and Figure 9 is a schematic of the piping. The table lists the drains that connect to the outfall pipe and includes recommendations for changes to the drain piping. This outfall to the canyon receives water from a photo processing sink and a water heater relief valve. The floor drain should be permanently plugged. The water heater relief valve discharge should be separately run to daylight and covered by a NOI. An EPA Form 2C was prepared for outfall 06A100.

12.0 RECOMMENDATIONS FOR BUILDING 40-16

Table 10 is a list of the drains to the building outfall and Figure 10 is a schematic of the piping. The table lists the drains that connect to the outfall pipe and includes recommendations for changes to the drain piping. This outfall receives water from a floor drain. The sources are a steam pressure relief valve, a steam expansion tank drain, an air compressor drain, a heat exchanger drain and a back flow preventer. The liquid from the air compressor should be contained for disposal. The destination of the outfall should be verified by the user. This outfall should be included in an NOI. No EPA forms were prepared.

13.0 RECOMMENDATIONS FOR BUILDING 40-17

Table 11 is a list of the drains to the building outfalls and Figure 11 is a schematic of the piping. The table lists the drains that connect to the outfall pipes and includes recommendations for changes to the drain piping. The discussion below gives the reasoning for the recommendations.

13.1 Outfall 40-17-OPN-1

This outfall receives water from a floor drain. The sources are a steam pressure relief valve, a steam expansion tank drain, an air compressor drain, a heat exchanger drain and a back flow preventer. The liquid from the air compressor should be contained for disposal. The destination of the outfall should be verified. This outfall should be included in an NOI. No EPA forms were prepared.

13.2 Outfalls 40-17-OPN-2 and 40-17-OPN-3

These two outfalls to atmosphere are natural gas vents. No changes or permitting are recommended. No EPA forms were prepared.

14.0 RECOMMENDATIONS FOR BUILDING 40-18

Table 12 is a list of the drains to the building outfall and Figure 12 is a schematic of the piping. The table lists the drains that connect to the outfall pipe and includes recommendations for changes to the drain piping. This outfall is from a floor drain that receives condensate from an air compressor. This outfall should be plugged and the condensate contained for disposal. No permitting is recommended. No EPA forms were prepared.

15.0 RECOMMENDATIONS FOR BUILDING 40-19

Table 13 is a list of the drains to the building outfalls and Figure 13 is a schematic of the piping. The table lists the drains that connect to the outfall pipes and includes recommendations for changes to the drain piping. This building has sanitary fixtures that no longer have water supplied to them. Removal of these fixture is recommended. A water fountain was

previously removed. No permitting is recommended. No EPA forms were prepared.

16.0 RECOMMENDATIONS FOR BUILDING 40-23

Table 14 is a list of the drains to the building outfalls and Figure 14 is a schematic of the piping. The table lists the drains that connect to the outfall pipes and includes recommendations for changes to the drain piping. The discussion below gives the reasoning for the recommendations.

16.1 Outfall 40-23-OPN-1

This outfall to the sanitary sewer receives liquid from sanitary facilities, service sinks, a laser cooling system, floor drains, water fountain, steam boiler blowdown, air compressor condensate and a back flow preventer. The laser should be modified to allow the water to be recirculated. The condensate from the air compressor should be contained for disposal. No permitting is recommended. No EPA forms were prepared.

16.2 Outfall 40-23-OPN-2

This outfall to the daylight receives water from a photo processing sink and two roof drains. The roof drains should be separated as a new outfall. An EPA Form 2C was prepared for outfall 06A099.

16.3 Outfall 40-23-OPN-3

This outfall to daylight receives water from a roof drain. No changes or permitting are recommended. No EPA forms were prepared.

17.0 RECOMMENDATIONS FOR BUILDING 40-41

Table 15 is a list of the drains to the building outfall and Figure 15 is a schematic of the piping. The table lists the drains that connect to the outfall pipe and includes recommendations for changes to the drain piping. This outfall receives liquid from a service sink through a high explosives collecting sump. An EPA Form 2C was prepared for outfall 05A154. No changes are recommended.

18.0 CONCLUSION

This document provides the information to characterize the buildings of TA-40. NPDES permit application forms have been completed for the following outfalls (Appendix 2):

Forms 2C:

1. 40-5-OPN-1 (06A080)
2. 40-8-OPN-1 (06A081)
3. 40-12-OPN-1 (06A082)
4. 40-15-OPN-1 (06A100)
5. 40-23-OPN-2 (06A099)
6. 40-41-OPN-1 (05A154)

Forms 2D:

1. 40-4-OPN-1 (06A079)

The remaining outfalls do not require permitting, as itemized below:

Vapor vents:

1. 40-4-OPN-3
2. 40-11-OPN-2
3. 40-17-OPN-2
4. 40-17-OPN-3

Disconnected pipes:

1. 40-11-OPN-3

Discharges to sanitary sewer:

1. 40-1-OPN-1
2. 40-11-OPN-1
3. 40-19-OPN-1
4. 40-23-OPN-1

Buildings with no drains and no water sources:

1. 40-2
2. 40-3
3. 40-6
4. 40-7
5. 40-10
6. 40-13
7. 40-14
8. 40-37
9. 40-38
10. 40-39
11. 40-40
12. 40-43
13. 40-45
14. 40-58
15. 40-64
16. 40-72
17. 40-73

Drains from air compressors:

1. 40-18-OPN-1

Permitted outfalls to remove permit:

1. 40-9-OPN-1 (04A101)

Roof drains:

1. 40-1-OPN-2 2. 40-23-OPN-3

Discharges from pressure relief valves:

1. 40-4-OPN-2 2. 40-11-OPN-4 3. 40-16-OPN-1
4. 40-17-OPN-1

Recommended permitting and corrective action are outlined in Tables 2 through 15. 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
BFP	Backflow Preventer
DP	Drain Pipe
DR	Drop Inlet
FD	Floor Drain
LC	Laser Cooling Water
LV	Lavatory
RD	Roof Drain
SD	Sink Drain
SH	Shower
TL	Toilet
UR	Urinal
WF	Water Fountain
WH	Water Heater

TABLE 2: TA 40-1 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
40-1-OPN-1 SAN SEWER	1FD1	WOMEN'S REST ROOM	NO CHANGE	NO
	1FD2	MEN'S REST ROOM	NO CHANGE	
	1FD3	EQUIPMENT ROOM	REPIPE PRV TO DAYLIGHT & NOI	
	1LV1	WOMEN'S REST ROOM	NO CHANGE	
	1LV2	WOMEN'S REST ROOM	NO CHANGE	
	1LV3	MEN'S REST ROOM	NO CHANGE	
	1SD1	EQUIPMENT ROOM	NO CHANGE	
	1SD2	KITCHEN	NO CHANGE	
	1TL1	WOMEN'S REST ROOM	NO CHANGE	
	1TL2	WOMEN'S REST ROOM	NO CHANGE	
	1TL3	MEN'S REST ROOM	NO CHANGE	
	1TL4	MEN'S REST ROOM	NO CHANGE	
	1UR1	MEN'S REST ROOM	NO CHANGE	
	1WF1	CORRIDOR	NO CHANGE	
40-1-OPN-2	RD1	ROOF	VERIFY	NO
	RD2	ROOF	VERIFY	
	RD3	ROOF	VERIFY	
	RD4	ROOF	VERIFY	

TABLE 3: TA 40-4 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
40-4-OPN-1 06A079	1SD1	PHOTO PROCESSING	SEPARATE	YES
	1LC1	LASER RESEARCH	RECIRCULATE	
40-4-OPN-2	1WH1	WATER HEATER	NOI	NO
40-4-OPN-3		SINK VENT	NO CHANGE	NO

TABLE 4: TA 40-5 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
40-5-OPN-1 06A080	1SD1	PHOTO PROCESSING	SEPARATE	YES
	1WH1	WATER HEATER	SEPARATE & NOI	

TABLE 5: TA 40-8 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
40-8-OPN-1 06A081	1LC1	LASER RESEARCH	RECIRCULATE	YES
	1SD1	PHOTO PROCESSING	SEPARATE	
	1WH1	WATER HEATER	SEPARATE & NOI	

TABLE 6: TA 40-9 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
40-9-OPN-1 04A101	1BFP1	LASER RESEARCH	SEPARATE & NOI	YES
	1DP1	PLUGGED DRAIN	NO CHANGE	
	1DP2	PLUGGED DRAIN	NO CHANGE	
	1DR1	STORM WATER	SEPARATE	
	1LC1	LASER RESEARCH	RECIRCULATE	
	1SD1	SERVICE SINK	REMOVE OR TO SS	
	1WH1	WATER HEATER	SEPARATE & NOI	

TABLE 7: TA-40-11 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
40-11-OPN-1 SAN SEWER	1FD1	SHOWER ROOM	NO CHANGE	NO
	1FD2	REST ROOM	NO CHANGE	
	1FD3	JANITOR'S CLOSET	NO CHANGE	
	1LV1	REST ROOM	NO CHANGE	
	1LV2	REST ROOM	NO CHANGE	
	1SD1	JANITOR'S CLOSET	NO CHANGE	
	1SH1	SHOWER ROOM	NO CHANGE	
	1SH2	SHOWER ROOM	NO CHANGE	
	1T1	REST ROOM	NO CHANGE	
	1UR1	REST ROOM	NO CHANGE	
40-11-OPN-2		NATURAL GAS VENT	NO CHANGE	NO
40-11-OPN-3		NON-CONNECT VENT	REMOVE	NO
40-11-OPN-4	1FD4	EQUIPMENT ROOM	VERIFY, CONTAIN & NOI	NO

TABLE 8: TA-40-12 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
40-12-OPN-1 06A082	1SD1	PHOTO PROCESSING	SEPARATE	YES
	1WH1	WATER HEATER	SEPARATE & NOI	

TABLE 9: TA-40-15 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
40-15-OPN-1 06A100	1SD1	PHOTO PROCESSING	SEPARATE	YES
	1WH1	WATER HEATER	SEPARATE & NOI	YES
	1FD1	CONTROL ROOM	PLUG	

TABLE 10: TA-40-16 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
40-16-OPN-1	1FD1	EQUIPMENT ROOM	CONTAIN, VERIFY & NOI	NO

TABLE 11: TA-40-17 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
40-17-OPN-1	1FD1	EQUIPMENT ROOM	CONTAIN, VERIFY & NOI	NO
40-17-OPN-2		NATURAL GAS VENT	NO CHANGE	NO
40-17-OPN-3		NATURAL GAS VENT	NO CHANGE	NO

TABLE 12: TA 40-18 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
40-18-OPN-1	1FD1	AIR COMPRESSOR	PLUG & CONTAIN	NO

TABLE 13: TA 40-19 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
40-19-OPN-1 SANITARY	1LV1	REST ROOM	REMOVE	NO
	1TL1	REST ROOM	REMOVE	
	1WF1	REST ROOM	REMOVED	

TABLE 14: TA 40-23 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
40-23-OPN-1 SAN SEWER	1FD1	EQUIPMENT ROOM	NO CHANGE	NO
	1FD2	EQUIPMENT ROOM	NO CHANGE	
	1FD3	WOMEN'S REST ROOM	NO CHANGE	
	1FD4	OFFICES	NO CHANGE	
	1LV1	WOMEN'S REST ROOM	NO CHANGE	
	1LV2	WOMEN'S REST ROOM	NO CHANGE	
	1SD1	JANITOR'S CLOSET	NO CHANGE	
	1SD2	KITHCEN AREA	NO CHANGE	
	1SD4	LASER RESEARCH	NO CHANGE	
	1SH1	WOMEN'S REST ROOM	NO CHANGE	
	1T1	WOMEN'S REST ROOM	NO CHANGE	
	1T2	WOMEN'S REST ROOM	NO CHANGE	
	1WF1	OFFICES	NO CHANGE	
	2FD1	MEN'S REST ROOM	NO CHANGE	
	2LV1	MEN'S REST ROOM	NO CHANGE	
	2LV2	MEN'S REST ROOM	NO CHANGE	
	2SH1	MEN'S REST ROOM	NO CHANGE	
	2T1	MEN'S REST ROOM	NO CHANGE	
	2T2	MEN'S REST ROOM	NO CHANGE	
	2UR1	MEN'S REST ROOM	NO CHANGE	
40-23-OPN-2 06A099	1SD3	PHOTO PROCESSING	SEPARATE	YES
	RD1	ROOF	SEPARATE	
	RD2	ROOF	SEPARATE	
40-23-OPN-3	RD3	ROOF	NO CHANGE	NO

TABLE 15: TA 40-41 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
40-41-OPN-1 05A154	1SD1	PREP ROOM	NO CHANGES	YES

REPORT # 10

TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
40	1	40-1-OPN-1	01S	1FD1	4	REST ROOM			5 DAYS PER WEEK	no	FLOOR WASHINGS
40	1	40-1-OPN-1	01S	1FD2	6	REST ROOM			5 DAYS PER WEEK	no	FLOOR WASHINGS
40	1	40-1-OPN-1	01S	1FD3	5	EQUIPMENT ROOM			5 DAYS PER WEEK	no	STEAM CONDENSATE
40	1	40-1-OPN-1	01S	1LV1	4	REST ROOM			5 DAYS PER WEEK	no	HAND WASHING
40	1	40-1-OPN-1	01S	1LV2	4	REST ROOM			5 DAYS PER WEEK	no	HAND WASHING
40	1	40-1-OPN-1	01S	1LV3	6	REST ROOM			5 DAYS PER WEEK	no	HAND WASHING
40	1	40-1-OPN-1	01S	1SD1	5	JANITOR'S CLOSET			5 DAYS PER WEEK	no	MOP WATER
40	1	40-1-OPN-1	01S	1SD2	7	KITCHEN			5 DAYS PER WEEK	no	DISH WASHING
40	1	40-1-OPN-1	01S	1TL1	4	REST ROOM			5 DAYS PER WEEK	no	SANITARY WASTE
40	1	40-1-OPN-1	01S	1TL2	4	REST ROOM			5 DAYS PER WEEK	no	SANITARY WASTE
40	1	40-1-OPN-1	01S	1TL3	6	REST ROOM			5 DAYS PER WEEK	no	SANITARY WASTE
40	1	40-1-OPN-1	01S	1TL4	6	REST ROOM			5 DAYS PER WEEK	no	SANITARY WASTE
40	1	40-1-OPN-1	01S	1UR1	6	REST ROOM			5 DAYS PER WEEK	no	SANITARY WASTE
40	1	40-1-OPN-1	01S	1WF1	CORRIDOR	HALLWAY			5 DAYS PER WEEK	no	DRINKING WATER
40	1	40-1-OPN-2	N/A	RD1	ROOF	STORM WATER			MAINLY SUMMER	yes	RAIN
40	1	40-1-OPN-2	N/A	RD2	ROOF	STORM WATER			MAINLY SUMMER	yes	RAIN
40	1	40-1-OPN-2	N/A	RD3	ROOF	STORM WATER			MAINLY SUMMER	yes	RAIN
40	1	40-1-OPN-2	N/A	RD4	ROOF	STORM WATER			MAINLY SUMMER	yes	RAIN
40	2	40-2	N/A	N/A		MAGAZINE			NO FLOW	no	NONE
40	3	40-3	N/A	N/A		PREPARATION BUILDING			NO FLOW	no	NONE
40	4	40-4-OPN-1	06A079	1LC1		FIRING SITE	75000	GPY	2 DAYS PER WEEK	no	NON-CONTACT COOLING WATER
40	4	40-4-OPN-1	06A079	1SD1		FIRING SITE	7500	GPY	2 DAYS PER WEEK	no	PHOTO RINSE
40	4	40-4-OPN-1	06A079	1SD1		FIRING SITE	5000	GPY		no	PHOTO PROCESSING SINK
40	4	40-4-OPN-2	DAYLIGHT	1WH1		FIRING SITE			FLOW IS NIL	no	HOT WATER HEATER RELIEF VALVE
40	4	40-4-OPN-3	ATMOSPHERE	N/A		FIRING SITE			NO LIQUID	no	VAPOR VENT
40	5	40-5-OPN-1	06A080	1SD1	1	FIRING SITE	75	GPD	1 DAY PER WEEK	no	PHOTO RINSE
40	5	40-5-OPN-1	06A080	1WH1	1	FIRNG SITE			FLOW IS NIL	no	HOT WATER HEATER RELIEF VALVE
40	6	40-6	N/A	N/A		PREPARATION BUILDING			NO FLOW	no	NONE
40	7	40-7	N/A	N/A		MAGAZINE			NO FLOW	no	NONE
40	8	40-8-OPN-1	06A081	1LC1		FIRING SITE	75000	GPY	2 DAYS PER WEEK	no	NON CONTACT COOLING WATER
40	8	40-8-OPN-1	06A081	1SD1		FIRING SITE	7500	GPY	2 DAYS PER WEEK	no	PHOTO RINSE
40	8	40-8-OPN-1	06A081	1WH1		FIRING SITE			FLOW IS NIL	no	HOT WATER HEATER RELIEF VALVE
40	9	40-9-OPN-1	04A101	1BFP1	106	FIRING SITE			FLOW IS NIL	no	BACK FLOW PREVENTER

REPORT # 10

TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	DESCRIPTION	ROOM	RATE	FLOW	PERIODICITY	SEASONAL	SOURCE TYPES
40	9	40-9-OPN-1	04A101	1DP1	105	FIRING SITE				NO FLOW	no	CAPPED DRAIN PIPE
40	9	40-9-OPN-1	04A101	1DP2	105	FIRING SITE				NO FLOW	no	CAPPED DRAIN PIPE
40	9	40-9-OPN-1	04A101	1DR1	OUTSIDE	FIRING SITE				MAINLY SUMMER	yes	RAIN
40	9	40-9-OPN-1	04A101	1LC1	106	FIRING SITE		75000	GPY	2 DAYS PER WEEK	no	NON CONTACT COOLING WATER
40	9	40-9-OPN-1	04A101	1SD1	106	FIRING SITE				5 DAYS PER WEEK	no	SANITARY WASTE
40	9	40-9-OPN-1	04A101	1WH1	106	FIRING SITE				FLOW IS NIL	no	HOT WATER HEATER RELIEF VALVE
40	10	40-10	N/A	N/A		MAGAZINE				NO FLOW	no	NONE
40	11	40-11-OPN-1	N/A	1FD1		REST ROOM				5 DAYS PER WEEK	no	FLOOR WASHINGS
40	11	40-11-OPN-1	N/A	1FD2		REST ROOM				5 DAYS PER WEEK	no	FLOOR WASHINGS
40	11	40-11-OPN-1	N/A	1FD3		JANITOR'S CLOSET				5 DAYS PER WEEK	no	MOP WATER
40	11	40-11-OPN-1	N/A	1LV1		REST ROOM				5 DAYS PER WEEK	no	HAND WASHINGS
40	11	40-11-OPN-1	N/A	1LV2		REST ROOM				5 DAYS PER WEEK	no	HAND WASHINGS
40	11	40-11-OPN-1	N/A	1SD1		JANITOR'S CLOSET				5 DAYS PER WEEK	no	MOP WATER
40	11	40-11-OPN-1	N/A	1SH1		REST ROOM				5 DAYS PER WEEK	no	SANITARY WASTE
40	11	40-11-OPN-1	N/A	1SH2		REST ROOM				5 DAYS PER WEEK	no	SANITARY WASTE
40	11	40-11-OPN-1	N/A	1TL1		REST ROOM				5 DAYS PER WEEK	no	SANITARY WASTE
40	11	40-11-OPN-1	N/A	1UR1		REST ROOM				5 DAYS PER WEEK	no	SANITARY WASTE
40	11	40-11-OPN-2	ATMOSPHERE	N/A		PREP & UTILITY BUILDING				NO LIQUIDS	no	NATURAL GAS VENT
40	11	40-11-OPN-3	ATMOSPHERE	N/A		PREP & UTILITY BUILDING				NO FLOW	no	DISCONNECTED PIPE
40	11	40-11-OPN-4	N/A	1FD4		PREP & UTILITY BUILDING				5 DAYS PER WEEK	no	STEAM PRV
40	11	40-11-OPN-4	N/A	1FD4		PREP & UTILITY BUILDING				5 DAYS PER WEEK	no	AIR COMPRESSOR DRAIN
40	12	40-12-OPN-1	06A082	1SD1		FIRING SITE		7500	GPY	2 DAYS PER WEEK	no	PHOTO RINSE
40	12	40-12-OPN-1	06A082	1WH1		FIRING SITE				FLOW IS NIL	no	HOT WATER HEATER RELIEF VALVE
40	13	40-13	N/A	N/A		MAGAZINE				NO FLOW	no	NONE
40	14	40-14	N/A	N/A		PREPARATION BUILDING				NO FLOW	no	NONE
40	15	40-15-OPN-1	06A100	1FD1		CONTROL ROOM		7500	GPY	2 DAYS PER WEEK	no	FLOOR WASHINGS
40	15	40-15-OPN-1	06A100	1SD1		FIRING SITE		7500	GPY	2 DAYS PER WEEK	no	PHOTO RINSE
40	15	40-15-OPN-1	06A100	1WH1		FIRING SITE				FLOW IS NIL	no	HOT WATER HEATER RELIEF VALVE
40	16	40-16-OPN-1	N/A	1FD1		EQUIPMENT ROOM				5 DAYS PER WEEK	no	STEAM PRESSURE RELIEF VALVE
40	16	40-16-OPN-1	N/A	1FD1		EQUIPMENT ROOM				5 DAYS PER WEEK	no	HEAT EXCHANGER DRAIN
40	16	40-16-OPN-1	N/A	1FD1		EQUIPMENT ROOM				5 DAYS PER WEEK	no	BACK FLOW PREVENTER
40	17	40-17-OPN-1	N/A	1FD1		EQUIPMENT ROOM				5 DAYS PER WEEK	no	BACK FLOW PREVENTER
40	17	40-17-OPN-1	N/A	1FD1		EQUIPMENT ROOM				5 DAYS PER WEEK	no	STEAM PRESSURE RELIEF VALVE

REPORT # 10

TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
40	17	40-17-OPN-1	N/A	1FD1		EQUIPMENT ROOM			5 DAYS PER WEEK	no	HEAT EXCHANGER DRAIN
40	17	40-17-OPN-2	ATMOSPHERE	N/A		NATURAL GAS VENT				no	NATURAL GAS VENT
40	17	40-17-OPN-3	ATMOSPHERE	N/A		NATURAL GAS VENT				no	NATURAL GAS VENT
40	18	40-18-OPN-1	N/A	1FD1		UTILITY BUILDING			5 DAYS PER WEEK	no	AIR COMPRESSOR DRAIN
40	19	40-19-OPN-1	N/A	1LV1		GUARD HOUSE			NO FLOW	no	WATER SOURCE IS DISCONNECTED
40	19	40-19-OPN-1	N/A	1TL1		GUARD HOUSE			NO FLOW	no	WATER SOURCE IS DISCONNECTED
40	19	40-19-OPN-1	N/A	1WF1		GUARD HOUSE			NO FLOW	no	WATER FOUNTAIN WAS REMOVED
40	23	40-23-OPN-1	N/A	1FD1	7	EQUIPMENT ROOM			5 DAYS PER WEEK	no	STEAM CONDENSATE
40	23	40-23-OPN-1	N/A	1FD2	7	EQUIPMENT ROOM			FLOW IS NIL	no	BACK FLOW PREVENTER
40	23	40-23-OPN-1	N/A	1FD3	5	REST ROOM			5 DAYS PER WEEK	no	FLOOR WASHINGS
40	23	40-23-OPN-1	N/A	1FD4	2	OFFICE			5 DAYS PER WEEK	no	FLOOR WASHINGS
40	23	40-23-OPN-1	N/A	1LV1	5	REST ROOM			5 DAYS PER WEEK	no	HAND WASHINGS
40	23	40-23-OPN-1	N/A	1LV2	5	REST ROOM			5 DAYS PER WEEK	no	HAND WASHINGS
40	23	40-23-OPN-1	N/A	1SD1	6	JANITOR'S CLOSET			5 DAYS PER WEEK	no	MOP WATER
40	23	40-23-OPN-1	N/A	1SD2	1	KITCHEN			5 DAYS PER WEEK	no	DISH WASHINGS
40	23	40-23-OPN-1	N/A	1SD4	1A	PHOTO LAB	75000	GPY	2 DAYS PER WEEK	no	NON CONTACT COOLING WATER
40	23	40-23-OPN-1	N/A	1SH1	5	REST ROOM			5 DAYS PER WEEK	no	SANITARY WASTE
40	23	40-23-OPN-1	N/A	1TL1	5	REST ROOM			5 DAYS PER WEEK	no	SANITARY WASTE
40	23	40-23-OPN-1	N/A	1TL2	5	REST ROOM			5 DAYS PER WEEK	no	SANITARY WASTE
40	23	40-23-OPN-1	N/A	1WF1	HALL	HALL WAY			5 DAYS PER WEEK	no	DRINKING WATER
40	23	40-23-OPN-1	N/A	2FD1	13	REST ROOM			5 DAYS PER WEEK	no	FLOOR WASHINGS
40	23	40-23-OPN-1	N/A	2LV1	13	REST ROOM			5 DAYS PER WEEK	no	HAND WASHINGS
40	23	40-23-OPN-1	N/A	2LV2	13	REST ROOM			5 DAYS PER WEEK	no	HAND WASHINGS
40	23	40-23-OPN-1	N/A	2SH1	13	REST ROOM			5 DAYS PER WEEK	no	SANITARY WASTE
40	23	40-23-OPN-1	N/A	2TL1	13	REST ROOM			5 DAYS PER WEEK	no	SANITARY WASTE
40	23	40-23-OPN-1	N/A	2TL2	13	REST ROOM			5 DAYS PER WEEK	no	SANITARY WASTE
40	23	40-23-OPN-1	N/A	2UR1	13	REST ROOM			5 DAYS PER WEEK	no	SANITARY WASTE
40	23	40-23-OPN-2	06A099	1SD3	1A	PHOTO LAB	7500	GPY	2 DAYS PER WEEK	no	PHOTO RINSE
40	23	40-23-OPN-2	06A099	RD1	ROOF	WAREHOUSE & CABLE ASSEMBLY			MAINLY SUMMER	no	RAIN
40	23	40-23-OPN-2	06A099	RD2	ROOF	WAREHOUSE & CABLE ASSEMBLY			MAINLY SUMMER	no	RAIN
40	23	40-23-OPN-3	DAYLIGHT	RD3	ROOF	WAREHOUSE & CABLE ASSEMBLY			MAINLY SUMMER	no	RAIN
40	36	40-36	N/A	N/A		MAGAZINE			NO FLOW	no	NONE
40	37	40-37	N/A	N/A		MAGAZINE			NO FLOW	no	NONE

REPORT # 10

TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
40	38	40-38	N/A	N/A		MAGAZINE			NO FLOW	no	NONE
40	39	40-39	N/A	N/A		MAGAZINE			NO FLOW	no	NONE
40	40	40-40	N/A	N/A		MAGAZINE			NO FLOW	no	NONE
40	41	40-41-OPN-1	05A154	1SD1		PREP BUILDING	100	GPY	.25 DAYS PER WEEK	no	HE WASTE WATER
40	43	40-43	N/A	N/A		STORAGE BUILDING			NO FLOW	no	NONE
40	45	40-45	N/A	N/A		SOLVENT SHED			NO FLOW	no	NONE
40	58	40-58	N/A	N/A		EQUIPMENT BUILDING			NO FLOW	no	NONE
40	64	40-64	N/A	N/A		TRANSPORTAINER			NO FLOW	no	NONE
40	72	40-72	N/A	N/A		STORAGE BUILDING			NO FLOW	no	NONE
40	73	40-73	N/A	N/A		STORAGE BUILDING			NO FLOW	no	NONE

Please print or type in the unshaded areas only.

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

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

FORM 2C NPDES

EPA

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

I. OUTFALL LOCATION

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

A. OUTFALL NUMBER *(list)*	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER *(name)*
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
05A154	35	51	37	106	19	43	Two Mile Canyon

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

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

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

1. OUTFALL NO. *(list)*	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION *(list)*	b. AVERAGE FLOW *(include units)*	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
154	TA 40-41 High Explosives Sump	100 GPY	Discharge from a multi-weir sump.	1U	
			Residue is collected and burned.		

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 a. DAYS PER WEEK *(specify average)*	3. FREQUENCY b. MONTHS PER YEAR *(specify average)*	4. FLOW a. FLOW RATE *(in mgd)* 1. LONG TERM AVERAGE	4. FLOW a. FLOW RATE *(in mgd)* 2. MAXIMUM DAILY	4. FLOW b. TOTAL VOLUME *(specify with units)* 1. LONG TERM AVERAGE	4. FLOW b. TOTAL VOLUME *(specify with units)* 2. MAXIMUM DAILY	4. FLOW c. DURATION *(in days)*
154	High Explosives Waste Water	.25	12	.27 GPD	.0001	100 GPY	100 GPD	1 HR/D

III. PRODUCTION

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

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

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

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

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

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

IV. IMPROVEMENTS

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

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

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS a. NO.	2. AFFECTED OUTFALLS b. SOURCE OF DISCHARGE	3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE a. REQUIRED	4. FINAL COMPLIANCE DATE b. PROJECTED

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

 CONTINUE ON PAGE 3

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

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

V. INTAKE AND EFFLUENT CHARACTERISTICS

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

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

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
NA			

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.)*
JOSEPH VOEZELLA, DOE AREA MANAGER	505-667-5105
ALLEN J. TIEDMAN, ASSOC. DIRECTOR FOR OPERATIONS	505-667-9390
C. SIGNATURE	D. DATE SIGNED

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

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

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

OUTFALL NO. 05A154

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

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (2) MASS	d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	3.4	1.3						mg/l	g/y			
b. Chemical Oxygen Demand *(COD)*	32.5	12.3						mg/l	g/y			
c. Total Organic Carbon *(TOC)*	8.8	3.3						mg/l	g/y			
d. Total Suspended Solids *(TSS)*	18.0	6.813						mg/l	g/y			
e. Ammonia *(as N)*	1	0.379						mg/l	g/y			
f. Flow	VALUE 100		VALUE		VALUE			gal/yr		VALUE		
g. Temperature *(winter)*	VALUE 18.2		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)*	VALUE N/A		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 7.2	MAXIMUM 9.0	MINIMUM	MAXIMUM				STANDARD UNITS				

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

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
a. Bromide (24959-67-9)		X	< 0.5	< 0.2						mg/l	g/y			
b. Chlorine, Total Residual	X		0.2	75.7						mg/l	mg/y			
c. Color	X		18							units				
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)	X		0.32	0.1						mg/l	g/y			
f. Nitrate-Nitrite *(as N)*	X		0.985	0.4						mg/l	g/y			

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	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)	X		27.4	10.4						mg/l	g/y			
h. Oil and Grease	X		24	9.1						mg/l	g/y			
i. Phosphorus (as P), Total (7723-14-0)	X		0.07	26.5						mg/l	mg/y			
j. Radioactivity														
(1) Alpha, Total	X		5	1.9						pCi/l	nCi/y			
(2) Beta, Total	X		3.8	1.4						pCi/l	nCi/y			
(3) Radium, Total	X													
(4) Radium 226, Total	X		0.04	15.1						pCi/l	pCi/y			
k. Sulfate (as SO_4) (14808-79-8)	X		6.02	2.3						mg/l	g/y			
l. Sulfide (as S)		X	< .05	< 18.9						mg/l	mg/y			
m. Sulfite (as SO_3) (14265-45-3)		X												
n. Surfactants	X		0.36	0.1						mg/l	g/y			
o. Aluminum, Total (7429-90-5)		X	< 0.04	< 15.1						mg/l	mg/y			
p. Barium, Total (7440-39-3)	X		0.76	0.3						mg/l	g/y			
q. Boron, Total (7440-42-8)	X		0.03	11.4						mg/l	mg/y			
r. Cobalt, Total (7440-48-4)		X	< 0.1	< 37.9						mg/l	mg/y			
s. Iron, Total (7439-89-6)	X		0.28	0.1						mg/l	g/y			
t. Magnesium, Total (7439-95-4)	X		3	1.1						mg/l	g/y			
u. Molybdenum, Total (7439-98-7)	X		0.042	15.9						mg/l	mg/y			
v. Manganese, Total (7439-96-5)	X		0.007	2.6						mg/l	mg/y			
w. Tin, Total (7440-31-5)		X	< 0.050	< 18.9						mg/l	mg/y			
x. Titanium, Total (7440-32-6)		X	< 0.004	< 1.5						mg/l	mg/y			

CONTINUE ON PAGE V-3

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	05A154

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	< 18.9						mg/l	mg/y			
2M. Arsenic, Total (7440-38-2)			X	< 0.002	< 0.8						mg/l	mg/y			
3M. Beryllium, Total, 7440-41-7)			X	< 0.001	< 0.4						mg/l	mg/y			
4M. Cadmium, Total (7440-43-9)			X	< 0.010	< 3.8						mg/l	mg/y			
5M. Chromium, Total (7440-47-3)		X		0.071	26.9						mg/l	mg/y			
6M. Copper, Total (7440-50-8)		X		0.032	12.1						mg/l	mg/y			
7M. Lead, Total (7439-92-1)			X	< 0.050	< 18.9						mg/l	mg/y			
8M. Mercury, Total (7439-97-6)			X	< 0.0002	< 0.1						mg/l	mg/y			
9M. Nickel, Total (7440-02-0)		X		0.11	41.6						mg/l	mg/y			
10M. Selenium, Total (7782-49-2)			X	< 0.001	< 0.4						mg/l	mg/y			
11M. Silver, Total (7440-22-4)			X	< 0.010	< 3.8						mg/l	mg/y			
12M. Thallium, Total (7440-28-0)			X	< 0.4	< 0.2						mg/l	g/y			
13M. Zinc, Total (7440-66-6)		X		0.097	36.7						mg/l	mg/y			
14M. Cyanide, Total (57-12-5)			X	< 0.12	< 45.4						mg/l	mg/y			
15M. Phenols, Total			X	< 0.01	< 3.8						mg/l	mg/y			
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUE ON REVERSE

CONTINUED FROM PAGE V-3

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X	< 0.005	< 1.9						mg/l	mg/y			
4V. Bis (Chloromethyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X	< 0.005	< 1.9						mg/l	mg/y			
6V. Carbon Tetrachloride (56-23-5)			X	< 0.005	< 1.9						mg/l	mg/y			
7V. Chlorobenzene (108-90-7)			X	< 0.005	< 1.9						mg/l	mg/y			
8V. Chlorodibromomethane (124-48-1)			X	< 0.005	< 1.9						mg/l	mg/y			
9V. Chloroethane (75-00-3)			X	< 0.01	< 3.8						mg/l	mg/y			
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X	< 0.005	< 1.9						mg/l	mg/y			
12V. Dichlorobromomethane (75-27-4)			X	< 0.005	< 1.9						mg/l	mg/y			
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X	< 0.005	< 1.9						mg/l	mg/y			
15V. 1,2-Dichloroethane (107-06-2)			X	< 0.005	< 1.9						mg/l	mg/y			
16V. 1,1-Dichloroethylene (75-35-4)			X	< 0.005	< 1.9						mg/l	mg/y			
17V. 1,2-Dichloropropane (78-87-5)			X	< 0.005	< 1.9						mg/l	mg/y			
18V. 1,3-Dichloropropylene (542-75-6)			X												
19V. Ethylbenzene (100-41-4)			X	< 0.005	< 1.9						mg/l	mg/y			
20V. Methyl Bromide (74-83-9)			X	< 0.010	< 3.8						mg/l	mg/y			
21V. Methyl Chloride (74-87-3)			X	< 0.010	< 3.8						mg/l	mg/y			

CONTINUE ON PAGE V-5

CONTINUED FROM PAGE V-4

EPA I.D. NUMBER (copy from Item 1 of Form 1): NM0890010515
OUTFALL NUMBER: 05A154

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	< 1.9						mg/l	mg/y			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X	< 0.005	< 1.9						mg/l	mg/y			
24V. Tetrachloroethylene (127-18-4)			X	< 0.005	< 1.9						mg/l	mg/y			
25V. Toluene (108-88-3)			X	< 0.005	< 1.9						mg/l	mg/y			
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X	< 0.005	< 1.9						mg/l	mg/y			
27V. 1,1,1-Trichloroethane (71-55-6)			X	< 0.005	< 1.9						mg/l	mg/y			
28V. 1,1,2-Trichloroethane (79-00-5)			X	< 0.005	< 1.9						mg/l	mg/y			
29V. Trichloroethylene (79-01-6)			X	< 0.005	< 1.9						mg/l	mg/y			
30V. Trichlorofluoromethane (75-69-4)			X	< 0.005	< 1.9						mg/l	mg/y			
31V. Vinyl Chloride (75-01-4)			X	< 0.010	< 3.8						mg/l	mg/y			
GC/MS FRACTION — ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X	< 0.010	< 3.8						mg/l	mg/y			
2A. 2,4-Dichlorophenol (120-83-2)			X	< 0.010	< 3.8						mg/l	mg/y			
3A. 2,4-Dimethylphenol (105-67-9)			X	< 0.010	< 3.8						mg/l	mg/y			
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X	< 0.010	< 3.8						mg/l	mg/y			
5A. 2,4-Dinitrophenol (51-28-5)			X	< 0.010	< 3.8						mg/l	mg/y			
6A. 2-Nitrophenol (88-75-5)			X	< 0.010	< 3.8						mg/l	mg/y			
7A. 4-Nitrophenol (100-02-7)			X	< 0.010	< 3.8						mg/l	mg/y			
8A. P-Chloro-M-Cresol (59-50-7)			X	< 0.010	< 3.8						mg/l	mg/y			
9A. Pentachlorophenol (87-86-5)			X	< 0.010	< 3.8						mg/l	mg/y			
10A. Phenol (108-95-2)			X	< 0.010	< 3.8						mg/l	mg/y			
11A. 2,4,6-Trichlorophenol (88-06-2)			X	< 0.010	< 3.8						mg/l	mg/y			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X	< 0.010	< 3.8						mg/l	mg/y			
2B. Acenaphtylene (208-96-8)			X	< 0.010	< 3.8						mg/l	mg/y			
3B. Anthracene (120-12-7)			X	< 0.010	< 3.8						mg/l	mg/y			
4B. Benzidine (92-87-5)			X	< 0.010	< 3.8						mg/l	mg/y			
5B. Benzo (a) Anthracene (56-55-3)			X	< 0.010	< 3.8						mg/l	mg/y			
6B. Benzo (a) Pyrene (50-32-8)			X	< 0.010	< 3.8						mg/l	mg/y			
7B. 3,4-Benzo-fluoranthene (205-99-2)			X	< 0.010	< 3.8						mg/l	mg/y			
8B. Benzo (ghi) Perylene (191-24-2)			X	< 0.010	< 3.8						mg/l	mg/y			
9B. Benzo (k) Fluoranthene (207-08-9)			X	< 0.010	< 3.8						mg/l	mg/y			
10B. Bis (2-Chloro-ethoxy) Methane (111-91-1)			X	< 0.010	< 3.8						mg/l	mg/y			
11B. Bis (2-Chloro-ethyl) Ether (111-44-4)			X	< 0.010	< 3.8						mg/l	mg/y			
12B. Bis (2-Chloroiso-propyl) Ether (102-60-1)			X	< 0.010	< 3.8						mg/l	mg/y			
13B. Bis (2-Ethyl-hexyl) Phthalate (117-81-7)			X	< 0.010	< 3.8						mg/l	mg/y			
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X	< 0.010	< 3.8						mg/l	mg/y			
15B. Butyl Benzyl Phthalate (85-68-7)			X	< 0.010	< 3.8						mg/l	mg/y			
16B. 2-Chloro-naphthalene (91-58-7)			X	< 0.010	< 3.8						mg/l	mg/y			
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X	< 0.010	< 3.8						mg/l	mg/y			
18B. Chrysene (218-01-9)			X	< 0.010	< 3.8						mg/l	mg/y			
19B. Dibenzo (a,h) Anthracene (53-70-3)			X	< 0.010	< 3.8						mg/l	mg/y			
20B. 1,2-Dichloro-benzene (95-50-1)			X	< 0.010	< 3.8						mg/l	mg/y			
21B. 1,3-Dichloro-benzene (541-73-1)			X	< 0.010	< 3.8						mg/l	mg/y			

CONTINUE ON PAGE V-7

CONTINUED FROM PAGE V-6

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	05A154

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	< 3.8						mg/l	mg/y			
23B. 3,3'-Dichlorobenzidine (91-94-1)			X	< 0.010	< 3.8						mg/l	mg/y			
24B. Diethyl Phthalate (84-66-2)			X	< 0.010	< 3.8						mg/l	mg/y			
25B. Dimethyl Phthalate (131-11-3)			X	< 0.010	< 3.8						mg/l	mg/y			
26B. Di-N-Butyl Phthalate (84-74-2)			X	< 0.010	< 3.8						mg/l	mg/y			
27B. 2,4-Dinitrotoluene (121-14-2)			X	< 0.010	< 3.8						mg/l	mg/y			
28B. 2,6-Dinitrotoluene (606-20-2)			X	< 0.010	< 3.8						mg/l	mg/y			
29B. Di-N-Octyl Phthalate (117-84-0)			X	< 0.010	< 3.8						mg/l	mg/y			
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)			X	< 0.010	< 3.8						mg/l	mg/y			
31B. Fluoranthene (206-44-0)			X	< 0.010	< 3.8						mg/l	mg/y			
32B. Fluorene (86-73-7)			X	< 0.010	< 3.8						mg/l	mg/y			
33B. Hexachlorobenzene (118-74-1)			X	< 0.010	< 3.8						mg/l	mg/y			
34B. Hexachlorobutadiene (87-68-3)			X	< 0.010	< 3.8						mg/l	mg/y			
35B. Hexachlorocyclopentadiene (77-47-4)			X	< 0.010	< 3.8						mg/l	mg/y			
36B. Hexachloroethane (67-72-1)			X	< 0.010	< 3.8						mg/l	mg/y			
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X	< 0.010	< 3.8						mg/l	mg/y			
38B. Isophorone (78-59-1)			X	< 0.010	< 3.8						mg/l	mg/y			
39B. Naphthalene (91-20-3)			X	< 0.010	< 3.8						mg/l	mg/y			
40B. Nitrobenzene (98-95-3)			X	< 0.010	< 3.8						mg/l	mg/y			
41B. N-Nitrosodimethylamine (62-75-9)			X	< 0.010	< 3.8						mg/l	mg/y			
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X	< 0.010	< 3.8						mg/l	mg/y			

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
43B. N-Nitrosodiphenylamine (86-30-6)			X	< 0.010	< 3.8						mg/l	mg/y			
44B. Phenanthrene (85-01-8)			X	< 0.010	< 3.8						mg/l	mg/y			
45B. Pyrene (129-00-0)			X	< 0.010	< 3.8						mg/l	mg/y			
46B. 1,2,4-Trichlorobenzene (120-82-1)			X	< 0.010	< 3.8						mg/l	mg/y			
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X	< 0.06	< 22.7						ug/l	ug/y			
2P. α-BHC (319-84-6)			X	< 0.1	< 37.9						ug/l	ug/y			
3P. β-BHC (319-85-7)			X	< 0.1	< 37.9						ug/l	ug/y			
4P. γ-BHC (58-89-9)			X	< 0.12	< 45.4						ug/l	ug/y			
5P. δ-BHC (319-86-8)			X	< 0.24	< 90.8						ug/l	ug/y			
6P. Chlordane (57-74-9)			X	< 0.25	< 94.6						ug/l	ug/y			
7P. 4,4'-DDT (50-29-3)			X	< 0.06	< 22.7						ug/l	ug/y			
8P. 4,4'-DDE (72-55-9)			X	< 0.08	< 30.3						ug/l	ug/y			
9P. 4,4'-DDD (72-54-8)			X	< 0.04	< 15.1						ug/l	ug/y			
10P. Dieldrin (60-57-1)			X	< 0.08	< 30.3						ug/l	ug/y			
11P. α-Endosulfan (115-29-7)			X	< 0.05	< 18.9						ug/l	ug/y			
12P. β-Endosulfan (115-29-7)			X	< 0.08	< 30.3						ug/l	ug/y			
13P. Endosulfan Sulfate (1031-07-8)			X	< 0.09	< 34.1						ug/l	ug/y			
14P. Endrin (72-20-8)			X	< 0.06	< 22.7						ug/l	ug/y			
15P. Endrin Aldehyde (7421-93-4)			X	< 0.31	< 0.1						ug/l	mg/y			
16P. Heptachlor (76-44-8)			X	< 0.15	< 56.8						ug/l	ug/y			

CONTINUE ON PAGE V-9

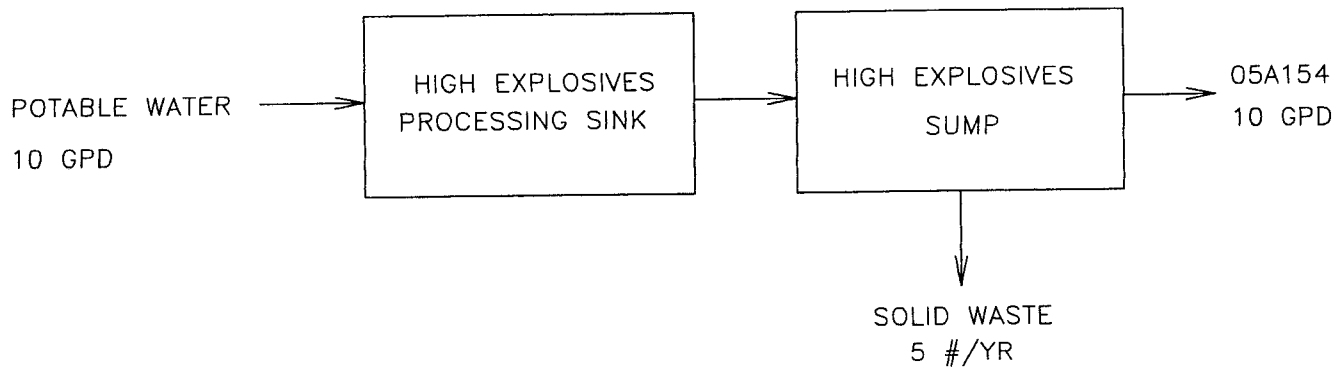
EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	05A154

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	< 30.3						ug/l	ug/y			
18P. PCB-1242 (53469-21-9)			X	< 2	< 0.8						ug/l	mg/y			
19P. PCB-1254 (11097-69-1)			X	< 2	< 0.8						ug/l	mg/y			
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	< 0.83	< 0.3						ug/l	mg/y			
24P. PCB-1016 (12674-11-2)			X	N.D.											
25P. Toxaphene (8001-35-2)			X	< 2.5	< 0.9						ug/l	mg/y			

SCHEMATIC OF OUTFALL

40-41-OPN-1



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.	
06A080	35	51	25	106	19	17	Pajarito Canyon
06A081	35	51	26	106	19	12	Pajarito Canyon
06A082	35	51	25	106	21	5	Pajarito Canyon

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

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

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

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
080	TA 40-5 Photo Lab Rinse Water	75 GPD	Silver Recovery	2L	
081	TA 40-8 Photo Lab Rinse Water	75 GPD	Silver Recovery	2L	
082	TA 40-12 Photo Lab Rinse Water	75 GPD	Silver Recovery	2L	

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

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

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

1. OUTFALL NUMBER *(list)*	2. OPERATION(s) CONTRIBUTING FLOW *(list)*	3. FREQUENCY a. DAYS PER WEEK *(specify average)*	3. FREQUENCY b. MONTHS PER YEAR *(specify average)*	4. FLOW a. FLOW RATE *(in mgd)* 1. LONG TERM AVERAGE	4. FLOW a. FLOW RATE *(in mgd)* 2. MAXIMUM DAILY	4. FLOW b. TOTAL VOLUME *(specify with units)* 1. LONG TERM AVERAGE	4. FLOW b. TOTAL VOLUME *(specify with units)* 2. MAXIMUM DAILY	4. FLOW c. DURATION *(in days)*
080	Photo Rinse Water	1	12	75 GPD	.0003	75 GPD	300 GPD	4 HR/D
081	Photo Rinse Water	1	12	75 GPD	.00035	75 GPD	350 GPD	4 HR/D
082	Photo Rinse Water	1	12	75 GPD	.00013	75 GPD	125 GPD	4 HR/D

III. PRODUCTION

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

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

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

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

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

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

IV. IMPROVEMENTS

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

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

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS a. NO.	2. AFFECTED OUTFALLS b. SOURCE OF DISCHARGE	3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE a. REQUIRED	4. FINAL COMPLIANCE DATE b. PROJECTED

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

CONTINUE ON PAGE 3

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

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

CONTINUED FROM PAGE 2

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
NA			

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.)*
JOSEPH VOEZELLA, DOE AREA MANAGER	505-667-5105
ALLEN J. TIEDMAN, ASSOC. DIRECTOR FOR OPERATIONS	505-667-9390
C. SIGNATURE	D. DATE SIGNED

NOTE: THIS APPLICATION FORM CONTAINS WORST CASE COMPOSITE DATA FOR OUTFALLS UNDER THIS CATEGORY AT LOS ALAMOS NATIONAL LABORATORY; THESE DATA WERE NOT TAKEN FROM SAMPLES OF THIS PARTICULAR OUTFALL.

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. 06A080

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	33.6	9.5						mg/l	g/d			
b. Chemical Oxygen Demand *(COD)*	35.0	9.9						mg/l	g/d			
c. Total Organic Carbon *(TOC)*	6.1	1.7						mg/l	g/d			
d. Total Suspended Solids *(TSS)*	< 1.0	< 0.3						mg/l	g/d			
e. Ammonia *(as N)*	7.5	2.129						mg/l	g/d			
f. Flow	VALUE 75		VALUE		VALUE			gal/day		VALUE		
g. Temperature *(winter)*	VALUE 2.31		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 7.0	MAXIMUM 8.8	MINIMUM	MAXIMUM				STANDARD UNITS				

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

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Bromide (24959-67-9)	X		3.1	0.9						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		.3	85.2						mg/l	mg/d			
f. Nitrate-Nitrite *(as N)*	X		.357	0.1						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	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)	X		15.6	4.4						mg/l	g/d			
h. Oil and Grease	X		4.22	1.2						mg/l	g/d			
i. Phosphorus (as P), Total (7723-14-0)	X		0.156	44.3						mg/l	mg/d			
j. Radioactivity														
(1) Alpha, Total	X		.5	0.1						pCi/l	nCi/d			
(2) Beta, Total	X		6.7	1.9						pCi/l	nCi/d			
(3) Radium, Total	X													
(4) Radium 226, Total	X		0.05	14.2						pCi/l	nCi/d			
k. Sulfate (as SO_4) (14808-79-8)	X		77.3	21.9						mg/l	g/d			
l. Sulfide (as S)		X	< .05	< 14.2						mg/l	mg/d			
m. Sulfite (as SO_3) (14265-45-3)	X		13.1	3.7						mg/l	g/d			
n. Surfactants	X		0.1	28.4						mg/l	mg/d			
o. Aluminum, Total (7429-90-5)	X		0.56	0.2						mg/l	g/d			
p. Barium, Total (7440-39-3)	X		0.03	8.5						mg/l	mg/d			
q. Boron, Total (7440-42-8)	X		0.52	0.1						mg/l	g/d			
r. Cobalt, Total (7440-48-4)		X	< 0.1	< 28.4						mg/l	mg/d			
s. Iron, Total (7439-89-6)	X		.74	0.2						mg/l	g/d			
t. Magnesium, Total (7439-95-4)	X		3.3	0.9						mg/l	g/d			
u. Molybdenum, Total (7439-98-7)		X	< .02	< 5.7						mg/l	mg/d			
v. Manganese, Total (7439-96-5)	X		0.01	2.8						mg/l	mg/d			
w. Tin, Total (7440-31-5)		X	< 0.050	< 14.2						mg/l	mg/d			
x. Titanium, Total (7440-32-6)		X	< 0.004	< 1.1						mg/l	mg/d			

CONTINUE ON PAGE V-3

EPA Form 3510-2C (Rev. 2-85)

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	06A080

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	< 14.2						mg/l	mg/d			
2M. Arsenic, Total (7440-38-2)			X	< .002	< 0.6						mg/l	mg/d			
3M. Beryllium, Total, 7440-41-7)			X	< 0.001	< 0.3						mg/l	mg/d			
4M. Cadmium, Total (7440-43-9)			X	< .010	< 2.8						mg/l	mg/d			
5M. Chromium, Total (7440-47-3)		X		.087	24.7						mg/l	mg/d			
6M. Copper, Total (7440-50-8)		X		0.052	14.8						mg/l	mg/d			
7M. Lead, Total (7439-92-1)			X	< .050	< 14.2						mg/l	mg/d			
8M. Mercury, Total (7439-97-6)			X	< .0002	< 0.1						mg/l	mg/d			
9M. Nickel, Total (7440-02-0)		X		.16	45.4						mg/l	mg/d			
10M. Selenium, Total (7782-49-2)		X		.001	0.3						mg/l	mg/d			
11M. Silver, Total (7440-22-4)		X		0.214	60.7						mg/l	mg/d			
12M. Thallium, Total (7440-28-0)		X		1	0.3						mg/l	g/d			
13M. Zinc, Total (7440-66-6)			X	< .045	< 12.8						mg/l	mg/d			
14M. Cyanide, Total (57-12-5)		X		.01	2.8						mg/l	mg/d			
15M. Phenols, Total			X	< .01	< 2.8						mg/l	mg/d			
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X	< 0.005	< 1.4						mg/l	mg/d			
4V. Bis (*Chloromethyl*) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X	< 0.005	< 1.4						mg/l	mg/d			
6V. Carbon Tetrachloride (56-23-5)			X	< 0.005	<						mg/l	mg/d			
7V. Chlorobenzene (108-90-7)			X	< 0.005	< 1.4						mg/l	mg/d			
8V. Chlorodibromomethane (124-48-1)			X	< 0.005	< 1.4						mg/l	mg/d			
9V. Chloroethane (75-00-3)			X	< 0.010	< 0.00						mg/l	mg/d			
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X	< 0.005	< 1.4						mg/l	mg/d			
12V. Dichlorobromomethane (75-27-4)			X	< 0.005	< 1.4						mg/l	mg/d			
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X	< 0.005	< 1.4						mg/l	mg/d			
15V. 1,2-Dichloroethane (107-06-2)			X	< 0.005	< 1.4						mg/l	mg/d			
16V. 1,1-Dichloroethylene (75-35-4)			X	< 0.005	< 1.4						mg/l	mg/d			
17V. 1,2-Dichloropropane (78-87-5)			X	< 0.005	< 1.4						mg/l	kg/d			
18V. 1,3-Dichloropropylene (542-75-6)			X	< 0.005	< 1.4						mg/l	mg/d			
19V. Ethylbenzene (100-41-4)			X	< 0.005	< 1.4						mg/l	mg/d			
20V. Methyl Bromide (74-83-9)			X	< 0.010	< 2.8						mg/l	mg/d			
21V. Methyl Chloride (74-87-3)			X	< 0.010	< 2.8						mg/l	mg/d			

CONTINUE ON PAGE V-5

CONTINUED FROM PAGE V-4

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

OUTFALL NUMBER: 06A080

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	< 1.4						mg/l	mg/d			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X	< 0.005	< 1.4						mg/l	mg/d			
24V. Tetrachloroethylene (127-18-4)			X	< 0.005	< 1.4						mg/l	mg/d			
25V. Toluene (108-88-3)			X	< 0.005	< 1.4						mg/l	mg/d			
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X	< 0.005	< 1.4						mg/l	mg/d			
27V. 1,1,1-Trichloroethane (71-55-6)			X	< 0.005	< 1.4						mg/l	mg/d			
28V. 1,1,2-Trichloroethane (79-00-5)			X	< 0.005	< 1.4						mg/l	mg/d			
29V. Trichloroethylene (79-01-6)			X	< 0.005	< 1.4						mg/l	mg/d			
30V. Trichlorofluoromethane (75-69-4)			X	< 0.005	< 1.4						mg/l	mg/d			
31V. Vinyl Chloride (75-01-4)			X	< 0.010	< 2.8						mg/l	mg/d			
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X	< 0.010	< 2.8						mg/l	mg/d			
2A. 2,4-Dichlorophenol (120-83-2)			X	< 0.010	< 2.8						mg/l	mg/d			
3A. 2,4-Dimethylphenol (105-67-9)			X	< 0.010	< 2.8						mg/l	mg/d			
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X	< 0.010	< 2.8						mg/l	mg/d			
5A. 2,4-Dinitrophenol (51-28-5)			X	< 0.010	< 2.8						mg/l	mg/d			
6A. 2-Nitrophenol (88-75-5)			X	< 0.010	< 2.8						mg/l	mg/d			
7A. 4-Nitrophenol (100-02-7)			X	< 0.010	< 2.8						mg/l	mg/d			
8A. P-Chloro-M-Cresol (59-50-7)			X	< 0.010	< 2.8						mg/l	mg/d			
9A. Pentachlorophenol (87-86-5)			X	< 0.010	< 2.8						mg/l	mg/d			
10A. Phenol (108-95-2)			X	< 0.010	< 2.8						mg/l	mg/d			
11A. 2,4,6-Trichlorophenol (88-06-2)			X	< 0.010	< 2.8						mg/l	mg/d			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X	< 0.010	< 2.8						mg/l	mg/d			
2B. Acenaphtylene (208-96-8)			X	< 0.010	< 2.8						mg/l	mg/d			
3B. Anthracene (120-12-7)			X	< 0.010	< 2.8						mg/l	mg/d			
4B. Benzidine (92-87-5)			X	< 0.010	< 2.8						mg/l	mg/d			
5B. Benzo *(a)* Anthracene (56-55-3)			X	< 0.010	< 2.8						mg/l	mg/d			
6B. Benzo *(a)* Pyrene (50-32-8)			X	< 0.010	< 2.8						mg/l	mg/d			
7B. 3,4-Benzo-fluoranthene (205-99-2)			X	< 0.010	< 2.8						mg/l	mg/d			
8B. Benzo *(ghi)* Perylene (191-24-2)			X	< 0.010	< 2.8						mg/l	mg/d			
9B. Benzo *(k)* Fluoranthene (207-08-9)			X	< 0.010	< 2.8						mg/l	mg/d			
10B. Bis *(2-Chloro-ethoxy)* Methane (111-91-1)			X	< 0.010	< 2.8						mg/l	mg/d			
11B. Bis *(2-Chloro-ethyl)* Ether (111-44-4)			X	< 0.010	< 2.8						mg/l	mg/d			
12B. Bis *(2-Chloroiso-propyl)* Ether (102-60-1)			X	< 0.010	< 2.8						mg/l	mg/d			
13B. Bis *(2-Ethyl-hexyl)* Phthalate (117-81-7)			X	< 0.010	< 2.8						mg/l	mg/d			
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X	< 0.010	< 2.8						mg/l	mg/d			
15B. Butyl Benzyl Phthalate (85-68-7)			X	< 0.010	< 2.8						mg/l	mg/d			
16B. 2-Chloro-naphthalene (91-58-7)			X	< 0.010	< 2.8						mg/l	mg/d			
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X	< 0.010	< 2.8						mg/l	mg/d			
18B. Chrysene (218-01-9)			X	< 0.010	< 2.8						mg/l	mg/d			
19B. Dibenzo *(a,h)* Anthracene (53-70-3)			X	< 0.010	< 2.8						mg/l	mg/d			
20B. 1,2-Dichloro-benzene (95-50-1)			X	< 0.010	< 2.8						mg/l	mg/d			
21B. 1,3-Dichloro-benzene (541-73-1)			X	< 0.010	< 2.8						mg/l	mg/d			

CONTINUE ON PAGE V-7

EPA I.D. NUMBER (copy from Item I of Form I)	OUTFALL NUMBER
NM0890010515	06A080

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

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
22B. 1,4-Dichlorobenzene (106-46-7)			X	< 0.010	< 2.8						mg/l	mg/d			
23B. 3,3'-Dichlorobenzidine (91-94-1)			X	< 0.010	< 2.8						mg/l	mg/d			
24B. Diethyl Phthalate (84-66-2)			X	< 0.010	< 2.8						mg/l	mg/d			
25B. Dimethyl Phthalate (131-11-3)			X	< 0.010	< 2.8						mg/l	mg/d			
26B. Di-N-Butyl Phthalate (84-74-2)			X	< 0.010	< 2.8						mg/l	mg/d			
27B. 2,4-Dinitrotoluene (121-14-2)			X	< 0.010	< 2.8						mg/l	mg/d			
28B. 2,6-Dinitrotoluene (606-20-2)			X	< 0.010	< 2.8						mg/l	mg/d			
29B. Di-N-Octyl Phthalate (117-84-0)			X	< 0.010	< 2.8						mg/l	mg/d			
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)			X	< 0.010	< 2.8						mg/l	mg/d			
31B. Fluoranthene (206-44-0)			X	< 0.010	< 2.8						mg/l	mg/d			
32B. Fluorene (86-73-7)		X		.00028	0.1						mg/l	mg/d			
33B. Hexachlorobenzene (118-74-1)			X	< 0.010	< 2.8						mg/l	mg/d			
34B. Hexachlorobutadiene (87-68-3)			X	< 0.010	< 2.8						mg/l	mg/d			
35B. Hexachlorocyclopentadiene (77-47-4)			X	< 0.010	< 2.8						mg/l	mg/d			
36B. Hexachloroethane (67-72-1)			X	< 0.010	< 2.8						mg/l	mg/d			
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X	< 0.010	< 2.8						mg/l	mg/d			
38B. Isophorone (78-59-1)			X	< 0.010	< 2.8						mg/l	mg/d			
39B. Naphthalene (91-20-3)			X	< 0.010	< 2.8						mg/l	mg/d			
40B. Nitrobenzene (98-95-3)			X	< 0.010	< 2.8						mg/l	mg/d			
41B. N-Nitrosodimethylamine (62-75-9)			X	< 0.010	< 2.8						mg/l	mg/d			
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X	< 0.010	< 2.8						mg/l	mg/d			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
43B. N-Nitrosodiphenylamine (86-30-6)			X	< 0.010	< 2.8						mg/l	mg/d			
44B. Phenanthrene (85-01-8)			X	< 0.010	< 2.8						mg/l	mg/d			
45B. Pyrene (129-00-0)			X	< 0.010	< 2.8						mg/l	mg/d			
46B. 1,2,4-Trichlorobenzene (120-82-1)			X	< 0.010	< 2.8						mg/l	mg/d			
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X	< 0.06	< 17.0						ug/l	ug/d			
2P. α-BHC (319-84-6)			X	< 0.04	< 11.4						ug/l	ug/d			
3P. β-BHC (319-85-7)			X	< 0.1	< 28.4						ug/l	ug/d			
4P. γ-BHC (58-89-9)			X	< 0.06	< 17.0						ug/l	ug/d			
5P. δ-BHC (319-86-8)			X	< 0.12	< 34.1						ug/l	ug/d			
6P. Chlordane (57-74-9)			X	< 0.25	< 71.0						ug/l	ug/d			
7P. 4,4'-DDT (50-29-3)			X	< 0.06	< 17.0						ug/l	ug/d			
8P. 4,4'-DDE (72-55-9)			X	< 0.08	< 22.7						ug/l	ug/d			
9P. 4,4'-DDD (72-54-8)			X	< 0.08	< 22.7						ug/l	ug/d			
10P. Dieldrin (60-57-1)			X	< 0.08	< 22.7						ug/l	ug/d			
11P. α-Endosulfan (115-29-7)			X	< 0.05	< 14.2						ug/l	ug/d			
12P. β-Endosulfan (115-29-7)			X	< 0.08	< 22.7						ug/l	ug/d			
13P. Endosulfan Sulfate (1031-07-8)			X	< 0.07	< 19.9						ug/l	ug/d			
14P. Endrin (72-20-8)			X	< 0.06	< 17.0						ug/l	ug/d			
15P. Endrin Aldehyde (7421-93-4)			X	< 0.31	< 88.0						ug/l	ug/d			
16P. Heptachlor (76-44-8)			X	< 0.3	< 85.2						ug/l	ug/d			

CONTINUE ON PAGE V-9

CONTINUED FROM PAGE V-8

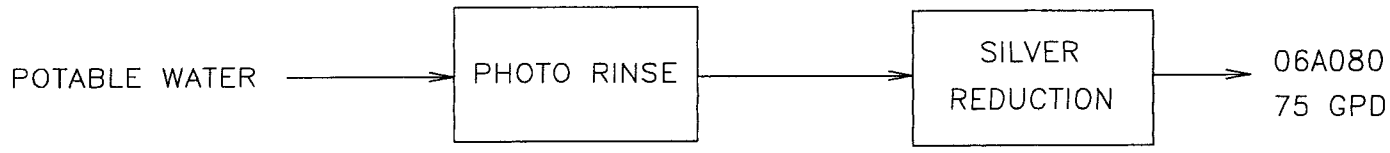
EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	06A080

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		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – PESTICIDES *(continued)*															
17P. Heptachlor Epoxide (1024-57-3)			X	< 0.08	< 22.7						ug/l	ug/d			
18P. PCB-1242 (53469-21-9)			X	< 0.78	< 0.2						ug/l	mg/d			
19P. PCB-1254 (11097-69-1)			X	< 0.78	< 0.2						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	< 0.78	< 0.2						ug/l	mg/d			
24P. PCB-1016 (12674-11-2)			X	N.D.											
25P. Toxaphene (8001-35-2)			X	< 2.5	< 0.7						ug/l	mg/d			

SCHEMATIC OF OUTFALL

40-5-OPN-1



NOTE: THIS APPLICATION FORM CONTAINS WORST CASE COMPOSITE DATA FOR OUTFALLS UNDER THIS CATEGORY AT LOS ALAMOS NATIONAL LABORATORY; THESE DATA WERE NOT TAKEN FROM SAMPLES OF THIS PARTICULAR OUTFALL.

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. 06A081

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (2) MASS	d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	3. UNITS b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	4. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	4. INTAKE b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	33.6	9.5						mg/l	g/d			
b. Chemical Oxygen Demand *(COD)*	35.0	9.9						mg/l	g/d			
c. Total Organic Carbon *(TOC)*	6.1	1.7						mg/l	g/d			
d. Total Suspended Solids *(TSS)*	< 1.0	< 0.3						mg/l	g/d			
e. Ammonia *(as N)*	7.5	2.129						mg/l	g/d			
f. Flow	VALUE 75		VALUE		VALUE			gal/day		VALUE		
g. Temperature *(winter)*	VALUE 2.31		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 7.0	MAXIMUM 8.8	MINIMUM	MAXIMUM				STANDARD UNITS				

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

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	2. MARK 'X' b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE b. NO. OF ANALYSES
a. Bromide (24959-67-9)	X		3.1	0.9						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		.3	85.2						mg/l	mg/d			
f. Nitrate-Nitrite *(as N)*	X		.357	0.1						mg/l	g/d			

CONTINUE ON REVERSE

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (If available)	2. MARK 'X' a. ACHIEVED PRESENT	2. MARK 'X' b. ACHIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)	X		15.6	4.4						mg/l	g/d			
h. Oil and Grease	X		4.22	1.2						mg/l	g/d			
i. Phosphorus (as P), Total (7723-14-0)	X		0.156	44.3						mg/l	mg/d			
j. Radioactivity														
(1) Alpha, Total	X		.5	0.1						pCi/l	nCi/d			
(2) Beta, Total	X		6.7	1.9						pCi/l	nCi/d			
(3) Radium, Total	X													
(4) Radium 226, Total	X		0.05	14.2						pCi/l	nCi/d			
k. Sulfate (as SO_4) (14808-79-8)	X		77.3	21.9						mg/l	g/d			
l. Sulfide (as S)		X	< .05	< 14.2						mg/l	mg/d			
m. Sulfite (as SO_3) (14265-45-3)	X		13.1	3.7						mg/l	g/d			
n. Surfactants	X		0.1	28.4						mg/l	mg/d			
o. Aluminum, Total (7429-90-5)	X		0.56	0.2						mg/l	g/d			
p. Barium, Total (7440-39-3)	X		0.03	8.5						mg/l	mg/d			
q. Boron, Total (7440-42-8)	X		0.52	0.1						mg/l	g/d			
r. Cobalt, Total (7440-48-4)		X	< 0.1	< 28.4						mg/l	mg/d			
s. Iron, Total (7439-89-6)	X		.74	0.2						mg/l	g/d			
t. Magnesium, Total (7439-95-4)	X		3.3	0.9						mg/l	g/d			
u. Molybdenum, Total (7439-98-7)		X	< .02	< 5.7						mg/l	mg/d			
v. Manganese, Total (7439-96-5)	X		0.01	2.8						mg/l	mg/d			
w. Tin, Total (7440-31-5)		X	< 0.050	< 14.2						mg/l	mg/d			
x. Titanium, Total (7440-32-6)		X	< 0.004	< 1.1						mg/l	mg/d			

CONTINUE ON PAGE V-3

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	06A081

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	< 14.2						mg/l	mg/d			
2M. Arsenic, Total (7440-38-2)			X	< .002	< 0.6						mg/l	mg/d			
3M. Beryllium, Total, 7440-41-7)			X	< 0.001	< 0.3						mg/l	mg/d			
4M. Cadmium, Total (7440-43-9)			X	< .010	< 2.8						mg/l	mg/d			
5M. Chromium, Total (7440-47-3)		X		.087	24.7						mg/l	mg/d			
6M. Copper, Total (7440-50-8)		X		0.052	14.8						mg/l	mg/d			
7M. Lead, Total (7439-92-1)			X	< .050	< 14.2						mg/l	mg/d			
8M. Mercury, Total (7439-97-6)			X	< .0002	< 0.1						mg/l	mg/d			
9M. Nickel, Total (7440-02-0)		X		.16	45.4						mg/l	mg/d			
10M. Selenium, Total (7782-49-2)		X		.001	0.3						mg/l	mg/d			
11M. Silver, Total (7440-22-4)		X		0.214	60.7						mg/l	mg/d			
12M. Thallium, Total (7440-28-0)		X		1	0.3						mg/l	g/d			
13M. Zinc, Total (7440-66-6)			X	< .045	< 12.8						mg/l	mg/d			
14M. Cyanide, Total (57-12-5)		X		.01	2.8						mg/l	mg/d			
15M. Phenols, Total			X	< .01	< 2.8						mg/l	mg/d			
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X	< 0.005	< 1.4						mg/l	mg/d			
4V. Bis (Chloromethyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X	< 0.005	< 1.4						mg/l	mg/d			
6V. Carbon Tetrachloride (56-23-5)			X	< 0.005	<						mg/l	mg/d			
7V. Chlorobenzene (108-90-7)			X	< 0.005	< 1.4						mg/l	mg/d			
8V. Chlorodibromomethane (124-48-1)			X	< 0.005	< 1.4						mg/l	mg/d			
9V. Chloroethane (75-00-3)			X	< 0.010	< 0.00						mg/l	mg/d			
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X	< 0.005	< 1.4						mg/l	mg/d			
12V. Dichlorobromomethane (75-27-4)			X	< 0.005	< 1.4						mg/l	mg/d			
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X	< 0.005	< 1.4						mg/l	mg/d			
15V. 1,2-Dichloroethane (107-06-2)			X	< 0.005	< 1.4						mg/l	mg/d			
16V. 1,1-Dichloroethylene (75-35-4)			X	< 0.005	< 1.4						mg/l	mg/d			
17V. 1,2-Dichloropropane (78-87-5)			X	< 0.005	< 1.4						mg/l	kg/d			
18V. 1,3-Dichloropropylene (542-75-6)			X	< 0.005	< 1.4						mg/l	mg/d			
19V. Ethylbenzene (100-41-4)			X	< 0.005	< 1.4						mg/l	mg/d			
20V. Methyl Bromide (74-83-9)			X	< 0.010	< 2.8						mg/l	mg/d			
21V. Methyl Chloride (74-87-3)			X	< 0.010	< 2.8						mg/l	mg/d			

CONTINUE ON PAGE V-5

CONTINUED FROM PAGE V-4

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	06A081

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	< 1.4						mg/l	mg/d			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X	< 0.005	< 1.4						mg/l	mg/d			
24V. Tetrachloroethylene (127-18-4)			X	< 0.005	< 1.4						mg/l	mg/d			
25V. Toluene (108-88-3)			X	< 0.005	< 1.4						mg/l	mg/d			
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X	< 0.005	< 1.4						mg/l	mg/d			
27V. 1,1,1-Trichloroethane (71-55-6)			X	< 0.005	< 1.4						mg/l	mg/d			
28V. 1,1,2-Trichloroethane (79-00-5)			X	< 0.005	< 1.4						mg/l	mg/d			
29V. Trichloroethylene (79-01-6)			X	< 0.005	< 1.4						mg/l	mg/d			
30V. Trichlorofluoromethane (75-69-4)			X	< 0.005	< 1.4						mg/l	mg/d			
31V. Vinyl Chloride (75-01-4)			X	< 0.010	< 2.8						mg/l	mg/d			
GC/MS FRACTION — ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X	< 0.010	< 2.8						mg/l	mg/d			
2A. 2,4-Dichlorophenol (120-83-2)			X	< 0.010	< 2.8						mg/l	mg/d			
3A. 2,4-Dimethylphenol (105-67-9)			X	< 0.010	< 2.8						mg/l	mg/d			
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X	< 0.010	< 2.8						mg/l	mg/d			
5A. 2,4-Dinitrophenol (51-28-5)			X	< 0.010	< 2.8						mg/l	mg/d			
6A. 2-Nitrophenol (88-75-5)			X	< 0.010	< 2.8						mg/l	mg/d			
7A. 4-Nitrophenol (100-02-7)			X	< 0.010	< 2.8						mg/l	mg/d			
8A. P-Chloro-M-Cresol (59-50-7)			X	< 0.010	< 2.8						mg/l	mg/d			
9A. Pentachlorophenol (87-86-5)			X	< 0.010	< 2.8						mg/l	mg/d			
10A. Phenol (108-95-2)			X	< 0.010	< 2.8						mg/l	mg/d			
11A. 2,4,6-Trichlorophenol (88-06-2)			X	< 0.010	< 2.8						mg/l	mg/d			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X	< 0.010	< 2.8						mg/l	mg/d			
2B. Acenaphtylene (208-96-8)			X	< 0.010	< 2.8						mg/l	mg/d			
3B. Anthracene (120-12-7)			X	< 0.010	< 2.8						mg/l	mg/d			
4B. Benzidine (92-87-5)			X	< 0.010	< 2.8						mg/l	mg/d			
5B. Benzo *(a)* Anthracene (56-55-3)			X	< 0.010	< 2.8						mg/l	mg/d			
6B. Benzo *(a)* Pyrene (50-32-8)			X	< 0.010	< 2.8						mg/l	mg/d			
7B. 3,4-Benzo-fluoranthene (205-99-2)			X	< 0.010	< 2.8						mg/l	mg/d			
8B. Benzo *(ghi)* Perylene (191-24-2)			X	< 0.010	< 2.8						mg/l	mg/d			
9B. Benzo *(k)* Fluoranthene (207-08-9)			X	< 0.010	< 2.8						mg/l	mg/d			
10B. Bis *(2-Chloro-ethoxy)* Methane (111-91-1)			X	< 0.010	< 2.8						mg/l	mg/d			
11B. Bis *(2-Chloro-ethyl)* Ether (111-44-4)			X	< 0.010	< 2.8						mg/l	mg/d			
12B. Bis *(2-Chloroiso-propyl)* Ether (102-60-1)			X	< 0.010	< 2.8						mg/l	mg/d			
13B. Bis *(2-Ethyl-hexyl)* Phthalate (117-81-7)			X	< 0.010	< 2.8						mg/l	mg/d			
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X	< 0.010	< 2.8						mg/l	mg/d			
15B. Butyl Benzyl Phthalate (85-68-7)			X	< 0.010	< 2.8						mg/l	mg/d			
16B. 2-Chloro-naphthalene (91-58-7)			X	< 0.010	< 2.8						mg/l	mg/d			
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X	< 0.010	< 2.8						mg/l	mg/d			
18B. Chrysene (218-01-9)			X	< 0.010	< 2.8						mg/l	mg/d			
19B. Dibenzo *(a,h)* Anthracene (53-70-3)			X	< 0.010	< 2.8						mg/l	mg/d			
20B. 1,2-Dichloro-benzene (95-50-1)			X	< 0.010	< 2.8						mg/l	mg/d			
21B. 1,3-Dichloro-benzene (541-73-1)			X	< 0.010	< 2.8						mg/l	mg/d			

CONTINUE ON PAGE V-7

CONTINUED FROM PAGE V-6

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	06A081

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	< 2.8						mg/l	mg/d			
23B. 3,3'-Dichlorobenzidine (91-94-1)			X	< 0.010	< 2.8						mg/l	mg/d			
24B. Diethyl Phthalate (84-66-2)			X	< 0.010	< 2.8						mg/l	mg/d			
25B. Dimethyl Phthalate (131-11-3)			X	< 0.010	< 2.8						mg/l	mg/d			
26B. Di-N-Butyl Phthalate (84-74-2)			X	< 0.010	< 2.8						mg/l	mg/d			
27B. 2,4-Dinitrotoluene (121-14-2)			X	< 0.010	< 2.8						mg/l	mg/d			
28B. 2,6-Dinitrotoluene (606-20-2)			X	< 0.010	< 2.8						mg/l	mg/d			
29B. Di-N-Octyl Phthalate (117-84-0)			X	< 0.010	< 2.8						mg/l	mg/d			
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)			X	< 0.010	< 2.8						mg/l	mg/d			
31B. Fluoranthene (206-44-0)			X	< 0.010	< 2.8						mg/l	mg/d			
32B. Fluorene (86-73-7)		X		.00028	0.1						mg/l	mg/d			
33B. Hexachlorobenzene (118-74-1)			X	< 0.010	< 2.8						mg/l	mg/d			
34B. Hexachlorobutadiene (87-68-3)			X	< 0.010	< 2.8						mg/l	mg/d			
35B. Hexachlorocyclopentadiene (77-47-4)			X	< 0.010	< 2.8						mg/l	mg/d			
36B. Hexachloroethane (67-72-1)			X	< 0.010	< 2.8						mg/l	mg/d			
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X	< 0.010	< 2.8						mg/l	mg/d			
38B. Isophorone (78-59-1)			X	< 0.010	< 2.8						mg/l	mg/d			
39B. Naphthalene (91-20-3)			X	< 0.010	< 2.8						mg/l	mg/d			
40B. Nitrobenzene (98-95-3)			X	< 0.010	< 2.8						mg/l	mg/d			
41B. N-Nitrosodimethylamine (62-75-9)			X	< 0.010	< 2.8						mg/l	mg/d			
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X	< 0.010	< 2.8						mg/l	mg/d			

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
43B. N-Nitrosodiphenylamine (86-30-6)			X	< 0.010	< 2.8						mg/l	mg/d			
44B. Phenanthrene (85-01-8)			X	< 0.010	< 2.8						mg/l	mg/d			
45B. Pyrene (129-00-0)			X	< 0.010	< 2.8						mg/l	mg/d			
46B. 1,2,4-Trichlorobenzene (120-82-1)			X	< 0.010	< 2.8						mg/l	mg/d			
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X	< 0.06	< 17.0						ug/l	ug/d			
2P. α-BHC (319-84-6)			X	< 0.04	< 11.4						ug/l	ug/d			
3P. β-BHC (319-85-7)			X	< 0.1	< 28.4						ug/l	ug/d			
4P. γ-BHC (58-89-9)			X	< 0.06	< 17.0						ug/l	ug/d			
5P. δ-BHC (319-86-8)			X	< 0.12	< 34.1						ug/l	ug/d			
6P. Chlordane (57-74-9)			X	< 0.25	< 71.0						ug/l	ug/d			
7P. 4,4'-DDT (50-29-3)			X	< 0.06	< 17.0						ug/l	ug/d			
8P. 4,4'-DDE (72-55-9)			X	< 0.08	< 22.7						ug/l	ug/d			
9P. 4,4'-DDD (72-54-8)			X	< 0.08	< 22.7						ug/l	ug/d			
10P. Dieldrin (60-57-1)			X	< 0.08	< 22.7						ug/l	ug/d			
11P. α-Endosulfan (115-29-7)			X	< 0.05	< 14.2						ug/l	ug/d			
12P. β-Endosulfan (115-29-7)			X	< 0.08	< 22.7						ug/l	ug/d			
13P. Endosulfan Sulfate (1031-07-8)			X	< 0.07	< 19.9						ug/l	ug/d			
14P. Endrin (72-20-8)			X	< 0.06	< 17.0						ug/l	ug/d			
15P. Endrin Aldehyde (7421-93-4)			X	< 0.31	< 88.0						ug/l	ug/d			
16P. Heptachlor (76-44-8)			X	< 0.3	< 85.2						ug/l	ug/d			

 CONTINUE ON PAGE V-9

CONTINUED FROM PAGE V-8

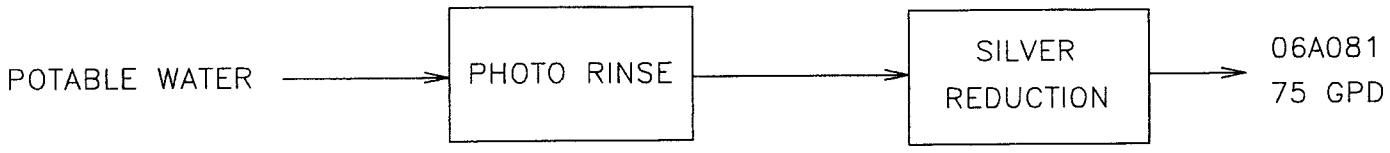
EPA I.D. NUMBER (copy from Item I of Form 1)	OUTFALL NUMBER
NM0890010515	06A081

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 – PESTICIDES (continued)															
17P. Heptachlor Epoxide (1024-57-3)			X	< 0.08	< 22.7						ug/l	ug/d			
18P. PCB-1242 (53469-21-9)			X	< 0.78	< 0.2						ug/l	mg/d			
19P. PCB-1254 (11097-69-1)			X	< 0.78	< 0.2						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	< 0.78	< 0.2						ug/l	mg/d			
24P. PCB-1016 (12674-11-2)			X	N.D.											
25P. Toxaphene (8001-35-2)			X	< 2.5	< 0.7						ug/l	mg/d			

SCHEMATIC OF OUTFALL

40-8-OPN-1



NOTE: THIS APPLICATION FORM CONTAINS WORST CASE COMPOSITE DATA FOR OUTFALLS UNDER THIS CATEGORY AT LOS ALAMOS NATIONAL LABORATORY; THESE DATA WERE NOT TAKEN FROM SAMPLES OF THIS PARTICULAR OUTFALL.

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

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

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

OUTFALL NO. 06A082

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

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE *(if available)* (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS *(specify if blank)* a. CONCENTRATION	b. MASS	4. INTAKE *(optional)* a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	33.6	9.5						mg/l	g/d			
b. Chemical Oxygen Demand *(COD)*	35.0	9.9						mg/l	g/d			
c. Total Organic Carbon *(TOC)*	6.1	1.7						mg/l	g/d			
d. Total Suspended Solids *(TSS)*	< 1.0	< 0.3						mg/l	g/d			
e. Ammonia *(as N)*	7.5	2.129						mg/l	g/d			
f. Flow	VALUE 75		VALUE		VALUE			gal/day		VALUE		
g. Temperature *(winter)*	VALUE 2.31		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 7.0	MAXIMUM 8.8	MINIMUM	MAXIMUM				STANDARD UNITS				

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

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE *(if available)* (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE *(optional)* a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Bromide (24959-67-9)	X		3.1	0.9						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		.3	85.2						mg/l	mg/d			
f. Nitrate-Nitrite *(as N)*	X		.357	0.1						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	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE (optional) b. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)	X		15.6	4.4						mg/l	g/d			
h. Oil and Grease	X		4.22	1.2						mg/l	g/d			
i. Phosphorus (as P), Total (7723-14-0)	X		0.156	44.3						mg/l	mg/d			
j. Radioactivity														
(1) Alpha, Total	X		.5	0.1						pCi/l	nCi/d			
(2) Beta, Total	X		6.7	1.9						pCi/l	nCi/d			
(3) Radium, Total	X													
(4) Radium 226, Total	X		0.05	14.2						pCi/l	nCi/d			
k. Sulfate (as SO_4) (14808-79-8)	X		77.3	21.9						mg/l	g/d			
l. Sulfide (as S)		X	< .05	< 14.2						mg/l	mg/d			
m. Sulfite (as SO_3) (14265-45-3)	X		13.1	3.7						mg/l	g/d			
n. Surfactants	X		0.1	28.4						mg/l	mg/d			
o. Aluminum, Total (7429-90-5)	X		0.56	0.2						mg/l	g/d			
p. Barium, Total (7440-39-3)	X		0.03	8.5						mg/l	mg/d			
q. Boron, Total (7440-42-8)	X		0.52	0.1						mg/l	g/d			
r. Cobalt, Total (7440-48-4)		X	< 0.1	< 28.4						mg/l	mg/d			
s. Iron, Total (7439-89-6)	X		.74	0.2						mg/l	g/d			
t. Magnesium, Total (7439-95-4)	X		3.3	0.9						mg/l	g/d			
u. Molybdenum, Total (7439-98-7)		X	< .02	< 5.7						mg/l	mg/d			
v. Manganese, Total (7439-96-5)	X		0.01	2.8						mg/l	mg/d			
w. Tin, Total (7440-31-5)		X	< 0.050	< 14.2						mg/l	mg/d			
x. Titanium, Total (7440-32-6)		X	< 0.004	< 1.1						mg/l	mg/d			

CONTINUE ON PAGE V-3

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	06A082

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	< 14.2						mg/l	mg/d			
2M. Arsenic, Total (7440-38-2)			X	< .002	< 0.6						mg/l	mg/d			
3M. Beryllium, Total, 7440-41-7)			X	< 0.001	< 0.3						mg/l	mg/d			
4M. Cadmium, Total (7440-43-9)			X	< .010	< 2.8						mg/l	mg/d			
5M. Chromium, Total (7440-47-3)		X		.087	24.7						mg/l	mg/d			
6M. Copper, Total (7440-50-8)		X		0.052	14.8						mg/l	mg/d			
7M. Lead, Total (7439-92-1)			X	< .050	< 14.2						mg/l	mg/d			
8M. Mercury, Total (7439-97-6)			X	< .0002	< 0.1						mg/l	mg/d			
9M. Nickel, Total (7440-02-0)		X		.16	45.4						mg/l	mg/d			
10M. Selenium, Total (7782-49-2)		X		.001	0.3						mg/l	mg/d			
11M. Silver, Total (7440-22-4)		X		0.214	60.7						mg/l	mg/d			
12M. Thallium, Total (7440-28-0)		X		1	0.3						mg/l	g/d			
13M. Zinc, Total (7440-66-6)			X	< .045	< 12.8						mg/l	mg/d			
14M. Cyanide, Total (57-12-5)		X		.01	2.8						mg/l	mg/d			
15M. Phenols, Total			X	< .01	< 2.8						mg/l	mg/d			
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X	< 0.005	< 1.4						mg/l	mg/d			
4V. Bis (*Chloromethyl*) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X	< 0.005	< 1.4						mg/l	mg/d			
6V. Carbon Tetrachloride (56-23-5)			X	< 0.005	<						mg/l	mg/d			
7V. Chlorobenzene (108-90-7)			X	< 0.005	< 1.4						mg/l	mg/d			
8V. Chlorodibromomethane (124-48-1)			X	< 0.005	< 1.4						mg/l	mg/d			
9V. Chloroethane (75-00-3)			X	< 0.010	< 0.00						mg/l	mg/d			
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X	< 0.005	< 1.4						mg/l	mg/d			
12V. Dichlorobromomethane (75-27-4)			X	< 0.005	< 1.4						mg/l	mg/d			
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X	< 0.005	< 1.4						mg/l	mg/d			
15V. 1,2-Dichloroethane (107-06-2)			X	< 0.005	< 1.4						mg/l	mg/d			
16V. 1,1-Dichloroethylene (75-35-4)			X	< 0.005	< 1.4						mg/l	mg/d			
17V. 1,2-Dichloropropane (78-87-5)			X	< 0.005	< 1.4						mg/l	kg/d			
18V. 1,3-Dichloropropylene (542-75-6)			X	< 0.005	< 1.4						mg/l	mg/d			
19V. Ethylbenzene (100-41-4)			X	< 0.005	< 1.4						mg/l	mg/d			
20V. Methyl Bromide (74-83-9)			X	< 0.010	< 2.8						mg/l	mg/d			
21V. Methyl Chloride (74-87-3)			X	< 0.010	< 2.8						mg/l	mg/d			

CONTINUE ON PAGE V-5

CONTINUED FROM PAGE V-4

EPA I.D. NUMBER (copy from Item 1 of Form 1): NM0890010515
OUTFALL NUMBER: 06A082

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

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)			X	< 0.005	< 1.4						mg/l	mg/d			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X	< 0.005	< 1.4						mg/l	mg/d			
24V. Tetrachloroethylene (127-18-4)			X	< 0.005	< 1.4						mg/l	mg/d			
25V. Toluene (108-88-3)			X	< 0.005	< 1.4						mg/l	mg/d			
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X	< 0.005	< 1.4						mg/l	mg/d			
27V. 1,1,1-Trichloroethane (71-55-6)			X	< 0.005	< 1.4						mg/l	mg/d			
28V. 1,1,2-Trichloroethane (79-00-5)			X	< 0.005	< 1.4						mg/l	mg/d			
29V. Trichloroethylene (79-01-6)			X	< 0.005	< 1.4						mg/l	mg/d			
30V. Trichlorofluoromethane (75-69-4)			X	< 0.005	< 1.4						mg/l	mg/d			
31V. Vinyl Chloride (75-01-4)			X	< 0.010	< 2.8						mg/l	mg/d			
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X	< 0.010	< 2.8						mg/l	mg/d			
2A. 2,4-Dichlorophenol (120-83-2)			X	< 0.010	< 2.8						mg/l	mg/d			
3A. 2,4-Dimethylphenol (105-67-9)			X	< 0.010	< 2.8						mg/l	mg/d			
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X	< 0.010	< 2.8						mg/l	mg/d			
5A. 2,4-Dinitrophenol (51-28-5)			X	< 0.010	< 2.8						mg/l	mg/d			
6A. 2-Nitrophenol (88-75-5)			X	< 0.010	< 2.8						mg/l	mg/d			
7A. 4-Nitrophenol (100-02-7)			X	< 0.010	< 2.8						mg/l	mg/d			
8A. P-Chloro-M-Cresol (59-50-7)			X	< 0.010	< 2.8						mg/l	mg/d			
9A. Pentachlorophenol (87-86-5)			X	< 0.010	< 2.8						mg/l	mg/d			
10A. Phenol (108-95-2)			X	< 0.010	< 2.8						mg/l	mg/d			
11A. 2,4,6-Trichlorophenol (88-06-2)			X	< 0.010	< 2.8						mg/l	mg/d			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X	< 0.010	< 2.8						mg/l	mg/d			
2B. Acenaphtylene (208-96-8)			X	< 0.010	< 2.8						mg/l	mg/d			
3B. Anthracene (120-12-7)			X	< 0.010	< 2.8						mg/l	mg/d			
4B. Benzidine (92-87-5)			X	< 0.010	< 2.8						mg/l	mg/d			
5B. Benzo *(a)* Anthracene (56-55-3)			X	< 0.010	< 2.8						mg/l	mg/d			
6B. Benzo *(a)* Pyrene (50-32-8)			X	< 0.010	< 2.8						mg/l	mg/d			
7B. 3,4-Benzo-fluoranthene (205-99-2)			X	< 0.010	< 2.8						mg/l	mg/d			
8B. Benzo *(ghi)* Perylene (191-24-2)			X	< 0.010	< 2.8						mg/l	mg/d			
9B. Benzo *(k)* Fluoranthene (207-08-9)			X	< 0.010	< 2.8						mg/l	mg/d			
10B. Bis *(2-Chloro-ethoxy)* Methane (111-91-1)			X	< 0.010	< 2.8						mg/l	mg/d			
11B. Bis *(2-Chloro-ethyl)* Ether (111-44-4)			X	< 0.010	< 2.8						mg/l	mg/d			
12B. Bis *(2-Chloroiso-propyl)* Ether (102-60-1)			X	< 0.010	< 2.8						mg/l	mg/d			
13B. Bis *(2-Ethyl-hexyl)* Phthalate (117-81-7)			X	< 0.010	< 2.8						mg/l	mg/d			
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X	< 0.010	< 2.8						mg/l	mg/d			
15B. Butyl Benzyl Phthalate (85-68-7)			X	< 0.010	< 2.8						mg/l	mg/d			
16B. 2-Chloro-naphthalene (91-58-7)			X	< 0.010	< 2.8						mg/l	mg/d			
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X	< 0.010	< 2.8						mg/l	mg/d			
18B. Chrysene (218-01-9)			X	< 0.010	< 2.8						mg/l	mg/d			
19B. Dibenzo *(a,h)* Anthracene (53-70-3)			X	< 0.010	< 2.8						mg/l	mg/d			
20B. 1,2-Dichloro-benzene (95-50-1)			X	< 0.010	< 2.8						mg/l	mg/d			
21B. 1,3-Dichloro-benzene (541-73-1)			X	< 0.010	< 2.8						mg/l	mg/d			

CONTINUE ON PAGE V-7

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	06A082

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	< 2.8						mg/l	mg/d			
23B. 3,3'-Dichlorobenzidine (91-94-1)			X	< 0.010	< 2.8						mg/l	mg/d			
24B. Diethyl Phthalate (84-66-2)			X	< 0.010	< 2.8						mg/l	mg/d			
25B. Dimethyl Phthalate (131-11-3)			X	< 0.010	< 2.8						mg/l	mg/d			
26B. Di-N-Butyl Phthalate (84-74-2)			X	< 0.010	< 2.8						mg/l	mg/d			
27B. 2,4-Dinitrotoluene (121-14-2)			X	< 0.010	< 2.8						mg/l	mg/d			
28B. 2,6-Dinitrotoluene (606-20-2)			X	< 0.010	< 2.8						mg/l	mg/d			
29B. Di-N-Octyl Phthalate (117-84-0)			X	< 0.010	< 2.8						mg/l	mg/d			
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)			X	< 0.010	< 2.8						mg/l	mg/d			
31B. Fluoranthene (206-44-0)			X	< 0.010	< 2.8						mg/l	mg/d			
32B. Fluorene (86-73-7)		X		.00028	0.1						mg/l	mg/d			
33B. Hexachlorobenzene (118-74-1)			X	< 0.010	< 2.8						mg/l	mg/d			
34B. Hexachlorobutadiene (87-68-3)			X	< 0.010	< 2.8						mg/l	mg/d			
35B. Hexachlorocyclopentadiene (77-47-4)			X	< 0.010	< 2.8						mg/l	mg/d			
36B. Hexachloroethane (67-72-1)			X	< 0.010	< 2.8						mg/l	mg/d			
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X	< 0.010	< 2.8						mg/l	mg/d			
38B. Isophorone (78-59-1)			X	< 0.010	< 2.8						mg/l	mg/d			
39B. Naphthalene (91-20-3)			X	< 0.010	< 2.8						mg/l	mg/d			
40B. Nitrobenzene (98-95-3)			X	< 0.010	< 2.8						mg/l	mg/d			
41B. N-Nitrosodimethylamine (62-75-9)			X	< 0.010	< 2.8						mg/l	mg/d			
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X	< 0.010	< 2.8						mg/l	mg/d			

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
43B. N-Nitrosodiphenylamine (86-30-6)			X	< 0.010	< 2.8						mg/l	mg/d			
44B. Phenanthrene (85-01-8)			X	< 0.010	< 2.8						mg/l	mg/d			
45B. Pyrene (129-00-0)			X	< 0.010	< 2.8						mg/l	mg/d			
46B. 1,2,4-Trichlorobenzene (120-82-1)			X	< 0.010	< 2.8						mg/l	mg/d			
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X	< 0.06	< 17.0						ug/l	ug/d			
2P. α-BHC (319-84-6)			X	< 0.04	< 11.4						ug/l	ug/d			
3P. β-BHC (319-85-7)			X	< 0.1	< 28.4						ug/l	ug/d			
4P. γ-BHC (58-89-9)			X	< 0.06	< 17.0						ug/l	ug/d			
5P. δ-BHC (319-86-8)			X	< 0.12	< 34.1						ug/l	ug/d			
6P. Chlordane (57-74-9)			X	< 0.25	< 71.0						ug/l	ug/d			
7P. 4,4'-DDT (50-29-3)			X	< 0.06	< 17.0						ug/l	ug/d			
8P. 4,4'-DDE (72-55-9)			X	< 0.08	< 22.7						ug/l	ug/d			
9P. 4,4'-DDD (72-54-8)			X	< 0.08	< 22.7						ug/l	ug/d			
10P. Dieldrin (60-57-1)			X	< 0.08	< 22.7						ug/l	ug/d			
11P. α-Endosulfan (115-29-7)			X	< 0.05	< 14.2						ug/l	ug/d			
12P. β-Endosulfan (115-29-7)			X	< 0.08	< 22.7						ug/l	ug/d			
13P. Endosulfan Sulfate (1031-07-8)			X	< 0.07	< 19.9						ug/l	ug/d			
14P. Endrin (72-20-8)			X	< 0.06	< 17.0						ug/l	ug/d			
15P. Endrin Aldehyde (7421-93-4)			X	< 0.31	< 88.0						ug/l	ug/d			
16P. Heptachlor (76-44-8)			X	< 0.3	< 85.2						ug/l	ug/d			

CONTINUE ON PAGE V-9

CONTINUED FROM PAGE V-8

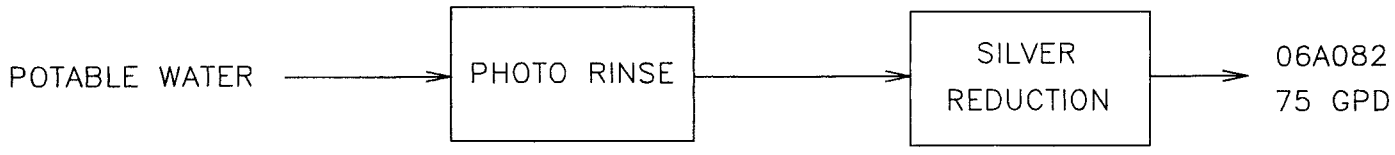
EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	06A082

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	< 22.7						ug/l	ug/d			
18P. PCB-1242 (53469-21-9)			X	< 0.78	< 0.2						ug/l	mg/d			
19P. PCB-1254 (11097-69-1)			X	< 0.78	< 0.2						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	< 0.78	< 0.2						ug/l	mg/d			
24P. PCB-1016 (12674-11-2)			X	N.D.											
25P. Toxaphene (8001-35-2)			X	< 2.5	< 0.7						ug/l	mg/d			

SCHEMATIC OF WATER FLOW

OUTFALL: 40-12-OPN-1



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.	
06A099	35	51	31	106	19	9	Two Mile Canyon
06A100	35	51	23	106	18	55	Pajarito Canyon

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

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

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

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
099	TA 40-23 Photo Lab Rinse Water	75 GPD	Silver Recovery	2L	
100	TA 40-15 Photo Lab Rinse Water	100 GPD	Silver Recovery	2L	

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

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

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

1. OUTFALL NUMBER *(list)*	2. OPERATION(s) CONTRIBUTING FLOW *(list)*	3. FREQUENCY a. DAYS PER WEEK *(specify average)*	b. MONTHS PER YEAR *(specify average)*	4. FLOW a. FLOW RATE *(in mgd)* 1. LONG TERM AVERAGE	2. MAXIMUM DAILY	b. TOTAL VOLUME *(specify with units)* 1. LONG TERM AVERAGE	2. MAXIMUM DAILY	c. DURATION *(in days)*
099	Photo Rinse Water	1	12	.000075	.001	75 GPD	1000 GPD	4 HR/D
100	Photo Rinse Water	1	12	.0001	.0003	100 GPD	300 GPD	4 HR/D

III. PRODUCTION

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

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

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

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

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

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

IV. IMPROVEMENTS

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

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

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS a. NO.	b. SOURCE OF DISCHARGE	3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE a. REQUIRED	b. PROJECTED

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

 CONTINUE ON PAGE 3

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

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

V. INTAKE AND EFFLUENT CHARACTERISTICS

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

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

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
NA			

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.)*
JOSEPH VOEZELLA, DOE AREA MANAGER	505-667-5105
ALLEN J. TIEDMAN, ASSOC. DIRECTOR FOR OPERATIONS	505-667-9390
C. SIGNATURE	D. DATE SIGNED

NOTE: THIS APPLICATION FORM CONTAINS WORST CASE COMPOSITE DATA FOR OUTFALLS UNDER THIS CATEGORY AT LOS ALAMOS NATIONAL LABORATORY, THESE DATA WERE NOT TAKEN FROM SAMPLES OF THIS PARTICULAR OUTFALL.

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. 06A099

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	33.6	9.5						mg/l	g/d			
b. Chemical Oxygen Demand *(COD)*	35.0	9.9						mg/l	g/d			
c. Total Organic Carbon *(TOC)*	6.1	1.7						mg/l	g/d			
d. Total Suspended Solids *(TSS)*	< 1.0	<0.3						mg/l	g/d			
e. Ammonia *(as N)*	7.5	2.129						mg/l	g/d			
f. Flow	VALUE 75		VALUE		VALUE			gal/day		VALUE		
g. Temperature *(winter)*	VALUE 2.31		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 7.0	MAXIMUM 8.8	MINIMUM	MAXIMUM				STANDARD UNITS				

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

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Bromide (24959-67-9)	X		3.1	0.9						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		.3	85.2						mg/l	mg/d			
f. Nitrate-Nitrite *(as N)*	X		.357	0.1						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	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)	X		15.6	4.4						mg/l	g/d			
h. Oil and Grease	X		4.22	1.2						mg/l	g/d			
i. Phosphorus (as P), Total (7723-14-0)	X		0.156	44.3						mg/l	mg/d			
j. Radioactivity														
(1) Alpha, Total	X		.5	0.1						pCi/l	nCi/d			
(2) Beta, Total	X		6.7	1.9						pCi/l	nCi/d			
(3) Radium, Total	X													
(4) Radium 226, Total	X		0.05	14.2						pCi/l	nCi/d			
k. Sulfate (as SO_4) (14808-79-8)	X		77.3	21.9						mg/l	g/d			
l. Sulfide (as S)		X	< .05	< 14.2						mg/l	mg/d			
m. Sulfite (as SO_3) (14265-45-3)	X		13.1	3.7						mg/l	g/d			
n. Surfactants	X		0.1	28.4						mg/l	mg/d			
o. Aluminum, Total (7429-90-5)	X		0.56	0.2						mg/l	g/d			
p. Barium, Total (7440-39-3)	X		0.03	8.5						mg/l	mg/d			
q. Boron, Total (7440-42-8)	X		0.52	0.1						mg/l	g/d			
r. Cobalt, Total (7440-48-4)		X	< 0.1	< 28.4						mg/l	mg/d			
s. Iron, Total (7439-89-6)	X		.74	0.2						mg/l	g/d			
t. Magnesium, Total (7439-95-4)	X		3.3	0.9						mg/l	g/d			
u. Molybdenum, Total (7439-98-7)		X	< .02	< 5.7						mg/l	mg/d			
v. Manganese, Total (7439-96-5)	X		0.01	2.8						mg/l	mg/d			
w. Tin, Total (7440-31-5)		X	< 0.050	< 14.2						mg/l	mg/d			
x. Titanium, Total (7440-32-6)		X	< 0.004	< 1.1						mg/l	mg/d			

CONTINUE ON PAGE V-3

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	06A099

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		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X	< 0.050	< 14.2						mg/l	mg/d			
2M. Arsenic, Total (7440-38-2)			X	< .002	< 0.6						mg/l	mg/d			
3M. Beryllium, Total, 7440-41-7)			X	< 0.001	< 0.3						mg/l	mg/d			
4M. Cadmium, Total (7440-43-9)			X	< .010	< 2.8						mg/l	mg/d			
5M. Chromium, Total (7440-47-3)		X		.087	24.7						mg/l	mg/d			
6M. Copper, Total (7440-50-8)		X		0.052	14.8						mg/l	mg/d			
7M. Lead, Total (7439-92-1)			X	< .050	< 14.2						mg/l	mg/d			
8M. Mercury, Total (7439-97-6)			X	< .0002	< 0.1						mg/l	mg/d			
9M. Nickel, Total (7440-02-0)		X		.16	45.4						mg/l	mg/d			
10M. Selenium, Total (7782-49-2)		X		.001	0.3						mg/l	mg/d			
11M. Silver, Total (7440-22-4)		X		0.214	60.7						mg/l	mg/d			
12M. Thallium, Total (7440-28-0)		X		1	0.3						mg/l	g/d			
13M. Zinc, Total (7440-66-6)			X	< .045	< 12.8						mg/l	mg/d			
14M. Cyanide, Total (57-12-5)		X		.01	2.8						mg/l	mg/d			
15M. Phenols, Total			X	< .01	< 2.8						mg/l	mg/d			
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUE ON REVERSE

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X	< 0.005	< 1.4						mg/l	mg/d			
4V. Bis (Chloromethyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X	< 0.005	< 1.4						mg/l	mg/d			
6V. Carbon Tetrachloride (56-23-5)			X	< 0.005	<						mg/l	mg/d			
7V. Chlorobenzene (108-90-7)			X	< 0.005	< 1.4						mg/l	mg/d			
8V. Chlorodibromomethane (124-48-1)			X	< 0.005	< 1.4						mg/l	mg/d			
9V. Chloroethane (75-00-3)			X	< 0.010	< 0.00						mg/l	mg/d			
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X	< 0.005	< 1.4						mg/l	mg/d			
12V. Dichlorobromomethane (75-27-4)			X	< 0.005	< 1.4						mg/l	mg/d			
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X	< 0.005	< 1.4						mg/l	mg/d			
15V. 1,2-Dichloroethane (107-06-2)			X	< 0.005	< 1.4						mg/l	mg/d			
16V. 1,1-Dichloroethylene (75-35-4)			X	< 0.005	< 1.4						mg/l	mg/d			
17V. 1,2-Dichloropropane (78-87-5)			X	< 0.005	< 1.4						mg/l	kg/d			
18V. 1,3-Dichloropropylene (542-75-6)			X	< 0.005	< 1.4						mg/l	mg/d			
19V. Ethylbenzene (100-41-4)			X	< 0.005	< 1.4						mg/l	mg/d			
20V. Methyl Bromide (74-83-9)			X	< 0.010	< 2.8						mg/l	mg/d			
21V. Methyl Chloride (74-87-3)			X	< 0.010	< 2.8						mg/l	mg/d			

CONTINUE ON PAGE V-5

CONTINUED FROM PAGE V-4

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	06A099

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	< 1.4						mg/l	mg/d			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X	< 0.005	< 1.4						mg/l	mg/d			
24V. Tetrachloroethylene (127-18-4)			X	< 0.005	< 1.4						mg/l	mg/d			
25V. Toluene (108-88-3)			X	< 0.005	< 1.4						mg/l	mg/d			
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X	< 0.005	< 1.4						mg/l	mg/d			
27V. 1,1,1-Trichloroethane (71-55-6)			X	< 0.005	< 1.4						mg/l	mg/d			
28V. 1,1,2-Trichloroethane (79-00-5)			X	< 0.005	< 1.4						mg/l	mg/d			
29V. Trichloroethylene (79-01-6)			X	< 0.005	< 1.4						mg/l	mg/d			
30V. Trichlorofluoromethane (75-69-4)			X	< 0.005	< 1.4						mg/l	mg/d			
31V. Vinyl Chloride (75-01-4)			X	< 0.010	< 2.8						mg/l	mg/d			
GC/MS FRACTION — ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X	< 0.010	< 2.8						mg/l	mg/d			
2A. 2,4-Dichlorophenol (120-83-2)			X	< 0.010	< 2.8						mg/l	mg/d			
3A. 2,4-Dimethylphenol (105-67-9)			X	< 0.010	< 2.8						mg/l	mg/d			
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X	< 0.010	< 2.8						mg/l	mg/d			
5A. 2,4-Dinitrophenol (51-28-5)			X	< 0.010	< 2.8						mg/l	mg/d			
6A. 2-Nitrophenol (88-75-5)			X	< 0.010	< 2.8						mg/l	mg/d			
7A. 4-Nitrophenol (100-02-7)			X	< 0.010	< 2.8						mg/l	mg/d			
8A. P-Chloro-M-Cresol (59-50-7)			X	< 0.010	< 2.8						mg/l	mg/d			
9A. Pentachlorophenol (87-86-5)			X	< 0.010	< 2.8						mg/l	mg/d			
10A. Phenol (108-95-2)			X	< 0.010	< 2.8						mg/l	mg/d			
11A. 2,4,6-Trichlorophenol (88-06-2)			X	< 0.010	< 2.8						mg/l	mg/d			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X	< 0.010	< 2.8						mg/l	mg/d			
2B. Acenaphtylene (208-96-8)			X	< 0.010	< 2.8						mg/l	mg/d			
3B. Anthracene (120-12-7)			X	< 0.010	< 2.8						mg/l	mg/d			
4B. Benzidine (92-87-5)			X	< 0.010	< 2.8						mg/l	mg/d			
5B. Benzo *(a)* Anthracene (56-55-3)			X	< 0.010	< 2.8						mg/l	mg/d			
6B. Benzo *(a)* Pyrene (50-32-8)			X	< 0.010	< 2.8						mg/l	mg/d			
7B. 3,4-Benzo-fluoranthene (205-99-2)			X	< 0.010	< 2.8						mg/l	mg/d			
8B. Benzo *(ghi)* Perylene (191-24-2)			X	< 0.010	< 2.8						mg/l	mg/d			
9B. Benzo *(k)* Fluoranthene (207-08-9)			X	< 0.010	< 2.8						mg/l	mg/d			
10B. Bis *(2-Chloro-ethoxy)* Methane (111-91-1)			X	< 0.010	< 2.8						mg/l	mg/d			
11B. Bis *(2-Chloro-ethyl)* Ether (111-44-4)			X	< 0.010	< 2.8						mg/l	mg/d			
12B. Bis *(2-Chloroiso-propyl)* Ether (102-60-1)			X	< 0.010	< 2.8						mg/l	mg/d			
13B. Bis *(2-Ethyl-hexyl)* Phthalate (117-81-7)			X	< 0.010	< 2.8						mg/l	mg/d			
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X	< 0.010	< 2.8						mg/l	mg/d			
15B. Butyl Benzyl Phthalate (85-68-7)			X	< 0.010	< 2.8						mg/l	mg/d			
16B. 2-Chloro-naphthalene (91-58-7)			X	< 0.010	< 2.8						mg/l	mg/d			
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X	< 0.010	< 2.8						mg/l	mg/d			
18B. Chrysene (218-01-9)			X	< 0.010	< 2.8						mg/l	mg/d			
19B. Dibenzo *(a,h)* Anthracene (53-70-3)			X	< 0.010	< 2.8						mg/l	mg/d			
20B. 1,2-Dichloro-benzene (95-50-1)			X	< 0.010	< 2.8						mg/l	mg/d			
21B. 1,3-Dichloro-benzene (541-73-1)			X	< 0.010	< 2.8						mg/l	mg/d			

CONTINUE ON PAGE V-7

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
43B. N-Nitrosodiphenylamine (86-30-6)			X	< 0.010	< 2.8						mg/l	mg/d			
44B. Phenanthrene (85-01-8)			X	< 0.010	< 2.8						mg/l	mg/d			
45B. Pyrene (129-00-0)			X	< 0.010	< 2.8						mg/l	mg/d			
46B. 1,2,4-Trichlorobenzene (120-82-1)			X	< 0.010	< 2.8						mg/l	mg/d			
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X	< 0.06	< 17.0						ug/l	ug/d			
2P. α-BHC (319-84-6)			X	< 0.04	< 11.4						ug/l	ug/d			
3P. β-BHC (319-85-7)			X	< 0.1	< 28.4						ug/l	ug/d			
4P. γ-BHC (58-89-9)			X	< 0.06	< 17.0						ug/l	ug/d			
5P. δ-BHC (319-86-8)			X	< 0.12	< 34.1						ug/l	ug/d			
6P. Chlordane (57-74-9)			X	< 0.25	< 71.0						ug/l	ug/d			
7P. 4,4'-DDT (50-29-3)			X	< 0.06	< 17.0						ug/l	ug/d			
8P. 4,4'-DDE (72-55-9)			X	< 0.08	< 22.7						ug/l	ug/d			
9P. 4,4'-DDD (72-54-8)			X	< 0.08	< 22.7						ug/l	ug/d			
10P. Dieldrin (60-57-1)			X	< 0.08	< 22.7						ug/l	ug/d			
11P. α-Endosulfan (115-29-7)			X	< 0.05	< 14.2						ug/l	ug/d			
12P. β-Endosulfan (115-29-7)			X	< 0.08	< 22.7						ug/l	ug/d			
13P. Endosulfan Sulfate (1031-07-8)			X	< 0.07	< 19.9						ug/l	ug/d			
14P. Endrin (72-20-8)			X	< 0.06	< 17.0						ug/l	ug/d			
15P. Endrin Aldehyde (7421-93-4)			X	< 0.31	< 88.0						ug/l	ug/d			
16P. Heptachlor (76-44-8)			X	< 0.3	< 85.2						ug/l	ug/d			

CONTINUE ON PAGE V-9

CONTINUED FROM PAGE V-8

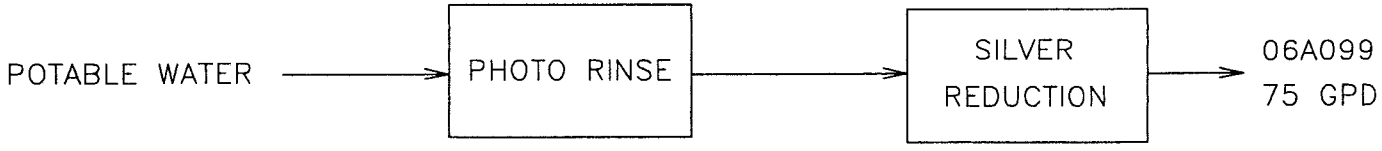
EPA I.D. NUMBER (copy from Item I of Form 1)	OUTFALL NUMBER
NM0890010515	06A099

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	< 22.7						ug/l	ug/d			
18P. PCB-1242 (53469-21-9)			X	< 0.78	< 0.2						ug/l	mg/d			
19P. PCB-1254 (11097-69-1)			X	< 0.78	< 0.2						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	< 0.78	< 0.2						ug/l	mg/d			
24P. PCB-1016 (12674-11-2)			X	N.D.											
25P. Toxaphene (8001-35-2)			X	< 2.5	< 0.7						ug/l	mg/d			

SCHEMATIC OF OUTFALL

40-23-OPN-2



NOTE: THIS APPLICATION FORM CONTAINS WORST CASE COMPOSITE DATA FOR OUTFALLS UNDER THIS CATEGORY AT LOS ALAMOS NATIONAL LABORATORY; THESE DATA WERE NOT TAKEN FROM SAMPLES OF THIS PARTICULAR OUTFALL.

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

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

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

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

OUTFALL NO. 06A100

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	33.6	12.7						mg/l	g/d			
b. Chemical Oxygen Demand *(COD)*	35.0	9.9						mg/l	g/d			
c. Total Organic Carbon *(TOC)*	6.1	1.7						mg/l	g/d			
d. Total Suspended Solids *(TSS)*	< 1.0	< 0.3						mg/l	g/d			
e. Ammonia *(as N)*	7.5	2.129						mg/l	g/d			
f. Flow	VALUE 100		VALUE		VALUE			gal/day		VALUE		
g. Temperature *(winter)*	VALUE 2.31		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 7.0	MAXIMUM 8.8	MINIMUM	MAXIMUM				STANDARD UNITS				

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

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Bromide (24959-67-9)	X		3.1	0.9						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		.3	85.2						mg/l	mg/d			
f. Nitrate-Nitrite *(as N)*	X		.357	0.1						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	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
g. Nitrogen, Total Organic (as N)	X		15.6	4.4						mg/l	g/d			
h. Oil and Grease	X		4.22	1.2						mg/l	g/d			
i. Phosphorus (as P), Total (7723-14-0)	X		0.156	44.3						mg/l	mg/d			
j. Radioactivity														
(1) Alpha, Total	X		.5	0.1						pCi/l	nCi/d			
(2) Beta, Total	X		6.7	1.9						pCi/l	nCi/d			
(3) Radium, Total	X													
(4) Radium 226, Total	X		0.05	14.2						pCi/l	nCi/d			
k. Sulfate (as SO_4) (14808-79-8)	X		77.3	21.9						mg/l	g/d			
l. Sulfide (as S)		X	< .05	< 14.2						mg/l	mg/d			
m. Sulfite (as SO_3) (14265-45-3)	X		13.1	3.7						mg/l	g/d			
n. Surfactants	X		0.1	28.4						mg/l	mg/d			
o. Aluminum, Total (7429-90-5)	X		0.56	0.2						mg/l	g/d			
p. Barium, Total (7440-39-3)	X		0.03	8.5						mg/l	mg/d			
q. Boron, Total (7440-42-8)	X		0.52	0.1						mg/l	g/d			
r. Cobalt, Total (7440-48-4)		X	< 0.1	< 28.4						mg/l	mg/d			
s. Iron, Total (7439-89-6)	X		.74	0.2						mg/l	g/d			
t. Magnesium, Total (7439-95-4)	X		3.3	0.9						mg/l	g/d			
u. Molybdenum, Total (7439-98-7)		X	< .02	< 5.7						mg/l	mg/d			
v. Manganese, Total (7439-96-5)	X		0.01	2.8						mg/l	mg/d			
w. Tin, Total (7440-31-5)		X	< 0.050	< 14.2						mg/l	mg/d			
x. Titanium, Total (7440-32-6)		X	< 0.004	< 1.1						mg/l	mg/d			

CONTINUE ON PAGE V-3

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	06A100

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. TEST-ING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X	< 0.050	< 14.2						mg/l	mg/d			
2M. Arsenic, Total (7440-38-2)			X	< .002	< 0.6						mg/l	mg/d			
3M. Beryllium, Total, 7440-41-7)			X	< 0.001	< 0.3						mg/l	mg/d			
4M. Cadmium, Total (7440-43-9)			X	< .010	< 2.8						mg/l	mg/d			
5M. Chromium, Total (7440-47-3)		X		.087	24.7						mg/l	mg/d			
6M. Copper, Total (7440-50-8)		X		0.052	14.8						mg/l	mg/d			
7M. Lead, Total (7439-92-1)			X	< .050	< 14.2						mg/l	mg/d			
8M. Mercury, Total (7439-97-6)			X	< .0002	< 0.1						mg/l	mg/d			
9M. Nickel, Total (7440-02-0)		X		.16	45.4						mg/l	mg/d			
10M. Selenium, Total (7782-49-2)		X		.001	0.3						mg/l	mg/d			
11M. Silver, Total (7440-22-4)		X		0.214	60.7						mg/l	mg/d			
12M. Thallium, Total (7440-28-0)		X		1	0.3						mg/l	g/d			
13M. Zinc, Total (7440-66-6)			X	< .045	< 12.8						mg/l	mg/d			
14M. Cyanide, Total (57-12-5)		X		.01	2.8						mg/l	mg/d			
15M. Phenols, Total			X	< .01	< 2.8						mg/l	mg/d			
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUE ON REVERSE

CONTINUED FROM PAGE V-3

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X	< 0.005	< 1.4						mg/l	mg/d			
4V. Bis (Chloromethyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X	< 0.005	< 1.4						mg/l	mg/d			
6V. Carbon Tetrachloride (56-23-5)			X	< 0.005	<						mg/l	mg/d			
7V. Chlorobenzene (108-90-7)			X	< 0.005	< 1.4						mg/l	mg/d			
8V. Chlorodibromomethane (124-48-1)			X	< 0.005	< 1.4						mg/l	mg/d			
9V. Chloroethane (75-00-3)			X	< 0.010	< 2.8						mg/l	mg/d			
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X	< 0.005	< 1.4						mg/l	mg/d			
12V. Dichlorobromomethane (75-27-4)			X	< 0.005	< 1.4						mg/l	mg/d			
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X	< 0.005	< 1.4						mg/l	mg/d			
15V. 1,2-Dichloroethane (107-06-2)			X	< 0.005	< 1.4						mg/l	mg/d			
16V. 1,1-Dichloroethylene (75-35-4)			X	< 0.005	< 1.4						mg/l	mg/d			
17V. 1,2-Dichloropropane (78-87-5)			X	< 0.005	< 1.4						mg/l	kg/d			
18V. 1,3-Dichloropropylene (542-75-6)			X	< 0.005	< 1.4						mg/l	mg/d			
19V. Ethylbenzene (100-41-4)			X	< 0.005	< 1.4						mg/l	mg/d			
20V. Methyl Bromide (74-83-9)			X	< 0.010	< 2.8						mg/l	mg/d			
21V. Methyl Chloride (74-87-3)			X	< 0.010	< 2.8						mg/l	mg/d			

CONTINUE ON PAGE V-5

CONTINUED FROM PAGE V-4

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	06A100

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		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)			X	< 0.005	< 2.8						mg/l	mg/d			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X	< 0.005	< 2.8						mg/l	mg/d			
24V. Tetrachloroethylene (127-18-4)			X	< 0.005	< 2.8						mg/l	mg/d			
25V. Toluene (108-88-3)			X	< 0.005	< 2.8						mg/l	mg/d			
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X	< 0.005	< 2.8						mg/l	mg/d			
27V. 1,1,1-Trichloroethane (71-55-6)			X	< 0.005	< 2.8						mg/l	mg/d			
28V. 1,1,2-Trichloroethane (79-00-5)			X	< 0.005	< 2.8						mg/l	mg/d			
29V. Trichloroethylene (79-01-6)			X	< 0.005	< 2.8						mg/l	mg/d			
30V. Trichlorofluoromethane (75-69-4)			X	< 0.005	< 2.8						mg/l	mg/d			
31V. Vinyl Chloride (75-01-4)			X	< 0.010	< 5.7						mg/l	mg/d			
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X	< 0.010	< 5.7						mg/l	mg/d			
2A. 2,4-Dichlorophenol (120-83-2)			X	< 0.010	< 5.7						mg/l	mg/d			
3A. 2,4-Dimethylphenol (105-67-9)			X	< 0.010	< 5.7						mg/l	mg/d			
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X	< 0.010	< 5.7						mg/l	mg/d			
5A. 2,4-Dinitrophenol (51-28-5)			X	< 0.010	< 5.7						mg/l	mg/d			
6A. 2-Nitrophenol (88-75-5)			X	< 0.010	< 5.7						mg/l	mg/d			
7A. 4-Nitrophenol (100-02-7)			X	< 0.010	< 5.7						mg/l	mg/d			
8A. P-Chloro-M-Cresol (59-50-7)			X	< 0.010	< 5.7						mg/l	mg/d			
9A. Pentachlorophenol (87-86-5)			X	< 0.010	< 5.7						mg/l	mg/d			
10A. Phenol (108-95-2)			X	< 0.010	< 5.7						mg/l	mg/d			
11A. 2,4,6-Trichlorophenol (88-06-2)			X	< 0.010	< 5.7						mg/l	mg/d			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X	< 0.010	< 5.7						mg/l	mg/d			
2B. Acenaphtylene (208-96-8)			X	< 0.010	< 5.7						mg/l	mg/d			
3B. Anthracene (120-12-7)			X	< 0.010	< 5.7						mg/l	mg/d			
4B. Benzidine (92-87-5)			X	< 0.010	< 5.7						mg/l	mg/d			
5B. Benzo *(a)* Anthracene (56-55-3)			X	< 0.010	< 5.7						mg/l	mg/d			
6B. Benzo *(a)* Pyrene (50-32-8)			X	< 0.010	< 5.7						mg/l	mg/d			
7B. 3,4-Benzo-fluoranthene (205-99-2)			X	< 0.010	< 5.7						mg/l	mg/d			
8B. Benzo *(ghi)* Perylene (191-24-2)			X	< 0.010	< 5.7						mg/l	mg/d			
9B. Benzo *(k)* Fluoranthene (207-08-9)			X	< 0.010	< 5.7						mg/l	mg/d			
10B. Bis *(2-Chloro-ethoxy)* Methane (111-91-1)			X	< 0.010	< 5.7						mg/l	mg/d			
11B. Bis *(2-Chloro-ethyl)* Ether (111-44-4)			X	< 0.010	< 5.7						mg/l	mg/d			
12B. Bis *(2-Chloroiso-propyl)* Ether (102-60-1)			X	< 0.010	< 5.7						mg/l	mg/d			
13B. Bis *(2-Ethyl-hexyl)* Phthalate (117-81-7)			X	< 0.010	< 5.7						mg/l	mg/d			
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X	< 0.010	< 5.7						mg/l	mg/d			
15B. Butyl Benzyl Phthalate (85-68-7)			X	< 0.010	< 5.7						mg/l	mg/d			
16B. 2-Chloro-naphthalene (91-58-7)			X	< 0.010	< 5.7						mg/l	mg/d			
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X	< 0.010	< 5.7						mg/l	mg/d			
18B. Chrysene (218-01-9)			X	< 0.010	< 5.7						mg/l	mg/d			
19B. Dibenzo *(a,h)* Anthracene (53-70-3)			X	< 0.010	< 5.7						mg/l	mg/d			
20B. 1,2-Dichloro-benzene (95-50-1)			X	< 0.010	< 5.7						mg/l	mg/d			
21B. 1,3-Dichloro-benzene (541-73-1)			X	< 0.010	< 5.7						mg/l	mg/d			

CONTINUE ON PAGE V-7

CONTINUED FROM PAGE V-6

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	06A100

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	< 5.7						mg/l	mg/d			
23B. 3,3'-Dichlorobenzidine (91-94-1)			X	< 0.010	< 5.7						mg/l	mg/d			
24B. Diethyl Phthalate (84-66-2)			X	< 0.010	< 5.7						mg/l	mg/d			
25B. Dimethyl Phthalate (131-11-3)			X	< 0.010	< 5.7						mg/l	mg/d			
26B. Di-N-Butyl Phthalate (84-74-2)			X	< 0.010	< 5.7						mg/l	mg/d			
27B. 2,4-Dinitrotoluene (121-14-2)			X	< 0.010	< 5.7						mg/l	mg/d			
28B. 2,6-Dinitrotoluene (606-20-2)			X	< 0.010	< 5.7						mg/l	mg/d			
29B. Di-N-Octyl Phthalate (117-84-0)			X	< 0.010	< 5.7						mg/l	mg/d			
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)			X	< 0.010	< 5.7						mg/l	mg/d			
31B. Fluoranthene (206-44-0)			X	< 0.010	< 5.7						mg/l	mg/d			
32B. Fluorene (86-73-7)		X		.00028	0.2						mg/l	mg/d			
33B. Hexachlorobenzene (118-74-1)			X	< 0.010	< 5.7						mg/l	mg/d			
34B. Hexachlorobutadiene (87-68-3)			X	< 0.010	< 5.7						mg/l	mg/d			
35B. Hexachlorocyclopentadiene (77-47-4)			X	< 0.010	< 5.7						mg/l	mg/d			
36B. Hexachloroethane (67-72-1)			X	< 0.010	< 5.7						mg/l	mg/d			
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X	< 0.010	< 5.7						mg/l	mg/d			
38B. Isophorone (78-59-1)			X	< 0.010	< 5.7						mg/l	mg/d			
39B. Naphthalene (91-20-3)			X	< 0.010	< 5.7						mg/l	mg/d			
40B. Nitrobenzene (98-95-3)			X	< 0.010	< 5.7						mg/l	mg/d			
41B. N-Nitrosodimethylamine (62-75-9)			X	< 0.010	< 5.7						mg/l	mg/d			
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X	< 0.010	< 5.7						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		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION — BASE/NEUTRAL COMPOUNDS *(continued)*															
43B. N-Nitrosodiphenylamine (86-30-6)			X	< 0.010	< 5.7						mg/l	mg/d			
44B. Phenanthrene (85-01-8)			X	< 0.010	< 5.7						mg/l	mg/d			
45B. Pyrene (129-00-0)			X	< 0.010	< 5.7						mg/l	mg/d			
46B. 1,2,4-Trichlorobenzene (120-82-1)			X	< 0.010	< 5.7						mg/l	mg/d			
GC/MS FRACTION — PESTICIDES															
1P. Aldrin (309-00-2)			X	< 0.06	< 34.1						ug/l	ug/d			
2P. α-BHC (319-84-6)			X	< 0.04	< 22.7						ug/l	ug/d			
3P. β-BHC (319-85-7)			X	< 0.1	< 56.8						ug/l	ug/d			
4P. γ-BHC (58-89-9)			X	< 0.06	< 34.1						ug/l	ug/d			
5P. δ-BHC (319-86-8)			X	< 0.12	< 68.1						ug/l	ug/d			
6P. Chlordane (57-74-9)			X	< 0.25	< 0.1						ug/l	mg/d			
7P. 4,4'-DDT (50-29-3)			X	< 0.06	< 34.1						ug/l	ug/d			
8P. 4,4'-DDE (72-55-9)			X	< 0.08	< 45.4						ug/l	ug/d			
9P. 4,4'-DDD (72-54-8)			X	< 0.08	< 45.4						ug/l	ug/d			
10P. Dieldrin (60-57-1)			X	< 0.08	< 45.4						ug/l	ug/d			
11P. α-Endosulfan (115-29-7)			X	< 0.05	< 28.4						ug/l	ug/d			
12P. β-Endosulfan (115-29-7)			X	< 0.08	< 45.4						ug/l	ug/d			
13P. Endosulfan Sulfate (1031-07-8)			X	< 0.07	< 39.7						ug/l	ug/d			
14P. Endrin (72-20-8)			X	< 0.06	< 34.1						ug/l	ug/d			
15P. Endrin Aldehyde (7421-93-4)			X	< 0.31	< 0.2						ug/l	mg/d			
16P. Heptachlor (76-44-8)			X	< 0.3	< 0.2						ug/l	mg/d			

CONTINUE ON PAGE V-9

CONTINUED FROM PAGE V-8

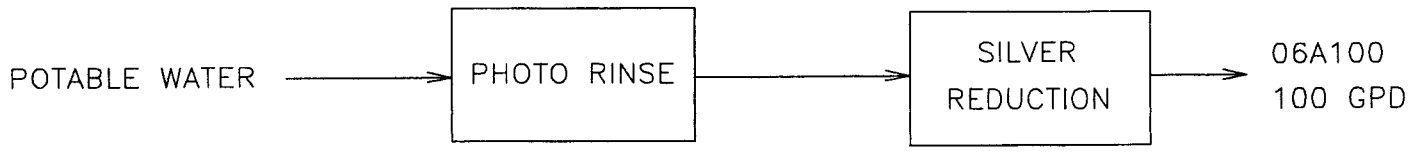
EPA I.D. NUMBER (copy from Item I of Form 1)	OUTFALL NUMBER
NM0890010515	06A100

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 – PESTICIDES (continued)															
17P. Heptachlor Epoxide (1024-57-3)			X	< 0.08	< 45.4						ug/l	ug/d			
18P. PCB-1242 (53469-21-9)			X	< 0.78	< 0.4						ug/l	mg/d			
19P. PCB-1254 (11097-69-1)			X	< 0.78	< 0.4						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	< 0.78	< 0.4						ug/l	mg/d			
24P. PCB-1016 (12674-11-2)			X	N.D.											
25P. Toxaphene (8001-35-2)			X	< 2.5	< 1.4						ug/l	mg/d			

SCHEMATIC OF OUTFALL

40-15-OPN-1



Please type or print in the unshaded areas only

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

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

Form **2D** NPDES

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

I. Outfall Location

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

Outfall Number *(list)*	Latitude			Longitude			Receiving Water *(name)*
	Deg	Min	Sec	Deg	Min	Sec	
40-4-OPN-1	35	51	27	106	17	12	Pajarito Canyon
(06A079)							

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

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)*
06A079	1. Photo Rinse Water	75 GPD	2L
	2. Non Contact Cooling Water	750 GPD	None
	Total	825 GPD	

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)*
06A079	1/3	12	.000825	825 Gallons	1

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)*

CONTINUE ON NEXT PAGE

CONTINUED FROM THE FRONT	EPA ID Number *(copy from Item 1 of Form 1)* NM0890010515	Outfall Number 06A079

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)*
None			

CONTINUE ON REVERSE

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
None	

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

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
NA	

CONTINUE ON NEXT PAGE

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

VII. Other Information *(Optional)*

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

NA

VIII. Certification

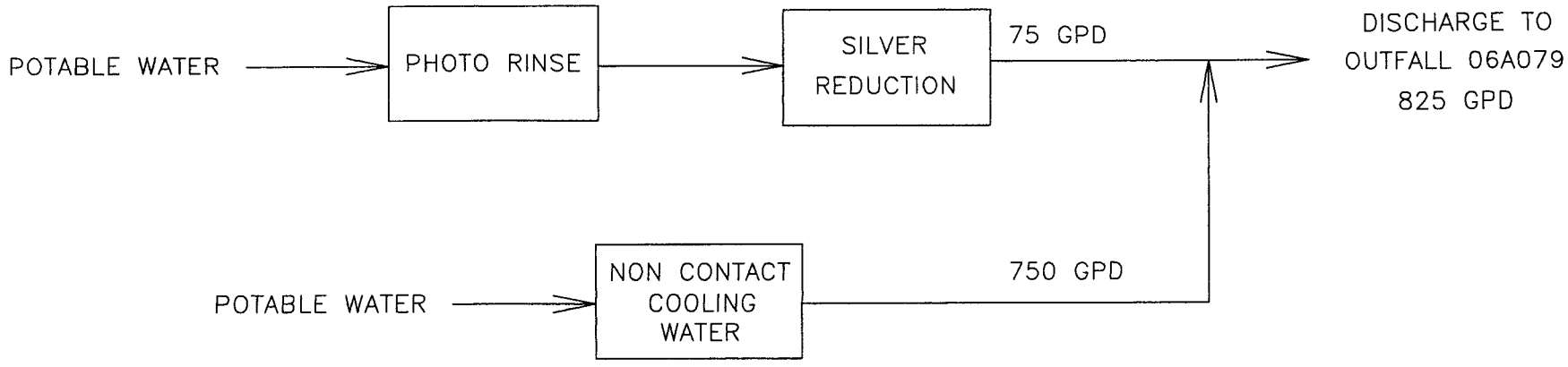
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage 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.
JOSEPH VOEZELLA, DOE AREA MANAGER	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

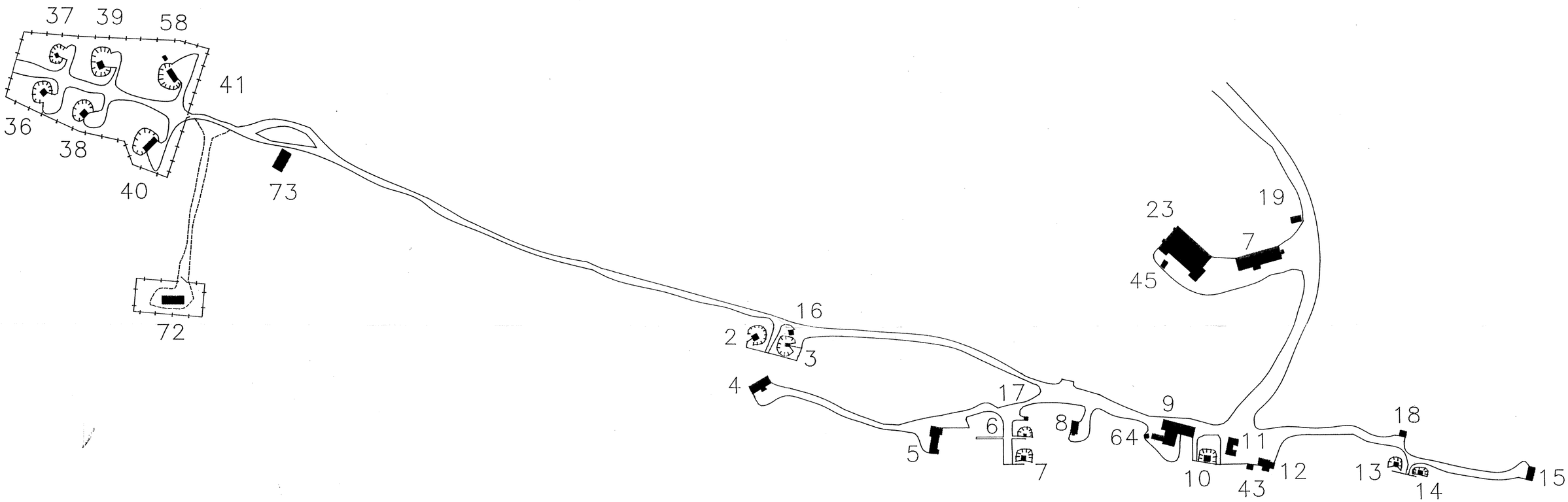
SCHEMATIC OF OUTFALL

40-4-OPN-1



DYE STUDY INFORMATION

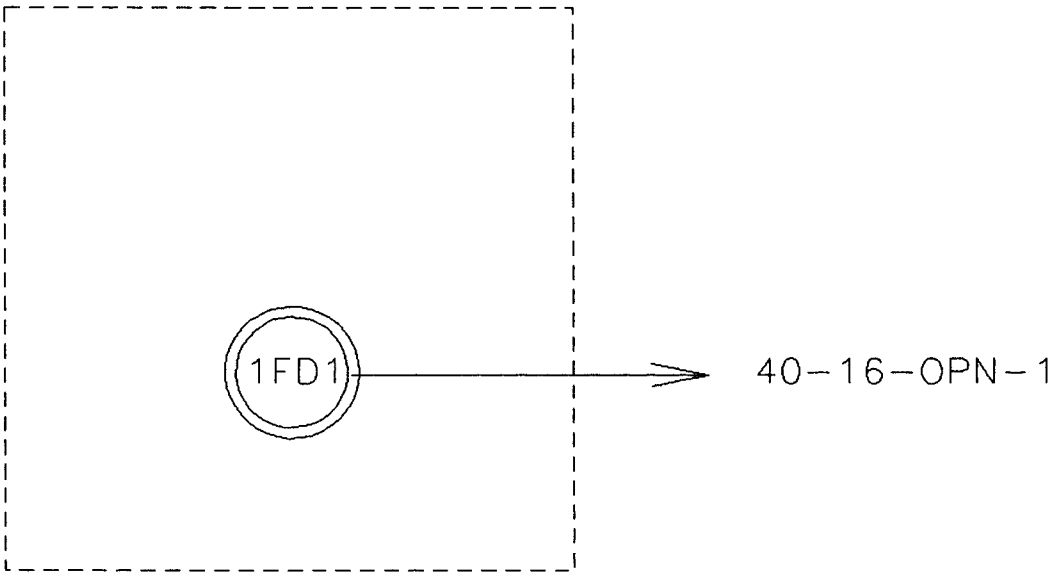
BUILDING NUMBER	DRAIN NUMBER	DID DYE REACH EXPECTED DESTINATION?	COMMENTS
40-1	1LV1	YES	NONE
	1LV2	YES	NONE
	1SD2	YES	NONE
40-4	1SD1	YES	NONE
40-5	1SD1	YES	NONE
40-8	1SD1	YES	NONE
40-9	1SD1	YES	NONE
40-11	1SD1	YES	NONE
	1LV1	YES	NONE
	1FD4	NO	COULD NOT FIND DESTINATION
40-12	1SD1	YES	NONE
40-15	1SD1	YES	NONE
40-16	1FD1	NO	COULD NOT FIND DESTINATION
40-17	1FD1	NO	COULD NOT FIND DESTINATION
40-18	1FD1	NO	COULD NOT FIND DESTINATION
40-23	1LV1	YES	NONE
	1SD1	YES	NONE
	1SD2	YES	NONE
	1SD3	YES	NONE
40-41	1SD1	YES	NONE

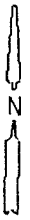


15313

N

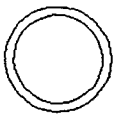
SANTA FE ENGINEERING, LTD.		
TA-40 AREA PLOT PLAN	DRAWN	PEB
	DESIGN	PEB
	CHECKED	LBA
	DATE	5/26/93
SUBMITTED	RECOMMENDED	APPROVED
Los Alamos	Los Alamos National Laboratory Los Alamos, New Mexico 87545	SHEET / OF
CLASSIFICATION	REVIEWER	DATE
REQUESTING DIVISION	LAB JOB NO.	DRAWING NO. / REV.
REQUESTING GROUP EM-8	11056-10	FIGURE 1





LEGEND

FD – FLOOR DRAIN

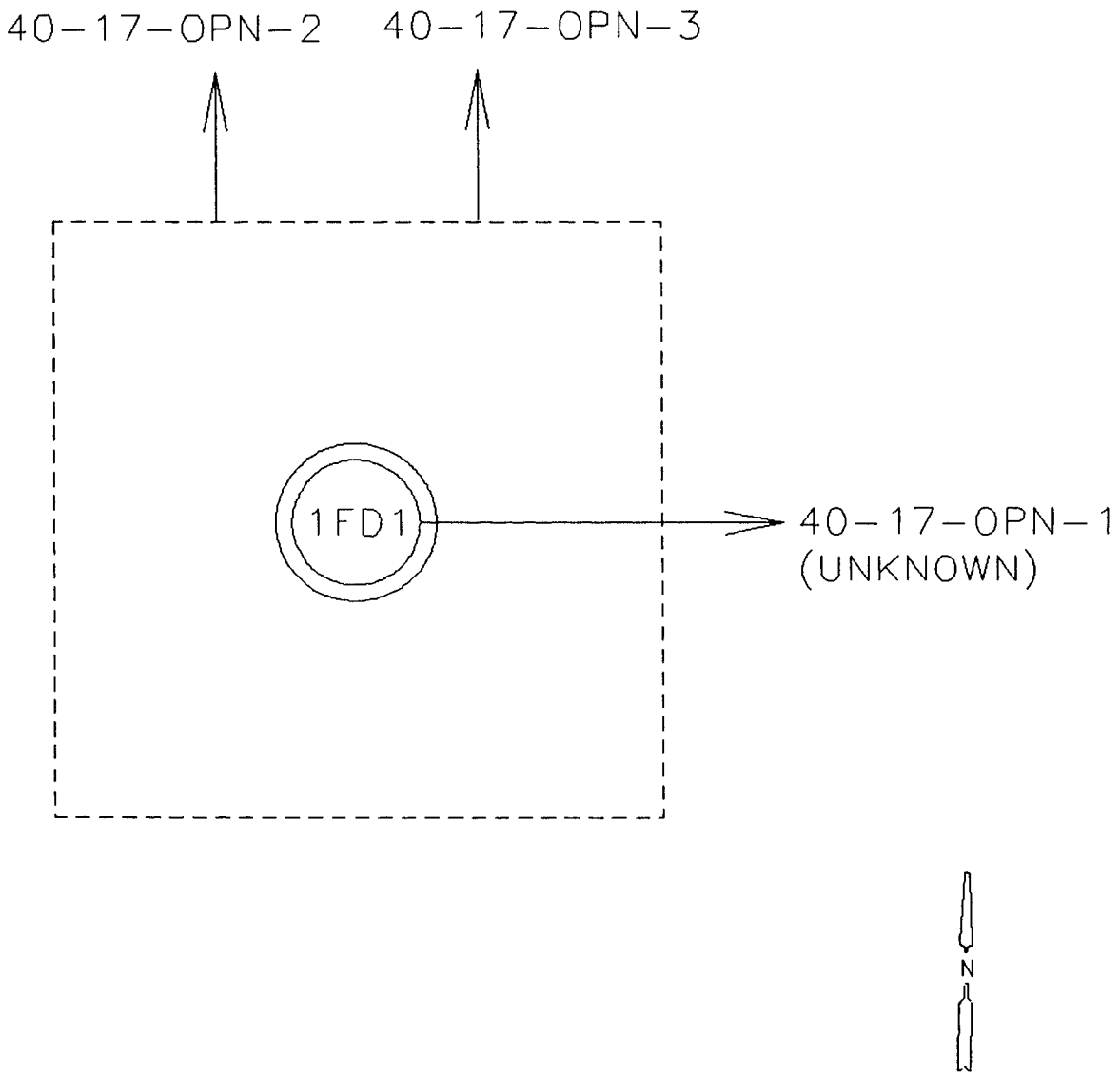


– DYE TESTED DRAIN

NOTES:

NOTE 1 – SCHEMATIC BASED ENGINEERING DRAWING C-12266 AND SITE VISIT

SANTA FE ENGINEERING, LTD.			
TA 40-16 BUILDING DRAIN SCHEMATIC		DRAWN	JAS
		DESIGN	JAS
		CHECKED	PEB
		DATE	5/25/93
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 EM-8	11056-10	FIGURE 10	



LEGEND

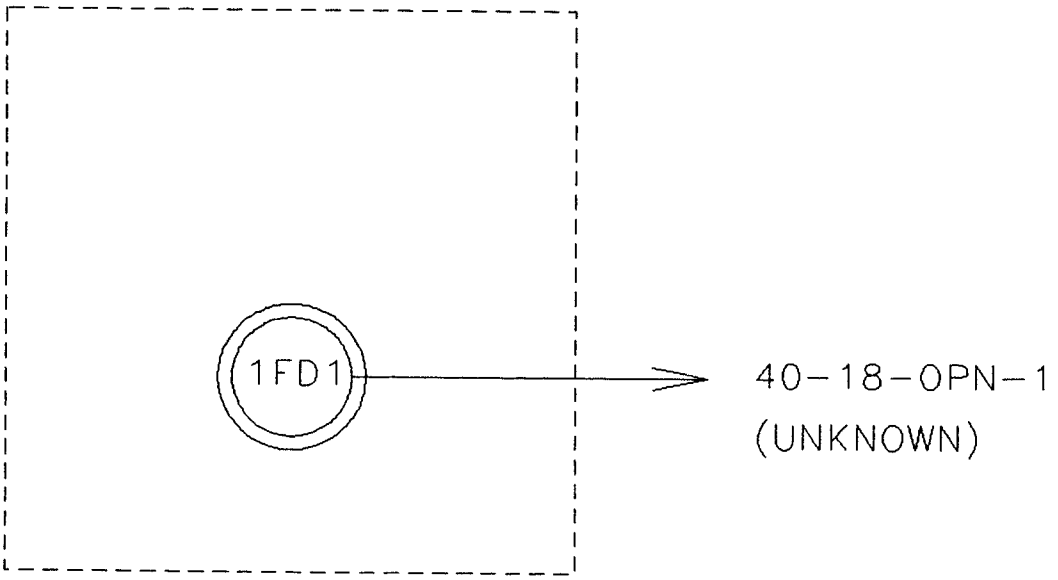
FD – FLOOR DRAIN

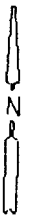
– DYE TESTED DRAIN

NOTES:

NOTE 1 – SCHEMATIC BASED ENGINEERING DRAWING C-12267 AND SITE VISIT

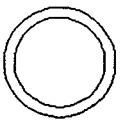
SANTA FE ENGINEERING, LTD.			
TA 40-17 BUILDING DRAIN SCHEMATIC		DRAWN	JAS
		DESIGN	JAS
		CHECKED	PEB
		DATE	5/25/93
SUBMITTED	RECOMMENDED	APPROVED	
Los Alamos	Los Alamos National Laboratory Los Alamos, New Mexico 87545	SHEET	OF
CLASSIFICATION	REVIEWER	DATE	
REQUESTING DIVISION	LAB JOB NO.	DRAWING NO.	REV.
REQUESTING GROUP EM-8	11056-10	FIGURE 11	





LEGEND

FD – FLOOR DRAIN

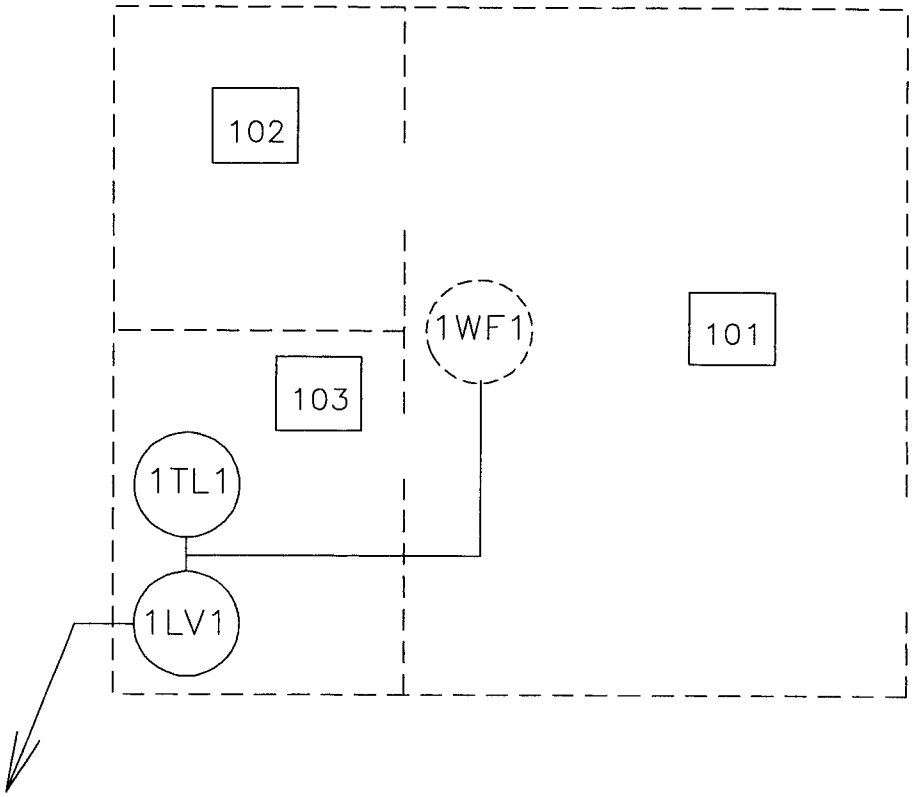


– DYE TESTED DRAIN

NOTES:

NOTE 1 – SCHEMATIC BASED ENGINEERING DRAWING C-12266 AND SITE VISIT

SANTA FE ENGINEERING, LTD.		
TA 40-18 BUILDING DRAIN SCHEMATIC	DRAWN	JAS
	DESIGN	JAS
	CHECKED	PEB
	DATE	5/26/93
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 EM-8	11056-10	FIGURE 12



40-19-OPN-1

LEGEND

LV – LAVATORY

TL – TOILET

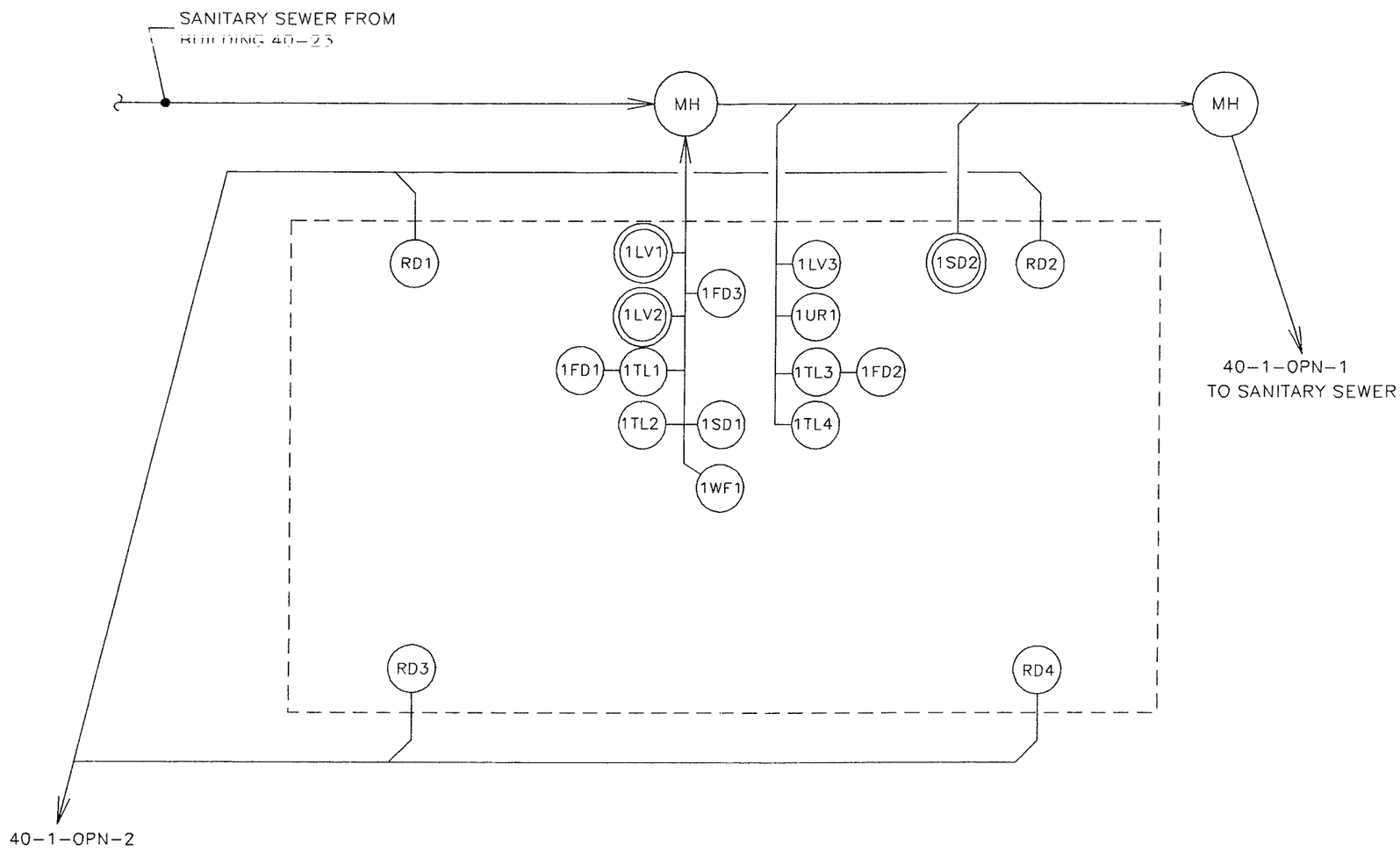
WF – WATER FOUNTAIN

NOTES:

NOTE 1 – SCHEMATIC BASED SITE VISIT

NOTE 2 – DASHED CIRCLE INDICATES REMOVED WATER FOUNTAIN

SANTA FE ENGINEERING, LTD.		
TA 40-19 BUILDING DRAIN SCHEMATIC	DRAWN	JAS
	DESIGN	JAS
	CHECKED	PEB
	DATE	5/26/93
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 EM-8	11056-10	FIGURE 13	



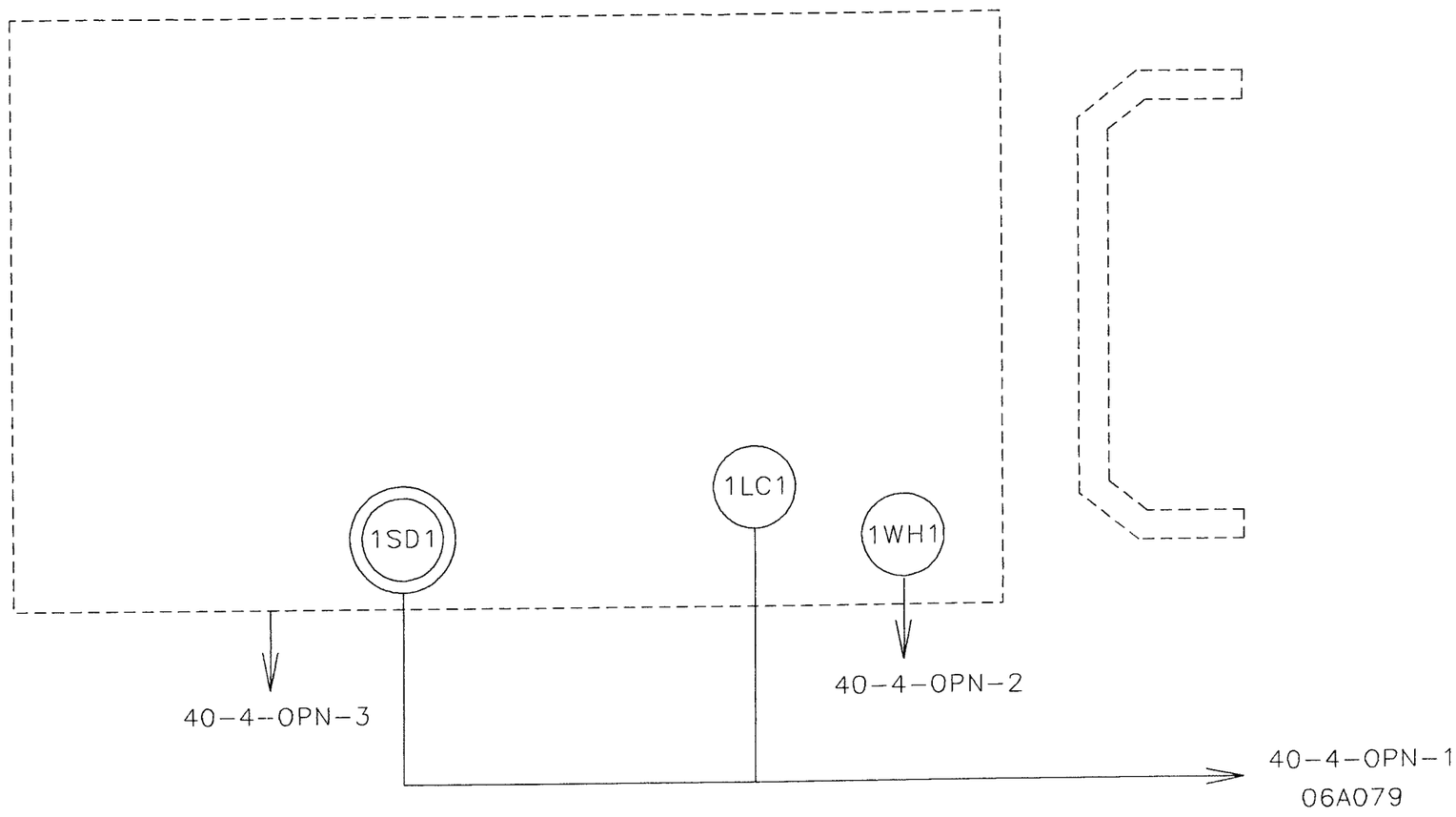
LEGEND

FD – FLOOR DRAIN
LV – LAVATORY
RD – ROOF DRAIN
SD – SINK
TL – TOILET
UR – URINAL
WF – WATER FOUNTAIN
– DYE TESTED DRAIN

NOTES:

NOTE 1: PIPING LAYOUT BASED ON ENGINEERING DRAWING C-12252 & 12275 AND SITE VISIT

SANTA FE ENGINEERING, LTD.		
TA 40-1 BUILDING DRAIN SCHEMATIC	DRAWN	JAS
	DESIGN	JAS
	CHECKED	PEB
	DATE	5/24/93
SUBMITTED / RECOMMENDED / APPROVED		
Los Alamos — Los Alamos National Laboratory, Los Alamos, New Mexico 87545	SHEET	OF
CLASSIFICATION / REVIEWER / DATE		
REQUESTING DIVISION / REQUESTING GROUP EM-8	LAB JOB NO. 11056-10	DRAWING NO. FIGURE 2 / REV.



LEGEND

LC – LASER COOLING

SD – SINK

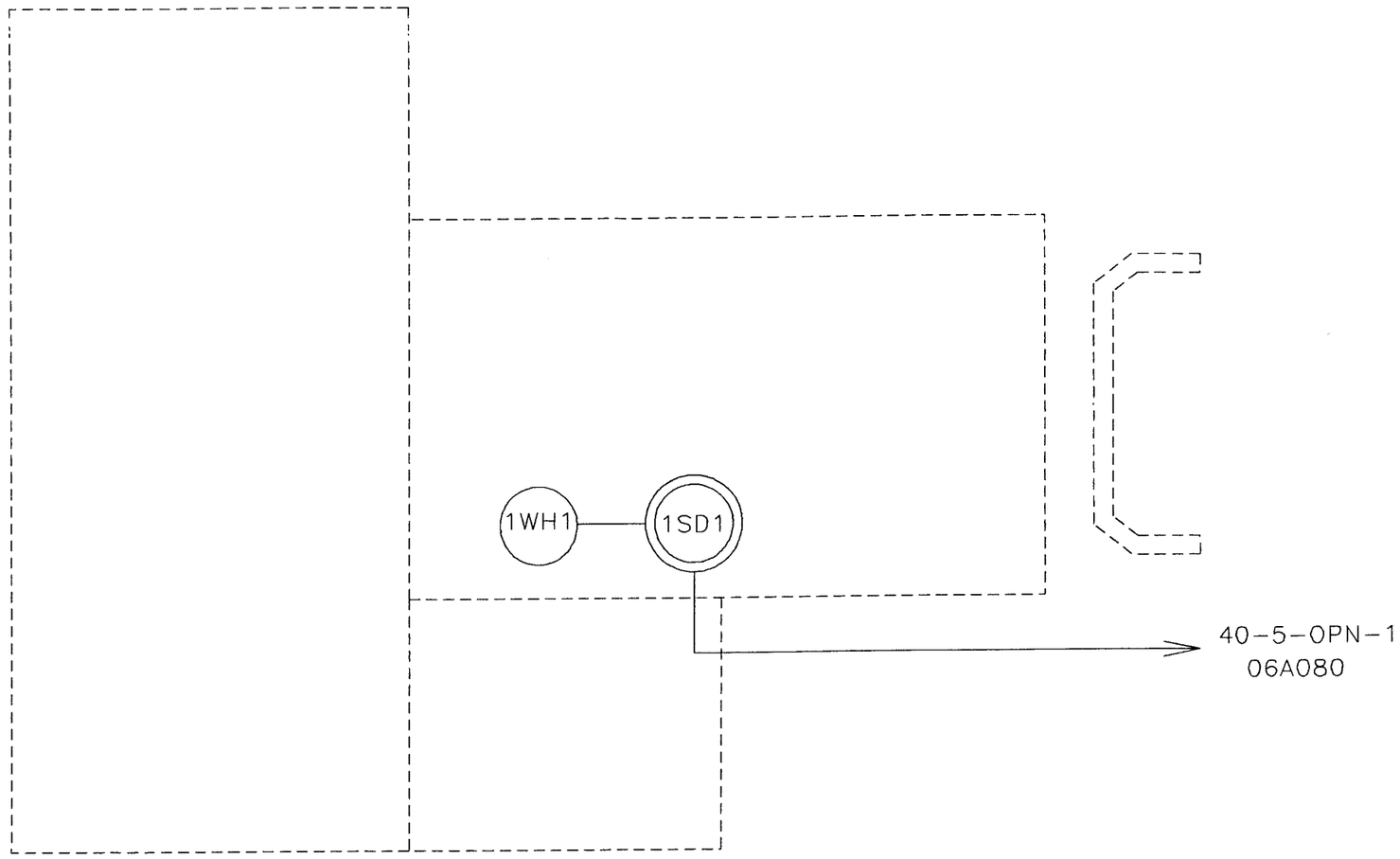
WH – WATER HEATER

– DYE TESTED DRAIN

NOTES:

NOTE 1 – SCHEMATIC BASED ON ENGINEERING DRAWING C-12260 AND SITE VISIT

SANTA FE ENGINEERING, LTD.		
TA 40-4 BUILDING DRAIN SCHEMATIC	DRAWN	JAS
	DESIGN	JAS
	CHECKED	PEB
	DATE	5/25/93
SUBMITTED / RECOMMENDED / APPROVED		
Los Alamos — Los Alamos National Laboratory, Los Alamos, New Mexico 87545	SHEET	OF
CLASSIFICATION / REVIEWER / DATE		
REQUESTING DIVISION / REQUESTING GROUP EM-8	LAB JOB NO. 11056-10	DRAWING NO. FIGURE 3 / REV.



LEGEND

SD – SINK

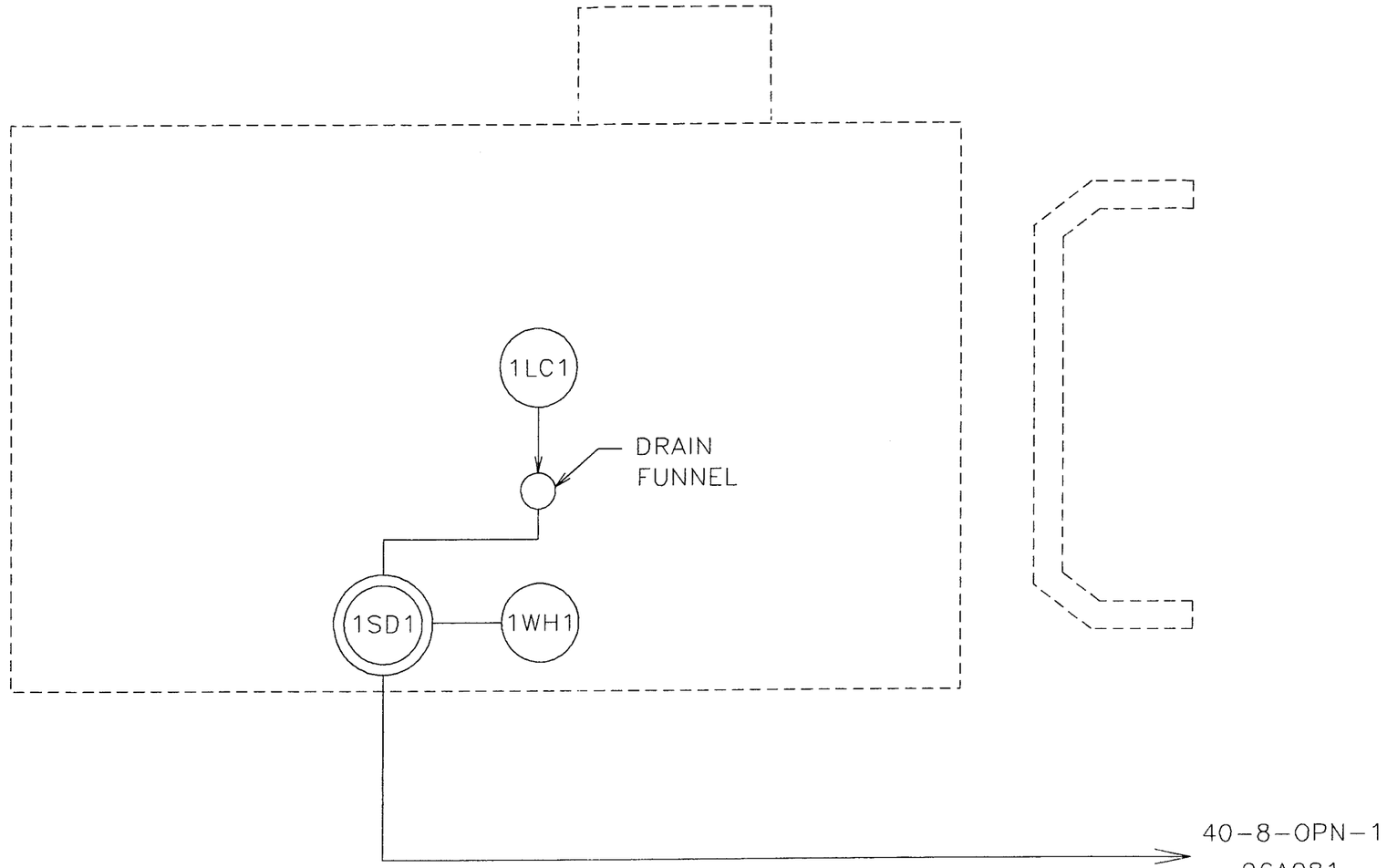
WH – WATER HEATER

– DYE TESTED DRAIN

NOTES:

NOTE 1 – SCHEMATIC BASED ON ENGINEERING DRAWING C-26780 AND SITE VISIT

SANTA FE ENGINEERING, LTD.		
TA 40-5 BUILDING DRAIN SCHEMATIC	DRAWN	JAS
	DESIGN	JAS
	CHECKED	PEB
	DATE	5/25/93
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 EM-8	11056-10	FIGURE 4	



LEGEND

LC – LASER COOLING

SD – SINK

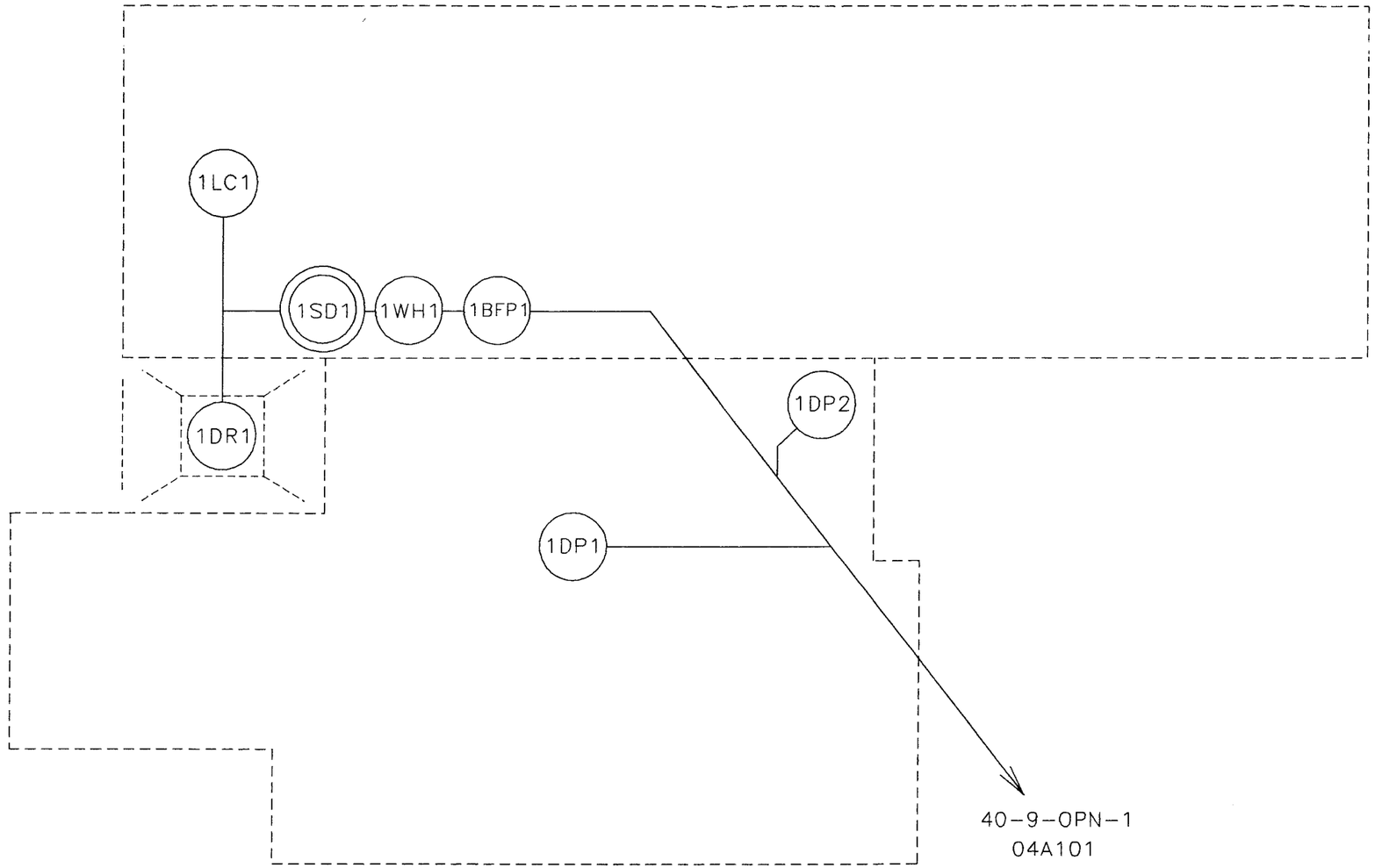
WH – WATER HEATER

– DYE TESTED DRAIN

NOTES:

NOTE 1 – SCHEMATIC BASED ON ENGINEERING DRAWING C-12205 & C-21950 AND SITE VISIT

SANTA FE ENGINEERING, LTD.		
TA 40-8 BUILDING DRAIN SCHEMATIC	DRAWN	JAS
	DESIGN	JAS
	CHECKED	JAS
	DATE	5/25/93
SUBMITTED	RECOMMENDED	APPROVED
Los Alamos — Los Alamos National Laboratory, Los Alamos, New Mexico 87545	SHEET	OF
CLASSIFICATION	REVIEWER	DATE
REQUESTING DIVISION / REQUESTING GROUP EM-8	LAB JOB NO. 11056-10	DRAWING NO. FIGURE 5 / REV.



LEGEND

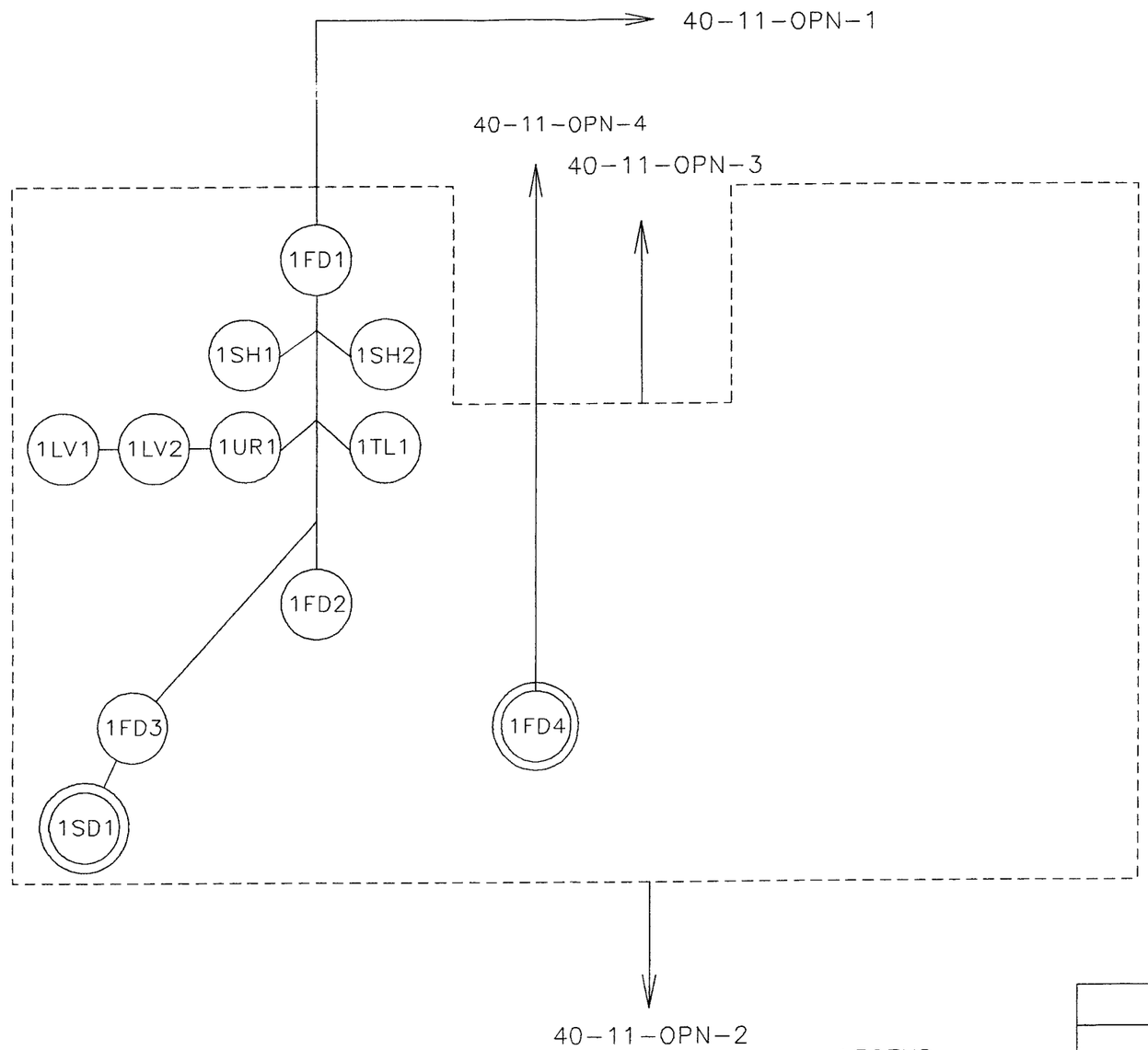
BFP – BACK FLOW PREVENTER
DR – DROP INLET FOR STORM WATER
DP – CAPPED DRAIN PIPE
LC – LASER COOLING WATER
SD – SINK
WH – WATER HEATER

– DYE TESTED DRAIN

NOTES:

NOTE 1 – SCHEMATIC BASED ON ENGINEERING DRAWING C-45618 AND SITE VISIT

SANTA FE ENGINEERING, LTD.		
TA 40-9 BUILDING DRAIN SCHEMATIC	DRAWN	JAS
	DESIGN	JAS
	CHECKED	PEB
	DATE	5/25/93
SUBMITTED	RECOMMENDED	APPROVED
Los Alamos — Los Alamos National Laboratory, Los Alamos, New Mexico 87545	SHEET	OF
CLASSIFICATION	REVIEWER	DATE
REQUESTING DIVISION / REQUESTING GROUP EM-8	LAB JOB NO. 11056-10	DRAWING NO. FIGURE 6 / REV.



LEGEND

FD – FLOOR DRAIN
LV – LAVATORY
SD – SINK
SH – SHOWER
TL – TOILET
UR – URINAL

– DYE TESTED DRAIN

NOTES:

NOTE 1 – SCHEMATIC BASED ON ENGINEERING DRAWINGS

C-1303 & C-45511 AND SITE VISIT

SANTA FE ENGINEERING, LTD.

TA 40-11
BUILDING DRAIN
SCHEMATIC

DRAWN	JAS
DESIGN	JAS
CHECKED	JAS
DATE	JAS

SUBMITTED | RECOMMENDED | APPROVED

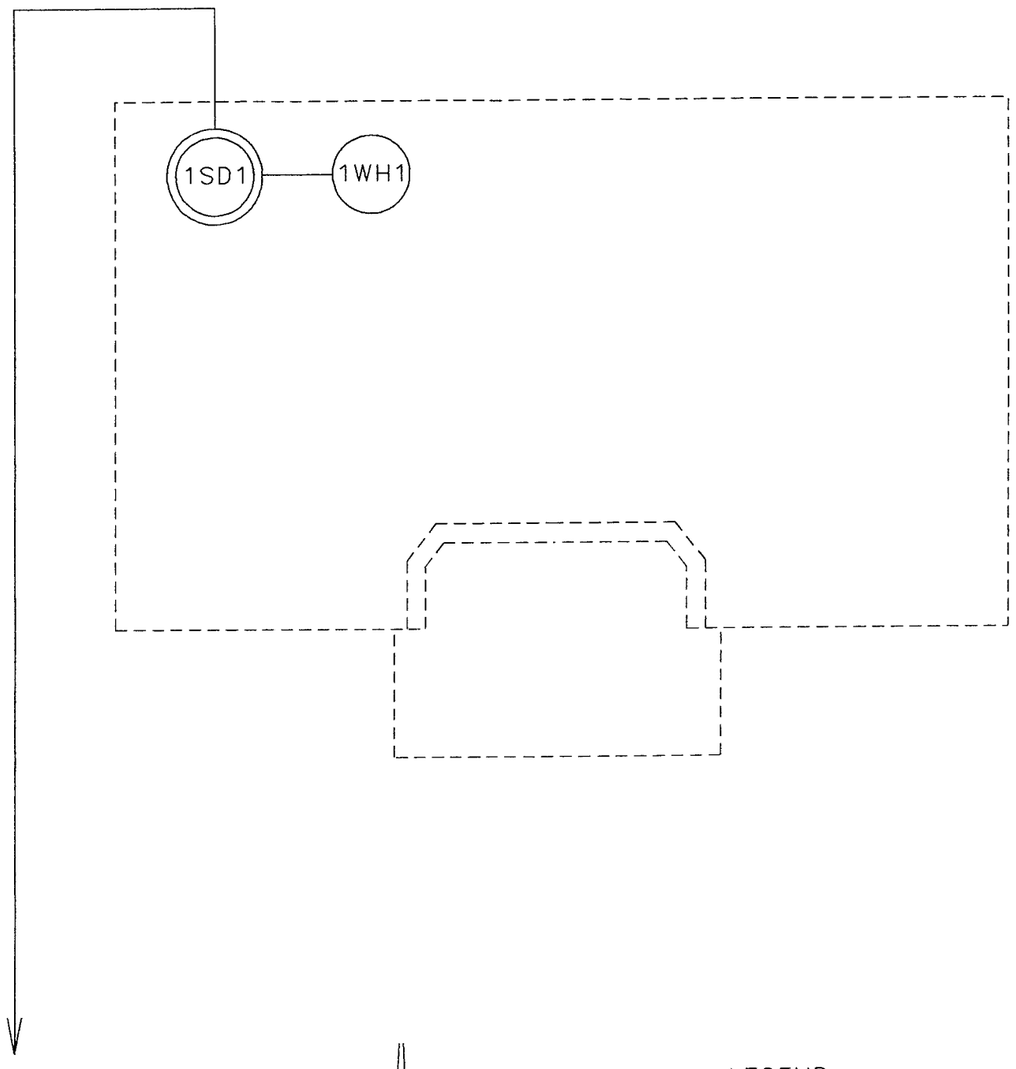
Los Alamos — Los Alamos National Laboratory, Los Alamos, New Mexico 87545

SHEET / OF

CLASSIFICATION | REVIEWER | DATE

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

REQUESTING GROUP EM-8 | 11056-10 | FIGURE 7



LEGEND

SD – SINK

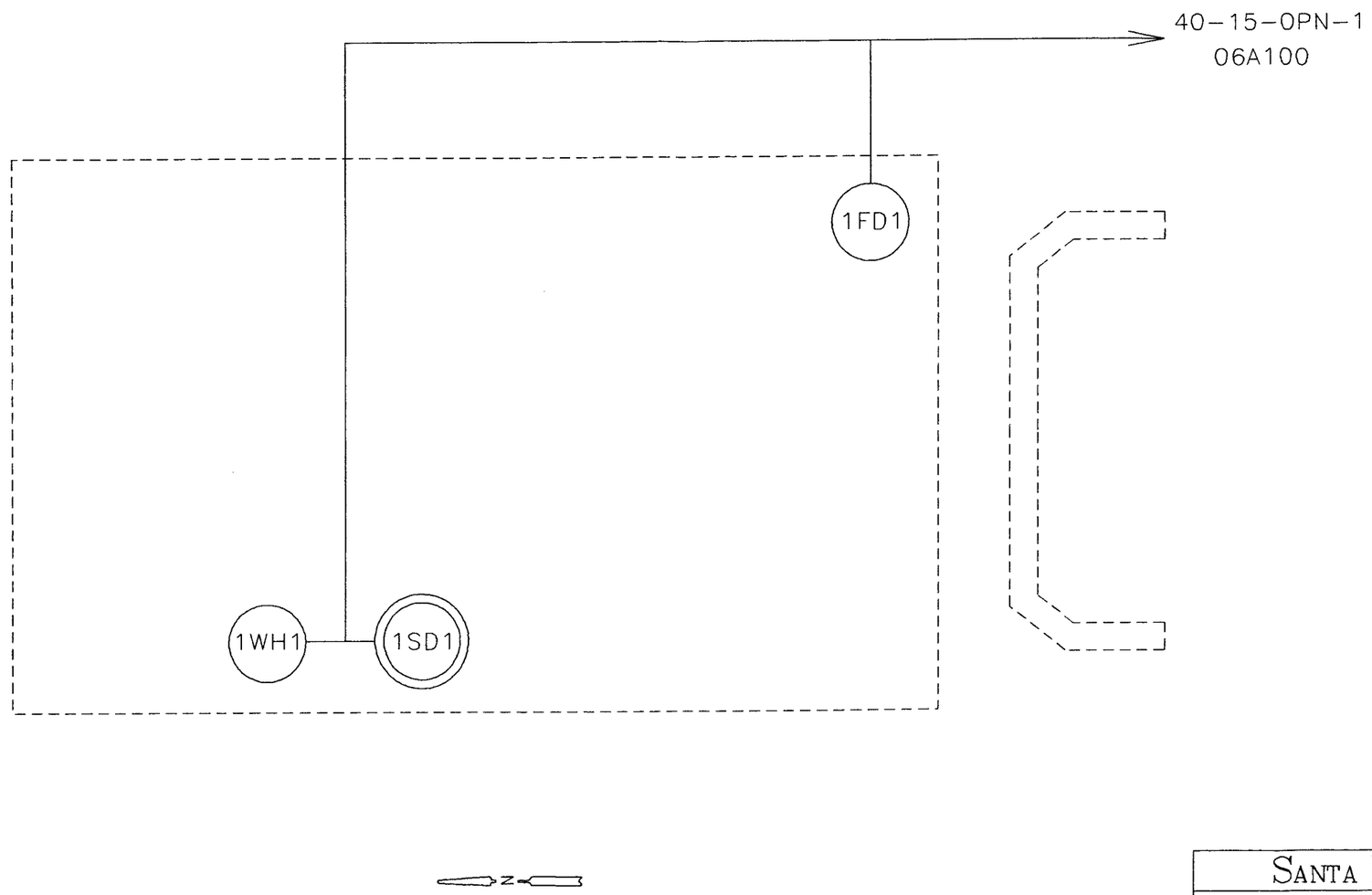
WH – WATER HEATER

– DYE TESTED DRAIN

NOTES:

NOTE 1 – SCHEMATIC BASED ON ENGINEERING DRAWING C-12264 AND SITE VISIT

SANTA FE ENGINEERING, LTD.		
TA 40-12 BUILDING DRAIN SCHEMATIC	DRAWN	JAS
	DESIGN	JAS
	CHECKED	PEB
	DATE	5/25/93
SUBMITTED	RECOMMENDED	APPROVED
Los Alamos	Los Alamos National Laboratory, Los Alamos, New Mexico 87545	SHEET / OF
CLASSIFICATION	REVIEWER	DATE
REQUESTING DIVISION / REQUESTING GROUP EM-8	LAB JOB NO. 11056-10	DRAWING NO. FIGURE 8 / REV.



LEGEND

FD – FLOOR DRAIN

SD – SINK

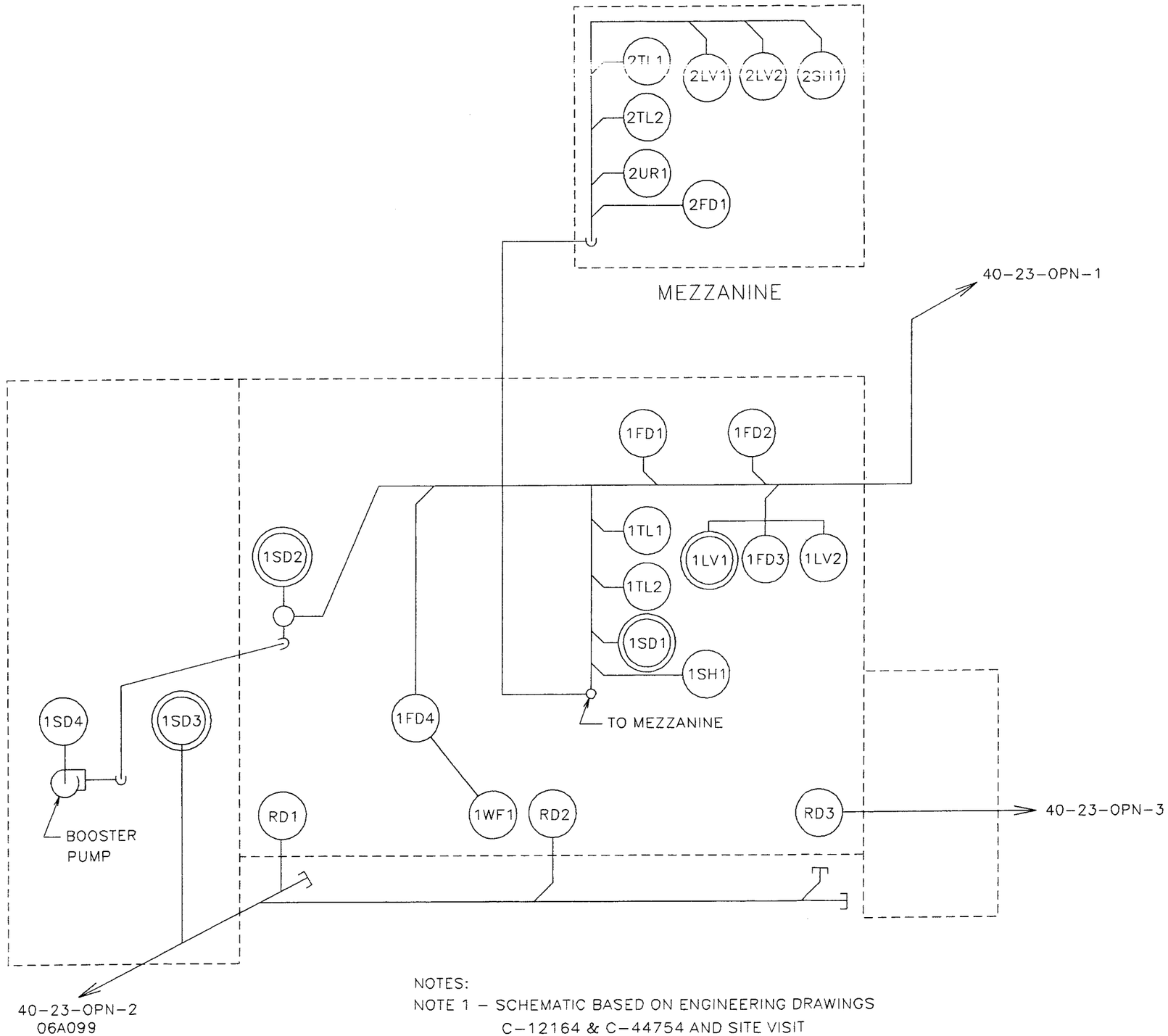
WH – WATER HEATER

– DYE TESTED DRAIN

NOTES:

NOTE 1 – SCHEMATIC BASED ON ENGINEERING DRAWING C-12214 AND SITE VISIT

SANTA FE ENGINEERING, LTD.		
TA 40-15 BUILDING DRAIN SCHEMATIC	DRAWN	JAS
	DESIGN	JAS
	CHECKED	PEB
	DATE	5/25/93
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 EM-8	11056-10	FIGURE 9	



LEGEND

FD – FLOOR DRAIN
LV – LAVATORY
RD – ROOF DRAIN
SD – SINK
SH – SHOWER
TL – TOILET
UR – URINAL
WF – WATER FOUNTAIN
– DYE TESTED DRAIN

NOTES:
NOTE 1 – SCHEMATIC BASED ON ENGINEERING DRAWINGS C–12164 & C–44754 AND SITE VISIT

SANTA FE ENGINEERING, LTD.

TA 40–23
BUILDING DRAIN
SCHEMATIC

DRAWN	JAS
DESIGN	JAS
CHECKED	PEB
DATE	5/26/93

SUBMITTED | RECOMMENDED | APPROVED

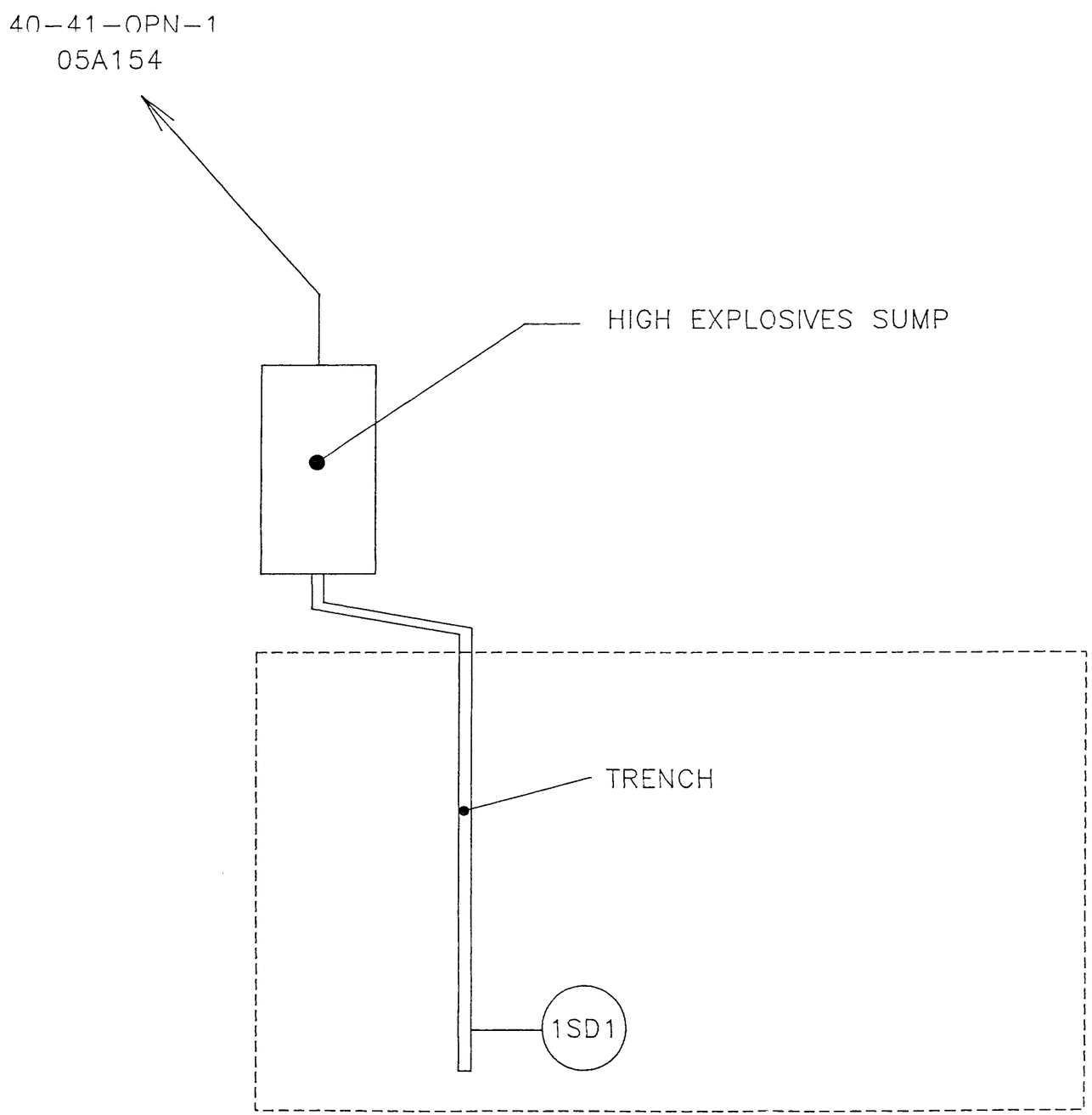
Los Alamos
Los Alamos National Laboratory
Los Alamos, New Mexico 87545

SHEET / OF

CLASSIFICATION | REVIEWER | DATE

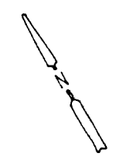
REQUESTING DIVISION | LAB JOB NO. | DRAWING NO. | REV.

REQUESTING GROUP EM–8 | 11056–10 | FIGURE 14



NOTES:

NOTE 1 – SCHEMATIC BASED ON SITE VISIT



LEGEND

SD – SINK

SANTA FE ENGINEERING, LTD.		
TA 40-41 BUILDING DRAIN SCHEMATIC	DRAWN	JAS
	DESIGN	JAS
	CHECKED	PEB
	DATE	5/26/93

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 EM-8	11056-10	FIGURE 15	