WASTEWATER STREAM CHARACTERIZATION FOR TA 21-2, 3, 4, 5, 42, 57, 116, 143, 144, 146, 150, 228, 286, 312, 313, 314, 315, 324, 342, 354, 361, 365, 382, 402, 407, 411, 413, 414, 437 and 446

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Los Alamos National Laboratory

ENVIRONMENTAL STUDY

CHARACTERIZATION REPORT #78

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WASTEWATER STREAM CHARACTERIZATION FOR TA-21-2, 3, 4, 5, 42, 57, 116, 143, 144, 146, 149, 150, 228, 286, 312,313, 314, 315, 324, 342, 354, 361, 365, 382, 402, 407, 411, 413, 414,437 and 446

ENVIRONMENTAL STUDY

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

under subcontract 9-XG8-2874P-1

by:
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1429 Second Street
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January, 1994

Updated Per ESH-8 Comments March, 1994

EXECUTIVE SUMMARY

Buildings 2, 3, 4, 5, 42, 57, 116, 143, 144, 146, 149, 150, 228, 286, 312, 313, 314, 315, 324, 342, 354, 355, 361, 365, 382, 402, 407, 411, 413, 414, 437, and 446 at TA-21, were visited to document all drain piping and building outfalls and to make permitting recommendations. The pipes exiting the building are as follows:

1) from 21-342, 354, 402, 407, 413 and 414: these buildings have no drains,

2) from building 21-2: one outfall to the site sanitary sewer system, one outfall to daylight from an ice machine drain, one outfall to daylight from a refrigerator condensate drain, one plumbing vent, and three condensate drains from mechanical cooling units,

3) from building 21-3: one outfall to the site sanitary sewer system, one outfall to the radioactive liquid waste system, one nitrogen gas vent, two chilled water system drains, three outfalls to the site storm drainage system, one discharge to daylight from a backflow preventer valve drain, one discharge to daylight from an air compressor drain, and one outfall to an undetermined destination,

4) from building 21-4: one outfall to the site sanitary sewer system (a break in the line is suspected), one outfall to the radioactive liquid waste system, two outfalls to daylight from fire suppression system drains, two outfalls to the site storm drainage system, and one discharge to daylight from a water heater pressure relief valve,

5) from building 21-5: one outfall to the radioactive liquid waste system, one permitted outfall (04A142) to daylight, one unpermitted outfall to daylight from an equipment room floor drain and an area drain, one outfall to the site storm drainage system, one vacuum pump exhaust to the atmosphere, two nitrogen gas vents, eight gas bottle connections, and one unidentified vent,

6) from building 21-42: two outfalls to daylight from fuel pump bleed valves,

7) from building 21-57: one valved outfall to daylight from a secondary containment drain, two fuel oil discharges to the boiler house and one fuel oil tank overflow drain to a valve pit,

8) from building 21-116: one electrical conduit stub,

9) from building 21-143: one permitted outfall (03A031) to daylight,

10) from building 21-144: one outfall to the radioactive liquid waste system,

11) from building 21-146: one outfall to the radioactive liquid waste system,

12) from building 21-149: one outfall to the site sanitary sewer system, one permitted outfall (04A142) to daylight, one outfall to daylight from a water heater pressure relief valve, two outfalls to daylight from steam vents, four outfalls to daylight from fire suppression system drains, one unused vent, and one unused plumbing stub out,

13) from building 21-150: one outfall to the site sanitary sewer system, one outfall to the radioactive liquid waste system, one permitted outfall (03A032) to daylight, two outfalls to daylight from ice machines, four outfalls to daylight from fire suppression system drains, one outfall to daylight from an air conditioner condensate drain, one outfall to daylight from a refrigerator condensate drain, nine bottled gas connections, four nitrogen gas vents, three bottled gas vents, one unused stub out, one unconnected vent, one steam vent, two condensate drains to daylight from mechanical cooling units, and two evaporative cooler drains,

14) from building 21-228: four outfalls to daylight from fire suppression system drains,

15) from building 21-286: five outfalls to daylight from fire suppression system drains,

16) from building 21-312: one condensate drain to daylight from a mechanical cooling unit,

17) from building 21-313: one outfall to the site sanitary sewer system, and one outfall to an undetermined location,

18) from building 21-314: one permitted outfall (03A037) to daylight,

19) from building 21-315: one outfall to the site sanitary sewer system (a break in the sanitary sewer line is suspected), one outfall to the site radioactive waste system, one unpermitted outfall to daylight, three outfalls to daylight from the fire suppression system, two vacuum pump exhausts to the atmosphere, and four outfalls to daylight from bottle gas vents,

20) from building 21-324: four outfalls to daylight from the fire suppression system,

21) from building 21-361: one outfall to the site sanitary sewer system, one outfall to daylight from an evaporative cooler, and one natural gas vent,

22) from building 21-365: one outfall to daylight from an evaporative cooler drain, and one natural gas vent,

23) from building 21-382: one outfall to daylight from a evaporative cooler drain,

24) from building 21-411 and 21-437: two condensate drains to daylight from mechanical cooling units,

25) from building 21-446: one outfall to the site sanitary sewer system, and one outfall to daylight from a water heater pressure relief valve.

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

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

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1.0 INTRODUCTION

During July and August, 1993, Dean Klingner and David Scherer of Santa Fe Engineering (SFE) toured buildings 2, 3, 4, 5, 42, 57, 116, 143, 144, 146, 149, 150, 228, 286, 312, 313, 314, 315, 324, 342, 354, 361, 365, 382, 402, 407, 411, 413, 414, 437, and 446 at TA-21. The purpose of this study is to identify building drain piping, locate outfalls which discharge into the environment and to characterize the wastewater flows and sources existing at the time of the visit. This report will not reflect any subsequent changes in piping or operations. The Waste Steam Characterization Policy of September 10, 1992 was followed for this study. The following tasks were performed for this purpose:

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

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

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

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

The field investigation proceeded by verifying drain schematic drawings prepared by SFE for the appropriate buildings (Figures 1 through 21) from drawings provided by Los Alamos National Laboratory (LANL) Facilities Engineering Division. The other buildings were visited to insure that no drains exist for the buildings. The following process was used to define drain piping and characterize the wastewater streams:

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

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

3. Drain piping was verified by dye checking.

2.0 FIELD INVESTIGATION

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

Each drain has a unique identification number. Each number consists of three parts. The first part is the floor the drain is on. The second part has letters that indicate the drain type (abbreviations used are summarized in Table 27). 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 functions of each pipe exiting from buildings are listed in Appendix 1, Tables 1 through 25, with non-drain recommendations listed in Table 26. Appendix 2 contains the wastestream characterization database output, listing wastewater source, flow rates and periodicity information for each outfall drain. Completed EPA forms are in Appendix 3 for appropriate outfalls. Appendix 4 provides information about the dye study of building drains. Flow schematics of the drains from each building are attached in Appendix 5 as Figures 1 through 21. A Site Plan is included in Appendix 5 as Figure 22 illustrating the locations of buildings and approximate locations of site utilities included in this report.

3.0 RECOMMENDATIONS FOR BUILDING 21-2

Table 1 is a list of the drains to the building outfalls and Figure 1 is a schematic of the piping. The table lists the drains that connect to each outfall pipe and includes recommendations for changes to the drain piping. The discussion below gives the reasoning for the recommendations. The south wing of this building is scheduled for decontamination and decommissioning. LANL drawing C43338 shows that there was once an radioactive liquid waste line (RLW) exiting the south wing. Although access to this portion of the building is restricted, discussions with the building manager and one tour of the south wing indicate that there are no longer any active drains in the south wing.

3.1 Outfall 21-2-OPN-01

This outfall is from sanitary facilities and flows to the site sanitary system. All sanitary sewage from TA-21 flows to a collection system at the eastern edge of the site (the TA-21 sewage treatment plant, which is no longer functional) from which point it is transferred daily to the sanitary waste consolidation (SWSC) plant. Drains contributing to this outfall include equipment drains (3), sink drains (2), and a sump pump (1). It is recommended that the equipment drains and the sinks be labeled "SANITARY WASTE ONLY - NO CHEMICAL DISPOSAL". No permits are recommended for this outfall. No EPA forms have been prepared.

3.2 Outfall 21-2-OPN-02

This outfall to daylight is the condensate drain from an ice machine. It is recommended that it be covered by a Notice of Intent (NOI) to discharge. No permitting is recommended for this outfall and no EPA forms have been prepared.

3.3 Outfall 21-2-OPN-03

This outfall to daylight is from a condensate drain from a refrigerator. It is recommended that it be covered by an NOI. No permitting is recommended for this outfall and no EPA forms have been prepared.

3.4 Outfall 21-2-OPN-04

This outfall is a vent to the atmosphere from the sanitary sewer line. No changes or permits are recommended for this outfall. No EPA forms have been prepared.

3.5 Outfalls 21-2-OPN-05, 21-2-OPN-06 and 21-2-OPN-07

These outfalls to daylight are condensate drains from mechanical cooling units outside the building. It is recommended that they be covered by an NOI. No permitting is recommended for these outfalls and no EPA forms have been prepared.

4.0 RECOMMENDATIONS FOR BUILDING 21-3

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 each outfall pipe and includes recommendations for changes to the drain piping. The discussion below gives the reasoning for the recommendations. The south wing of this building is scheduled for decontamination and decommissioning. Access to this portion of the building is restricted and was not toured.

4.1 Outfall 21-3-OPN-01

This outfall to the site sanitary sewer system includes an ice machine drain (1), lavatory drains (3), sink drains (2), a shower drain (1), toilet drains (3), urinal drains (2), water fountain drains (3), and a floor drain (1). It is recommended that floor drain, 2FD2, be plugged, and that urinal 2UR1 and water fountain 2WF1 be removed. It is also recommended that sink drain, 1SD08, be labeled to indicate sanitary waste only. No permitting is recommended and no EPA forms have been prepared.

4.2 Outfall 21-3-OPN-02

This outfall to the site RLW system includes cup drains (2), a dish washer drain (1), floor drains (3), sink drains (13), and an equipment drain (1). No piping changes or permits are recommended. No EPA forms have been prepared.

4.3 Outfall 21-3-OPN-03

This outfall to daylight is a vent from an outdoor nitrogen tank. No changes or permits are recommended for this outfall. No EPA forms have been prepared.

4.4 Outfalls 21-3-OPN-04 and 21-3-OPN-05

These outfalls to daylight are drains from chilled water piping. It is recommended that they be covered by an NOI. No changes or permits are recommended for these outfalls. No EPA forms have been prepared.

4.5 Outfalls 21-3-OPN-06 and 21-3-OPN-07

These outfalls to daylight are roof gutter downspouts which discharge storm water. No changes or permits are recommended for these outfalls. No EPA forms have been prepared.

4.6 Outfall 21-3-OPN-08

This outfall to daylight receives flow from a penthouse equipment drain, and roof drains (3). The equipment drain receives condensate from an air handling unit. It is recommended that the equipment drain be separated from the roof drains, repiped to daylight, and included in a general Laboratory NOI. No permitting is recommended and no EPA forms have been prepared.

4.7 Outfall 21-3-OPN-09

This outfall to daylight is a drain from a backflow preventer. It is recommended that it be covered by an NOI. No permitting is recommended for this outfall and no EPA forms have been prepared.

4.8 Outfall 21-3-OPN-10

This outfall to daylight is a drain from an outdoor air compressor unit. It is recommended that this discharge from the air compressor be containerized to prevent the discharge of oil to the environment. No permitting is recommended for this outfall and no EPA forms have been prepared.

4.9 Outfall 21-3-OPN-11

This outfall receives flow from one (1) sump pump, two (2) floor drains, and one (1) area drain. Dye tests verified that flow from these drains do not enter either the site sanitary or radioactive liquid waste systems. However, the location of the discharge from this outfall was not located. LANL drawing C43338 shows a sanitary sewer line in the vicinity of this outfall. It is possible that this outfall is to the sewer and the line is broken. It is recommended that the operating group verify the destination of these drains. The area drain, which discharges storm water, should be separated and piped to daylight. The floor drains and sump pump should be repiped to the sanitary sewer system. No further changes are recommended and no EPA forms have been prepared.

5.0 RECOMMENDATIONS FOR BUILDING 21-4

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 each outfall pipe and includes recommendations for changes to the drain piping. The discussion below gives the reasoning for the recommendations. The south wing of this building is scheduled for decontamination and decommissioning. Access to this portion of the building is restricted and was not toured.

5.1 Outfall 21-4-OPN-01

This outfall receives flow from sanitary sources including lavatory drains (2), a shower drain (1), a toilet drain (1), urinal drains (2), and a water fountain drain (1). Drains to this outfall were dye tested but the dye did not show up in the sanitary sewer or RLW systems. It is suspected that the sanitary line is broken or plugged. It is recommended that the user group locate the break and take appropriate action to repair the line. JCI's Tim Glasco has indicated that this problem will be investigated and the findings reported. No permitting is recommended for this outfall and no EPA forms have been prepared.

5.2 Outfall 21-4-OPN-02

This outfall to the site RLW system includes an equipment drain (1), and sink drains (5). It is recommended that 1SD3 be labeled correctly. No permitting is recommended and no EPA forms have been prepared.

5.3 Outfalls 21-4-OPN-03 and 21-4-OPN-05

These outfalls to daylight are drains for the fire suppression system. It is recommended that they be covered by an NOI. No permitting is recommended for these outfalls and no EPA forms have been prepared.

5.4 Outfalls 21-4-OPN-04 and 21-4-OPN-06

These outfalls to daylight are rain gutter drains discharging storm water. No changes or permits are recommended for these outfalls. No EPA forms have been prepared.

5.5 Outfall 21-4-OPN-07

This outfall to daylight is the drain from a water heater pressure relief valve (PRV). It is recommended that it be covered by an NOI. No permitting is recommended for this outfall and no EPA forms have been prepared.

6.0 RECOMMENDATIONS FOR BUILDING 21-5

Table 4 is a list of the drains to the building outfalls and Figure 4 is a schematic of the piping. The table lists the drains that connect to each outfall pipe and includes recommendations for changes to the drain piping. The discussion below gives the reasoning for the recommendations. The south wing of this building is scheduled for decontamination and decommissioning. Access to this portion of the building is restricted and was not toured.

6.1 Outfall 21-5-OPN-01

This outfall to the site RLW system includes sink drains (2), and sump pumps (2). The sinks drain to sumps from which the sump pumps pump the waste to the RLW line. It is recommended that the user provide secondary containment for the sumps. No permitting is recommended and no EPA forms have been prepared.

6.2 Outfall 21-5-OPN-02

This unpermitted outfall discharges to Los Alamos Canyon via permitted outfall 04A142 and receives flow from sources including an area drain (1), and a floor drain (1). It is recommended that the floor drain be repiped to the sanitary sewer and the 04A142 permit be deleted. Outfall 04A142 also receives flow from floor drains in building 149; see recommendations for outfall 21-149-OPN-02, section 13.2. No permitting is recommended. An updated EPA Form 2C is included in Appendix 3 for outfall 04A142.

6.3 Outfall 21-5-OPN-03

This unpermitted outfall discharges to daylight directly outside the building and receives flow from an area drain (1), floor drains (2), and a sump pump (1). The equipment room (Equipment Room #5) is no longer in use and scheduled for demolition. It is recommended that the drains be permanently plugged or eliminated as soon as possible. An EPA Form 2D has been included in Appendix 3 for this outfall.

6.4 Outfall 21-5-OPN-04

This outfall to daylight is a rain gutter drain which discharges storm water. No changes or permits are recommended for this outfall. No EPA forms have been prepared.

6.5 Outfall 21-5-OPN-05

This outfall is a vacuum pump exhaust to the atmosphere. No changes or permits are recommended for this outfall. No EPA forms have been prepared.

6.6 Outfalls 21-5-OPN-06, and 21-5-OPN-07

These outfalls are nitrogen gas vents to the atmosphere. No permitting is recommended for these outfalls and no EPA forms have been prepared.

6.7 Outfalls 21-5-OPN-08, 21-5-OPN-09, 21-5-OPN-10, 21-5-OPN-11,21-5-OPN-12, 21-5-OPN-13, 21-5-OPN-14 and 21-5-OPN-15

These outfalls are gas bottle connections. No changes or permits are recommended for these outfalls. No EPA forms have been prepared.

6.8 Outfall 21-5-OPN-16

This outfall to atmosphere is a vent from an unidentified source. It is recommended that the user verify the source of this vent. No liquid is discharged. No permitting is recommended for this outfall and no EPA forms have been prepared.

7.0 RECOMMENDATIONS FOR BUILDING 21-42

Building 42 is a pump house which serves a diesel fuel tank (structure 21-57). Table 5 is a list of the drains to the building outfalls and Figure 5 is a schematic of the piping. The table lists the drains that connect to each outfall pipe and includes recommendations for changes to the drain piping. Outfalls 21-42-OPN-1 and 21-42-OPN-2 are bleed valves for the fuel oil pumps housed in the building. There is no active flow at this time, however, it is recommended that the potential flow from these outfalls be containerized. No permitting is recommended for these outfalls and no EPA forms have been prepared.

8.0 RECOMMENDATIONS FOR BUILDING 21-57

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

8.1 Outfall 21-57-OPN-01

This outfall is a secondary containment drain, from the containment surrounding a diesel fuel tank, to daylight. The drain has a valve and always remains locked. It is recommended that the operating group review and implement the Laboratory's Spill Prevention Control and Countermeasure (SPCC) Plan, Revision 3. No permitting is recommended for these outfalls and no EPA forms have been prepared.

8.2 Outfalls 21-57-OPN-02 and 21-57-OPN-03

These outfalls are valved lines from the fuel oil tank and it is believed that they discharge to the boiler house. It is recommended that the user verify the discharge location of these outfalls. Implementations of requirements of the Lab's SPCC Plan is suggested. No permitting is recommended and no EPA forms were prepared.

8.3 Outfall 21-57-OPN-04

This outfall is an overflow line from the fuel oil tank and discharges to a concrete walled valve pit with a dirt or gravel bottom. During site visits it was noted that the pit was partially full of fuel oil. It is recommended that the soil in the vicinity of the valve pit be sampled for contamination and that pit be modified to prevent fuel oil

from seeping into the soil. It is also recommended that administrative procedures be developed for the removal of fuel oil from the valve pit and that the overflow from the fuel tank be containerized in a separate tank. Implementations of the Laboratory's SPCC Plan, Revision 3, is highly recommended. No permitting is recommended, however, an EPA Form 2D has been prepared.

9.0 RECOMMENDATIONS FOR BUILDING 21-116

Table 7 is a list of the drains to the building outfalls and Figure 6 is a schematic of the piping. The table lists the drains that connect to each outfall pipe and includes recommendations for changes to the drain piping. Outfall 21-116-OPN-1 is an electrical conduit stub. No changes or permits are recommended for this outfall. No EPA forms have been prepared.

10.0 RECOMMENDATIONS FOR BUILDING 21-143

Table 8 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 each outfall pipe and includes recommendations for changes to the drain piping. Outfall 21-143-OPN-1 is permitted as EPA 03A031 and previously discharged blowdown from a cooling tower (structure 21-143). The cooling tower has not been used for over two years and the user has no plans to use it in the future. It is recommended that the outfall be removed and permit 03A031 be deleted. No EPA forms were prepared.

11.0 RECOMMENDATIONS FOR BUILDING 21-144

Table 9 is a list of the drains to the building outfalls 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. Outfall

21-144-OPN-1 is to the site RLW system and includes an area drain (1), a floor drain (1), and a sump pump (1). The equipment room is potentially contaminated and currently in disrepair. It is recommended that the user plug the area drain to avoid receiving storm water in the radioactive waste system and that the user replace the grate for the floor drain. No permitting is recommended and no EPA forms have been prepared.

12.0 RECOMMENDATIONS FOR BUILDING 21-146

Table 10 is a list of the drains to the building outfalls and Figure 9 is a schematic of the piping. The table lists the drains that connect to the outfall pipe and includes recommendations for changes to the drain piping. Outfall 21-146-OPN-1 is to the site RLW system and includes a sink drain (1), and an acid tank drain (1). No changes or permits are recommended for this outfall. No EPA forms have been prepared.

13.0 RECOMMENDATIONS FOR BUILDING 21-149

Table 11 is a list of the drains to the building outfalls and Figure 10 is a schematic of the piping. The table lists the drains that connect to the outfall pipe and includes recommendations for changes to the drain piping. The discussion below gives the reasoning for the recommendations.

13.1 Outfall 21-149-OPN-01

This outfall to the site sanitary sewer system includes lavatory drains (4), toilet drains (3), and urinals (4). No changes or permits are recommended for this outfall. No EPA forms have been prepared.

13.2 Outfall 21-149-OPN-02

This outfall discharges to Los Alamos Canyon via permitted outfall 04A142 and receives flow from sources including a floor drain (1), and penthouse floor drains (5). Two of the penthouse floor drains receive flow from two air washers. 04A142 was permitted for once through cooling for an air compressor. The air compressor currently uses recirculating cooling and the 04A category is no longer appropriate. It is recommended that these drains be combined with permitted outfall 03A032 and permit 04A142 be deleted. Outfall 04A142 also receives flow from two drains in building 5; see discussion of outfall 21-5-OPN-02, section 6.2. An EPA Form 2C is included in Appendix 3 for this outfall.

13.3 Outfall 21-149-OPN-03

This outfall to daylight is the drain for a water heater PRV. It is recommended that it be covered by an NOI. No permitting has been recommended for this outfall and no EPA forms have been prepared.

13.4 Outfalls 21-149-OPN-04 and 21-149-OPN-05

These outfalls to daylight are steam vents. No changes or permits are recommended for these outfalls. No EPA forms have been prepared.

13.5 Outfalls 21-149-OPN-06, 21-149-OPN-07, 21-149-OPN-08 and 21-149-OPN-09

These outfalls to daylight are fire suppression system drains. It is recommended that they be covered by an NOI. No permitting has been recommended for these outfalls and no EPA forms have been prepared.

13.6 Outfall 21-149-OPN-10

This outfall is an unused vent to daylight. No changes or permits are recommended for this outfall. No EPA forms have been prepared.

13.7 Outfall 21-149-OPN-11

This outfall is a plumbing stub out in the corridor that may discharge to the sanitary or the RLW system and could not be dye tested. It is recommended that the operating group verify the destination of this outfall. No permitting is recommended for this outfall and no EPA forms have been prepared.

14.0 RECOMMENDATIONS FOR BUILDING 21-150

Table 12 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 pipe and includes recommendations for changes to the drain piping. The discussion below gives the reasoning for the recommendations.

14.1 Outfall 21-150-OPN-01

This outfall to the site sanitary sewer system includes a lavatory drain (1), a toilet drain (1), and a water heater PRV. No changes or permits are recommended for this outfall. No EPA forms have been prepared.

14.2 Outfall 21-150-OPN-02

This outfall to the site RLW system includes cup drains (3), dish washer drains (2), sink drains (16), and sump pumps (2). BED02 is an open drain on the RLW line located near the basement ceiling. It is recommended that this be replaced with a one-way valve. No permitting is recommended and no EPA forms have been prepared.

14.3 Outfall 21-150-OPN-03

This outfall discharges to daylight in Los Alamos Canyon via EPA permitted outfall 03A032. The outfall's sources include area drains (2), an equipment drain (1) which receives flow from two cooling towers and roof drains (3). It is recommended that the roof and area drains be separated and repiped to daylight. An EPA Form 2C is included in Appendix 3 for this outfall.

14.4 Outfall 21-150-OPN-04

This outfall to daylight is the condensate drain from an ice machine. It is recommended that it be covered by an NOI. No permitting is recommended for this outfall and no EPA forms have been prepared.

14.5 Outfalls 21-150-OPN-05, 21-150-OPN-06, 21-150-OPN-07 and 21-150-OPN-08

These outfalls to daylight are drains for the fire suppression system. It is recommended that they be covered by an NOI. No permitting is recommended for these outfalls and no EPA forms have been prepared.

14.6 Outfalls 21-150-OPN-09 and 21-150-OPN-10

These outfalls to daylight are condensate drains. It is recommended that they be covered by an NOI. No permitting is recommended for these outfalls and no EPA forms have been prepared.

14.7 Outfalls 21-150-OPN-11, 21-150-OPN-12,21-150-OPN-13, 21-150-OPN-14, 21-150-OPN-15, 21-150-OPN-16, 21-150-OPN-17, 21-150-OPN-18 and 21-150-OPN-19

These outfalls are bottle gas connections. No changes or permits are recommended for these outfalls. No EPA forms have been prepared.

14.8 Outfalls 21-150-OPN-20, 21-150-OPN-24, 21-150-OPN-25 and 21-150-OPN-26

These outfalls to daylight are nitrogen gas vents. No changes or permits are recommended for these outfalls. No EPA forms have been prepared.

14.9 Outfalls 21-150-OPN-21, 21-150-OPN-22 and 21-150-OPN-23

These outfalls are bottled gas vents. No changes or permits are recommended for these outfalls. No EPA forms have been prepared.

14.10 Outfalls 21-150-OPN-27 and 21-150-OPN-28

These outfalls to daylight are an unused stub out and an unconnected vent respectively. No changes or permits are recommended for these outfalls. No EPA forms have been prepared.

14.11 Outfall 21-150-OPN-29

This outfall to daylight is from a steam vent. No changes or permits are recommended for this outfall. No EPA forms have been prepared.

14.12 Outfalls 21-150-OPN-30 and 21-150-OPN-32

These outfalls to daylight are condensate drains from mechanical cooling units. It is recommended that they be covered by an NOI. No permitting is recommended for these outfalls and no EPA forms have been prepared.

14.13 Outfalls 21-150-OPN-31 and 21-150-OPN-33

These outfalls to daylight are condensate drains from mechanical cooling units. It is recommended that they be covered by an NOI. No permitting is recommended for these outfalls and no EPA forms have been prepared.

14.14 Outfall 21-150-OPN-34

This outfall to daylight is the condensate drain from an ice machine. It is recommended that it be covered by an NOI. No permitting is recommended for this outfall and no EPA forms have been prepared.

15.0 RECOMMENDATIONS FOR BUILDING 21-228

Table 13 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 each outfall pipe and includes recommendations for changes to the drain piping. Outfalls 21-288-OPN-1, 21-288-OPN-2, 21-288-OPN-3 and 21-288-OPN-4 are fire system drains to daylight. It is recommended that

they be covered by an NOI. No permitting is recommended for these outfalls and no EPA forms have been prepared.

16.0 RECOMMENDATIONS FOR BUILDING 21-286

Table 14 is a list of the drains to the building outfall and Figure 13 is a schematic of the piping. The table lists the drains that connect to each outfall pipe and includes recommendations for changes to the drain piping. Outfalls 21-286-OPN-01, 21-286-OPN-02, 21-286-OPN-03, 21-286-OPN-04, 21-286-OPN-04 and 21-286-OPN-05 are fire system drains to daylight. It is recommended that they be covered by an NOI. No permitting is recommended for these outfalls and no EPA forms have been prepared.

17.0 RECOMMENDATIONS FOR BUILDING 21-312

Table 15 is a list of the drains to the building outfall and Figure 1 is a schematic of the piping. The table lists the drains that connect to each outfall pipe and includes recommendations for changes to each drain piping. Outfall 21-312-OPN-01 is a condensate drain from a mechanical cooling unit that discharges to daylight. It is recommended that it be covered by an NOI. No permitting is recommended for this outfall and no EPA forms were prepared.

18.0 RECOMMENDATIONS FOR BUILDING 21-313

Table 16 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 each outfall pipe and includes recommendations for changes to the drain piping. The discussion below gives the reasoning for the recommendations.

18.1 Outfall 21-313-OPN-01

This outfall to the site sanitary sewer system includes lavatory drains (2), a sink drain (1), toilet drains (2), and a urinal drain (1). No changes or permits are recommended for this outfall. No EPA forms were prepared.

18.2 Outfall 21-313-OPN-02

This unpermitted outfall includes floor drains (4), and penthouse floor drains (4). Two of the penthouse floor drains receive flow from air washers. LANL engineering drawings (ENG C 39103) indicate that these flows discharge to daylight on the south side of the structure (i.e. Los Alamos Canyon). The outlet pipe for this outfall could not be located. Several attempts to dye test this outfall were unsuccessful. Dye was not located in either the site sanitary or RLW systems. It is recommended that the operating group verify the destination of this outfall. No EPA forms were prepared for this outfall.

19.0 RECOMMENDATIONS FOR BUILDING 21-314

Table 17 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. Outfall 21-314-OPN-01 is permitted as EPA 03A037 and receives flow from floor drains (2), and penthouse floor drains (6). Two of the penthouse floor drains receive flow from air washers. It is recommended that the drains be repiped to permitted outfall 03A032 and that permit 03A037 be deleted. An EPA Form 2C has been included in Appendix 3 for this outfall.

20.0 RECOMMENDATIONS FOR BUILDING 21-315

Table 18 is a list of the drains to the building outfall and Figure 16 is a schematic of the piping. The table lists the drains that connect to the outfall pipe and includes recommendations for changes to the drain piping. The discussion below gives the reasoning for the recommendations.

20.1 Outfall 21-315-OPN-01

This outfall receives flow from a lavatory drain (1), a toilet drain (1), and a urinal drain (1) and discharges to the sanitary sewer system. Attempts to dye test these drains were unsuccessful. The restroom from which these flows originate lies between the restroom in room 401, building 4, where sanitary flows could also not be located (see recommendations for 21-4-OPN-01, section 5.1) and the main sewer line south of the site. It is suspected that the connecting sewer line is broken. It is recommended that the operating group confirm any break and take corrective action as soon as possible. JCI's Tim Glasco has indicated that this will be investigated and the findings reported. No permitting is recommended and no EPA forms have been prepared.

20.2 Outfall 21-315-OPN-02

This outfall to the site RLW system receives flow from a sink drain (1), a sump pump (1), a shower drain (1), and a water heater PRV (1). The sink wastes drain into a holding tank from which the fluid is pumped into the RLW line. It is recommended that the user provide secondary containment for this holding tank. No permitting is recommended and no EPA forms have been prepared.

20.3 Outfall 21-315-OPN-03

This unpermitted outfall to daylight receives flow from a floor drain (1), and penthouse floor drains (4). Two of the penthouse floor drains receive flow from air washers. The outfall discharges to daylight on the north side of the structure. It is recommended that the floor drain be permanently plugged and that the penthouse floor drains be repiped to the south side of the structure and combined with existing permitted outfall 03A032. No further changes are recommended. An EPA Form 2D has been included in Appendix 3 for this outfall.

20.4 Outfalls 21-315-OPN-04, 21-315-OPN-05 and 21-315-OPN-06

These outfalls to daylight are from the fire suppression system. It is recommended that they be covered by an NOI. No permitting is recommended for these outfalls and no EPA forms have been prepared.

20.5 Outfall 21-315-OPN-07

This outfall is a vacuum pump exhaust to the atmosphere. No changes or permits are recommended for this outfall. No EPA forms have been prepared.

20.6 Outfalls 21-315-OPN-08, 21-315-OPN-09, 21-315-OPN-10, 21-315-OPN-11 and 21-315-OPN-12

These outfalls are bottled gas vents. No changes or permits are recommended for these outfalls. No EPA forms were prepared.

21.0 RECOMMENDATIONS FOR BUILDING 21-324

Table 19 is a list of the drains to the building outfalls and Figure 17 is a schematic of the piping. The table lists the drains that connect to each outfall pipe and includes recommendations for changes to the drain piping. Outfalls 21-324-OPN-01, 21-324-OPN-02, 21-324-OPN-03 and 21-324-OPN-04 are fire system drains to daylight. It is recommended that they be covered by an NOI. No permitting is recommended for these outfalls and no EPA forms have been prepared.

22.0 RECOMMENDATIONS FOR BUILDING 21-361

Table 20 is a list of the drains to the building outfall and Figure 18 is a schematic of the piping. The table lists the drains that connect to each outfall pipe and includes recommendations for changes to the drain piping. The discussion below gives the reasoning for the recommendations.

22.1 Outfall 21-361-OPN-01

This outfall to the site sanitary sewer system includes a floor sink (1), lavatory drains (2), a sink drain (1), shower drains (2), toilet drains (2), a urinal drain (1), and a water fountain drain (1). No changes or permits are recommended for this outfall. No EPA forms were prepared.

22.2 Outfall 21-361-OPN-02

This outfall to daylight is a drain for an evaporative cooler unit located on the roof. It is recommended that it be covered by an NOI. No permitting is recommended and no EPA forms have been prepared.

22.3 Outfall 21-361-OPN-03

This outfall to daylight is a natural gas vent. No changes or permits are recommended for this outfall. No EPA forms have been prepared.

23.0 RECOMMENDATIONS FOR BUILDING 21-365

Table 21 is a list of the drains to the building outfall and Figure 18 is a schematic of the piping. The table lists the drains that connect to each outfall pipe and includes recommendations for changes to the drain piping. The discussion below gives the reasoning for the recommendations.

23.1 Outfall 21-365-OPN-01

This outfall to daylight is a drain for an evaporative cooler unit located on the roof. It is recommended that it be covered by an NOI. No permitting is recommended and no EPA forms have been prepared.

23.2 Outfall 21-365-OPN-02

This outfall to daylight is a natural gas vent. No changes or permits are recommended for this outfall. No EPA forms have been prepared.

24.0 RECOMMENDATIONS FOR BUILDING 21-382

Table 22 is a list of the drains to the building outfall and Figure 19 is a schematic of the piping. The table lists the drains that connect to the outfall pipe and includes recommendations for changes to the drain piping. Outfall 21-382-OPN-01 is a condensate drain from a mechanical cooling unit and discharges to daylight. It is recommended

that it be covered by an NOI. No permitting is recommended for this outfall and no EPA forms have been prepared.

25.0 RECOMMENDATIONS FOR BUILDING 21-411 AND BUILDING 21-437

Tables 23 and 24 are lists of the drains to the building outfalls and Figure 20 is a schematic of the piping. The tables list the drains that connect to each outfall pipe and include recommendations for changes to the drain piping. Outfalls 21-411-OPN-01 and 21-437-OPN-01 are condensate drains from mechanical cooling units and discharge to daylight. It is recommended that they be covered by an NOI. No permitting is recommended for these outfalls and no EPA forms have been prepared.

26.0 RECOMMENDATIONS FOR BUILDING 21-446

This building is a temporary restroom constructed for the workers who will be demolishing parts of the south side of the site. Table 25 is a list of the drains to the building outfall and Figure 21 is a schematic of the piping. The table lists the drains that connect to each outfall pipe and includes recommendations for changes to the drain piping. The discussion below gives the reasoning for the recommendations.

26.1 Outfall 21-446-OPN-01

This outfall to the site sanitary system receives flow from lavatory drains (8), a shower drain (1), toilet drains (5), urinal drains (6), and a water fountain drain (1). Piping was visually verified. No piping changes or permits are recommended for this outfall. No EPA forms have been prepared.

26.2 Outfall 21-446-OPN-02

This outfall to daylight is from a water heater PRV. It is recommended that it be covered by an NOI. No permitting is recommended for this outfall and no EPA forms were completed.

27.0 RECOMMENDATIONS FOR BUILDINGS WITH NO DRAINS

Buildings 21-342, 354, 402, 407, 413, and 414 have no drains and no sources of water. No changes or permits are recommended. No EPA forms were prepared.

28.0 CONCLUSION

This document provides the information to characterize buildings 2, 3, 4, 5, 116, 143, 144, 146, 149, 150, 228, 286, 312, 313, 314, 315, 324, 354, 355, 361, 365, 382, 402, 407, 414, 411, 413, 437, and 446 at TA-21. NPDES permit application forms have been completed for the following outfalls:

Form 2C:

1. 21-5-OPN-02 and 21-149-OPN-02
2. 21-150-OPN-03
3. 21-314-OPN-01

Form 2D:

1. 21-5-OPN-03
2. 21-57-OPN-04
3. 21-315-OPN-03

Other outlet pipes are as follows:

Buildings with no drains:

1. 21-342
2. 21-354
3. 21-402
4. 21-407
5. 21-413
6. 21-414

Discharges to the site sanitary system:

1. 21-2-OPN-01
2. 21-3-OPN-01
3. 21-4-OPN-01
4. 21-149-OPN-01
5. 21-150-OPN-01
6. 21-313-OPN-01
7. 21-315-OPN-01
8. 21-361-OPN-01
9. 21-446-OPN-01

Discharge from the fire system:

1. 21-4-OPN-03
2. 21-4-OPN-05
3. 21-149-OPN-06
4. 21-149-OPN-07
5. 21-149-OPN-08
6. 21-149-OPN-09
7. 21-150-OPN-05
8. 21-150-OPN-06
9. 21-150-OPN-07
10. 21-150-OPN-08
11. 21-228-OPN-01
12. 21-228-OPN-02
13. 21-228-OPN-03
14. 21-228-OPN-04
15. 21-286-OPN-01
16. 21-286-OPN-02
17. 21-286-OPN-03
18. 21-286-OPN-04
19. 21-286-OPN-05
20. 21-315-OPN-04
21. 21-315-OPN-05
22. 21-315-OPN-06
23. 21-324-OPN-01
24. 21-324-OPN-02
25. 21-324-OPN-03
26. 21-324-OPN-04

Discharges of untreated water and condensate drains:

1. 21-2-OPN-02
2. 21-2-OPN-03
3. 21-2-OPN-05
4. 21-2-OPN-06
5. 21-2-OPN-07
6. 21-3-OPN-04
7. 21-3-OPN-05
8. 21-3-OPN-08
9. 21-3-OPN-09
10. 21-3-OPN-10
11. 21-5-OPN-03
12. 21-150-OPN-04
13. 21-150-OPN-09
14. 21-150-OPN-10
15. 21-150-OPN-34

16.	21-312-OPN-01	17.	21-315-OPN-03	18.	21-361-OPN-02
19.	21-365-OPN-01	20.	21-382-OPN-01	21.	21-411-OPN-01
16.	21-437-OPN-01				

Discharges of storm water:

1.	21-3-OPN-06	2.	21-3-OPN-07	3.	21-3-OPN-08
4.	21-4-OPN-04	5.	21-4-OPN-06	6.	21-5-OPN-03
7.	21-5-OPN-04	8.	21-57-OPN-01		

Discharges from water heater pressure relief valves:

1.	21-4-OPN-07	2.	21-149-OPN-03	3.	21-446-OPN-02

Discharges to the site Radioactive waste system:

1.	21-3-OPN-02	2.	21-4-OPN-02	3.	21-5-OPN-01
4.	21-144-OPN-01	5.	21-146-OPN-01	6.	21-150-OPN-02
7.	21-315-OPN-02				

Discharges to unknown locations:

1.	21-3-OPN-11	2.	21-312-OPN-02

Recommended corrective actions are outlined in Tables 1 through 25 as well as in the above text. Corrective action should be performed as soon as practical to minimize the chance of unpermitted discharge of pollutants.

TABLE 1: TA 21-2 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
21-002-OPN-01 SANITARY	1ED01	LAB	201	LABEL	NO
	1ED02	LAB	201	LABEL	
	1ED03	LAB	201	LABEL	
	1SD01	LAB	201	LABEL	
	1SD02	LAB	201	LABEL	
	1SP01	LAB	201	NO CHANGE	
	1WF01	CORRIDOR	N/A	NO CHANGE	
21-002-OPN-02	N/A	ICE MACHINE CONDENSATE	EXT	NOI	NO
21-002-OPN-03	N/A	REFRIG. CONDENSATE	EXT	NOI	NO
21-002-OPN-04	N/A	PLUMBING VENT	EXT	NO CHANGE	NO
21-002-OPN-05	N/A	A/C DRAIN	EXT	NOI	NO
21-002-OPN-06	N/A	A/C DRAIN	EXT	NOI	NO
21-002-OPN-07	N/A	A/C DRAIN	EXT	NOI	NO

TABLE 2: TA 21-3 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
21-003-OPN-01 SANITARY	1IM01	CORRIDOR	CORR	NO CHANGE	NO
	1LV01	REST ROOM	303	NO CHANGE	
	1LV02	REST ROOM	303	NO CHANGE	
	1LV03	REST ROOM	336	NO CHANGE	
	1SD08	REST ROOM	303	LABEL	
	1SD14	CORRIDOR	CORR	NO CHANGE	
	1SH01	REST ROOM	303	NO CHANGE	
	1TL01	REST ROOM	303	NO CHANGE	
	1TL02	REST ROOM	303	NO CHANGE	
	1TL03	REST ROOM	336	NO CHANGE	
	1UR01	REST ROOM	303	NO CHANGE	
	1WF01	CORRIDOR	CORR	NO CHANGE	
	1WF02	CORRIDOR	CORR	NO CHANGE	
	2FD02	LAB	326	PLUG	
	2UR01	LAB	326	REMOVE	
	2WF01	LAB	326	REMOVE	
21-3-OPN-02 RLW	1CD01	LAB	307	NO CHANGE	
	1CD02	LAB	317	NO CHANGE	
	1DW01	LAB	307A	NO CHANGE	

TABLE 2: TA 21-3 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
21-003-OPN-02 CONT.	1FD01	LAB	301-A	NO CHANGE	NO
	1SD01	LAB	301	NO CHANGE	
	1SD02	LAB	301	NO CHANGE	
	1SD03	LAB	301	NO CHANGE	
	1SD04	LAB	361	NO CHANGE	
	1SD05	LAB	301-A	NO CHANGE	
	1SD06	LAB	301-B	NO CHANGE	
	1SD07	LAB	301-A	NO CHANGE	
	1SD09	LAB	307-A	NO CHANGE	
	1SD10	LAB	307	NO CHANGE	
	1SD11	LAB	306	NO CHANGE	
	1SD12	LAB	307	NO CHANGE	
	1SD13	LAB	366	NO CHANGE	
	1SD15	LAB	352	NO CHANGE	
	2ED01	LAB	326	NO CHANGE	
	2FD01	LAB	326	PLUGGED	
	2FD03	LAB	326	PLUGGED	
	2SD01	LAB	326	NO CHANGE	
21-003-OPN-03	N/A	N2 DRAIN	EXT	NO CHANGE	NO
21-003-OPN-04	N/A	CHILLED WATER DRAIN	EXT	NOI	NO
21-003-OPN-05	N/A	CHILLED WATER DRAIN	EXT	NOI	NO
21-003-OPN-06	N/A	STORM CANALE	ROOF	NO CHANGE	NO
21-003-OPN-07	N/A	STORM CANALE	ROOF	NO CHANGE	NO
21-003-OPN-08	PFD01	EQUIP ROOM	P3N	REPIPE AND NOI	NO
	RD01	ROOF DRAIN	EXT	SEPARATE	
	RD02	ROOF DRAIN	EXT	SEPARATE	
	RD03	ROOF DRAIN	EXT	SEPARATE	
21-003-OPN-09	2ED02	BACKFLOW PREVENTER	STWL	NOI	NO
21-003-OPN-10	N/A	AIR COMPRESSOR DRAIN	EXT	NOI	NO
21-003-OPN-11 UNKNOWN	1AD01	EQUIP ROOM	EXT	VERIFY/PIPE TO STORM	NO
	1FD02	EQUIP ROOM	362	VERIFY/PIPE TO S.S.	
	1FD03	EQUIP ROOM	3N	VERIFY/PIPE TO S.S.	
	1SP01	EQUIP ROOM	3N	VERIFY/PIPE TO S.S.	

TABLE 3: TA 21-4 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
21-004-OPN-01 SANITARY	1LV01	REST ROOM	401-C	VERIFY	NO
	1LV02	REST ROOM	401-C	VERIFY	
	1SH01	REST ROOM	401-C	VERIFY	
	1TL01	REST ROOM	401-C	VERIFY	
	1UR01	REST ROOM	401-C	VERIFY	
	1UR02	REST ROOM	401-C	VERIFY	
	1WF01	OFFICE	401-B	VERIFY	
21-004-OPN-02 RLW	1ED01	LAB	402	NO CHANGE	NO
	1SD01	LAB	406	NO CHANGE	
	1SD02	LAB	406	NO CHANGE	
	1SD03	LAB	405	LABEL	
	1SD04	LAB	405	NO CHANGE	
	1SD05	LAB	402	NO CHANGE	
	1SD06	LAB	401	NO CHANGE	
21-004-OPN-03	N/A	FIRE SYSTEM VENT	EXT	NOI	NO
21-004-OPN-04	N/A	STORM CANALE	EXT	NO CHANGE	NO
21-004-OPN-05	N/A	FIRE SYSTEM DRAIN	EXT	NOI	NO
21-004-OPN-06	N/A	STORM CANALE	EXT	NO CHANGE	NO
21-004-OPN-07	N/A	WATER HEATER PRV	EXT	NOI	NO

TABLE 4: TA 21-5 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
21-005-OPN-01 RLW	1SD01	LAB	533	NO CHANGE	NO
	1SD02	LAB	500A	NO CHANGE	
	1SP01	LAB	533	SEC. CONTAIN.	
	1SP02	LAB	500A	SEC. CONTAIN.	
21-005-OPN-02 04A142	BAD01	EQUIP ROOM	5B	NO CHANGE/ DELETE PERMIT	YES
	BFD01	EQUIP ROOM	5B	REPIPE TO S.S.	
21-005-OPN-03 DAYLIGHT	BAD02	EQUIP ROOM	5	ELIMINATE	NO
	BFD01	EQUIP ROOM	5	ELIMINATE	
	BFD02	EQUIP ROOM	5	ELIMINATE	
	BSP03	EQUIP ROOM	5	ELIMINATE	

TABLE 4: TA 21-5 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
21-005-OPN-04	N/A	STORM CANALE	EXT	NO CHANGE	NO
21-005-OPN-05	N/A	VACUUM VENT	EXT	NO CHANGE	NO
21-005-OPN-06	N/A	N2 VENT	EXT	NO CHANGE	NO
21-005-OPN-07	N/A	N2 VENT	EXT	NO CHANGE	NO
21-005-OPN-08	N/A	BOTTLED GAS CONNECTION	EXT	NO CHANGE	NO
21-005-OPN-09	N/A	BOTTLED GAS CONNECTION	EXT	NO CHANGE	NO
21-005-OPN-10	N/A	BOTTLED GAS CONNECTION	EXT	NO CHANGE	NO
21-005-OPN-11	N/A	BOTTLED GAS CONNECTION	EXT	NO CHANGE	NO
21-005-OPN-12	N/A	BOTTLED GAS CONNECTION	EXT	NO CHANGE	NO
21-005-OPN-13	N/A	BOTTLED GAS CONNECTION	EXT	NO CHANGE	NO
21-005-OPN-14	N/A	BOTTLED GAS CONNECTION	EXT	NO CHANGE	NO
21-005-OPN-15	N/A	BOTTLED GAS CONNECTION	EXT	NO CHANGE	NO
21-005-OPN-16	N/A	UNKNOWN VENT	EXT	VERIFY	NO

TABLE 5: TA 21-42 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
21-42-OPN-01	N/A	PUMP BLEED VALVE	EXT	CONTAINERIZE	NO
21-42-OPN-02	N/A	PUMP BLEED VALVE	EXT	CONTAINERIZE	NO

TABLE 6: TA 21-57 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
21-57-OPN-01	AD01	SECOND. CONT. DRAIN	EXT	IMPLEMENT TO SPCC	NO
21-57-OPN-02	N/A	FUEL LINE	N/A	VERIFY/SPCC	NO
21-57-OPN-03	N/A	FUEL LINE	N/A	VERIFY/SPCC	NO
21-57-OPN-04	N/A	FUEL TANK OVERFLOW	N/A	CONTAINERIZE	YES

TABLE 7: TA 21-116 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
21-116-OPN-01	N/A	ELECTRICAL CONDUIT STUB	EXT	NO CHANGE	NO

TABLE 8: TA 21-143 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
21-143-OPN-01 03A031	N/A	COOLING TOWER (NOT IN USE)	EXT	DELETE PERMIT	YES

TABLE 9: TA 21-144 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
21-144-OPN-01 RLW	BAD01	EQUIP ROOM	N/A	PLUG	NO
	BFD01	EQUIP ROOM	N/A	MODIFY	
	BSP01	EQUIP ROOM	N/A	NO CHANGE	

TABLE 10: TA 21-146 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
21-146-OPN-01 RLW	1SD01	LAB	101	NO CHANGE	NO
	N/A	ACID TANK DRAIN	N/A	NO CHANGE	

TABLE 11: TA 21-149 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
21-149-OPN-01 SANITARY	1LV01	REST ROOM	102	NO CHANGE	NO
	1LV02	REST ROOM	102	NO CHANGE	
	1LV03	REST ROOM	102	NO CHANGE	
	1LV04	REST ROOM	102	NO CHANGE	
	1TL01	REST ROOM	102	NO CHANGE	
	1TL02	REST ROOM	102	NO CHANGE	
	1TL03	REST ROOM	102	NO CHANGE	
	1UR01	REST ROOM	102	NO CHANGE	
	1UR02	REST ROOM	102	NO CHANGE	
	1UR03	REST ROOM	102	NO CHANGE	
	1UR04	REST ROOM	102	NO CHANGE	
21-149-OPN-02 O4A142	1FD01	EQ ROOM	1491	REPIPE/DELETE PERMIT	YES
	PFD01	EQ ROOM	P537	REPIPE/DELETE PERMIT	
	PFD02	EQ ROOM	P536	REPIPE/DELETE PERMIT	

TABLE 11: TA 21-149 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
21-149-OPN-02 O4A142 CONT.	PFD03	EQ ROOM	P536	REPIPE/DELETE PERMIT	YES
	PFD04	EQ ROOM	P535	REPIPE/DELETE PERMIT	
	PFD05	EQ ROOM	P535	REPIPE/DELETE PERMIT	
21-149-OPN-03	1WH01	WATER HEATER PRV	102	NOI	NO
21-149-OPN-04	N/A	STEAM VENT	N/A	NO CHANGE	NO
21-149-OPN-05	N/A	STEAM VENT	N/A	NO CHANGE	NO
21-149-OPN-06	N/A	FIRE SYSTEM DRAIN	N/A	NOI	NO
21-149-OPN-07	N/A	FIRE SYSTEM DRAIN	N/A	NOI	NO
21-149-OPN-08	N/A	FIRE SYSTEM DRAIN	N/A	NOI	NO
21-149-OPN-09	N/A	FIRE SYSTEM DRAIN	N/A	NOI	NO
21-149-OPN-10	N/A	UNUSED VENT	N/A	NO CHANGE	NO
21-149-OPN-11	N/A	PLUMBING STUB OUT	CORR	VERIFY	NO

TABLE 12: TA 21-150 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
21-150-OPN-01 SANITARY	1LV01	REST ROOM	606B	NO CHANGE	NO
	1TL01	REST ROOM	606B	NO CHANGE	
	1WH1	REST ROOM	606B	NO CHANGE	
21-150-OPN-02 RLW	1CD01	LAB	607	NO CHANGE	NO
	1CD02	LAB	603	NO CHANGE	
	1DW01	LAB	607	NO CHANGE	
	1DW02	LAB	604	NO CHANGE	
	1SD01	LAB	607	NO CHANGE	
	1SD02	LAB	607	NO CHANGE	
	1SD03	LAB	607	NO CHANGE	
	1SD04	LAB	607	NO CHANGE	
	1SD05	LAB	606	NO CHANGE	
	1SD06	LAB	606	NO CHANGE	
	1SD07	LAB	605	NO CHANGE	
	1SD08	LAB	607	NO CHANGE	
	1SD09	LAB	604	NO CHANGE	
	1SD10	LAB	604	NO CHANGE	
	1SD11	LAB	607	NO CHANGE	
	1SD12	LAB	603	NO CHANGE	
	1SD13	LAB	603	NO CHANGE	
	1SD14	LAB	602B	NO CHANGE	

TABLE 12: TA 21-150 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
21-150-OPN-02 RLW CONT.	BCD01	LAB	BSMT	NO CHANGE	NO
	BED02	LAB	BSMT	MODIFY	
	BSD01	LAB	BSMT	NO CHANGE	
	BSD02	LAB	BSMT	NO CHANGE	
	BSD03	LAB	BSMT	NO CHANGE	
	BSP01	LAB	BSMT	NO CHANGE	
	BSP02	LAB	BSMT	NO CHANGE	
21-150-OPN-03 03A032	BAD01	AREA DRAIN	EXT	REPIPE	YES
	BAD02	AREA DRAIN	EXT	REPIPE	
	BED01	LAB	BSMT	NO CHANGE	
	RD01	ROOF DRAIN	EXT	REPIPE	
	RD02	ROOF DRAIN	EXT	REPIPE	
	RD03	ROOF DRAIN	EXT	REPIPE	
21-150-OPN-04	BIM01	ICE MACHINE	BSMT	NOI	NO
21-150-OPN-05	N/A	FIRE SYSTEM DRAIN	EXT	NOI	NO
21-150-OPN-06	N/A	FIRE SYSTEM DRAIN	EXT	NOI	NO
21-150-OPN-07	N/A	FIRE SYSTEM DRAIN	EXT	NOI	NO
21-150-OPN-08	N/A	FIRE SYSTEM DRAIN	EXT	NOI	NO
21-150-OPN-09	N/A	A/C CONDENSATE	EXT	NOI	NO
21-150-OPN-10	N/A	FRIGERATOR CONDENSATE DR	EXT	NOI	NO
21-150-OPN-11	N/A	BOTTLED GAS CONNECTION	EXT	NO CHANGE	NO
21-150-OPN-12	N/A	BOTTLED GAS CONNECTION	EXT	NO CHANGE	NO
21-150-OPN-13	N/A	BOTTLED GAS CONNECTION	EXT	NO CHANGE	NO
21-150-OPN-14	N/A	BOTTLED GAS CONNECTION	EXT	NO CHANGE	NO
21-150-OPN-15	N/A	BOTTLED GAS CONNECTION	EXT	NO CHANGE	NO
21-150-OPN-16	N/A	BOTTLED GAS CONNECTION	EXT	NO CHANGE	NO
21-150-OPN-17	N/A	BOTTLED GAS CONNECTION	EXT	NO CHANGE	NO
21-150-OPN-18	N/A	BOTTLED GAS CONNECTION	EXT	NO CHANGE	NO
21-150-OPN-19	N/A	BOTTLED GAS CONNECTION	EXT	NO CHANGE	NO
21-150-OPN-20	N/A	N2 VENT	EXT	NO CHANGE	NO
21-150-OPN-21	N/A	BOTTLED GAS VENT	EXT	NO CHANGE	NO
21-150-OPN-22	N/A	BOTTLED GAS VENT	EXT	NO CHANGE	NO
21-150-OPN-23	N/A	BOTTLED GAS VENT	EXT	NO CHANGE	NO
21-150-OPN-24	N/A	N2 VENT	EXT	NO CHANGE	NO
21-150-OPN-25	N/A	N2 VENT	EXT	NO CHANGE	NO
21-150-OPN-26	N/A	N2 VENT	EXT	NO CHANGE	NO
21-150-OPN-27	N/A	UNUSED STUB OUT	EXT	NO CHANGE	NO
21-150-OPN-28	N/A	UNCONNECTED	EXT	NO CHANGE	NO
21-150-OPN-29	N/A	STEAM VENT	EXT	NO CHANGE	NO

TABLE 12: TA 21-150 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
21-150-OPN-30	N/A	A/C OVERFLOW	EXT	NOI	NO
21-150-OPN-31	N/A	A/C DRAIN	EXT	NOI	NO
21-150-OPN-32	N/A	A/C OVERFLOW	EXT	NOI	NO
21-150-OPN-33	N/A	A/C DRAIN	EXT	NOI	NO
21-150-OPN-34	1IM01	ICE MACHINE	607	NOI	NO

TABLE 13: TA 21-228 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
21-228-OPN-01	N/A	FIRE SYSTEM DRAIN	EXT	NOI	NO
21-228-OPN-02	N/A	FIRE SYSTEM DRAIN	EXT	NOI	NO
21-228-OPN-03	N/A	FIRE SYSTEM DRAIN	EXT	NOI	NO
21-228-OPN-04	N/A	FIRE SYSTEM DRAIN	EXT	NOI	NO

TABLE 14: TA 21-286 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
21-286-OPN-01	N/A	FIRE SYSTEM DRAIN	EXT	NOI	NO
21-286-OPN-02	N/A	FIRE SYSTEM DRAIN	EXT	NOI	NO
21-286-OPN-03	N/A	FIRE SYSTEM DRAIN	EXT	NOI	NO
21-286-OPN-04	N/A	FIRE SYSTEM DRAIN	EXT	NOI	NO
21-286-OPN-05	N/A	FIRE SYSTEM DRAIN	EXT	NOI	NO

TABLE 15: TA 21-312 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
21-312-OPN-01	N/A	REFRIGERATOR CONDENSATE DRAIN	EXT	NOI	NO

TABLE 16: TA 21-313 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
21-313	1FD01	EQUIP ROOM	3136	PLUGGED	NO
21-313-OPN-01 SANITARY	1LV01	REST ROOM	3131	NO CHANGE	NO
	1LV02	REST ROOM	3131	NO CHANGE	
	1SD01	REST ROOM	3132	NO CHANGE	
	1TL01	REST ROOM	3131	NO CHANGE	
	1TL02	REST ROOM	3131	NO CHANGE	
	1UR01	REST ROOM	3131	NO CHANGE	
	1UR02	REST ROOM	3131	NO CHANGE	
21-313-OPN-02 UNKNOWN	1FD02	EQUIP ROOM	3134	VERIFY	NO
	1FD03	EQUIP ROOM	3134	VERIFY	
	1FD04	REST ROOM	3131	VERIFY	
	PFD01	EQUIP ROOM	313A	VERIFY	
	PFD02	EQUIP ROOM	313B	VERIFY	
	PFD03	EQUIP ROOM	313A	VERIFY	
	PFD04	EQUIP ROOM	313A	VERIFY	

TABLE 17: TA 21-314 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
21-314-OPN-01 03A037	PFD01	EQUIP ROOM	P314B	REPIPE TO 03A032/ DELETE 03A037	YES
	PFD02	EQUIP ROOM	P3148	REPIPE TO 03A032/ DELETE 03A037	
	PFD03	EQUIP ROOM	P314B	REPIPE TO 03A032/ DELETE 03A037	
	PFD04	EQUIP ROOM	P314B	REPIPE TO 03A032/ DELETE 03A037	
	PFD05	EQUIP ROOM	P314B	REPIPE TO 03A032/ DELETE 03A037	
	PFD06	EQUIP ROOM	P314B	REPIPE TO 03A032/ DELETE 03A037	
	1FD01	EQUIP ROOM	3143	REPIPE TO 03A032/ DELETE 03A037	
	1FD02	EQUIP ROOM	3143	REPIPE TO 03A032/ DELETE 03A037	

TABLE 18: TA 21-315 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
21-315-OPN-01 SANITARY	1LV01	REST ROOM	178	VERIFY	NO
	1TL01	REST ROOM	178	VERIFY	
	1UR01	REST ROOM	178	VERIFY	
21-315-OPN-02 RLW	1SD01	LAB	3151A	NO CHANGE	NO
	1SH01	CHANGE ROOM	176	NO CHANGE	
	1SP01	ELEC. EQ ROOM	315A	CONTAINERIZE	
	1WH01	CHANGE ROOM	176	NO CHANGE	
21-315-OPN-03 DAYLIGHT	1FD01	EQUIP RM	3153	PLUG	YES
	PFD01	PENTHOUSE EQ ROOM	N/A	REPIPE TO 03A032	
	PFD02	PENTHOUSE EQ ROOM	N/A	REPIPE TO 03A032	
	PFD03	PENTHOUSE EQ ROOM	N/A	REPIPE TO 03A032	
	PFD04	PENTHOUSE EQ ROOM	N/A	REPIPE TO 03A032	
21-315-OPN-04	N/A	FIRE SYSTEM DRAIN	N/A	NOI	NO
21-315-OPN-05	N/A	FIRE SYSTEM DRAIN	N/A	NOI	NO
21-315-OPN-06	N/A	FIRE SYSTEM DRAIN	N/A	NOI	NO
21-315-OPN-07	N/A	VACUUM PUMP VENT	N/A	NO CHANGE	NO
21-315-OPN-08	N/A	VACUUM PUMP VENT	N/A	NO CHANGE	NO
21-315-OPN-09	N/A	BOTTLED GAS VENT	N/A	NO CHANGE	NO
21-315-OPN-10	N/A	BOTTLED GAS VENT	N/A	NO CHANGE	NO
21-315-OPN-11	N/A	BOTTLED GAS VENT	N/A	NO CHANGE	NO
21-315-OPN-12	N/A	BOTTLED GAS VENT	N/A	NO CHANGE	NO

TABLE 19: TA 21-324 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
21-324-OPN-01	N/A	FIRE SYSTEM DRAIN	N/A	NOI	NO
21-324-OPN-02	N/A	FIRE SYSTEM DRAIN	N/A	NOI	NO
21-324-OPN-03	N/A	FIRE SYSTEM DRAIN	N/A	NOI	NO
21-324-OPN-04	N/A	FIRE SYSTEM DRAIN	N/A	NOI	NO

TABLE 20: TA 21-361 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
21-361-OPN-01 SANITARY	1FS01	JANITOR CLOSET	108	NO CHANGE	NO
	1LV01	REST ROOM	106	NO CHANGE	
	1LV02	REST ROOM	112	NO CHANGE	
	1SD01	REST ROOM	114	NO CHANGE	
	1SH01	REST ROOM	106	NO CHANGE	
	1SH02	REST ROOM	112	NO CHANGE	
	1TL01	REST ROOM	106	NO CHANGE	
	1TL02	REST ROOM	112	NO CHANGE	
	1UR01	REST ROOM	106	NO CHANGE	
	1WF01	REST ROOM	114	NO CHANGE	
21-361-OPN-02	N/A	E/C CONDENSATE	N/A	NOI	NO
21-361-OPN-03	N/A	GAS VENT	N/A	NO CHANGE	NO

TABLE 21: TA 21-365 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
21-365-OPN-01	N/A	E/C CONDENSATE	N/A	NOI	NO
21-365-OPN-02	N/A	GAS VENT	N/A	NO CHANGE	NO

TABLE 22: TA 21-382 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
21-382-OPN-01	N/A	A/C CONDENSATE	N/A	NOI	NO

TABLE 23: TA 21-411 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
21-411-OPN-01	N/A	A/C DRAIN	N/A	NOI	NO

TABLE 24: TA 21-437 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
21-437-OPN-01	N/A	A/C DRAIN	N/A	NOI	NO

TABLE 25: TA 21-446 DRAIN SUMMARY

OUTFALL NUMBER	ID NUMBER	ROOM ACTIVITY	ROOM NUMBER	STATUS OR RECOMMENDATIONS	EPA FORM PREPARED
21-446-OPN-01 SANITARY	1LV01	REST ROOM	N/A	NO CHANGE	NO
	1LV02	REST ROOM	N/A	NO CHANGE	
	1LV03	REST ROOM	N/A	NO CHANGE	
	1LV04	REST ROOM	N/A	NO CHANGE	
	1LV05	REST ROOM	N/A	NO CHANGE	
	1LV06	REST ROOM	N/A	NO CHANGE	
	1LV07	REST ROOM	N/A	NO CHANGE	
	1LV08	REST ROOM	N/A	NO CHANGE	
	1SH01	REST ROOM	N/A	NO CHANGE	
	1TL01	REST ROOM	N/A	NO CHANGE	
	1TL02	REST ROOM	N/A	NO CHANGE	
	1TL03	REST ROOM	N/A	NO CHANGE	
	1TL04	REST ROOM	N/A	NO CHANGE	
	1TL05	REST ROOM	N/A	NO CHANGE	
	1UR01	REST ROOM	N/A	NO CHANGE	
	1UR02	REST ROOM	N/A	NO CHANGE	
	1UR03	REST ROOM	N/A	NO CHANGE	
	1UR04	REST ROOM	N/A	NO CHANGE	
	1UR05	REST ROOM	N/A	NO CHANGE	
	1UR06	REST ROOM	N/A	NO CHANGE	
	1WF01	REST ROOM	N/A	NO CHANGE	
21-446-OPN-02	1WH01	WATER HEATER PRV	N/A	NO CHANGE	NO

TABLE 26: NON DRAIN RECOMMENDATIONS

TECHNICAL AREA	BUILDING NUMBER	ROOM OR LOCATION	RECOMMENDATION
21	5	533 AND 500A	PROVIDE SECONDARY CONTAINMENT
21	5	21-5-OPN-2	DELETE PERMIT 04A142
21	57	VALVE PIT	SAMPLE SOIL/IMPLEMENT SPCC
21	149	21-149-OPN-2	DELETE PERMIT 04A142
21	314	21-314-OPN-1	DELETE PERMIT 03A037
21	315	315A	CONTAINERIZE SUMP PUMP

TABLE 27

SUMMARY OF ABBREVIATIONS

ABBREVIATION	MEANING
A/C	AIR CONDITIONING
AD	AREA DRAIN
BFP	BACK FLOW PREVENTER
EC	EVAPORATIVE COOLER
FD	FLOOR DRAIN
FS	FLOOR SINK
IM	ICE MAKER
LV	LAVATORY
MH	MANHOLE
PRV	PRESSURE RELIEF VALVE
RLW	RADIOACTIVE LIQUID WASTE
RD	ROOF DRAIN
SD	SINK DRAIN
SH	SHOWER
SP	SUMP PUMP
SS	SANITARY SEWER
TL	TOILET
UR	URINAL
WF	WATER FOUNTAIN
WH	WATER HEATER

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
21	2	21-002-OPN-01	05S/SWSC	1ED01	201	CHEMICAL LAB			5 DAYS PER WEEK	No	STEAM CONDENSATE
21	2	21-002-OPN-01	05S/SWSC	1ED02	201	CHEMICAL LAB			5 DAYS PER WEEK	No	FERMENTER
21	2	21-002-OPN-01	05S/SWSC	1ED03	201	CHEMICAL LAB			5 DAYS PER WEEK	No	AUTOCLAVE
21	2	21-002-OPN-01	05S/SWSC	1SD01	201	CHEMICAL LAB			5 DAYS PER WEEK	No	CLEAN-UP
21	2	21-002-OPN-01	05S/SWSC	1SD02	201	CHEMICAL LAB			5 DAYS PER WEEK	No	CLEAN-UP
21	2	21-002-OPN-01	05S/SWSC	1SP01	201	CHEMICAL LAB			5 DAYS PER WEEK	No	SINKS AND EQUIP DRS
21	2	21-002-OPN-01	05S/SWSC	1WF1	N/A	CORRIDOR			5 DAYS PER WEEK	No	WATER FOUNTAIN
21	2	21-002-OPN-02	DAYLIGHT	1IM01	215	CHEMICAL LAB			FLOW IS NIL	No	ICE MACHINE CONDENSATE
21	2	21-002-OPN-03	DAYLIGHT	N/A	EXT	REFRIGERATOR			FLOW IS NIL	No	REFRIGERATOR CONDENSATE DRAIN
21	2	21-002-OPN-04	ATMOSPHERE	N/A	EXT	CHEMICAL LAB			FLOW IS NIL	No	PLUMBING VENT
21	2	21-002-OPN-05	DAYLIGHT	N/A	EXT	CONDENSATE			FLOW IS NIL	No	A/C CONDENSATE
21	2	21-002-OPN-06	DAYLIGHT	N/A	EXT	CONDENSATE			FLOW IS NIL	No	A/C CONDENSATE
21	2	21-002-OPN-07	DAYLIGHT	N/A	EXT	CONDENSATE			FLOW IS NIL	No	A/C CONDENSATE
21	3	21-003-OPN-01	05S/SWSC	1IM01	CORR	CORRIDOR			7 DAYS PER WEEK	No	ICE MACHINE CONDENSATE
21	3	21-003-OPN-01	05S/SWSC	1LV01	303	REST ROOM			5 DAYS PER WEEK	No	LAVATORY
21	3	21-003-OPN-01	05S/SWSC	1LV02	303	REST ROOM			5 DAYS PER WEEK	No	LAVATORY
21	3	21-003-OPN-01	05S/SWSC	1LV03	336	REST ROOM			5 DAYS PER WEEK	No	LAVATORY
21	3	21-003-OPN-01	05S/SWSC	1SD08	303	REST ROOM			5 DAYS PER WEEK	No	CLEAN-UP
21	3	21-003-OPN-01	05S/SWSC	1SD14	CORR	CORRIDOR			5 DAYS PER WEEK	No	CLEAN-UP
21	3	21-003-OPN-01	05S/SWSC	1SH01	303	REST ROOM			5 DAYS PER WEEK	No	SHOWER
21	3	21-003-OPN-01	05S/SWSC	1TL01	303	REST ROOM			5 DAYS PER WEEK	No	TOILET
21	3	21-003-OPN-01	05S/SWSC	1TL02	303	REST ROOM			5 DAYS PER WEEK	No	TOILET
21	3	21-003-OPN-01	05S/SWSC	1TL03	336	REST ROOM			5 DAYS PER WEEK	No	TOILET
21	3	21-003-OPN-01	05S/SWSC	1UR01	303	REST ROOM			5 DAYS PER WEEK	No	URINAL
21	3	21-003-OPN-01	05S/SWSC	1WF01	CORR	CORRIDOR			5 DAYS PER WEEK	No	WATER FOUNTAIN
21	3	21-003-OPN-01	05S/SWSC	1WF02	CORR	CORRIDOR			5 DAYS PER WEEK	No	WATER FOUNTAIN
21	3	21-003-OPN-01	05S/SWSC	2FD02	326	CHEMICAL LAB			FLOW IS NIL	No	FLOOR WASHINGS
21	3	21-003-OPN-01	05S/SWSC	2UR01	326	CHEMICAL LAB			NO FLOW	No	URINAL
21	3	21-003-OPN-01	05S/SWSC	2WF01	326	CHEMICAL LAB			DISCONNECTED	No	WATER FOUNTAIN
21	3	21-003-OPN-02	RLW	1CD01	307	CHEMICAL LAB			5 DAYS PER WEEK	No	LAB CUP DRAIN
21	3	21-003-OPN-02	RLW	1CD02	317	CHEMICAL LAB			5 DAYS PER WEEK	No	LAB CUP DRAIN
21	3	21-003-OPN-02	RLW	1DW01	307A	CHEMICAL LAB			5 DAYS PER WEEK	No	DISH WASHER
21	3	21-003-OPN-02	RLW	1FD01	301-A	CHEMICAL LAB			FLOW IS NIL	No	EMERGENCY SHOWER

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
21	3	21-003-OPN-02	RLW	1SD01	301	CHEMICAL LAB			5 DAYS PER WEEK	No	LAB SINK
21	3	21-003-OPN-02	RLW	1SD02	301	CHEMICAL LAB			5 DAYS PER WEEK	No	LAB SINK
21	3	21-003-OPN-02	RLW	1SD03	301	CHEMICAL LAB			5 DAYS PER WEEK	No	LAB SINK
21	3	21-003-OPN-02	RLW	1SD04	361	CHEMICAL LAB			5 DAYS PER WEEK	No	LAB SINK
21	3	21-003-OPN-02	RLW	1SD05	301-A	CHEMICAL LAB			5 DAYS PER WEEK	No	LAB SINK
21	3	21-003-OPN-02	RLW	1SD06	301-B	CHEMICAL LAB			5 DAYS PER WEEK	No	LAB SINK
21	3	21-003-OPN-02	RLW	1SD07	301-A	CHEMICAL LAB			5 DAYS PER WEEK	No	LAB SINK
21	3	21-003-OPN-02	RLW	1SD09	307-A	CHEMICAL LAB			5 DAYS PER WEEK	No	LAB SINK
21	3	21-003-OPN-02	RLW	1SD10	307	CHEMICAL LAB			5 DAYS PER WEEK	No	LAB SINK
21	3	21-003-OPN-02	RLW	1SD11	306	CHEMICAL LAB			5 DAYS PER WEEK	No	LAB SINK
21	3	21-003-OPN-02	RLW	1SD12	307	CHEMICAL LAB			5 DAYS PER WEEK	No	LAB SINK
21	3	21-003-OPN-02	RLW	1SD13	366	CHEMICAL LAB			5 DAYS PER WEEK	No	LAB SINK
21	3	21-003-OPN-02	RLW	1SD15	352	MACHINE SHOP			5 DAYS PER WEEK	No	LAB SINK
21	3	21-003-OPN-02	RLW	2ED01	326	CHEMICAL LAB			FLOW IS NIL	No	NO SOURCES
21	3	21-003-OPN-02	RLW	2FD01	326	CHEMICAL LAB			NO FLOW	No	NO FLOW
21	3	21-003-OPN-02	RLW	2FD03	326	CHEMICAL LAB			NO FLOW	No	NO FLOW
21	3	21-003-OPN-02	RLW	2SD01	326	CHEMICAL LAB			5 DAYS PER WEEK	No	LAB SINK
21	3	21-003-OPN-03	ATMOSPHERE	N/A	N/A	N2 VENT			FLOW IS NIL	No	N2 VENT
21	3	21-003-OPN-04	DAYLIGHT	N/A	N/A	CHILLED WATER			FLOW IS NIL	No	CHILLED WATER DRAIN
21	3	21-003-OPN-05	DAYLIGHT	N/A	N/A	CHILLED WATER			FLOW IS NIL	No	CHILLED WATER DRAIN
21	3	21-003-OPN-06	DAYLIGHT	N/A	ROOF	STORM CANALE			MOSTLY SUMMER	Yes	STORM WATER
21	3	21-003-OPN-07	DAYLIGHT	N/A	ROOF	STORM CANALE			MOSTLY SUMMER	Yes	STORM WATER
21	3	21-003-OPN-08	DAYLIGHT	PFD01	P3N	EQUIP ROOM			FLOW IS NIL	No	AIR HANDLER DRAIN
21	3	21-003-OPN-08	DAYLIGHT	RD01	EXT	ROOF DRAIN			MOSTLY SUMMER	Yes	STORM WATER
21	3	21-003-OPN-08	DAYLIGHT	RD02	EXT	ROOF DRAIN			MOSTLY SUMMER	Yes	STORM WATER
21	3	21-003-OPN-08	DAYLIGHT	RD03	EXT	ROOF DRAIN			MOSTLY SUMMER	Yes	STORM WATER
21	3	21-003-OPN-09	DAYLIGHT	2ED02	STWL	STAIRWELL			FLOW IS NIL	No	BACK FLOW PREVENTER
21	3	21-003-OPN-10	DAYLIGHT	N/A	EXT	AIR COMPRESSOR			FLOW IS NIL	No	AIR COMP. DRAIN
21	3	21-003-OPN-11	UNKNOWN	1AD01	EXT	EQUIP ROOM			MOSTLY SUMMER	Yes	STORM WATER
21	3	21-003-OPN-11	UNKNOWN	1FD02	362	EQUIP ROOM			FLOW IS NIL	No	AIR DRYER CONDENSATE
21	3	21-003-OPN-11	UNKNOWN	1FD03	3N	EQUIP ROOM			FLOW IS NIL	No	STEAM PRV
21	3	21-003-OPN-11	UNKNOWN	1SP01	3N	EQUIP ROOM			FLOW IS NIL	No	SUMP PIT
21	4	21-004-OPN-01	05S/SWSC	1LV01	401-C	REST ROOM			5 DAYS PER WEEK	No	LAVATORY

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
21	4	21-004-OPN-01	05S/SWSC	1LV02	401-C	REST ROOM			5 DAYS PER WEEK	No	LAVATORY
21	4	21-004-OPN-01	05S/SWSC	1SH01	401-C	REST ROOM			5 DAYS PER WEEK	No	SHOWER
21	4	21-004-OPN-01	05S/SWSC	1TL01	401-C	REST ROOM			5 DAYS PER WEEK	No	TOILET
21	4	21-004-OPN-01	05S/SWSC	1UR01	401-C	REST ROOM			5 DAYS PER WEEK	No	URINAL
21	4	21-004-OPN-01	05S/SWSC	1UR02	401-C	REST ROOM			5 DAYS PER WEEK	No	URINAL
21	4	21-004-OPN-01	05S/SWSC	1WF01	401-B	OFFICE			5 DAYS PER WEEK	No	WATER FOUNTAIN
21	4	21-004-OPN-02	RLW	1ED01	402	CHEMICAL LAB			NO FLOW	No	NO SOURCES
21	4	21-004-OPN-02	RLW	1SD01	406	CHEMICAL LAB			5 DAYS PER WEEK	No	LAB SINK
21	4	21-004-OPN-02	RLW	1SD02	406	CHEMICAL LAB			5 DAYS PER WEEK	No	LAB SINK
21	4	21-004-OPN-02	RLW	1SD03	405	CHEMICAL LAB			5 DAYS PER WEEK	No	LAB SINK
21	4	21-004-OPN-02	RLW	1SD04	405	CHEMICAL LAB			5 DAYS PER WEEK	No	PHOTO RINSE
21	4	21-004-OPN-02	RLW	1SD05	402	CHEMICAL LAB			5 DAYS PER WEEK	No	LAB SINK
21	4	21-004-OPN-02	RLW	1SD06	401	CHEMICAL LAB			5 DAYS PER WEEK	No	LAB SINK
21	4	21-004-OPN-03	DAYLIGHT	N/A	N/A	FIRE SYSTEM DRAIN			ANNUAL TESTING	No	FIRE SYSTEM DRAIN
21	4	21-004-OPN-04	DAYLIGHT	N/A	N/A	STORM CANALE			MOSTLY SUMMER	Yes	STORM WATER
21	4	21-004-OPN-05	DAYLIGHT	N/A	N/A	FIRE SYSTEM DRAIN			ANNUAL TESTING	No	FIRE SYSTEM DRAIN
21	4	21-004-OPN-06	DAYLIGHT	N/A	N/A	STORM CANALE			MOSTLY SUMMER	Yes	STORM WATER
21	4	21-004-OPN-07	DAYLIGHT	N/A	401-C	REST ROOM			FLOW IS NIL	No	WH PRV
21	5	21-005-OPN-01	RLW	1SD01	533	LASER LAB			5 DAYS PER WEEK	No	LAB SINK
21	5	21-005-OPN-01	RLW	1SD02	500A	CHEMICAL LAB			5 DAYS PER WEEK	No	LAB SINK
21	5	21-005-OPN-01	RLW	1SP01	533	LASER LAB			5 DAYS PER WEEK	No	SUMP PUMP
21	5	21-005-OPN-01	RLW	1SP02	500A	CHEMICAL LAB			5 DAYS PER WEEK	No	SUMP PUMP
21	5	21-005-OPN-02	04A142	BAD01	5B	EQUIP ROOM			MOSTLY SUMMER	Yes	STORM WATER
21	5	21-005-OPN-02	04A142	BFD01	5B	EQUIP ROOM			FLOW IS NIL	No	FLOOR WASHING
21	5	21-005-OPN-03	DAYLIGHT	BAD02	EQ RM #5	EQUIP ROOM			MOSTLY SUMMER	Yes	STORM WATER
21	5	21-005-OPN-03	DAYLIGHT	BFD01	EQ RM #5	EQUIP ROOM			FLOW IS NIL	No	FLOOR WASHING
21	5	21-005-OPN-03	DAYLIGHT	BFD02	EQ RM #5	EQUIP ROOM			FLOW IS NIL	No	FLOOR WASHING
21	5	21-005-OPN-03	DAYLIGHT	BSP03	EQ RM #5	EQUIP ROOM			FLOW IS NIL	No	AREA AND FLOOR DRAINS
21	5	21-005-OPN-04	DAYLIGHT	N/A	EXT	STORM CANALE			MOSTLY SUMMER	Yes	STORM WATER
21	5	21-005-OPN-05	ATMOSPHERE	N/A	EXT	VACUUM PUMP EXHAUST			NO FLOW	No	VACUUM PUMP EXHAUST
21	5	21-005-OPN-06	ATMOSPHERE	N/A	EXT	N2 VENT			NO FLOW	No	N2 VENT
21	5	21-005-OPN-07	ATMOSPHERE	N/A	EXT	N2 VENT			NO FLOW	No	N2 VENT
21	5	21-005-OPN-08	DAYLIGHT	N/A	EXT	GAS CONNECTION			NO FLOW	No	BOTTLE GAS CONN

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
21	5	21-005-OPN-09	DAYLIGHT	N/A	EXT	GAS CONNECTION			NO FLOW	No	BOTTLE GAS CONN
21	5	21-005-OPN-10	DAYLIGHT	N/A	EXT	GAS CONNECTION			NO FLOW	No	BOTTLE GAS CONN
21	5	21-005-OPN-11	DAYLIGHT	N/A	EXT	GAS CONNECTION			NO FLOW	No	BOTTLE GAS CONN
21	5	21-005-OPN-12	DAYLIGHT	N/A	EXT	GAS CONNECTION			NO FLOW	No	BOTTLE GAS CONN
21	5	21-005-OPN-13	DAYLIGHT	N/A	EXT	GAS CONNECTION			NO FLOW	No	BOTTLE GAS CONN
21	5	21-005-OPN-14	DAYLIGHT	N/A	EXT	GAS CONNECTION			NO FLOW	No	BOTTLE GAS CONN
21	5	21-005-OPN-15	DAYLIGHT	N/A	EXT	GAS CONNECTION			NO FLOW	No	BOTTLE GAS CONN
21	5	21-005-OPN-16	DAYLIGHT	N/A	EXT	VENT			NO FLOW	No	VENT
21	42	21-042-OPN-01	DAYLIGHT	N/A	EXT	PUMP HOUSE			FLOW IS NIL	No	PUMP BLEED VALVE
21	42	21-042-OPN-02	DAYLIGHT	N/A	EXT	PUMP HOUSE			FLOW IS NIL	No	PUMP BLEED VALVE
21	57	21-057-OPN-01	DAYLIGHT	AD1	EXT	FUEL TANK			NO FLOW	No	SECOND. CONT. DRAIN
21	57	21-57-OPN-02	N/A	N/A	N/A	FUEL TANK			AS NEEDED	No	FUEL OIL STORAGE TANK
21	57	21-57-OPN-03	N/A	N/A	N/A	FUEL TANK			AS NEEDED	No	FUEL OIL STORAGE TANK
21	57	21-57-OPN-04	N/A	N/A	N/A	FUEL TANK OVERFLOW			FLOW IS NIL	No	FUEL OIL STORAGE TANK
21	116	21-116-OPN-01	N/A	N/A	EXT	CONDUIT			NO FLOW	No	ELECTICAL CONDUIT
21	143	21-143-OPN-01	03A031	N/A	N/A	COOLING TOWER			NO FLOW	No	NO SOURCE (TOWER NOT USED)
21	144	21-144-OPN-01	RLW	BAD01	N/A	EQUIP ROOM			MOSTLY SUMMER	Yes	STORM WATER
21	144	21-144-OPN-01	RLW	BFD01	N/A	EQUIP ROOM			FLOW IS NIL	No	FLOOR WASHING
21	144	21-144-OPN-01	RLW	BSP01	N/A	EQUIP ROOM			7 DAYS PER WEEK	No	FLOOR AND AREA DRAIN
21	146	21-146-OPN-01	RLW	1SD01	101	CHEMICAL LAB			5 DAYS PER WEEK	No	LAB SINK
21	146	21-146-OPN-01	RLW	N/A	N/A	ACID TANK			FLOW IS NIL	No	ACID TANK DRAIN
21	149	21-149-OPN-01	05S/SWSC	1LV01	102	REST ROOM			5 DAYS PER WEEK	No	LAVATORY
21	149	21-149-OPN-01	05S/SWSC	1LV02	102	REST ROOM			5 DAYS PER WEEK	No	LAVATORY
21	149	21-149-OPN-01	05S/SWSC	1LV03	102	REST ROOM			5 DAYS PER WEEK	No	LAVATORY
21	149	21-149-OPN-01	05S/SWSC	1LV04	102	REST ROOM			5 DAYS PER WEEK	No	LAVATORY
21	149	21-149-OPN-01	05S/SWSC	1TL01	102	REST ROOM			5 DAYS PER WEEK	No	TOILET
21	149	21-149-OPN-01	05S/SWSC	1TL02	102	REST ROOM			5 DAYS PER WEEK	No	TOILET
21	149	21-149-OPN-01	05S/SWSC	1TL03	102	REST ROOM			5 DAYS PER WEEK	No	TOILET
21	149	21-149-OPN-01	05S/SWSC	1UR01	102	REST ROOM			5 DAYS PER WEEK	No	URINAL
21	149	21-149-OPN-01	05S/SWSC	1UR02	102	REST ROOM			5 DAYS PER WEEK	No	URINAL
21	149	21-149-OPN-01	05S/SWSC	1UR03	102	REST ROOM			5 DAYS PER WEEK	No	URINAL
21	149	21-149-OPN-01	05S/SWSC	1UR04	102	REST ROOM			5 DAYS PER WEEK	No	URINAL
21	149	21-149-OPN-02	04A142	1FD01	1491	EQUIP ROOM			FLOW IS NIL	No	EXPANSION TANK DR

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
21	149	21-149-OPN-02	04A142	1FD01	1491	EQUIP ROOM			FLOW IS NIL	No	INDUSTRIAL WATER
21	149	21-149-OPN-02	04A142	1FD01	1491	EQUIP ROOM			FLOW IS NIL	No	CHILLED WATER
21	149	21-149-OPN-02	04A142	PFD01	P537	EQUIP ROOM			FLOW IS NIL	No	HW MAKE-UP (2)
21	149	21-149-OPN-02	04A142	PFD01	P537	EQUIP ROOM			FLOW IS NIL	No	STEAM SUPPLY COND.
21	149	21-149-OPN-02	04A142	PFD01	P537	EQUIP ROOM			FLOW IS NIL	No	CONDENSATE
21	149	21-149-OPN-02	04A142	PFD01	P537	EQUIP ROOM			FLOW IS NIL	No	EXPANSION TANK DR
21	149	21-149-OPN-02	04A142	PFD02	P536	EQUIP ROOM	30	GPD	6 MONTHS/YR	No	AIR WASHER
21	149	21-149-OPN-02	04A142	PFD03	P536	EQUIP ROOM			FLOW IS NIL	No	FLOOR WASHING
21	149	21-149-OPN-02	04A142	PFD04	P535	EQUIP ROOM	30	GPD	6 MONTHS/YR	No	AIR WASHER
21	149	21-149-OPN-02	04A142	PFD05	P535	EQUIP ROOM			FLOW IS NIL	No	FLOOR WASHING
21	149	21-149-OPN-03	DAYLIGHT	1WH01	102	REST ROOM			FLOW IS NIL	No	WH PRV
21	149	21-149-OPN-04	ATMOSPHERE	N/A	N/A	STEAM VENT			NO FLOW	No	STEAM
21	149	21-149-OPN-05	ATMOSPHERE	N/A	N/A	STEAM VENT			NO FLOW	No	STEAM
21	149	21-149-OPN-06	DAYLIGHT	N/A	N/A	FIRE SYSTEM			ANNUAL TESTING	No	FIRE SYSTEM DRAIN
21	149	21-149-OPN-07	DAYLIGHT	N/A	N/A	FIRE SYSTEM			ANNUAL TESTING	No	FIRE SYSTEM DRAIN
21	149	21-149-OPN-08	DAYLIGHT	N/A	N/A	FIRE SYSTEM			ANNUAL TESTING	No	FIRE SYSTEM DRAIN
21	149	21-149-OPN-09	DAYLIGHT	N/A	N/A	FIRE SYSTEM			ANNUAL TESTING	No	FIRE SYSTEM DRAIN
21	149	21-149-OPN-10	DAYLIGHT	N/A	N/A	VENT			NO FLOW	No	UNUSED VENT
21	149	21-149-OPN-11	DAYLIGHT	N/A	CORR	CORRIDOR			NO FLOW	No	PLUMBING STUB
21	150	21-150-OPN-01	05S/SWSC	1LV01	606B	REST ROOM			5 DAYS PER WEEK	No	LAVATORY
21	150	21-150-OPN-01	05S/SWSC	1TL01	606B	REST ROOM			5 DAYS PER WEEK	No	TOILET
21	150	21-150-OPN-01	05S/SWSC	1WH1	606B	REST ROOM			FLOW IS NIL	No	WH PRV
21	150	21-150-OPN-02	RLW	1CD01	607	CHEMICAL LAB			5 DAYS PER WEEK	No	CLEAN-UP
21	150	21-150-OPN-02	RLW	1CD02	603	CHEMICAL LAB			5 DAYS PER WEEK	No	CLEAN-UP
21	150	21-150-OPN-02	RLW	1DW01	607	CHEMICAL LAB			5 DAYS PER WEEK	No	DISH WASHER
21	150	21-150-OPN-02	RLW	1DW02	604	CHEMICAL LAB			5 DAYS PER WEEK	No	DISH WASHER
21	150	21-150-OPN-02	RLW	1SD01	607	CHEMICAL LAB			5 DAYS PER WEEK	No	CLEAN-UP
21	150	21-150-OPN-02	RLW	1SD02	607A	CHEMICAL LAB			5 DAYS PER WEEK	No	CLEAN-UP
21	150	21-150-OPN-02	RLW	1SD03	607	CHEMICAL LAB			5 DAYS PER WEEK	No	CLEAN-UP
21	150	21-150-OPN-02	RLW	1SD04	607	CHEMICAL LAB			5 DAYS PER WEEK	No	CLEAN-UP
21	150	21-150-OPN-02	RLW	1SD05	606	CHEMICAL LAB			5 DAYS PER WEEK	No	CLEAN-UP
21	150	21-150-OPN-02	RLW	1SD06	606	CHEMICAL LAB			5 DAYS PER WEEK	No	CLEAN-UP
21	150	21-150-OPN-02	RLW	1SD07	605	CHEMICAL LAB			5 DAYS PER WEEK	No	CLEAN-UP

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
21	150	21-150-OPN-02	RLW	1SD08	607	CHEMICAL LAB			5 DAYS PER WEEK	No	CLEAN-UP
21	150	21-150-OPN-02	RLW	1SD09	604	CHEMICAL LAB			5 DAYS PER WEEK	No	CLEAN-UP
21	150	21-150-OPN-02	RLW	1SD10	604	CHEMICAL LAB			5 DAYS PER WEEK	No	CLEAN-UP
21	150	21-150-OPN-02	RLW	1SD11	607	CHEMICAL LAB			5 DAYS PER WEEK	No	CLEAN-UP
21	150	21-150-OPN-02	RLW	1SD12	603	CHEMICAL LAB			5 DAYS PER WEEK	No	CLEAN-UP
21	150	21-150-OPN-02	RLW	1SD13	603	CHEMICAL LAB			5 DAYS PER WEEK	No	CLEAN-UP
21	150	21-150-OPN-02	RLW	1SD14	602B	CHEMICAL LAB			5 DAYS PER WEEK	No	CLEAN-UP
21	150	21-150-OPN-02	RLW	BCD01	BSMT	CHEMICAL LAB			5 DAYS PER WEEK	No	CLEAN-UP
21	150	21-150-OPN-02	RLW	BED02	BSMT	CHEMICAL LAB			FLOW IS NIL	No	NONE
21	150	21-150-OPN-02	RLW	BSD01	BSMT	CHEMICAL LAB			5 DAYS PER WEEK	No	CLEAN-UP
21	150	21-150-OPN-02	RLW	BSD02	BSMT	CHEMICAL LAB			5 DAYS PER WEEK	No	CLEAN-UP
21	150	21-150-OPN-02	RLW	BSD03	BSMT	LASER LAB			5 DAYS PER WEEK	No	CLEAN-UP
21	150	21-150-OPN-02	RLW	BSP01	BSMT	CHEMICAL LAB			5 DAYS PER WEEK	No	SINKS
21	150	21-150-OPN-02	RLW	BSP02	BSMT	CHEMICAL LAB			5 DAYS PER WEEK	No	SUMP PUMP
21	150	21-150-OPN-03	03A032	BAD01	EXT	ENTRANCE			MOSTLY SUMMER	Yes	STORM WATER
21	150	21-150-OPN-03	03A032	BAD02	EXT	ENTRANCE			MOSTLY SUMMER	Yes	STORM WATER
21	150	21-150-OPN-03	03A032	BED01	BSMT	EQUIP ROOM			FLOW IS NIL	No	BFP (3)
21	150	21-150-OPN-03	03A032	BED01	BSMT	EQUIP ROOM			FLOW IS NIL	No	HW SUPPLY PRV
21	150	21-150-OPN-03	03A032	BED01	BSMT	EQUIP ROOM	1.25	GPM	7 DAYS PER WEEK	No	COOLING TOW ER BLDN BFP
21	150	21-150-OPN-03	03A032	RD01	EXT	ROOF DRAIN			MOSTLY SUMMER	Yes	STORM WATER
21	150	21-150-OPN-03	03A032	RD02	EXT	ROOF DRAIN			MOSTLY SUMMER	Yes	STORM WATER
21	150	21-150-OPN-03	03A032	RD03	EXT	ROOF DRAIN			MOSTLY SUMMER	Yes	STORM WATER
21	150	21-150-OPN-04	DAYLIGHT	BIM01	BSMT	BASEMENT			7 DAYS PER WEEK	No	ICE MACHINE CONDENSATE
21	150	21-150-OPN-05	DAYLIGHT	N/A	EXT	FIRE SYSTEM			ANNUAL TESTING	No	FIRE SYSTEM DRAIN
21	150	21-150-OPN-06	DAYLIGHT	N/A	EXT	FIRE SYSTEM			ANNUAL TESTING	No	FIRE SYSTEM DRAIN
21	150	21-150-OPN-07	DAYLIGHT	N/A	EXT	FIRE SYSTEM			ANNUAL TESTING	No	FIRE SYSTEM DRAIN
21	150	21-150-OPN-08	DAYLIGHT	N/A	EXT	FIRE SYSTEM			ANNUAL TESTING	No	FIRE SYSTEM DRAIN
21	150	21-150-OPN-09	DAYLIGHT	N/A	EXT	CONDENSATE			FLOW IS NIL	No	A/C CONDENSATE
21	150	21-150-OPN-10	DAYLIGHT	N/A	EXT	REFRIGERATOR			FLOW IS NIL	No	REFRIGERATOR CONDENSATE DRAIN
21	150	21-150-OPN-11	DAYLIGHT	N/A	EXT	BOTTLED GAS CONNECT			NO FLOW	No	BOTTLE GAS CONN
21	150	21-150-OPN-12	DAYLIGHT	N/A	EXT	BOTTLED GAS CONNECT			NO FLOW	No	BOTTLE GAS CONN
21	150	21-150-OPN-13	DAYLIGHT	N/A	EXT	BOTTLED GAS CONNECT			NO FLOW	No	BOTTLE GAS CONN
21	150	21-150-OPN-14	DAYLIGHT	N/A	EXT	BOTTLED GAS CONNECT			NO FLOW	No	BOTTLE GAS CONN

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
21	150	21-150-OPN-15	DAYLIGHT	N/A	EXT	BOTTLED GAS CONNECT			NO FLOW	No	BOTTLE GAS CONN
21	150	21-150-OPN-16	DAYLIGHT	N/A	EXT	BOTTLED GAS CONNECT			NO FLOW	No	BOTTLE GAS CONN
21	150	21-150-OPN-17	DAYLIGHT	N/A	EXT	BOTTLED GAS CONNECT			NO FLOW	No	BOTTLE GAS CONN
21	150	21-150-OPN-18	DAYLIGHT	N/A	EXT	BOTTLED GAS CONNECT			NO FLOW	No	BOTTLE GAS CONN
21	150	21-150-OPN-19	DAYLIGHT	N/A	EXT	BOTTLED GAS CONNECT			NO FLOW	No	BOTTLE GAS CONN
21	150	21-150-OPN-20	ATMOSPHERE	N/A	EXT	N2 VENT			NO FLOW	No	N2 VENT
21	150	21-150-OPN-21	ATMOSPHERE	N/A	EXT	BOTTLED GAS VENT			NO FLOW	No	BOTTLE GAS VENT
21	150	21-150-OPN-22	ATMOSPHERE	N/A	EXT	BOTTLED GAS VENT			NO FLOW	No	BOTTLE GAS VENT
21	150	21-150-OPN-23	ATMOSPHERE	N/A	EXT	BOTTLED GAS VENT			NO FLOW	No	BOTTLE GAS VENT
21	150	21-150-OPN-24	ATMOSPHERE	N/A	EXT	N2 VENT			NO FLOW	No	N2 VENT
21	150	21-150-OPN-25	ATMOSPHERE	N/A	EXT	N2 VENT			NO FLOW	No	N2 VENT
21	150	21-150-OPN-26	ATMOSPHERE	N/A	EXT	N2 VENT			NO FLOW	No	N2 VENT
21	150	21-150-OPN-27	N/A	N/A	EXT	STUB OUT			NO FLOW	No	UNUSED STUB OUT
21	150	21-150-OPN-28	N/A	N/A	EXT	N/A			NO FLOW	No	DISCONN
21	150	21-150-OPN-29	ATMOSPHERE	N/A	EXT	STEAM VENT			NO FLOW	No	STEAM
21	150	21-150-OPN-30	DAYLIGHT	N/A	EXT	CONDENSATE			FLOW IS NIL	No	A/C CONDENSATE
21	150	21-150-OPN-31	DAYLIGHT	N/A	EXT	CONDENSATE			FLOW IS NIL	No	A/C CONDENSATE
21	150	21-150-OPN-32	DAYLIGHT	N/A	EXT	CONDENSATE			FLOW IS NIL	No	A/C CONDENSATE
21	150	21-150-OPN-33	DAYLIGHT	N/A	EXT	CONDENSATE			FLOW IS NIL	No	A/C CONDENSATE
21	150	21-150-OPN-34	DAYLIGHT	1IM01	607	CHEMICAL LAB			FLOW IS NIL	No	ICE MACHINE CONDENSATE
21	228	21-228-OPN-01	DAYLIGHT	N/A	EXT	FIRE SYSTEM			ANNUAL TESTING	No	FIRE SYSTEM DRAIN
21	228	21-228-OPN-02	DAYLIGHT	N/A	EXT	FIRE SYSTEM			ANNUAL TESTING	No	FIRE SYSTEM DRAIN
21	228	21-228-OPN-03	DAYLIGHT	N/A	EXT	FIRE SYSTEM			ANNUAL TESTING	No	FIRE SYSTEM DRAIN
21	228	21-228-OPN-04	DAYLIGHT	N/A	EXT	FIRE SYSTEM			ANNUAL TESTING	No	FIRE SYSTEM DRAIN
21	286	21-286-OPN-01	DAYLIGHT	N/A	EXT	FIRE SYSTEM			ANNUAL TESTING	No	FIRE SYSTEM DRAIN
21	286	21-286-OPN-02	DAYLIGHT	N/A	EXT	FIRE SYSTEM			ANNUAL TESTING	No	FIRE SYSTEM DRAIN
21	286	21-286-OPN-03	DAYLIGHT	N/A	EXT	FIRE SYSTEM			ANNUAL TESTING	No	FIRE SYSTEM DRAIN
21	286	21-286-OPN-04	DAYLIGHT	N/A	EXT	FIRE SYSTEM			ANNUAL TESTING	No	FIRE SYSTEM DRAIN
21	286	21-286-OPN-05	DAYLIGHT	N/A	EXT	FIRE SYSTEM			ANNUAL TESTING	No	FIRE SYSTEM DRAIN
21	312	21-312-OPN-01	DAYLIGHT	N/A	EXT	REFRIGERATOR			FLOW IS NIL	No	REFRIGERATER CONDENSATE
21	313	21-313	PLUGGED	1FD01	3136	EQUIP ROOM			NO FLOW	No	PLUGGED
21	313	21-313-OPN-01	05S/SWSC	1LV01	3131	REST ROOM			5 DAYS PER WEEK	No	LAVATORY
21	313	21-313-OPN-01	05S/SWSC	1LV02	3131	REST ROOM			5 DAYS PER WEEK	No	LAVATORY

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
21	313	21-313-OPN-01	05S/SWSC	1SD01	3132	REST ROOM			5 DAYS PER WEEK	No	CLEAN-UP
21	313	21-313-OPN-01	05S/SWSC	1TL01	3131	REST ROOM			5 DAYS PER WEEK	No	TOILET
21	313	21-313-OPN-01	05S/SWSC	1TL02	3131	REST ROOM			5 DAYS PER WEEK	No	TOILET
21	313	21-313-OPN-01	05S/SWSC	1UR01	3131	REST ROOM			5 DAYS PER WEEK	No	URINAL
21	313	21-313-OPN-01	05S/SWSC	1UR02	3131	REST ROOM			5 DAYS PER WEEK	No	URINAL
21	313	21-313-OPN-02	UNKNOWN	1FD02	3134	EQUIP ROOM			FLOW IS NIL	No	GLAND SEAL
21	313	21-313-OPN-02	UNKNOWN	1FD03	3134	EQUIP ROOM			FLOW IS NIL	No	WH PRV
21	313	21-313-OPN-02	UNKNOWN	1FD03	3134	EQUIP ROOM			FLOW IS NIL	No	WH DRAIN
21	313	21-313-OPN-02	UNKNOWN	1FD04	3131	REST ROOM			FLOW IS NIL	No	FLOOR WASHING
21	313	21-313-OPN-02	UNKNOWN	PFD01	313A	EQUIP ROOM	30	GPD	6 MONTHS/YR	No	AIR WASHER
21	313	21-313-OPN-02	UNKNOWN	PFD02	313B	EQUIP ROOM	30	GPD	6 MONTHS/YR	No	AIR WASHER
21	313	21-313-OPN-02	UNKNOWN	PFD03	313A	EQUIP ROOM			FLOW IS NIL	No	FLOOR WASHING
21	313	21-313-OPN-02	UNKNOWN	PFD04	313A	EQUIP ROOM			FLOW IS NIL	No	FLOOR WASHING
21	314	21-314-OPN-01	03A037	1FD01	3143	EQUIP ROOM			FLOW IS NIL	No	FLOOR WASHING
21	314	21-314-OPN-01	03A037	1FD02	3143	EQUIP ROOM			FLOW IS NIL	No	CHEM MAKE-UP METERS (4)
21	314	21-314-OPN-01	03A037	PFD01	P314B	EQUIP ROOM	26	GPD	6 MONTHS/YR	No	AIR WASHER
21	314	21-314-OPN-01	03A037	PFD02	P314B	EQUIP ROOM	26	GPD	6 MONTHS/YR	No	AIR WASHER
21	314	21-314-OPN-01	03A037	PFD03	P314B	EQUIP ROOM			FLOW IS NIL	No	FLOOR WASHING
21	314	21-314-OPN-01	03A037	PFD04	P314B	EQUIP ROOM			FLOW IS NIL	No	FLOOR WASHING
21	314	21-314-OPN-01	03A037	PFD05	P314B	EQUIP ROOM			FLOW IS NIL	No	FLOOR WASHING
21	314	21-314-OPN-01	03A037	PFD06	P314B	EQUIP ROOM			FLOW IS NIL	No	FLOOR WASHING
21	315	21-315-OPN-01	05S/SWSC	1LV01	178	REST ROOM			5 DAYS PER WEEK	No	LAVATORY
21	315	21-315-OPN-01	05S/SWSC	1TL01	178	REST ROOM			5 DAYS PER WEEK	No	TOILET
21	315	21-315-OPN-01	05S/SWSC	1UR01	178	REST ROOM			5 DAYS PER WEEK	No	URINAL
21	315	21-315-OPN-02	RLW	1SD01	3151A	CHEMICAL LAB			5 DAYS PER WEEK	No	CLEAN-UP
21	315	21-315-OPN-02	RLW	1SH01	176	CHANGE ROOM			5 DAYS PER WEEK	No	SHOWER
21	315	21-315-OPN-02	RLW	1SP01	315A	ELEC. EQUIP. RM			5 DAYS PER WEEK	No	SUMP PUMP
21	315	21-315-OPN-02	RLW	1WH01	176	CHANGE ROOM			FLOW IS NIL	No	WH PRV
21	315	21-315-OPN-03	DAYLIGHT	1FD01	3153	EQUIP RM			FLOW IS NIL	No	FLOOR WASHING
21	315	21-315-OPN-03	DAYLIGHT	PFD01	3153	PENTHOUSE EQ RM			FLOW IS NIL	No	AIR WASHER
21	315	21-315-OPN-03	DAYLIGHT	PFD02	3153	PENTHOUSE EQ RM			FLOW IS NIL	No	FLOOR WASHING
21	315	21-315-OPN-03	DAYLIGHT	PFD03	3153	PENTHOUSE EQ RM			FLOW IS NIL	No	AIR WASHER
21	315	21-315-OPN-03	DAYLIGHT	PFD04	3153	PENTHOUSE EQ RM			FLOW IS NIL	No	FLOOR WASHING

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
21	315	21-315-OPN-04	DAYLIGHT	N/A	EXT	FIRE SYSTEM			ANNUAL TESTING	No	FIRE SYSTEM DRAIN
21	315	21-315-OPN-05	DAYLIGHT	N/A	EXT	FIRE SYSTEM			ANNUAL TESTING	No	FIRE SYSTEM DRAIN
21	315	21-315-OPN-06	DAYLIGHT	N/A	EXT	FIRE SYSTEM			ANNUAL TESTING	No	FIRE SYSTEM DRAIN
21	315	21-315-OPN-07	ATMOSPHERE	N/A	EXT	EQUIP ROOM			NO FLOW	No	VACCUM PUMP EXHAUST
21	315	21-315-OPN-08	ATMOSPHERE	N/A	EXT	BOTTLED GAS VENT			NO FLOW	No	BOTTLED GAS VENT
21	315	21-315-OPN-09	ATMOSPHERE	N/A	EXT	BOTTLED GAS VENT			NO FLOW	No	BOTTLED GAS VENT
21	315	21-315-OPN-10	ATMOSPHERE	N/A	EXT	BOTTLED GAS VENT			NO FLOW	No	BOTTLED GAS VENT
21	315	21-315-OPN-11	ATMOSPHERE	N/A	EXT	BOTTLED GAS VENT			NO FLOW	No	BOTTLED GAS VENT
21	324	21-324-OPN-01	DAYLIGHT	N/A	EXT	FIRE SYSTEM			ANNUAL TESTING	No	FIRE SYSTEM DRAIN
21	324	21-324-OPN-02	DAYLIGHT	N/A	EXT	FIRE SYSTEM			ANNUAL TESTING	No	FIRE SYSTEM DRAIN
21	324	21-324-OPN-03	DAYLIGHT	N/A	EXT	FIRE SYSTEM			ANNUAL TESTING	No	FIRE SYSTEM DRAIN
21	324	21-324-OPN-04	DAYLIGHT	N/A	EXT	FIRE SYSTEM			ANNUAL TESTING	No	FIRE SYSTEM DRAIN
21	354	21-354	ND	N/A	N/A	OFFICE TRAILER			NO FLOW	No	NO DRAINS
21	361	21-361-OPN-01	05S/SWSC	1FS01	108	REST ROOM			5 DAYS PER WEEK	No	CLEAN-UP/WH PRV
21	361	21-361-OPN-01	05S/SWSC	1LV01	106	REST ROOM			5 DAYS PER WEEK	No	LAVATORY
21	361	21-361-OPN-01	05S/SWSC	1LV02	112	REST ROOM			5 DAYS PER WEEK	No	LAVATORY
21	361	21-361-OPN-01	05S/SWSC	1SD01	114	CORRIDOR			5 DAYS PER WEEK	No	CLEAN-UP
21	361	21-361-OPN-01	05S/SWSC	1SH01	106	REST ROOM			5 DAYS PER WEEK	No	SHOWER
21	361	21-361-OPN-01	05S/SWSC	1SH02	112	REST ROOM			5 DAYS PER WEEK	No	SHOWER
21	361	21-361-OPN-01	05S/SWSC	1TL01	106	REST ROOM			5 DAYS PER WEEK	No	TOILET
21	361	21-361-OPN-01	05S/SWSC	1TL02	112	REST ROOM			5 DAYS PER WEEK	No	TOILET
21	361	21-361-OPN-01	05S/SWSC	1UR01	106	REST ROOM			5 DAYS PER WEEK	No	URINAL
21	361	21-361-OPN-01	05S/SWSC	1WF01	114	CORRIDOR			5 DAYS PER WEEK	No	WATER FOUNTAIN
21	361	21-361-OPN-02	DAYLIGHT	N/A	EXT	ROOF			FLOW IS NIL	No	E/C DRAIN
21	361	21-361-OPN-03	ATMOSPHERE	N/A	EXT	EXTERNAL			FLOW IS NIL	No	NATURAL GAS VENT
21	365	21-365-OPN-01	DAYLIGHT	N/A	EXT	ROOF			FLOW IS NIL	No	E/C DRAIN
21	365	21-365-OPN-02	ATMOSPHERE	N/A	EXT	EXTERNAL			FLOW IS NIL	No	NATURAL GAS VENT
21	382	21-382-OPN-01	DAYLIGHT	N/A	EXT	N/A			FLOW IS NIL	No	A/C CONDENSATE
21	402	21-402	ND	N/A	N/A	SHED			NO FLOW	No	NO DRAINS
21	407	21-407	ND	N/A	N/A	SHED			NO FLOW	No	NO DRAINS
21	411	21-411-OPN-01	DAYLIGHT	N/A	EXT	CONDENSATE			FLOW IS NIL	No	A/C CONDENSATE
21	413	21-413	ND	N/A	N/A	MILITARY SHELTER			NO FLOW	No	NO DRAINS
21	414	21-414	ND	N/A	N/A	SEMI-TRAILER			NO FLOW	No	NO DRAINS

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TA	BLDG	OUTLET PIPING NO	EPA OUTFALL #	DRAIN #	ROOM #	ROOM DESCRIPTION	FLOW RATE		PERIODICITY	SEASONAL	SOURCE TYPES
21	437	21-437-OPN-01	DAYLIGHT	N/A	EXT	CONDENSATE			FLOW IS NIL	No	A/C CONDENSATE
21	446	21-446-OPN-01	05S/SWSC	1LV01	N/A	REST ROOM			5 DAYS PER WEEK	No	LAVATORY
21	446	21-446-OPN-01	05S/SWSC	1LV02	N/A	REST ROOM			5 DAYS PER WEEK	No	LAVATORY
21	446	21-446-OPN-01	05S/SWSC	1LV03	N/A	REST ROOM			5 DAYS PER WEEK	No	LAVATORY
21	446	21-446-OPN-01	05S/SWSC	1LV04	N/A	REST ROOM			5 DAYS PER WEEK	No	LAVATORY
21	446	21-446-OPN-01	05S/SWSC	1LV05	N/A	REST ROOM			5 DAYS PER WEEK	No	LAVATORY
21	446	21-446-OPN-01	05S/SWSC	1LV06	N/A	REST ROOM			5 DAYS PER WEEK	No	LAVATORY
21	446	21-446-OPN-01	05S/SWSC	1LV07	N/A	REST ROOM			5 DAYS PER WEEK	No	LAVATORY
21	446	21-446-OPN-01	05S/SWSC	1LV08	N/A	REST ROOM			5 DAYS PER WEEK	No	LAVATORY
21	446	21-446-OPN-01	05S/SWSC	1SH01	N/A	REST ROOM			5 DAYS PER WEEK	No	SHOWER
21	446	21-446-OPN-01	05S/SWSC	1TL01	N/A	REST ROOM			5 DAYS PER WEEK	No	TOILET
21	446	21-446-OPN-01	05S/SWSC	1TL02	N/A	REST ROOM			5 DAYS PER WEEK	No	TOILET
21	446	21-446-OPN-01	05S/SWSC	1TL03	N/A	REST ROOM			5 DAYS PER WEEK	No	TOILET
21	446	21-446-OPN-01	05S/SWSC	1TL04	N/A	REST ROOM			5 DAYS PER WEEK	No	TOILET
21	446	21-446-OPN-01	05S/SWSC	1TL05	N/A	REST ROOM			5 DAYS PER WEEK	No	TOILET
21	446	21-446-OPN-01	05S/SWSC	1UR01	N/A	REST ROOM			5 DAYS PER WEEK	No	URINAL
21	446	21-446-OPN-01	05S/SWSC	1UR02	N/A	REST ROOM			5 DAYS PER WEEK	No	URINAL
21	446	21-446-OPN-01	05S/SWSC	1UR03	N/A	REST ROOM			5 DAYS PER WEEK	No	URINAL
21	446	21-446-OPN-01	05S/SWSC	1UR04	N/A	REST ROOM			5 DAYS PER WEEK	No	URINAL
21	446	21-446-OPN-01	05S/SWSC	1UR05	N/A	REST ROOM			5 DAYS PER WEEK	No	URINAL
21	446	21-446-OPN-01	05S/SWSC	1UR06	N/A	REST ROOM			5 DAYS PER WEEK	No	URINAL
21	446	21-446-OPN-01	05S/SWSC	1WF01	N/A	REST ROOM			5 DAYS PER WEEK	No	WATER FOUNTAIN
21	446	21-446-OPN-02	DAYLIGHT	1WH01	N/A	REST ROOM			FLOW IS NIL	No	WH PRV

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.	
03A032	35	52	31.4	106	16	32.9	Tributary to Los Alamos Canyon, an ephemeral tributary to the Rio Grande

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

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

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

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
03A032	TA-21-150 cooling tower blowdown	1.25 GPM	None		
	Roof drains (3)	storm water	None		
	Area drains (2)	storm water	None		

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

CONTINUED FROM THE FRONT

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

[X] 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)*
03A032	Cooling Tower Blowdown	7	12	.0006 MGD	.01 MGD	600 GPD	1,000 GPD	183

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)* [X] 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)* [X] 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)*
N/A			

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.

[X] YES *(complete the following table)* [ ] NO *(go to Item IV-B)*

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

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

 CONTINUE ON PAGE 3

CONTINUED FROM PAGE 2

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V. INTAKE AND EFFLUENT CHARACTERISTICS

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

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

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
N/A			

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)

N/A

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)*

N/A

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)*
N/A			

IX. CERTIFICATION

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

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

Data from worst case composite.

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

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

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

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

OUTFALL NO. 03A032

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	2.0	7.6						mg/l	g/d			
b. Chemical Oxygen Demand *(COD)*	42.0	159.0						mg/l	g/d			
c. Total Organic Carbon *(TOC)*	7.4	28.0						mg/l	g/d			
d. Total Suspended Solids *(TSS)*	7.0	26.5						mg/l	g/d			
e. Ammonia *(as N)*	< .01	< 37.850						mg/l	mg/d			
f. Flow	VALUE 1000		VALUE		VALUE			gal/day		VALUE		
g. Temperature *(winter)*	VALUE 36.9 C		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 6.8	MAXIMUM 8.8	MINIMUM 6.0	MAXIMUM 9.0				STANDARD UNITS				

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

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	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		3.24	12.3						mg/l	g/d			
b. Chlorine, Total Residual		X	0.0	0.0						mg/l	mg/d			
c. Color	X		10							units				
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)	X		0.52	2.0						mg/l	g/d			
f. Nitrate-Nitrite *(as N)*	X		1.13	4.3						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		2.3	8.7						mg/l	g/d			
h. Oil and Grease		X	< 1.2	< 4.5						mg/l	g/d			
i. Phosphorus (as P), Total (7723-14-0)	X		.306	1.2						mg/l	g/d			
j. Radioactivity														
(1) Alpha, Total	X		14	53.0						pCi/l	nCi/d			
(2) Beta, Total	X		6.6	25.0						pCi/l	nCi/d			
(3) Radium, Total	X													
(4) Radium 226, Total	X		0.07	0.3						pCi/l	nCi/d			
k. Sulfate (as SO_4) (14808-79-8)	X		143	541.3						mg/l	g/d			
l. Sulfide (as S)	X		70.2	265.7						mg/l	g/d			
m. Sulfite (as SO_3) (14265-45-3)	X		18.8	71.2						mg/l	g/d			
n. Surfactants	X		0.11	0.4						mg/l	g/d			
o. Aluminum, Total (7429-90-5)	X		0.06	0.2						mg/l	g/d			
p. Barium, Total (7440-39-3)	X		0.11	0.4						mg/l	g/d			
q. Boron, Total (7440-42-8)	X		0.33	1.2						mg/l	g/d			
r. Cobalt, Total (7440-48-4)		X	0.07	0.3						mg/l	g/d			
s. Iron, Total (7439-89-6)	X		1.1	4.2						mg/l	g/d			
t. Magnesium, Total (7439-95-4)	X		5.8	22.0						mg/l	g/d			
u. Molybdenum, Total (7439-98-7)	X		1.7	6.4						mg/l	g/d			
v. Manganese, Total (7439-96-5)	X		0.05	0.2						mg/l	g/d			
w. Tin, Total (7440-31-5)		X	< 0.050	< 0.2						mg/l	g/d			
x. Titanium, Total (7440-32-6)		X	< 0.004	< 15.1						mg/l	mg/d			

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CONTINUED FROM PAGE 3 OF FORM 2-C

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

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X	< 0.050	< 0.2						mg/l	g/d			
2M. Arsenic, Total (7440-38-2)		X		0.04	0.2						mg/l	g/d			
3M. Beryllium, Total, 7440-41-7)			X	< 0.1	< 0.4						mg/l	g/d			
4M. Cadmium, Total (7440-43-9)		X		.004	15.1						mg/l	mg/d			
5M. Chromium, Total (7440-47-3)		X		.260	1.0						mg/l	g/d			
6M. Copper, Total (7440-50-8)		X		0.1	0.4						mg/l	g/d			
7M. Lead, Total (7439-92-1)		X		.050	0.2						mg/l	g/d			
8M. Mercury, Total (7439-97-6)			X	< .0002	< 0.8						mg/l	mg/d			
9M. Nickel, Total (7440-02-0)		X		.28	1.1						mg/l	g/d			
10M. Selenium, Total (7782-49-2)			X	< .001	< 3.8						mg/l	mg/d			
11M. Silver, Total (7440-22-4)			X	< 0.01	< 37.9						mg/l	mg/d			
12M. Thallium, Total (7440-28-0)		X		0.51	1.9						mg/l	g/d			
13M. Zinc, Total (7440-66-6)		X		.071	0.3						mg/l	g/d			
14M. Cyanide, Total (57-12-5)		X		.033	0.1						mg/l	g/d			
15M. Phenols, Total			X	< .01	< 37.9						mg/l	mg/d			
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUE ON REVERSE

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)			X												
2V. Acrylonitrile (107-13-1)			X												
3V. Benzene (71-43-2)			X	< 0.005	< 18.9						mg/l	mg/d			
4V. Bis (Chloromethyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X	< 0.005	< 18.9						mg/l	mg/d			
6V. Carbon Tetrachloride (56-23-5)			X	< 0.005	< 18.9						mg/l	mg/d			
7V. Chlorobenzene (108-90-7)			X	< 0.005	< 18.9						mg/l	mg/d			
8V. Chlorodibromomethane (124-48-1)			X	< 0.005	< 18.9						mg/l	mg/d			
9V. Chloroethane (75-00-3)			X	< 0.010	< 0.0						mg/l	mg/d			
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X	< 0.005	< 18.9						mg/l	mg/d			
12V. Dichlorobromomethane (75-27-4)			X	< 0.005	< 18.9						mg/l	mg/d			
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X	< 0.005	< 18.9						mg/l	mg/d			
15V. 1,2-Dichloroethane (107-06-2)			X	< 0.005	< 18.9						mg/l	mg/d			
16V. 1,1-Dichloroethylene (75-35-4)			X	< 0.005	< 18.9						mg/l	mg/d			
17V. 1,2-Dichloropropane (78-87-5)			X	< 0.005	< 18.9						mg/l	kg/d			
18V. 1,3-Dichloropropylene (542-75-6)			X	< 0.005	< 18.9						mg/l	mg/d			
19V. Ethylbenzene (100-41-4)			X	< 0.005	< 18.9	X					mg/l	mg/d			
20V. Methyl Bromide (74-83-9)			X	< 0.010	< 37.9						mg/l	mg/d			
21V. Methyl Chloride (74-87-3)			X	< 0.010	< 37.9						mg/l	mg/d			

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OUTFALL NUMBER: 03A032

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	< 18.9						mg/l	mg/d			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X	< 0.005	< 18.9						mg/l	mg/d			
24V. Tetrachloroethylene (127-18-4)			X	< 0.005	< 18.9						mg/l	mg/d			
25V. Toluene (108-88-3)			X	< 0.005	< 18.9						mg/l	mg/d			
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X	< 0.005	< 18.9						mg/l	mg/d			
27V. 1,1,1-Trichloroethane (71-55-6)			X	< 0.005	< 18.9						mg/l	mg/d			
28V. 1,1,2-Trichloroethane (79-00-5)			X	< 0.005	< 18.9						mg/l	mg/d			
29V. Trichloroethylene (79-01-6)			X	< 0.005	< 18.9						mg/l	mg/d			
30V. Trichlorofluoromethane (75-69-4)			X	< 0.005	< 18.9						mg/l	mg/d			
31V. Vinyl Chloride (75-01-4)			X	< 0.010	< 37.9						mg/l	mg/d			
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X	< 0.010	< 37.9						mg/l	mg/d			
2A. 2,4-Dichlorophenol (120-83-2)			X	< 0.010	< 37.9						mg/l	mg/d			
3A. 2,4-Dimethylphenol (105-67-9)			X	< 0.010	< 37.9						mg/l	mg/d			
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X	< 0.010	< 37.9						mg/l	mg/d			
5A. 2,4-Dinitrophenol (51-28-5)			X	< 0.010	< 37.9						mg/l	mg/d			
6A. 2-Nitrophenol (88-75-5)			X	< 0.010	< 37.9						mg/l	mg/d			
7A. 4-Nitrophenol (100-02-7)			X	< 0.010	< 37.9						mg/l	mg/d			
8A. P-Chloro-M-Cresol (59-50-7)			X	< 0.010	< 37.9						mg/l	mg/d			
9A. Pentachlorophenol (87-86-5)			X	< 0.010	< 37.9						mg/l	mg/d			
10A. Phenol (108-95-2)			X	< 0.010	< 37.9						mg/l	mg/d			
11A. 2,4,6-Trichlorophenol (88-06-2)			X	< 0.010	< 37.9						mg/l	mg/d			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X	< 0.010	< 37.9						mg/l	mg/d			
2B. Acenaphtylene (208-96-8)			X	< 0.010	< 37.9						mg/l	mg/d			
3B. Anthracene (120-12-7)			X	< 0.010	< 37.9						mg/l	mg/d			
4B. Benzidine (92-87-5)			X	< 0.010	< 37.9						mg/l	mg/d			
5B. Benzo *(a)* Anthracene (56-55-3)			X	< 0.010	< 37.9						mg/l	mg/d			
6B. Benzo *(a)* Pyrene (50-32-8)			X	< 0.010	< 37.9						mg/l	mg/d			
7B. 3,4-Benzo-fluoranthene (205-99-2)			X	< 0.010	< 37.9						mg/l	mg/d			
8B. Benzo *(ghi)* Perylene (191-24-2)			X	< 0.010	< 37.9						mg/l	mg/d			
9B. Benzo *(k)* Fluoranthene (207-08-9)			X	< 0.010	< 37.9						mg/l	mg/d			
10B. Bis *(2-Chloro-ethoxy)* Methane (111-91-1)			X	< 0.010	< 37.9						mg/l	mg/d			
11B. Bis *(2-Chloro-ethyl)* Ether (111-44-4)			X	< 0.010	< 37.9						mg/l	mg/d			
12B. Bis *(2-Chloroiso-propyl)* Ether (102-60-1)			X	< 0.010	< 37.9						mg/l	mg/d			
13B. Bis *(2-Ethyl-hexyl)* Phthalate (117-81-7)			X	< 0.010	< 37.9						mg/l	mg/d			
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X	< 0.010	< 37.9						mg/l	mg/d			
15B. Butyl Benzyl Phthalate (85-68-7)			X	< 0.010	< 37.9						mg/l	mg/d			
16B. 2-Chloro-naphthalene (91-58-7)			X	< 0.010	< 37.9						mg/l	mg/d			
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X	< 0.010	< 37.9						mg/l	mg/d			
18B. Chrysene (218-01-9)			X	< 0.010	< 37.9						mg/l	mg/d			
19B. Dibenzo *(a,h)* Anthracene (53-70-3)			X	< 0.010	< 37.9						mg/l	mg/d			
20B. 1,2-Dichloro-benzene (95-50-1)			X	< 0.010	< 37.9						mg/l	mg/d			
21B. 1,3-Dichloro-benzene (541-73-1)			X	< 0.010	< 37.9						mg/l	mg/d			

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EPA I.D. NUMBER (copy from Item I of Form I)	OUTFALL NUMBER
NM0890010515	03A032

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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	< 37.9						mg/l	mg/d			
23B. 3,3'-Dichlorobenzidine (91-94-1)			X	< 0.010	< 37.9						mg/l	mg/d			
24B. Diethyl Phthalate (84-66-2)			X	< 0.010	< 37.9						mg/l	mg/d			
25B. Dimethyl Phthalate (131-11-3)			X	< 0.010	< 37.9						mg/l	mg/d			
26B. Di-N-Butyl Phthalate (84-74-2)			X	< 0.010	< 37.9						mg/l	mg/d			
27B. 2,4-Dinitrotoluene (121-14-2)			X	< 0.010	< 37.9						mg/l	mg/d			
28B. 2,6-Dinitrotoluene (606-20-2)			X	< 0.010	< 37.9						mg/l	mg/d			
29B. Di-N-Octyl Phthalate (117-84-0)			X	< 0.010	< 37.9						mg/l	mg/d			
30B. 1,2-Diphenylhydrazine *(as Azobenzene)* (122-66-7)			X	< 0.010	< 37.9						mg/l	mg/d			
31B. Fluoranthene (206-44-0)			X	< 0.010	< 37.9						mg/l	mg/d			
32B. Fluorene (86-73-7)			X	< 0.010	< 37.9						mg/l	mg/d			
33B. Hexachlorobenzene (118-74-1)			X	< 0.010	< 37.9						mg/l	mg/d			
34B. Hexachlorobutadiene (87-68-3)			X	< 0.010	< 37.9						mg/l	mg/d			
35B. Hexachlorocyclopentadiene (77-47-4)			X	< 0.010	< 37.9						mg/l	mg/d			
36B. Hexachloroethane (67-72-1)			X	< 0.010	< 37.9						mg/l	mg/d			
37B. Indeno *(1,2,3-cd)* Pyrene (193-39-5)			X	< 0.010	< 37.9						mg/l	mg/d			
38B. Isophorone (78-59-1)			X	< 0.010	< 37.9						mg/l	mg/d			
39B. Naphthalene (91-20-3)			X	< 0.010	< 37.9						mg/l	mg/d			
40B. Nitrobenzene (98-95-3)			X	< 0.010	< 37.9						mg/l	mg/d			
41B. N-Nitrosodimethylamine (62-75-9)			X	< 0.010	< 37.9						mg/l	mg/d			
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X	< 0.010	< 37.9						mg/l	mg/d			

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
43B. N-Nitrosodiphenylamine (86-30-6)			X	< 0.010	< 54.5						mg/l	mg/d			
44B. Phenanthrene (85-01-8)			X	< 0.010	< 54.5						mg/l	mg/d			
45B. Pyrene (129-00-0)			X	< 0.010	< 54.5						mg/l	mg/d			
46B. 1,2,4-Trichlorobenzene (120-82-1)			X	< 0.010	< 54.5						mg/l	mg/d			
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X	< 0.06	< 0.3						ug/l	mg/d			
2P. α-BHC (319-84-6)			X	< 0.04	< 0.2						ug/l	mg/d			
3P. β-BHC (319-85-7)			X	< 0.1	< 0.5						ug/l	mg/d			
4P. γ-BHC (58-89-9)			X	< 0.03	< 0.2						ug/l	mg/d			
5P. δ-BHC (319-86-8)			X	< 0.12	< 0.7						ug/l	mg/d			
6P. Chlordane (57-74-9)			X	< 0.25	< 1.4						ug/l	mg/d			
7P. 4,4'-DDT (50-29-3)			X	< 0.06	< 0.3						ug/l	mg/d			
8P. 4,4'-DDE (72-55-9)			X	< 0.08	< 0.4						ug/l	mg/d			
9P. 4,4'-DDD (72-54-8)			X	< 0.08	< 0.4						ug/l	mg/d			
10P. Dieldrin (60-57-1)			X	< 0.08	< 0.4						ug/l	mg/d			
11P. α-Endosulfan (115-29-7)			X	< 0.05	< 0.3						ug/l	mg/d			
12P. β-Endosulfan (115-29-7)			X	< 0.08	< 0.4						ug/l	mg/d			
13P. Endosulfan Sulfate (1031-07-8)			X	< 0.09	< 0.5						ug/l	mg/d			
14P. Endrin (72-20-8)			X	< 0.06	< 0.3						ug/l	mg/d			
15P. Endrin Aldehyde (7421-93-4)			X	< 0.62	< 3.4						ug/l	mg/d			
16P. Heptachlor (76-44-8)			X	< 0.03	< 0.2						ug/l	mg/d			

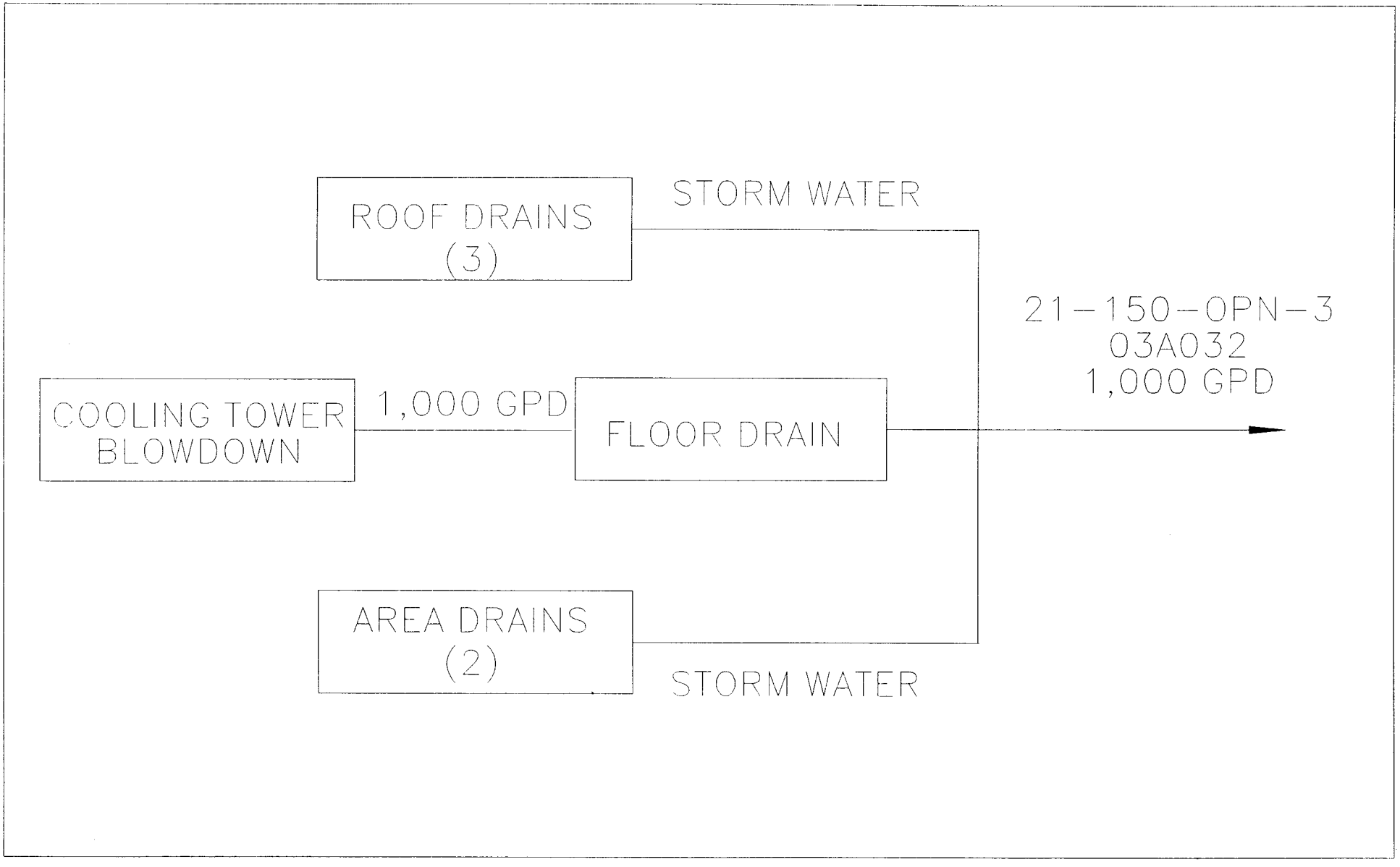
CONTINUE ON PAGE V-9

CONTINUED FROM PAGE V-8

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	03A032

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

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – PESTICIDES *(continued)*															
17P. Heptachlor Epoxide (1024-57-3)			X	< 0.08	< 0.4						ug/l	mg/d			
18P. PCB-1242 (53469-21-9)			X	< 0.71	< 3.9						ug/l	mg/d			
19P. PCB-1254 (11097-69-1)			X	< 0.71	< 3.9						ug/l	mg/d			
20P. PCB-1221 (11104-28-2)			X	N.D.											
21P. PCB-1232 (11141-16-5)			X	N.D.											
22P. PCB-1248 (12672-29-6)			X	N.D.											
23P. PCB-1260 (11098-82-5)			X	< 0.71	< 3.9						ug/l	mg/d			
24P. PCB-1016 (12674-11-2)			X	N.D.											
25P. Toxaphene (8001-35-2)			X	< 2.5	< 13.6						ug/l	mg/d			


ROOF DRAINS
(3)
STORM WATER
21-150-OPN-3
03A032
1,000 GPD
COOLING TOWER
BLOWDOWN
1,000 GPD
FLOOR DRAIN
AREA DRAINS
(2)
STORM WATER

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.	
03A037	35	52	33.6	106	16	36.1	Tributary to Los Alamos Canyon, an ephemeral tributary to the Rio Grande

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

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

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

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
03A037	TA-21-314 Air washer blowdown	52 GPD	None		
	Floor drains (6)	Flow is nil	None		

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

CONTINUED FROM THE FRONT

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

[X] 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)*
03A037	Air Washer Blowdown	7	6	5.2x10-5 MGD	10-4 MGD	52 G/D	100 Gal	183 D/Y

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)* [X] 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)* [X] 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)*
N/A			

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.

[X] YES *(complete the following table)* [ ] NO *(go to Item IV-B)*

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

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

CONTINUE ON PAGE 3

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

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

V. INTAKE AND EFFLUENT CHARACTERISTICS

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

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

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
N/A			

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)

N/A

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)*

N/A

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)*
N/A			

IX. CERTIFICATION

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

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

Data from worst case composite.

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

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

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

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

OUTFALL NO. 03A037

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE *(if available)* (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE *(if available)* (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS *(specify if blank)* a. CONCENTRATION	b. MASS	4. INTAKE *(optional)* a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	2.0	0.8						mg/l	g/d			
b. Chemical Oxygen Demand *(COD)*	42.0	15.9						mg/l	g/d			
c. Total Organic Carbon *(TOC)*	7.4	2.8						mg/l	g/d			
d. Total Suspended Solids *(TSS)*	7.0	2.6						mg/l	g/d			
e. Ammonia *(as N)*	< .01	< 3.785						mg/l	mg/d			
f. Flow	VALUE 100		VALUE		VALUE			gal/day		VALUE		
g. Temperature *(winter)*	VALUE 36.9 C		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 6.8	MAXIMUM 8.8	MINIMUM 6.0	MAXIMUM 9.0				STANDARD UNITS				

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

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	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		3.24	1.2						mg/l	g/d			
b. Chlorine, Total Residual		X	0.0	0.0						mg/l	mg/d			
c. Color	X		10							units				
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)	X		0.52	0.2						mg/l	g/d			
f. Nitrate-Nitrite *(as N)*	X		1.13	0.4						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		2.3	0.9						mg/l	g/d			
h. Oil and Grease		X	< 1.2	< 0.5						mg/l	g/d			
i. Phosphorus (as P), Total (7723-14-0)	X		.306	0.1						mg/l	g/d			
j. Radioactivity														
(1) Alpha, Total	X		14	5.3						pCi/l	nCi/d			
(2) Beta, Total	X		6.6	2.5						pCi/l	nCi/d			
(3) Radium, Total	X													
(4) Radium 226, Total	X		0.07	26.5						pCi/l	nCi/d			
k. Sulfate (as SO_4) (14808-79-8)	X		143	54.1						mg/l	g/d			
l. Sulfide (as S)	X		70.2	26.6						mg/l	g/d			
m. Sulfite (as SO_3) (14265-45-3)	X		18.8	7.1						mg/l	g/d			
n. Surfactants	X		0.11	41.6						mg/l	mg/d			
o. Aluminum, Total (7429-90-5)	X		0.06	22.7						mg/l	mg/d			
p. Barium, Total (7440-39-3)	X		0.11	41.6						mg/l	mg/d			
q. Boron, Total (7440-42-8)	X		0.33	0.1						mg/l	g/d			
r. Cobalt, Total (7440-48-4)		X	0.07	26.5						mg/l	mg/d			
s. Iron, Total (7439-89-6)	X		1.1	0.4						mg/l	g/d			
t. Magnesium, Total (7439-95-4)	X		5.8	2.2						mg/l	g/d			
u. Molybdenum, Total (7439-98-7)	X		1.7	0.6						mg/l	g/d			
v. Manganese, Total (7439-96-5)	X		0.05	18.9						mg/l	mg/d			
w. Tin, Total (7440-31-5)		X	< 0.050	< 18.9						mg/l	mg/d			
x. Titanium, Total (7440-32-6)		X	< 0.004	< 1.5						mg/l	mg/d			

CONTINUE ON PAGE V-3

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	03A037

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/d			
2M. Arsenic, Total (7440-38-2)		X		0.04	15.1						mg/l	mg/d			
3M. Beryllium, Total, 7440-41-7)			X	< 0.1	< 37.9						mg/l	mg/d			
4M. Cadmium, Total (7440-43-9)		X		.004	1.5						mg/l	mg/d			
5M. Chromium, Total (7440-47-3)		X		.260	98.4						mg/l	mg/d			
6M. Copper, Total (7440-50-8)		X		0.1	37.9						mg/l	mg/d			
7M. Lead, Total (7439-92-1)		X		.050	18.9						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		.28	0.1						mg/l	g/d			
10M. Selenium, Total (7782-49-2)			X	< .001	< 0.4						mg/l	mg/d			
11M. Silver, Total (7440-22-4)			X	< 0.01	< 3.8						mg/l	mg/d			
12M. Thallium, Total (7440-28-0)		X		0.51	0.2						mg/l	g/d			
13M. Zinc, Total (7440-66-6)		X		.071	26.9						mg/l	mg/d			
14M. Cyanide, Total (57-12-5)		X		.033	12.5						mg/l	mg/d			
15M. Phenols, Total			X	< .01	< 3.8						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' 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/d			
4V. Bis (Chloromethyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X	< 0.005	< 1.9						mg/l	mg/d			
6V. Carbon Tetrachloride (56-23-5)			X	< 0.005	< 1.9						mg/l	mg/d			
7V. Chlorobenzene (108-90-7)			X	< 0.005	< 1.9						mg/l	mg/d			
8V. Chlorodibromomethane (124-48-1)			X	< 0.005	< 1.9						mg/l	mg/d			
9V. Chloroethane (75-00-3)			X	< 0.010	< 0.00						mg/l	mg/d			
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X	< 0.005	< 1.9						mg/l	mg/d			
12V. Dichlorobromomethane (75-27-4)			X	< 0.005	< 1.9						mg/l	mg/d			
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X	< 0.005	< 1.9						mg/l	mg/d			
15V. 1,2-Dichloroethane (107-06-2)			X	< 0.005	< 1.9						mg/l	mg/d			
16V. 1,1-Dichloroethylene (75-35-4)			X	< 0.005	< 1.9						mg/l	mg/d			
17V. 1,2-Dichloropropane (78-87-5)			X	< 0.005	< 1.9						mg/l	kg/d			
18V. 1,3-Dichloropropylene (542-75-6)			X	< 0.005	< 1.9						mg/l	mg/d			
19V. Ethylbenzene (100-41-4)			X	< 0.005	< 1.9	X					mg/l	mg/d			
20V. Methyl Bromide (74-83-9)			X	< 0.010	< 3.8						mg/l	mg/d			
21V. Methyl Chloride (74-87-3)			X	< 0.010	< 3.8						mg/l	mg/d			

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EPA I.D. NUMBER (copy from Item I of Form 1)	OUTFALL NUMBER
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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/d			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X	< 0.005	< 1.9						mg/l	mg/d			
24V. Tetrachloroethylene (127-18-4)			X	< 0.005	< 1.9						mg/l	mg/d			
25V. Toluene (108-88-3)			X	< 0.005	< 1.9						mg/l	mg/d			
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X	< 0.005	< 1.9						mg/l	mg/d			
27V. 1,1,1-Trichloroethane (71-55-6)			X	< 0.005	< 1.9						mg/l	mg/d			
28V. 1,1,2-Trichloroethane (79-00-5)			X	< 0.005	< 1.9						mg/l	mg/d			
29V. Trichloroethylene (79-01-6)			X	< 0.005	< 1.9						mg/l	mg/d			
30V. Trichlorofluoromethane (75-69-4)			X	< 0.005	< 1.9						mg/l	mg/d			
31V. Vinyl Chloride (75-01-4)			X	< 0.010	< 3.8						mg/l	mg/d			
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X	< 0.010	< 3.8						mg/l	mg/d			
2A. 2,4-Dichlorophenol (120-83-2)			X	< 0.010	< 3.8						mg/l	mg/d			
3A. 2,4-Dimethylphenol (105-67-9)			X	< 0.010	< 3.8						mg/l	mg/d			
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X	< 0.010	< 3.8						mg/l	mg/d			
5A. 2,4-Dinitrophenol (51-28-5)			X	< 0.010	< 3.8						mg/l	mg/d			
6A. 2-Nitrophenol (88-75-5)			X	< 0.010	< 3.8						mg/l	mg/d			
7A. 4-Nitrophenol (100-02-7)			X	< 0.010	< 3.8						mg/l	mg/d			
8A. P-Chloro-M-Cresol (59-50-7)			X	< 0.010	< 3.8						mg/l	mg/d			
9A. Pentachlorophenol (87-86-5)			X	< 0.010	< 3.8						mg/l	mg/d			
10A. Phenol (108-95-2)			X	< 0.010	< 3.8						mg/l	mg/d			
11A. 2,4,6-Trichlorophenol (88-06-2)			X	< 0.010	< 3.8						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	< 3.8						mg/l	mg/d			
2B. Acenaphtylene (208-96-8)			X	< 0.010	< 3.8						mg/l	mg/d			
3B. Anthracene (120-12-7)			X	< 0.010	< 3.8						mg/l	mg/d			
4B. Benzidine (92-87-5)			X	< 0.010	< 3.8						mg/l	mg/d			
5B. Benzo *(a)* Anthracene (56-55-3)			X	< 0.010	< 3.8						mg/l	mg/d			
6B. Benzo *(a)* Pyrene (50-32-8)			X	< 0.010	< 3.8						mg/l	mg/d			
7B. 3,4-Benzo-fluoranthene (205-99-2)			X	< 0.010	< 3.8						mg/l	mg/d			
8B. Benzo *(ghi)* Perylene (191-24-2)			X	< 0.010	< 3.8						mg/l	mg/d			
9B. Benzo *(k)* Fluoranthene (207-08-9)			X	< 0.010	< 3.8						mg/l	mg/d			
10B. Bis *(2-Chloro-ethoxy)* Methane (111-91-1)			X	< 0.010	< 3.8						mg/l	mg/d			
11B. Bis *(2-Chloro-ethyl)* Ether (111-44-4)			X	< 0.010	< 3.8						mg/l	mg/d			
12B. Bis *(2-Chloroiso-propyl)* Ether (102-60-1)			X	< 0.010	< 3.8						mg/l	mg/d			
13B. Bis *(2-Ethyl-hexyl)* Phthalate (117-81-7)			X	< 0.010	< 3.8						mg/l	mg/d			
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X	< 0.010	< 3.8						mg/l	mg/d			
15B. Butyl Benzyl Phthalate (85-68-7)			X	< 0.010	< 3.8						mg/l	mg/d			
16B. 2-Chloro-naphthalene (91-58-7)			X	< 0.010	< 3.8						mg/l	mg/d			
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X	< 0.010	< 3.8						mg/l	mg/d			
18B. Chrysene (218-01-9)			X	< 0.010	< 3.8						mg/l	mg/d			
19B. Dibenzo *(a,h)* Anthracene (53-70-3)			X	< 0.010	< 3.8						mg/l	mg/d			
20B. 1,2-Dichloro-benzene (95-50-1)			X	< 0.010	< 3.8						mg/l	mg/d			
21B. 1,3-Dichloro-benzene (541-73-1)			X	< 0.010	< 3.8						mg/l	mg/d			

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EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	03A037

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1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
22B. 1,4-Dichlorobenzene (106-46-7)			X	< 0.010	< 3.8						mg/l	mg/d			
23B. 3,3'-Dichlorobenzidine (91-94-1)			X	< 0.010	< 3.8						mg/l	mg/d			
24B. Diethyl Phthalate (84-66-2)			X	< 0.010	< 3.8						mg/l	mg/d			
25B. Dimethyl Phthalate (131-11-3)			X	< 0.010	< 3.8						mg/l	mg/d			
26B. Di-N-Butyl Phthalate (84-74-2)			X	< 0.010	< 3.8						mg/l	mg/d			
27B. 2,4-Dinitrotoluene (121-14-2)			X	< 0.010	< 3.8						mg/l	mg/d			
28B. 2,6-Dinitrotoluene (606-20-2)			X	< 0.010	< 3.8						mg/l	mg/d			
29B. Di-N-Octyl Phthalate (117-84-0)			X	< 0.010	< 3.8						mg/l	mg/d			
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)			X	< 0.010	< 3.8						mg/l	mg/d			
31B. Fluoranthene (206-44-0)			X	< 0.010	< 3.8						mg/l	mg/d			
32B. Fluorene (86-73-7)			X	< 0.010	< 3.8						mg/l	mg/d			
33B. Hexachlorobenzene (118-74-1)			X	< 0.010	< 3.8						mg/l	mg/d			
34B. Hexachlorobutadiene (87-68-3)			X	< 0.010	< 3.8						mg/l	mg/d			
35B. Hexachlorocyclopentadiene (77-47-4)			X	< 0.010	< 3.8						mg/l	mg/d			
36B. Hexachloroethane (67-72-1)			X	< 0.010	< 3.8						mg/l	mg/d			
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X	< 0.010	< 3.8						mg/l	mg/d			
38B. Isophorone (78-59-1)			X	< 0.010	< 3.8						mg/l	mg/d			
39B. Naphthalene (91-20-3)			X	< 0.010	< 3.8						mg/l	mg/d			
40B. Nitrobenzene (98-95-3)			X	< 0.010	< 3.8						mg/l	mg/d			
41B. N-Nitrosodimethylamine (62-75-9)			X	< 0.010	< 3.8						mg/l	mg/d			
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X	< 0.010	< 3.8						mg/l	mg/d			

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
43B. N-Nitrosodiphenylamine (86-30-6)			X	< 0.010	< 3.8						mg/l	mg/d			
44B. Phenanthrene (85-01-8)			X	< 0.010	< 3.8						mg/l	mg/d			
45B. Pyrene (129-00-0)			X	< 0.010	< 3.8						mg/l	mg/d			
46B. 1,2,4-Trichlorobenzene (120-82-1)			X	< 0.010	< 3.8						mg/l	mg/d			
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X	< 0.06	< 22.7						ug/l	ug/d			
2P. α-BHC (319-84-6)			X	< 0.04	< 15.1						ug/l	ug/d			
3P. β-BHC (319-85-7)			X	< 0.1	< 37.9						ug/l	ug/d			
4P. γ-BHC (58-89-9)			X	< 0.03	< 11.4						ug/l	ug/d			
5P. δ-BHC (319-86-8)			X	< 0.12	< 45.4						ug/l	ug/d			
6P. Chlordane (57-74-9)			X	< 0.25	< 94.6						ug/l	ug/d			
7P. 4,4'-DDT (50-29-3)			X	< 0.06	< 22.7						ug/l	ug/d			
8P. 4,4'-DDE (72-55-9)			X	< 0.08	< 30.3						ug/l	ug/d			
9P. 4,4'-DDD (72-54-8)			X	< 0.08	< 30.3						ug/l	ug/d			
10P. Dieldrin (60-57-1)			X	< 0.08	< 30.3						ug/l	ug/d			
11P. α-Endosulfan (115-29-7)			X	< 0.05	< 18.9						ug/l	ug/d			
12P. β-Endosulfan (115-29-7)			X	< 0.08	< 30.3						ug/l	ug/d			
13P. Endosulfan Sulfate (1031-07-8)			X	< 0.09	< 34.1						ug/l	ug/d			
14P. Endrin (72-20-8)			X	< 0.06	< 22.7						ug/l	ug/d			
15P. Endrin Aldehyde (7421-93-4)			X	< 0.62	< 0.2						ug/l	mg/d			
16P. Heptachlor (76-44-8)			X	< 0.03	< 11.4						ug/l	ug/d			

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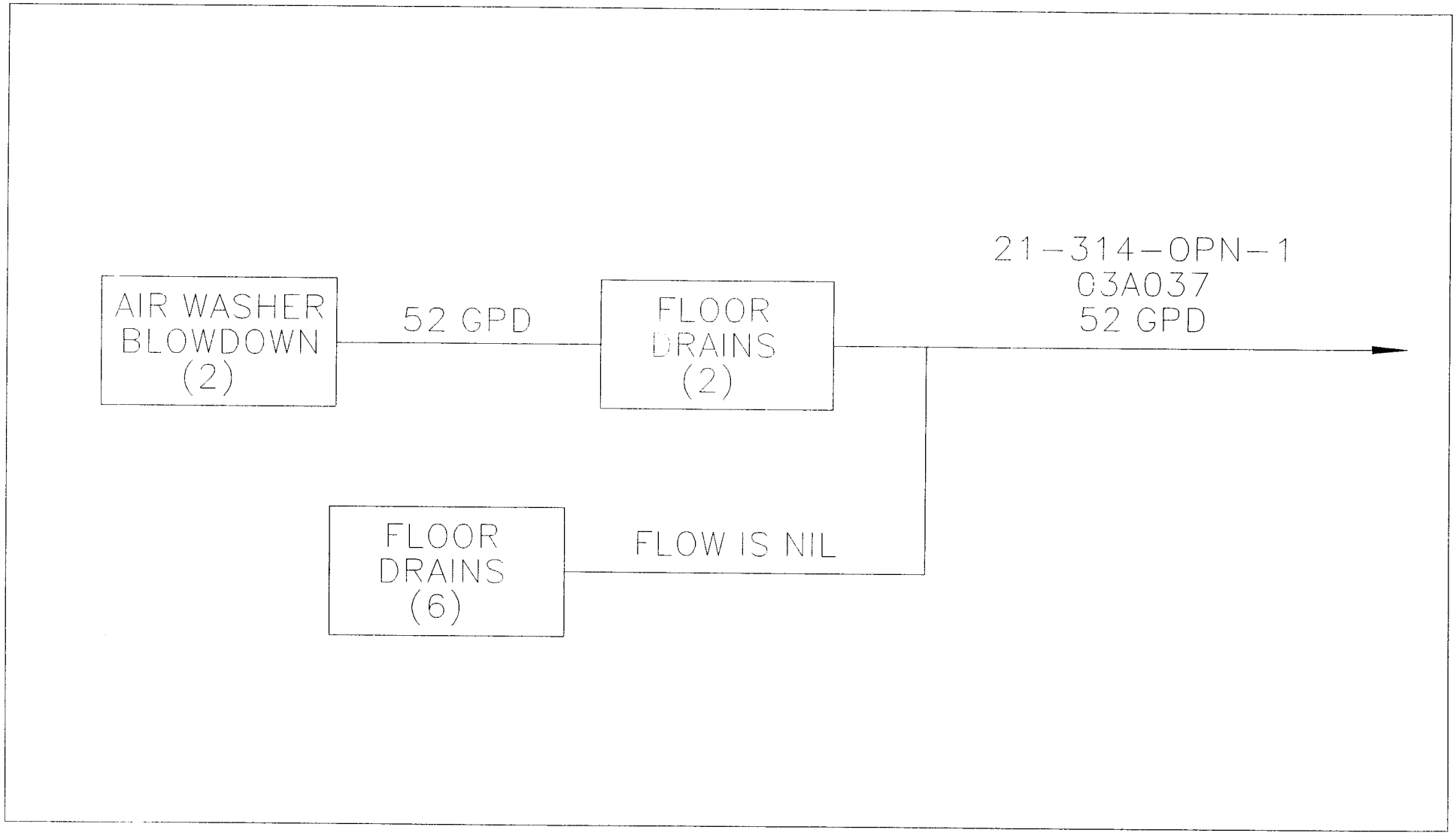
GC/MS FRACTION – PESTICIDES (continued)															
17P. Heptachlor Epoxide (1024-57-3)			X	< 0.08	< 30.3						ug/l	ug/d			
18P. PCB-1242 (53469-21-9)			X	< 0.71	< 0.3						ug/l	mg/d			
19P. PCB-1254 (11097-69-1)			X	< 0.71	< 0.3						ug/l	mg/d			
20P. PCB-1221 (11104-28-2)			X	N.D.											
21P. PCB-1232 (11141-16-5)			X	N.D.											
22P. PCB-1248 (12672-29-6)			X	N.D.											
23P. PCB-1260 (11096-82-5)			X	< 0.71	< 0.3						ug/l	mg/d			
24P. PCB-1016 (12674-11-2)			X	N.D.											
25P. Toxaphene (8001-35-2)			X	< 2.5	< 0.9						ug/l	mg/d			


AIR WASHER BLOWDOWN (2)
52 GPD
FLOOR DRAINS (2)
21-314-OPN-1
03A037
52 GPD
FLOOR DRAINS (6)
FLOW IS NIL

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.	
04A142	35	52	31.4	106	16	33.2	Tributary to Los Alamos Canyon, an ephemeral tributary to the Rio Grande

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

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

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

1. OUTFALL NO. (list)	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT		
	a. OPERATION (list)	b. AVERAGE FLOW (include units)	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
142	21-5-OPN-2: Area drain	storm water	None		
	Floor drain	flow is nil	None		
	21-149-OPN-2: Floor drains(3)	flow is nil	None		
	Air washers (2)	60 GPD	None		

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

CONTINUED FROM THE FRONT

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

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

1. OUTFALL NUMBER *(list)*	2. OPERATION(s) CONTRIBUTING FLOW *(list)*	3. FREQUENCY 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)*
04A142	Air washers	7	6	.00006	.00006.	60 GPD	60 GPD	180

III. PRODUCTION

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

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

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

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

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

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

IV. IMPROVEMENTS

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

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

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

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

 CONTINUE ON PAGE 3

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V. INTAKE AND EFFLUENT CHARACTERISTICS

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

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

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
N/A			

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)

N/A

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)*

N/A

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)
N/A			

IX. CERTIFICATION

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

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

Data from worst case composite.

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

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

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

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

OUTFALL NO. 04A142

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (2) MASS	d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	3. UNITS b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	4. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	4. INTAKE b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	< 2.0	< 0.5						mg/l	g/d			
b. Chemical Oxygen Demand *(COD)*	< 10.0	< 2.3						mg/l	g/d			
c. Total Organic Carbon *(TOC)*	0.6	0.1						mg/l	g/d			
d. Total Suspended Solids *(TSS)*	18.0	4.1						mg/l	g/d			
e. Ammonia *(as N)*	< 0.1	< 22.710						mg/l	g/d			
f. Flow	VALUE 60		VALUE		VALUE			gal/day		VALUE		
g. Temperature *(winter)*	VALUE 13.9		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)*	VALUE N/A		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 8.45	MAXIMUM 8.80	MINIMUM	MAXIMUM				STANDARD UNITS				

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

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	2. MARK 'X' b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	4. UNITS b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	5. INTAKE a. LONG TERM AVERAGE VALUE (2) MASS	5. INTAKE b. NO. OF ANALYSES
a. Bromide (24959-67-9)		X	< 0.5	< 0.1						mg/l	g/d			
b. Chlorine, Total Residual	X		0.05	0.0						mg/l	mg/d			
c. Color	X		7.0							units				
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)	X		0.21	47.7						mg/l	g/d			
f. Nitrate-Nitrite *(as N)*	X		0.304	69.0						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	< 0.5	< 0.1						mg/l	g/d			
h. Oil and Grease		X	< 1.05	< 0.2						mg/l	g/d			
i. Phosphorus (as P), Total (7723-14-0)	X		0.05	11.4						mg/l	mg/d			
j. Radioactivity														
(1) Alpha, Total	X		0.1	22.7						pCi/l	pCi/d			
(2) Beta, Total	X		6.6	1.5						pCi/l	nCi/d			
(3) Radium, Total	X													
(4) Radium 226, Total	X		0.06	13.6						pCi/l	pCi/d			
k. Sulfate (as SO_4) (14808-79-8)	X		3.16	0.7						mg/l	g/d			
l. Sulfide (as S)		X		0.0						mg/l	mg/d			
m. Sulfite (as SO_3) (14265-45-3)		X	< 0.05	< 11.4						mg/l	mg/d			
n. Surfactants		X	< 0.1	< 22.7						mg/l	mg/d			
o. Aluminum, Total (7429-90-5)		X	< 0.04	< 9.1						mg/l	mg/d			
p. Barium, Total (7440-39-3)	X		0.03	6.8						mg/l	mg/d			
q. Boron, Total (7440-42-8)	X		0.02	4.5						mg/l	mg/d			
r. Cobalt, Total (7440-48-4)		X	< 0.1	< 22.7						mg/l	mg/d			
s. Iron, Total (7439-89-6)	X		0.41	93.1						mg/l	mg/d			
t. Magnesium, Total (7439-95-4)	X		2.5	0.6						mg/l	g/d			
u. Molybdenum, Total (7439-98-7)		X	< 0.02	< 4.5						mg/l	mg/d			
v. Manganese, Total (7439-96-5)	X		0.01	2.3						mg/l	mg/d			
w. Tin, Total (7440-31-5)		X	< 0.050	< 11.4						mg/l	mg/d			
x. Titanium, Total (7440-32-6)		X	< 0.004	< 0.9						mg/l	mg/d			

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CONTINUED FROM PAGE 3 OF FORM 2-C

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

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X	< 0.050	< 11.4						mg/l	mg/d			
2M. Arsenic, Total (7440-38-2)		X		0.002	0.5						mg/l	mg/d			
3M. Beryllium, Total, 7440-41-7)			X	< 0.001	< 0.2						mg/l	mg/d			
4M. Cadmium, Total (7440-43-9)			X	< 0.010	< 2.3						mg/l	mg/d			
5M. Chromium, Total (7440-47-3)		X		0.040	9.1						mg/l	mg/d			
6M. Copper, Total (7440-50-8)		X		0.031	7.0						mg/l	mg/d			
7M. Lead, Total (7439-92-1)			X	< 0.050	< 11.4						mg/l	mg/d			
8M. Mercury, Total (7439-97-6)			X	< 0.0002	< 0.0						mg/l	mg/d			
9M. Nickel, Total (7440-02-0)		X		0.06	13.6						mg/l	mg/d			
10M. Selenium, Total (7782-49-2)			X	< 0.001	< 0.2						mg/l	mg/d			
11M. Silver, Total (7440-22-4)			X	< 0.010	< 2.3						mg/l	mg/d			
12M. Thallium, Total (7440-28-0)			X	< 0.4	< 90.8						mg/l	mg/d			
13M. Zinc, Total (7440-66-6)		X		0.043	9.8						mg/l	mg/d			
14M. Cyanide, Total (57-12-5)			X	0.01	2.3						mg/l	mg/d			
15M. Phenols, Total			X	< 0.01	< 2.3						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'			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	< 1.1						mg/l	mg/d			
4V. Bis (Chloromethyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X	< 0.005	< 1.1						mg/l	mg/d			
6V. Carbon Tetrachloride (56-23-5)			X	< 0.005	< 1.1						mg/l	mg/d			
7V. Chlorobenzene (108-90-7)			X	< 0.005	< 1.1						mg/l	mg/d			
8V. Chlorodibromomethane (124-48-1)			X	< 0.005	< 1.1						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	< 1.1						mg/l	mg/d			
12V. Dichlorobromomethane (75-27-4)			X	< 0.005	< 1.1						mg/l	mg/d			
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X	< 0.005	< 1.1						mg/l	mg/d			
15V. 1,2-Dichloroethane (107-06-2)			X	< 0.005	< 1.1						mg/l	mg/d			
16V. 1,1-Dichloroethylene (75-35-4)			X	< 0.005	< 1.1						mg/l	mg/d			
17V. 1,2-Dichloropropane (78-87-5)			X	< 0.005	< 1.1						mg/l	kg/d			
18V. 1,3-Dichloropropylene (542-75-6)			X	<	< 0.0						mg/l	mg/d			
19V. Ethylbenzene (100-41-4)			X	< 0.005	< 1.1						mg/l	mg/d			
20V. Methyl Bromide (74-83-9)			X	< 0.010	< 2.3						mg/l	mg/d			
21V. Methyl Chloride (74-87-3)			X	< 0.010	< 2.3						mg/l	mg/d			

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1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)			X	< 0.005	< 1.1						mg/l	mg/d			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X	< 0.005	< 1.1						mg/l	mg/d			
24V. Tetrachloroethylene (127-18-4)			X	< 0.005	< 1.1						mg/l	mg/d			
25V. Toluene (108-88-3)			X	< 0.005	< 1.1						mg/l	mg/d			
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X	< 0.005	< 1.1						mg/l	mg/d			
27V. 1,1,1-Trichloroethane (71-55-6)			X	< 0.005	< 1.1						mg/l	mg/d			
28V. 1,1,2-Trichloroethane (79-00-5)			X	< 0.005	< 1.1						mg/l	mg/d			
29V. Trichloroethylene (79-01-6)			X	< 0.005	< 1.1						mg/l	mg/d			
30V. Trichlorofluoromethane (75-69-4)			X	< 0.005	< 1.1						mg/l	mg/d			
31V. Vinyl Chloride (75-01-4)			X	< 0.010	< 2.3						mg/l	mg/d			
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X	< 0.010	< 2.3						mg/l	mg/d			
2A. 2,4-Dichlorophenol (120-83-2)			X	< 0.010	< 2.3						mg/l	mg/d			
3A. 2,4-Dimethylphenol (105-67-9)			X	< 0.010	< 2.3						mg/l	mg/d			
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X	< 0.010	< 2.3						mg/l	mg/d			
5A. 2,4-Dinitrophenol (51-28-5)			X	< 0.010	< 2.3						mg/l	mg/d			
6A. 2-Nitrophenol (88-75-5)			X	< 0.010	< 2.3						mg/l	mg/d			
7A. 4-Nitrophenol (100-02-7)			X	< 0.010	< 2.3						mg/l	mg/d			
8A. P-Chloro-M-Cresol (59-50-7)			X	< 0.010	< 2.3						mg/l	mg/d			
9A. Pentachlorophenol (87-86-5)			X	< 0.010	< 2.3						mg/l	mg/d			
10A. Phenol (108-95-2)			X	< 0.010	< 2.3						mg/l	mg/d			
11A. 2,4,6-Trichlorophenol (88-06-2)			X	< 0.010	< 2.3						mg/l	mg/d			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acenaphthene (83-32-9)			X	< 0.010	< 2.3						mg/l	mg/d			
2B. Acenaphtylene (208-96-8)			X	< 0.010	< 2.3						mg/l	mg/d			
3B. Anthracene (120-12-7)			X	< 0.010	< 2.3						mg/l	mg/d			
4B. Benzidine (92-87-5)			X	< 0.010	< 2.3						mg/l	mg/d			
5B. Benzo *(a)* Anthracene (56-55-3)			X	< 0.010	< 2.3						mg/l	mg/d			
6B. Benzo *(a)* Pyrene (50-32-8)			X	< 0.010	< 2.3						mg/l	mg/d			
7B. 3,4-Benzo-fluoranthene (205-99-2)			X	< 0.010	< 2.3						mg/l	mg/d			
8B. Benzo *(ghi)* Perylene (191-24-2)			X	< 0.010	< 2.3						mg/l	mg/d			
9B. Benzo *(k)* Fluoranthene (207-08-9)			X	< 0.010	< 2.3						mg/l	mg/d			
10B. Bis *(2-Chloro-ethoxy)* Methane (111-91-1)			X	< 0.010	< 2.3						mg/l	mg/d			
11B. Bis *(2-Chloro-ethyl)* Ether (111-44-4)			X	< 0.010	< 2.3						mg/l	mg/d			
12B. Bis *(2-Chloroiso-propyl)* Ether (102-60-1)			X	< 0.010	< 2.3						mg/l	mg/d			
13B. Bis *(2-Ethyl-hexyl)* Phthalate (117-81-7)			X	< 0.010	< 2.3						mg/l	mg/d			
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X	< 0.010	< 2.3						mg/l	mg/d			
15B. Butyl Benzyl Phthalate (85-68-7)			X	< 0.010	< 2.3						mg/l	mg/d			
16B. 2-Chloro-naphthalene (91-58-7)			X	< 0.010	< 2.3						mg/l	mg/d			
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X	< 0.010	< 2.3						mg/l	mg/d			
18B. Chrysene (218-01-9)			X	< 0.010	< 2.3						mg/l	mg/d			
19B. Dibenzo *(a,h)* Anthracene (53-70-3)			X	< 0.010	< 2.3						mg/l	mg/d			
20B. 1,2-Dichloro-benzene (95-50-1)			X	< 0.010	< 2.3						mg/l	mg/d			
21B. 1,3-Dichloro-benzene (541-73-1)			X	< 0.010	< 2.3						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	04A142

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 – BASE/NEUTRAL COMPOUNDS *(continued)*															
22B. 1,4-Dichlorobenzene (106-46-7)			X	< 0.010	< 2.3						mg/l	mg/d			
23B. 3,3'-Dichlorobenzidine (91-94-1)			X	< 0.010	< 2.3						mg/l	mg/d			
24B. Diethyl Phthalate (84-66-2)			X	< 0.010	< 2.3						mg/l	mg/d			
25B. Dimethyl Phthalate (131-11-3)			X	< 0.010	< 2.3						mg/l	mg/d			
26B. Di-N-Butyl Phthalate (84-74-2)			X	< 0.010	< 2.3						mg/l	mg/d			
27B. 2,4-Dinitrotoluene (121-14-2)			X	< 0.010	< 2.3						mg/l	mg/d			
28B. 2,6-Dinitrotoluene (606-20-2)			X	< 0.010	< 2.3						mg/l	mg/d			
29B. Di-N-Octyl Phthalate (117-84-0)			X	< 0.010	< 2.3						mg/l	mg/d			
30B. 1,2-Diphenylhydrazine *(as Azobenzene)* (122-66-7)			X	< 0.010	< 2.3						mg/l	mg/d			
31B. Fluoranthene (206-44-0)			X	< 0.010	< 2.3						mg/l	mg/d			
32B. Fluorene (86-73-7)			X	< 0.010	< 2.3						mg/l	mg/d			
33B. Hexachlorobenzene (118-74-1)			X	< 0.010	< 2.3						mg/l	mg/d			
34B. Hexachlorobutadiene (87-68-3)			X	< 0.010	< 2.3						mg/l	mg/d			
35B. Hexachlorocyclopentadiene (77-47-4)			X	< 0.010	< 2.3						mg/l	mg/d			
36B. Hexachloroethane (67-72-1)			X	< 0.010	< 2.3						mg/l	mg/d			
37B. Indeno *(1,2,3-cd)* Pyrene (193-39-5)			X	< 0.010	< 2.3						mg/l	mg/d			
38B. Isophorone (78-59-1)			X	< 0.010	< 2.3						mg/l	mg/d			
39B. Naphthalene (91-20-3)			X	< 0.010	< 2.3						mg/l	mg/d			
40B. Nitrobenzene (98-95-3)			X	< 0.010	< 2.3						mg/l	mg/d			
41B. N-Nitrosodimethylamine (62-75-9)			X	< 0.010	< 2.3						mg/l	mg/d			
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X	< 0.010	< 2.3						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	< 2.3						mg/l	mg/d			
44B. Phenanthrene (85-01-8)			X	< 0.010	< 2.3						mg/l	mg/d			
45B. Pyrene (129-00-0)			X	< 0.010	< 2.3						mg/l	mg/d			
46B. 1,2,4-Trichlorobenzene (120-82-1)			X	< 0.010	< 2.3						mg/l	mg/d			
GC/MS FRACTION — PESTICIDES															
1P. Aldrin (309-00-2)			X	< 0.06	< 13.6						ug/l	ug/d			
2P. α-BHC (319-84-6)			X	< 0.02	< 4.5						ug/l	ug/d			
3P. β-BHC (319-85-7)			X	< 0.1	< 22.7						ug/l	ug/d			
4P. γ-BHC (58-89-9)			X	< 0.03	< 6.8						ug/l	ug/d			
5P. δ-BHC (319-86-8)			X	< 0.12	< 27.3						ug/l	ug/d			
6P. Chlordane (57-74-9)			X	< 0.25	< 56.8						ug/l	ug/d			
7P. 4,4'-DDT (50-29-3)			X	< 0.06	< 13.6						ug/l	ug/d			
8P. 4,4'-DDE (72-55-9)			X	< 0.08	< 18.2						ug/l	ug/d			
9P. 4,4'-DDD (72-54-8)			X	< 0.08	< 18.2						ug/l	ug/d			
10P. Dieldrin (60-57-1)			X	< 0.08	< 18.2						ug/l	ug/d			
11P. α-Endosulfan (115-29-7)			X	< 0.05	< 11.4						ug/l	ug/d			
12P. β-Endosulfan (115-29-7)			X	< 0.08	< 18.2						ug/l	ug/d			
13P. Endosulfan Sulfate (1031-07-8)			X	< 0.09	< 20.4						ug/l	ug/d			
14P. Endrin (72-20-8)			X	< 0.06	< 13.6						ug/l	ug/d			
15P. Endrin Aldehyde (7421-93-4)			X	< 0.62	< 0.1						ug/l	ug/d			
16P. Heptachlor (76-44-8)			X	< 0.3	< 68.1						ug/l	ug/d			

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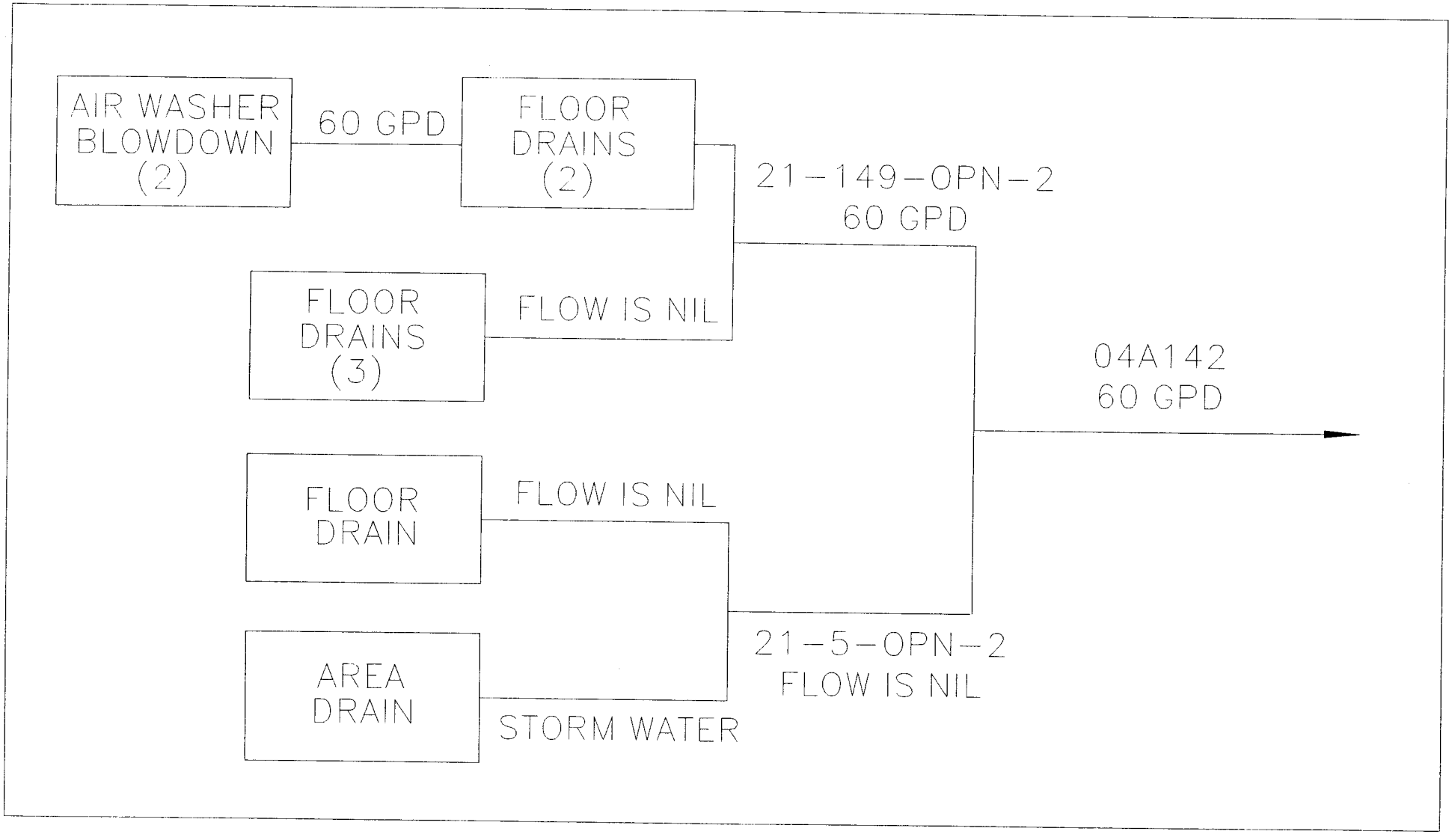
CONTINUED FROM PAGE V-8

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
NM0890010515	04A142

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	< 0.04	< 9.1						ug/l	ug/d			
18P. PCB-1242 (53469-21-9)			X	< 0.68	< 0.2						ug/l	ug/d			
19P. PCB-1254 (11097-69-1)			X	< 0.68	< 0.2						ug/l	ug/d			
20P. PCB-1221 (11104-28-2)			X	N.D.											
21P. PCB-1232 (11141-16-5)			X	N.D.											
22P. PCB-1248 (12672-29-6)			X	N.D.											
23P. PCB-1260 (11096-82-5)			X	< 0.68	< 0.2						ug/l	ug/d			
24P. PCB-1016 (12674-11-2)			X	N.D.											
25P. Toxaphene (8001-35-2)			X	< 2.5	< 0.6						ug/l	mg/d			


AIR WASHER BLOWDOWN (2)
60 GPD
FLOOR DRAINS (2)
21-149-OPN-2
60 GPD
FLOOR DRAINS (3)
FLOW IS NIL
04A142
60 GPD
FLOOR DRAIN
FLOW IS NIL
AREA DRAIN
STORM WATER
21-5-OPN-2
FLOW IS NIL

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	
21-57-OPN-4	35	52	20	106	16	30	Tributary to Los Alamos Canyon, and ephemeral tributary to the Rio Grande

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

Active discharge noted during waste stream characterization.

III. Flows, Sources of Pollution, and Treatment Technologies

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

Outfall Number	1. Operations Contributing Flow (list)	2. Average Flow (include units)	3. Treatment (Description or List Codes from Table 2D-1)
21-57-OPN-4	Fuel tank overflow	flow is nil	None

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

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

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

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

IV. Production

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

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

CONTINUE ON NEXT PAGE

CONTINUED FROM THE FRONT	EPA ID Number *(copy from Item 1 of Form 1)* NM0890010515	Outfall Number 21-57-OPN-4

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)*
Pollutants consitent with fuel oil			Best professional estimates

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
Fuel oil	

VI. Engineering Report on Wastewater Treatment

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

☒ Report Available ☐ No Report Waste Stream Characterization Report #78

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

Name	Location
N/A	

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

VII. Other Information *(Optional)*

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

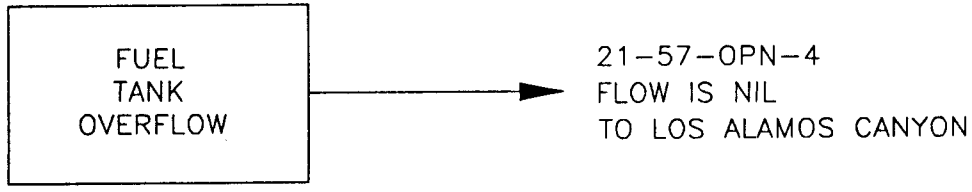
VIII. Certification

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

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

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

TA-21-57


FUEL
TANK
OVERFLOW
21-57-OPN-4
FLOW IS NIL
TO LOS ALAMOS CANYON

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	
21-5-OPN-3	35	52	32	106	16	35	Tributary to Los Alamos Canyon, an ephemeral tributary
							to the Rio Grande

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

Active discharge noted during waste stream characterization.

III. Flows, Sources of Pollution, and Treatment Technologies

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

Outfall Number	1. Operations Contributing Flow (list)	2. Average Flow (include units)	3. Treatment (Description or List Codes from Table 2D-1)
21-5-OPN-3	Area drain	Storm water	None
	Floor drains (2)	Flow is nil	None
	Sump pump	0.5 GPD	None

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

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

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

Outfall Number	1. Frequency		2. Flow		
	a. Days Per Week *(specify average)*	b. Months Per Year *(specify average)*	a. Maximum Daily Flow Rate *(in mgd)*	b. Maximum Total Volume *(specify with units)*	c. Duration *(in days)*
21-5-OPN-3	7	12	.0000005	0.5 GPD	365 d/yr

IV. Production

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

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

CONTINUE ON NEXT PAGE

CONTINUED FROM THE FRONT	EPA ID Number *(copy from Item 1 of Form 1)* NM0890010515	Outfall Number 21-5-OPN-3

V. Effluent Characteristics

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

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

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

1. Pollutant	2. Maximum Daily Value *(include units)*	3. Average Daily Value *(include units)*	4. Source *(see instructions)*
See attached 03A datasheets			Data from similar plants

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 Waste Stream Characterization Report #78

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
Discharge is consistent with 04A category outfalls, NPDES permit # NM0028355	Los Alamos National Laboratory, Los Alamos, New Mexico

CONTINUE ON NEXT PAGE

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

VII. Other Information *(Optional)*

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

See attached 04A datasheets and flow diagram.

VIII. Certification

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

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

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

Data from worst case composite.

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

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

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

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

OUTFALL NO. 04A

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	< 2.0	< 3.8						mg/l	g/d			
b. Chemical Oxygen Demand *(COD)*	< 10.0	< 18.9						mg/l	g/d			
c. Total Organic Carbon *(TOC)*	0.6	1.1						mg/l	g/d			
d. Total Suspended Solids *(TSS)*	18.0	34.1						mg/l	g/d			
e. Ammonia *(as N)*	< 0.1	< 0.189						mg/l	g/d			
f. Flow	VALUE 0.5		VALUE		VALUE			gal/day		VALUE		
g. Temperature *(winter)*	VALUE 13.9		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)*	VALUE N/A		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 8.45	MAXIMUM 8.80	MINIMUM	MAXIMUM				STANDARD UNITS				

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

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	b. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
a. Bromide (24959-67-9)		X	< 0.5	< 0.9						mg/l	g/d			
b. Chlorine, Total Residual	X		0.05	0.0						mg/l	mg/d			
c. Color	X		7.0							units				
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)	X		0.21	0.4						mg/l	g/d			
f. Nitrate-Nitrite *(as N)*	X		0.304	0.6						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	< 0.5	< 0.9						mg/l	mg/d			
h. Oil and Grease		X	< 1.05	< 2.0						mg/l	mg/d			
i. Phosphorus (as P), Total (7723-14-0)	X		0.05	0.1						mg/l	mg/d			
j. Radioactivity														
(1) Alpha, Total	X		0.1	0.2						pCi/l	pCi/d			
(2) Beta, Total	X		6.6	12.5						pCi/l	pCi/d			
(3) Radium, Total	X													
(4) Radium 226, Total	X		0.06	0.1						pCi/l	pCi/d			
k. Sulfate (as SO_4) (14808-79-8)	X		3.16	6.0						mg/l	mg/d			
l. Sulfide (as S)		X		0.0						mg/l	mg/d			
m. Sulfite (as SO_3) (14265-45-3)		X	< 0.05	< 0.1						mg/l	mg/d			
n. Surfactants		X	< 0.1	< 0.2						mg/l	mg/d			
o. Aluminum, Total (7429-90-5)		X	< 0.04	< 0.1						mg/l	mg/d			
p. Barium, Total (7440-39-3)	X		0.03	0.1						mg/l	mg/d			
q. Boron, Total (7440-42-8)	X		0.02	0.0						mg/l	mg/d			
r. Cobalt, Total (7440-48-4)		X	< 0.1	< 0.2						mg/l	mg/d			
s. Iron, Total (7439-89-6)	X		0.41	0.8						mg/l	mg/d			
t. Magnesium, Total (7439-95-4)	X		2.5	4.7						mg/l	mg/d			
u. Molybdenum, Total (7439-98-7)		X	< 0.02	< 0.0						mg/l	mg/d			
v. Manganese, Total (7439-96-5)	X		0.01	0.0						mg/l	mg/d			
w. Tin, Total (7440-31-5)		X	< 0.050	< 0.1						mg/l	mg/d			
x. Titanium, Total (7440-32-6)		X	< 0.004	< 0.00						mg/l	mg/d			

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CONTINUED FROM PAGE 3 OF FORM 2-C

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

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X	< 0.050	< 0.1						mg/l	mg/d			
2M. Arsenic, Total (7440-38-2)		X		0.002	0.00						mg/l	mg/d			
3M. Beryllium, Total, 7440-41-7)			X	< 0.001	< 0.00						mg/l	mg/d			
4M. Cadmium, Total (7440-43-9)			X	< 0.010	< 0.0						mg/l	mg/d			
5M. Chromium, Total (7440-47-3)		X		0.040	0.1						mg/l	mg/d			
6M. Copper, Total (7440-50-8)		X		0.031	0.1						mg/l	mg/d			
7M. Lead, Total (7439-92-1)			X	< 0.050	< 0.1						mg/l	mg/d			
8M. Mercury, Total (7439-97-6)			X	< 0.0002	< 0.000						mg/l	mg/d			
9M. Nickel, Total (7440-02-0)		X		0.06	0.1						mg/l	mg/d			
10M. Selenium, Total (7782-49-2)			X	< 0.001	< 0.00						mg/l	mg/d			
11M. Silver, Total (7440-22-4)			X	< 0.010	< 0.0						mg/l	mg/d			
12M. Thallium, Total (7440-28-0)			X	< 0.4	< 0.8						mg/l	mg/d			
13M. Zinc, Total (7440-66-6)		X		0.043	0.1						mg/l	mg/d			
14M. Cyanide, Total (57-12-5)			X	0.01	0.0						mg/l	mg/d			
15M. Phenols, Total			X	< 0.01	< 0.0						mg/l	mg/d			
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

CONTINUE ON REVERSE

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	< 0.00						mg/l	mg/d			
4V. Bis (Chloromethyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X	< 0.005	< 0.00						mg/l	mg/d			
6V. Carbon Tetrachloride (56-23-5)			X	< 0.005	< 0.00						mg/l	mg/d			
7V. Chlorobenzene (108-90-7)			X	< 0.005	< 0.00						mg/l	mg/d			
8V. Chlorodibromomethane (124-48-1)			X	< 0.005	< 0.00						mg/l	mg/d			
9V. Chloroethane (75-00-3)			X	< 0.010	< 0.0000						mg/l	mg/d			
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X	< 0.005	< 0.00						mg/l	mg/d			
12V. Dichlorobromomethane (75-27-4)			X	< 0.005	< 0.00						mg/l	mg/d			
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X	< 0.005	< 0.00						mg/l	mg/d			
15V. 1,2-Dichloroethane (107-06-2)			X	< 0.005	< 0.00						mg/l	mg/d			
16V. 1,1-Dichloroethylene (75-35-4)			X	< 0.005	< 0.00						mg/l	mg/d			
17V. 1,2-Dichloropropane (78-87-5)			X	< 0.005	< 0.00						mg/l	kg/d			
18V. 1,3-Dichloropropylene (542-75-6)			X	<	< 0.0						mg/l	mg/d			
19V. Ethylbenzene (100-41-4)			X	< 0.005	< 0.00						mg/l	mg/d			
20V. Methyl Bromide (74-83-9)			X	< 0.010	< 0.0						mg/l	mg/d			
21V. Methyl Chloride (74-87-3)			X	< 0.010	< 0.0						mg/l	mg/d			

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Approval expires 7-31-88

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)			X	< 0.005	< 0.00						mg/l	mg/d			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X	< 0.005	< 0.00						mg/l	mg/d			
24V. Tetrachloroethylene (127-18-4)			X	< 0.005	< 0.00						mg/l	mg/d			
25V. Toluene (108-88-3)			X	< 0.005	< 0.00						mg/l	mg/d			
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X	< 0.005	< 0.00						mg/l	mg/d			
27V. 1,1,1-Trichloroethane (71-55-6)			X	< 0.005	< 0.00						mg/l	mg/d			
28V. 1,1,2-Trichloroethane (79-00-5)			X	< 0.005	< 0.00						mg/l	mg/d			
29V. Trichloroethylene (79-01-6)			X	< 0.005	< 0.00						mg/l	mg/d			
30V. Trichlorofluoromethane (75-69-4)			X	< 0.005	< 0.00						mg/l	mg/d			
31V. Vinyl Chloride (75-01-4)			X	< 0.010	< 0.0						mg/l	mg/d			
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X	< 0.010	< 0.0						mg/l	mg/d			
2A. 2,4-Dichlorophenol (120-83-2)			X	< 0.010	< 0.0						mg/l	mg/d			
3A. 2,4-Dimethylphenol (105-67-9)			X	< 0.010	< 0.0						mg/l	mg/d			
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X	< 0.010	< 0.0						mg/l	mg/d			
5A. 2,4-Dinitrophenol (51-28-5)			X	< 0.010	< 0.0						mg/l	mg/d			
6A. 2-Nitrophenol (88-75-5)			X	< 0.010	< 0.0						mg/l	mg/d			
7A. 4-Nitrophenol (100-02-7)			X	< 0.010	< 0.0						mg/l	mg/d			
8A. P-Chloro-M-Cresol (59-50-7)			X	< 0.010	< 0.0						mg/l	mg/d			
9A. Pentachlorophenol (87-86-5)			X	< 0.010	< 0.0						mg/l	mg/d			
10A. Phenol (108-95-2)			X	< 0.010	< 0.0						mg/l	mg/d			
11A. 2,4,6-Trichlorophenol (88-06-2)			X	< 0.010	< 0.0						mg/l	mg/d			

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

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

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

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
43B. N-Nitrosodiphenylamine (86-30-6)			X	< 0.010	< 0.0						mg/l	mg/d			
44B. Phenanthrene (85-01-8)			X	< 0.010	< 0.0						mg/l	mg/d			
45B. Pyrene (129-00-0)			X	< 0.010	< 0.0						mg/l	mg/d			
46B. 1,2,4 - Trichlorobenzene (120-82-1)			X	< 0.010	< 0.0						mg/l	mg/d			
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X	< 0.06	< 0.1						ug/l	ug/d			
2P. α-BHC (319-84-6)			X	< 0.02	< 0.0						ug/l	ug/d			
3P. β-BHC (319-85-7)			X	< 0.1	< 0.2						ug/l	ug/d			
4P. γ-BHC (58-89-9)			X	< 0.03	< 0.1						ug/l	ug/d			
5P. δ-BHC (319-86-8)			X	< 0.12	< 0.2						ug/l	ug/d			
6P. Chlordane (57-74-9)			X	< 0.25	< 0.5						ug/l	ug/d			
7P. 4,4'-DDT (50-29-3)			X	< 0.06	< 0.1						ug/l	ug/d			
8P. 4,4'-DDE (72-55-9)			X	< 0.08	< 0.2						ug/l	ug/d			
9P. 4,4'-DDD (72-54-8)			X	< 0.08	< 0.2						ug/l	ug/d			
10P. Dieldrin (60-57-1)			X	< 0.08	< 0.2						ug/l	ug/d			
11P. α-Endosulfan (115-29-7)			X	< 0.05	< 0.1						ug/l	ug/d			
12P. β-Endosulfan (115-29-7)			X	< 0.08	< 0.2						ug/l	ug/d			
13P. Endosulfan Sulfate (1031-07-8)			X	< 0.09	< 0.2						ug/l	ug/d			
14P. Endrin (72-20-8)			X	< 0.06	< 0.1						ug/l	ug/d			
15P. Endrin Aldehyde (7421-93-4)			X	< 0.62	< 1.2						ug/l	ug/d			
16P. Heptachlor (76-44-8)			X	< 0.3	< 0.6						ug/l	ug/d			

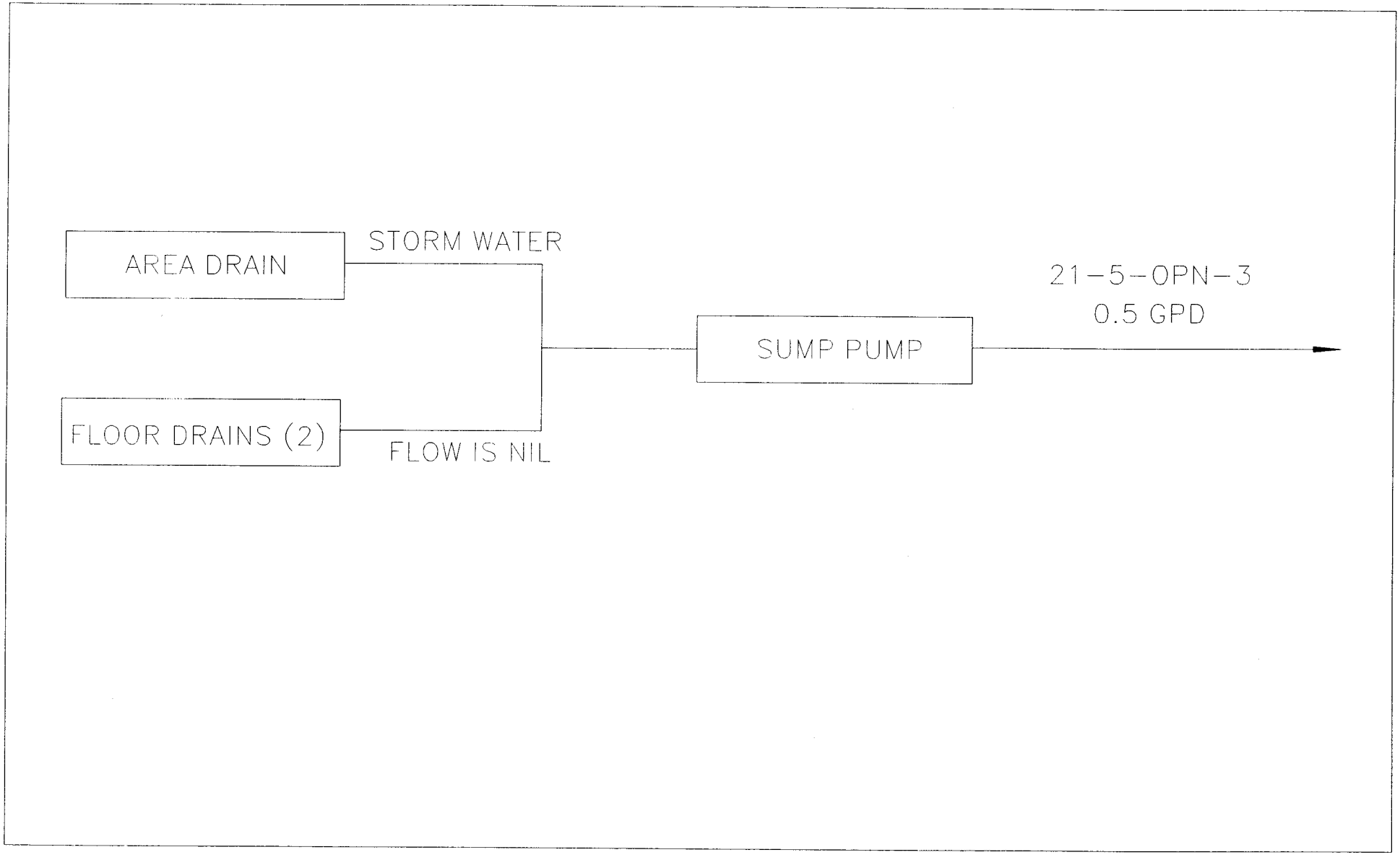
CONTINUE ON PAGE V-9

CONTINUED FROM PAGE V-8

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

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	< 0.04	< 0.1						ug/l	ug/d			
18P. PCB-1242 (53469-21-9)			X	< 0.68	< 1.3						ug/l	ug/d			
19P. PCB-1254 (11097-69-1)			X	< 0.68	< 1.3						ug/l	ug/d			
20P. PCB-1221 (11104-28-2)			X	N.D.											
21P. PCB-1232 (11141-16-5)			X	N.D.											
22P. PCB-1248 (12672-29-6)			X	N.D.											
23P. PCB-1260 (11096-82-5)			X	< 0.68	< 1.3						ug/l	ug/d			
24P. PCB-1016 (12674-11-2)			X	N.D.											
25P. Toxaphene (8001-35-2)			X	< 2.5	< 4.7						ug/l	ug/d			


AREA DRAIN
STORM WATER
FLOOR DRAINS (2)
FLOW IS NIL
SUMP PUMP
21-5-OPN-3
0.5 GPD

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 Deg	Latitude Min	Latitude Sec	Longitude Deg	Longitude Min	Longitude Sec	Receiving Water (name)
21-315-OPN-3	35	52	32	106	16	35	Tributary to Los Alamos Canyon, an ephemeral tributary
							to the Rio Grande

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

Active discharge noted during waste stream characterization.

III. Flows, Sources of Pollution, and Treatment Technologies

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

Outfall Number	1. Operations Contributing Flow (list)	2. Average Flow (include units)	3. Treatment (Description or List Codes from Table 2D-1)
21-315-OPN-3	Air Washer	50 GPD	None
	Floor drains (3)	Flow is nil	None

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

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

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

Outfall Number	1. Frequency		2. Flow		
	a. Days Per Week *(specify average)*	b. Months Per Year *(specify average)*	a. Maximum Daily Flow Rate *(in mgd)*	b. Maximum Total Volume *(specify with units)*	c. Duration *(in days)*
21-315-OPN-3	7	6	.0001	100 GPD	180 d/yr

IV. Production

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

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

CONTINUE ON NEXT PAGE

CONTINUED FROM THE FRONT	EPA ID Number *(copy from Item 1 of Form 1)* NM0890010515	Outfall Number 21-315-OPN-3

V. Effluent Characteristics

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

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

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

1. Pollutant	2. Maximum Daily Value *(include units)*	3. Average Daily Value *(include units)*	4. Source *(see instructions)*
See attached 03A datasheets			Data from similar plants

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 Waste Stream Characterization Report #78

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
Discharge is consistent with 03A category outfalls, NPDES permit # NM0028355	Los Alamos National Laboratory, Los Alamos, New Mexico

CONTINUE ON NEXT PAGE

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

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

See attached 03A datasheets and flow diagram.

VIII. Certification

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

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

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

Data from worst case composite.

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

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

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

OUTFALL NO. 03A

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

1. POLLUTANT	2. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (2) MASS	d. NO. OF ANALYSES	3. UNITS (specify if blank) a. CONCENTRATION	b. MASS	4. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand *(BOD)*	2.0	0.8						mg/l	g/d			
b. Chemical Oxygen Demand *(COD)*	42.0	15.9						mg/l	g/d			
c. Total Organic Carbon *(TOC)*	7.4	2.8						mg/l	g/d			
d. Total Suspended Solids *(TSS)*	7.0	2.6						mg/l	g/d			
e. Ammonia *(as N)*	< .01	< 3.785						mg/l	mg/d			
f. Flow	VALUE 100		VALUE		VALUE			gal/day		VALUE		
g. Temperature *(winter)*	VALUE 36.9 C		VALUE		VALUE			°C		VALUE		
h. Temperature *(summer)*	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM 6.8	MAXIMUM 8.8	MINIMUM 6.0	MAXIMUM 9.0				STANDARD UNITS				

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

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X' a. BELIEVED PRESENT	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		3.24	1.2						mg/l	g/d			
b. Chlorine, Total Residual		X	0.0	0.0						mg/l	mg/d			
c. Color	X		10							units				
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)	X		0.52	0.2						mg/l	g/d			
f. Nitrate-Nitrite *(as N)*	X		1.13	0.4						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		2.3	0.9						mg/l	g/d			
h. Oil and Grease		X	< 1.2	< 0.5						mg/l	g/d			
i. Phosphorus (as P), Total (7723-14-0)	X		.306	0.1						mg/l	g/d			
j. Radioactivity														
(1) Alpha, Total	X		14	5.3						pCi/l	nCi/d			
(2) Beta, Total	X		6.6	2.5						pCi/l	nCi/d			
(3) Radium, Total	X													
(4) Radium 226, Total	X		0.07	26.5						pCi/l	nCi/d			
k. Sulfate (as SO_4) (14808-79-8)	X		143	54.1						mg/l	g/d			
l. Sulfide (as S)	X		70.2	26.6						mg/l	g/d			
m. Sulfite (as SO_3) (14265-45-3)	X		18.8	7.1						mg/l	g/d			
n. Surfactants	X		0.11	41.6						mg/l	mg/d			
o. Aluminum, Total (7429-90-5)	X		0.06	22.7						mg/l	mg/d			
p. Barium, Total (7440-39-3)	X		0.11	41.6						mg/l	mg/d			
q. Boron, Total (7440-42-8)	X		0.33	0.1						mg/l	g/d			
r. Cobalt, Total (7440-48-4)		X	0.07	26.5						mg/l	mg/d			
s. Iron, Total (7439-89-6)	X		1.1	0.4						mg/l	g/d			
t. Magnesium, Total (7439-95-4)	X		5.8	2.2						mg/l	g/d			
u. Molybdenum, Total (7439-98-7)	X		1.7	0.6						mg/l	g/d			
v. Manganese, Total (7439-96-5)	X		0.05	18.9						mg/l	mg/d			
w. Tin, Total (7440-31-5)		X	< 0.050	< 18.9						mg/l	mg/d			
x. Titanium, Total (7440-32-6)		X	< 0.004	< 1.5						mg/l	mg/d			

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CONTINUED FROM PAGE 3 OF FORM 2-C

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

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X'			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE (1) CONCENTRATION	a. MAXIMUM DAILY VALUE (2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	b. MAXIMUM 30 DAY VALUE (if available) (2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	c. LONG TERM AVRG. VALUE (if available) (2) MASS	d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	a. LONG TERM AVERAGE VALUE (2) MASS	b. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X	< 0.050	< 18.9						mg/l	mg/d			
2M. Arsenic, Total (7440-38-2)		X		0.04	15.1						mg/l	mg/d			
3M. Beryllium, Total, 7440-41-7)			X	< 0.1	< 37.9						mg/l	mg/d			
4M. Cadmium, Total (7440-43-9)		X		.004	1.5						mg/l	mg/d			
5M. Chromium, Total (7440-47-3)		X		.260	98.4						mg/l	mg/d			
6M. Copper, Total (7440-50-8)		X		0.1	37.9						mg/l	mg/d			
7M. Lead, Total (7439-92-1)		X		.050	18.9						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		.28	0.1						mg/l	g/d			
10M. Selenium, Total (7782-49-2)			X	< .001	< 0.4						mg/l	mg/d			
11M. Silver, Total (7440-22-4)			X	< 0.01	< 3.8						mg/l	mg/d			
12M. Thallium, Total (7440-28-0)		X		0.51	0.2						mg/l	g/d			
13M. Zinc, Total (7440-66-6)		X		.071	26.9						mg/l	mg/d			
14M. Cyanide, Total (57-12-5)		X		.033	12.5						mg/l	mg/d			
15M. Phenols, Total			X	< .01	< 3.8						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'			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	< 1.9						mg/l	mg/d			
4V. Bis (Chloromethyl) Ether (542-88-1)			X												
5V. Bromoform (75-25-2)			X	< 0.005	< 1.9						mg/l	mg/d			
6V. Carbon Tetrachloride (56-23-5)			X	< 0.005	< 1.9						mg/l	mg/d			
7V. Chlorobenzene (108-90-7)			X	< 0.005	< 1.9						mg/l	mg/d			
8V. Chlorodibromomethane (124-48-1)			X	< 0.005	< 1.9						mg/l	mg/d			
9V. Chloroethane (75-00-3)			X	< 0.010	< 0.00						mg/l	mg/d			
10V. 2-Chloroethylvinyl Ether (110-75-8)			X												
11V. Chloroform (67-66-3)			X	< 0.005	< 1.9						mg/l	mg/d			
12V. Dichlorobromomethane (75-27-4)			X	< 0.005	< 1.9						mg/l	mg/d			
13V. Dichlorodifluoromethane (75-71-8)			X												
14V. 1,1-Dichloroethane (75-34-3)			X	< 0.005	< 1.9						mg/l	mg/d			
15V. 1,2-Dichloroethane (107-06-2)			X	< 0.005	< 1.9						mg/l	mg/d			
16V. 1,1-Dichloroethylene (75-35-4)			X	< 0.005	< 1.9						mg/l	mg/d			
17V. 1,2-Dichloropropane (78-87-5)			X	< 0.005	< 1.9						mg/l	kg/d			
18V. 1,3-Dichloropropylene (542-75-6)			X	< 0.005	< 1.9						mg/l	mg/d			
19V. Ethylbenzene (100-41-4)			X	< 0.005	< 1.9	X					mg/l	mg/d			
20V. Methyl Bromide (74-83-9)			X	< 0.010	< 3.8						mg/l	mg/d			
21V. Methyl Chloride (74-87-3)			X	< 0.010	< 3.8						mg/l	mg/d			

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1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – VOLATILE COMPOUNDS *(continued)*															
22V. Methylene Chloride (75-09-2)			X	< 0.005	< 1.9						mg/l	mg/d			
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X	< 0.005	< 1.9						mg/l	mg/d			
24V. Tetrachloroethylene (127-18-4)			X	< 0.005	< 1.9						mg/l	mg/d			
25V. Toluene (108-88-3)			X	< 0.005	< 1.9						mg/l	mg/d			
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X	< 0.005	< 1.9						mg/l	mg/d			
27V. 1,1,1-Trichloroethane (71-55-6)			X	< 0.005	< 1.9						mg/l	mg/d			
28V. 1,1,2-Trichloroethane (79-00-5)			X	< 0.005	< 1.9						mg/l	mg/d			
29V. Trichloroethylene (79-01-6)			X	< 0.005	< 1.9						mg/l	mg/d			
30V. Trichlorofluoromethane (75-69-4)			X	< 0.005	< 1.9						mg/l	mg/d			
31V. Vinyl Chloride (75-01-4)			X	< 0.010	< 3.8						mg/l	mg/d			
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X	< 0.010	< 3.8						mg/l	mg/d			
2A. 2,4-Dichlorophenol (120-83-2)			X	< 0.010	< 3.8						mg/l	mg/d			
3A. 2,4-Dimethylphenol (105-67-9)			X	< 0.010	< 3.8						mg/l	mg/d			
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X	< 0.010	< 3.8						mg/l	mg/d			
5A. 2,4-Dinitrophenol (51-28-5)			X	< 0.010	< 3.8						mg/l	mg/d			
6A. 2-Nitrophenol (88-75-5)			X	< 0.010	< 3.8						mg/l	mg/d			
7A. 4-Nitrophenol (100-02-7)			X	< 0.010	< 3.8						mg/l	mg/d			
8A. P-Chloro-M-Cresol (59-50-7)			X	< 0.010	< 3.8						mg/l	mg/d			
9A. Pentachlorophenol (87-86-5)			X	< 0.010	< 3.8						mg/l	mg/d			
10A. Phenol (108-95-2)			X	< 0.010	< 3.8						mg/l	mg/d			
11A. 2,4,6-Trichlorophenol (88-06-2)			X	< 0.010	< 3.8						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	< 3.8						mg/l	mg/d			
2B. Acenaphtylene (208-96-8)			X	< 0.010	< 3.8						mg/l	mg/d			
3B. Anthracene (120-12-7)			X	< 0.010	< 3.8						mg/l	mg/d			
4B. Benzidine (92-87-5)			X	< 0.010	< 3.8						mg/l	mg/d			
5B. Benzo *(a)* Anthracene (56-55-3)			X	< 0.010	< 3.8						mg/l	mg/d			
6B. Benzo *(a)* Pyrene (50-32-8)			X	< 0.010	< 3.8						mg/l	mg/d			
7B. 3,4-Benzo-fluoranthene (205-99-2)			X	< 0.010	< 3.8						mg/l	mg/d			
8B. Benzo *(ghi)* Perylene (191-24-2)			X	< 0.010	< 3.8						mg/l	mg/d			
9B. Benzo *(k)* Fluoranthene (207-08-9)			X	< 0.010	< 3.8						mg/l	mg/d			
10B. Bis *(2-Chloro-ethoxy)* Methane (111-91-1)			X	< 0.010	< 3.8						mg/l	mg/d			
11B. Bis *(2-Chloro-ethyl)* Ether (111-44-4)			X	< 0.010	< 3.8						mg/l	mg/d			
12B. Bis *(2-Chloroiso-propyl)* Ether (102-60-1)			X	< 0.010	< 3.8						mg/l	mg/d			
13B. Bis *(2-Ethyl-hexyl)* Phthalate (117-81-7)			X	< 0.010	< 3.8						mg/l	mg/d			
14B. 4-Bromo-phenyl Phenyl Ether (101-55-3)			X	< 0.010	< 3.8						mg/l	mg/d			
15B. Butyl Benzyl Phthalate (85-68-7)			X	< 0.010	< 3.8						mg/l	mg/d			
16B. 2-Chloro-naphthalene (91-58-7)			X	< 0.010	< 3.8						mg/l	mg/d			
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)			X	< 0.010	< 3.8						mg/l	mg/d			
18B. Chrysene (218-01-9)			X	< 0.010	< 3.8						mg/l	mg/d			
19B. Dibenzo *(a,h)* Anthracene (53-70-3)			X	< 0.010	< 3.8						mg/l	mg/d			
20B. 1,2-Dichloro-benzene (95-50-1)			X	< 0.010	< 3.8						mg/l	mg/d			
21B. 1,3-Dichloro-benzene (541-73-1)			X	< 0.010	< 3.8						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	03A

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

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK 'X' a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	3. EFFLUENT a. MAXIMUM DAILY VALUE (1) CONCENTRATION	(2) MASS	b. MAXIMUM 30 DAY VALUE (if available) (1) CONCENTRATION	(2) MASS	c. LONG TERM AVRG. VALUE (if available) (1) CONCENTRATION	(2) MASS	d. NO. OF ANALYSES	4. UNITS a. CONCENTRATION	b. MASS	5. INTAKE (optional) a. LONG TERM AVERAGE VALUE (1) CONCENTRATION	(2) MASS	b. NO. OF ANALYSES
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS *(continued)*															
22B. 1,4-Dichlorobenzene (106-46-7)			X	< 0.010	< 3.8						mg/l	mg/d			
23B. 3,3'-Dichlorobenzidine (91-94-1)			X	< 0.010	< 3.8						mg/l	mg/d			
24B. Diethyl Phthalate (84-66-2)			X	< 0.010	< 3.8						mg/l	mg/d			
25B. Dimethyl Phthalate (131-11-3)			X	< 0.010	< 3.8						mg/l	mg/d			
26B. Di-N-Butyl Phthalate (84-74-2)			X	< 0.010	< 3.8						mg/l	mg/d			
27B. 2,4-Dinitrotoluene (121-14-2)			X	< 0.010	< 3.8						mg/l	mg/d			
28B. 2,6-Dinitrotoluene (606-20-2)			X	< 0.010	< 3.8						mg/l	mg/d			
29B. Di-N-Octyl Phthalate (117-84-0)			X	< 0.010	< 3.8						mg/l	mg/d			
30B. 1,2-Diphenylhydrazine *(as Azobenzene)* (122-66-7)			X	< 0.010	< 3.8						mg/l	mg/d			
31B. Fluoranthene (206-44-0)			X	< 0.010	< 3.8						mg/l	mg/d			
32B. Fluorene (86-73-7)			X	< 0.010	< 3.8						mg/l	mg/d			
33B. Hexachlorobenzene (118-74-1)			X	< 0.010	< 3.8						mg/l	mg/d			
34B. Hexachlorobutadiene (87-68-3)			X	< 0.010	< 3.8						mg/l	mg/d			
35B. Hexachlorocyclopentadiene (77-47-4)			X	< 0.010	< 3.8						mg/l	mg/d			
36B. Hexachloroethane (67-72-1)			X	< 0.010	< 3.8						mg/l	mg/d			
37B. Indeno *(1,2,3-cd)* Pyrene (193-39-5)			X	< 0.010	< 3.8						mg/l	mg/d			
38B. Isophorone (78-59-1)			X	< 0.010	< 3.8						mg/l	mg/d			
39B. Naphthalene (91-20-3)			X	< 0.010	< 3.8						mg/l	mg/d			
40B. Nitrobenzene (98-95-3)			X	< 0.010	< 3.8						mg/l	mg/d			
41B. N-Nitrosodimethylamine (62-75-9)			X	< 0.010	< 3.8						mg/l	mg/d			
42B. N-Nitrosodi-N-Propylamine (621-64-7)			X	< 0.010	< 3.8						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	< 3.8						mg/l	mg/d			
44B. Phenanthrene (85-01-8)			X	< 0.010	< 3.8						mg/l	mg/d			
45B. Pyrene (129-00-0)			X	< 0.010	< 3.8						mg/l	mg/d			
46B. 1,2,4-Trichlorobenzene (120-82-1)			X	< 0.010	< 3.8						mg/l	mg/d			
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X	< 0.06	< 22.7						ug/l	ug/d			
2P. α-BHC (319-84-6)			X	< 0.04	< 15.1						ug/l	ug/d			
3P. β-BHC (319-85-7)			X	< 0.1	< 37.9						ug/l	ug/d			
4P. γ-BHC (58-89-9)			X	< 0.03	< 11.4						ug/l	ug/d			
5P. δ-BHC (319-86-8)			X	< 0.12	< 45.4						ug/l	ug/d			
6P. Chlordane (57-74-9)			X	< 0.25	< 94.6						ug/l	ug/d			
7P. 4,4'-DDT (50-29-3)			X	< 0.06	< 22.7						ug/l	ug/d			
8P. 4,4'-DDE (72-55-9)			X	< 0.08	< 30.3						ug/l	ug/d			
9P. 4,4'-DDD (72-54-8)			X	< 0.08	< 30.3						ug/l	ug/d			
10P. Dieldrin (60-57-1)			X	< 0.08	< 30.3						ug/l	ug/d			
11P. α-Endosulfan (115-29-7)			X	< 0.05	< 18.9						ug/l	ug/d			
12P. β-Endosulfan (115-29-7)			X	< 0.08	< 30.3						ug/l	ug/d			
13P. Endosulfan Sulfate (1031-07-8)			X	< 0.09	< 34.1						ug/l	ug/d			
14P. Endrin (72-20-8)			X	< 0.06	< 22.7						ug/l	ug/d			
15P. Endrin Aldehyde (7421-93-4)			X	< 0.62	< 0.2						ug/l	mg/d			
16P. Heptachlor (76-44-8)			X	< 0.03	< 11.4						ug/l	ug/d			

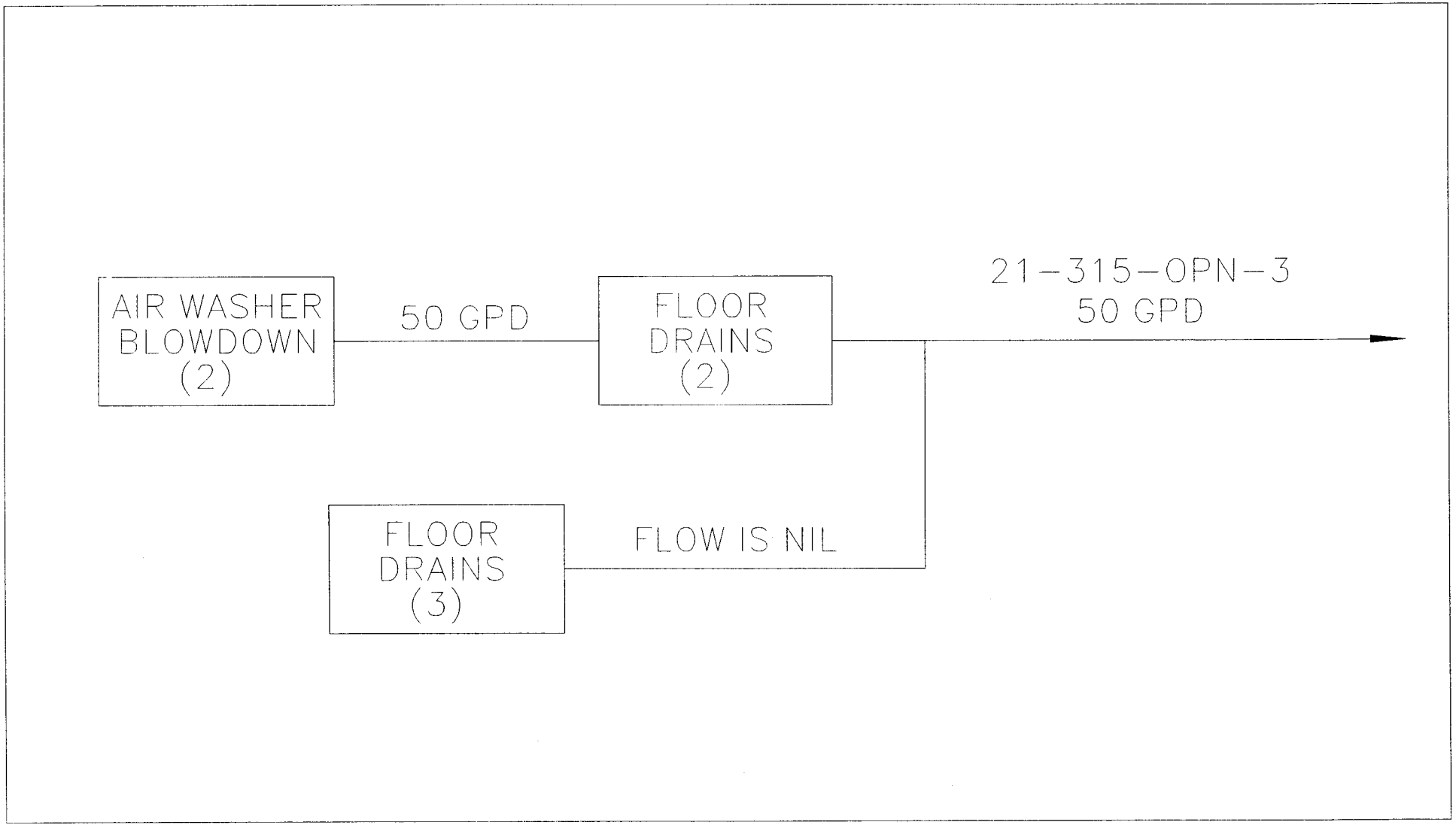
CONTINUE ON PAGE V-9

CONTINUED FROM PAGE V-8

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

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/d			
18P. PCB-1242 (53469-21-9)			X	< 0.71	< 0.3						ug/l	mg/d			
19P. PCB-1254 (11097-69-1)			X	< 0.71	< 0.3						ug/l	mg/d			
20P. PCB-1221 (11104-28-2)			X	N.D.											
21P. PCB-1232 (11141-16-5)			X	N.D.											
22P. PCB-1248 (12672-29-6)			X	N.D.											
23P. PCB-1260 (11096-82-5)			X	< 0.71	< 0.3						ug/l	mg/d			
24P. PCB-1016 (12674-11-2)			X	N.D.											
25P. Toxaphene (8001-35-2)			X	< 2.5	< 0.9						ug/l	mg/d			

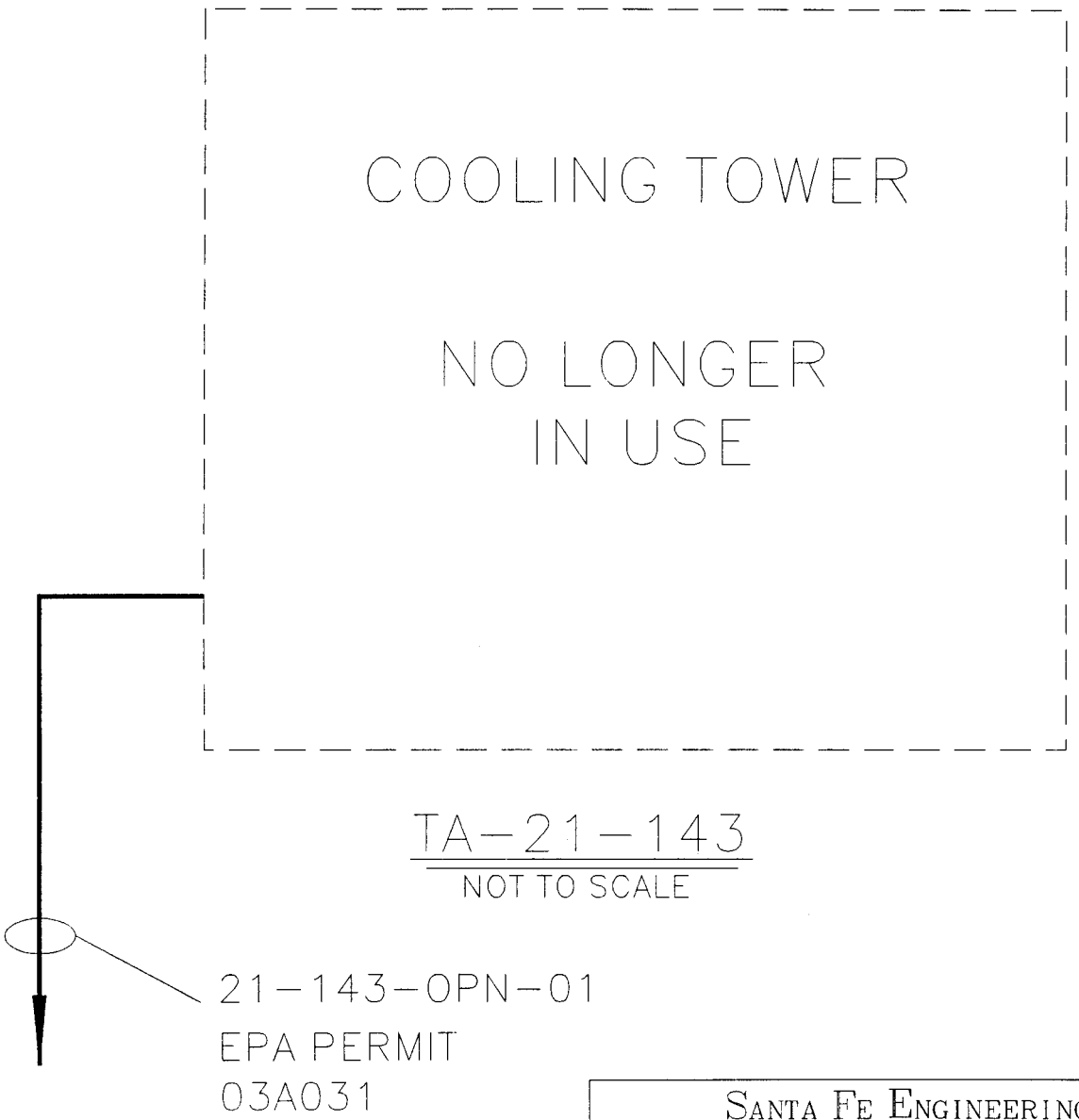

AIR WASHER BLOWDOWN (2)
50 GPD
FLOOR DRAINS (2)
21-315-OPN-3
50 GPD
FLOOR DRAINS (3)
FLOW IS NIL

DYE STUDY INFORMATION

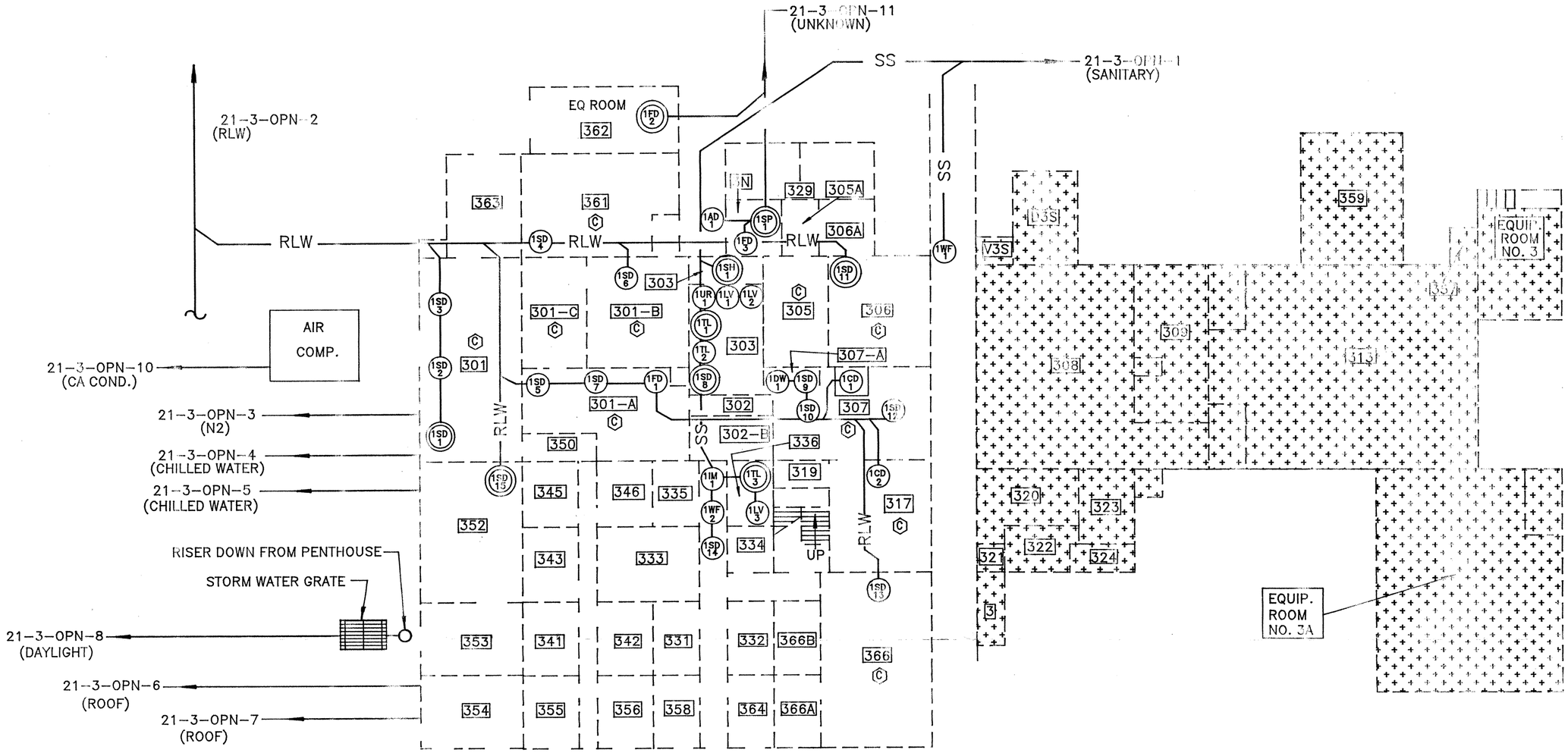
BUILDING NUMBER	DRAIN NUMBER	DID DYE REACH EXPECTED DESTINATION?	COMMENTS
21-3	1FD02	NO	UNABLE TO LOCATE OUTFALL
21-3	1SD01	YES	RLW TESTED BY ABSENCE OF DYE IN SS OR DAYLIGHT OUTFALL
21-3	1SD08	YES	21-3-OPN-1 SANITARY
21-3	1SD11	YES	RLW TESTED BY ABSENCE OF DYE IN SS OR DAYLIGHT OUTFALL
21-3	1SD15	YES	RLW TESTED BY ABSENCE OF DYE IN SS OR DAYLIGHT OUTFALL
21-3	1SP01	NO	UNABLE TO LOCATE OUTFALL
21-3	1SH01	YES	21-3-OPN-1 SANITARY
21-3	1TL01	YES	21-3-OPN-1 SANITARY
21-3	1TL03	YES	21-3-OPN-1 SANITARY
21-3	2SD01	YES	RLW TESTED BY ABSENCE OF DYE IN SS OR DAYLIGHT OUTFALL
21-3	2UR01	YES	21-3-OPN-1 SANITARY
21-3	PFD01	YES	21-3-OPN-8 DAYLIGHT
21-3	RD03	YES	21-3-OPN-8 DAYLIGHT
21-4	1SD05	YES	21-4-OPN-1 RLW
21-4	1TL01	NO	SUSPECTED BREAK IN SANITARY LINE
21-5	BFD01	YES	21-5-OPN-2 DAYLIGHT
21-149	1FD01	YES	21-149-OPN-2 DAYLIGHT
21-149	PFD05	YES	21-149-OPN-2 DAYLIGHT
21-149	1TL03	YES	21-149-OPN-1 SANITARY
21-150	1SD02	YES	RLW TESTED BY ABSENCE OF DYE IN SS OR DAYLIGHT OUTFALL
21-150	1SD12	YES	RLW TESTED BY ABSENCE OF DYE IN SS OR DAYLIGHT OUTFALL
21-150	1SD14	YES	RLW TESTED BY ABSENCE OF DYE IN SS OR DAYLIGHT OUTFALL
21-150	1TL01	YES	21-150-OPN-1 SANITARY
21-150	AD02	YES	21-150-OPN-3 DAYLIGHT
21-150	BED01	YES	21-150-OPN-3 DAYLIGHT
21-150	RD1	YES	21-150-OPN-3 DAYLIGHT
21-313	1FD04	NO	UNABLE TO LOCATE OUTFALL
21-313	1TL02	YES	21-313-OPN-1 SANITARY
21-314	1FD02	YES	21-314-OPN-1 DAYLIGHT
21-315	1FD01	YES	21-315-OPN-3 DAYLIGHT

DYE STUDY INFORMATION

BUILDING NUMBER	DRAIN NUMBER	DID DYE REACH EXPECTED DESTINATION?	COMMENTS
21-315	1TL01	NO	SUSPECTED BREAK IN SANITARY LINE
21-315	1SH01	YES	21-315-OPN-02 RLW
21-361	1TL01	YES	21-361-OPN-1 SANITARY
21-361	1TL02	YES	21-361-OPN-1 SANITARY



SANTA FE ENGINEERING, LTD.			
TA-21-143 DRAIN SCHEMATIC		DRAWN	DTK
		DESIGN	DTK
		CHECKED	SCD
		RELEASED	
		DATE	11/15/93
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	11056-78	FIGURE 7	

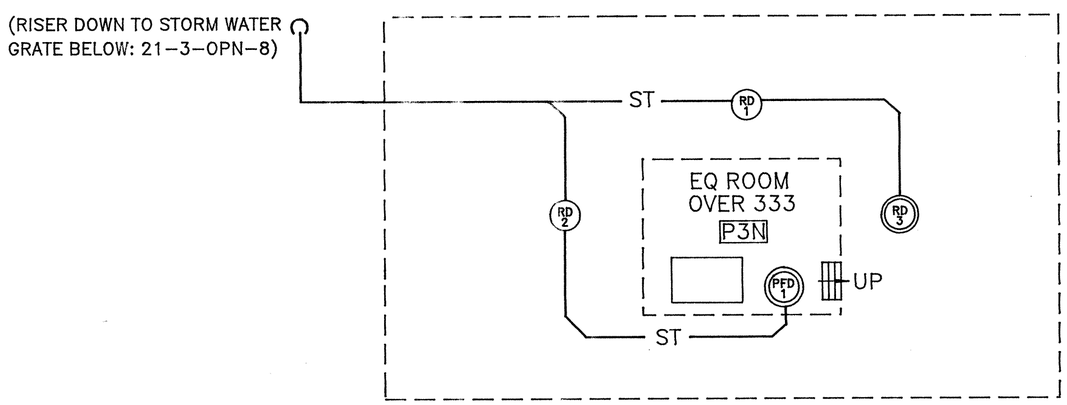


FIRST FLOOR PLAN

— NOT TO SCALE —

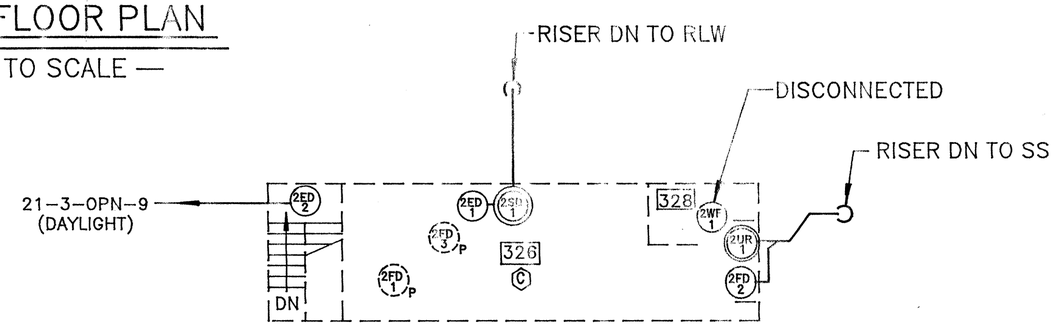
SYMBOL LEGEND	
FD	FLOOR DRAIN
TD	TRENCH DRAIN
SD	SINK DRAIN
RD	ROOF DRAIN
ED	EQUIPMENT DRAIN
TL	TOILET
LV	LAVATORY
UR	URINAL
SH	SHOWER
WF	WATER FOUNTAIN
SP	SUMP PIT W/PUMP
DW	DISH WASHER
SS	SANITARY SEWER
RLW	RAD LIQUID WASTE
ST	STORM DRAIN
	DYE TESTED DRAIN
C	CONTROLLED AREA
P	PLUGGED DRAIN

DESIGNATES A CONTAMINATED AREA: NO ACCESS



PARTIAL ROOF/PENTHOUSE PLAN

— NOT TO SCALE —



SECOND FLOOR PLAN

— NOT TO SCALE —

15357-A

SANTA FE ENGINEERING, LTD.

TA-21-3
DRAIN SCHEMATICS

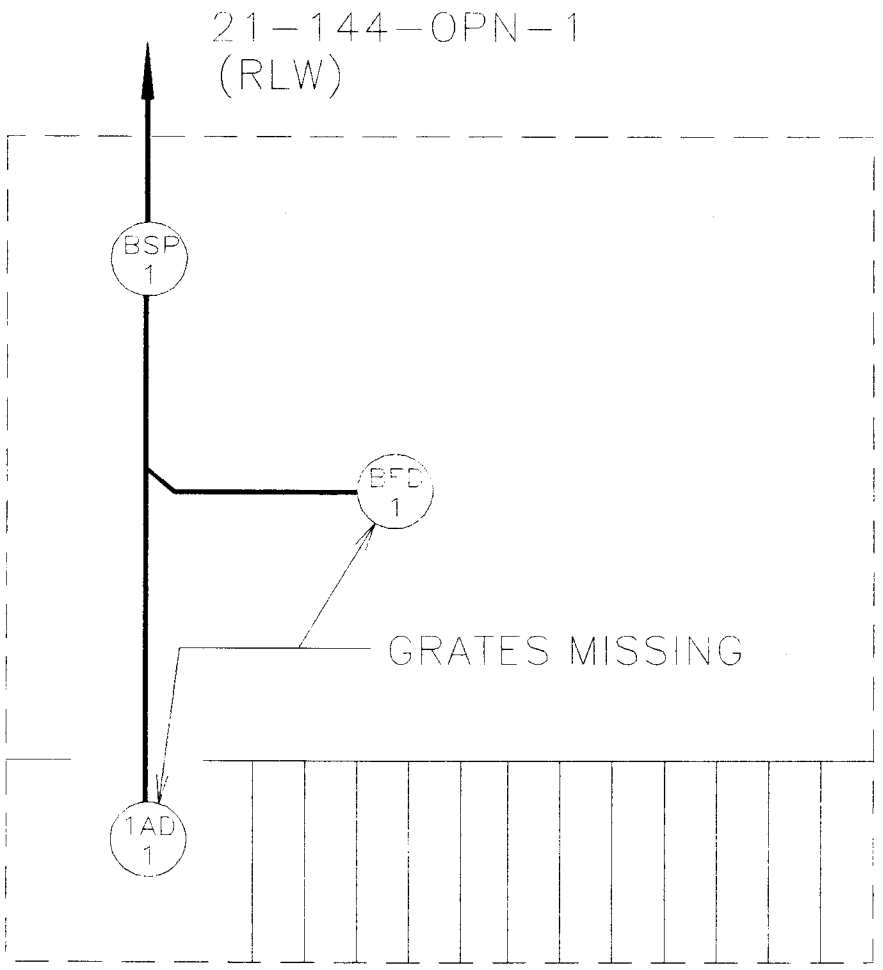
DRAWN	DTK
DESIGN	DTK
CHECKED	SCD
DATE	11/15/93

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	11056-78	FIGURE 2	



SYMBOL LEGEND	
AD	AREA DRAIN
FD	FLOOR DRAIN
SP	SUMP PUMP
RLW	RAD LIQUID WASTE

SANTA FE ENGINEERING, LTD.

TA-21-144 DRAIN SCHEMATIC

DRAWN	D.A.H.
DESIGN	D.T.K.
CHECKED	S.C.D.
RELEASED	
DATE	11/15/93

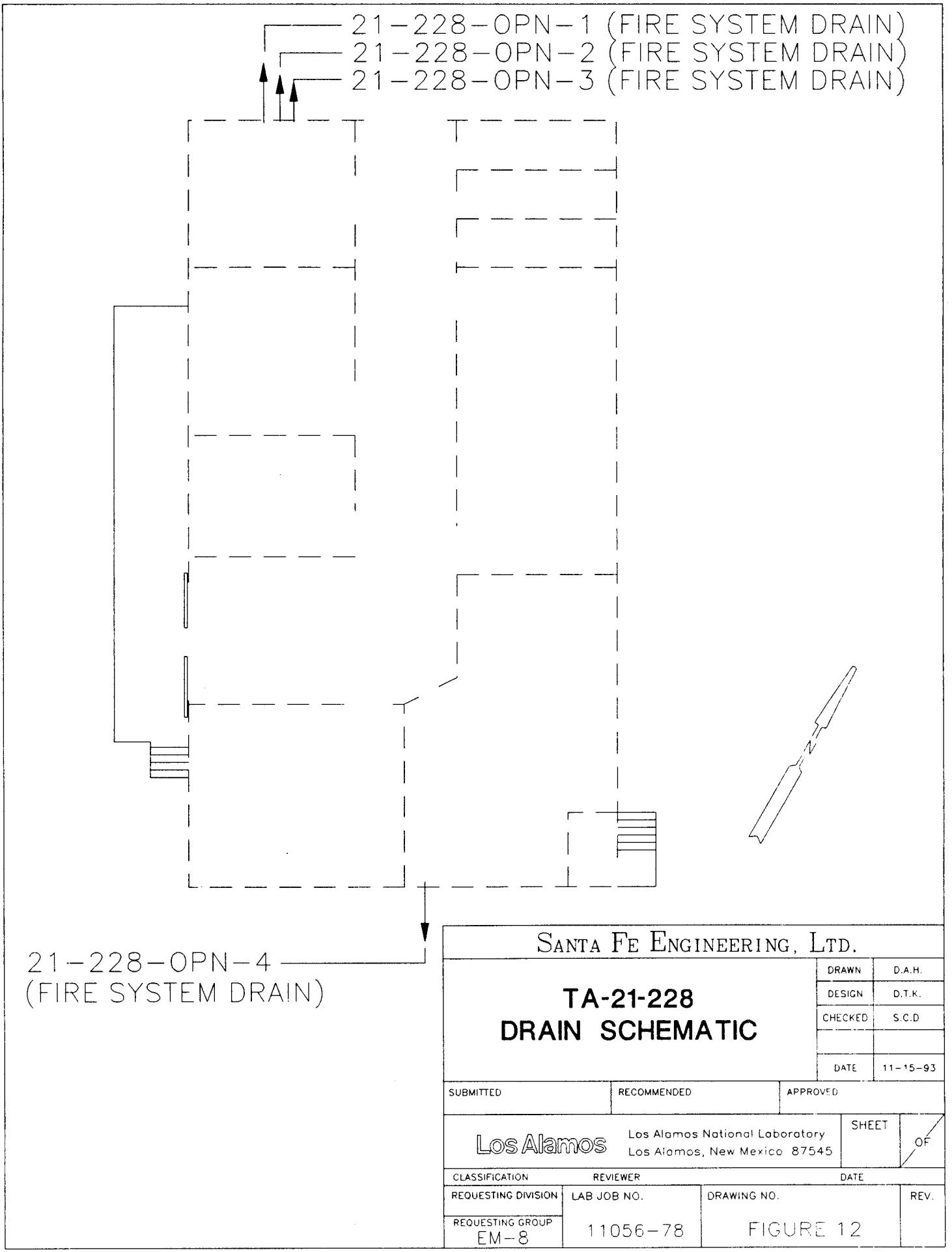
SUBMITTED | RECOMMENDED | APPROVED

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	11056-78	FIGURE 8	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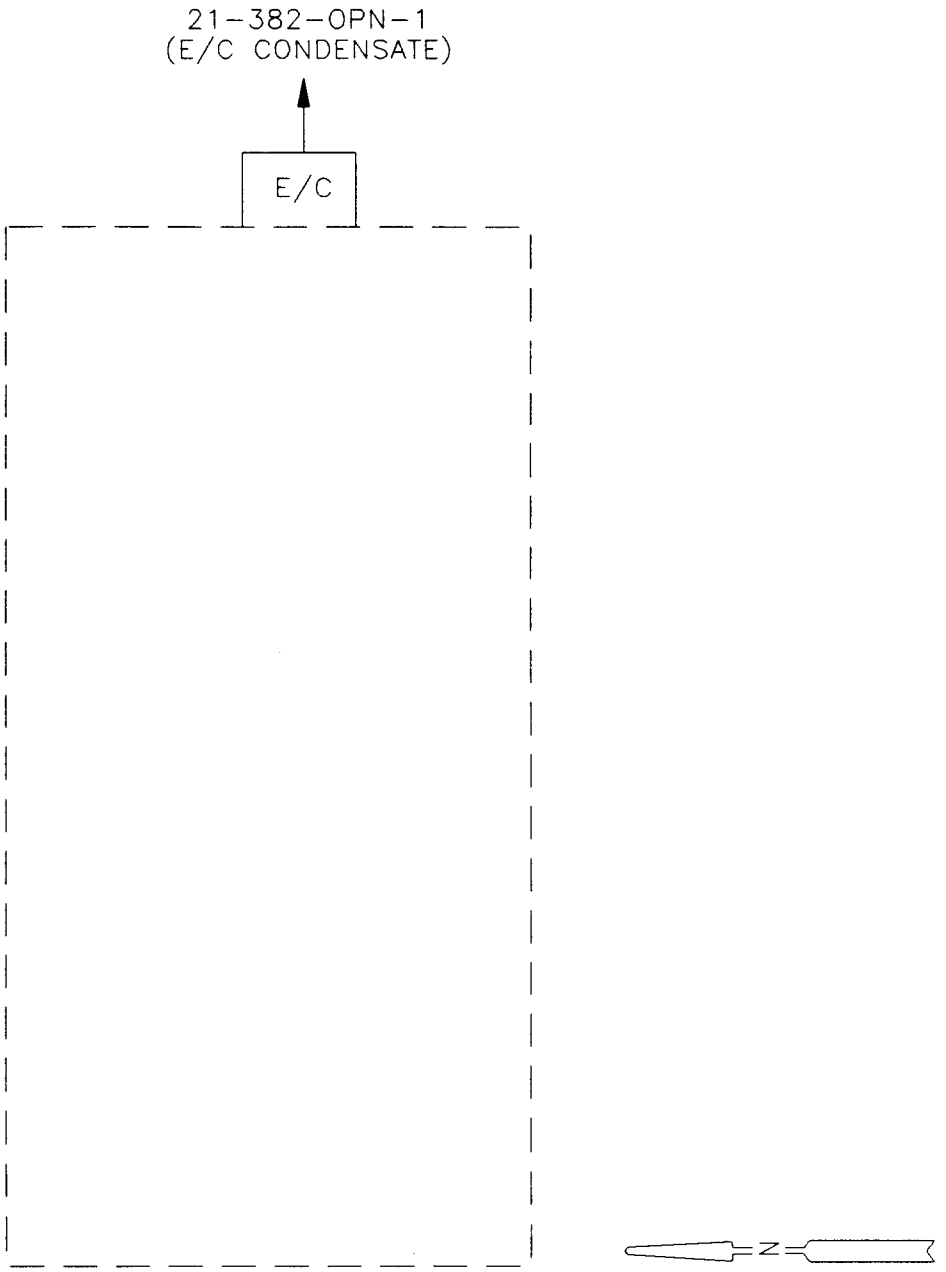
21-228-OPN-2 (FIRE SYSTEM DRAIN)
21-228-OPN-3 (FIRE SYSTEM DRAIN)
21-228-OPN-4
(FIRE SYSTEM DRAIN)
SANTA FE ENGINEERING, LTD.
TA-21-228
DRAIN SCHEMATIC
DRAWN D.A.H.
DESIGN D.T.K.
CHECKED S.C.D
DATE 11-15-93
SUBMITTED
RECOMMENDED
APPROVED
Los Alamos
Los Alamos National Laboratory
Los Alamos, New Mexico 87545
SHEET
OF
CLASSIFICATION
REVIEWER
DATE
REQUESTING DIVISION
LAB JOB NO.
DRAWING NO.
REV.
REQUESTING GROUP
EM-8
11056-78
FIGURE 12



SYMBOL LEGEND	
E/C	EVPORATIVE COOLER

SANTA FE ENGINEERING, LTD.

TA-21-382
DRAIN SCHEMATIC

DRAWN	D.A.H.
DESIGN	D.T.K.
CHECKED	S.C.D.
DATE	11-15-93

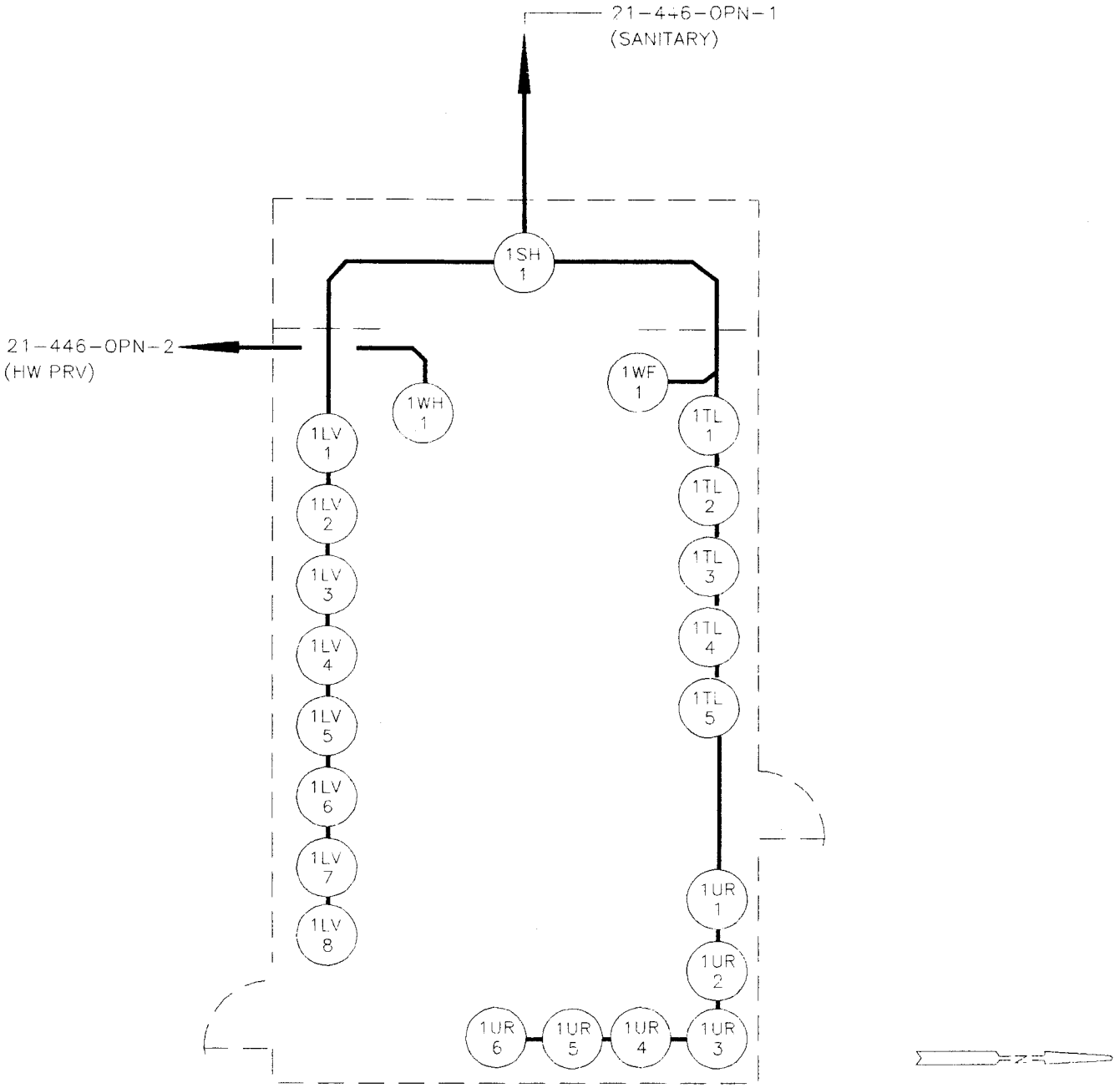
SUBMITTED | RECOMMENDED | APPROVED

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	11056-78	FIGURE 19	



SYMBOL LEGEND	
FD	FLOOR DRAIN
TD	TRENCH DRAIN
SD	SINK DRAIN
RD	ROOF DRAIN
TL	TOILET
LV	LAVATORY
UR	URINAL
SH	SHOWER
WF	WATER FOUNTAIN
SP	SUMP PIT W/PUMP

PIPING WAS VISUALLY VERIFIED

SANTA FE ENGINEERING, LTD.

TA-21-446
DRAIN SCHEMATIC

DRAWN	DTK
DESIGN	DTK
CHECKED	SCD
DATE	11-15-93

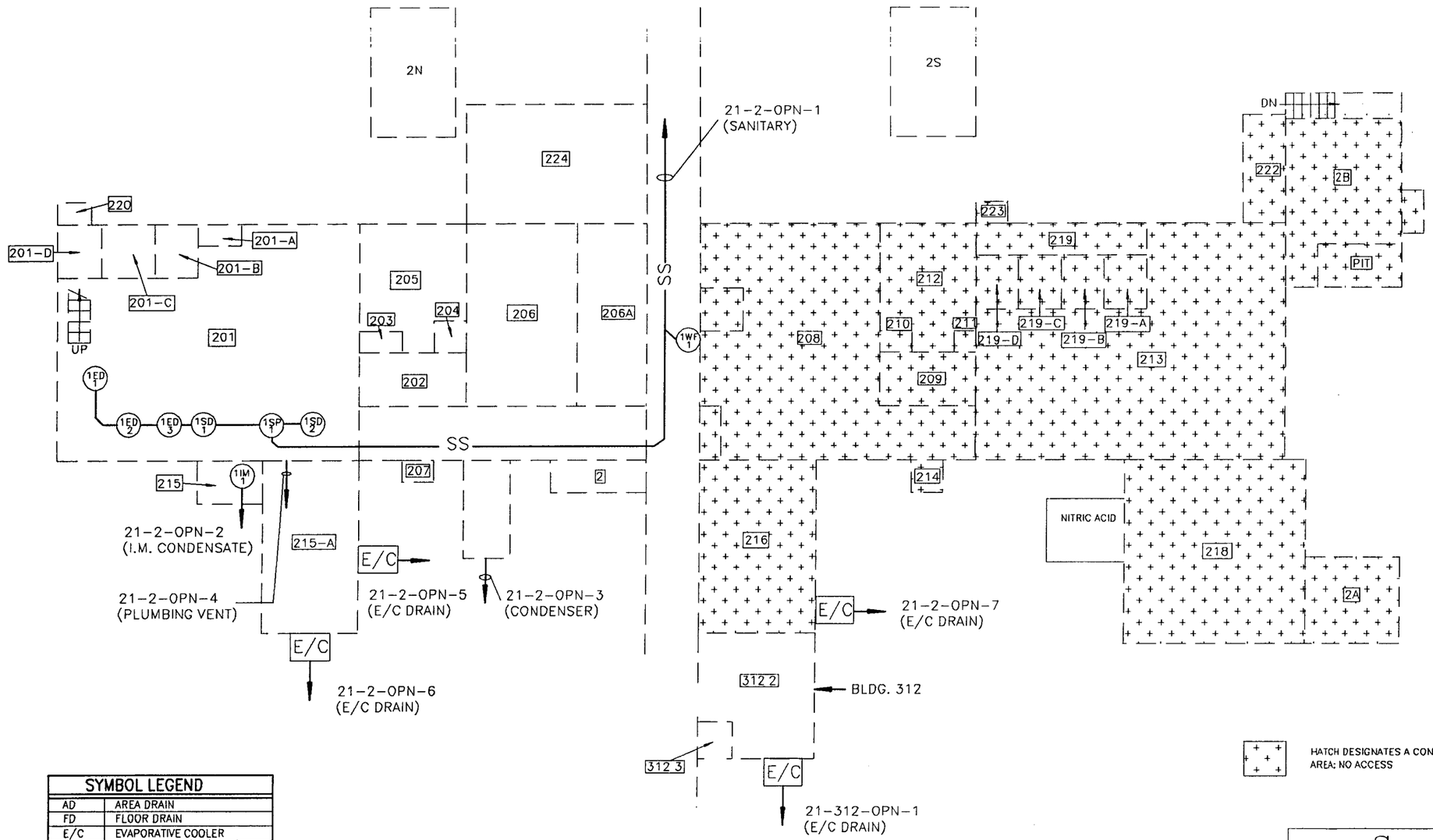
SUBMITTED | RECOMMENDED | APPROVED

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	11056-78	FIGURE 21	



HATCH DESIGNATES A CONTAMINATED AREA; NO ACCESS

SYMBOL LEGEND	
AD	AREA DRAIN
FD	FLOOR DRAIN
E/C	EVAPORATIVE COOLER
SD	SINK DRAIN
RD	ROOF DRAIN
ED	EQUIPMENT DRAIN
TL	TOILET
LV	LAVATORY
UR	URINAL
SH	SHOWER
WF	WATER FOUNTAIN
SP	SUMP PIT W/PUMP
—SS—	SANITARY SEWER
◎	DYE TESTED DRAIN

SANTA FE ENGINEERING, LTD.

TA-21-2 & 312 DRAIN SCHEMATIC

DRAWN	DTK
DESIGN	DTK
CHECKED	SCD
RELEASED	
DATE	11/15/93

SUBMITTED | RECOMMENDED | APPROVED

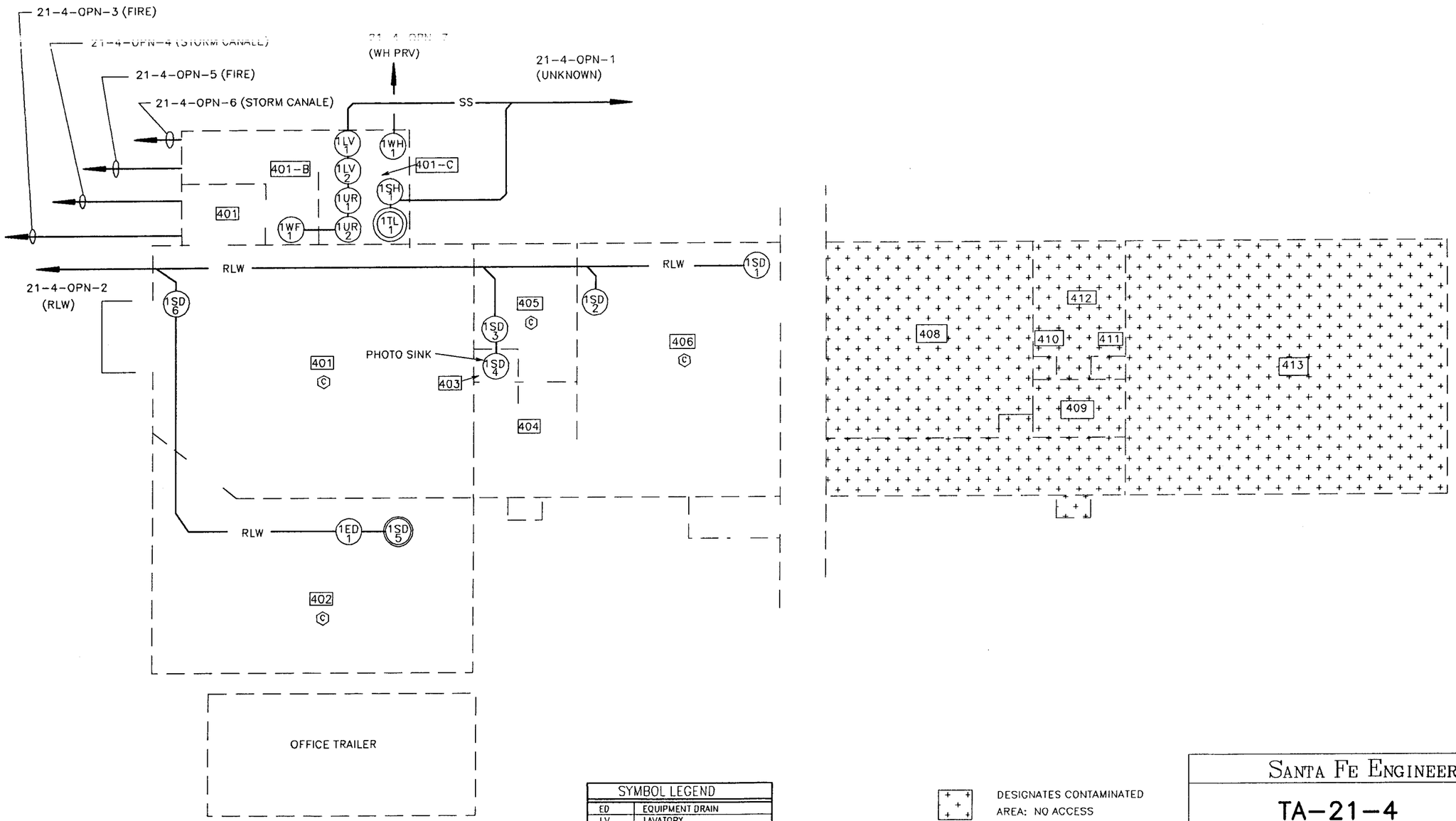
Los Alamos — Los Alamos National Laboratory, Los Alamos, New Mexico 87545

SHEET ___ OF ___

CLASSIFICATION | REVIEWER | DATE

REQUESTING DIVISION | LAB JOB NO. 11056-78 | DRAWING NO. FIGURE 1 | REV.

REQUESTING GROUP EM-8



SYMBOL LEGEND	
ED	EQUIPMENT DRAIN
LV	LAVATORY
SD	SINK DRAIN
SH	SHOWER
TL	TOILET
UR	URINAL
WF	WATER FOUNTAIN
◎	DYE TESTED DRAIN
Ⓒ	CONTROLLED AREA

DESIGNATES CONTAMINATED AREA: NO ACCESS

N

SANTA FE ENGINEERING, LTD.

TA-21-4 DRAIN SCHEMATIC

DRAWN	DTK
DESIGN	DTK
CHECKED	SCD
RELEASED	
DATE	11/15/93

SUBMITTED | RECOMMENDED | APPROVED

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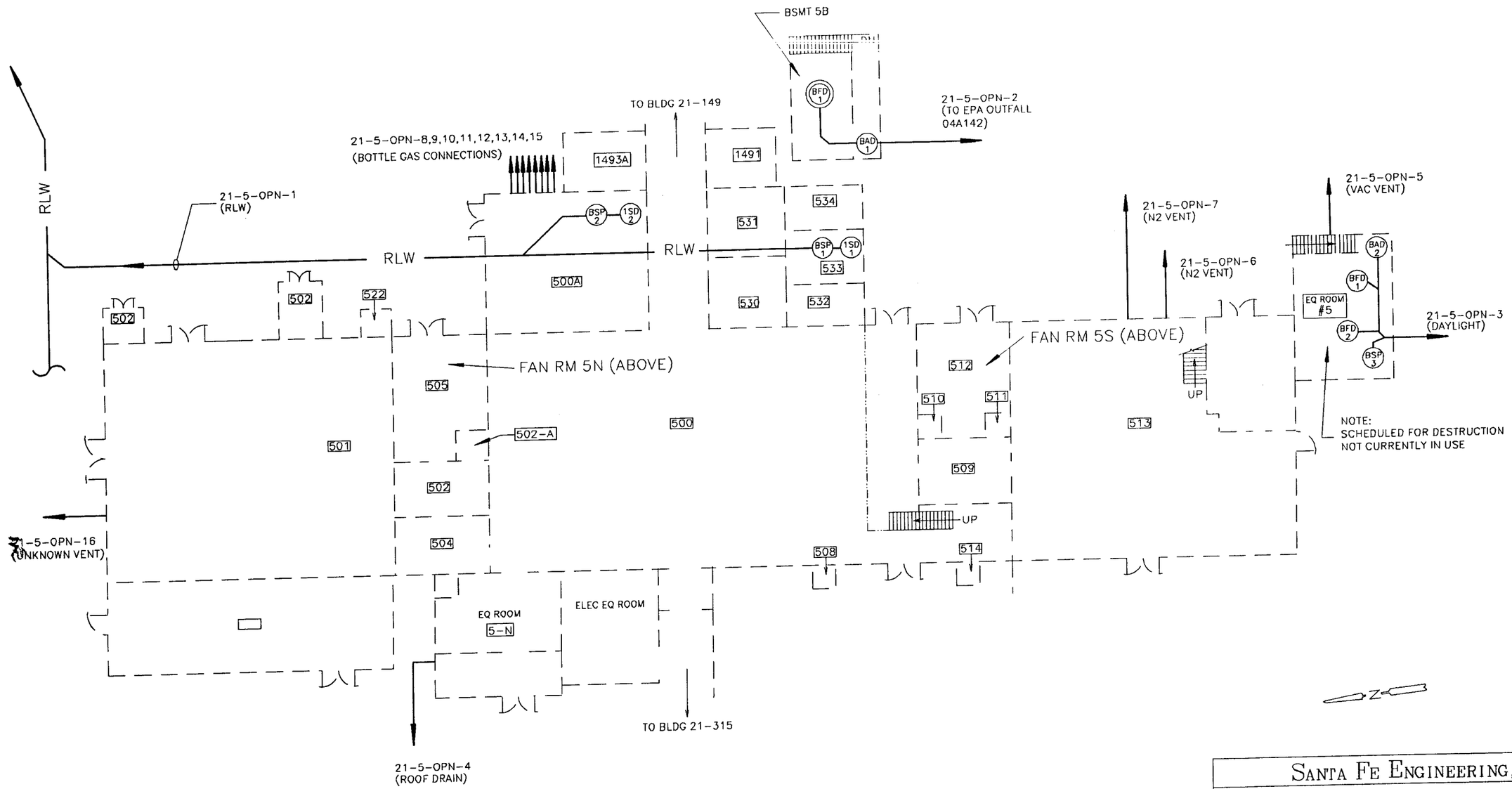
CLASSIFICATION | REVIEWER | DATE

REQUESTING DIVISION | LAB JOB NO. 11056-78 | DRAWING NO. FIGURE 3 | REV.

REQUESTING GROUP EM-8



TA-21-5

-NOT TO SCALE-

SYMBOL LEGEND	
SD	SINK DRAIN
RLW	RADIOACTIVE LIQUID WASTE
FD	FLOOR DRAIN
SP	SUMP PUMP
◎	DYE TESTED DRAIN

SANTA FE ENGINEERING, LTD.

TA-21-5
DRAIN SCHEMATIC

DRAWN	GS
DESIGN	DTK
CHECKED	SCD
RELEASED	
DATE	11/15/93

SUBMITTED | RECOMMENDED | APPROVED

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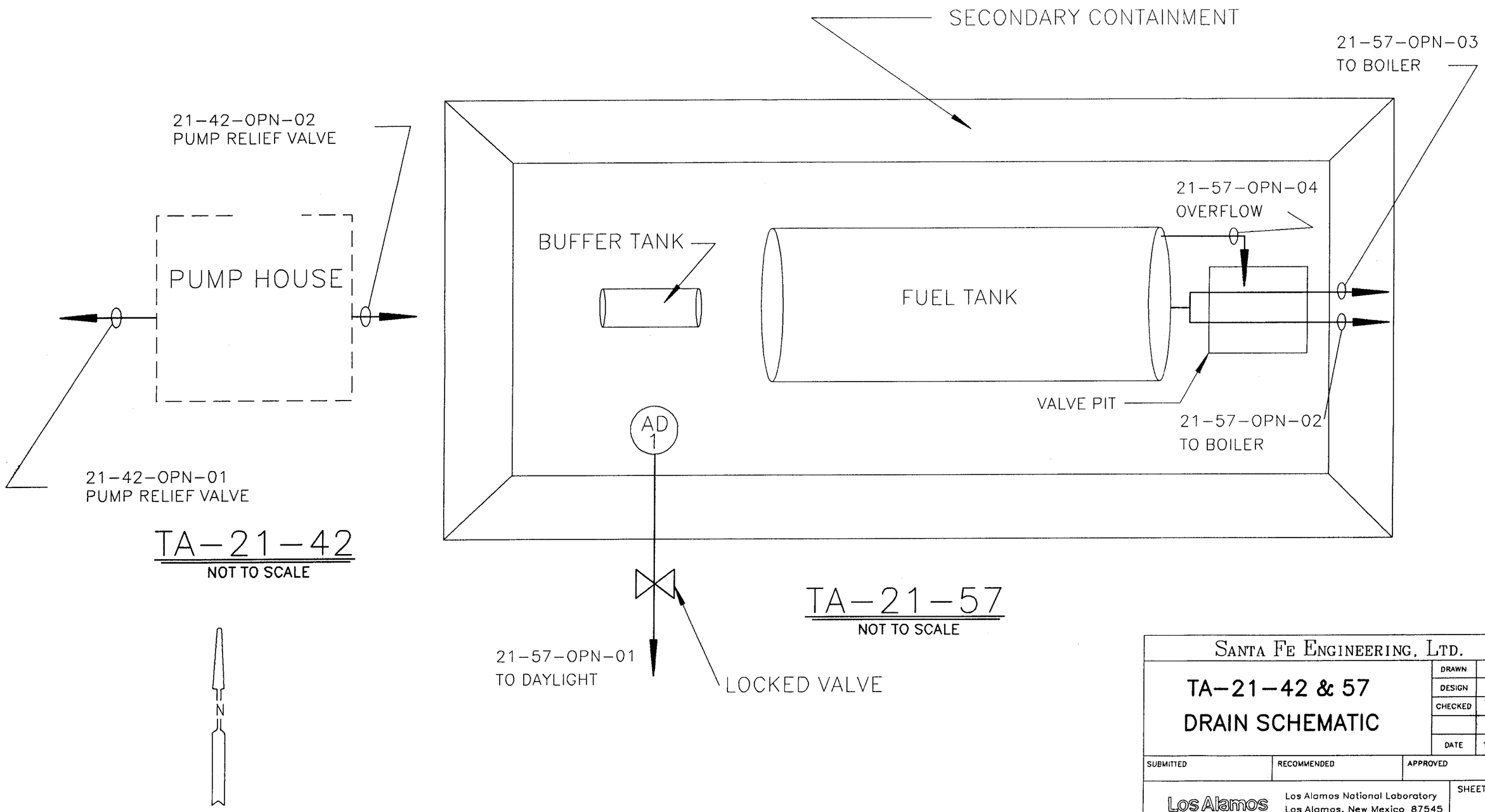
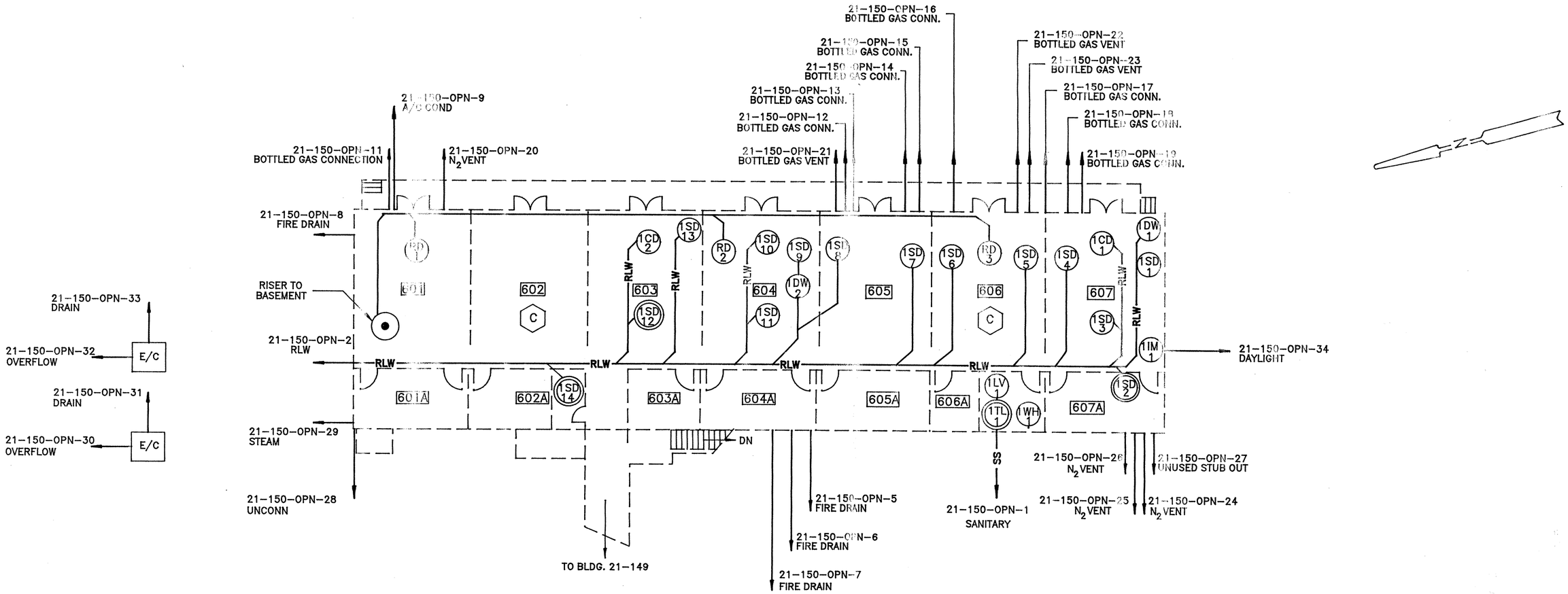
CLASSIFICATION | REVIEWER | DATE

REQUESTING DIVISION | LAB JOB NO. 11056-78 | DRAWING NO. FIGURE 4 | REV.

REQUESTING GROUP EM-8

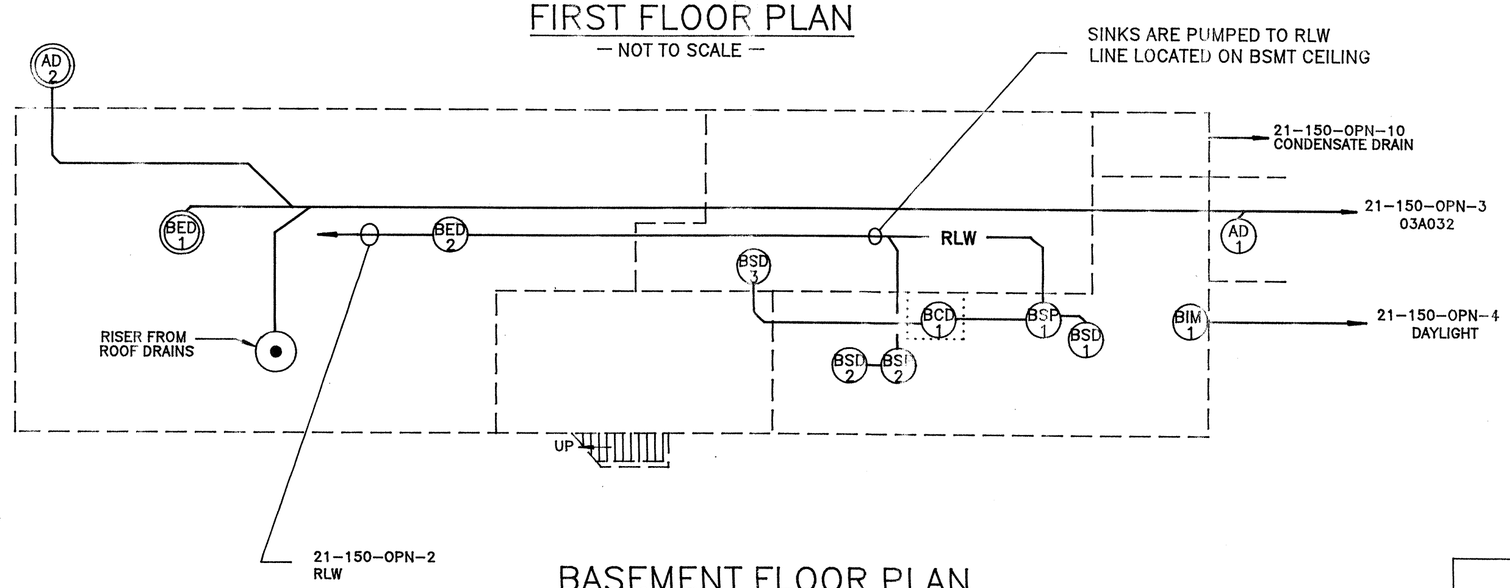


SANTA FE ENGINEERING, LTD.			
TA-21-42 & 57 DRAIN SCHEMATIC		DRAWN	DTK
		DESIGN	DTK
		CHECKED	SCD
		DATE	11/15/93
SUBMITTED	RECOMMENDED	APPROVED	
Los Alamos	Los Alamos National Laboratory, Los Alamos, New Mexico 87545	SHEET	OF
CLASSIFICATION	REVIEWER	DATE	
REQUESTING DIVISION	LAB JOB NO.	DRAWING NO.	REV.
REQUESTING GROUP EM-8	11056-78	FIGURE 5	



FIRST FLOOR PLAN

— NOT TO SCALE —



BASEMENT FLOOR PLAN

— NOT TO SCALE —

SYMBOL LEGEND	
CD	CUP DRAIN
ED	EQUIPMENT DRAIN
FD	FLOOR DRAIN
LV	LAVATORY
RD	ROOF DRAIN
—RLW—	RADIOACTIVE LIQUID WASTE
SD	SINK DRAIN
SP	SUMP PIT W/PUMP
—SS—	SANITARY SEWER
TL	TOILET
◯	DYE TESTED DRAIN
C	CONTROLLED AREA

15357-B

SANTA FE ENGINEERING, LTD.

TA-21-150
DRAIN SCHEMATIC

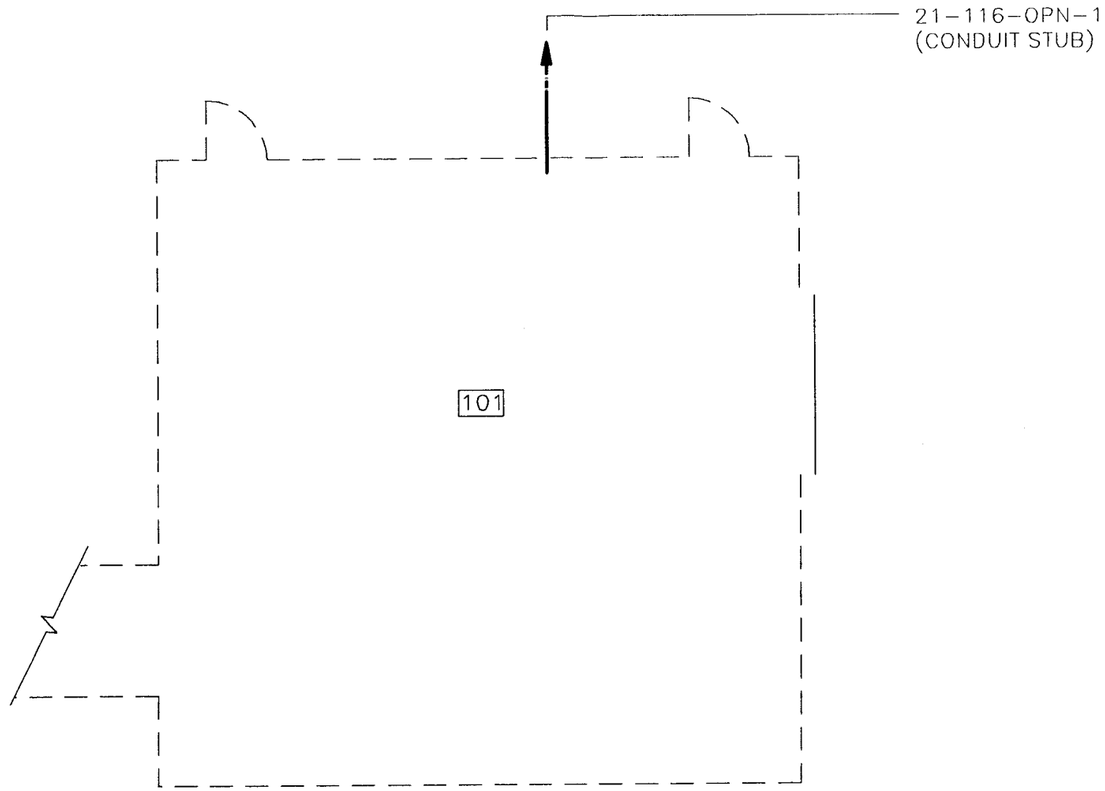
DRAWN	DTK
DESIGN	DTK
CHECKED	SCD
DATE	11/15/93

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	11056-78	FIGURE 11	

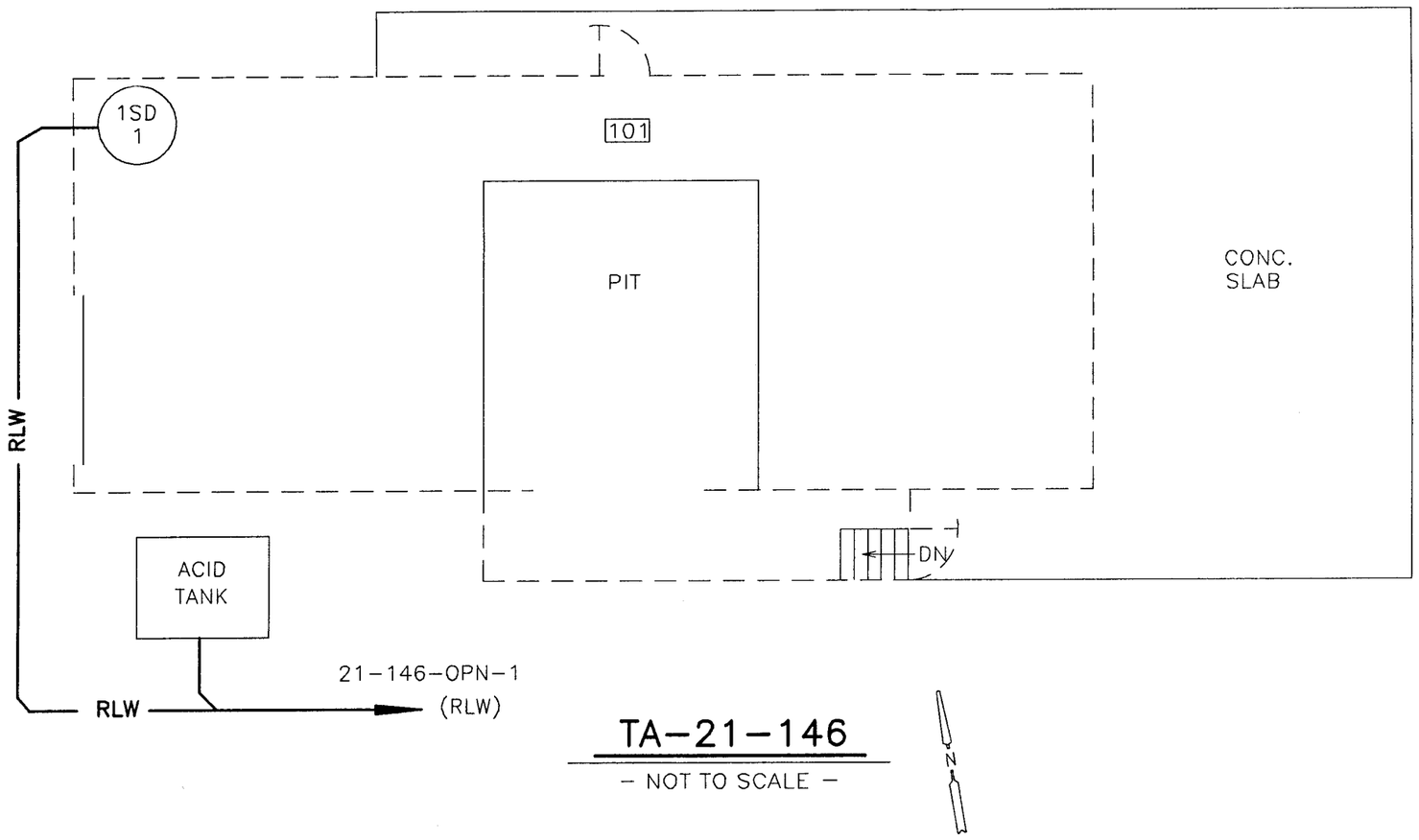


TA-21-116

– NOT TO SCALE –

SANTA FE ENGINEERING, LTD.		
TA-21-116 DRAIN SCHEMATIC	DRAWN	G.S.
	DESIGN	D.T.K.
	CHECKED	S.C.D.
	DATE	11/15/93

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. 11056-78	DRAWING NO. FIGURE 6 / REV.



TA-21-146

– NOT TO SCALE –

SYMBOL LEGEND	
SD	SINK DRAIN
– RLW –	RAD. LIQUID WASTE

SANTA FE ENGINEERING, LTD.

TA-21-146
DRAIN SCHEMATIC

DRAWN	G.S.
DESIGN	D.T.K.
CHECKED	S.C.D.
DATE	11-15-93

SUBMITTED | RECOMMENDED | APPROVED

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

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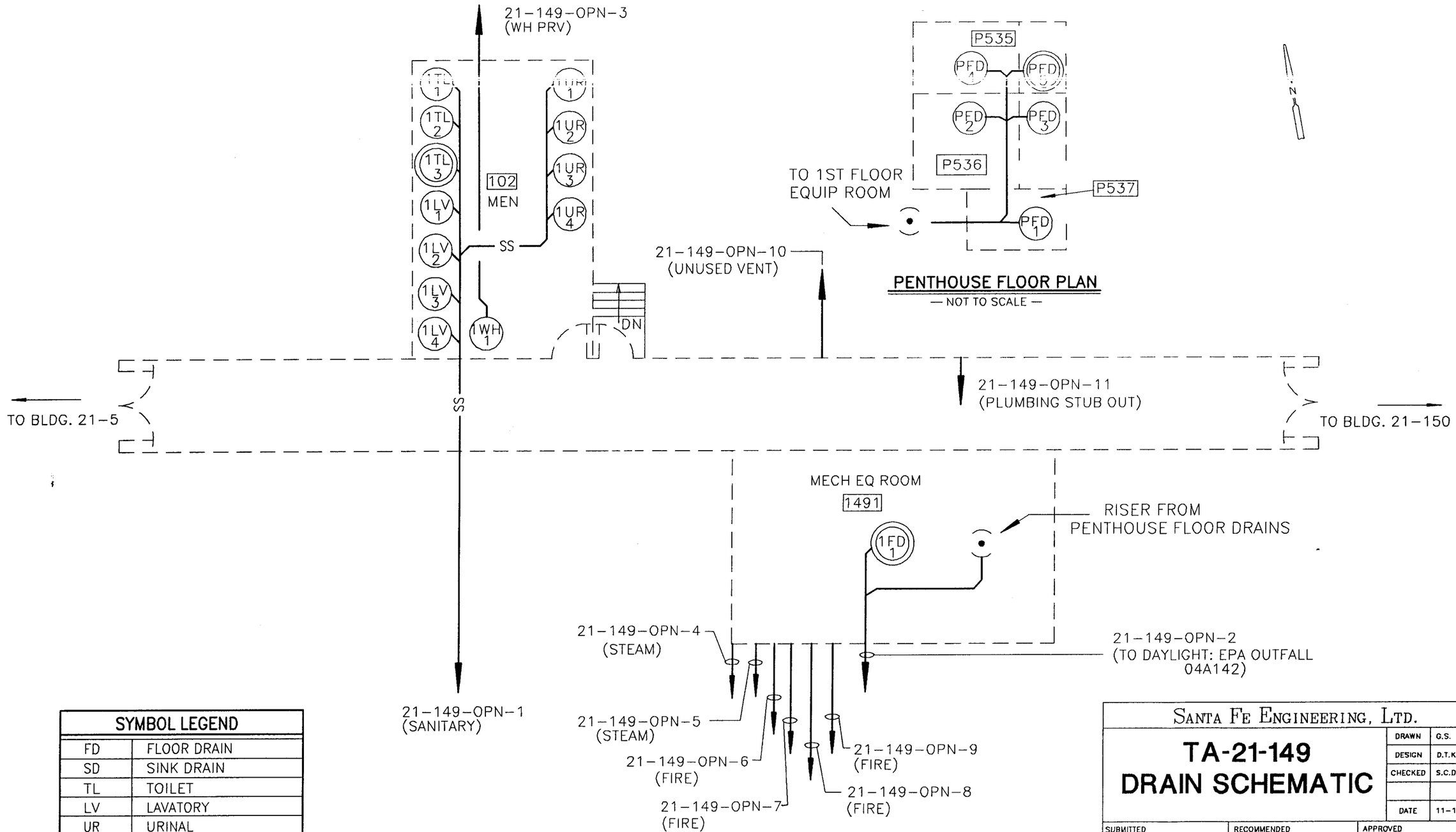
CLASSIFICATION | REVIEWER | DATE

REQUESTING DIVISION	LAB JOB NO.	DRAWING NO.	REV.
REQUESTING GROUP EM-8	11056-78	FIGURE 9	



SYMBOL LEGEND	
FD	FLOOR DRAIN
SD	SINK DRAIN
TL	TOILET
LV	LAVATORY
UR	URINAL
—SS—	SANITARY SEWER
◯	DYE TESTED DRAIN

SANTA FE ENGINEERING, LTD.

TA-21-149 DRAIN SCHEMATIC

DRAWN	G.S.
DESIGN	D.T.K.
CHECKED	S.C.D.
DATE	11-15-93

SUBMITTED | RECOMMENDED | APPROVED

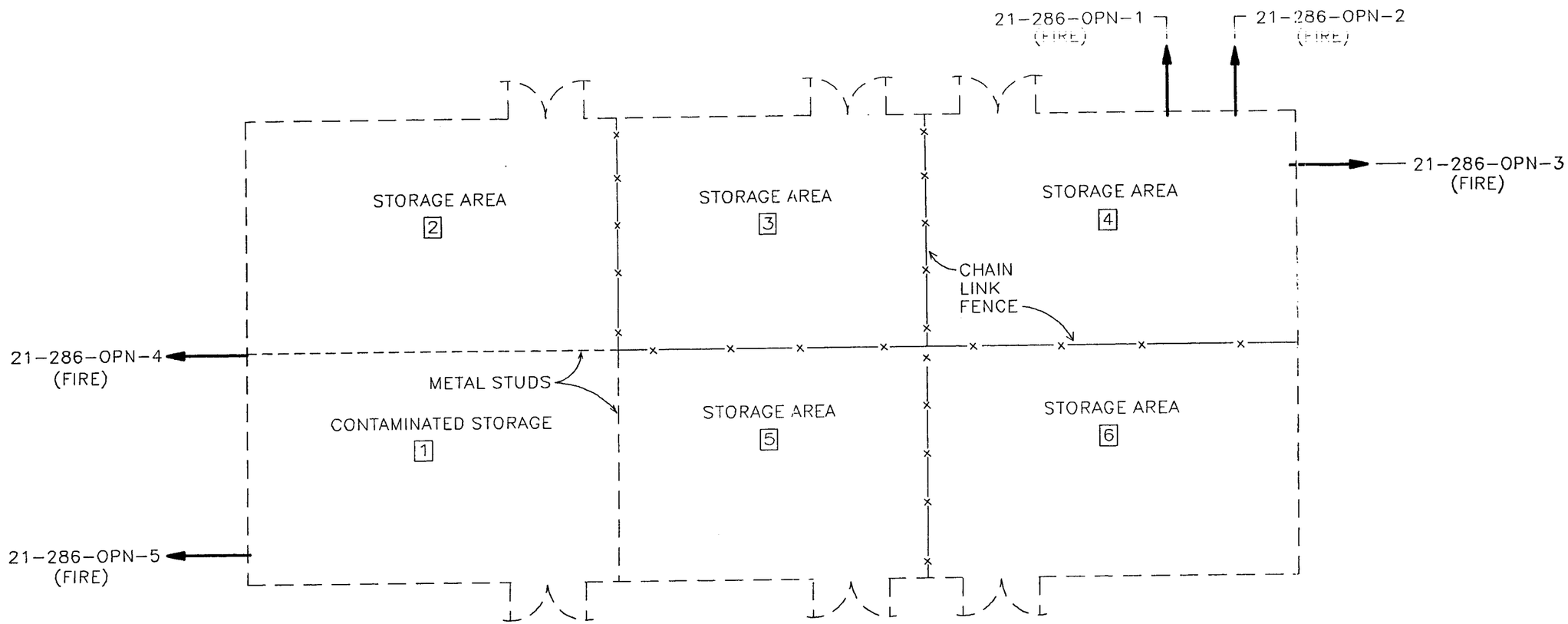
Los Alamos — Los Alamos National Laboratory, Los Alamos, New Mexico 87545

SHEET / OF

CLASSIFICATION | REVIEWER | DATE

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

REQUESTING GROUP EM-8 | 11056-78 | FIGURE 10

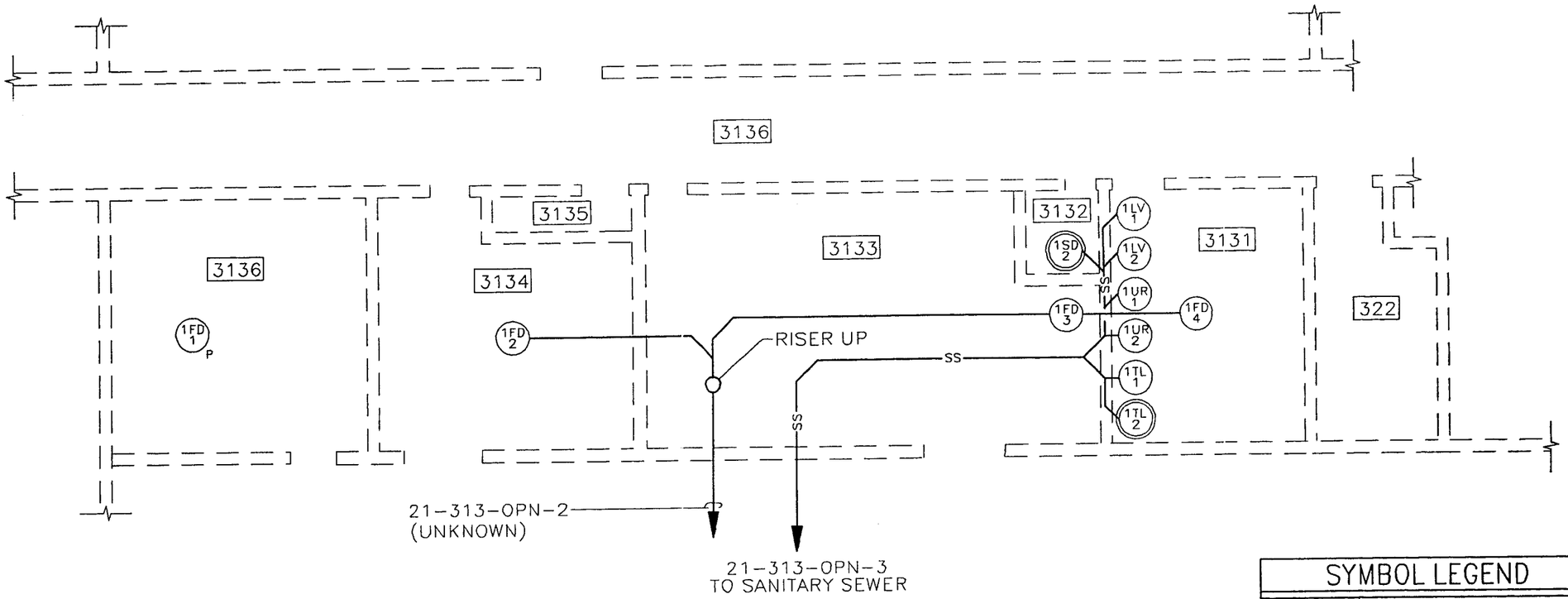


TA-21-286

– NOT TO SCALE –

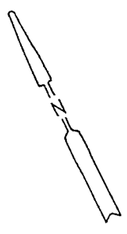
SANTA FE ENGINEERING, LTD.		
TA-21-286 DRAIN SCHEMATIC	DRAWN	G.S.
	DESIGN	D.T.K.
	CHECKED	S.C.D.
	DATE	11-15-93

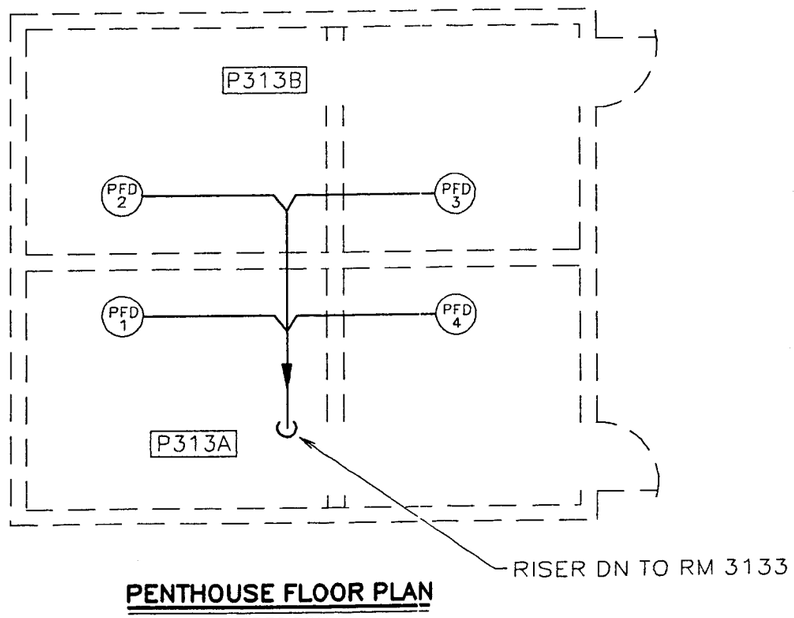
SUBMITTED	RECOMMENDED	APPROVED	
Los Alamos	Los Alamos National Laboratory Los Alamos, New Mexico 87545	SHEET	OF
CLASSIFICATION	REVIEWER	DATE	
REQUESTING DIVISION	LAB JOB NO.	DRAWING NO.	REV.
REQUESTING GROUP EM-8	11056-78	FIGURE 13	



FIRST FLOOR PLAN

NOT TO SCALE





PENTHOUSE FLOOR PLAN

NOT TO SCALE

SYMBOL LEGEND	
FD	FLOOR DRAIN
LV	LAVATORY
SD	SINK DRAIN
TL	TOILET
UR	URNIAL
P	PLUGGED DRAIN
—RLW—	RAD. LIQUID WASTE
—SS—	SANITARY SEWER
◯	DYE TESTED DRAIN

SANTA FE ENGINEERING, LTD.

TA-21-313
DRAIN SCHEMATIC

DRAWN	D.A.H.
DESIGN	D.T.K.
CHECKED	S.C.D.
RELEASED	
DATE	11-15-93

SUBMITTED | RECOMMENDED | APPROVED

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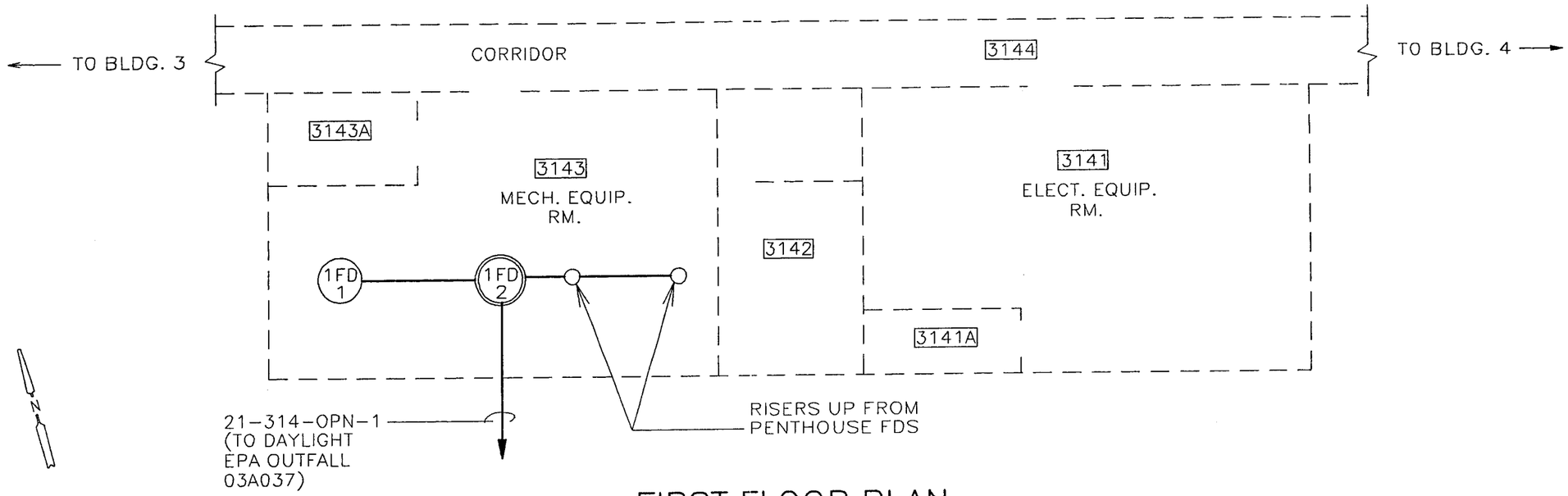
CLASSIFICATION | REVIEWER | DATE

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

REQUESTING GROUP EM-8 | 11056-78 | FIGURE 14

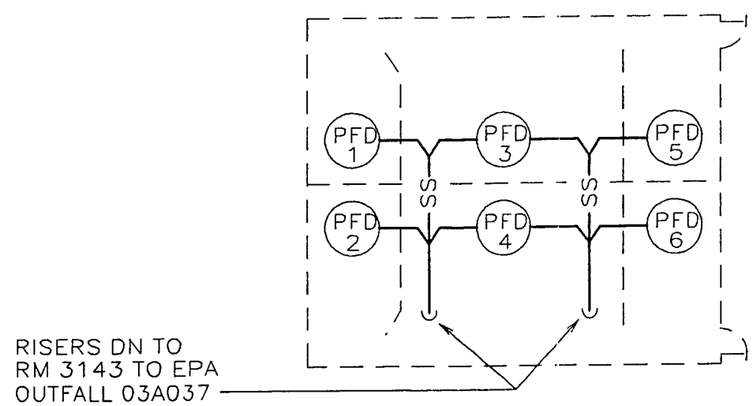


FIRST FLOOR PLAN

– NOT TO SCALE –

SYMBOL LEGEND	
FD	FLOOR DRAIN

DYE TESTED DRAIN



PENTHOUSE FLOOR PLAN

– NOT TO SCALE –

SANTA FE ENGINEERING, LTD.

TA-21-314
DRAIN SCHEMATIC

DRAWN	G.S.
DESIGN	D.T.K.
CHECKED	S.C.D.
DATE	11-15-93

SUBMITTED | RECOMMENDED | APPROVED

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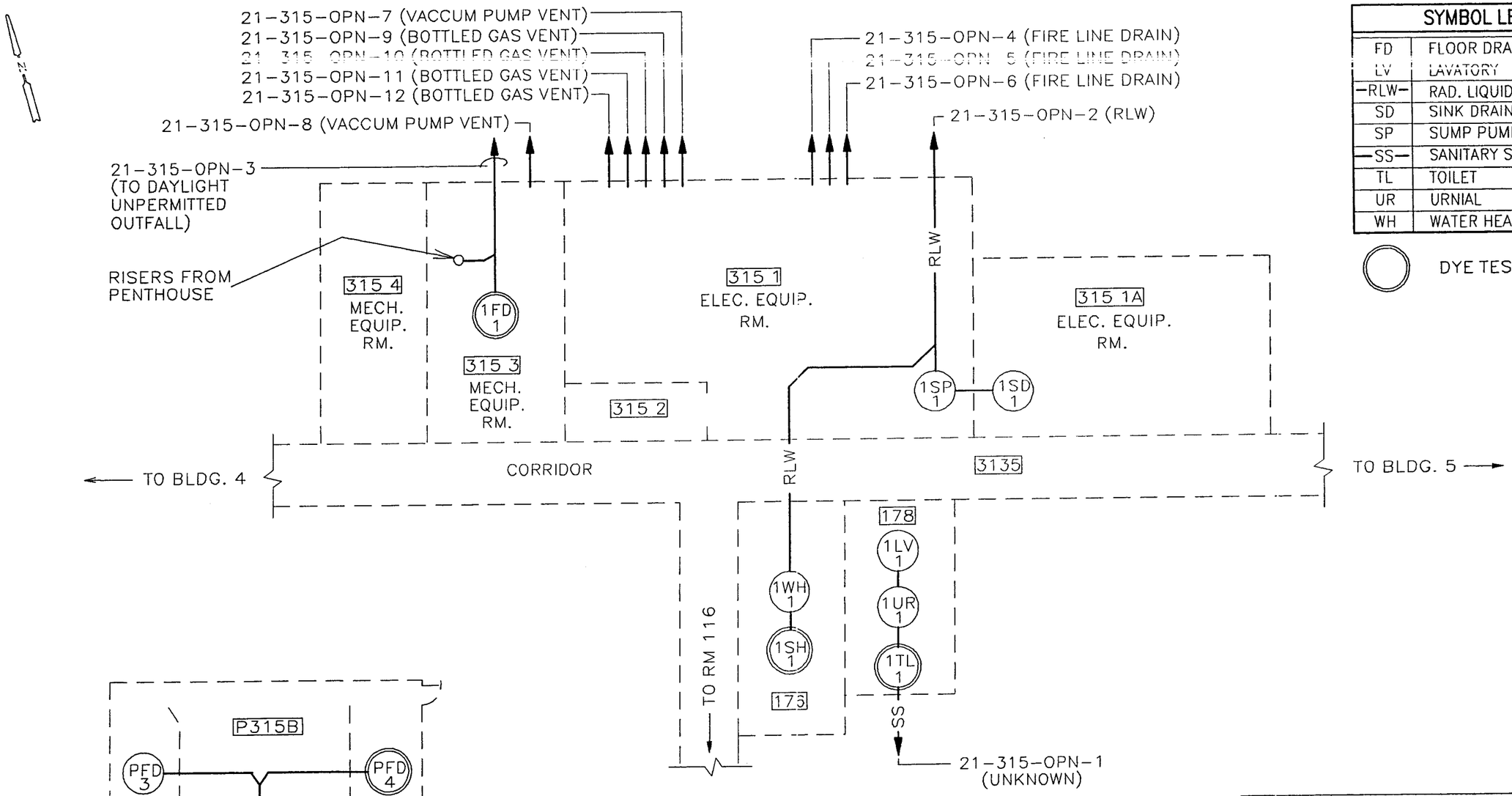
CLASSIFICATION | REVIEWER | DATE

REQUESTING DIVISION | LAB JOB NO. 11056-78 | DRAWING NO. FIGURE 15 | REV.

REQUESTING GROUP EM-8

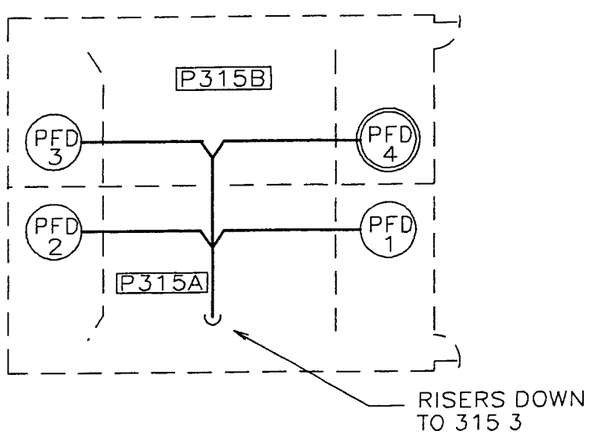


FIRST FLOOR PLAN

– NOT TO SCALE –

SYMBOL LEGEND	
FD	FLOOR DRAIN
LV	LAVATORY
—RLW—	RAD. LIQUID WASTE
SD	SINK DRAIN
SP	SUMP PUMP
—SS—	SANITARY SEWER
TL	TOILET
UR	URNIAL
WH	WATER HEATER

DYE TESTED DRAIN



PENTHOUSE FLOOR PLAN

– NOT TO SCALE –

SANTA FE ENGINEERING, LTD.

TA-21-315
DRAIN SCHEMATIC

DRAWN	G.S.
DESIGN	D.T.K.
CHECKED	S.C.D.
DATE	11-15-93

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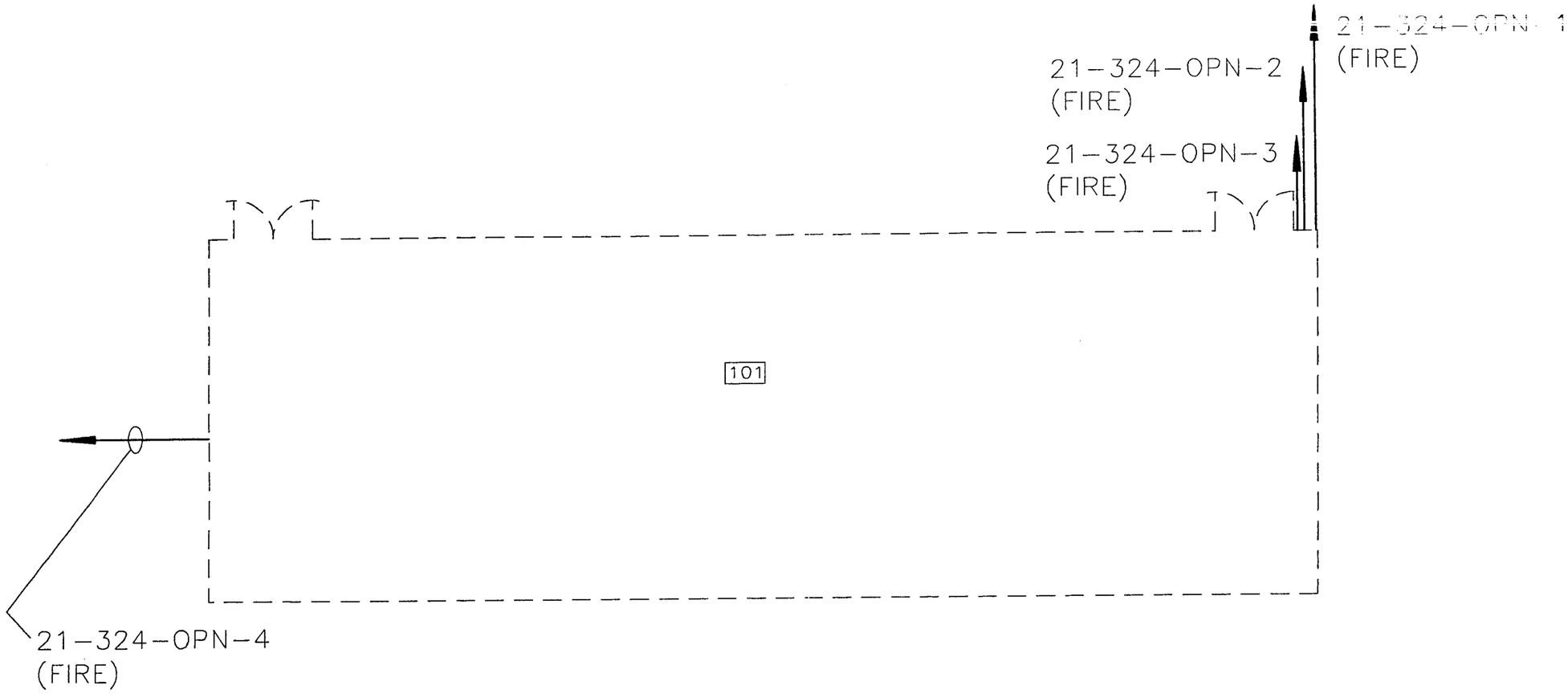
CLASSIFICATION | REVIEWER | DATE

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

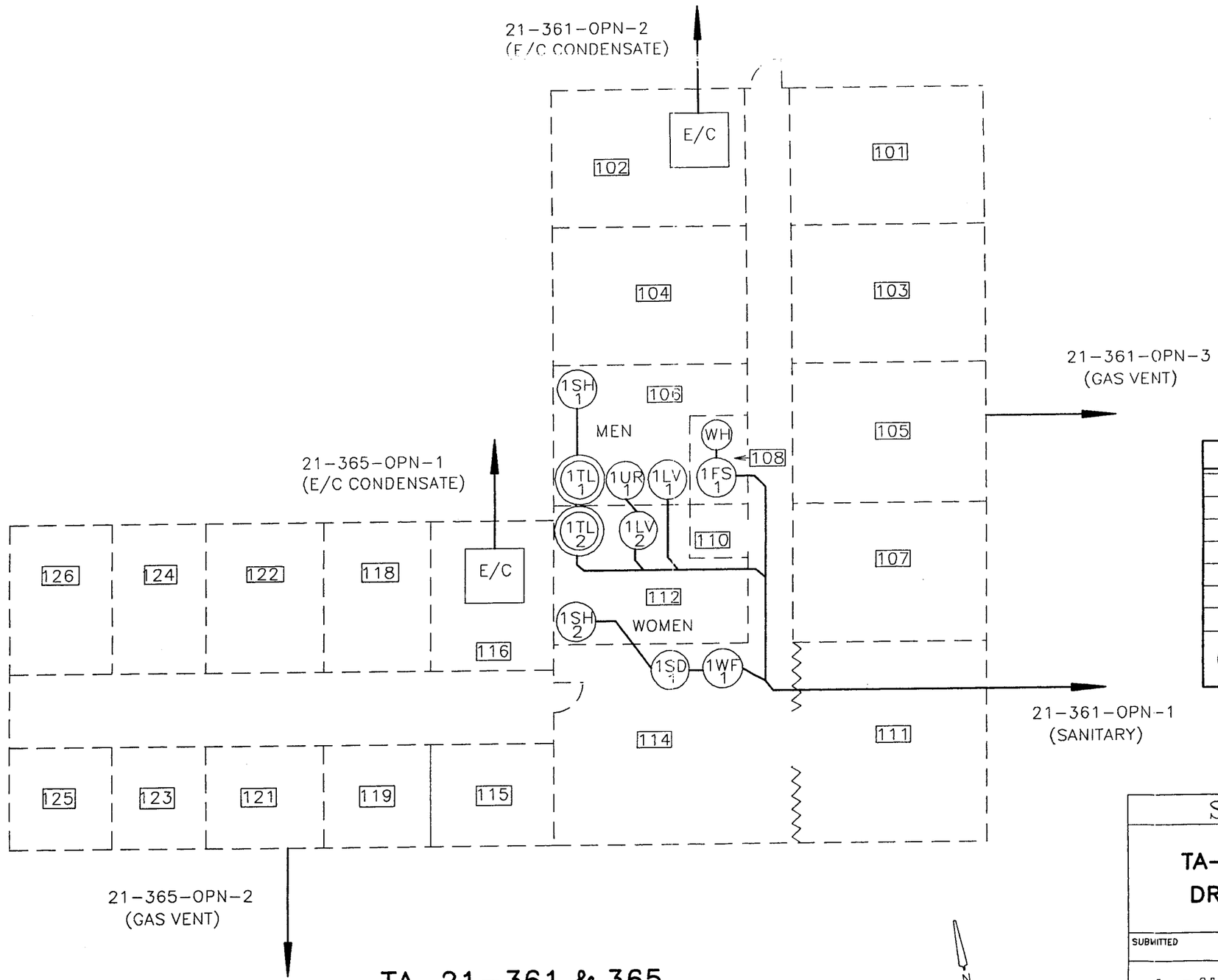
REQUESTING GROUP EM-8 | 11056-78 | FIGURE 16



TA-21-324

– NOT TO SCALE –

SANTA FE ENGINEERING, LTD.		
TA-21-324 DRAIN SCHEMATIC	DRAWN	G.S.
	DESIGN	D.T.K.
	CHECKED	S.C.D.
	DATE	11/15/93
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. 11056-78	DRAWING NO. FIGURE 17 / REV.



SYMBOL LEGEND	
FS	FLOOR SINK
LV	LAVATORY
SD	SINK DRAIN
SH	SHOWER
TL	TOILET
UR	URINAL
WF	WATER FOUNTAIN
◯	DYE TESTED DRAIN

TA-21-361 & 365

– NOT TO SCALE –

SANTA FE ENGINEERING, LTD.

TA-21-361 & 365
DRAIN SCHEMATIC

DRAWN	G.S.
DESIGN	D.T.K.
CHECKED	S.C.D.
DATE	11-15-93

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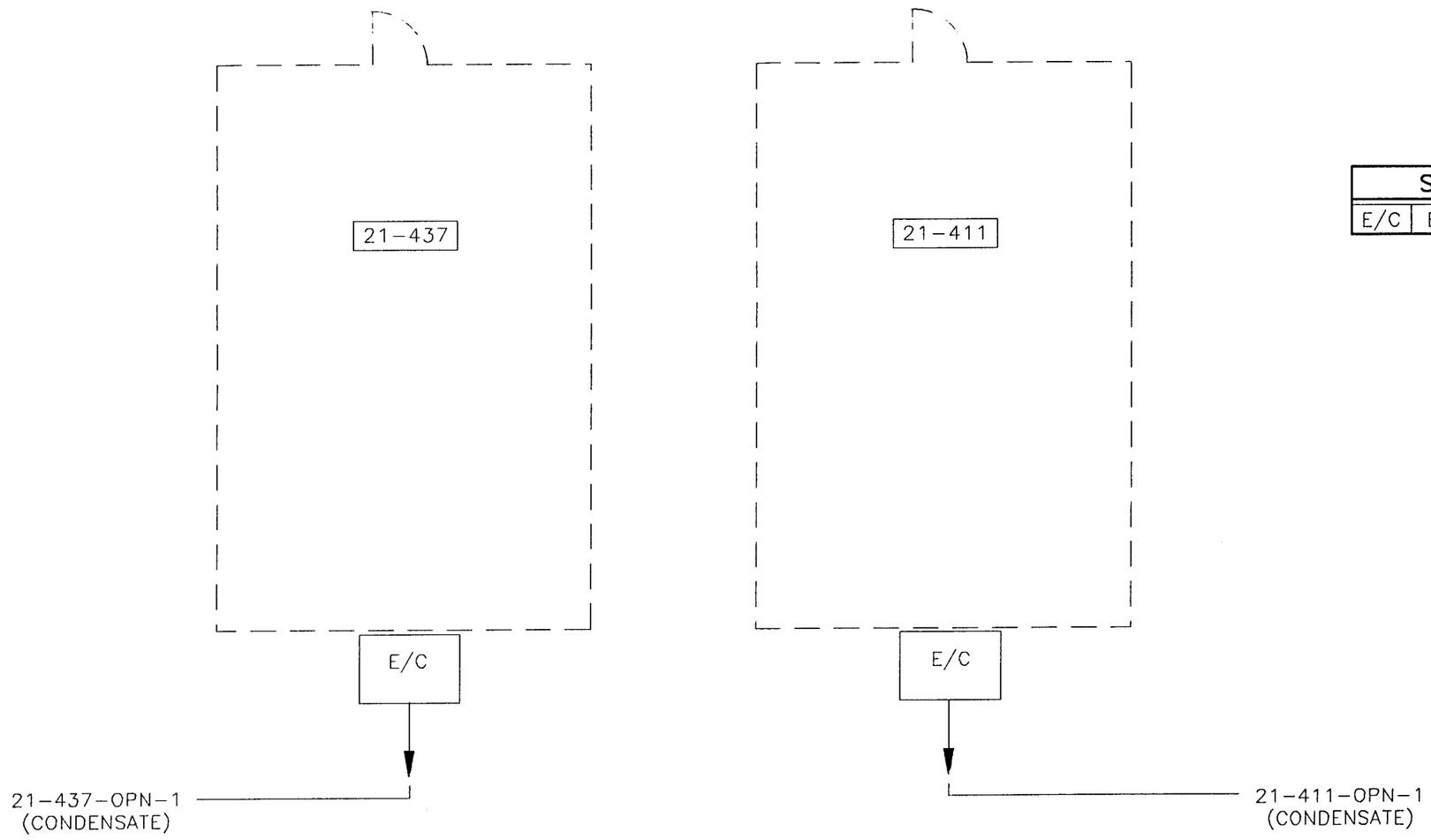
CLASSIFICATION | REVIEWER | DATE

REQUESTING DIVISION | LAB JOB NO. 11056-78 | DRAWING NO. FIGURE 18 | REV.

REQUESTING GROUP EM-8



SYMBOL LEGEND	
E/C	EVAPORATIVE COOLER

TA-21-437 & 411

– NOT TO SCALE –

N

SANTA FE ENGINEERING, LTD.

TA-21-437 & 411
DRAIN SCHEMATIC

DRAWN	G.S.
DESIGN	D.T.K.
CHECKED	S.C.D.
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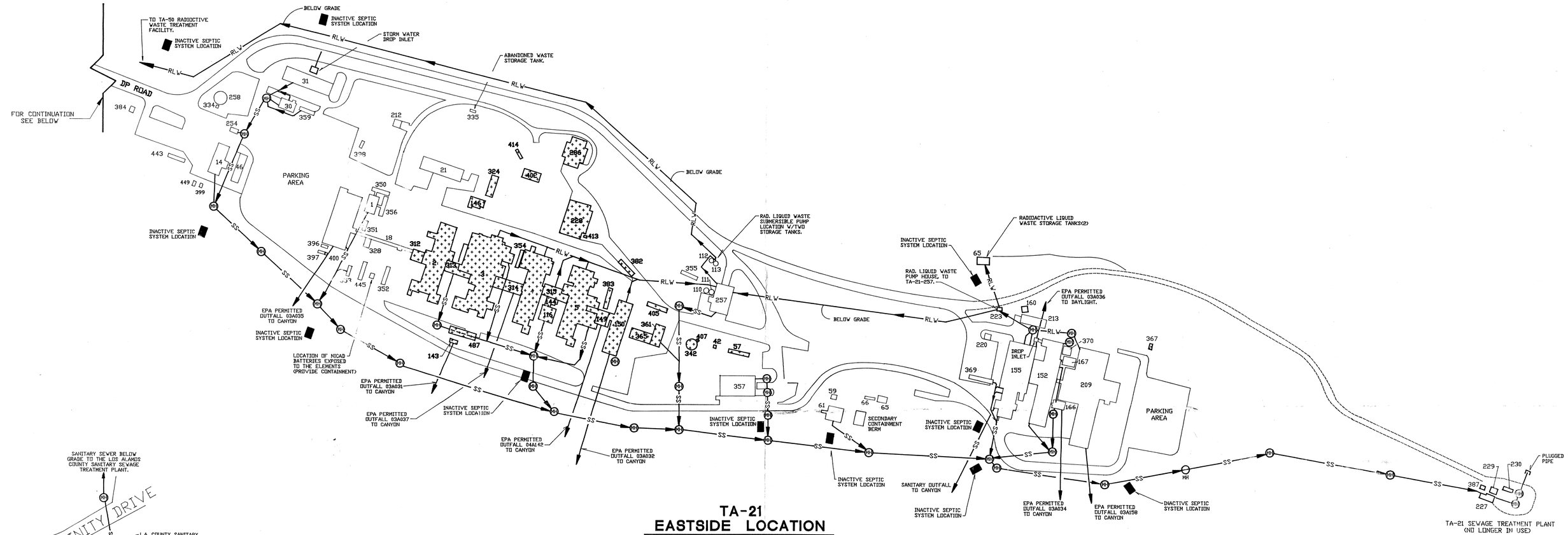
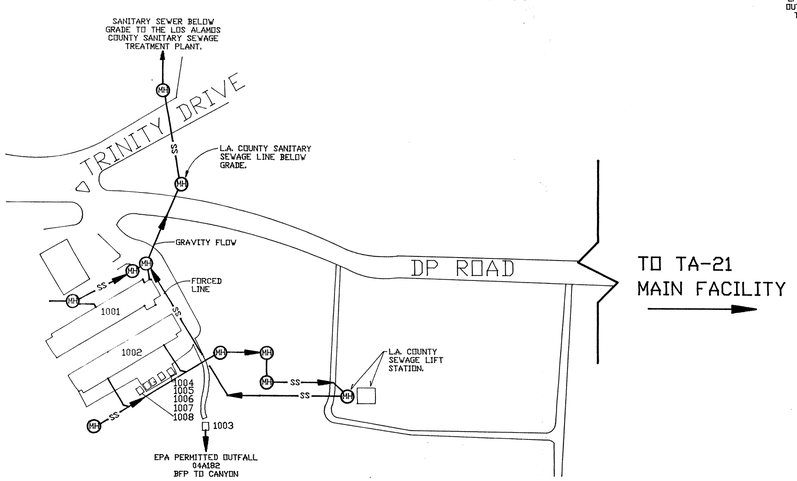
CLASSIFICATION | REVIEWER | DATE

REQUESTING DIVISION	LAB JOB NO.	DRAWING NO.	REV.
REQUESTING GROUP EM-8	11056-78	FIGURE 20	



TA-21 EASTSIDE LOCATION

NOT TO SCALE



TA-21 WESTSIDE LOCATION

NOT TO SCALE

SYMBOL LEGEND	
MH	MANHOLE
—RLW—	RADIOACTIVE LIQUID WASTE
—SS—	SANITARY SEWER PIPE
	HATCH DENOTES STRUCTURES CHARACTERIZED IN WSC REPORT 78

N

15357-C

NOTE:

THIS SITE DRAIN SCHEMATIC WAS DERIVED FROM L.A.N.L. DRAWINGS C-51441, R-5113 SHTS. 1-5, CONVERSATIONS WITH L.A.N.L. PERSONNEL AND SITE VISITS.

SANTA FE ENGINEERING, LTD.

TA-21 SITE PLAN

DRAWN	D.A.H.
DESIGN	DTK
CHECKED	S.C.D.
RELEASED	
DATE	11-15-93

SUBMITTED | RECOMMENDED | APPROVED

Los Alamos — Los Alamos National Laboratory, Los Alamos, New Mexico 87545 — SHEET 1 OF 1

CLASSIFICATION | REVIEWER | DATE

REQUESTING DIVISION	LAB JOB NO.	DRAWING NO.	REV.
REQUESTING GROUP EM-8	11056-78	FIGURE 22	