

Permit

B

# Los Alamos

NATIONAL LABORATORY

Los Alamos National Laboratory  
Los Alamos, New Mexico 87545

Date: June 26, 1996

Reply Refer To: ESH-18/WQ&H-96-0336

Mail Stop: K497

Telephone: (505) 665-1859

R E C E I V E D

JUL 02 1996

DOE OVERSIGHT BUREAU

Reg. NPDES

Ms. Diana Gamble  
U.S. Environmental Protection Agency  
Compliance Assurance and Enforcement Division  
Water Enforcement Branch (6EN-W)  
1445 Ross Avenue  
Dallas, Texas 75202-2733

**SUBJECT: DISCHARGE MONITORING REPORTS (DMRs) FOR MAY, 1996  
NPDES PERMIT NO. NM0028355**

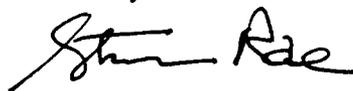
Dear Ms. Gamble:

Enclosed are Los Alamos National Laboratory's DMRs (EPA Form 3320-1) for May, 1996, as required under the above referenced NPDES Permit. There were no effluent limitations exceeded for the industrial outfalls. There were no effluent limitations exceeded for the analyses performed for sanitary outfall 13S.

The Laboratory is in receipt of the letter from James Graham dated April 25, 1996, requesting clarification of discussions from the April 12, 1996, meeting between EPA and Laboratory staff regarding DMRs. We are in the process of preparing a response to this request as well as preparing a meeting summary addressing the reporting of quarterly and annual testing results which overlap. In view of the foregoing, the Laboratory did not make any changes in DMRs for the May reporting period with respect to the guidance contained in your letter dated February 13, 1996.

Please contact Brenda Edeskuty at (505) 665-0789 or Mike Saladen at (505) 665-6085 if you desire any additional information concerning these DMRs.

Sincerely,



Steven R. Rae  
Group Leader, ESH-18  
Water Quality & Hydrology Group

SR:BE/vc

Enclosures: a/s



15503

Ms. Diana Gamble  
ESH-18/WQ&H-96-0336

- 2 -

June 26, 1996

Cy: J. Piatt, NMED, Santa Fe, New Mexico, w/enc.  
N. Weber, NMED/AIP, Santa Fe, New Mexico, w/enc.  
J. Vozella, DOE/LAAO, w/enc., MS A316  
C. Soden, DOE/AL, Albuquerque, New Mexico, w/enc.  
D. Erickson, LANL, ESH-DO, w/enc., MS K491  
M. Brown, JCI/JENV, w/enc., MS A199  
LANL Outfall Owners, w/enc.  
WQ&H File, w/enc., MS K497  
CRM-4, w/enc., MS A150

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

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY

LOCATION Outfall Owner: Ed Hoth

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

NM0028355 PERMIT NUMBER

001 A DISCHARGE NUMBER

MAJOR Form Approved. OMB No. 2040-0004 F - FINAL Approval expires 10-31-94

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	05	01		96	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

POWER PLANT DISCHARGE  
 \*\*\* NO DISCHARGE \*\*\*  
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.6	SU	0	1/MON	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		8.0 MINIMUM	*****	9.0 MAXIMUM			1/MON	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	MG/L	0	1/MON	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/MON	GRAB
FLOW	SAMPLE MEASUREMENT	0.0432	0.0432	MGD	*****	*****	*****	*****		1/MON	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/MON	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/MON	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/MON	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 STEVEN R. RAE  
 ESH-18 GROUP LEADER  
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

*Steven Rae*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 505 665-0453  
 DATE 96 6 28  
 AREA CODE NUMBER YEAR MO DAY

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

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

NAME UNIVERSITY OF CALIFORNIA  
 ADDRESS LOS ALAMOS NATIONAL LABORATORY  
PO BOX 1663; MAIL STOP K490  
LOS ALAMOS, NM 87545  
 FACILITY  
 LOCATION Outfall Owner: Ed Hoth

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

NM0028355  
 PERMIT NUMBER

05S A  
 DISCHARGE NUMBER

MAJOR Form Approved.  
 F - FINAL OMB No. 2040-0004  
Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	05	01	TO	96	05	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TREATED SANITARY SEWAGE EFFLUENT  
 \*\*\* NO DISCHARGE X \*\*\*  
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW				MGD	*****	*****	*****		CONT	TOTAL
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY	REPORT DAILY MAX		*****	*****	*****		CONT	TOTAL
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
STEVEN R. RAE  
ESH-18 GROUP LEADER  
 TYPED OR PRINTED

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*Steven Rae*  
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TELEPHONE 505 665-0453  
 DATE 96 5 20  
 AREA CODE NUMBER YEAR MO DAY

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

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**PO BOX 1663; MAIL STOP K490**  
**LOS ALAMOS, NM 87545**  
**FACILITY**  
**LOCATION Outfall Owner: Ed Hoth**

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

(2-16)  
**NM0028355**  
 PERMIT NUMBER

(17-19)  
**13S A**  
 DISCHARGE NUMBER

MAJOR Form Approved.  
 F - FINAL OMB No. 2040-0004  
 Approval expires 10-31-94

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	05	01		96	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TREATED SANITARY SEWAGE EFFLUENT  
 \*\*\* NO DISCHARGE \*\*\*  
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
BIO. OXY. DMD. 5 DAY 00310 1 0 0	SAMPLE MEASUREMENT	4	*****	LB/DY	*****	2	2	MG/L	0	3/MON	COMP
	PERMIT REQUIREMENT	100 DAILY AVG	*****		*****	30 DAILY AVG	45 DAILY MAX			3/MON	COMP
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.5	SU	0	4/MON	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/WK	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	4	*****	LB/DY	*****	2	3	MG/L	0	3/MON	COMP
	PERMIT REQUIREMENT	100 DAILY AVG	*****		*****	30 DAILY AVG	45 DAILY MAX			3/MON	COMP
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.2577	0.3220	MGD	*****	*****	*****	*****		CONT	TOTAL
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			CONT	TOTAL
FECAL COL. BAC. / 100ML 74055 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	2	#/100ML	0	3/MON	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	500 LOG MEAN	500 DAILY MAX			3/MON	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**STEVEN R. RAE**  
**ESH-18 GROUP LEADER**  
 TYPED OR PRINTED

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*Steven R. Rae*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
**505 665-0453**  
 DATE  
**96 6 28**  
 AREA CODE NUMBER YEAR MO DAY

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

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

NAME UNIVERSITY OF CALIFORNIA  
 ADDRESS LOS ALAMOS NATIONAL LABORATORY  
 PO BOX 1663; MAIL STOP K490  
 LOS ALAMOS, NM 87545  
 FACILITY  
 LOCATION Outfall Owner: Steve Hanson

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (2-16) (17-19)

NM0028355 PERMIT NUMBER  
 051 A DISCHARGE NUMBER

MAJOR Form Approved.  
 F - FINAL OMB No. 2040-0004  
 Approval expires 10-31-94

MONITORING PERIOD  
 FROM YEAR MO DAY TO YEAR MO DAY  
 96 05 01 96 05 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

INDUST. WASTE TREATMENT DISCHARGE  
 \*\*\* NO DISCHARGE \*\*\*  
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (34-43)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
CHEMICAL OXY. DEMAND		6	9	LB/DY	*****	35	53	MG/L	0	5/MON	GRAB
00340 1 0 1	PERMIT REQUIREMENT	94	188		*****	125	125			1/WK	GRAB
		DAILY AVG	DAILY MAX			DAILY AVG	DAILY MAX				
PH		*****	*****	*****	6.6	*****	7.6	SU	0	CONT	REC
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0	*****	9.0			CONT	REC
		*****	*****		MINIMUM	*****	MAXIMUM				
TOTAL SUSP. SOLIDS		3.3	11.7	LB/DY	*****	*****	*****	*****	0	5/MON	GRAB
00530 1 0 0	PERMIT REQUIREMENT	18.8	37.6		*****	*****	*****			1/WK	GRAB
		DAILY AVG	DAILY MAX								
TOTAL NITROGEN		*****	*****	*****	*****	9.1	9.1	MG/L	0	1/MON	GRAB
00600 1 0 1	PERMIT REQUIREMENT	*****	*****		*****	REPORT	REPORT			1/MON	GRAB
		*****	*****			DAILY AVG	DAILY MAX				
AMMONIA (AS N)		*****	*****	*****	*****	9.3	9.3	MG/L	0	1/MON	GRAB
00610 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT	REPORT			1/MON	GRAB
		*****	*****			DAILY AVG	DAILY MAX				
NITRATE-NITRITE AS N		*****	*****	*****	*****	32.3	32.3	MG/L	0	1/MON	GRAB
00630 1 0 1	PERMIT REQUIREMENT	*****	*****		*****	REPORT	REPORT			1/MON	GRAB
		*****	*****			DAILY AVG	DAILY MAX				
TOTAL CADMIUM		0.00	0.00	LB/DY	*****	0.0	0.0	MG/L	0	5/MON	GRAB
01027 1 0 1	PERMIT REQUIREMENT	0.06	0.30		*****	0.2	0.2			1/WK	GRAB
		DAILY AVG	DAILY MAX			DAILY AVG	DAILY MAX				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 STEVEN R. RAE  
 ESH-18 GROUP LEADER  
 TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
*Steven Rae*

TELEPHONE NUMBER 505 665-0453  
 DATE 96 6 28  
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 Results for 1 of 5 TSS samples collected (5-7-96) did not meet holding time.  
 (Signature: SR)

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

NAME UNIVERSITY OF CALIFORNIA  
 ADDRESS LOS ALAMOS NATIONAL LABORATORY  
 PO BOX 1669; MAIL STOP K490  
 LOS ALAMOS, NM 87545  
 FACILITY  
 LOCATION Outfall Owner: Steve Hanson

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

NM0028355 PERMIT NUMBER  
 051 A DISCHARGE NUMBER

MAJOR F - FINAL Form Approved. OMB No. 2040-0004 Approval expires 10-31-94

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
96	05	01		96	05	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

INDUST. WASTE TREATMENT DISCHARGE  
 \*\*\* NO DISCHARGE \*\*\*  
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TOTAL CHROMIUM		0.00	0.00	LB/DY	*****	0.0	0.0	MG/L	0	5/MON	GRAB
01034 1 0 1	PERMIT REQUIREMENT	0.10	0.30	DAILY AVG DAILY MAX	*****	5.1	5.1	DAILY AVG DAILY MAX		1/WK	GRAB
TOTAL COPPER		0.03	0.04	LB/DY	*****	0.2	0.2	MG/L	0	5/MON	GRAB
01042 1 0 1	PERMIT REQUIREMENT	0.63	0.63	DAILY AVG DAILY MAX	*****	1.6	1.6	DAILY AVG DAILY MAX		1/WK	GRAB
TOTAL IRON		0.0	0.1	LB/DY	*****	*****	*****	*****	0	5/MON	GRAB
01045 1 0 0	PERMIT REQUIREMENT	1.0	2.0	DAILY AVG DAILY MAX	*****	*****	*****	*****		1/WK	GRAB
TOTAL LEAD		0.00	0.00	LB/DY	*****	0.0	0.0	MG/L	0	5/MON	GRAB
01051 1 0 1	PERMIT REQUIREMENT	0.06	0.18	DAILY AVG DAILY MAX	*****	0.4	0.4	DAILY AVG DAILY MAX		1/WK	GRAB
TOTAL NICKEL		*****	*****	*****	*****	0.1	0.1	MG/L	0	5/MON	GRAB
01067 1 0 1	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT	REPORT	DAILY AVG DAILY MAX		1/WK	GRAB
TOTAL ZINC		0.00	0.01	LB/DY	*****	0.0	0.0	MG/L	0	5/MON	GRAB
01092 1 0 1	PERMIT REQUIREMENT	0.62	1.63	DAILY AVG DAILY MAX	*****	95.4	95.4	DAILY AVG DAILY MAX		1/WK	GRAB
RADIUM-226 + 228		*****	*****	*****	*****	0.4	0.4	PCI/L	0	1/MON	GRAB
11503 1 0 1	PERMIT REQUIREMENT	*****	*****	*****	*****	30.0	30.0	DAILY AVG DAILY MAX		1/MON	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 STEVEN R. RAE  
 ESH-18 GROUP LEADER  
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I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  


TELEPHONE 505 665-0453  
 DATE 96 6 28  
 AREA CODE NUMBER YEAR MO DAY

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

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 LOCATION Outfall Owner: Steve Hanson

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 DISCHARGE MONITORING REPORT (DMR)  
 (2-16) (17-19)

NM0028355  
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INDUST. WASTE TREATMENT DISCHARGE  
 \*\*\* NO DISCHARGE \*\*\*  
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PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-43)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.0209	0.0209	MGD	*****	*****	*****	*****		CONT	REC
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****			CONT	REC
TOTAL MERCURY	SAMPLE MEASUREMENT	0.000	0.00	LB/DY	*****	0.00	0.00	MG/L	0	5/MON	GRAB
71900 1 0 1	PERMIT REQUIREMENT	0.003	0.00		*****	0.01	0.01			1/WK	GRAB
TOTAL TOXIC ORGANICS	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/MON	GRAB
78141 1 0 1	PERMIT REQUIREMENT	*****	*****		*****	1.0	1.0			1/MON	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
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*Steven Rae*  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 505 665-0453  
 DATE 9/6 6 28  
 AREA CODE NUMBER YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 Results for 11 of the 111 TPO Compounds are considered suspect under Laboratory Q.A./Q.C. methods.  
 Results for 9 of the 11 TPO Compounds were estimated under Laboratory Q.A./Q.C. methods.