

Los Alamos

NATIONAL LABORATORY

Los Alamos National Laboratory
Los Alamos, New Mexico 87545

Date: November 27, 1996
In Reply Refer To: ESH-18/WQ&H-96-0599-1
Mail Stop: K497
Telephone: (505) 665-1859

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 REPORT (DMR) FOR OCTOBER, 1996
NPDES PERMIT NO. NM0028576 (FENTON HILL)**

Dear Ms. Gamble:

Enclosed is Los Alamos National Laboratory's DMR (EPA Form 3320-1) for the Fenton Hill Site for October, 1996, as required under the above referenced NPDES Permit.

Please contact Brenda Edeskuty at (505) 665-0789 or Mike Saladen at (505) 665-6085 of the Laboratory's Water Quality and Hydrology Group if you desire any additional information concerning this DMR.

Sincerely,



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

SR:BE/vc

Enclosures: a/s

Cy: E. Kelley, NMED, Santa Fe, New Mexico, w/enc.
N. Weber, NMED/AIP, Santa Fe, New Mexico, w/enc.
R. Anderson, OCD, 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
J. Albright, LANL, EES-4, w/enc., MS D443
WQ&H File, w/enc., MS K497
CRM-4, w/enc., MS A150

RECEIVED

DEC 03 1996

DOE OVERSIGHT BUREAU



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Req. NPDES

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: J. Thorn

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

NM0028576
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

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

MONITORING PERIOD							
YEAR	MO	DAY	TO	YEAR	MO	DAY	
96	10	01		96	10	31	
(20-21)		(22-23)		(24-25)		(26-27)	
				(28-29)		(30-31)	

FENTON HILL SITE
 *** 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 (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW				MGD	*****	*****	*****	*****		0/MON	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/MON	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	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 13 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 R. Rae
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
505 665-0453
 AREA CODE NUMBER

DATE
96 11 27
 YEAR MO DAY

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