

Permit

Los Alamos

NATIONAL LABORATORY

Los Alamos National Laboratory
Los Alamos, New Mexico 87545

Date: April 28, 1997
In Reply Refer To: ESH-18/WQ&H-97-0125
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 REPORTS (DMRs) FOR MARCH, 1997
NPDES PERMIT NO. NM0028355**

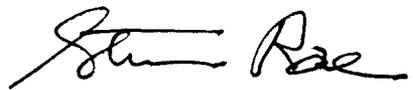
Dear Ms. Gamble:

Enclosed are Los Alamos National Laboratory's DMRs (EPA Form 3320-1) for March, 1997, as required under the above referenced NPDES Permit. There were no effluent limitations exceeded for the industrial outfalls. There was one effluent limitation exceeded for the analyses performed for sanitary outfall 13S.

Upon internal review of our analytical procedures, we found that we have been using the test method for Free Available Chlorine for Outfall Category 04A, although we should have been using the method for Total Residual Chlorine. Please note the Total Residual Chlorine requirement at Outfall Category 04A is for "Report" only. In addition, we have been using the test method for Free Available Chlorine as required by the permit at Outfall Categories 001 and 03A, but citing the test method for Total Residual Chlorine on the sampling forms. Corrective actions were implemented on March 6, 1997. The Total Residual Chlorine test method is now being used for Outfall Category 04A for "Report" only and the sampling forms now reflect the Free Available Chlorine method which has been used for Outfall Categories 001 and 03A.

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

RECEIVED

MAY - 2 1997

DOE OVERSIGHT BUREAU



LANL/Non-HSWA Regulatory

Ms. Diana Gamble
ESH-18/WQ&H-97-0125

- 2 -

April 28, 1997

SR:BE/em

Enclosures: a/s

Cy: G. Saums, NMED, Santa Fe, New Mexico, w/enc.
J. Parker, 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

SANITARY WASTE DEVIATIONS

March 1997

<u>EPA ID</u>	<u>TECH AREA LOCATION</u>	<u>DATE</u>	<u>PARAMETER</u>	<u>RESULTS/LIMIT</u>	<u>UNITS</u>
13S	46-333	3/20/97	BOD	73/45 max.	mg/l

University of California
Los Alamos National Laboratory
Los Alamos, New Mexico 87545

**SUBJECT: NONCOMPLIANCE WITH EFFLUENT LIMITATION
IN NPDES PERMIT NM0028355**

1. Location of noncompliant discharge

Serial 13S TA-46-333

2. Description of noncompliant discharge

Biochemical Oxygen Demand (BOD) concentration of 73 mg/liter exceeded the daily maximum permit limit of 45 mg/liter on March 20, 1997.

3. Impact upon the receiving waters

Outfall discharges to Sandia Canyon. No adverse impacts were observed.

4. Cause of noncompliance

Under investigation. The Laboratory conducted a two-phased pilot study using the MIOX SAL-80 System for disinfection of wastewater at the TA-46 Sanitary Wastewater System Consolidation (SWSC) Treatment Plant. The purpose of the pilot study was to evaluate the use of the MIOX System rather than the existing chlorine gas system for effluent disinfection. Initial operational data suggests that there may be a problem due to the MIOX System increasing BOD at the outfall. If the MIOX System is found to have caused this exceedance, it's use will be re-evaluated. The SWSC Plant Operating Engineer believes that this exceedance may have been caused by other factors and is conducting a separate investigation.

5. Anticipated time of condition if applicable

Condition was discovered upon receipt of analytical data on 3/25/97.

6. Duration of condition if uncorrected

Unknown. Compliance samples collected on 3/11/97 and 3/27/97 were compliant with permit limits.

7. Steps taken to reduce and eliminate condition

The MIOX System was taken off-line on or about April 26, 1997. Gas chlorine will be used for disinfection until the investigations are completed. A bench-top study is being conducted to evaluate the effects of MIOX disinfection on BOD. The SWSC Plant Engineer is also investigating other potential causes.

8. Steps taken to prevent a recurrence of the condition

Sampling and analytical procedures were reviewed. Data validation and sampling protocol met all EPA requirements. Additional operational sampling for COD and BOD of SWSC Plant influent and effluent may be required. JCI/FSS also conducted an investigation of grease traps at Laboratory Cafeterias and Fire Stations. Upon completion of these efforts, additional steps will be taken to prevent a recurrence of this exceedance.

9. Steps taken to minimize any adverse impact to navigable water

No adverse impact to navigable waters is anticipated as the discharge did not cross the Laboratory boundary or reach the Rio Grande.

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

NAME UNIVERSITY OF CALIFORNIA
 ADDRESS LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 FACILITY LOS ALAMOS, NM 87545

LOCATION Outfall Owner: R. Fox

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

NM0000055 PERMIT NUMBER
 001 A DISCHARGE NUMBER

Form Approved.
 OMB No. 2040-0004
 Approval expires 05-31-98

MAJOR
 F - FINAL

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
97	03	01	97	03	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 (33-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	SU	0	1/MON	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0	*****	9.0			1/MON	GRAB
					MINIMUM		MAXIMUM				
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4	MG/L	0	1/MON	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30	100			1/MON	GRAB
						DAILY AVG	DAILY MAX				
FLOW	SAMPLE MEASUREMENT	0.0288	0.0288	MGD	*****	*****	*****	*****		1/MON	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****			1/MON	EST
		DAILY AVG	DAILY MAX								
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/MON	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2	0.5			1/MON	GRAB
						DAILY AVG	DAILY MAX				
	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 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Fines/penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

505 665-0453

DATE

97 4 28

AREA CODE

NUMBER

YEAR

MO

DAY

COMMENTS 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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (17-19)
 NM0028355 051 A
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR
 F - FINAL

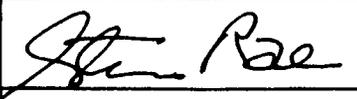
Form Approved.
 OMB No. 2040-0004
 Approval expires 05-31-98

FACILITY
 LOCATION Outfall Owner: S. Hanson

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 97 05 01 97 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) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHEMICAL OXY. DEMAND 00340 1 0 1	SAMPLE MEASUREMENT	8	15	LB/DY	*****	45	84	MG/L	0	4/MON	GRAB
	PERMIT REQUIREMENT	94 DAILY AVG	156 DAILY MAX		*****	125 DAILY AVG	125 DAILY MAX			1/WK	GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	8.9	SU	0	CONT	REC
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			CONT	REC
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	1.7	3.6	LB/DY	*****	*****	*****	*****	0	4/MON	GRAB
	PERMIT REQUIREMENT	18.8 DAILY AVG	62.6 DAILY MAX		*****	*****	*****			1/WK	GRAB
TOTAL NITROGEN 00600 1 0 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	22.0	22.0	MG/L	0	1/MON	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/MON	GRAB
AMMONIA (AS N) 00610 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.0	2.0	MG/L	0	1/MON	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/MON	GRAB
NITRATE-NITRITE AS 00630 1 0 1	N SAMPLE MEASUREMENT	*****	*****	*****	*****	18.2	18.2	MG/L	0	1/MON	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/MON	GRAB
TOTAL CADMIUM 01027 1 0 1	SAMPLE MEASUREMENT	0.00	0.00	LB/DY	*****	0.0	0.0	MG/L	0	4/MON	GRAB
	PERMIT REQUIREMENT	0.06 DAILY AVG	0.30 DAILY MAX		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/WK	GRAB
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 19 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 5 years.)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		TELEPHONE 005 065-0453	DATE 97 4 28			
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	AREA CODE		NUMBER		YEAR		MO		DAY		

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: S. Hanson

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

NM0028355
 PERMIT NUMBER

051 A
 DISCHARGE NUMBER

MAJOR
 F - FINAL

Form Approved.
 OMB No. 2040-0004
 Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
97	03	01	97	03	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) QUANTITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TOTAL CHROMIUM	SAMPLE MEASUREMENT	0.00	0.00	LB/DY	*****	0.0	0.0	MG/L	0	4/MON	GRAB
01034 1 0 1	PERMIT REQUIREMENT	0.19	0.38		*****	5.1	5.1			1/WK	GRAB
		DAILY AVG	DAILY MAX			DAILY AVG	DAILY MAX				
TOTAL COPPER	SAMPLE MEASUREMENT	0.02	0.02	LB/DY	*****	0.1	0.1	MG/L	0	4/MON	GRAB
01042 1 0 1	PERMIT REQUIREMENT	0.63	0.63		*****	1.6	1.6			1/WK	GRAB
		DAILY AVG	DAILY MAX			DAILY AVG	DAILY MAX				
TOTAL IRON	SAMPLE MEASUREMENT	0.0	0.0	LB/DY	*****	*****	*****	*****	0	4/MON	GRAB
01045 1 0 0	PERMIT REQUIREMENT	1.0	2.0		*****	*****	*****			1/WK	GRAB
		DAILY AVG	DAILY MAX								
TOTAL LEAD	SAMPLE MEASUREMENT	0.00	0.00	LB/DY	*****	0.0	0.0	MG/L	0	4/MON	GRAB
01051 1 0 1	PERMIT REQUIREMENT	0.06	0.15		*****	0.4	0.4			1/WK	GRAB
		DAILY AVG	DAILY MAX			DAILY AVG	DAILY MAX				
TOTAL NICKEL	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.1	MG/L	0	4/MON	GRAB
01067 1 0 1	PERMIT REQUIREMENT	*****	*****		*****	REPORT	REPORT			1/WK	GRAB
						DAILY AVG	DAILY MAX				
TOTAL ZINC	SAMPLE MEASUREMENT	0.01	0.01	LB/DY	*****	0.1	0.1	MG/L	0	4/MON	GRAB
01092 1 0 1	PERMIT REQUIREMENT	0.62	1.83		*****	95.4	95.4			1/WK	GRAB
		DAILY AVG	DAILY MAX			DAILY AVG	DAILY MAX				
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.2	0.2	PCI/L	0	1/MON	GRAB
11503 1 0 1	PERMIT REQUIREMENT	*****	*****		*****	30.0	30.0			1/MON	GRAB
						DAILY AVG	DAILY MAX				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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 those statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TELEPHONE		DATE			
STEVEN R. RAE ESH-18 GROUP LEADER						305 665-0453		97 4 28			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO

COMMENTS 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: S. Hanson

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

NM0028355
 PERMIT NUMBER

051 A
 DISCHARGE NUMBER

MAJOR
 F - FINAL

Form Approved.
 OMB No. 2040-0004
 Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
97	03	01	97	03	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 (40-53)			(4 Card Only) QUANTITY OR CONCENTRATION (30-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.0221	0.0417	MGD	*****	*****	*****	*****		CONT	REC
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			CONT	REC
TOTAL MERCURY	SAMPLE MEASUREMENT	0.000	0.00	LB/DY	*****	0.00	0.00	MG/L	0	4/MON	GRAB
71900 1 0 1	PERMIT REQUIREMENT	0.003 DAILY AVG	0.09 DAILY MAX		*****	0.01 DAILY AVG	0.01 DAILY MAX			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 DAILY AVG	1.0 DAILY MAX			1/MON	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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 19 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 5 years.				TELEPHONE		DATE			
STEVEN R. RAE ESH-18 GROUP LEADER						505 665-0453		97 4 28			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER		YEAR MO DAY			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 * Results for three of the 111 contributors to the Total Toxic Organics were qualified as estimated under laboratory QA/QC methods. (SR)

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: R. Fox

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

NM0028355
 PERMIT NUMBER

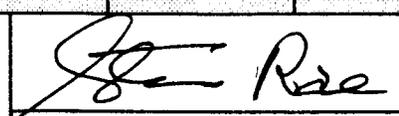
05S A
 DISCHARGE NUMBER

MAJOR
 F - FINAL

Form Approved.
 OMB No. 2040-0004
 Approval expires 05-31-98

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	03	01		97	03	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)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW				MGD	*****	*****	*****	*****		CONT	TOTAL
50050 1 0 0		REPORT DAILY AVG	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									
		SAMPLE MEASUREMENT									
		PERMIT REQUIREMENT									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		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. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TELEPHONE 505 665-0453		DATE 97 4 28			
STEVEN R. RAE ESH-18 GROUP LEADER											SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 
TYPED OR PRINTED											

COMMENTS 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: R. Fox

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

NM0028355
 PERMIT NUMBER

13S A
 DISCHARGE NUMBER

MAJOR F - FINAL

Form Approved.
 OMB No. 2040-0004
 Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
97	03	01	97	03	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)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (48-53) (54-61)			(4 Card Only) QUANTITY OR CONCENTRATION (38-46) (48-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BIO. OXY. DMD. 5 DAY 00310 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	54 100	***** *****	LB/DY	*****	21 30	73 45	MG/L	1	4/MON	COMP
		DAILY AVG				DAILY AVG	DAILY MAX			3/MON	COMP
PH 00400 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	*****	6.9 6.0	***** *****	7.6 9.0	SU	0	4/MON	GRAB
					MINIMUM		MAXIMUM			1/WK	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	9 100	***** *****	LB/DY	*****	3 30	4 45	MG/L	0	3/MON	COMP
		DAILY AVG				DAILY AVG	DAILY MAX			3/MON	COMP
FLOW 50050 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.3022 REPORT	0.4250 REPORT	MGD	***** *****	***** *****	***** *****	*****		CONT	TOTAL
		DAILY AVG	DAILY MAX							CONT	TOTAL
FECAL COL. BAC. / 100ML 74055 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	*****	***** *****	1 500	2 500	# / 100ML	0	3/MON	GRAB
						LOG MEAN	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

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 5 years.

Steven Rae
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 505 665-0453
 DATE 97 4 28
 AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 (X) BOD Max. concentration exceeded.
 Please see attached Non-Compliance Report.