

Los Alamos

NATIONAL LABORATORY

Los Alamos National Laboratory
Los Alamos, New Mexico 87545

Date: June 19, 1997
In Reply Refer To: ESH-18/WQ&H-97-0181
Mail Stop: K497
Telephone: (505) 665-1859

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

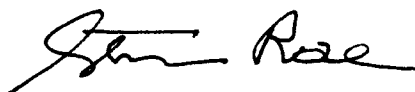
**SUBJECT: DISCHARGE MONITORING REPORTS (DMRs) FOR MAY, 1997,
NPDES PERMIT NO. NM0028355**

Dear Ms. Gamble:

Enclosed are Los Alamos National Laboratory's DMRs (EPA Form 3320-1) for May, 1997, 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.

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/rj

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
CIC-10, w/enc., MS A150

RECEIVED
JUN 30 1997
DOE OVERSIGHT BUREAU



15596

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)

000028355
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MAJOR
F - FINAL

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

MONITORING PERIOD

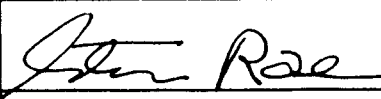
FROM YEAR MO DAY TO YEAR MO DAY
97 05 01 97 05 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

POWER PLANT 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 (39-45) (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	*****	*****	*****	8.0	*****	8.0	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	*****	*****	*****	*****	5	5	MG / L	0	1 / MON	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1 / MON	GRAB
FLOW	SAMPLE MEASUREMENT	0.0317	0.0317	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	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.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
STEVEN R. RAE ESH-18 GROUP LEADER			505 665-0453	97	6	20	
TYPED OR PRINTED			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

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	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)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
CHEMICAL OXY. DEMAND 00340 1 0 1	SAMPLE MEASUREMENT	7	9	LB/DY	*****	31	36	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	*****	*****	*****	6.4	*****	7.7	0	CONT	REC	
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		CONT	REC	
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	1.2	2.7	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	*****	*****	*****	*****	32.4	32.4	0	1/MON	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX		1/MON	GRAB	
AMMONIA (AS N) 00610 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.5	6.5	0	1/MON	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX		1/MON	GRAB	
NITRATE-NITRITE AS N 00630 1 0 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	25.6	25.6	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	0.01	LB/DY	*****	0.0	0.0	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		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.)					TELEPHONE		DATE		
STEVEN R. RAE ESH-18 GROUP LEADER							505 665-0453		97 6 20		
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)

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	05	01	97	05	31
FROM			TO		
(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)		(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			
TOTAL CHROMIUM	SAMPLE MEASUREMENT	0.00	0.00	LB/DY	*****	0.0	0.0	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	0.04	LB/DY	*****	0.1	0.1	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	0.1	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	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	*****	*****	*****	*****	0.1	0.1	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	0.02	LB/DY	*****	0.1	0.1	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	*****	*****	*****	*****	16.0	16.0	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. § 1318. (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 6 20
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER

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

Radium 228 result is biased high due to matrix interference

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)
 (2-18) (17-19)

0510028355
 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	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)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY 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			
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0241	0.0420	MGD	*****	*****	*****	*****		CONT	REC
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			CONT	REC
TOTAL MERCURY 71900 1 0 1	SAMPLE MEASUREMENT	0.000	0.00	LB/DY	*****	0.00	0.00	MG/L	0	4/MON	GRAB
	PERMIT REQUIREMENT	0.003 DAILY AVG	0.09 DAILY MAX		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/WK	GRAB
TOTAL TOXIC ORGANICS 78141 1 0 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/MON	GRAB
	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										
	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		DATE			
STEVEN R. RAE ESH-18 GROUP LEADER			505 665-0453		97 6 20			
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)

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

05S 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	05	01	97	05	31
FROM (20-21) (22-23) (24-26)			TO (26-27) (28-29) (30-31)		

TREATED SANITARY SEWAGE EFFLUENT

*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (48-53)			(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			
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		CONT	TOTAL
	PERMIT REQUIREMENT	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

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.)

TELEPHONE

505 665-0453

DATE

97 6 20

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

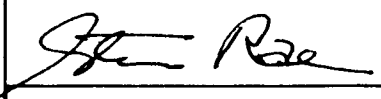
Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	05	01		97	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) (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			
BIO. OXY. DMD. 5 DAY	SAMPLE MEASUREMENT	13	*****	LB/DY	*****	4	5	MG/L	0	3/MON	COMP
00310 1 0 0	PERMIT REQUIREMENT	100 DAILY AVG	*****		*****	30 DAILY AVG	45 DAILY MAX			3/MON	COMP
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.9	SU	0	5/MON	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/WK	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	9	*****	LB/DY	*****	3	3	MG/L	0	3/MON	COMP
00530 1 0 0	PERMIT REQUIREMENT	100 DAILY AVG	*****		*****	30 DAILY AVG	45 DAILY MAX			3/MON	COMP
FLOW	SAMPLE MEASUREMENT	0.3266	0.4320	MGD	*****	*****	*****	*****		CONT	TOTAL
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			CONT	TOTAL
FECAL COL.BAC./100ML	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	4	/100ML	0	3/MON	GRAB
74055 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	500 LOG MEAN	500 DAILY MAX			3/MON	GRAB
	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. § 1310. (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	DATE			
STEVEN R. RAE ESH-18 GROUP LEADER			505 665-0453	97	6	20	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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