

Los Alamos

NATIONAL LABORATORY

Los Alamos National Laboratory
Los Alamos, New Mexico 87545

Date: August 20, 1997
In Reply Refer To: ESH-18/WQ&H-97-0267-1
Mail Stop: K497
Telephone: (505) 665-1859

12-1-97
File

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

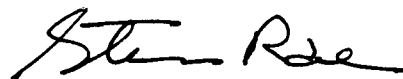
**SUBJECT: DISCHARGE MONITORING REPORT (DMR) FOR JULY, 1997,
NPDES PERMIT NO. NM0028576 (FENTON HILL)**

Dear Ms. Gamble:

Enclosed is Los Alamos National Laboratory's DMR (EPA Form 3320-1) for the Fenton Hill Site for July, 1997, 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/tp

Enclosures: a/s

Cy: G. Saums, NMED, Santa Fe, New Mexico, w/enc.
J. Parker, 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
CIC-10, w/enc., MS A150

RECEIVED

AUG 29 1997

DOE OVERSIGHT BUREAU



15609

CAL / non HSW + 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: D. Thomas

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

NM0028576
 PERMIT NUMBER

001 A
 DISCHARGE NUMBER

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

F - FINAL

MONITORING PERIOD								
YEAR			MO			DAY		
97			07			01		
FROM			TO					
(20-21)			(22-23)			(24-25)		

FENTON HILL SITE
 *** NO DISCHARGE X ***

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 (46-53)				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	*****	*****	*****	*****		0 / MON	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1 / MON	EST
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	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.)	TELEPHONE		DATE			
STEVEN R. RAE ESH-18 GROUP LEADER			505 665-0453		97 8 27			
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)