

# Los Alamos

NATIONAL LABORATORY

Los Alamos National Laboratory  
Los Alamos, New Mexico 87545

Date: August 26, 1997  
In Reply Refer To: ESH-18/WQ&H-97-0266  
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 WATER QUALITY  
STANDARDS (WQS) NPDES PERMIT NO. NM0028355**

Dear Ms. Gamble:

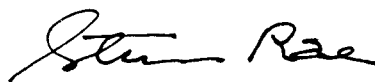
Enclosed are Los Alamos National Laboratory's DMRs (EPA Form 3320-1) for the yearly Water Quality Standards (WQS) parameters for the period August 1, 1996 through July 31, 1997 as required under the above referenced NPDES Permit. We have also included a table summarizing WQS sampling. Samples were collected at 61 outfalls which were active during the sampling period. There were four WQS effluent limitations exceeded from approximately 900 analyses conducted on industrial and sanitary outfall samples.

The Laboratory's NPDES Permit requires reporting of accelerator-produced tritium in the DMRs. Please note that tritium results have been reported in the DMRs even though the source of tritium (accelerator or reactor-produced) has not been confirmed. A result of 147,059 pCi/L was obtained for tritium at Outfall 051, but it was not included in the DMR since Waste Stream Survey results indicate that only reactor-produced tritium enters the TA-50 treatment facility. This result for Outfall 051 meets the accelerator-produced effluent limit for tritium of 3,000,000 pCi/L.

Routine monthly and quarterly sampling results have been submitted under separate cover.

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  
Water Quality & Hydrology Group

RECEIVED

AUG 29 1997

DOE OVERSIGHT BUREAU



15611

LA 100-45641/NPDES

Ms. Diana Gamble  
ESH-18/WQ&H-97-0266

- 2 -

August 26, 1997

SR:BE/mv

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  
LANL Outfall Owners, w/enc.  
M. Brown, JCI/JENV, w/enc., MS A199  
WQ&H File, w/enc., MS K497  
CIC-10, w/enc., MS A150

## INDUSTRIAL WASTE DEVIATIONS

### Water Quality Standards (WQS)

<u>EPA ID</u>	<u>TECH AREA LOCATION</u>	<u>DATE</u>	<u>PARAMETER</u>	<u>RESULTS/LIMIT</u>	<u>UNITS</u>
06A074	TA8-22	8/14/96	Aluminum	43.5/5.0 max.	mg/l
06A074	TA8-22	8/1/96-7/31/97	Aluminum	21.7/5.0 avg.	mg/l
06A074	TA8-22	8/14/96	Vanadium	0.15/0.10 max.	mg/l
06A074	TA8-22	8/1/96-7/31/97	Vanadium	0.15/0.10 avg.	mg/l

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

**SUBJECT: NONCOMPLIANCE WITH WATER QUALITY  
STANDARD (WQS) EFFLUENT LIMITATION IN  
NPDES PERMIT NM0028355**

**1. Location of noncompliant discharge**

Serial 074                      TA-08-022

**2. Description of noncompliant discharge**

Total Aluminum concentration of 43.5 mg/l exceeded the daily maximum permit limit of 5.0 mg/l. Total Aluminum concentration of 21.7 mg/l exceeded the daily average permit limit of 5.0 mg/l.

**3. Impact upon the receiving waters**

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

**4. Cause of noncompliance**

An investigation into the cause of the non-compliance was unable to determine the source of the elevated Aluminum concentration.

**5. Anticipated time of condition if applicable**

Sample was collected during yearly Water Quality Standard sampling of Outfall 074 on 8/14/96.

**6. Duration of condition if uncorrected**

The duration of the noncompliant condition is not known. Outfall discharges intermittently from operations.

**7. Steps taken to reduce and eliminate condition**

The analytical results indicating aluminum concentrations in excess of permit limits were not received until after the discharge had ceased. A repeat sample collected 10/2/96 was compliant with permit limits.



**8. Steps taken to prevent a recurrence of the condition**

The discharge to this outfall has been eliminated and the Laboratory has requested deletion from the Laboratory's permit.

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

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

**University of California  
Los Alamos National Laboratory  
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**SUBJECT: NONCOMPLIANCE WITH WATER QUALITY  
STANDARD (WQS) EFFLUENT LIMITATION  
IN NPDES PERMIT NM0028355**

**1. Location of noncompliant discharge**

Serial 074                      TA-08-22

**2. Description of noncompliant discharge**

Total Vanadium concentration of 0.15 mg/l exceeded the daily maximum and daily average permit limit of 0.10 mg/l.

**3. Impact upon the receiving waters**

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

**4. Cause of noncompliance**

The cause of the elevated Vanadium concentration is not known.

**5. Anticipated time of condition if applicable**

Sample was collected during yearly Water Quality Standard monitoring of Outfall 074 on 8/14/96.

**6. Duration of condition if uncorrected**

The duration of the noncompliant condition is not known. Outfall discharges intermittently from operations.

**7. Steps taken to reduce and eliminate condition**

The analytical results indicating Vanadium concentrations in excess of permit limits were not received until after the discharge had ceased. In addition, the Vanadium exceedance was not discovered until DMR preparation in August of 1997.

**8. Steps taken to prevent a recurrence of the condition**

The discharge to this outfall has been eliminated and the Laboratory has requested deletion from the Laboratory's NPDES permit.

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

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

**Water Quality Standard Sampling  
Los Alamos National Laboratory  
NPDES Permit# NM0028355  
Permit Year 8/1/96 Through 7/31/97**

OUTFALL #	TA-Bldg.	SAMPLE COLLECTED (YES / NO)	COMMENTS
01A-001	3-22	yes	N/A
02A-007	16-540	yes	N/A
02A-129	21-357	yes	N/A
03A-021	3-29	yes	N/A
03A-022	3-127	yes	N/A
03A-024	3-187	yes	N/A
03A-025	3-208	no	No discharge
03A-027	3-285	yes	N/A
03A-028	15-202	yes	N/A
03A-034	21-166	yes	N/A
03A-035	21-210	yes	N/A
03A-036	21-220	yes	N/A
03A-038	33-114	no	No discharge
03A-040	43-1	yes	N/A
03A-042	46-1	yes	N/A
03A-045	48-1	yes	N/A
03A-047	53-60	yes	N/A
03A-048	53-62	yes	N/A
03A-049	53-64	yes	N/A
03A-113	53-293, 365, 1032	yes	N/A
03A-125	53-28	no	No discharge
03A-130	11-30	yes	N/A
03A-145	53-6	no	No discharge
03A-146	53-14	no	No discharge
03A-148	3-1837	yes	N/A
03A-158	21-209	yes	N/A
03A-160	35-124	yes	N/A
03A-181	55-6	yes	N/A
03A-185	15-202	no	No discharge
04A-016	48-1	yes	N/A
04A-070	16-220	no	No discharge
04A-083	16-202	yes	N/A
04A-091	16-450	yes	N/A
04A-092	16-370	no	No discharge
04A-094	3-170	yes	N/A
04A-101	40-9	yes	N/A
04A-115	8-70	yes	N/A
04A-118	Pajarito Well #4	no	No discharge
04A-127	35-213	yes	N/A
04A-131	48-1	no	No discharge
04A-139	15-184	no	No discharge
04A-141	39-69	yes	N/A
04A-143	15-306	yes	N/A
04A-152	48-28	no	No discharge
04A-153	48-1	yes	N/A
04A-156	39-89	yes	N/A
04A-157	16-460	yes	N/A
04A-161	Otowi Well #1	yes	N/A
04A-163	Pajarito Well #1	yes	N/A
04A-164	Pajarito Well #2	yes	N/A
04A-165	Pajarito Well #3	yes	N/A
04A-166	Pajarito Well #5	no	No discharge
04A-171	Guaje Well #1	no	No discharge
04A-172	Guaje Well #1A	no	No discharge
04A-173	Guaje Well #2	no	No discharge
04A-174	Guaje Well #4	no	No discharge
04A-175	Guaje Well #5	no	No discharge
04A-176	Guaje Well #6	yes	N/A
04A-177	Guaje Booster #1	yes	N/A
04A-182	21-1003	yes	N/A
04A-186	Otowi Well #4	yes	N/A
05A-053	16-410	yes	N/A
05A-054	16-430	yes	N/A

**Water Quality Standard Sampling  
Los Alamos National Laboratory  
NPDES Permit# NM0028355  
Permit Year 8/1/96 Through 7/31/97**

OUTFALL #	TA-Bldg.	SAMPLE COLLECTED (YES / NO)	COMMENTS
05A-055	16-401, 406	yes	N/A
05A-056	16-260	yes	N/A
05A-066	9-A: 21, 28, 29, 32-35, 37, 38 & 40	yes	N/A
05A-067	9-B: 41, 42, 43, 45 & 46	yes	N/A
05A-068	9-48	yes	N/A
05A-069	11-50	no	No discharge
05A-071	16-430	yes	N/A
05A-072	16-460	no	No discharge
05A-096	11-51	no	No discharge
05A-097	11-52	no	No discharge
06A-073	16-222	yes	N/A
06A-074	8-22	yes	N/A
06A-075	8-21	yes	N/A
06A-079	40-4	yes	N/A
06A-080	40-5	no	No discharge
06A-081	40-8	no	No discharge
06A-082	40-12	no	No discharge
06A-099	40-23	no	No discharge
06A-100	40-15	yes	N/A
06A-106	36-1	yes	N/A
06A-123	15-R183	yes	N/A
06A-132	35-87	yes	N/A
051-051	50-1	yes	N/A
05S	TA-21 Sewage Plant	no	No discharge
13S	TA-46 SWSC Plant	yes	N/A

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

001  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
96 08 01 97 07 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)		QUANTITY OR LOADING (3 Card Only) (46-53)			QUANTITY OR CONCENTRATION (4 Card Only) (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
STEVEN R. RAE ESH-18 GROUP LEADER			505 665-0453	97	8
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: R. Fox

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

(2-16)  
NM0028355  
PERMIT NUMBER

(17-19)  
001  
DISCHARGE NUMBER

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

Y MAJOR  
F - FINAL

MONITORING PERIOD

FROM YEAR 96 MO 08 DAY 01 TO YEAR 97 MO 07 DAY 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)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TOTAL VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	MG/L	0	1/YR	GRAB
01087 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
01092 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
01105 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
01147 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.9	3.9	PCI/L	0	1/YR	GRAB
11503 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30.0 DAILY AVG	30.0 DAILY MAX			1/YR	GRAB
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
71900 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	266	266	PCI/L	0	1/YR	GRAB
82126 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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. § 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 8 26			
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)

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NM0028355  
PERMIT NUMBER

02A 007  
DISCHARGE NUMBER



Y MAJOR  
F - FINAL

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MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

BOILER BLOWDOWN  
\*\*\* 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 ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB
TOTAL CHROMIUM  01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB
TOTAL COPPER  01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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 8 26		
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 Cr and Cu reported in Quarterly DMRs per EPA instructions



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

NAME UNIVERSITY OF CALIFORNIA  
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PO BOX 1663; MAIL STOP K490  
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FACILITY LOCATION Outfall Owner: R. Fox

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

NM0028355  
PERMIT NUMBER

02A 007  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD  
FROM YEAR MO DAY TO YEAR MO DAY  
96 08 01 97 07 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

BOILER BLOWDOWN  
\*\*\* 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
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.04	0.04	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.10	0.10			1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	95.4	95.4			1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.2	0.2	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0	5.0			1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05	0.05			1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.4	2.4	PCI/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30	30			1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.01	0.01			1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	PCI/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	3000000	3000000			1/YR	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.)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
STEVEN R. RAE ESH-18 GROUP LEADER						505 665-0453		97 8 26			
TYPED OR PRINTED		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  
FACILITY LOS ALAMOS, NM 87545

LOCATION Outfall Owner: R. Fox

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

NM0028355  
PERMIT NUMBER

02A 129  
DISCHARGE NUMBER

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

Y MAJOR  
F - FINAL

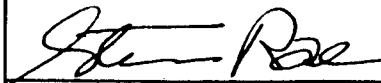
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

BOILER BLOWDOWN

\*\*\* 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 ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.04	0.04	MG/L		1/YR	GRAB
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0	5.0	MG/L		1/YR	GRAB
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2	0.2	MG/L		1/YR	GRAB
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.1	5.1	MG/L		1/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0	1.0	MG/L		1/YR	GRAB
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1.6	1.6	MG/L		1/YR	GRAB
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.4	0.4	MG/L		1/YR	GRAB
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.4	0.4	MG/L		1/YR	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 KNOWLEDGE OF 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.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
STEVEN R. RAE ESH-18 GROUP LEADER			505 665-0453	97	8	26	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

Results for Cr and Cu reported in Quarterly DMRs per EPA instructions.

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)

PERMIT NUMBER NM00000355  
DISCHARGE NUMBER 02A 120

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

Y MAJOR  
F - FINAL

MONITORING PERIOD								
YEAR			MO			DAY		
FROM	96	08	01	TO	97	07	31	
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)	


BOILER BLOWDOWN

\*\*\* 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) QUANTITY 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 VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.02	0.02	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.10	0.10			1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	95.4	95.4			1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0	5.0			1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05	0.05			1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.7	1.7	PCI/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30	30			1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.01	0.01			1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	731	731	PCI/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	3000000	3000000			1/YR	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.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
STEVEN R. RAE ESH-18 GROUP LEADER			505 665-0453	97	8	26
TYPED OR PRINTED			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 1863; MAIL STOP K490  
LOS ALAMOS, NM 87545

FACILITY  
LOCATION Outfall Owner: T. Cull

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

NM0028355  
PERMIT NUMBER

03A 021  
DISCHARGE NUMBER

MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR 98 MO 08 DAY 01 TO YEAR 97 MO 07 DAY 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

COOLING TOWER BLOWDOWN

\*\*\* 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			
TOTAL ARSENIC (A) 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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 8 26		
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER		

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

(A) Results for As reported on quarterly DMR per EPA instructions. (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: T. Cull

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

NM0028355  
PERMIT NUMBER

03A 021  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

FROM TO

COOLING TOWER BLOWDOWN

\*\*\* 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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)									
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS								
TOTAL VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.02	0.02	MG/L	0	1/YR	GRAB								
01087 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB								
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB								
01092 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB								
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB								
01105 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB								
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB								
01147 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB								
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.9	4.9	PCI/L	0	1/YR	GRAB								
11503 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB								
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB								
71900 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB								
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	PCI/L	0	1/YR	GRAB								
82126 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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 505 665-0453		DATE 97 8 26											
STEVEN R. RAE ESH-18 GROUP LEADER																			
TYPED OR PRINTED																			
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER											

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: L. Woodrow

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

NM0028355  
PERMIT NUMBER

03A 022  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21)		(22-23)	(24-25)	(26-27)	(28-29)
		(30-31)			

COOLING TOWER BLOWDOWN

\*\*\* 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						
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L						
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB			
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB			
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB			
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB			
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB			
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB			
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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. § 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 8 26						
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 As reported on Quarterly PMR per EPA instructions.

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: L. Woodrow

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (2-18)

NM0028355  
 PERMIT NUMBER

03A 022  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21)		(22-23)	(24-25)		(26-27)
		(28-29)			(30-31)

COOLING TOWER BLOWDOWN

\*\*\* 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 VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.02	0.02	0	1/YR	GRAB				
01087 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.10	0.10		1/YR	GRAB				
						DAILY AVG	DAILY MAX							
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
01092 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	95.4	95.4		1/YR	GRAB				
						DAILY AVG	DAILY MAX							
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB				
01105 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0	5.0		1/YR	GRAB				
						DAILY AVG	DAILY MAX							
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB				
01147 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05	0.05		1/YR	GRAB				
						DAILY AVG	DAILY MAX							
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.7	1.7	0	1/YR	GRAB				
11503 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	30	30		1/YR	GRAB				
						DAILY AVG	DAILY MAX							
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB				
71900 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.01	0.01		1/YR	GRAB				
						DAILY AVG	DAILY MAX							
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	418	418	0	1/YR	GRAB				
82126 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	3000000	3000000		1/YR	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 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						505 665-0453		97 8 26						
ESH-18 GROUP LEADER						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR MO DAY				
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: L. Woodrow

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

2-16) NM0028355  
 PERMIT NUMBER

17-19) 03A 024  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

MONITORING PERIOD  
 FROM YEAR 98 MO 08 DAY 01 TO YEAR 97 MO 07 DAY 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

COOLING TOWER BLOWDOWN

\*\*\* 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 (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-55)	MAXIMUM (56-57)	UNITS (58-59)	MINIMUM (46-47)	AVERAGE (48-49)	MAXIMUM (50-51)			
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L		
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR
	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR
	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR
	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR
	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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. § 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 8 26		
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER		

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

Results for As reported on quarterly DMR per EPA instruction



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: L. Woodrow

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (2-18) (17-19)

NM0028355  
 PERMIT NUMBER

03A 024  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
98	08	01	97	07	31
(20-21) (22-23) (24-26)			(28-27) (28-29) (30-31)		

COOLING TOWER BLOWDOWN  
 \*\*\* 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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)				
		AVERAGE (54-55)	MAXIMUM (56-57)	UNITS (58-59)	MINIMUM (38-39)	AVERAGE (40-41)	MAXIMUM (42-43)				UNITS (44-45)			
TOTAL VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.03	0.03	MG/L	0	1/YR	GRAB			
01087 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB			
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB			
01092 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB			
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB			
01105 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB			
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB			
01147 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB			
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	PCI/L	0	1/YR	GRAB			
11503 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB			
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB			
71900 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB			
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	458	458	PCI/L	0	1/YR	GRAB			
82126 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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						505 665-0433		97 8 26						
ESH-18 GROUP LEADER						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR MO DAY				
TYPED OR PRINTED														

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

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

NAME

ADDRESS

FACILITY

LOCATION Outfall Owner: L. Rowton

UNIVERSITY OF CALIFORNIA  
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  
PERMIT NUMBER03A 025  
DISCHARGE NUMBERY MAJOR  
F - FINAL

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

## MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	96	08	01		97	07	31

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

COOLING TOWER BLOWDOWN

\*\*\* NO DISCHARGE X \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (48-63) QUANTITY OR LOADING (54-61)			(4 Card Only) (39-45) QUANTITY OR CONCENTRATION (46-63) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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		77 8 26			
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: L. Rowton

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

NM0028355  
 PERMIT NUMBER

03A 025  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

## MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
 96 08 01 97 07 31  
 (120-21) (122-23) (124-25) (126-27) (128-29) (130-31)

COOLING TOWER BLOWDOWN

\*\*\* NO DISCHARGE X \*\*\*

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				UNITS
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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. § 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		978 26			
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 1863; MAIL STOP K490  
LOS ALAMOS, NM 87545

FACILITY  
LOCATION Outfall Owner: T. Trezona

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

NM0028355  
PERMIT NUMBER

03A 027  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21) (22-23) (24-26)			(28-27) (28-29) (30-31)		

COOLING TOWER BLOWDOWN

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (39-45) 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 ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L						
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB				
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR GRAB				
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB				
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR GRAB				
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB				
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR GRAB				
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB				
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR GRAB				
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB				
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR GRAB				
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB				
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR GRAB				
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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 8 26						
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 As reported on Quarterly DMR per EPA instructions.

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

NAME UNIVERSITY OF CALIFORNIA  
ADDRESS LOS ALAMOS NATIONAL LABORATORY  
PO BOX 1863; MAIL STOP K490  
LOS ALAMOS, NM 87545

FACILITY LOCATION Outfall Owner: T. Trezona

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-18) (17-19)

NM0028355  
PERMIT NUMBER

03A 027  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

COOLING TOWER BLOWDOWN

\*\*\* 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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.02	0.02	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.10 DAILY AVG	0.10 DAILY MAX		1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	95.4 DAILY AVG	95.4 DAILY MAX		1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05 DAILY AVG	0.05 DAILY MAX		1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.6	2.6	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	30 DAILY MAX		1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.01 DAILY AVG	0.01 DAILY MAX		1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	3000000 DAILY AVG	3000000 DAILY MAX		1/YR	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 8 26		
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	

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: T. Alexander

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-18) (17-19)

NM0028355  
PERMIT NUMBER

03A 028  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
98	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (48-53)			(4 Card Only) (54-59)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)				
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS			
TOTAL ARSENIC	(*)	*****	*****	*****	*****									
01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.04	0.04		1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AVG	DAILY MAX							
TOTAL BORON		*****	*****	*****	*****	0.1	0.1		1/YR	GRAB				
01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.0	5.0		1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AVG	DAILY MAX							
TOTAL CADMIUM		*****	*****	*****	*****	0.0	0.0		1/YR	GRAB				
01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.2	0.2		1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AVG	DAILY MAX							
TOTAL CHROMIUM		*****	*****	*****	*****	0.0	0.0		1/YR	GRAB				
01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.1	5.1		1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AVG	DAILY MAX							
TOTAL COBALT		*****	*****	*****	*****	0.0	0.0		1/YR	GRAB				
01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.0	1.0		1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AVG	DAILY MAX							
TOTAL COPPER		*****	*****	*****	*****	0.0	0.0		1/YR	GRAB				
01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.6	1.6		1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AVG	DAILY MAX							
TOTAL LEAD		*****	*****	*****	*****	0.0	0.0		1/YR	GRAB				
01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.4	0.4		1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	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 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						505 665-0453		97 8 26						
ESH-18 GROUP LEADER						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		YEAR MO DAY						
TYPED OR PRINTED						AREA CODE		NUMBER						

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

(\*) Results for As reported on Quarterly DMR per EPA instructions.

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: T. Alexander

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-18) (17-19)

NM0028355  
PERMIT NUMBER

03A 028  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN

\*\*\* 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 VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.02	0.02	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.10 DAILY AVG	0.10 DAILY MAX		1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	95.4 DAILY AVG	95.4 DAILY MAX		1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05 DAILY AVG	0.05 DAILY MAX		1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.8	1.8	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	30 DAILY MAX		1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.01 DAILY AVG	0.01 DAILY MAX		1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	63	63	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	3000000 DAILY AVG	3000000 DAILY MAX		1/YR	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 8 26		
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: D. Carathers

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

PERMIT NUMBER NM0028355

DISCHARGE NUMBER 03A 034

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (48-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-46)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)				
		AVERAGE (54-55)	MAXIMUM (56-57)	UNITS (58-59)	MINIMUM (48-49)	AVERAGE (50-51)	MAXIMUM (52-53)				UNITS (54-55)			
TOTAL ARSENIC 01002 1 0 0	Ⓢ	SAMPLE MEASUREMENT *****	*****	*****	*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB				
		PERMIT REQUIREMENT *****	*****		*****									
TOTAL BORON 01022 1 0 0		SAMPLE MEASUREMENT *****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
		PERMIT REQUIREMENT *****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB				
TOTAL CADMIUM 01027 1 0 0		SAMPLE MEASUREMENT *****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
		PERMIT REQUIREMENT *****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB				
TOTAL CHROMIUM 01034 1 0 0		SAMPLE MEASUREMENT *****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
		PERMIT REQUIREMENT *****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB				
TOTAL COBALT 01037 1 0 0		SAMPLE MEASUREMENT *****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
		PERMIT REQUIREMENT *****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB				
TOTAL COPPER 01042 1 0 0		SAMPLE MEASUREMENT *****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
		PERMIT REQUIREMENT *****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB				
TOTAL LEAD 01051 1 0 0		SAMPLE MEASUREMENT *****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
		PERMIT REQUIREMENT *****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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 8 26						
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 As reported on Quarterly DMR per EPA instruction (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  
FACILITY LOS ALAMOS, NM 87545

LOCATION Outfall Owner: D. Carathers

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

NM00028355  
PERMIT NUMBER

03A 034  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

FROM

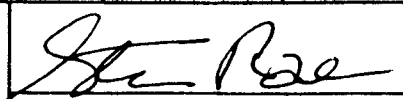
TO

COOLING TOWER BLOWDOWN

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (42-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.10 DAILY AVG	0.10 DAILY MAX		1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.2	0.2	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	95.4 DAILY AVG	95.4 DAILY MAX		1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05 DAILY AVG	0.05 DAILY MAX		1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.5	2.5	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	30 DAILY MAX		1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.01 DAILY AVG	0.01 DAILY MAX		1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	785	785	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	3000000 DAILY AVG	3000000 DAILY MAX		1/YR	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 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.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 505 665-0453		DATE 97 8 26		
			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. Helmick

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

NM0028355  
PERMIT NUMBER

03A 035  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN

\*\*\* 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 ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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 8 26		
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 As reported on Quarterly DMR per EPA instruction. (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: S. Helmick

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

(2-16)

(17-19)

NM0028355  
 PERMIT NUMBER

03A 035  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

## MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
 96 08 01 97 07 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

COOLING TOWER BLOWDOWN

\*\*\* 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 (39-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
TOTAL VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.02	0.02	MG/L	0	1/YR	GRAB
01087 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01092 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
01105 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
01147 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.9	4.9	PCI/L	0	1/YR	GRAB
11503 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
71900 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	PCI/L	0	1/YR	GRAB
82126 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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 8 26			
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: D. Carathers

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

NM0028355  
PERMIT NUMBER

03A 036  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

COOLING TOWER BLOWDOWN

\*\*\* 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				UNITS			
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L						
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB				
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.2	0.2	MG/L	0	1/YR				
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB				
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR				
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB				
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR				
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB				
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR				
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB				
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR				
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB				
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR				
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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 8 26						
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 As reported on Quarterly DMR per EPA instructions

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. Carathers

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

(2-16)

(17-19)

NM0028355  
PERMIT NUMBER03A 036  
DISCHARGE NUMBERY MAJOR  
F - FINAL

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

## MONITORING PERIOD

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

COOLING TOWER BLOWDOWN

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) 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 VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.05	0.05	MG/L	0	1/YR	GRAB
01087 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01092 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
01105 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
01147 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.8	1.8	PCI/L	0	1/YR	GRAB
11503 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
71900 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	16533	22183	PCI/L	0	2/YR	GRAB
82126 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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 8 26			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE		NUMBER	

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  
FACILITY  
LOS ALAMOS, NM 87545  
LOCATION

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

PERMIT NUMBER  
NM00000055

DISCHARGE NUMBER  
00A 000

Y MAJOR  
F - FINAL

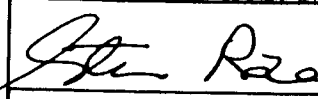
Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
96 08 01 97 07 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

COOLING TOWER BLOWDOWN

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

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (39-45) 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
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	0.04 DAILY AVG	0.04 DAILY MAX	MG/L	0	0/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX	MG/L	0	0/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY AVG	0.2 DAILY MAX	MG/L	0	0/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	5.1 DAILY AVG	5.1 DAILY MAX	MG/L	0	0/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 DAILY AVG	1.0 DAILY MAX	MG/L	0	0/YR	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	1.6 DAILY AVG	1.6 DAILY MAX	MG/L	0	0/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	0.4 DAILY AVG	0.4 DAILY MAX	MG/L	0	0/YR	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 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 505 665-0453	DATE 97 B 26		
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: P. Bussolini

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

NM0028355  
PERMIT NUMBER

03A 03B  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

COOLING TOWER BLOWDOWN

\*\*\* 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 VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX		1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX		1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX		1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX		1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX		1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX		1/YR	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 WITH 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 6 years.)					TELEPHONE		DATE	
STEVEN R. RAE ESH-18 GROUP LEADER							505 665-0453		97 8 26	
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: J. Wilson

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

NM0028355  
PERMIT NUMBER

03A 040  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
FROM (20-21) (22-23) (24-25)			TO (26-27) (28-29) (30-31)		

COOLING TOWER BLOWDOWN

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L		
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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						505 565-0453		97 8 26		
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 As reported on Quarterly DMR per EPA instructions. (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: J. Wilson

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

NM0028355  
PERMIT NUMBER

03A 040  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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
TOTAL VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.05	0.05	MG/L	0	1/YR	GRAB
01087 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01092 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
01105 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
01147 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.5	11.5	PCI/L	0	1/YR	GRAB
11503 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
71900 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	PCI/L	0	1/YR	GRAB
82126 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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. § 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 8 26			
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: D. Carathers

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

NM0028355  
PERMIT NUMBER

03A 042  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

COOLING TOWER BLOWDOWN

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) 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 ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L		
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR
	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR
	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR
	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR
	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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. § 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 8 26		
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 As reported on Quarterly DMR per EPA instruction. (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: D. Carathers

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

NM0028355  
PERMIT NUMBER

03A 042  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
96 08 01 97 07 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

COOLING TOWER BLOWDOWN

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (64-61)			(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
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.04	0.04	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.10	0.10			1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	95.4	95.4			1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0	5.0			1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05	0.05			1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.6	2.6	PCI/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30	30			1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.01	0.01			1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	303	303	PCI/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	3000000	3000000			1/YR	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. § 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		978 26			
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. Helmick

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

(2-16)  
NM0028355  
PERMIT NUMBER

(17-19)  
03A 045  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN

\*\*\* 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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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 8 26		
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 As reported on Quarterly DMR per EPA instruction (SP)

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. Helmick

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-18) (17-19)

NM0028355  
PERMIT NUMBER

03A 045  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN

\*\*\* 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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE (54-61)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (46-53)				UNITS (54-61)
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.05	0.05	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.2	0.2	PCI/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	PCI/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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 505 665-0433		DATE 97 8 26			
STEVEN R. RAE ESH-18 GROUP LEADER											
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. Ryder~~ J. Fraser

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

NM0028355  
PERMIT NUMBER

03A 047  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN

\*\*\* 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 (39-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 6 years.)				TELEPHONE		DATE		
STEVEN R. RAE ESH-18 GROUP LEADER						505 665-0453		97 8 26		
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 As reported on Quarterly DMR per EPA instructions Ⓡ

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. Ryder~~ J. Fraser

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

NM0028355  
PERMIT NUMBER

03A 047  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN

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

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (44-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)				
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM							
TOTAL VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.02	0.02	0	1/YR	GRAB				
01087 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX		1/YR	GRAB				
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
01092 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX		1/YR	GRAB				
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB				
01105 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB				
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB				
01147 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX		1/YR	GRAB				
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.0	1.0	0	1/YR	GRAB				
11503 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX		1/YR	GRAB				
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB				
71900 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX		1/YR	GRAB				
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	1302	1302	0	1/YR	GRAB				
82126 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX		1/YR	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. § 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 8 26						
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. Ryder J. Fraser

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

NM0028355  
 PERMIT NUMBER

03A 048  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

## MONITORING PERIOD

YEAR MO DAY YEAR MO DAY  
 96 08 01 TO 97 07 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

COOLING TOWER BLOWDOWN

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (45-53)			QUANTITY OR CONCENTRATION (54-63)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
TOTAL ARSENIC <i>(K)</i>	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L			
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB	
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.1	MG/L	0	4/YR	
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB	
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	4/YR	
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB	
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	4/YR	
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB	
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	4/YR	
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB	
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.4	1.4	MG/L	0	4/YR	
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB	
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	3/YR	
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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 8 26		
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)

*(K) Results for As reported on Quarterly DMR per EPA instruction*



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. Ryder J. Fraser

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

NM0028355  
 PERMIT NUMBER

03A 04B  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

## MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21) (22-23) (24-25)				(26-27) (28-29) (30-31)		

COOLING TOWER BLOWDOWN

\*\*\* 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 (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.02	MG/L	0	4/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	4/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	4/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	3/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.0	3.0	PCI/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	3/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	139	139	PCI/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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. § 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 8 26			
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  
FACILITY LOS ALAMOS, NM 87545

LOCATION Outfall Owner: ~~R. Ryder~~ J. Fraser

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

NM0028355  
PERMIT NUMBER

03A 049  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL


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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN

\*\*\* 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			
TOTAL ARSENIC 	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L						
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB				
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	2/YR				
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB				
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	2/YR				
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB				
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	2/YR				
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB				
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	2/YR				
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB				
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	2/YR				
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB				
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	2/YR				
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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. 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 8 26						
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 As reported on Quarterly DMR per EPA instruction. 

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. Ayder J. Fraser

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

NM0028355  
 PERMIT NUMBER

03A 049  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

## MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

COOLING TOWER BLOWDOWN

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (48-53)			(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			
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.02	0.02	MG/L	0	2/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.1	MG/L	0	2/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	2/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	2/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.7	1.7	PCI/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	2/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	PCI/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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. § 1316. (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 26			
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

FACILITY

LOS ALAMOS, NM 87545

LOCATION

Outfall Owner: R. Ryder J. Fraser FROM

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

(2-18)

(17-19)

NM0028355  
PERMIT NUMBER03A-113  
DISCHARGE NUMBER

Y MAJOR

F - FINAL

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

## MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

COOLING TOWER BLOWDOWN

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (39-45) 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
TOTAL ARSENIC ②	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L			
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04	0.04		1/YR	GRAB	
						DAILY AVG	DAILY MAX				
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0	5.0		1/YR	GRAB	
						DAILY AVG	DAILY MAX				
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2	0.2		1/YR	GRAB	
						DAILY AVG	DAILY MAX				
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1	5.1		1/YR	GRAB	
						DAILY AVG	DAILY MAX				
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0	1.0		1/YR	GRAB	
						DAILY AVG	DAILY MAX				
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6	1.6		1/YR	GRAB	
						DAILY AVG	DAILY MAX				
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4	0.4		1/YR	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 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 26		
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)

② Results for As reported on quarterly DMR per EPA instruction ②

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. Ryder J. Fraser

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

NM0028355  
 PERMIT NUMBER

03A 113  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (46-53)			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
TOTAL VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.02	0.02	MG/L	0	1/YR	GRAB
01087 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.10	0.10			1/YR	GRAB
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01092 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	95.4	95.4			1/YR	GRAB
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
01105 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0	5.0			1/YR	GRAB
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
01147 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.05	0.05			1/YR	GRAB
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.0	3.0	PCI/L	0	1/YR	GRAB
11503 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30	30			1/YR	GRAB
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
71900 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.01	0.01			1/YR	GRAB
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	97	97	PCI/L	0	1/YR	GRAB
82126 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	3000000	3000000			1/YR	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 8 26			
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 (f/D) (for/ent))

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

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

NM0028255  
 PERMIT NUMBER

03A-125  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

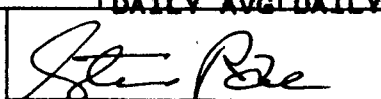
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN

\*\*\* 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 (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04	0.04			1/YR	GRAB
						DAILY AVG	DAILY MAX				
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0	5.0			1/YR	GRAB
						DAILY AVG	DAILY MAX				
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2	0.2			1/YR	GRAB
						DAILY AVG	DAILY MAX				
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1	5.1			1/YR	GRAB
						DAILY AVG	DAILY MAX				
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0	1.0			1/YR	GRAB
						DAILY AVG	DAILY MAX				
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6	1.6			1/YR	GRAB
						DAILY AVG	DAILY MAX				
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4	0.4			1/YR	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.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
STEVEN R. RAE ESH-18 GROUP LEADER			505 665-0453	97	B	26
TYPED OR PRINTED			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

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

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

PERMIT NUMBER  
NM00028383

DISCHARGE NUMBER  
03A-125

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
06	08	01		07	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN

\*\*\* 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 VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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. § 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 8 26			
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: D. Carathers

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

NM0028355

PERMIT NUMBER

03A 130

DISCHARGE NUMBER

Y MAJOR

F - FINAL

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

## MONITORING PERIOD

FROM YEAR 96 MO 08 DAY 01 TO YEAR 97 MO 07 DAY 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

COOLING TOWER BLOWDOWN

\*\*\* 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
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L			
		PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
		PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
		PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
		PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
		PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
		PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
		PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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. § 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 8 26			
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 As reported on Quarterly DMR per EPA instruction. (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: D. Carathers

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

NM0028355  
PERMIT NUMBER

03A 130  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

COOLING TOWER BLOWDOWN

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (48-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)				
		AVERAGE (54-55)	MAXIMUM (56-57)	UNITS (58-59)	MINIMUM (39-40)	AVERAGE (41-42)	MAXIMUM (43-44)				UNITS (45-46)			
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	MG/L	0	1/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB			
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB			
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB			
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB			
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.0	3.0	PCI/L	0	1/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB			
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB			
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	PCI/L	0	1/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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 8 26						
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

ADDRESS

FACILITY

LOCATION

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-18) (17-19)

NM00028355  
PERMIT NUMBER

03A-145  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

Outfall Owner: R. Ryder J. Fraser FROM

COOLING TOWER BLOWDOWN

\*\*\* 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) (39-45) 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
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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 B 26			
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. Ryder J. Fraser FROM

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

NM0028355  
 PERMIT NUMBER

03A 145  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN

\*\*\* NO DISCHARGE X \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53)			(4 Card Only) (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																					
TOTAL VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****					MG/L	0	0/YR	GRAB																
01087 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX					1/YR	GRAB																
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****					MG/L	0	0/YR	GRAB																
01092 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX					1/YR	GRAB																
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****					MG/L	0	0/YR	GRAB																
01105 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX					1/YR	GRAB																
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****					MG/L	0	0/YR	GRAB																
01147 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX					1/YR	GRAB																
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****					PCI/L	0	0/YR	GRAB																
11503 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX					1/YR	GRAB																
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****					MG/L	0	0/YR	GRAB																
71900 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX					1/YR	GRAB																
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****					PCI/L	0	0/YR	GRAB																
82126 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX					1/YR	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 505 665-0453		DATE 97 8 26			AREA CODE NUMBER		YEAR	MO	DAY														
STEVEN R. RAE ESH-18 GROUP LEADER																													
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. Ryder J. Fraser

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

PERMIT NUMBER NM0028355

DISCHARGE NUMBER 03A 146

Y MAJOR  
 F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21)		(22-23)	(26-27)		(28-29)
(46-53)		(54-61)	(46-53)		(54-61)

COOLING TOWER BLOWDOWN

\*\*\* NO DISCHARGE X \*\*\*

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)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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 8 26			
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. Ryder J. Fraser

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

NM0028355  
 PERMIT NUMBER

03A 146  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN

\*\*\* NO DISCHARGE X \*\*\*

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)			NO. EX (52-53)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX		1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX		1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX		1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX		1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX		1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX		1/YR	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. § 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 8 26		
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: T. Trezona

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-18) (17-19)

NM0028355  
PERMIT NUMBER

03A 148  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21) (22-23) (24-25)				(26-27) (28-29) (30-31)		

COOLING TOWER BLOWDOWN  
\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (48-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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 H. RAE ESH-18 GROUP LEADER						505 665-0453		97 8 26		
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 As reported on quarterly DMR per EPA instruction (AR)

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

NAME UNIVERSITY OF CALIFORNIA  
ADDRESS LOS ALAMOS NATIONAL LABORATORY  
PO BOX 1863; MAIL STOP K490  
LOS ALAMOS, NM 87545

FACILITY

LOCATION Outfall Owner: T. Trezona

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-18) (17-19)

NM0028355  
PERMIT NUMBER

03A 148  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN

\*\*\* NO DISCHARGE \*\*\*

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				
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.10 DAILY AVG	0.10 DAILY MAX		1/YR	GRAB	
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	95.4 DAILY AVG	95.4 DAILY MAX		1/YR	GRAB	
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.4	0.4	0	1/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB	
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05 DAILY AVG	0.05 DAILY MAX		1/YR	GRAB	
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	30 DAILY MAX		1/YR	GRAB	
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.01 DAILY AVG	0.01 DAILY MAX		1/YR	GRAB	
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1148	1148	0	1/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	3000000 DAILY AVG	3000000 DAILY MAX		1/YR	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. § 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							505 665-0433		97 8 26		
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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)  
NM0028355  
PERMIT NUMBER  
03A 158  
DISCHARGE NUMBER

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

FACILITY  
LOCATION Outfall Owner: D. Carathers

Y MAJOR  
F - FINAL

MONITORING PERIOD  
FROM YEAR MO DAY TO YEAR MO DAY  
96 08 01 97 07 31  
(20-21) (22-23) (24-26) (28-29) (30-31)

COOLING TOWER BLOWDOWN

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			QUANTITY OR CONCENTRATION (4 Card Only) (39-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TOTAL ARSENIC 01002 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB
TOTAL BORON 01022 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX	0	1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.0 DAILY AVG	0.0 DAILY MAX	0	1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY AVG	0.2 DAILY MAX	0	1/YR	GRAB
TOTAL COBALT 01037 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 DAILY AVG	1.0 DAILY MAX	0	1/YR	GRAB
TOTAL COPPER 01042 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1.5 DAILY AVG	1.5 DAILY MAX	0	1/YR	GRAB
TOTAL LEAD 01051 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.4 DAILY AVG	0.4 DAILY MAX	0	1/YR	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN R. RAE ESH-18 GROUP LEADER	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.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Steven Rae</i>	TELEPHONE 505 863-0433	DATE 97 8 26		
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO

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

\* Results for As reported on Quarterly DMR per EPA instruction. (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: D. Carathers

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

(2-16) NM0028355 (17-19) 03A 158  
PERMIT NUMBER DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR 96 MO 08 DAY 01 TO YEAR 97 MO 07 DAY 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

COOLING TOWER BLOWDOWN

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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
TOTAL VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
01087 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01092 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
01105 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
01147 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.7	3.7	PCI/L	0	1/YR	GRAB
11503 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
71900 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	3090	3090	PCI/L	0	1/YR	GRAB
82126 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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 8 26			
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: T. Alexander

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

(2-16) NM0028355 (17-19) 03A 160  
PERMIT NUMBER DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD  
FROM YEAR 96 MO 08 DAY 01 TO YEAR 97 MO 07 DAY 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

COOLING TOWER BLOWDOWN  
\*\*\* 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	UNITS			
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L			
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.5 DAILY AVG	1.5 DAILY MAX			1/YR	GRAB
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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 H. RAE ESH-18 GROUP LEADER						505-865-0453		97 8 26			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER				

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

Results for As reported on Quarterly DMR per EPA instruction

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: T. Alexander

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

NM0028355  
PERMIT NUMBER

03A 160  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN  
\*\*\* 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 VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR GRAB
	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.6	4.6	PCI/L	0	1/YR GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	327	327	PCI/L	0	1/YR GRAB
	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN R. RAE ESH-18 GROUP LEADER		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 505 865-8453		DATE 97 8 26		
TYPED OR PRINTED										
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				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: D. Post

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

NM0028355  
PERMIT NUMBER

03A 181  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN  
\*\*\* 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			
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1		1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0		1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0		1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0		1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0		1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0		1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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 8 26
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER

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

Results for As reported on quarterly DMR per EPA instructions (82)

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. Post

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

NM0028355  
PERMIT NUMBER

03A 181  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN  
\*\*\* 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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)				
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM							
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.03	0.03	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.10 DAILY AVG	0.10 DAILY MAX		1/YR	GRAB				
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	95.4 DAILY AVG	95.4 DAILY MAX		1/YR	GRAB				
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB				
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05 DAILY AVG	0.05 DAILY MAX		1/YR	GRAB				
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.0	2.0	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	30 DAILY MAX		1/YR	GRAB				
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.01 DAILY AVG	0.01 DAILY MAX		1/YR	GRAB				
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	181	181	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	3000000 DAILY AVG	3000000 DAILY MAX		1/YR	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. § 1316. (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 26						
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 1863; MAIL STOP K490  
 LOS ALAMOS, NM 87545

FACILITY  
 LOCATION Outfall Owner: T. Alexander

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

(2-16) NM0028355 PERMIT NUMBER  
 (17-19) 03A 185 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31

COOLING TOWER BLOWDOWN

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

PARAMETER (32-37)		(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
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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 8 26			
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: T. Alexander

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

NM0028355  
PERMIT NUMBER

03A 185  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN  
\*\*\* NO DISCHARGE X \*\*\*  
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			
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX		1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX		1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX		1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX		1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX		1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX		1/YR	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. § 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 8 26		
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

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

NM0028355  
PERMIT NUMBER

04A 016  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

FACILITY  
LOCATION Outfall Owner: S. Helmick

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
98	08	01	97	07	01
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

NONCONTACT COOLING WATER  
\*\*\* 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				UNITS
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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 8 26			
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. Helmick

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

2-16  
 NM0028355  
 PERMIT NUMBER

17-19  
 04A 016  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

## MONITORING PERIOD

FROM YEAR 96 MO 08 DAY 01 TO YEAR 97 MO 07 DAY 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NONCONTACT COOLING WATER  
 \*\*\* 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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.7	2.7	PCI/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	PCI/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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.)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
STEVEN R. RAE ESH-18 GROUP LEADER						[Signature]		505 665-0433		97 8 26	
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: D. Carathers

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

PERMIT NUMBER NM0029255

DISCHARGE NUMBER 04A 070

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR 96 MO 08 DAY 01 TO YEAR 97 MO 07 DAY 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NONCONTACT COOLING WATER

\*\*\* NO DISCHARGE X \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (42-53)			(4 Card Only) QUANTITY OR CONCENTRATION (39-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04	0.04			1/YR	GRAB
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0	5.0			1/YR	GRAB
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2	0.2			1/YR	GRAB
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1	5.1			1/YR	GRAB
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0	1.0			1/YR	GRAB
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6	1.6			1/YR	GRAB
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4	0.4			1/YR	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 8 26			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE		NUMBER	

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

FACILITY

LOS ALAMOS, NM 87545

LOCATION

Outfall Owner: D. Carathers

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

(2-16)

(17-19)

NM0028355  
PERMIT NUMBER04A-070  
DISCHARGE NUMBERY MAJOR  
F - FINAL

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

## MONITORING PERIOD

FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NONCONTACT COOLING WATER

\*\*\* NO DISCHARGE X \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (39-45) 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
TOTAL VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01087 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01092 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01105 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01147 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB
11503 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
71900 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB
82126 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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. § 1316. (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 26		
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER		

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: D. Carathers

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

(2-16) NM0028355	(17-19) 04A 083
PERMIT NUMBER	DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21) (22-23) (24-25)				(26-27) (28-29) (30-31)		

NONCONTACT COOLING WATER  
\*\*\* 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)			NO. EX (52-53)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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. § 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		978 26			
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: D. Carathers

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

NM0028355  
 PERMIT NUMBER

04A 083  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

FROM

TO

NONCONTACT COOLING WATER

\*\*\* 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			
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.10 DAILY AVG	0.10 DAILY MAX		1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	95.4 DAILY AVG	95.4 DAILY MAX		1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05 DAILY AVG	0.05 DAILY MAX		1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	7.8	7.8	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	30 DAILY MAX		1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.01 DAILY AVG	0.01 DAILY MAX		1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	3000000 DAILY AVG	3000000 DAILY MAX		1/YR	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. § 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 8 26		
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: D. Carathers

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-18) (17-19)

NM0028355  
PERMIT NUMBER

04A 091  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

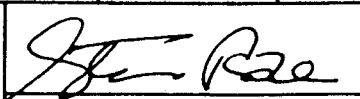
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

NONCONTACT COOLING WATER  
\*\*\* 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 (39-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE (54-55)	MAXIMUM (56-57)	UNITS (58-59)	MINIMUM (46-47)	AVERAGE (48-49)	MAXIMUM (50-51)				UNITS (52-53)
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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 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 505 665-0453  AREA CODE NUMBER	DATE 97 8 26 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: D. Carathers

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

2-16  
NM0028355  
PERMIT NUMBER

17-19  
04A 091  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD								
YEAR			MO			DAY		
FROM	96	08	01	TO	97	07	31	
(20-21)			(22-23)			(24-25)		
			(26-27)			(28-29)		(30-31)

NONCONTACT COOLING WATER  
\*\*\* 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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)				
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM							
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.10 DAILY AVG	0.10 DAILY MAX		1/YR	GRAB				
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	95.4 DAILY AVG	95.4 DAILY MAX		1/YR	GRAB				
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.2	0.2	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB				
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05 DAILY AVG	0.05 DAILY MAX		1/YR	GRAB				
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	30 DAILY MAX		1/YR	GRAB				
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.01 DAILY AVG	0.01 DAILY MAX		1/YR	GRAB				
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1395	1395	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	3000000 DAILY AVG	3000000 DAILY MAX		1/YR	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. (Permittees 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						505 665-0453								
ESH-18 GROUP LEADER								97 8 26						
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 1863; MAIL STOP K490  
LOS ALAMOS, NM 87545

FACILITY  
LOCATION Outfall Owner: D. Carathers

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-18) (17-19)

NM0028355  
PERMIT NUMBER

04A 092  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER

\*\*\* NO DISCHARGE X \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53)			(4 Card Only) (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)						
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM										
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB						
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB						
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB						
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB						
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB						
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB						
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB						
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB						
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB						
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB						
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB						
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB						
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB						
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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																	
TYPED OR PRINTED						505 665-0453											
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		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: D. Carathers

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

NM0028355  
PERMIT NUMBER

04A 092  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER  
\*\*\* NO DISCHARGE X \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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					
TOTAL VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB					
01087 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB					
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB					
01092 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB					
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB					
01105 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB					
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB					
01147 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB					
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB					
11503 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB					
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB					
71900 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB					
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB					
82126 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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. § 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 B 26							
TYPED OR PRINTED							AREA CODE	NUMBER	YEAR	MO	DAY					
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT																

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  
 FACILITY LOS ALAMOS, NM 87545

LOCATION Outfall Owner: S. McCleary

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

NM0028355  
 PERMIT NUMBER

04A 094  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

NONCONTACT COOLING WATER

\*\*\* 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 ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB				
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB				
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB				
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB				
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB				
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB				
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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 8 26						
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. McCleary

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

NM0028355  
 PERMIT NUMBER

04A 094  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
 96 08 01 97 07 31  
 (20-21) (22-23) (24-26) (28-27) (28-29) (30-31)

NONCONTACT COOLING WATER

\*\*\* 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)			(5 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						
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	MG/L	0	1/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB			
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****	*****	*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB			
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB			
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB			
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.0	2.0	PCI/L	0	1/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB			
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB			
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	598	598	PCI/L	0	1/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****	*****	*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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 8 26		
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: T. Alexander

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

NM0028355  
PERMIT NUMBER

04A 101  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD								
YEAR	MO	DAY		YEAR	MO	DAY		
96	08	01	TO	97	07	31		
(20-21) (22-23) (24-25)				(26-27) (28-29) (30-31)				

NONCONTACT COOLING WATER

\*\*\* 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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)				
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM							
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB				
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB				
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB				
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB				
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB				
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB				
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB				
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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. § 1310. (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						505 665-0453		97 8 26						
ESH-18 GROUP LEADER						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER					
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: T. Alexander

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

NM0028355  
 PERMIT NUMBER

04A 101  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

## MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
 96 08 01 97 07 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NONCONTACT COOLING WATER

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) 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 VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	MG/L	0	1/YR	GRAB
01087 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
01092 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
01105 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
01147 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.5	1.5	PCI/L	0	1/YR	GRAB
11503 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
71900 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	236	236	PCI/L	0	1/YR	GRAB
82126 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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. § 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 8 26		
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: D. Carathers

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

NM0028355  
 PERMIT NUMBER

04A 115  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

## MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
 96 08 01 97 07 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NONCONTACT COOLING WATER

\*\*\* 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 (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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 B 26			
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: D. Carathers

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

NM0028355  
 PERMIT NUMBER

04A 115  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (39-45) QUANTITY OR CONCENTRATION (64-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)				
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS			
TOTAL VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB			
01087 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB			
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB			
01092 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB			
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB			
01105 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB			
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB			
01147 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB			
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.5	1.5	PCI/L	0	1/YR	GRAB			
11503 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB			
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB			
71900 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB			
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	654	654	PCI/L	0	1/YR	GRAB			
82126 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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						505 665-0453		97 B 26						
ESH-18 GROUP LEADER						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR MO DAY				
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

04A 118  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
96 08 01 97 07 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NONCONTACT COOLING WATER  
\*\*\* NO DISCHARGE \_X\_ \*\*\*

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				
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****				MG/L	0	0/YR	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX				1/YR	GRAB
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****				MG/L	0	0/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX				1/YR	GRAB
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****				MG/L	0	0/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX				1/YR	GRAB
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****				MG/L	0	0/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX				1/YR	GRAB
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****				MG/L	0	0/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX				1/YR	GRAB
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****				MG/L	0	0/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX				1/YR	GRAB
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****				MG/L	0	0/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX				1/YR	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 B 26				
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER				

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)

PERMIT NUMBER NM0028355

DISCHARGE NUMBER 04A 118

Y MAJOR  
 F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01	TO	97	07	31
(20-21) (22-23) (24-25)				(26-27) (28-29) (30-31)		

NONCONTACT COOLING WATER

\*\*\* NO DISCHARGE X \*\*\*

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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX		1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR GRAB
	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX		1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX		1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX		1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX		1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR GRAB
	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX		1/YR	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 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

505 665-0453

DATE

97 8 26

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: L. Woodrow

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

NM0028355  
PERMIT NUMBER

04A 127  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

NONCONTACT COOLING WATER

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (64-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) (64-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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 8 26			
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: L. Woodrow

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16)NM0028355  
PERMIT NUMBER04A 127  
DISCHARGE NUMBERY MAJOR  
F - FINAL

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

## MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NONCONTACT COOLING WATER

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) 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 VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.02	0.02	MG/L	0	1/YR	GRAB
01087 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
01092 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
01105 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
01147 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.0	5.0	PCI/L	0	1/YR	GRAB
11503 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
71900 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	PCI/L	0	1/YR	GRAB
82126 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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						505 863-0453		97 8 26			
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. Helmick

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

NM0028355  
PERMIT NUMBER

04A 131  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-88

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER  
\*\*\* NO DISCHARGE X \*\*\*

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				
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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. § 1318. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 6 years.)	TELEPHONE		DATE		
STEVEN R. RAE			505 665-0453		97 8 26		
ESH-18 GROUP LEADER			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	

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. Helmick

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

NM0028355  
PERMIT NUMBER

04A 131  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
FROM			TO		
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

NONCONTACT COOLING WATER  
\*\*\* NO DISCHARGE X \*\*\*

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 VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR GRAB
	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR GRAB
	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR 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. § 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 8 26	
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: T. Alexander

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

NM0028355  
PERMIT NUMBER

04A 139  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
96 08 01 97 07 31  
(20-21) (22-23) (24-26) (26-27) (28-29) (30-31)

NONCONTACT COOLING WATER

\*\*\* NO DISCHARGE X \*\*\*

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				UNITS
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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. § 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 8 26			
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: T. Alexander

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

NM0028355  
PERMIT NUMBER

04A 139  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
96 08 01 97 07 31  
(20-21) (22-23) (24-26) (26-27) (28-29) (30-31)

NONCONTACT COOLING WATER

\*\*\* NO DISCHARGE X \*\*\*

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				UNITS
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX		1/YR	GRAB	
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX		1/YR	GRAB	
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB	
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX		1/YR	GRAB	
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX		1/YR	GRAB	
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX		1/YR	GRAB	
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX		1/YR	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. § 1318. (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							505 665-0453		97 8 26		
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: T. Alexander

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

NM0028355  
PERMIT NUMBER

04A 141  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
FROM			TO		
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

NONCONTACT COOLING WATER

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-63)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)				
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM							
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB				
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB				
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB				
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB				
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB				
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB				
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB				
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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. § 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 8 26						
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 1863; MAIL STOP K490  
LOS ALAMOS, NM 87545

FACILITY LOCATION Outfall Owner: T. Alexander

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

NM0028355  
PERMIT NUMBER

04A 141  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD								
YEAR MO DAY			YEAR MO DAY					
98 08 01			97 07 31					
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)					

FROM TO

NONCONTACT COOLING WATER

\*\*\* 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 VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.10 DAILY AVG	0.10 DAILY MAX		1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	95.4 DAILY AVG	95.4 DAILY MAX		1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.9	2.9	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05 DAILY AVG	0.05 DAILY MAX		1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.8	4.8	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	30 DAILY MAX		1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.01 DAILY AVG	0.01 DAILY MAX		1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	3000000 DAILY AVG	3000000 DAILY MAX		1/YR	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 8 26		
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: T. Alexander

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

NM0028355  
PERMIT NUMBER

04A 143  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
98	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER

\*\*\* 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 ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB	
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB	
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB	
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB	
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB	
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB	
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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 8 26		
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: T. Alexander

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-18) (17-19)

NM0028355  
PERMIT NUMBER

04A 143  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER  
\*\*\* 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 VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	0	1/YR	GRAB
01087 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX		1/YR	GRAB
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
01092 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX		1/YR	GRAB
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
01105 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
01147 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX		1/YR	GRAB
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.6	10.6	0	1/YR	GRAB
11503 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX		1/YR	GRAB
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
71900 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX		1/YR	GRAB
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	199	199	0	1/YR	GRAB
82126 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX		1/YR	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						505 665-0433		97 8 26		
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. Helmick

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

NM0028355  
 PERMIT NUMBER

04A 152  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

## MONITORING PERIOD

FROM YEAR 96 MO 08 DAY 01 TO YEAR 97 MO 07 DAY 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NONCONTACT COOLING WATER

\*\*\* NO DISCHARGE X \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) 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 ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****				0	0/YR	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB	
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****				0	0/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB	
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****				0	0/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB	
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****				0	0/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB	
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****				0	0/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB	
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****				0	0/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB	
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****				0	0/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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. § 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						505 865-0433		97 8 26			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER			

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. Helmick

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

NM0028355  
PERMIT NUMBER

04A 152  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)  
96 08 01 97 07 31

NONCONTACT COOLING WATER  
\*\*\* NO DISCHARGE X \*\*\*

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				UNITS
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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		77 B 26		
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER		

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. Helmick

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

NM0028355  
PERMIT NUMBER

04A 153  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

NONCONTACT COOLING WATER  
\*\*\* 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							
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB				
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB				
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB				
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB				
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB				
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB				
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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		77 8 26						
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. Helmick

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

NM0028355  
 PERMIT NUMBER

04A 153  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

## MONITORING PERIOD

FROM YEAR 96 MO 08 DAY 01 TO YEAR 97 MO 07 DAY 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NONCONTACT COOLING WATER

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING			(4 Card Only) (39-45) QUANTITY OR CONCENTRATION			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
TOTAL VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	MG/L	0	1/YR	GRAB
01087 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
01092 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.5	0.5	MG/L	0	1/YR	GRAB
01105 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
01147 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.6	0.6	PCI/L	0	1/YR	GRAB
11503 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
71900 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	313	313	PCI/L	0	1/YR	GRAB
82126 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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 8 26		
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 1863; MAIL STOP K490  
LOS ALAMOS, NM 87545

FACILITY  
LOCATION Outfall Owner: T. Alexander

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

NM0028355  
PERMIT NUMBER

04A 156  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
98 08 01 97 07 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NONCONTACT COOLING WATER  
\*\*\* 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 (39-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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. § 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 8 26			
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: T. Alexander

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

NM0028355  
PERMIT NUMBER

04A 156  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER  
\*\*\* 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 VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	0	1/YR	GRAB					
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.10 DAILY AVG	0.10 DAILY MAX		1/YR	GRAB					
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB					
	PERMIT REQUIREMENT	*****	*****	*****	*****	95.4 DAILY AVG	95.4 DAILY MAX		1/YR	GRAB					
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB					
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB					
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB					
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05 DAILY AVG	0.05 DAILY MAX		1/YR	GRAB					
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.1	1.1	0	1/YR	GRAB					
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	30 DAILY MAX		1/YR	GRAB					
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB					
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.01 DAILY AVG	0.01 DAILY MAX		1/YR	GRAB					
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	50	50	0	1/YR	GRAB					
	PERMIT REQUIREMENT	*****	*****	*****	*****	3000000 DAILY AVG	3000000 DAILY MAX		1/YR	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 8 26						
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  
 Owner: D. Carathers

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

NM0028255  
 PERMIT NUMBER

04A 157  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

MONITORING PERIOD

FROM YEAR 96 MO 08 DAY 01 TO YEAR 97 MO 07 DAY 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NONCONTACT COOLING WATER  
 \*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(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
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.04	0.04	DAILY AVG DAILY MAX		1/YR	GRAB
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0	5.0	DAILY AVG DAILY MAX		1/YR	GRAB
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2	0.2	DAILY AVG DAILY MAX		1/YR	GRAB
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	5.1	5.1	DAILY AVG DAILY MAX		1/YR	GRAB
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0	1.0	DAILY AVG DAILY MAX		1/YR	GRAB
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1.6	1.6	DAILY AVG DAILY MAX		1/YR	GRAB
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.4	0.4	DAILY AVG DAILY MAX		1/YR	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. § 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 8 26		
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER		

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: D. Carathers

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

NM0028355  
PERMIT NUMBER

04A 157  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
96 08 01 97 07 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NONCONTACT COOLING WATER

\*\*\* 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 (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
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.8	0.8	PCI/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	323	323	PCI/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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 8 26			
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)  
 (2-18) (17-19)

NM0028355  
 PERMIT NUMBER

04A 161  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21)		(22-23)	(26-27)		(28-29)
		(24-25)			(30-31)

NONCONTACT COOLING WATER

\*\*\* 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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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. § 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 8 26			
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

04A 161  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
96 08 01 97 07 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NONCONTACT COOLING WATER

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (46-53)			QUANTITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE (54-55)	MAXIMUM (56-57)	UNITS (58-59)	MINIMUM (60-61)	AVERAGE (62-63)	MAXIMUM (64-65)				UNITS (66-67)
TOTAL VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.02	0.02	MG/L	0	1/YR	GRAB
01087 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
01092 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.2	0.2	MG/L	0	1/YR	GRAB
01105 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
01147 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.5	1.5	PCI/L	0	1/YR	GRAB
11503 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
71900 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	PCI/L	0	1/YR	GRAB
82126 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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 8 26			
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

04A 163  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
96 08 01 97 07 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NONCONTACT COOLING WATER

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53)			QUANTITY OR CONCENTRATION (4 Card Only) (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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 8 26			
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

04A 163  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
96 08 01 97 07 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NONCONTACT COOLING WATER

\*\*\* 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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
TOTAL VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	MG/L	0	1/YR	GRAB
01087 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
01092 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
01105 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
01147 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.0	2.0	PCI/L	0	1/YR	GRAB
11503 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
71900 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	100	100	PCI/L	0	1/YR	GRAB
82126 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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. § 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 8 26		
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER		

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

04A 164  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

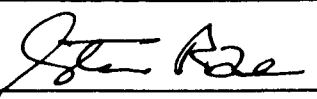
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

NONCONTACT COOLING WATER

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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			
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04	0.04			1/YR	GRAB
						DAILY AVG	DAILY MAX				
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0	5.0			1/YR	GRAB
						DAILY AVG	DAILY MAX				
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2	0.2			1/YR	GRAB
						DAILY AVG	DAILY MAX				
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1	5.1			1/YR	GRAB
						DAILY AVG	DAILY MAX				
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0	1.0			1/YR	GRAB
						DAILY AVG	DAILY MAX				
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6	1.6			1/YR	GRAB
						DAILY AVG	DAILY MAX				
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4	0.4			1/YR	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.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
STEVEN R. RAE ESH-18 GROUP LEADER			505 665-0453	97 8 26	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR

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

04A 164  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

Form Approved.  
 OMB No. 2040-0004  
 Approval expires 05-31-88

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

NONCONTACT COOLING WATER  
 \*\*\* 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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.10 DAILY AVG	0.10 DAILY MAX		1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	95.4 DAILY AVG	95.4 DAILY MAX		1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05 DAILY AVG	0.05 DAILY MAX		1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.8	1.8	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	30 DAILY MAX		1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.01 DAILY AVG	0.01 DAILY MAX		1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	170	170	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	3000000 DAILY AVG	3000000 DAILY MAX		1/YR	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 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  
 505 665-0453

DATE  
 97 B 26

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)  
(2-18) (17-19)

NM0028355  
PERMIT NUMBER

04A 165  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
98	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

FROM

TO

NONCONTACT COOLING WATER  
\*\*\* 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 (64-66)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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. § 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 8 26		
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

04A 165  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (3 Card Only) (46-53)			QUANTITY OR CONCENTRATION (4 Card Only) (30-46)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)				
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS			
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.02	0.02	MG/L	0	1/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB			
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB			
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB			
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB			
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	PCI/L	0	1/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB			
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB			
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	PCI/L	0	1/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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 8 26						
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

04A 166  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
96 08 01 97 07 31  
(20-21) (22-23) (24-26) (28-27) (28-29) (30-31)

NONCONTACT COOLING WATER

\*\*\* NO DISCHARGE X \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (48-53) 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
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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							505 565-0453		97 8 26		
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)  
 NM0028355  
 PERMIT NUMBER

(17-19)  
 04A 166  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

MONITORING PERIOD											
YEAR			MO			DAY					
FROM	96	08	01	TO	97	07	31				
(20-21)		(22-23)		(24-25)		(26-27)		(28-29)		(30-31)	

NONCONTACT COOLING WATER

\*\*\* NO DISCHARGE X \*\*\*

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				
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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. § 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 8 26			
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

04A 171  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER  
\*\*\* NO DISCHARGE X \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (48-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (39-46) 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
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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						505 665-0433		97 8 26			
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

04A 171  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)  
96 08 01 97 07 31

NONCONTACT COOLING WATER  
\*\*\* NO DISCHARGE X \*\*\*

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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
TOTAL VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01087 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01092 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01105 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01147 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB
11503 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
71900 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB
82126 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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. § 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		77 8 26		
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER		

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

04A 172  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR 96 MO 08 DAY 01 TO YEAR 97 MO 07 DAY 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NONCONTACT COOLING WATER

\*\*\* NO DISCHARGE X \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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. § 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 8 26			
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

04A 172  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER

\*\*\* NO DISCHARGE X \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (48-53)			(4 Card Only) (38-45)			(5 Card Only) (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB		
	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB		
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB		
	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB		
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB		
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB		
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB		
	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB		
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB		
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB		
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB		
	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB		
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB		
	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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. § 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		97B 26				
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

04A 173  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
96 08 01 97 07 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NONCONTACT COOLING WATER  
\*\*\* NO DISCHARGE \_\_\_X\_\_\_ \*\*\*

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				UNITS
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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 WITH 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 8 26			
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

04A 173  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR 98 MO 08 DAY 01 TO YEAR 97 MO 07 DAY 31  
(20-21) (22-23) (24-26) (26-27) (28-29) (30-31)

NONCONTACT COOLING WATER  
\*\*\* NO DISCHARGE X \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (46-53)			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 VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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. § 1318. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 6 years.)				TELEPHONE		DATE			
STEVEN R. RAE ESH-18 GROUP LEADER						505 665-0453		97 B 76			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER			

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

04A 174  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
96 08 01 97 07 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NONCONTACT COOLING WATER  
\*\*\* NO DISCHARGE X \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****				0	0/YR	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****				0	0/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****				0	0/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****				0	0/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****				0	0/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****				0	0/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****				0	0/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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		978 26			
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

04A 174  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

Form Approved.  
 OMB No. 2040-0004  
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MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
FROM			TO		
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

NONCONTACT COOLING WATER

\*\*\* 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			
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR
	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX		1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR
	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX		1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR
	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX		1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX		1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR
	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX		1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR
	PERMIT REQUIREMENT	*****	*****		*****	300000 DAILY AVG	300000 DAILY MAX		1/YR	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 8 26	
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

04A 175  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
96 08 01 97 07 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

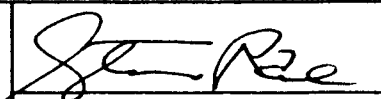
NONCONTACT COOLING WATER

\*\*\* NO DISCHARGE X \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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 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 505 665-0453	DATE		
			AREA CODE NUMBER	YEAR 97	MO 8	DAY 26

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

04A 175  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
98 08 01 97 07 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NONCONTACT COOLING WATER

\*\*\* NO DISCHARGE X \*\*\*

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				UNITS
TOTAL VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01087 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01092 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01105 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01147 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB
11503 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
71900 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB
82126 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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. § 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							505 663-0453		97 8 26		
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

04A 176  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR 96 MO 08 DAY 01 TO YEAR 97 MO 07 DAY 31  
(20-21) (22-23) (24-26) (26-27) (28-29) (30-31)

NONCONTACT COOLING WATER  
\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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 6 years.)				TELEPHONE		DATE			
STEVEN R. RAE ESH-18 GROUP LEADER						505 665-0453		97 8 26			
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

04A 176  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR 96 MO 08 DAY 01 TO YEAR 97 MO 07 DAY 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NONCONTACT COOLING WATER  
\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (46-53)			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
TOTAL VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	MG/L	0	1/YR	GRAB
01087 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
01092 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
01105 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
01147 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.9	4.9	PCI/L	0	1/YR	GRAB
11503 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
71900 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	73	73	PCI/L	0	1/YR	GRAB
82126 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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. § 1316. (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 26			
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

04A 177  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

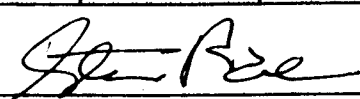
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
98	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER  
\*\*\* 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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.02	0.02	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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. 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.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 505 665-0453		DATE 9/8/98		
			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)

NM0028355  
 PERMIT NUMBER

04A 177  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

NONCONTACT COOLING WATER  
 \*\*\* 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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.03	0.03	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.10 DAILY AVG	0.10 DAILY MAX		1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	95.4 DAILY AVG	95.4 DAILY MAX		1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05 DAILY AVG	0.05 DAILY MAX		1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.4	1.4	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	30 DAILY MAX		1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.01 DAILY AVG	0.01 DAILY MAX		1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	356	356	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	3000000 DAILY AVG	3000000 DAILY MAX		1/YR	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 8 26	
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

04A 182  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER  
\*\*\* 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			
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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 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			505 665-0453		97 8 26	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE		NUMBER	

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)  
(2-18) (17-19)

NM0028355  
PERMIT NUMBER

04A 182  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR 96 MO 08 DAY 01 TO YEAR 97 MO 07 DAY 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NONCONTACT COOLING WATER  
\*\*\* 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 VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.03	0.03	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	PCI/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	PCI/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN R. RAE ESH-18 GROUP LEADER		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 505 665-0453		DATE 97 8 26	
TYPED OR PRINTED						AREA CODE		NUMBER		YEAR	

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) NM0028355 (17-19) 04A 186  
 PERMIT NUMBER DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

## MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
 96 08 01 97 07 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NONCONTACT COOLING WATER  
 \*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(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
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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 8 26			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE			

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)

NM0028355  
 PERMIT NUMBER

04A 186  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
 96 08 01 97 07 31  
 (20-21) (22-23) (24-26) (28-29) (30-31)

NONCONTACT COOLING WATER  
 \*\*\* NO DISCHARGE \*\*\*

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
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	PCI/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	PCI/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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 WITH 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 8 26			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER			

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: D. Carathers

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

NM0028355  
PERMIT NUMBER

05A 053  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

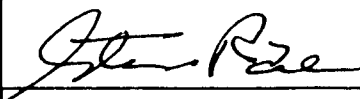
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

HIGH EXPLOSIVE WASTE DISCHARGES  
\*\*\* 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 ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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 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 505 665-0453		DATE 97 8 26		
			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: D. Carathers

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

NM0028355  
PERMIT NUMBER

05A 053  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR 96 MO 08 DAY 01 TO YEAR 97 MO 07 DAY 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

HIGH EXPLOSIVE WASTE DISCHARGES  
\*\*\* 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 (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
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.6	3.6	PCI/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	224	224	PCI/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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 8 26			
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: D. Carathers

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

NM0028355  
PERMIT NUMBER

05A 054  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

HIGH EXPLOSIVE WASTE DISCHARGES  
\*\*\* NO DISCHARGE \*\*\*  
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (48-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB	
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB	
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB	
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB	
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB	
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB	
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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 8 26		
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: D. Carathers

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

NM0028355  
 PERMIT NUMBER

05A 054  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

FROM

TO

HIGH EXPLOSIVE WASTE DISCHARGES

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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
TOTAL VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	MG/L	0	1/YR	GRAB
01087 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.10	0.10			1/YR	GRAB
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01092 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	95.4	95.4			1/YR	GRAB
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
01105 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0	5.0			1/YR	GRAB
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
01147 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.05	0.05			1/YR	GRAB
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.3	0.3	PCI/L	0	1/YR	GRAB
11503 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30	30			1/YR	GRAB
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
71900 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.01	0.01			1/YR	GRAB
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	PCI/L	0	1/YR	GRAB
82126 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	3000000	3000000			1/YR	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 B 26			
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: D. Carathers

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

NM0028355  
PERMIT NUMBER

05A 055  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

HIGH EXPLOSIVE WASTE DISCHARGES  
\*\*\* 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 ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.04	0.04		1/YR	GRAB
						DAILY AVG	DAILY MAX			
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0	5.0		1/YR	GRAB
						DAILY AVG	DAILY MAX			
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2	0.2		1/YR	GRAB
						DAILY AVG	DAILY MAX			
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	5.1	5.1		1/YR	GRAB
						DAILY AVG	DAILY MAX			
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0	1.0		1/YR	GRAB
						DAILY AVG	DAILY MAX			
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1.6	1.6		1/YR	GRAB
						DAILY AVG	DAILY MAX			
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.4	0.4		1/YR	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 B 26			
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: D. Carathers

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

NM0028355  
PERMIT NUMBER

05A 055  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

FROM

TO

HIGH EXPLOSIVE WASTE DISCHARGES

\*\*\* 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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX		1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX		1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX		1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.9	6.9	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX		1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX		1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	300000 DAILY AVG	300000 DAILY MAX		1/YR	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 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

505 665-0453

DATE

97 8 26

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: D. Carathers

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

NM0028355  
PERMIT NUMBER

05A 056  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-88

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
98	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

HIGH EXPLOSIVE WASTE DISCHARGES  
\*\*\* 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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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. § 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 8 26	
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: D. Carathers

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

NM0028355  
PERMIT NUMBER

05A 056  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
FROM			TO		
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

HIGH EXPLOSIVE WASTE DISCHARGES  
\*\*\* 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 VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.10 DAILY AVG	0.10 DAILY MAX		1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	95.4 DAILY AVG	95.4 DAILY MAX		1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05 DAILY AVG	0.05 DAILY MAX		1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.0	2.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	30 DAILY MAX		1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.01 DAILY AVG	0.01 DAILY MAX		1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	71	71	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	3000000 DAILY AVG	3000000 DAILY MAX		1/YR	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. § 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 8 26	
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: T. Alexander

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

NM0028355  
PERMIT NUMBER

05A 066  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21)		(22-23)	(26-27)		(28-29)
		(24-25)			(30-31)

HIGH EXPLOSIVE WASTE DISCHARGES  
\*\*\* 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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.04	0.04		1/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0	5.0		1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2	0.2		1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.1	5.1		1/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0	1.0		1/YR	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.6	1.6		1/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.4	0.4		1/YR	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. § 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 8 26			
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: T. Alexander

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

NM0028355  
PERMIT NUMBER

05A-066  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
96 08 01 97 07 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

HIGH EXPLOSIVE WASTE DISCHARGES

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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
TOTAL VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	MG/L	0	1/YR	GRAB
01087 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01092 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.2	0.2	MG/L	0	1/YR	GRAB
01105 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
01147 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.2	3.2	PCI/L	0	1/YR	GRAB
11503 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
71900 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	1756	1756	PCI/L	0	1/YR	GRAB
82126 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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 8 26		
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: T. Alexander

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

NM0028355  
PERMIT NUMBER

05A 067  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
96 08 01 97 07 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

HIGH EXPLOSIVE WASTE DISCHARGES  
\*\*\* 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				UNITS
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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. § 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						505 565-0453		97 8 26			
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: T. Alexander

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

NM0028355  
PERMIT NUMBER

05A 067  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
96 08 01 97 07 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

HIGH EXPLOSIVE WASTE DISCHARGES  
\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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
TOTAL VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	MG/L	0	1/YR	GRAB
01087 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
01092 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
01105 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
01147 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.4	11.4	PCI/L	0	1/YR	GRAB
11503 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
71900 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	314	314	PCI/L	0	1/YR	GRAB
82126 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	300000 DAILY AVG	300000 DAILY MAX			1/YR	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		77 8 26			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE		NUMBER	

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: T. Alexander

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

NM0028355  
PERMIT NUMBER

05A 068  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
FROM (20-21) (22-23) (24-25)			TO (26-27) (28-29) (30-31)		

HIGH EXPLOSIVE WASTE DISCHARGES  
\*\*\* 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 ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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 8 26	
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: T. Alexander

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

NM0028355  
 PERMIT NUMBER

05A 068  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21)		(22-23)	(24-25)	(26-27)	(28-29)
		(30-31)			

HIGH EXPLOSIVE WASTE DISCHARGES  
 \*\*\* 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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TOTAL VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	0	1/YR	GRAB
01087 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX		1/YR	GRAB
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
01092 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX		1/YR	GRAB
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
01105 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
01147 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX		1/YR	GRAB
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.3	1.3	0	1/YR	GRAB
11503 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX		1/YR	GRAB
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
71900 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX		1/YR	GRAB
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	0	1/YR	GRAB
82126 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX		1/YR	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 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  
 505 665-0453  
 DATE  
 97 8 26  
 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: D. Carathers

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

NM0028355  
PERMIT NUMBER

05A 069  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
90	08	01		91	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

HIGH EXPLOSIVE WASTE DISCHARGES  
\*\*\* NO DISCHARGE X \*\*\*

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) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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 8 26		
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: D. Carathers

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

NM0028355  
PERMIT NUMBER

05A 069  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
98	08	01	97	07	31
(20-21) (22-23) (24-26)			(26-27) (28-29) (30-31)		

HIGH EXPLOSIVE WASTE DISCHARGES  
\*\*\* NO DISCHARGE X \*\*\*

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							
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB			
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB			
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB			
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB			
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB			
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB			
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB			
	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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 8 26						
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: D. Carathers

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

NM0028355  
 PERMIT NUMBER

05A 071  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

FROM

TO

HIGH EXPLOSIVE WASTE DISCHARGES

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (48-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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 505 665-0453		DATE 97 8 26		
STEVEN R. RAE ESH-18 GROUP LEADER										
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER		
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: D. Carathers

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

PERMIT NUMBER NM0028355

DISCHARGE NUMBER 05A 071

Y MAJOR  
F - FINAL

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

MONITORING PERIOD							
YEAR			MO			DAY	
FROM	96	08	01	TO	97	07	31
(20-21)			(22-23)			(24-25)	
(26-27)			(28-29)			(30-31)	

HIGH EXPLOSIVE WASTE DISCHARGES  
\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (46-53)			QUANTITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.10 DAILY AVG	0.10 DAILY MAX		1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	95.4 DAILY AVG	95.4 DAILY MAX		1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05 DAILY AVG	0.05 DAILY MAX		1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.6	1.6	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	30 DAILY MAX		1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.01 DAILY AVG	0.01 DAILY MAX		1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	3000000 DAILY AVG	3000000 DAILY MAX		1/YR	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 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

505 665-0453

DATE

97 8 26

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: D. Carathers

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

NM0028355  
PERMIT NUMBER

05A 072  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

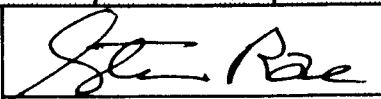
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

HIGH EXPLOSIVE WASTE DISCHARGES  
\*\*\* NO DISCHARGE \_X\_ \*\*\*

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			
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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 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 505 565 8453  AREA CODE NUMBER	DATE		
				97	8	26

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: D. Carathers

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

NM0028355

PERMIT NUMBER

05A 072

DISCHARGE NUMBER

Y MAJOR  
F - FINAL

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

## MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

HIGH EXPLOSIVE WASTE DISCHARGES

\*\*\* NO DISCHARGE X \*\*\*

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				UNITS
TOTAL VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01087 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01092 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01105 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01147 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB
11503 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
71900 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB
82126 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	300000 DAILY AVG	300000 DAILY MAX			1/YR	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. § 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 8 26		
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: D. Carathers

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

NM0028355  
PERMIT NUMBER

05A 096  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

HIGH EXPLOSIVE WASTE DISCHARGES

\*\*\* NO DISCHARGE X \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-63)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB	
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB	
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB	
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB	
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB	
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB	
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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. § 1310. (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 26		
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  
LOS ALAMOS NATIONAL LABORATORY  
PO BOX 1863; MAIL STOP K490  
LOS ALAMOS, NM 87545

FACILITY

LOCATION

Outfall Owner: D. Carathers

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-18) (17-19)

NM0028355  
PERMIT NUMBER

05A 096  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
96 08 01 97 07 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

HIGH EXPLOSIVE WASTE DISCHARGES

\*\*\* NO DISCHARGE X \*\*\*

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 (64-66)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TOTAL VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****				0	0/YR	GRAB
01087 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****				0	0/YR	GRAB
01092 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****				0	0/YR	GRAB
01105 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****				0	0/YR	GRAB
01147 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****				0	0/YR	GRAB
11503 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****				0	0/YR	GRAB
71900 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****				0	0/YR	GRAB
82126 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	300000 DAILY AVG	300000 DAILY MAX			1/YR	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. § 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 8 26			
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: D. Carathers

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

NM0028355  
PERMIT NUMBER

05A 097  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
98	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

HIGH EXPLOSIVE WASTE DISCHARGES  
\*\*\* NO DISCHARGE \_\_\_X\_\_\_ \*\*\*

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				
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB	
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB	
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB	
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB	
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB	
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB	
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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. § 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 H. HAE ESH-18 GROUP LEADER						505 865-0453		97 8 26			
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: D. Carathers

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

NM0028355  
PERMIT NUMBER

05A 097  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

HIGH EXPLOSIVE WASTE DISCHARGES  
\*\*\* NO DISCHARGE X \*\*\*

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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX		1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX		1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX		1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX		1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX		1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX		1/YR	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN R. RAE ESH-18 GROUP LEADER		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.)				TELEPHONE 505 665-0453		DATE 97 8 26		
TYPED OR PRINTED										
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				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: D. Carathers

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)  
NMO028355  
PERMIT NUMBER  
06A 073  
DISCHARGE NUMBER  
Y MAJOR  
F - FINAL

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

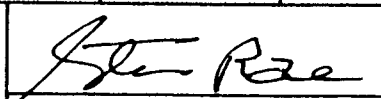
MONITORING PERIOD  
FROM YEAR MO DAY TO YEAR MO DAY  
96 08 01 97 07 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

PHOTO WASTE DISCHARGES

\*\*\* 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) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX (52-53)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
TOTAL ARSENIC 01002 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
TOTAL BORON 01022 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.04	0.04	MG/L	0	1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2	0.2	MG/L	0	1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0	5.0	MG/L	0	1/YR	GRAB
TOTAL COBALT 01037 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
TOTAL COPPER 01042 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2	0.2	MG/L	0	1/YR	GRAB
TOTAL LEAD 01051 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	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 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 505 665-0453	DATE 97 8 26
		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: D. Carathers

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

NM0028355  
PERMIT NUMBER

06A 073  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PHOTO WASTE DISCHARGES  
\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (46-53)			QUANTITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)				
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM							
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.10 DAILY AVG	0.10 DAILY MAX		1/YR	GRAB				
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	95.4 DAILY AVG	95.4 DAILY MAX		1/YR	GRAB				
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB				
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05 DAILY AVG	0.05 DAILY MAX		1/YR	GRAB				
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.5	1.5	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	30 DAILY MAX		1/YR	GRAB				
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.01 DAILY AVG	0.01 DAILY MAX		1/YR	GRAB				
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****	*****	*****	3000000 DAILY AVG	3000000 DAILY MAX		1/YR	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. § 1310. (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 26						
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: D. Carathers

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

NM0028255  
PERMIT NUMBER

06A 074  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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


MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-26)		(26-27)	(28-29)	(30-31)

PHOTO WASTE DISCHARGES

\*\*\* 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				UNITS
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.04	0.04	MG/L	0	1/YR	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04	0.04			1/YR	GRAB
						DAILY AVG	DAILY MAX				
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.7	0.7	MG/L	0	1/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0	5.0			1/YR	GRAB
						DAILY AVG	DAILY MAX				
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2	0.2			1/YR	GRAB
						DAILY AVG	DAILY MAX				
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1	5.1			1/YR	GRAB
						DAILY AVG	DAILY MAX				
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0	1.0			1/YR	GRAB
						DAILY AVG	DAILY MAX				
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6	1.6			1/YR	GRAB
						DAILY AVG	DAILY MAX				
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4	0.4			1/YR	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 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	8	26
TYPED OR PRINTED			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  
FACILITY LOS ALAMOS, NM 87545

LOCATION Outfall Owner: D. Carathers

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

NM0028355  
PERMIT NUMBER

06A 074  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)  
96 08 01 97 07 31

PHOTO WASTE DISCHARGES

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

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (40-53) (54-61)			(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
TOTAL VANADIUM (F)	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.15	0.15	MG/L	1	1/YR	GRAB
01087 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.10	0.10			1/YR	GRAB
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.2	0.2	MG/L	0	1/YR	GRAB
01092 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	95.4	95.4			1/YR	GRAB
TOTAL ALUMINUM (A)	SAMPLE MEASUREMENT	*****	*****	*****	*****	21.7	43.3	MG/L	1	2/YR	GRAB
01105 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0	5.0			1/YR	GRAB
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
01147 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05	0.05			1/YR	GRAB
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.3	8.3	PCI/L	0	1/YR	GRAB
11503 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	30	30			1/YR	GRAB
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
71900 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.01	0.01			1/YR	GRAB
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	809	809	PCI/L	0	1/YR	GRAB
82126 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	3000000	3000000			1/YR	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					
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)

(A) Avg & max for V and Al exceeded.  
See attached non-compliance report. (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: T. Alexander

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

NM0028355  
 PERMIT NUMBER

06A 075  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

MONITORING PERIOD

FROM YEAR 96 MO 08 DAY 01 TO YEAR 97 MO 07 DAY 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

PHOTO WASTE DISCHARGES

\*\*\* 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
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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 8 26			
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: T. Alexander

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

NM0028355  
 PERMIT NUMBER

06A 075  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

PHOTO WASTE DISCHARGES

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-63)			(4 Card Only) QUANTITY OR CONCENTRATION (39-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)						
		AVERAGE (54-61)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (54-61)	AVERAGE (54-61)	MAXIMUM (54-61)				UNITS (54-61)					
TOTAL VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	MG/L	0	1/YR	GRAB					
01087 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB					
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB					
01092 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB					
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB					
01105 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB					
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB					
01147 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB					
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.0	3.0	PCI/L	0	1/YR	GRAB					
11503 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB					
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB					
71900 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB					
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	PCI/L	0	1/YR	GRAB					
82126 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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							505-865-8453		97 8 26							
ESH-18 GROUP LEADER																
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: T. Alexander

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

NM0028355  
PERMIT NUMBER

06A 079  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
96	08	01	TO	97	07	31
(20-21) (22-23) (24-25)				(26-27) (28-29) (30-31)		

PHOTO WASTE DISCHARGES

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(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							
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB				
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB				
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB				
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB				
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB				
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB				
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB				
	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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 8 26						
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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-16) (17-19)  
NM0028355  
PERMIT NUMBER  
06A 079  
DISCHARGE NUMBER

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


FACILITY  
LOCATION Outfall Owner: T. Alexander

MONITORING PERIOD  
FROM YEAR MO DAY TO YEAR MO DAY  
96 08 01 97 07 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

PHOTO WASTE DISCHARGES

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (48-53) (54-61)			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
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.5	0.5	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.4	3.4	PCI/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	PCI/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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 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.)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 		TELEPHONE 505 665-0453 AREA CODE NUMBER		DATE 97 8 26 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: T. Alexander

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

NM0028355  
PERMIT NUMBER

06A 080  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
96 08 01 97 07 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

PHOTO WASTE DISCHARGES

\*\*\* NO DISCHARGE X \*\*\*

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	UNITS			
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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. § 1318. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 6 years.)				TELEPHONE		DATE			
STEVEN R. RAE ESH-18 GROUP LEADER						505 665-0453		97 8 26			
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: T. Alexander

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

NM0028355  
 PERMIT NUMBER

06A 080  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

PHOTO WASTE DISCHARGES

\*\*\* NO DISCHARGE X \*\*\*

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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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 8 26			
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

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

NM0028355  
PERMIT NUMBER

06A 081  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

FACILITY  
LOCATION Outfall Owner: T. Alexander

MONITORING PERIOD								
YEAR			MO			DAY		
FROM	96	08	01	TO	97	07	31	
(20-21)			(22-23)			(24-25)		
			(26-27)			(28-29)		
						(30-31)		

PHOTO WASTE DISCHARGES  
\*\*\* NO DISCHARGE X \*\*\*

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												
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB									
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB									
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB									
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB									
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB									
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB									
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB									
	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB									
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB									
	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB									
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB									
	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB									
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB									
	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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 505 665-0453		DATE 97 8 26											
STEVEN R. RAE ESH-18 GROUP LEADER																			
TYPED OR PRINTED																			
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				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: T. Alexander

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

NM0028355  
PERMIT NUMBER

06A 081  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PHOTO WASTE DISCHARGES

\*\*\* NO DISCHARGE X \*\*\*

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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX		1/YR	GRAB	
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX		1/YR	GRAB	
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB	
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX		1/YR	GRAB	
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX		1/YR	GRAB	
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX		1/YR	GRAB	
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX		1/YR	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 505 665-0433		DATE			
STEVEN R. RAE ESH-18 GROUP LEADER								97 8 26			
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: T. Alexander

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-18) (17-19)

NM0028355  
PERMIT NUMBER

06A 082  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

PHOTO WASTE DISCHARGES

\*\*\* NO DISCHARGE X \*\*\*

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	UNITS			
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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 8 26		
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: T. Alexander

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(2-18) (17-19)

NM0028355  
PERMIT NUMBER

06A 082  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	08	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PHOTO WASTE DISCHARGES

\*\*\* NO DISCHARGE X \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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
TOTAL VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01087 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01092 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01105 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01147 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB
11503 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
71900 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB
82126 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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 8 26			
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: T. Alexander

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

(2-16)  
NM0028355  
PERMIT NUMBER

(17-19)  
06A 099  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR 96 MO 08 DAY 01 TO YEAR 97 MO 07 DAY 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

PHOTO WASTE DISCHARGES  
\*\*\* NO DISCHARGE \_X\_ \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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. § 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 8 26			
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: T. Alexander

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

NM0028355  
PERMIT NUMBER

06A 099  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR 96 MO 08 DAY 01 TO YEAR 97 MO 07 DAY 31  
(20-21) (22-23) (24-26) (26-27) (28-29) (30-31)

PHOTO WASTE DISCHARGES

\*\*\* NO DISCHARGE X \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (46-53)			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 VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 6 years.)				TELEPHONE		DATE			
STEVEN R. RAE ESH-18 GROUP LEADER						505 663-0433		97 8 26			
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: T. Alexander

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

NM0028355  
PERMIT NUMBER

06A 100  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-88

MONITORING PERIOD								
YEAR MO DAY			YEAR MO DAY					
96 08 01			97 07 31					
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)					

PHOTO WASTE DISCHARGES

\*\*\* 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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	GRAB
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	GRAB
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	GRAB
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	GRAB
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	GRAB
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	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 8 26		
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: T. Alexander

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (2-18) (17-19)

NM0028355  
 PERMIT NUMBER

06A 100  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21)		(22-23)	(26-27)		(28-29)
		(24-25)			(30-31)

PHOTO WASTE DISCHARGES

\*\*\* 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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.10 DAILY AVG	0.10 DAILY MAX		1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	95.4 DAILY AVG	95.4 DAILY MAX		1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05 DAILY AVG	0.05 DAILY MAX		1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.8	2.8	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	30 DAILY MAX		1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.01 DAILY AVG	0.01 DAILY MAX		1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	61	61	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	3000000 DAILY AVG	3000000 DAILY MAX		1/YR	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 8 26	
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: E. Mullen

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

NM0028355  
PERMIT NUMBER

06A 106  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
96 08 01 97 07 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

PHOTO WASTE DISCHARGES

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(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
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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. § 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 8 26			
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

ADDRESS

FACILITY

LOCATION

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

Outfall Owner: E. Mullen

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

NM00000355  
PERMIT NUMBER

05A-106  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
96 08 01 97 07 31  
(20-21) (22-23) (24-26) (26-27) (28-29) (30-31)

PHOTO WASTE DISCHARGES

\*\*\* 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 (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			
TOTAL VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	MG/L	0	1/YR	GRAB
01087 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
01092 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
01105 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
01147 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.8	0.8	PCI/L	0	1/YR	GRAB
11503 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
71900 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	138	138	PCI/L	0	1/YR	GRAB
82126 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	300000 DAILY AVG	300000 DAILY MAX			1/YR	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. § 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 8 26			
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: T. Alexander

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

NM0028355  
PERMIT NUMBER

06A 123  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

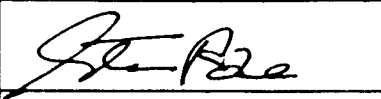
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
FROM			TO		
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

PHOTO WASTE DISCHARGES

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) 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 ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04	0.04			1/YR	GRAB
						DAILY AVG	DAILY MAX				
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0	5.0			1/YR	GRAB
						DAILY AVG	DAILY MAX				
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2	0.2			1/YR	GRAB
						DAILY AVG	DAILY MAX				
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1	5.1			1/YR	GRAB
						DAILY AVG	DAILY MAX				
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0	1.0			1/YR	GRAB
						DAILY AVG	DAILY MAX				
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6	1.6			1/YR	GRAB
						DAILY AVG	DAILY MAX				
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4	0.4			1/YR	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 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	8	26
TYPED OR PRINTED			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 1863; MAIL STOP K490  
 LOS ALAMOS, NM 87545

FACILITY  
 LOCATION Outfall Owner: T. Alexander

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

DMR0028355  
 PERMIT NUMBER

06A-123  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
 96 08 01 97 07 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

PHOTO WASTE DISCHARGES

\*\*\* 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) 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
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.1	1.1	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.2	5.2	PCI/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	30 DAILY MAX			1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	22	22	PCI/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	300000 DAILY AVG	300000 DAILY MAX			1/YR	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 8 26			
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  
FACILITY LOS ALAMOS, NM 87545

LOCATION Outfall Owner: P. Bussolini

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

NM0028355  
PERMIT NUMBER

06A 132  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
96 08 01 97 07 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

PHOTO WASTE DISCHARGES

\*\*\* 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	UNITS			
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	GRAB
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01022 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01027 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	GRAB
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01034 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	GRAB
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01037 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	GRAB
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01042 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	GRAB
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB
01051 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	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 8 26		
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: P. Bussolini

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

NM0028355  
 PERMIT NUMBER

06A 132  
 DISCHARGE NUMBER

Y MAJOR  
 F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

PHOTO WASTE DISCHARGES

\*\*\* 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 VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.10 DAILY AVG	0.10 DAILY MAX		1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	95.4 DAILY AVG	95.4 DAILY MAX		1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05 DAILY AVG	0.05 DAILY MAX		1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.9	0.9	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	30 DAILY MAX		1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.01 DAILY AVG	0.01 DAILY MAX		1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	3000000 DAILY AVG	3000000 DAILY MAX		1/YR	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 8 26	
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  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	31
FROM			TO		
(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)		(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 ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	COMP.				
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX		1/YR	COMP.				
TOTAL BORON 01022 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	COMP.				
	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	COMP.				
TOTAL CADMIUM 01027 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	COMP.				
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX		1/YR	COMP.				
TOTAL CHROMIUM 01034 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	COMP.				
	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX		1/YR	COMP.				
TOTAL COBALT 01037 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	COMP.				
	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX		1/YR	COMP.				
TOTAL COPPER 01042 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	COMP.				
	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX		1/YR	COMP.				
TOTAL LEAD 01051 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			0	0/YR	COMP.				
	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX		1/YR	COMP.				
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 6 years.)				TELEPHONE		DATE						
STEVEN R. RAE ESH-18 GROUP LEADER						505 665-0453		7/ 8 26						
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

055  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
96 08 01 97 07 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)		(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
TOTAL VANADIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	COMP.
01087 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	COMP.
TOTAL ZINC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	COMP.
01092 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	COMP.
TOTAL ALUMINUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	COMP.
01105 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	COMP.
TOTAL SELENIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	COMP.
01147 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	COMP.
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	COMP.
11503 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	30 DAILY MAX			1/YR	COMP.
TOTAL MERCURY	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/YR	COMP.
71900 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	COMP.
TRITIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	0/YR	COMP.
82126 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	COMP.
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 8 26		
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER		

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  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
96 08 01 97 07 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)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	COMP.
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/YR	COMP.
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	COMP.
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	COMP.
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	COMP.
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/YR	COMP.
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	COMP.
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/YR	COMP.
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	COMP.
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/YR	COMP.
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	COMP.
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/YR	COMP.
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	COMP.
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/YR	COMP.
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 8 26			
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  
FACILITY LOS ALAMOS, NM 87545  
LOCATION Outfall Owner: R. Fox

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

NM0028355  
PERMIT NUMBER

13S  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	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)		(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							
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.02	0.02	0	1/YR	COMP.				
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.10 DAILY AVG	0.10 DAILY MAX		1/YR	COMP.				
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	COMP.				
	PERMIT REQUIREMENT	*****	*****	*****	*****	95.4 DAILY AVG	95.4 DAILY MAX		1/YR	COMP.				
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/YR	COMP.				
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX		1/YR	COMP.				
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	COMP.				
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05 DAILY AVG	0.05 DAILY MAX		1/YR	COMP.				
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.5	3.5	0	1/YR	COMP.				
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	30 DAILY MAX		1/YR	COMP.				
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/YR	COMP.				
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.01 DAILY AVG	0.01 DAILY MAX		1/YR	COMP.				
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	252	252	0	1/YR	COMP.				
	PERMIT REQUIREMENT	*****	*****	*****	*****	3000000 DAILY AVG	3000000 DAILY MAX		1/YR	COMP.				
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 26						
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  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
96	08	01	97	07	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 (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)				
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS			
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB			
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04	0.04			1/YR	GRAB			
						DAILY AVG	DAILY MAX							
TOTAL BORON	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.2	0.2	MG/L	0	1/YR	GRAB			
01022 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.0	5.0			1/YR	GRAB			
						DAILY AVG	DAILY MAX							
TOTAL CADMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L						
01027 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2	0.2			1/YR	GRAB			
						DAILY AVG	DAILY MAX							
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L						
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	5.1	5.1			1/YR	GRAB			
						DAILY AVG	DAILY MAX							
TOTAL COBALT	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/YR	GRAB			
01037 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0	1.0			1/YR	GRAB			
						DAILY AVG	DAILY MAX							
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L						
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.6	1.6			1/YR	GRAB			
						DAILY AVG	DAILY MAX							
TOTAL LEAD	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L						
01051 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.4	0.4			1/YR	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						505 665-0453		97 8 26						
ESH-18 GROUP LEADER														
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 Cd, Cr, Cu, and Pb reported in Quarterly DMRs per EPA instructions.

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)

NM0028355  
PERMIT NUMBER

051  
DISCHARGE NUMBER

Y MAJOR  
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
96 08 01 97 07 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)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
TOTAL VANADIUM 01087 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.10 DAILY AVG	0.10 DAILY MAX			1/YR	GRAB
TOTAL ZINC 01092 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L			
	PERMIT REQUIREMENT	*****	*****	*****	*****	95.4 DAILY AVG	95.4 DAILY MAX			1/YR	GRAB
TOTAL ALUMINUM 01105 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	5.0 DAILY AVG	5.0 DAILY MAX			1/YR	GRAB
TOTAL SELENIUM 01147 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05 DAILY AVG	0.05 DAILY MAX			1/YR	GRAB
RADIUM-226 + 228 11503 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L			
	PERMIT REQUIREMENT	*****	*****	*****	*****	30.0 DAILY AVG	30.0 DAILY MAX			1/YR	GRAB
TOTAL MERCURY 71900 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L			
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.01 DAILY AVG	0.01 DAILY MAX			1/YR	GRAB
TRITIUM 82126 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			PCI/L	0	1/YR	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	3000000 DAILY AVG	3000000 DAILY MAX			1/YR	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. § 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 8 26			
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 Zn, Pb and Hg reported in Quarterly DMRs per EPA instructions.  
(\*) Waste Streams survey results for Outfall 051 indicate no accelerator-produced tritium.  
Tritium results of 147,059 pCi/L is reactor produced.