

Los Alamos

NATIONAL LABORATORY

Los Alamos National Laboratory
Los Alamos, New Mexico 87545

Date: August 27, 1997
In Reply Refer To: ESH-18/WQ&H-97-0267
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

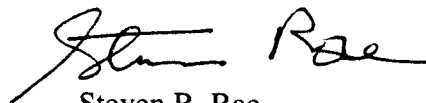
**SUBJECT: DISCHARGE MONITORING REPORTS (DMRs) FOR JULY, 1997,
NPDES PERMIT NO. NM0028355**

Dear Ms. Gamble:

Enclosed are Los Alamos National Laboratory's DMRs (EPA Form 3320-1) for July, 1997, as required under the above referenced NPDES Permit. There were no effluent limitations exceeded for the industrial outfalls. There were no effluent limitations exceeded for the analyses performed for sanitary outfall 13S. Also, there was no disposal or land application of sludge from the 13S SWSC Plant for the period from August 1, 1996, to July 31, 1997.

Please contact Brenda Edeskuty at (505) 665-0789 or Mike Saladen at (505) 665-6085 if you desire any additional information concerning these DMRs.

Sincerely,



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

SR:BE/tp

Enclosures: a/s

Cy: G. Saums, NMED, Santa Fe, New Mexico, w/enc.
J. Parker, NMED/AIP, Santa Fe, New Mexico, w/enc.
J. Vozella, DOE/LAAO, w/enc., MS A316
C. Soden, DOE/AL, Albuquerque, New Mexico, w/enc.
D. Erickson, LANL, ESH-DO, w/enc., MS K491
M. Brown, JCI/JENV, w/enc., MS A199
LANL Outfall Owners, w/enc.
WQ&H File, w/enc., MS K497
CIC-10, w/enc., MS A150

RECEIVED

AUG 29 1997

DOE OVERSIGHT BUREAU



15612

LANL / Nov HSWA / NPDES

NPDES

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

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

FACILITY LOCATION
Outfall Owner: R. Fox

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

NM0028355
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MAJOR
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)
97 07 01 97 07 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				
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	7.9	*****	7.9	SU	0	1 / MON	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1 / MON	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG / L	0	1 / MON	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1 / MON	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0216	0.0216	MGD	*****	*****	*****	*****		1 / MON	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1 / MON	EST
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.2	0.2	MG / L	0	1 / MON	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1 / MON	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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 27

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)

02A-007
 DISCHARGE NUMBER

02A-007
 DISCHARGE NUMBER

Q MAJOR
 F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
 97 05 01 97 07 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

BOILER BLOWDOWN
 *** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	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
PH		*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0		*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS		*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
00530 1 0 0		*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS		*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
00665 1 0 0		*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
SULFITE (AS SO3)		*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
00740 1 0 0		*****	*****		*****	35 DAILY AVG	70 DAILY MAX			1/3MO	GRAB
TOTAL CHROMIUM		*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
01034 1 0 0		*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/3MO	GRAB
TOTAL COPPER		*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
01042 1 0 0		*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/3MO	GRAB
TOTAL IRON		*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
01045 1 0 0		*****	*****		*****	10 DAILY AVG	40 DAILY MAX			1/3MO	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 27			
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER		YEAR MO DAY	

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

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

NAME UNIVERSITY OF CALIFORNIA
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 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

02A 007
 DISCHARGE NUMBER

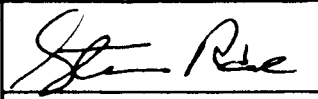
Q MAJOR
 F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	05	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

PARAMETER (32-37)	SAMPLE MEASUREMENT (38-39)	(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 (46-53)	MAXIMUM (54-55)	UNITS (56-57)	MINIMUM (58-59)	AVERAGE (60-61)	MAXIMUM (62-63)			
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****		1/3MO	EST
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 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	27	
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)
 (2-18) (17-19)

 NM0028355
 PERMIT NUMBER

 02A 129
 DISCHARGE NUMBER

 Q MAJOR
 F - FINAL

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

MONITORING PERIOD

 FROM YEAR MO DAY TO YEAR MO DAY
 97 05 01 97 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	(3 Card Only) QUANTITY OR LOADING (45-53)			(4 Card Only) QUANTITY OR CONCENTRATION (30-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	00400 1 0 0	*****	*****	*****	7.6	*****	8.5	SU	0	3/3MC GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MC GRAB
TOTAL SUSP. SOLIDS	00530 1 0 0	*****	*****	*****	*****	1	2	MG/L	0	3/3MC GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MC GRAB
TOTAL PHOSPHORUS	00665 1 0 0	*****	*****	*****	*****	15	25	MG/L	0	3/3MC GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MC GRAB
SULFITE (AS SO3)	00740 1 0 0	*****	*****	*****	*****	1	1	MG/L	0	3/3MC GRAB
	PERMIT REQUIREMENT	*****	*****		*****	35 DAILY AVG	70 DAILY MAX			1/3MC GRAB
TOTAL CHROMIUM	01034 1 0 0	*****	*****	*****	*****	0.0	0.0	MG/L	0	3/3MC GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/3MC GRAB
TOTAL COPPER	01042 1 0 0	*****	*****	*****	*****	0.0	0.0	MG/L	0	3/3MC GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/3MC GRAB
TOTAL IRON	01045 1 0 0	*****	*****	*****	*****	1	2	MG/L	0	3/3MC GRAB
	PERMIT REQUIREMENT	*****	*****		*****	10 DAILY AVG	40 DAILY MAX			1/3MC 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 27	
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: R. Fox

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

PERMIT NUMBER NM0028355

DISCHARGE NUMBER 02A 129

MAJOR F - FINAL

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

MONITORING PERIOD

FROM YEAR 97 MO 05 DAY 01 TO YEAR 97 MO 07 DAY 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

BOILER BLOWDOWN
 *** NO DISCHARGE ***

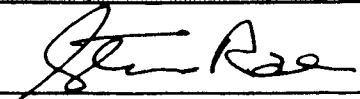
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (40-53)			(4 Card Only) QUANTITY OR CONCENTRATION (39-45)				NO. EX (52-53)	FREQUENCY OF ANALYSIS (54-58)	SAMPLE TYPE (59-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0120	0.0144	MGD	*****	*****	*****	*****		3/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 STEVEN R. RAE
 ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 

TELEPHONE 505-865-0453

DATE 97 8 27

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. Cull

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

(2-16)

(17-19)

NM0028355
PERMIT NUMBER03A 021
DISCHARGE NUMBERQ MAJOR
F - FINAL

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
97	05	01		97	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)	SAMPLE MEASUREMENT (38-41)	(3 Card Only) (42-53) 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					
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.5	*****	8.5	SU	0	1/3MO	GRAB		
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		8.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB		
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	1/3MO	GRAB		
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB		
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	1/3MO	GRAB		
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB		
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/3MO	GRAB		
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB		
FLOW	SAMPLE MEASUREMENT	0.0144	0.0144	MGD	*****	*****	*****			1/3MO	EST		
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST		
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB		
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB		
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)				TELEPHONE		DATE					
STEVEN R. RAE ESH-18 GROUP LEADER						505 665-0453		97 8 27					
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE		NUMBER		YEAR	

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

03A 022
DISCHARGE NUMBER

Q MAJOR
F - FINAL

Form Approved.
OMB No. 2040-0004
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MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
97 05 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)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-55)	MAXIMUM (56-57)	UNITS (58-59)	MINIMUM (38-40)	AVERAGE (41-43)	MAXIMUM (44-46)	UNITS (47-49)			
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.0	*****	8.0	SU	0	1/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		8.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	1/3MO	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	MG/L	0	1/3MO	GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/3MO	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT	0.0216	0.0216	MGD	*****	*****	*****	*****		1/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/3MO	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE

505 665-0453

DATE

97 8 27

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: L. Woodrow

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

(2-16)

(17-19)

NM0020355
PERMIT NUMBER03A 024
DISCHARGE NUMBERQ MAJOR
F - FINAL

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

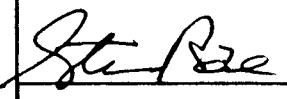
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	05	01		97	07	31
(20-21) (22-23) (24-25)				(26-27) (28-29) (30-31)		

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) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****			0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
50084 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1316. (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	27	
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: 'L. Rowton

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

NM0028355
 PERMIT NUMBER

03A 025
 DISCHARGE NUMBER

Q MAJOR
 F - FINAL

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

MONITORING PERIOD

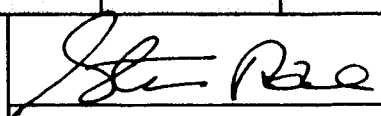
FROM YEAR MO DAY TO YEAR MO DAY
 97 05 01 97 07 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

COOLING TOWER BLOWDOWN

*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (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			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		8.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****			0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
STEVEN R. RAE ESH-18 GROUP LEADER			505 665-0453	97 8 27		
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
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

Q MAJOR
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
97 05 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) (48-53) 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			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0 / 3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1 / 3MO	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG / L	0	0 / 3MO	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1 / 3MO	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG / L	0	0 / 3MO	GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1 / 3MO	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG / L	0	0 / 3MO	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1 / 3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0 / 3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1 / 3MO	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG / L	0	0 / 3MO	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1 / 3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE

505 665-0453

DATE

97 8 27

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

03A 028
 DISCHARGE NUMBER

Q MAJOR
 F - FINAL

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

June

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
97	05	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			
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.6	*****	8.6	0	1/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		1/3MO	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	0	1/3MO	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX		1/3MO	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	0	1/3MO	GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX		1/3MO	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	0	1/3MO	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX		1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT	0.0058	0.0058	MGD	*****	*****	*****		1/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****		1/3MO	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/3MO	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX		1/3MO	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
 ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (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 27

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 1663; MAIL STOP K490

FACILITY LOS ALAMOS, NM 87545

LOCATION

Outfall Owner: D. Carathers

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

NM0022355
PERMIT NUMBER

004 004
DISCHARGE NUMBER

Q MAJOR
F - FINAL

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98


MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
07 05 01 07 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 (38-41)	QUANTITY OR LOADING (42-45)			QUANTITY OR CONCENTRATION (46-53)				NO. EX (54-57)	FREQUENCY OF ANALYSIS (58-61)	SAMPLE TYPE (62-65)
		AVERAGE (42-43)	MAXIMUM (44-45)	UNITS (46-47)	MINIMUM (48-49)	AVERAGE (50-51)	MAXIMUM (52-53)	UNITS (54-55)			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****			0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)		TELEPHONE	DATE		
STEVEN R. RAE ESH-18 GROUP LEADER			505 665-0453	97	8	27
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR

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)

NM0028255
PERMIT NUMBER

03A 035
DISCHARGE NUMBER

Q MAJOR
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
97 05 01 97 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) 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			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

Steve Rae

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

505 665-0453

AREA CODE NUMBER

DATE

97 B 27

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

Q MAJOR
 F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
 97 05 01 97 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) 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			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)				TELEPHONE		DATE			
STEVEN R. RAE ESH-18 GROUP LEADER						505 665-0453		97 8 27			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER		YEAR MO DAY			

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

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 038
 DISCHARGE NUMBER

Q MAJOR
 F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
 97 05 01 97 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) (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			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE NUMBER

77 8 27

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

Q MAJOR
F - FINAL

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

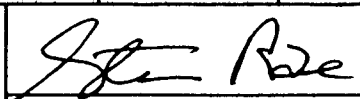
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	05	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN

*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) 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
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX				
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX				
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX				
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****			0/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****				
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
STEVEN R. RAE ESH-18 GROUP LEADER			505 665-0453	97	8	27	
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
FACILITY LOS ALAMOS, NM 87545

LOCATION Outfall Owner: D. Carathers

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

PERMIT NUMBER NM00028255

DISCHARGE NUMBER 03A 042

Q MAJOR
F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
97	05	01	97	07	31

FROM


TO

COOLING TOWER BLOWDOWN

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) (42-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (32-45) 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
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****			0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0	*****	9.0			1/3MO	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****				0	0/3MO	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30	100			1/3MO	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****				0	0/3MO	GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20	40			1/3MO	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****				0	0/3MO	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04	0.04			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT	No Sample taken			MGD	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****				0	0/3MO	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2	0.5			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
STEVEN R. RAE ESH-18 GROUP LEADER			505 665-0453	97	8	27
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO

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

⊛ Possible discharge during monitoring period.
No discharge observed during 3 visits to outfall. (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 045
DISCHARGE NUMBER

Q MAJOR
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
97 05 01 97 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) 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			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****			0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY KNOWLEDGE 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 27

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)
 (2-18) (17-19)

NM0028355
 PERMIT NUMBER

03A 047
 DISCHARGE NUMBER

Q MAJOR
 F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	05	01		97	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			
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.5	*****	8.5	0	1/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		1/3MO	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	0	1/3MO	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX		1/3MO	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	0	1/3MO	GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX		1/3MO	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/3MO	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX		1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT	0.0288	0.0288	MGD	*****	*****	*****		1/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****		1/3MO	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/3MO	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX		1/3MO	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TELEPHONE		DATE		
STEVEN R. RAE ESH-18 GROUP LEADER						505 665-0453		97 8 27		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY

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

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

Q MAJOR
F - FINAL

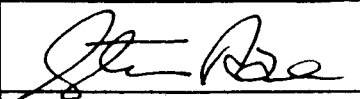
Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	05	01		97	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			
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.7	*****	8.7	SU	0	1/3MO GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	1/3MO GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	MG/L	0	1/3MO GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	MG/L	0	1/3MO GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO GRAB
FLOW (★)	SAMPLE MEASUREMENT	0.0576	0.0576	MGD	*****	*****	*****	*****		1/3MO EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
STEVEN R. RAE ESH-18 GROUP LEADER			505 665-0453	97	8	27	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

(★) Approximately 35 gallons of cooling tower treatment chemical was discharged inadvertently to the outfall through a floor drain. (SR) Administrative controls have been taken to prevent further releases.

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

NAME

UNIVERSITY OF CALIFORNIA

ADDRESS

LOS ALAMOS NATIONAL LABORATORY

PO BOX 1863; MAIL STOP K490

FACILITY

LOS ALAMOS, NM 87545

LOCATION

Outfall Owner: ~~R. Ryder~~ J. Fraser FROMNATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)NM0028355
PERMIT NUMBER03A 049
DISCHARGE NUMBERQ MAJOR
F - FINAL

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

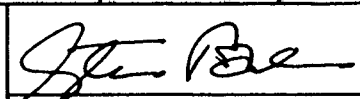
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	05	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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			
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.1	*****	8.1	SU	0	1/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	1/3MO	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	3	MG/L	0	1/3MO	GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	MG/L	0	1/3MO	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT	0.1080	0.1080	MGD	*****	*****	*****	*****		1/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN R. RAE ESH-18 GROUP LEADER TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. 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 27		
			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 113

DISCHARGE NUMBER

Q MAJOR

F - FINAL

Form Approved.

OMB No. 2040-0004

Approval expires 05-31-98

MONITORING PERIOD

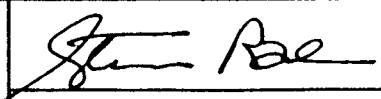
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	05	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT (38-41)	(3 Card Only) QUANTITY OR LOADING (42-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (42-43)	MAXIMUM (44-45)	UNITS (46-47)	MINIMUM (54-55)	AVERAGE (56-57)	MAXIMUM (58-59)	UNITS (60-61)			
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.2	*****	8.2	SU	0	1/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		5.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	6	6	MG/L	0	1/3MO	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	1/3MO	GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/3MO	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT	0.0072	0.0072	MGD	*****	*****	*****	*****		1/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
STEVEN R. RAE ESH-18 GROUP LEADER			505 665-0453	97	8	27	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

(*) An estimated 1000 gals. of potable water was discharged inadvertently through a yard drain to the outfall.

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 125
 DISCHARGE NUMBER

Q MAJOR
 F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	05	01		97	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) 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			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
 ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (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 27

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

Q MAJOR
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
97 05 01 97 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	QUANTITY OR LOADING (46-53)			QUANTITY OR CONCENTRATION (46-53)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.0	*****	8.0	SU	0	1/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	1/3MO	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	MG/L	0	1/3MO	GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/3MO	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT	0.0004	0.0004	MGD	*****	*****	*****	*****		1/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE

505 665-0453

DATE

97 8 29

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 1863; 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

Q MAJOR
F - FINAL

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

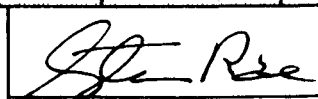
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	05	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN

*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) 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			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		8.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****			0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN H. 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 505 865-0453	DATE		
			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

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

NM0028355
 PERMIT NUMBER

03A 146
 DISCHARGE NUMBER

Q MAJOR
 F - FINAL

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

FACILITY

LOCATION Outfall Owner: R. Ryder J. Fraser FROM


MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	05	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) (54-61)			(4 Card Only) QUANTITY OR CONCENTRATION (30-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
STEVEN R. RAE ESH-18 GROUP LEADER			505 665-0453	77	0	27
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
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 148
DISCHARGE NUMBER

Q MAJOR
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
97 05 01 97 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	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		8.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (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 27

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 1683; 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 158
DISCHARGE NUMBER

Q MAJOR
F - FINAL

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

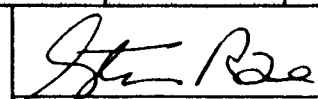
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	05	01		97	07	31
(20-21)	(22-23)	(24-26)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (48-53) 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			
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.8	*****	8.8	SU		1/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L		1/3MO	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	MG/L		1/3MO	GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	MG/L		1/3MO	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT	0.0007	0.0007	MGD	*****	*****	*****	*****		1/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L		1/3MO	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
STEVEN R. RAE ESH-18 GROUP LEADER			505 665-0453	97	8	27	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

Approximately 1000 gals of potable water was discharged to the outfall during a malfunction of a chiller water feed pump.

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 160
 DISCHARGE NUMBER

Q MAJOR
 F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
 97 05 01 97 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) 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			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
 ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Steven Rae

TELEPHONE

505 665-0453

DATE

97 8 27

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: D. Post

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

NM0028355
PERMIT NUMBER

03A 181
DISCHARGE NUMBER

Q MAJOR
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
97 05 01 97 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) (39-46) 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			
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.7	*****	8.7	SU	0	1 / 3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1 / 3MO	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG / L	0	1 / 3MO	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1 / 3MO	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	3	MG / L	0	1 / 3MO	GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1 / 3MO	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG / L	0	1 / 3MO	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1 / 3MO	GRAB
FLOW	SAMPLE MEASUREMENT	0.0144	0.0144	MGD	*****	*****	*****	*****		1 / 3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1 / 3MO	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG / L	0	1 / 3MO	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1 / 3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TELEPHONE		DATE			
STEVEN R. RAE ESH-18 GROUP LEADER						505 665-0453		97 8 27			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER		YEAR MO DAY			

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

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

03A 185
DISCHARGE NUMBER

Q MAJOR
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
97 05 01 97 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) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE

505 665-0453

DATE

97 8 27

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: S. Helmick

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

NM0028355
PERMIT NUMBER

04A 016
DISCHARGE NUMBER

Q 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) (24-26) (28-27) (28-29) (30-31)
97 05 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 (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			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

TELEPHONE

505 665-0453

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

DATE

97 B 21

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 070
DISCHARGE NUMBER

Q MAJOR
F - FINAL

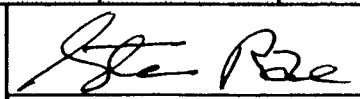
Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	05	01		97	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)	X	QUANTITY OR LOADING (46-53)			QUANTITY OR CONCENTRATION (46-53)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		8.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 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	27	
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)

(2-16)
 NM0028355
 PERMIT NUMBER

(17-19)
 04A 083
 DISCHARGE NUMBER

Q MAJOR
 F - FINAL

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

MONITORING PERIOD

FROM YEAR 97 MO 05 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 (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			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 STEVEN R. RAE
 ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 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
 505 665-0433

DATE
 97 8 27

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 091
DISCHARGE NUMBER

Q 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)
97 05 01 97 07 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 (46-53)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****			0/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE

505 665-0453

DATE

97 8 27

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 18663; 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

Q MAJOR
 F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	05	01		97	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 (48-53)			(4 Card Only) QUANTITY OR CONCENTRATION (48-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 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 77 8 27			
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: S. McCleary

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

PERMIT NUMBER NM0028355

DISCHARGE NUMBER 04A 094

Q MAJOR
 F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
97	05	01	97	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 (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	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
 ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE

505 665-0453

DATE

97 8 27

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: T. Alexander

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

NM0028355
PERMIT NUMBER

04A 101
DISCHARGE NUMBER

Q MAJOR
F - FINAL

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

MONITORING PERIOD

FROM YEAR 97 MO 05 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 (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				
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 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 27

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 1863; MAIL STOP K490
 LOS ALAMOS, NM 87545

FACILITY LOCATION Outfall Owner: 'D. Carathers

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

NM0028355
 PERMIT NUMBER

04A 115
 DISCHARGE NUMBER

Q MAJOR
 F - FINAL

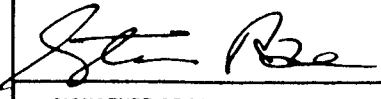
Form Approved.
 OMB No. 2040-0004
 Approval expires 05-31-98

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	05	01		97	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)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(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			
PH 00400 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
		*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
		REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
		*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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 27 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 118
 DISCHARGE NUMBER

Q MAJOR
 F - FINAL

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

MONITORING PERIOD

FROM YEAR 97 MO 05 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 (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			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****	0/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
 ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 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 27

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

Q MAJOR
 F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
97	05	01	97	07	31
(20-21)		(22-23)	(26-27)		(28-29)
		(24-25)			(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)			UNITS (54-61)	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 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 27		
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 1863; 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

Q 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)
97 05 01 97 07 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)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MC	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MC	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MC	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MC	EST
TOTAL RESD. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MC	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MC	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 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	27
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

FACILITY

LOCATION

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

Outfall Owner: T. Alexander

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

NM00028355
PERMIT NUMBER

04A-130
DISCHARGE NUMBER

Q MAJOR
F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
97	05	01	97	07	31
(20-21)		(22-23)	(26-27)		(28-29)
(24-25)		(30-31)			

FROM

TO

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)			UNITS (54-61)	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MC	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MC	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MC	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MC	EST
TOTAL RESD. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MC	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MC	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 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 27	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER
				YEAR	MO DAY

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

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

Q MAJOR
F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
97	05	01	97	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)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)					TELEPHONE		DATE		
STEVEN R. RAE ESH-18 GROUP LEADER							505 665-0453		97 8 27		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

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

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

Q MAJOR
 F - FINAL

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

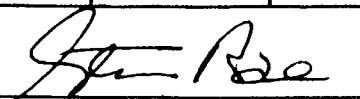
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	05	01		97	07	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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			
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.1	*****	8.1	SU	0	1/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT	0.0101	0.0101	MGD	*****	*****	*****	*****		1/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.2	0.2	MG/L	0	1/3MO	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 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 27	
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
 FACILITY LOS ALAMOS, NM 87545

LOCATION Outfall Owner: S. Helmick

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

PERMIT NUMBER NM0028355

DISCHARGE NUMBER 04A 152

Q MAJOR
 F - FINAL

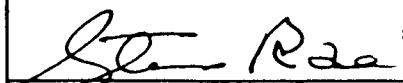
Form Approved.
 OMB No. 2040-0004
 Approval expires 05-31-98

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	05	01		97	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)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) (54-61)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 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	08	27	
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
 FACILITY LOS ALAMOS, NM 87545

LOCATION Outfall Owner: S. Helmick

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

NM0028355
 PERMIT NUMBER

04A 153
 DISCHARGE NUMBER

Q MAJOR
 F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
97	05	01	97	07	31
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

FROM

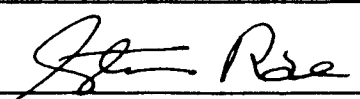
TO

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 (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	8.3	*****	8.3	SU	0	1/3MC	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MC	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0004	0.0004	MGD	*****	*****	*****	*****		1/3MC	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MC	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MC	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MC	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 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	27
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
LOS ALAMOS, NM 87545

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

NM0028355
PERMIT NUMBER

04A 156
DISCHARGE NUMBER

Q 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	TO	YEAR	MO	DAY
97	05	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			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TELEPHONE		DATE			
STEVEN R. RAE ESH-18 GROUP LEADER						505 665-0453		97 8 27			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY	

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

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

Q 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)
97 05 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) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE

505 665-0453

DATE

97 8 27

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 161
DISCHARGE NUMBER

Q MAJOR
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	05	01		97	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) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	8.6	SU	0	4/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT	0.1800	0.3600	MGD	*****	*****	*****	*****		4/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.1	MG/L	0	4/3MO	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 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 505 665-0453	DATE			
STEVEN R. RAE ESH-18 GROUP LEADER			97	8	27	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

⊛ An estimated 200,000 gals. of potable water from a line break was diverted to the outfall between 6-19-97 and 6-21-97. Compliance Samples were collected on 6-19-97 of

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

Q MAJOR
 F - FINAL

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

MONITORING PERIOD

FROM YEAR 97 MO 05 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 (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)				
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.4	*****	8.4	SU	0	1/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT	0.0001	0.0001	MGD	*****	*****	*****	*****		1/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
 ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.

TELEPHONE

505 665-0433

DATE

97 8 27

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)

NM0028355
PERMIT NUMBER

04A 164
DISCHARGE NUMBER

Q MAJOR
F - FINAL

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

MONITORING PERIOD

FROM YEAR 97 MO 05 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) (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			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO EST
TOTAL RESD. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE
505 665-0453

DATE
97 8 27

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 165
 DISCHARGE NUMBER

Q MAJOR
 F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	05	01		97	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) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.2	*****	8.2	SU	0	1/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT	0.0007	0.0007	MGD	*****	*****	*****	*****		1/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.2	0.2	MG/L	0	1/3MO	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 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			
STEVEN R. RAE ESH-18 GROUP LEADER					97 8 27			
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR MO DAY	

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

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

Q MAJOR
 F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
97	05	01	97	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) (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			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MC	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MC	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MC	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MC	EST
TOTAL RESD. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MC	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MC	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
 ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1310. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 6 years.)

TELEPHONE

505 665-0453

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE NUMBER

DATE

97 8 27

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

Q MAJOR
F - FINAL

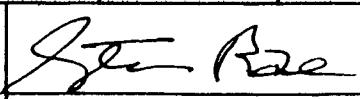
Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	05	01		97	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)	SAMPLE MEASUREMENT (38-41)	QUANTITY OR LOADING (42-45)			QUANTITY OR CONCENTRATION (46-53)			UNITS	NO. EX (52-53)	FREQUENCY OF ANALYSIS (54-55)	SAMPLE TYPE (56-57)
		AVERAGE (42-43)	MAXIMUM (44-45)	UNITS (46-47)	MINIMUM (48-49)	AVERAGE (50-51)	MAXIMUM (52-53)				
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****					
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM	SU	0	0/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****			0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 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	27	
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)

PERMIT NUMBER NM0028355

DISCHARGE NUMBER 04A 172

Q MAJOR
 F - FINAL

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

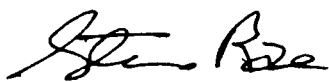
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
97	05	01	97	07	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

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 (46-63) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 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	27	
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) (17-19)

NM0028355
PERMIT NUMBER

04A 173
DISCHARGE NUMBER

Q MAJOR
F - FINAL


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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	05	01		97	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
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 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	27
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
 LOS ALAMOS, NM 87545
 FACILITY
 LOCATION Outfall Owner: R. Fox

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

NM0028355 PERMIT NUMBER	04A 174 DISCHARGE NUMBER
----------------------------	-----------------------------

Q MAJOR
 F - FINAL

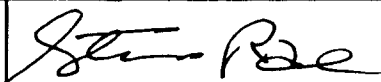
Form Approved.
 OMB No. 2040-0004
 Approval expires 05-31-98

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	05	01		97	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 (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	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 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	27
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
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 175
DISCHARGE NUMBER

Q MAJOR
F - FINAL

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

MONITORING PERIOD

FROM YEAR 97 MO 05 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 (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			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		8.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE

505 665-0453

DATE

97 8 27

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)
NM0028355
PERMIT NUMBER

(17-19)
04A 176
DISCHARGE NUMBER

Q MAJOR
F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
97	05	01	97	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 (48-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			UNITS	NO. EX (52-53)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.2	*****	8.2	SU	0	1/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT	0.2160	0.2160	MGD	*****	*****	*****	*****		1/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 38 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						
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)				97	8	27

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: R. Fox

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

NM0028355
 PERMIT NUMBER

04A 177
 DISCHARGE NUMBER

Q MAJOR
 F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
 97 05 01 97 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)	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			
PH 00400 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	0	0/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX	MGD	*****	*****	*****	*****		0/3MO	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L	0	0/3MO	GRAB
	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE

505 665-0453

DATE

97 8 27

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
 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

04A 182
 DISCHARGE NUMBER

Q MAJOR
 F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
 97 05 01 97 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			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	7.8	SU	0	1/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT	0.0001	0.0001	MGD	*****	*****	*****	*****		1/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.3	0.3	MG/L	0	1/3MO	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
 ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE

505 665-0453

DATE

97 8 27

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 186
 DISCHARGE NUMBER

Q MAJOR
 F - FINAL

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

MONITORING PERIOD

FROM YEAR 97 MO 05 DAY 01 TO YEAR 97 MO 07 DAY 31
 (120-21) (122-23) (124-25) (126-27) (128-29) (130-31)

NONCONTACT COOLING WATER
 *** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(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			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	SU	0	1/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT	1.7280	1.7280	MGD	*****	*****	*****	*****		1/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
50060 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
 ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under those 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 27

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: D. Carathers

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

NM0028355
PERMIT NUMBER

05A 053
DISCHARGE NUMBER

Q MAJOR
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	05	01		97	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) (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
CHEMICAL OXY. DEMAND 00340 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	125 DAILY AVG	125 DAILY MAX			1/3MO	GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	45 DAILY MAX			1/3MO	GRAB
OIL & GREASE 00556 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 DAILY AVG	15 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (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 27

AREA CODE NUMBER

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
 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

Q MAJOR
 F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
97	05	01	97	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 (48-63)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
CHEMICAL OXY. DEMAND 00340 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		*****	125 DAILY AVG	125 DAILY MAX			1/3MO GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	45 DAILY MAX			1/3MO GRAB
OIL & GREASE 00556 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 DAILY AVG	15 DAILY MAX			1/3MO GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO EST
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
 ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (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 27

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
 NM0028355
 PERMIT NUMBER

17-19
 05A 055
 DISCHARGE NUMBER

Q MAJOR
 F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	05	01		97	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)	SAMPLE MEASUREMENT (38-41)	(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			
CHEMICAL OXY. DEMAND 00340 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	6	6	MG / L	0	1 / 3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	125 DAILY AVG	125 DAILY MAX			1 / 3MO	GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.1	SU	0	1 / 3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1 / 3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	5	MG / L	0	1 / 3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	45 DAILY MAX			1 / 3MO	GRAB
OIL & GREASE 00556 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG / L	0	1 / 3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 DAILY AVG	15 DAILY MAX			1 / 3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0043	0.0043	MGD	*****	*****	*****	*****		1 / 3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1 / 3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 39 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

Steven Rae

TELEPHONE

505 665-0453

DATE

97 5 27

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

Q MAJOR
F - FINAL

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


MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	05	01		97	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) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
CHEMICAL OXY. DEMAND 00340 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	125 DAILY AVG	125 DAILY MAX			1/3MO	GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	45 DAILY MAX			1/3MO	GRAB
OIL & GREASE 00556 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 DAILY AVG	15 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN R. RAE ESH-18 GROUP LEADER TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 505 665-0453	DATE 97 8 27		
			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

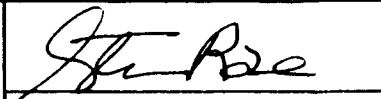
Q MAJOR
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	05	01		97	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
CHEMICAL OXY. DEMAND 00340 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	5	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	125 DAILY AVG	125 DAILY MAX			1/3MO	GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	SU	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	3	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	45 DAILY MAX			1/3MO	GRAB
OIL & GREASE 00556 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 DAILY AVG	15 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0014	0.0014	MGD	*****	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
STEVEN R. RAE ESH-18 GROUP LEADER			505 665-0453	97	8	27	
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: T. Alexander

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

05A 067
 PERMIT NUMBER

DISCHARGE NUMBER

Q MAJOR
 F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
97	05	01	TO	97	07
(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) (46-53)			(4 Card Only) (39-45)			(46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
CHEMICAL OXY. DEMAND	SAMPLE MEASUREMENT	*****	*****	*****	*****				MG/L	0	0/3MO	GRAB	
00340 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	125	125	DAILY AVG DAILY MAX			1/3MO	GRAB	
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****			SU	0	0/3MO	GRAB	
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0	*****	9.0	MINIMUM MAXIMUM			1/3MO	GRAB	
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****				MG/L	0	0/3MO	GRAB	
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30	45	DAILY AVG DAILY MAX			1/3MO	GRAB	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****	*****	*****				MG/L	0	0/3MO	GRAB	
00556 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	15	15	DAILY AVG DAILY MAX			1/3MO	GRAB	
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****			0/3MO	EST	
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	*****			1/3MO	EST	
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
 ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (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

Steven R. Rae

TELEPHONE

505 665-0453

DATE

97 8 21

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

05A 068
 DISCHARGE NUMBER

Q MAJOR
 F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	05	01		97	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)	SAMPLE MEASUREMENT	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			
CHEMICAL OXY. DEMAND 00340 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	5	5	MG/L	0	1/3MO GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	125	125	MG/L		1/3MO GRAB
						DAILY AVG	DAILY MAX			
PH 00400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	7.8	*****	7.8	SU	0	1/3MO GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	6.0	*****	9.0	SU		1/3MO GRAB
					MINIMUM		MAXIMUM			
TOTAL SUSP. SOLIDS 00530 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	1	MG/L	0	1/3MO GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	30	45	MG/L		1/3MO GRAB
						DAILY AVG	DAILY MAX			
OIL & GREASE 00556 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	1	1	MG/L	0	1/3MO GRAB
	SAMPLE MEASUREMENT	*****	*****	*****	*****	15	15	MG/L		1/3MO GRAB
						DAILY AVG	DAILY MAX			
FLOW 50050 1 0 0	PERMIT REQUIREMENT	0.0043	0.0043	MGD	*****	*****	*****	*****		1/3MO EST
	SAMPLE MEASUREMENT	REPORT	REPORT		*****	*****	*****			1/3MO EST
		DAILY AVG	DAILY MAX							
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (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

Steven R. Rae

TELEPHONE

505 665-0453

DATE

97 8 27

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

Q MAJOR
F - FINAL

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

MONITORING PERIOD

FROM YEAR 97 MO 05 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 X ***

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			
CHEMICAL OXY. DEMAND 00340 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		*****	125 DAILY AVG	125 DAILY MAX			1/3MO GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	45 DAILY MAX			1/3MO GRAB
OIL & GREASE 00556 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 DAILY AVG	15 DAILY MAX			1/3MO GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****			0/3MO EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO EST
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (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 27

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 071
 DISCHARGE NUMBER

Q MAJOR
 F - FINAL

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

MONITORING PERIOD

FROM YEAR 97 MO 05 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 ___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			
CHEMICAL OXY. DEMAND 00340 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		*****	125 DAILY AVG	125 DAILY MAX			1/3MO GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	45 DAILY MAX			1/3MO GRAB
OIL & GREASE 00556 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 DAILY AVG	15 DAILY MAX			1/3MO GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO EST
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE

505 665-0453

DATE

97 8 27

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 072
DISCHARGE NUMBER

Q MAJOR
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
97 05 01 97 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.

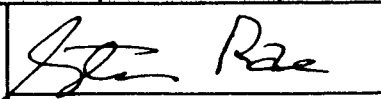
PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHEMICAL OXY. DEMAND 00340 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	125 DAILY AVG	125 DAILY MAX			1/3MO	GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	45 DAILY MAX			1/3MO	GRAB
OIL & GREASE 00556 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 DAILY AVG	15 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (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 27

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

05A 096
DISCHARGE NUMBER

Q MAJOR
F - FINAL

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

FACILITY
LOCATION Outfall Owner: D. Carathers

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
97	05	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							
CHEMICAL OXY. DEMAND 00340 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO GRAB				
	PERMIT REQUIREMENT	*****	*****		*****	125 DAILY AVG	125 DAILY MAX			1/3MO GRAB				
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO GRAB				
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO GRAB				
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO GRAB				
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	45 DAILY MAX			1/3MO GRAB				
OIL & GREASE 00556 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO GRAB				
	PERMIT REQUIREMENT	*****	*****		*****	15 DAILY AVG	15 DAILY MAX			1/3MO GRAB				
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****			0/3MO EST				
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO EST				
	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT													
	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT													
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)				TELEPHONE		DATE						
STEVEN R. RAE ESH-18 GROUP LEADER						505 665-0453		97 8 27						
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR MO DAY				

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

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 097

Q MAJOR
 F - FINAL

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

MONITORING PERIOD
 FROM YEAR 97 MO 05 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 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 (39-45) (46-53) (54-61)				NO. EX (52-53)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHEMICAL OXY. DEMAND 00340 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	125 DAILY AVG	125 DAILY MAX			1/3MO	GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	45 DAILY MAX			1/3MO	GRAB
OIL & GREASE 00556 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 DAILY AVG	15 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****			0/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
 ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (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 27

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

06A 073
DISCHARGE NUMBER

Q MAJOR
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
97 05 01 97 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) (48-53) QUANTITY OR LOADING (64-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (48-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SILVER	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
01077 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.5 DAILY AVG	1.0 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE
505 665-0453

DATE
97 8 27

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 1883; 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

06A 074
 DISCHARGE NUMBER

Q MAJOR
 F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
 97 05 01 97 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)	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			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SILVER	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
01077 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.5 DAILY AVG	1.0 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE

ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE

505 665-0453

DATE

97 8 27

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Steven R. Rae

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 075
 DISCHARGE NUMBER

Q MAJOR
 F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
 97 05 01 97 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)	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			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SILVER	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
01077 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.5 DAILY AVG	1.0 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Steven Rae

TELEPHONE

505 665-0453

AREA CODE NUMBER

DATE

97 8 27

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

Q MAJOR
F - FINAL

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

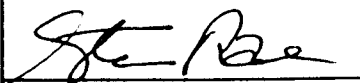
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
97	05	01	97	07	31
FROM (20-21) (22-23) (24-25)			TO (26-27) (28-29) (30-31)		

PHOTO WASTE DISCHARGES

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	QUANTITY OR LOADING (3 Card Only) (46-53)			QUANTITY OR CONCENTRATION (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			
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.1	*****	8.1	SU	0	1/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SILVER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
01077 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.5 DAILY AVG	1.0 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT	0.0007	0.0007	MGD	*****	*****	*****	*****		1/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 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	27	
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: T. Alexander

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

NM0028355
PERMIT NUMBER

06A 080
DISCHARGE NUMBER

Q MAJOR
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	05	01		97	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			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO GRAB
TOTAL SILVER 01077 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.5 DAILY AVG	1.0 DAILY MAX			1/3MO GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO EST
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 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 27
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 081
DISCHARGE NUMBER

Q MAJOR
F - FINAL

Form Approved.
OMB No. 2040-0004
Approval expires 05-21-88

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
97 05 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			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SILVER	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
01077 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.5 DAILY AVG	1.0 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE

505 665-0453

DATE

97 8 27

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Steve Rae

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 082
DISCHARGE NUMBER

Q MAJOR
F - FINAL

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

MONITORING PERIOD

FROM YEAR 97 MO 05 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			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SILVER	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
01077 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.5 DAILY AVG	1.0 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE
505 665-0453

DATE
97 8 27

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)
NM0028355
PERMIT NUMBER

(17-19)
06A 099
DISCHARGE NUMBER

Q MAJOR
F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
97 05 01 97 07 31
(20-21) (22-23) (24-26) (28-27) (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 (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			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SILVER	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
01077 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.5 DAILY AVG	1.0 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE

ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE

505 665-0453

DATE

97 8 27

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

06A 100
 DISCHARGE NUMBER

Q MAJOR
 F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
 97 05 01 97 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)	X	QUANTITY OR LOADING (46-53)			QUANTITY OR CONCENTRATION (48-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.0	*****	8.0	SU	0	1/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SILVER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	1/3MO	GRAB
01077 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.5 DAILY AVG	1.0 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT	0.0014	0.0014	MGD	*****	*****	*****	*****		1/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
 ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Steven Rae

TELEPHONE

505 665-0453

AREA CODE NUMBER

DATE

97 B 27

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)

NM0028255
PERMIT NUMBER

06A 106
DISCHARGE NUMBER

Q 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)
97 05 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 (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 (39-40)	AVERAGE (41-42)	MAXIMUM (43-44)	UNITS (45-46)			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SILVER	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
01077 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.5 DAILY AVG	1.0 DAILY MAX			1/3MO	GRAB
FLOW *	SAMPLE MEASUREMENT	No sample taken			MGD	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE

505 665-0453

DATE

97 8 27

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Steven Rae

AREA CODE

NUMBER

YEAR

MO

DAY

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

* Probable discharge during monitoring period.
No sample taken.

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 123
DISCHARGE NUMBER

Q MAJOR
F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
97	05	01	97	07	31
FROM (20-21) (22-23) (24-25)			TO (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) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SILVER	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO	GRAB
01077 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.5 DAILY AVG	1.0 DAILY MAX			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT	No sample taken			*****	*****	*****	*****		0/3MO	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE

ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE

505 665-0453

DATE

97 8 21

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Steven Rae

AREA CODE

NUMBER

YEAR

MO

DAY

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

Probable discharge during monitoring period.
No sample taken

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) (17-19)

NM0028355
 PERMIT NUMBER

06A 132
 DISCHARGE NUMBER

Q 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)
 97 05 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 (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (52-53)	FREQUENCY OF ANALYSIS (54-58)	SAMPLE TYPE (59-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU	0	1/3MC	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MC	GRAB
TOTAL SILVER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MC	GRAB
01077 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.5 DAILY AVG	1.0 DAILY MAX			1/3MC	GRAB
FLOW	SAMPLE MEASUREMENT	0.0007	0.0007	MGD	*****	*****	*****	*****		1/3MC	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MC	EST
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
 ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Steven Rae

TELEPHONE

505 665-0453

DATE

97 8 27

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: S. Hanson

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

NM00028355
 PERMIT NUMBER
 051 A
 DISCHARGE NUMBER

MAJOR
 F - FINAL

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

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

INDUST. WASTE TREATMENT DISCHARGE

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

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)						
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS									
CHEMICAL OXY. DEMAND	SAMPLE MEASUREMENT	8	13	LB/DY	*****	35	56	MG/L	0	5/MON	GRAB						
00340 1 0 1	PERMIT REQUIREMENT	94	156		*****	125	125			1/WK	GRAB						
		DAILY AVG	DAILY MAX			DAILY AVG	DAILY MAX										
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	8.5	SU	0	CONT	REC						
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0	*****	9.0			CONT	REC						
					MINIMUM		MAXIMUM										
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	1.3	2.8	LB/DY	*****	*****	*****	*****	0	5/MON	GRAB						
00530 1 0 0	PERMIT REQUIREMENT	18.8	62.6		*****	*****	*****			1/WK	GRAB						
		DAILY AVG	DAILY MAX														
TOTAL NITROGEN	SAMPLE MEASUREMENT	*****	*****	*****	*****	49.4	49.4	MG/L	0	1/MON	GRAB						
00600 1 0 1	PERMIT REQUIREMENT	*****	*****		*****	REPORT	REPORT			1/MON	GRAB						
						DAILY AVG	DAILY MAX										
AMMONIA (AS N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.9	4.9	MG/L	0	1/MON	GRAB						
00610 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT	REPORT			1/MON	GRAB						
						DAILY AVG	DAILY MAX										
NITRATE-NITRITE AS N	SAMPLE MEASUREMENT	*****	*****	*****	*****	43.3	43.3	MG/L	0	1/MON	GRAB						
00630 1 0 1	PERMIT REQUIREMENT	*****	*****		*****	REPORT	REPORT			1/MON	GRAB						
						DAILY AVG	DAILY MAX										
TOTAL CADMIUM	SAMPLE MEASUREMENT	0.00	0.00	LB/DY	*****	0.0	0.0	MG/L	0	5/MON	GRAB						
01027 1 0 1	PERMIT REQUIREMENT	0.06	0.30		*****	0.2	0.2			1/WK	GRAB						
		DAILY AVG	DAILY MAX			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								97 8 27									
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: S. Hanson

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

NM0028355
PERMIT NUMBER

051 A
DISCHARGE NUMBER

MAJOR
F - FINAL

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
97	07	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)	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 CHROMIUM 01034 1 0 1	SAMPLE MEASUREMENT	0.00	0.00	LB/DY	*****	0.0	0.0	MG/L	0	5/MON	GRAB
	PERMIT REQUIREMENT	0.10 DAILY AVG	0.38 DAILY MAX		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/WK	GRAB
TOTAL COPPER 01042 1 0 1	SAMPLE MEASUREMENT	0.02	0.02	LB/DY	*****	0.1	0.1	MG/L	0	5/MON	GRAB
	PERMIT REQUIREMENT	0.63 DAILY AVG	0.63 DAILY MAX		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/WK	GRAB
TOTAL IRON 01045 1 0 0	SAMPLE MEASUREMENT	0.0	0.1	LB/DY	*****	*****	*****	*****	0	5/MON	GRAB
	PERMIT REQUIREMENT	1.0 DAILY AVG	2.0 DAILY MAX		*****	*****	*****			1/WK	GRAB
TOTAL LEAD 01051 1 0 1	SAMPLE MEASUREMENT	0.00	0.00	LB/DY	*****	0.0	0.0	MG/L	0	5/MON	GRAB
	PERMIT REQUIREMENT	0.06 DAILY AVG	0.15 DAILY MAX		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/WK	GRAB
TOTAL NICKEL 01067 1 0 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	5/MON	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/WK	GRAB
TOTAL ZINC 01092 1 0 1	SAMPLE MEASUREMENT	0.02	0.03	LB/DY	*****	0.1	0.2	MG/L	0	5/MON	GRAB
	PERMIT REQUIREMENT	0.62 DAILY AVG	1.83 DAILY MAX		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/WK	GRAB
RADIUM-226 + 228 11503 1 0 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	11.6	11.6	PCI/L	0	1/MON	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30.0 DAILY AVG	30.0 DAILY MAX			1/MON	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 19 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

505 665-0453

DATE

97 8 27

AREA CODE NUMBER YEAR MO DAY

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

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

LOCATION Outfall Owner: S. Hanson

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

NM0028355
PERMIT NUMBER

051 A
DISCHARGE NUMBER

MAJOR
F - FINAL

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

MONITORING PERIOD



MONTH/DATE PERIOD	
YEAR	MO DAY
97	07 01
(20-21)	(22-23) (24-25)

MONTH/DATE PERIOD	
YEAR	MO DAY
97	07 31
(26-27)	(28-29) (30-31)

INDUST. WASTE TREATMENT DISCHARGE

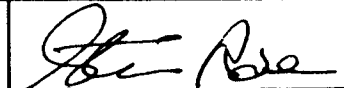
*** NO DISCHARGE ***

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			
FLOW	SAMPLE MEASUREMENT	0.0286	0.0431	MGD	*****	*****	*****	*****		CONT	REC
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****		CONT	REC	
TOTAL MERCURY	SAMPLE MEASUREMENT	0.000	0.00	LB/DY	*****	0.00	0.00	MG/L	0	5/MON	GRAB
71900 1 0 1	PERMIT REQUIREMENT	0.003 DAILY AVG	0.09 DAILY MAX		*****	0.01 DAILY AVG	0.01 DAILY MAX		1/WK	GRAB	
TOTAL TOXIC ORGANICS	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/MON	GRAB
78141 1 0 1 	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX		1/MON	GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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 27
YEAR MO DAY

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 (X) Results for 11 of the 111 Total Toxic Organics were rejected and 2 were
 qualified as estimated under Laboratory QA/QC methods. (SR)
 EPA Form 8320-1 (08-86) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) PAGE 1 OF 1

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: H. Fox

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

NM0028355
 PERMIT NUMBER

05S A
 DISCHARGE NUMBER

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

MAJOR
 F - FINAL

MONITORING PERIOD

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

TREATED SANITARY SEWAGE EFFLUENT
 *** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) 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			
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		CONT	TOTAL
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			CONT	TOTAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
 ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (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 27

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

05S Q
 DISCHARGE NUMBER

MAJOR
 F - FINAL

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
 97 05 01 97 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 (48-51)			(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
BIO. OXY. DMD. 5 DAY	SAMPLE MEASUREMENT		*****	LB/DY	*****			MG/L	0	0/3MO	COMP
00310 1 0 0	PERMIT REQUIREMENT	0.5 DAILY AVG	*****		*****	30 DAILY AVG	45 DAILY MAX			1/3MO	COMP
CHEMICAL OXY. DEMAND	SAMPLE MEASUREMENT		*****	LB/DY	*****			MG/L	0	0/3MO	COMP
00340 1 0 0	PERMIT REQUIREMENT	2.1 DAILY AVG	*****		*****	125 DAILY AVG	125 DAILY MAX			1/3MO	COMP
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	SU	0	0/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT		*****	LB/DY	*****			MG/L	0	0/3MO	COMP
00530 1 0 0	PERMIT REQUIREMENT	0.5 DAILY AVG	*****		*****	30 DAILY AVG	45 DAILY MAX			1/3MO	COMP
FECAL COL. BAC. / 100ML	SAMPLE MEASUREMENT	*****	*****	*****	*****			# / 100ML	0	0/3MO	GRAB
74055 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	500 LOG MEAN	500 DAILY MAX			1/3MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE
 ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

TELEPHONE

505 665-0453

DATE

97 8 27

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 A
DISCHARGE NUMBER

MAJOR
F - FINAL

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

MONITORING PERIOD

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

TREATED SANITARY SEWAGE EFFLUENT
*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) 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
BIO. OXY. DMD. 5 DAY 00310 1 0 0	SAMPLE MEASUREMENT	11	*****	LB/DY	*****	4	4	MG/L	0	3/MON	COMP
	PERMIT REQUIREMENT	100 DAILY AVG	*****		*****	30 DAILY AVG	45 DAILY MAX			3/MON	COMP
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.7	SU	0	5/MON	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/WK	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	12	*****	LB/DY	*****	4	4	MG/L	0	3/MON	COMP
	PERMIT REQUIREMENT	100 DAILY AVG	*****		*****	30 DAILY AVG	45 DAILY MAX			3/MON	COMP
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.3441	0.4380	MGD	*****	*****	*****	*****		CONT	TOTAL
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			CONT	TOTAL
FECAL COL.BAC./100ML 74055 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	10	/100ML	0	3/MON	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	500 LOG MEAN	500 DAILY MAX			3/MON	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN R. RAE ESH-18 GROUP LEADER TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1316. (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 505 665-0453	DATE 97 8 27
			AREA CODE NUMBER	YEAR MO DAY

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

Note: There was no disposal or land application of sludge from the 13S SWSC Plant for the period from 8-1-96 through 7-31-97 SR