# Los Alamos
NATIONAL LABORATORY

*Los Alamos National Laboratory*
*Los Alamos, New Mexico 87545*


Date: December 22, 1997
In Reply Refer To: ESH-18/WQ&H:97-0438
Mail Stop: K497
Telephone: (505) 665-1859

LANL/non-HSWA/NPDES

Ms. Diana Gamble
U.S. Environmental Protection Agency
Compliance Assurance and Enforcement Division
Water Enforcement Branch (6EN-W)
1445 Ross Avenue
Dallas, Texas 75202-2733

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

Dear Ms. Gamble:

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

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

Sincerely,

Mike Saladen for

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

SR:BE/em

Enclosures: a/s

Cy: G. Saums, NMED, Santa Fe, New Mexico, w/enc.
J. Parker, NMED/AIP, Santa Fe, New Mexico, w/enc.
J. Vozella, DOE/LAAO, w/enc., MS A316
C. Soden, DOE/AL, Albuquerque, New Mexico, w/enc.
D. Erickson, LANL, ESH-DO, w/enc., MS K491
M. Brown, JCI/JENV, w/enc., MS A199
LANL Outfall Owners, w/enc.
WQ&H File, w/enc., MS K49'
CIC-10, w/enc., MS A150

15669


RECEIVED
DEC 29 1997
DOE OVERSIGHT BUREAU

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) PERMIT NUMBER | (17-19) DISCHARGE NUMBER |
|---|---|
| NM0028355 | 001 A |

MAJOR
F - FINAL

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

| MONITORING PERIOD | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | 97 | 11 | 01 | TO | 97 | 11 | 30 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

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

| PARAMETER (32-37) | | (3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| PH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 8.4 | ***** | 8.4 | SU | 0 | 1/MON | GRAB |
| 00400 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | | | 1/MON | GRAB |
| TOTAL SUSP. SOLIDS | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 26 | 26 | MG/L | 0 | 1/MON | GRAB |
| 00530 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30 DAILY AVG | 100 DAILY MAX | | | 1/MON | GRAB |
| FLOW | SAMPLE MEASUREMENT | 0.0072 | 0.0072 | MGD | ***** | ***** | ***** | ***** | | 1/MON | EST |
| 50050 1 0 0 | PERMIT REQUIREMENT | REPORT DAILY AVG | REPORT DAILY MAX | | ***** | ***** | ***** | | | 1/MON | EST |
| FREE AVAIL. CHLORINE | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 0.0 | 0.0 | MG/L | 0 | 1/MON | GRAB |
| 50064 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | | ***** | 0.2 DAILY AVG | 0.5 DAILY MAX | | | 1/MON | GRAB |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

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

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

Steven R. Rae
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 505 665-0453 (AREA CODE, NUMBER)

DATE: 97 (YEAR) 12 (MO) 22 (DAY)

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

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

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NM 87545

FACILITY LOCATION Outfall Owner: R. Fox

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

| NM0028355 (2-16) | 05S A (17-19) |
|---|---|
| PERMIT NUMBER | DISCHARGE NUMBER |

MAJOR
F - FINAL

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

| MONITORING PERIOD | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | 97 | 11 | 01 | TO | 97 | 11 | 30 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

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

NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | | (3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 | | | | | | | | | | |
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| | 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 (YEAR) 12 (MO) 22 (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)

NM0028576 — 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 |
|---|---|---|---|---|---|---|---|
| FROM | 97 | 11 | 01 | TO | 97 | 11 | 30 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

INDUST. WASTE TREATMENT DISCHARGE
*** NO DISCHARGE _____ ***
NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | | (3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| CHEMICAL OXY. DEMAND | SAMPLE MEASUREMENT | 4 | 5 | LB/DY | ***** | 20 | 25 | MG/L | 0 | 4/MON | GRAB |
| 00340 1 0 1 | PERMIT REQUIREMENT | 94 DAILY AVG | 156 DAILY MAX | | ***** | 125 DAILY AVG | 125 DAILY MAX | | | 1/WK | GRAB |
| PH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.2 | ***** | 8.3 | SU | 0 | CONT | REC |
| 00400 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | | | CONT | REC |
| TOTAL SUSP. SOLIDS | SAMPLE MEASUREMENT | 1.0 | 2.2 | LB/DY | ***** | ***** | ***** | ***** | 0 | 4/MON | GRAB |
| 00530 1 0 0 | PERMIT REQUIREMENT | 18.8 DAILY AVG | 62.6 DAILY MAX | | ***** | ***** | ***** | | | 1/WK | GRAB |
| TOTAL NITROGEN | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 42.4 | 42.4 | MG/L | 0 | 1/MON | GRAB |
| 00600 1 0 1 | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT DAILY AVG | REPORT DAILY MAX | | | 1/MON | GRAB |
| AMMONIA (AS N) | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 7.2 | 7.2 | MG/L | 0 | 1/MON | GRAB |
| 00610 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT DAILY AVG | REPORT DAILY MAX | | | 1/MON | GRAB |
| NITRATE-NITRITE AS N | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 34.8 | 34.8 | MG/L | 0 | 1/MON | GRAB |
| 00630 1 0 1 | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT DAILY AVG | REPORT DAILY MAX | | | 1/MON | GRAB |
| TOTAL CADMIUM | SAMPLE MEASUREMENT | 0.00 | 0.00 | LB/DY | ***** | 0.0 | 0.0 | MG/L | 0 | 4/MON | GRAB |
| 01027 1 0 1 | PERMIT REQUIREMENT | 0.06 DAILY AVG | 0.30 DAILY MAX | | ***** | 0.2 DAILY AVG | 0.2 DAILY MAX | | | 1/WK | GRAB |

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

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 505 665-0453 (AREA CODE / NUMBER)

DATE: 97 (YEAR) 12 (MO) 22 (DAY)

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

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

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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) PERMIT NUMBER | (17-19) DISCHARGE NUMBER |
|---|---|
| NM0028576 | 051 A |

MAJOR
F - FINAL

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

| MONITORING PERIOD | YEAR | MO | DAY | | YEAR | MO | DAY |
|---|---|---|---|---|---|---|---|
| FROM | 97 | 11 | 01 | TO | 97 | 11 | 30 |
| | (20-21) | (22-23) | (24-25) | | (26-27) | (28-29) | (30-31) |

INDUST. WASTE TREATMENT DISCHARGE
*** NO DISCHARGE _____ ***

NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | | (3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | (4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| TOTAL CHROMIUM | SAMPLE MEASUREMENT | 0.00 | 0.00 | LB/DY | ***** | 0.0 | 0.0 | MG/L | 0 | 4/MON | GRAB |
| 01034 1 0 1 | PERMIT REQUIREMENT | 0.19 DAILY AVG | 0.38 DAILY MAX | | ***** | 5.1 DAILY AVG | 5.1 DAILY MAX | | | 1/WK | GRAB |
| TOTAL COPPER | SAMPLE MEASUREMENT | 0.02 | 0.02 | LB/DY | ***** | 0.1 | 0.1 | MG/L | 0 | 4/MON | GRAB |
| 01042 1 0 1 | PERMIT REQUIREMENT | 0.63 DAILY AVG | 0.63 DAILY MAX | | ***** | 1.6 DAILY AVG | 1.6 DAILY MAX | | | 1/WK | GRAB |
| TOTAL IRON | SAMPLE MEASUREMENT | 0.0 | 0.0 | LB/DY | ***** | ***** | ***** | ***** | 0 | 4/MON | GRAB |
| 01045 1 0 0 | PERMIT REQUIREMENT | 1.0 DAILY AVG | 2.0 DAILY MAX | | ***** | ***** | ***** | | | 1/WK | GRAB |
| TOTAL LEAD | SAMPLE MEASUREMENT | 0.00 | 0.00 | LB/DY | ***** | 0.0 | 0.0 | MG/L | 0 | 4/MON | GRAB |
| 01051 1 0 1 | PERMIT REQUIREMENT | 0.06 DAILY AVG | 0.15 DAILY MAX | | ***** | 0.4 DAILY AVG | 0.4 DAILY MAX | | | 1/WK | GRAB |
| TOTAL NICKEL | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 0.1 | 0.1 | MG/L | 0 | 4/MON | GRAB |
| 01067 1 0 1 | PERMIT REQUIREMENT | ***** | ***** | | ***** | REPORT DAILY AVG | REPORT DAILY MAX | | | 1/WK | GRAB |
| TOTAL ZINC | SAMPLE MEASUREMENT | 0.01 | 0.01 | LB/DY | ***** | 0.1 | 0.1 | MG/L | 0 | 4/MON | GRAB |
| 01092 1 0 1 | PERMIT REQUIREMENT | 0.62 DAILY AVG | 1.83 DAILY MAX | | ***** | 95.4 DAILY AVG | 95.4 DAILY MAX | | | 1/WK | GRAB |
| RADIUM-226 + 228 | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 0.1 | 0.1 | PCI/L | 0 | 1/MON | GRAB |
| 11503 1 0 1 | PERMIT REQUIREMENT | ***** | ***** | | ***** | 30.0 DAILY AVG | 30.0 DAILY MAX | | | 1/MON | GRAB |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE | | |
|---|---|---|---|---|---|---|---|
| STEVEN R. RAE<br>ESH 18 GROUP LEADER | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.) | Steven R. Rae<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | 505 665-0453 | | 97 | 12 | 22 |
| TYPED OR PRINTED | | | AREA CODE | NUMBER | YEAR | MO | DAY |

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

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

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663, MAIL STOP K490
LOS ALAMOS, NM 87545

FACILITY LOCATION Outfall Owner: S. Hanson

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

| PERMIT NUMBER (2-16) | DISCHARGE NUMBER (17-19) |
|---|---|
| NM0028576 | 051 A |

MAJOR
F - FINAL

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

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INDUST. WASTE TREATMENT DISCHARGE
*** NO DISCHARGE _____ ***

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| PARAMETER (32-37) | | QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | QUANTITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM | (46-53) AVERAGE | (54-61) MAXIMUM | UNITS | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| FLOW | SAMPLE MEASUREMENT | 0.0218 | 0.0221 | MGD | ***** | ***** | ***** | ***** | | CONT | REC |
| 50050 1 0 0 | PERMIT REQUIREMENT | REPORT DAILY AVG | REPORT DAILY MAX | | ***** | ***** | ***** | | | CONT | REC |
| TOTAL MERCURY | SAMPLE MEASUREMENT | 0.000 | 0.00 | LB/DY | ***** | 0.00 | 0.00 | MG/L | 0 | 4/MON | GRAB |
| 71900 1 0 1 | PERMIT REQUIREMENT | 0.003 DAILY AVG | 0.09 DAILY MAX | | ***** | 0.01 DAILY AVG | 0.01 DAILY MAX | | | 1/WK | GRAB |
| TOTAL TOXIC ORGANICS * | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 0.0 | 0.0 | MG/L | 0 | 1/MON | GRAB |
| 78141 1 0 1 | PERMIT REQUIREMENT | ***** | ***** | | ***** | 1.0 DAILY AVG | 1.0 DAILY MAX | | | 1/MON | GRAB |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
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| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

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ESH-18 GROUP LEADER
TYPED OR PRINTED

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Steven Rae
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 505, NUMBER 665-0453

DATE: YEAR 97, MO 12, DAY 22

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

* Results for 10 of the 111 Total Toxic Organics were estimated under the laboratory's QA/QC methods

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

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY
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FACILITY LOCATION Outfall Owner: R. Fox

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

| (2-16) PERMIT NUMBER | (17-19) DISCHARGE NUMBER |
|---|---|
| NM0028355 | 13S A |

MAJOR
F - FINAL

Form Approved.
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TREATED SANITARY SEWAGE EFFLUENT
*** NO DISCHARGE _____ ***

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|---|---|---|---|---|---|---|---|---|---|---|---|
| BIO. OXY. DMD. 5 DAY | SAMPLE MEASUREMENT | 5 | ***** | LB/DY | ***** | 2 | 2 | MG/L | 0 | 3/MON | COMP |
| 00310 1 0 0 | PERMIT REQUIREMENT | 100 DAILY AVG | ***** | | ***** | 30 DAILY AVG | 45 DAILY MAX | | | 3/MON | COMP |
| PH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.2 | ***** | 7.6 | SU | 0 | 4/MON | GRAB |
| 00400 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | | | 1/WK | GRAB |
| TOTAL SUSP. SOLIDS | SAMPLE MEASUREMENT | 8 | ***** | LB/DY | ***** | 3 | 3 | MG/L | 0 | 3/MON | COMP |
| 00530 1 0 0 | PERMIT REQUIREMENT | 100 DAILY AVG | ***** | | ***** | 30 DAILY AVG | 45 DAILY MAX | | | 3/MON | COMP |
| FLOW | SAMPLE MEASUREMENT | 0.3194 | 0.4940 | MGD | ***** | ***** | ***** | ***** | | CONT | TOTAL |
| 50050 1 0 0 | PERMIT REQUIREMENT | REPORT DAILY AVG | REPORT DAILY MAX | | ***** | ***** | ***** | | | CONT | TOTAL |
| FECAL COL.BAC./100ML | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 6 | 7 | #/100ML | 0 | 3/MON | GRAB |
| 74055 1 0 0 | PERMIT REQUIREMENT | ***** | ***** | | ***** | 500 LOG MEAN | 500 DAILY MAX | | | 3/MON | GRAB |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | | | |

| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | TELEPHONE | | DATE | | |
|---|---|---|---|---|---|---|---|
| STEVEN R. RAE<br>ESH-18 GROUP LEADER | I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to $10,000 and or maximum imprisonment of between 6 months and 5 years.) | Steven R. Rae<br>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | 505 665-0453 | | 97 | 12 | 22 |
| TYPED OR PRINTED | | | AREA CODE | NUMBER | YEAR | MO | DAY |

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