

Los Alamos National Laboratory

Environment, Safety, and Health Division

P.O. Box 1663, Mail Stop K491
Los Alamos, New Mexico 87545
(505) 667-4218 / FAX: (505) 665-3811

Date: September 14, 1998
Refer to: ESH-DO:98-268

Mr. William B. Hathaway, Director
Water Quality Protection Division (6WQ)
U. S. Environmental Protection Agency, Region 6
1445 Ross Avenue
Dallas, Texas 75202-2733

SUBJECT: REQUEST FOR DELETION OF OUTFALLS FROM NPDES PERMIT NO. NM0028355

Dear Mr. Hathaway:

The Regents of the University of California (UC) and the U. S. Department of Energy (DOE) are co-permittees for Los Alamos National Laboratory's National Pollutant Discharge Elimination System (NPDES) Permit No. NM0028355. Additionally, the Los Alamos Water Supply System which serves Los Alamos Townsite, White Rock, and the Laboratory is owned by the DOE.

UC is notifying the U. S. Environmental Protection Agency (EPA) of DOE's recent lease agreement with Los Alamos County to assume operational responsibility for the Los Alamos Water Production System from UC. A copy of the signed agreement between Los Alamos County and DOE is enclosed. UC formally requests that EPA delete the following thirteen (13) NPDES outfalls related to the Los Alamos Water Supply System from NPDES Permit No. NM0028355. UC no longer has operational control of these outfalls.

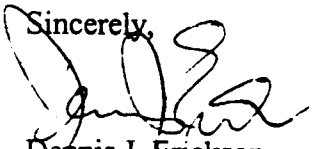
<u>NPDES Outfall</u>	<u>Industrial Facility</u>	<u>Waste Stream</u>
04A118	Pajarito Well #4	Well Blow Down
04A161	Otowi Well #1	Well Blow Down
04A163	Pajarito Well #1	Well Blow Down
04A164	Pajarito Well #2	Well Blow Down
04A165	Pajarito Well #3	Well Blow Down
04A166	Pajarito Well #5	Well Blow Down
04A171	Guaje Well #1	Well Blow Down
04A172	Guaje Well #1A	Well Blow Down
04A173	Guaje Well #2	Well Blow Down
04A175	Guaje Well #5	Well Blow Down
04A176	Guaje Well #6	Well Blow Down
04A177	Guaje Booster #1	Well Blow Down
04A186	Otowi Well #4	Well Blow Down



September 14, 1998

Please call Steven Rae (505-665-1859) or Mike Saladen (505-665-6085) of the Laboratory's Water Quality and Hydrology Group (ESH-18) if you have any questions concerning this request for deletion of these outfalls from the Laboratory's NPDES Permit.

Sincerely,



Dennis J. Erickson
Division Director

DJE/SR/md

Enclosures: a/s

Cy: J. Ferguson, USEPA, Dallas, TX, w/enc.
S. Wilson, USEPA, Dallas, TX, w/enc.
E. Spencer, USEPA, Dallas, TX, w/enc.
D. Gamble, USEPA, Dallas, TX, w/enc.
W. Turner, USEPA, Dallas, TX, w/enc.
J. Davis, NMED/SWQB, Santa Fe, NM, w/enc.
C. Ortega, Los Alamos County, Los Alamos, NM, w/enc.
J. Vozella, DOE/LAAO, w/enc./A316
B. Koch, DOE/LAAO, w/enc./ A316
L. Cummings, DOE/LAAO, w/enc./ A316
R. Burick, DIR, w/enc./ A100
D. Woitte, LC-GEN, w/enc./ A187
S. Rae, (ESH-18/WQ&H:98-0312) ESH-18, w/enc./K497
M. Saladen, ESH-18, w/enc./ K497
T. Sandoval, ESH-18, w/enc./ K497
W. Hamilton, FE-DO, w/enc./ P913
D. Padilla, FE-8, w/enc./ K718
WQ&H File, w/enc., MS K497
ESH-DO File, w/o enc.
CIC-10/A110, w/o enc.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location /D/for use)

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

FACILITY
LOCATION Outfall Owner: D. Padilla

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

NM0028355
PERMIT NUMBER

001 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
98	10	01	98	10	31
(20-21)		(22-23)	(28-29)		(30-31)

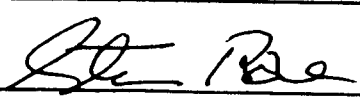
FROM TO

POWER PLANT DISCHARGE

*** NO DISCHARGE ***

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		*****	*****	*****	8.5	*****	8.5	SU	0	1/MON	GRAB
00400 1 0 0		*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/MON	GRAB
TOTAL SUSP. SOLIDS		*****	*****	*****	*****	4	4	MG/L	0	1/MON	GRAB
00530 1 0 0		*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/MON	GRAB
FLOW		0.0317	0.0317	MGD	*****	*****	*****	*****		1/MON	EST
50050 1 0 0		REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/MON	EST
FREE AVAIL. CHLORINE		*****	*****	*****	*****	0.0	0.0	MG/L	0	1/MON	GRAB
50064 1 0 0		*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/MON	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
STEVEN R. RAE ESH-18 GROUP LEADER			505 665-0453	98 11 24			
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. Padilla

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (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					
YEAR	MO	DAY	YEAR	MO	DAY
98	08	01	98	10	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) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) 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	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.9	SU	0	3/3MO	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	3/3MO	GRAB			
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB			
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****	6	7	MG/L	0	3/3MO	GRAB			
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB			
SULFITE (AS SO3)	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	8	MG/L	0	3/3MO	GRAB			
00740 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	35 DAILY AVG	70 DAILY MAX			1/3MO	GRAB			
TOTAL CHROMIUM	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	3/3MO	GRAB			
01034 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/3MO	GRAB			
TOTAL COPPER	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	3/3MO	GRAB			
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			1/3MO	GRAB			
TOTAL IRON	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	MG/L	0	3/3MO	GRAB			
01045 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	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. § 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		98 11 24						
ESH-18 GROUP LEADER						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		YEAR MO DAY						
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. Padilla

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16) (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								
YEAR	MO	DAY	YEAR	MO	DAY			
98	08	01	98	10	31			
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)					

FROM

TO

BOILER BLOWDOWN

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0226	0.0288	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										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	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
505 665-0453

DATE
98 11 24

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: E. Ernst

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

00028355
PERMIT NUMBER

03A 021
DISCHARGE NUMBER

Q MAJOR
F - FINAL

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

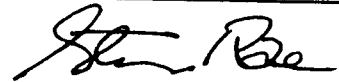
MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY
98 08 01 98 10 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

COOLING TOWER BLOWDOWN

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

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	8.5	*****	8.5	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	*****	*****	*****	*****	1	1	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0072	0.0072	MGD	*****	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	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.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 505 665-0453	DATE 98 11 24		
			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

03A 022
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
98 08 01 98 10 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 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	8.0	*****	8.0	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX		1/3MO	GRAB
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX		1/3MO	GRAB
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX		1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0173	0.0173	MGD	*****	*****	*****	*****	1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****		1/3MO	EST
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	0	1/3MO	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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
505 665-0453

DATE

98 11 24

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)

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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 024
DISCHARGE NUMBER

Q MAJOR
F - FINAL

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

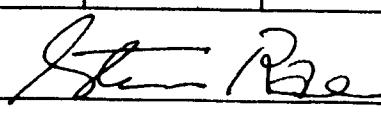
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
98	08	01		98	10	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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)
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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	98 11 24	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR

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

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

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

FACILITY

LOCATION Outfall Owner: T. Trezona

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

NM0028355
PERMIT NUMBER

03A 027
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
98	08	01	98	10	31
(20-21)		(22-23)	(26-27)		(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 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	8.4	*****	8.4	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX		1/3MO	GRAB
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	3	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX		1/3MO	GRAB
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX		1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0864	0.0864	MGD	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****		1/3MO	EST
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/3MO	GRAB
	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 505 665-0453		DATE 98 11 24		
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: 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

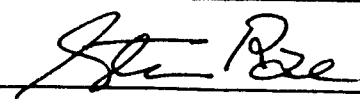
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
98	08	01	98	10	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

COOLING TOWER BLOWDOWN

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.8	*****	8.8	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	*****	*****	*****	*****	0	0	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	0.0001	0.0001	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	98/11/24			
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: 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	YEAR	MO	DAY
98	08	01	98	10	31
(20-21)		(22-23)	(26-27)		(28-29)
		(24-25)			(30-31)

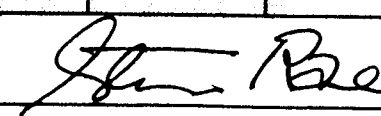
FROM TO

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			
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	98	11
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. Helmick

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

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
98 08 01 98 10 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.

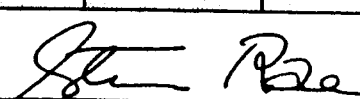
PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	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.)


 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

505 665-0453

AREA CODE NUMBER

DATE

98 11 24

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. Fraser

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

NM0028355
PERMIT NUMBER

03A 047
DISCHARGE NUMBER

Q MAJOR
F - FINAL

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

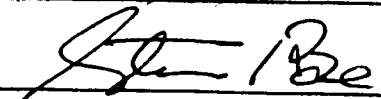
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
98	08	01	98	10	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

COOLING TOWER BLOWDOWN

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
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	*****	*****	*****	*****	0	0	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	0.0101	0.0101	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	98	11	24	
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: J. Fraser

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

NM0028355
PERMIT NUMBER

03A 04B
DISCHARGE NUMBER

Q MAJOR
F - FINAL

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

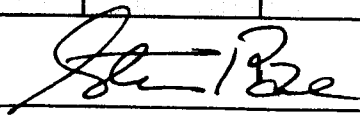
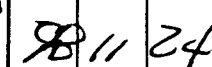
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
98	08	01	98	10	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

COOLING TOWER BLOWDOWN

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
PH	00400 1 0 0	*****	*****	*****	8.9	*****	8.9	SU	0	1/3MO	GRAB
		*****	*****	*****	6.0	*****	9.0			1/3MO	GRAB
					MINIMUM		MAXIMUM				
TOTAL SUSP. SOLIDS	00530 1 0 0	*****	*****	*****	*****	0	0	MG/L	0	1/3MO	GRAB
		*****	*****	*****	*****	30	100			1/3MO	GRAB
						DAILY AVG	DAILY MAX				
TOTAL PHOSPHORUS	00665 1 0 0	*****	*****	*****	*****	1	1	MG/L	0	1/3MO	GRAB
		*****	*****	*****	*****	20	40			1/3MO	GRAB
						DAILY AVG	DAILY MAX				
TOTAL ARSENIC	01002 1 0 0	*****	*****	*****	*****	0.02	0.02	MG/L	0	1/3MO	GRAB
		*****	*****	*****	*****	0.04	0.04			1/3MO	GRAB
						DAILY AVG	DAILY MAX				
FLOW	50050 1 0 0	0.0864	0.0864	MGD	*****	*****	*****	*****		1/3MO	EST
		REPORT	REPORT		*****	*****	*****			1/3MO	EST
		DAILY AVG	DAILY MAX								
FREE AVAIL. CHLORINE	50064 1 0 0	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
		*****	*****	*****	*****	0.2	0.5			1/3MO	GRAB
						DAILY AVG	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. § 1310. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 6 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
STEVEN R. RAE ESH-18 GROUP LEADER			505 665-0453	 YEAR MO DAY
TYPED OR PRINTED			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: J. Fraser

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

NM0028355
PERMIT NUMBER

03A 049
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
98	08	01	98	10	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

COOLING TOWER BLOWDOWN

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.2	*****	8.2	0	1/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		1/3MO	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	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	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	0.0720	0.0720	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

98 11 24

AREA CODE

NUMBER

YEAR

MO

DAY

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

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

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

FACILITY

LOCATION Outfall Owner: J. Fraser

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

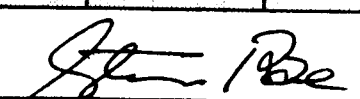
Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
98	08	01		98	10	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)										
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS													
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.5	*****	8.5	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	*****	*****	*****	*****	0	0	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 505 665-0453		DATE 98 11 24											
TYPED OR PRINTED																					
STEVEN R. RAE ESH-18 GROUP LEADER																					
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. Grace

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						
YEAR	MO	DAY	TO	YEAR	MO	DAY
98	08	01		98	10	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN

*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (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 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																			
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)								98	11	24									

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. Grace

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

FROM YEAR 98 MO 08 DAY 01 TO YEAR 98 MO 10 DAY 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

COOLING TOWER BLOWDOWN

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (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	*****	*****	*****	7.8	*****	7.8	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	*****	*****	*****	*****	8	8	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	0.0001	0.0001	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		98 11 24			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER		YEAR MO DAY	

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

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

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

FACILITY LOCATION Outfall Owner: T. Alexander

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

NM0028355
PERMIT NUMBER

03A 160
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
98	08	01	98	10	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

FROM TO

COOLING TOWER BLOWDOWN

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (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	*****	*****	*****	8.6	*****	8.6	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	*****	*****	*****	*****	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	0.0576	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.)				TELEPHONE 505 665-0453		DATE 98 11 24			
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: D. Post

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

NM0028355
PERMIT NUMBER

03A 181
DISCHARGE NUMBER

Q MAJOR
F - FINAL

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

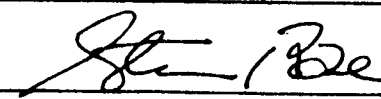
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
98	08	01	98	10	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

COOLING TOWER BLOWDOWN

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.8	*****	8.8	SU	0	1/3MO GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0	*****	9.0			1/3MO GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	MG/L	0	1/3MO GR'
70530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30	100			1/3MO GRAB
						DAILY AVG	DAILY MAX			
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****	3	3	MG/L	0	1/3MO GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20	40			1/3MO GRAB
						DAILY AVG	DAILY MAX			
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/3MO GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04	0.04			1/3MO GRAB
						DAILY AVG	DAILY MAX			
FLOW	SAMPLE MEASUREMENT	0.0288	0.0288	MGD	*****	*****	*****	*****		1/3MO EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****			1/3MO EST
		DAILY AVG	DAILY MAX							
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2	0.5			1/3MO GRAB
						DAILY AVG	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	98/11 24	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR

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

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

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

FACILITY
LOCATION Outfall Owner: 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						
YEAR	MO	DAY	TO	YEAR	MO	DAY
98	08	01		98	10	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

COOLING TOWER BLOWDOWN

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (46-53)			QUANTITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	9.0	*****	9.0	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	*****	*****	*****	*****	0	0	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/3MO	GRAB
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			1/3MO	GRAB
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0007	0.0007	MGD	*****	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	GRAB
	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		98 11 24			
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. Padilla

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

NM0028355
PERMIT NUMBER

04A 118
DISCHARGE NUMBER

Q MAJOR
F - FINAL

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

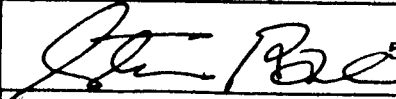
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
98	08	01		98	10	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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	98	11	24
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: D. Padilla

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
98	08	01		98	10	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	*****	*****	*****	6.3	*****	6.3	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 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

98 11 24

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

AREA CODE

NUMBER

YEAR

MO

DAY

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

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

FACILITY

LOCATION Outfall Owner: D. Padilla

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						
YEAR	MO	DAY	TO	YEAR	MO	DAY
98	08	01		98	10	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER
*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	7.9	*****	7.9	SU	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.2880	0.2880	MGD	*****	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	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

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

98 11 24

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. Padilla

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

NM0028355
PERMIT NUMBER

04A 164
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
98	08	01	TO	98	10	31
(20-21) (22-23) (24-26)				(26-27) (28-29) (30-31)		

NONCONTACT COOLING WATER

*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (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	*****	*****		8.0 MINIMUM	*****	9.0 MAXIMUM				
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****	0	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										

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 R. Rae

TELEPHONE

505 665-0453

DATE

98 11 24

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. Padilla

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

FROM YEAR MO DAY TO YEAR MO DAY
98 08 01 98 10 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 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	7.8	SU	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		8.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.1440	0.1440	MGD	*****	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/3MO	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/3MO	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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Steven R. RAE

TELEPHONE

505 665-0453

AREA CODE NUMBER

DATE

98 11 24

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. Padilla

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

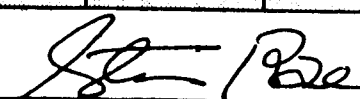

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
98	08	01		98	10	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER

*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (46-53)			QUANTITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-65)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****				
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****			
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			
TOTAL RESD. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****					
50060 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			
	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			505 865-0453	 YEAR MO DAY
TYPED OR PRINTED			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. Padilla

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

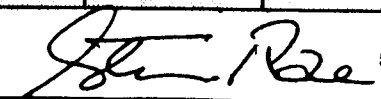
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
98	08	01		98	10	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NONCONTACT COOLING WATER

*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (46-53) (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	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE 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	98/1/24			
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. Padilla

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

NM0028355
PERMIT NUMBER

04A 172
DISCHARGE NUMBER

Q MAJOR
F - FINAL

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

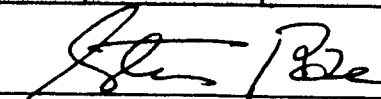
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
98	08	01	98	10	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

NONCONTACT COOLING WATER

*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) 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	*****	*****	*****		*****		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	98 11 24			
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. Padilla

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	YEAR	MO	DAY
98	08	01	98	10	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 (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****				
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		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	*****	*****	*****	*****				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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Steven R. Rae

TELEPHONE

505 665-0453

DATE

98 11 24

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. Padilla

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

NM0028355
 PERMIT NUMBER

04A 175
 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
98	08	01		98	10	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)		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			
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

Steven Rae

TELEPHONE

505 665-0453

AREA CODE NUMBER

DATE

98 11 24

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. Padilla

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

NM0028355
PERMIT NUMBER

04A 176
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
98	08	01		98	10	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) (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	*****	*****	*****	7.9	*****	7.9	SU	0	1/3MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/3MO	GRAB
FLOW	SAMPLE MEASUREMENT	0.7200	0.7200	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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Steven R. RAE

TELEPHONE

505 665-0453

DATE

98 11 24

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. Padilla

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

NM0028355
 PERMIT NUMBER

04A 177
 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
98	08	01	98	10	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

FROM

TO

NONCONTACT COOLING WATER

*** 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			
PH	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0	*****	9.0			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.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Steven R. Rae

TELEPHONE

505 665-0453

DATE

98 11 24

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. Padilla

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					
YEAR	MO	DAY	YEAR	MO	DAY
98	08	01	98	10	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

NONCONTACT COOLING WATER

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.5	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	1.8720	1.8720	MGD	*****	*****	*****		1/3MO	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****		1/3MO	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	0	1/3MO	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		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE 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		98/11/24	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE		NUMBER	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)					YEAR MO DAY	

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

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

FACILITY
LOCATION Outfall Owner: R. Grace

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

NM0028355
PERMIT NUMBER

05A 055
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
98	08	01	98	10	31
FROM (20-21) (22-23) (24-25)			TO (26-27) (28-29) (30-31)		

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
CHEMICAL OXY. DEMAND 00340 1 0 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	125 DAILY AVG	125 DAILY MAX		1/3MO	GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		1/3MO	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	0	1/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	45 DAILY MAX		1/3MO	GRAB
OIL & GREASE 00556 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4	0	2/3MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 DAILY AVG	15 DAILY MAX		1/3MO	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0194	0.0218	MGD	*****	*****	*****		2/3MO	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 505 865-0453		DATE 98 11 24		
STEVEN R. HAE ESH-18 GROUP LEADER										
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER		
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)										

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

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

FACILITY
LOCATION Outfall Owner: R. Grace

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

NM0028355
PERMIT NUMBER

05A 097
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
98 08 01 98 10 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			(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			
CHEMICAL OXY. DEMAND 00340 1 0 1	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

Steven R. Rae

TELEPHONE

505 665-0453

AREA CODE NUMBER

DATE

98 11 24

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

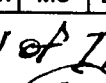
Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
98	10	01	98	10	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) (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 1	SAMPLE MEASUREMENT	3	6	LB/DY	*****	11	16	MG/L	0	4/MON	GRAB
	PERMIT REQUIREMENT	94	156		*****	125	125			1/WK	GRAB
		DAILY AVG	DAILY MAX			DAILY AVG	DAILY MAX				
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	8.2	SU	0	CONT	REC
	PERMIT REQUIREMENT	*****	*****		6.0	*****	9.0			CONT	REC
					MINIMUM		MAXIMUM				
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	0.7	1.2	LB/DY	*****	*****	*****	*****	0	4/MON	GRAB
	PERMIT REQUIREMENT	18.8	62.6		*****	*****	*****			1/WK	GRAB
		DAILY AVG	DAILY MAX								
TOTAL NITROGEN  00600 1 0 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	388.0	388.0	MG/L	0	1/MON	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT	REPORT			1/MON	GRAB
						DAILY AVG	DAILY MAX				
AMMONIA (AS N) 00610 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.0	4.0	MG/L	0	1/MON	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT	REPORT			1/MON	GRAB
						DAILY AVG	DAILY MAX				
NITRATE-NITRITE AS N 00630 1 0 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	384.0	384.0	MG/L	0	1/MON	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT	REPORT			1/MON	GRAB
						DAILY AVG	DAILY MAX				
TOTAL CADMIUM 01027 1 0 1	SAMPLE MEASUREMENT	0.00	0.00	LB/DY	*****	0.0	0.0	MG/L	0	4/MON	GRAB
	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. § 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		98 11 24			
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)

*Note: Total Nitrogen was calculated using a value for NH3 as N instead of TKN. The results for TKN was biased due to matrix interference. 

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

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

FACILITY
LOCATION Outfall Owner: S. Hanson

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

NM0028355
PERMIT NUMBER

051 A
DISCHARGE NUMBER

MAJOR
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
98	10	01		98	10	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

INDUST. WASTE TREATMENT DISCHARGE

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TOTAL CHROMIUM 01034 1 0 1	SAMPLE MEASUREMENT	0.00	0.01	LB/DY	*****	0.0	0.0	0	4/MON	GRAB
	PERMIT REQUIREMENT	0.19 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	0.04	0.07	LB/DY	*****	0.2	0.2	0	4/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	0.0	LB/DY	*****	*****	*****	0	4/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	0	4/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	*****	*****	*****	*****	0.0	0.1	0	4/MON	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX		1/WK	GRAB
TOTAL ZINC 01092 1 0 1	SAMPLE MEASUREMENT	0.01	0.02	LB/DY	*****	0.1	0.1	0	4/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	*****	*****	*****	*****	1.1	1.1	0	1/MON	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30.0 DAILY AVG	30.0 DAILY MAX		1/MON	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. HAE ESH-18 GROUP LEADER						505 665-0453		98 11 24		
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)
(2-18) (17-19)

NM0028355
PERMIT NUMBER

051 A
DISCHARGE NUMBER

MAJOR
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
98	10	01		98	10	31
(20-21) (22-23) (24-25)				(26-27) (28-29) (30-31)		

INDUST. WASTE TREATMENT DISCHARGE

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT	0.0252	0.0432	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										
	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
505 865-0453

DATE

98 11 24

AREA CODE NUMBER

YEAR MO DAY

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

Note: Results for 11 of 111 Total Toxic Organics were rejected under the Laboratory's QA/QC methods. Dioxin was qualified as undetected due to exceedance of holding time. 2-chloroethyl - vinyl ether was undetected estimated (UJ). (SRE)

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) NM0028355 (17-19) 06A 106
PERMIT NUMBER 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
98 08 01 98 10 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

PHOTO WASTE DISCHARGES

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

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	0/3MO
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			
TOTAL SILVER 01077 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	0/3MO
	PERMIT REQUIREMENT	*****	*****		*****	0.5 DAILY AVG	1.0 DAILY MAX			
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****	0/3MO	EST
	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
505 865-0453

DATE

98 11 24

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. Padilla

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

NM0028355
PERMIT NUMBER

13S A
DISCHARGE NUMBER

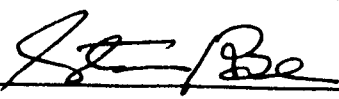
MAJOR
F - FINAL

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
98	10	01	TO	98	10	31
(20-21) (22-23) (24-25)				(26-27) (28-29) (30-31)		

TREATED SANITARY SEWAGE EFFLUENT
*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (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	8	*****	LB/DY	*****	3	5	MG/L	0	3/MON	COMP
00310 1 0 0	PERMIT REQUIREMENT	100	*****		*****	30	45			3/MON	COMP
		DAILY AVG				DAILY AVG	DAILY MAX				
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.7	SU	0	4/MON	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0	*****	9.0			1/WK	GRAB
					MINIMUM		MAXIMUM				
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	2	*****	LB/DY	*****	1	1	MG/L	0	3/MON	COMP
00530 1 0 0	PERMIT REQUIREMENT	100	*****		*****	30	45			3/MON	COMP
		DAILY AVG				DAILY AVG	DAILY MAX				
FLOW	SAMPLE MEASUREMENT	0.3112	0.4910	MGD	*****	*****	*****	*****		CONT	TOTAL
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****			CONT	TOTAL
		DAILY AVG	DAILY MAX								
FECAL COL. BAC. / 100ML	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	/100ML	0	1/MON	GRAB
74055 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	500	500			3/MON	GRAB
						LOG MEAN	DAILY MAX				
	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 6 years.)	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
STEVEN R. RAE			505 665-0453	98 11 24	
ESH-18 GROUP LEADER			AREA CODE	NUMBER	YEAR
TYPED OR PRINTED					

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