

Los Alamos

NATIONAL LABORATORY

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

Date: October 19, 1998
In Reply Refer To: ESH-18/WQ&H:98-0360
Mail Stop: K497
Telephone: (505) 665-1859

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

**SUBJECT: REVISED DISCHARGE MONITORING REPORTS (DMRs), NPDES
PERMIT NO. NM0028355**

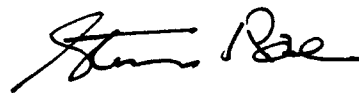
Dear Ms. Gamble:

As a result of our recent quality assurance review of the Laboratory's NPDES Outfall Database for the period beginning August 1, 1995 through April 30, 1998, we are reporting corrections to the following DMRs:

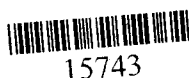
<u>Outfall</u>	<u>Monitoring Period</u>	<u>Parameter</u>	<u>As Reported</u>	<u>Corrected</u>
051	7/1/96 – 7/31/96	Radium 226 + 228	1.2 pCi/l (avg.)	2.3 pCi/l (avg.)
02A129	11/1/97 – 1/31/98	Sulfite	1 mg/l (avg.) 2 mg/l (max.)	2 mg/l (avg.) 3 mg/l (max.)
051	2/1/98 – 2/28/98	Total Nitrogen	21.7 mg/l (avg.)	26.4 mg/l (avg.)

These corrections do not result in any exceedance of effluent limits. Please contact me at (505) 665-1859 or Mike Saladen at (505) 665-6085 if you need additional information concerning these DMRs.

Sincerely,



Steven Rae
Group Leader
Water Quality and Hydrology Group



Ms. Diana Gamble
ESH-18/WQ&H:98-0360

- 2 -

October 19, 1998

SR/em

Cy: C. Soden, DOE/AL, Albuquerque, New Mexico, w/enc.
J. Vozella, DOE/LAAO, w/enc., MS A316
G. Saums, NMED, Santa Fe, New Mexico, w/enc.
J. Parker, NMED/AIP, Santa Fe, New Mexico, w/enc.
D. Erickson, LANL, ESH-DO, w/enc., MS K491
S. Hanson, LANL, CST-13, w/enc., MS E518
D. Padilla, LANL, FSS-8, w/enc., MS K718
CIC-10, LANL, w/enc., MS A150
WQ&H File, w/enc., MS K497

RECEIVED
OCT 20 1998
DOE OVERSIGHT BUREAU

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

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY

LOCATION Outfall Owner: S. Hanson

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

NM0028355

PERMIT NUMBER

051 A

DISCHARGE NUMBER

MAJOR

Form Approved.

F - FINAL OMB No. 2040-0004

Approval expires 10-31-94

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) QUALITY OR CONCENTRATION (38-45)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-55)	MAXIMUM (56-57)	UNITS (58-59)	MINIMUM (38-40)	AVERAGE (41-42)	MAXIMUM (43-44)	UNITS (45-46)					
TOTAL CHROMIUM 01034 1 0 1	SAMPLE MEASUREMENT	0.00	0.00	LB/DY	*****	0.0	0.0	MG/L	0	5/MON	GRAB		
	PERMIT REQUIREMENT	0.19 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	0.03	0.05	LB/DY	*****	0.1	0.1	MG/L	0	5/MON	GRAB		
	PERMIT REQUIREMENT	0.63 DAILY AVG	0.63 DAILY MAX		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/WK	GRAB		
TOTAL IRON 01045 1 0 0	SAMPLE MEASUREMENT	0.0	0.0	LB/DY	*****	*****	*****	*****	0	5/MON	GRAB		
	PERMIT REQUIREMENT	1.0 DAILY AVG	2.0 DAILY MAX		*****	*****	*****			1/WK	GRAB		
TOTAL LEAD 01051 1 0 1	SAMPLE MEASUREMENT	0.00	0.00	LB/DY	*****	0.0	0.0	MG/L	0	5/MON	GRAB		
	PERMIT REQUIREMENT	0.06 DAILY AVG	0.15 DAILY MAX		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/WK	GRAB		
TOTAL NICKEL 01067 1 0 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.6	5.6	MG/L	0	5/MON	GRAB		
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/WK	GRAB		
TOTAL ZINC 01092 1 0 1	SAMPLE MEASUREMENT	0.01	0.02	LB/DY	*****	0.0	0.1	MG/L	0	5/MON	GRAB		
	PERMIT REQUIREMENT	0.62 DAILY AVG	1.83 DAILY MAX		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/WK	GRAB		
RADIUM-226 + 228 11503 1 0 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.2 2.3	2.3	PCI/L	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 18 U.S.C. § 10119. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)											
STEVEN R. RAE ESH-18 GROUP LEADER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT											
TYPED OR PRINTED		TELEPHONE 505 665-0453											
		DATE 96 8 28											
		AREA CODE NUMBER											

COMMENT 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

Revised DMR
(98-10-19)

MONITORING PERIOD											
FROM			YEAR	MO	DAY	TO			YEAR	MO	DAY
(20-21)			97	11	01	(26-27)			98	01	31
(22-23)			(24-25)			(28-29)			(30-31)		

BOILER BLOWDOWN
*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)				
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM							
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.6	0	4/3MO	GRAB				
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		1/3MO	GRAB				
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	14	0	4/3MO	GRAB				
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX		1/3MO	GRAB				
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	10	0	4/3MO	GRAB				
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX		1/3MO	GRAB				
SULFITE (AS SO3)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1 2	2 3	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	0	4/3MO	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	0	4/3MO	GRAB				
01042 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX		1/3MO	GRAB				
TOTAL IRON	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	1	0	4/3MO	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. § 1319. Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.				TELEPHONE		DATE						
STEVEN R. RAE						505-665-0453								
ESH-18 GROUP LEADER														
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR MO DAY				
						[Signature]				98 02 27				

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

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	98	02	01		98	02	28

INDUST. WASTE TREATMENT DISCHARGE

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
CHEMICAL OXY. DEMAND 00340 1 0 1	SAMPLE MEASUREMENT	6	12	LB/DY	*****	26	33	MG/L	0	5/MON	GRAB
	PERMIT REQUIREMENT	94 DAILY AVG	156 DAILY MAX		*****	125 DAILY AVG	125 DAILY MAX			1/WK	GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	6.0	*****	8.7	SU	0	CONT	REC
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			CONT	REC
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	0.5	1.1	LB/DY	*****	*****	*****	*****	0	5/MON	GRAB
	PERMIT REQUIREMENT	18.8 DAILY AVG	62.6 DAILY MAX		*****	*****	*****			1/WK	GRAB
TOTAL NITROGEN 00600 1 0 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	21.7 26.4	37.5	MG/L	0	2/MON	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/MON	GRAB
AMMONIA (AS N) 00610 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.4	8.6	MG/L	0	2/MON	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/MON	GRAB
NITRATE-NITRITE AS N 00630 1 0 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	17.0	22.6	MG/L	0	2/MON	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/MON	GRAB
TOTAL CADMIUM 01027 1 0 1	SAMPLE MEASUREMENT	0.00	0.00	LB/DY	*****	0.0	0.0	MG/L	0	5/MON	GRAB
	PERMIT REQUIREMENT	0.06 DAILY AVG	0.30 DAILY MAX		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/WK	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)				TELEPHONE		DATE			
STEVEN R. RAE ESH-18 GROUP LEADER						505 665-0453		98 3 27			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE		NUMBER		YEAR MO DAY	

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