Los Alamos
NATIONAL LABORATORY

Los Alamos National Laboratory
Los Alamos, New Mexico 87545

Date: December 22, 1998
In Reply Refer To: ESH-18/WQ&H:98-0455
Mail Stop: K497
Telephone: (505) 665-1859

N0035

RECEIVED
DEC 29 1998
DOE OVERSIGHT BUREAU

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

SUBJECT: DISCHARGE MONITORING REPORTS (DMRs) FOR NOVEMBER, 1998, NPDES PERMIT NO. NM0028355

Dear Ms. Gamble:

Enclosed are Los Alamos National Laboratory's DMRs (EPA Form 3320-1) for November, 1998, as required under the above referenced NPDES Permit. There were no effluent limitations exceeded for the industrial outfalls. There were no effluent limitations exceeded for the analyses performed for sanitary outfall 13S.

Please contact Carla Jacquez at (505) 665-0450 or Mike Saladen at (505) 665-6085 if you desire any additional information concerning these DMRs.

Sincerely,

Mike Saladen for
Steven R. Rae
Group Leader, ESH-18

SR:CJ/rj

Enclosures: a/s

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

15764

PERMITTEE NAME/ADDRESS (Include 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) NM0028355 PERMIT NUMBER

(17-19) 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
FROM	98	11	01	TO	98	11	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

PARAMETER (32-37)		(3 Card Only) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.9	*****	7.9	SU	0	1/MON	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/MON	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	2	2	MG/L	0	1/MON	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			1/MON	GRAB
FLOW	SAMPLE MEASUREMENT	0.1440	0.1440	MGD	*****	*****	*****	*****		1/MON	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			1/MON	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	1/MON	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			1/MON	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

Walter Stokes for
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE 505, NUMBER 665-0453

DATE: YEAR 98, MO 12, DAY 24

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

U.S. GOVERNMENT PRINTING OFFICE: 1996-404-707/43604

PERMITTEE NAME/ADDRESS (Include 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

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

MAJOR
F - FINAL

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

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

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
CHEMICAL OXY. DEMAND	SAMPLE MEASUREMENT	3	6	LB/DY	*****	9	16	MG/L	0	4/MON	GRAB
00340 1 0 1	PERMIT REQUIREMENT	94 DAILY AVG	156 DAILY MAX		*****	125 DAILY AVG	125 DAILY MAX			1/WK	GRAB
PH *	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	8.3	SU	0	CONT	REC
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			CONT	REC
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	9.8	28.3	LB/DY	*****	*****	*****	*****	0	4/MON	GRAB
00530 1 0 0	PERMIT REQUIREMENT	18.8 DAILY AVG	62.6 DAILY MAX		*****	*****	*****			1/WK	GRAB
TOTAL NITROGEN **	SAMPLE MEASUREMENT	*****	*****	*****	*****	23.2	23.2	MG/L	0	1/MON	GRAB
00600 1 0 1	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/MON	GRAB
AMMONIA (AS N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.2	2.2	MG/L	0	1/MON	GR
00610 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/MON	GRAB
NITRATE-NITRITE AS N	SAMPLE MEASUREMENT	*****	*****	*****	*****	21.1	21.1	MG/L	0	1/MON	GRAB
00630 1 0 1	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/MON	GRAB
TOTAL CADMIUM	SAMPLE MEASUREMENT	0.00	0.00	LB/DY	*****	0.0	0.0	MG/L	0	4/MON	GRAB
01027 1 0 1	PERMIT REQUIREMENT	0.06 DAILY AVG	0.30 DAILY MAX		*****	0.2 DAILY AVG	0.2 DAILY MAX			1/WK	GRAB

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

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE 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 (YEAR) 12 (MO) 24 (DAY)

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

Note: * High and low pH values were not recorded on 11/19/98 because the computer archive file was down, however, the pH probe was operational during the discharge. The pH probe indicated that the pH remained within permit limits.

** Total N was calculated using a value for NH3-N instead of TKN. The results were biased due to matrix interference.

EPA Form 3320-1 (08-95) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

U.S. GOVERNMENT PRINTING OFFICE: 1995-404-707/43604

PERMITTEE NAME/ADDRESS (Include 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) PERMIT NUMBER	(17-19) DISCHARGE NUMBER
NM0028355	051 A

MAJOR
F - FINAL

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

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

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

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TOTAL CHROMIUM	SAMPLE MEASUREMENT	0.00	0.00	LB/DY	*****	0.0	0.0	MG/L	0	4/MON	GRAB
01034 1 0 1	PERMIT REQUIREMENT	0.19 DAILY AVG	0.38 DAILY MAX		*****	5.1 DAILY AVG	5.1 DAILY MAX			1/WK	GRAB
TOTAL COPPER	SAMPLE MEASUREMENT	0.03	0.06	LB/DY	*****	0.1	0.2	MG/L	0	4/MON	GRAB
01042 1 0 1	PERMIT REQUIREMENT	0.63 DAILY AVG	0.63 DAILY MAX		*****	1.6 DAILY AVG	1.6 DAILY MAX			1/WK	GRAB
TOTAL IRON	SAMPLE MEASUREMENT	0.0	0.1	LB/DY	*****	*****	*****	*****	0	4/MON	GRAB
01045 1 0 0	PERMIT REQUIREMENT	1.0 DAILY AVG	2.0 DAILY MAX		*****	*****	*****			1/WK	GRAB
TOTAL LEAD	SAMPLE MEASUREMENT	0.00	0.01	LB/DY	*****	0.0	0.0	MG/L	0	4/MON	GRAB
01051 1 0 1	PERMIT REQUIREMENT	0.06 DAILY AVG	0.15 DAILY MAX		*****	0.4 DAILY AVG	0.4 DAILY MAX			1/WK	GRAB
TOTAL NICKEL	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	4/MON	GRAB
01067 1 0 1	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			1/WK	GRAB
TOTAL ZINC	SAMPLE MEASUREMENT	0.02	0.02	LB/DY	*****	0.1	0.1	MG/L	0	4/MON	GRAB
01092 1 0 1	PERMIT REQUIREMENT	0.62 DAILY AVG	1.83 DAILY MAX		*****	95.4 DAILY AVG	95.4 DAILY MAX			1/WK	GRAB
RADIUM-226 + 228	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	PCI/L	0	1/MON	GRAB
11503 1 0 1	PERMIT REQUIREMENT	*****	*****		*****	30.0 DAILY AVG	30.0 DAILY MAX			1/MON	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
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		DATE		
505	665-0453	98	12	24
AREA CODE	NUMBER	YEAR	MO	DAY

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

U.S. GOVERNMENT PRINTING OFFICE: 1996-404-707/43604

PERMITTEE NAME/ADDRESS (Include 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) NM0028355 PERMIT NUMBER

(17-19) 051 A DISCHARGE NUMBER

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

MAJOR
F - FINAL

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

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

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW *	SAMPLE MEASUREMENT	0.0319	0.0429	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. § 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		
505 665-0453		98	12	24
AREA CODE	NUMBER	YEAR	MO	DAY

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

Note: * Flow on 11/19/98 was based on a calculated tank volume due to flow meter failure.
** Dioxin was qualified by LANL QA/QC as undetected due to holding time exceedance. Results for 2,4-dimethylphenol (68) qualified as undetected. Results for 4-nitrophenol and 3,3 dichlorobenzidine were qualified as unusable due to % recovery below the Lower Control Limit (LCL) in the MS/MSD.

EPA Form 3320-1 (08-95) Previous editions may be used. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

U.S. GOVERNMENT PRINTING OFFICE: 1996-404-707/43604

PERMITTEE NAME/ADDRESS (Include 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) NM0028355 — PERMIT NUMBER

(17-19) 13S A — DISCHARGE NUMBER

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

MAJOR
F - FINAL

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	98	11	01	TO	98	11	30
	(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) (46-53) QUANTITY OR LOADING (54-61) AVERAGE	MAXIMUM	UNITS	(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (46-53) MINIMUM	AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
BIO. OXY. DMD. 5 DAY	SAMPLE MEASUREMENT	19	*****	LB/DY	*****	10	22	MG/L	0	4/MON	COMP
00310 1 0 0	PERMIT REQUIREMENT	100 DAILY AVG	*****		*****	30 DAILY AVG	45 DAILY MAX			3/MON	COMP
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.3	SU	0	4/MON	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			1/WK	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	5	*****	LB/DY	*****	2	2	MG/L	0	3/MON	COMP
00530 1 0 0	PERMIT REQUIREMENT	100 DAILY AVG	*****		*****	30 DAILY AVG	45 DAILY MAX			3/MON	COMP
FLOW	SAMPLE MEASUREMENT	0.3034	0.4400	MGD	*****	*****	*****	*****		CONT	TOTAL
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			CONT	TOTAL
FECAL COL.BAC./100ML	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	2	#/100ML	0	3/MON	GRAB
74055 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	500 LOG MEAN	500 DAILY MAX			3/MON	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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		DATE		
505	665-0453	98	12	24
AREA CODE	NUMBER	YEAR	MO	DAY

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

U.S. GOVERNMENT PRINTING OFFICE: 1996-404-707/43604