

Los Alamos

NATIONAL LABORATORY

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

Date: April 23, 1999

In Reply Refer To: ESH18/WQ&H:990152

Mail Stop: K497

Telephone: (505) 665-1859

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

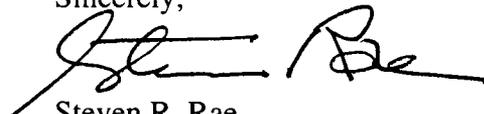
**SUBJECT: DISCHARGE MONITORING REPORTS (DMRs) FOR MARCH,
1999, NPDES PERMIT NO. NM0028355**

Dear Ms. Gamble:

Enclosed are Los Alamos National Laboratory's DMRs for March 1999, as required under the above referenced NPDES Permit. The DMRs were prepared using the Laboratory's new computer-generated DMR system which was approved by EPA on February 23, 1999. There were three effluent limitations exceeded for the industrial outfalls. There were no effluent limitations exceeded for the 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,



Steven R. Rae
Group Leader
Water Quality and Hydrology Group

SR:CJ/mm

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
T. Gunderson, DIR, w/enc., MS A100
D. Erickson, ESH-DO, w/enc., MS K491
M. Brown, JCI/JENV, w/enc., MS A100
LANL Outfall Owners, w/enc.
WQ&H File, w/enc., MS K497
CIC-10, w/enc., MS A150



15782

RECEIVED

APR 28 1999

DOE OVERSIGHT BUREAU

INDUSTRIAL AND DOMESTIC WASTE DEVIATIONS

March, 1999

<u>EPA ID</u>	<u>TECH AREA LOCATION</u>	<u>DATE</u>	<u>PARAMETER</u>	<u>RESULTS/LIMIT</u>	<u>UNITS</u>
051	TA-50-1	3/15/99	TSS (max.)	78.3/62.6	lb/day
051	TA-50-1	3/29/99	TSS (max.)	81.2/62.6	lb/day
051	TA-50-1	3/1/99-3/31/99	TSS (avg.)	33.0/18.8	lb/day

University of California
Los Alamos National Laboratory
Los Alamos, New Mexico 87545

**SUBJECT: NONCOMPLIANCE WITH EFFLUENT LIMITATION
IN NPDES PERMIT NM0028355**

1. Location of non-compliant discharge

Serial 051 TA-50-1

2. Description of non-compliant discharge

A Total Suspended Solids (TSS) mass loading of 78.3 lbs./day on March 15, 1999, and 81.2 lbs./day on March 29, 1999 exceeded the daily maximum permit limit of 62.6 lbs./day. The average TSS mass loading of 33.0 lbs./day exceeded the daily average of 18.8 lbs./day.

3. Impact upon the receiving waters

Outfall 051 discharges into a tributary to Mortandad Canyon. Mortandad Canyon is an ephemeral tributary to the Rio Grande. No adverse impacts were observed.

4. Cause of noncompliance

Under investigation. The pH adjustment in the TA-50 Radioactive Liquid Waste Treatment Facility's (TA-50 RLWTF) effluent holding tank(s) may be causing calcium carbonate to precipitate from solution. The precipitated calcium carbonate may be causing elevated TSS values.

5. Anticipated time of condition, if applicable

The condition was discovered during compliance monitoring at NPDES Outfall 051 at 10:40 a.m. on March 15, 1999, and at 2:35 p.m. on March 29, 1999.

6. Duration of condition if uncorrected

The estimated time of non-compliance was approximately 25 minutes per batch discharge on March 15, 1999, and March 29, 1999.

7. Steps taken to reduce and eliminate condition

The Laboratory's Water Quality and Hydrology Group (ESH-18) notified the Laboratory's Environmental Management, Radioactive Liquid Waste Group (EM-RLW) and the Occurrence Reporting Group (ESH-7) upon receipt of the

TSS analytical data (April 6, 1999). ESH-18 requested that the analytical laboratory validate the sampling result. EM-RLW personnel immediately conducted an investigation into the occurrence. EM-RLW reviewed the TA-50 RLWTF's operational sampling data and records for March 15, 1999 and March 29, 1999, but did not find any off normal conditions. Additionally, EM-RLW personnel performed a bench test on the treated effluent in an effort to duplicate the pH treatment process that is applied in the effluent holding tank(s) before release to the outfall.

On April 6, 1999, an occurrence investigation meeting was conducted by ESH-7, ESH-18, EM-RLW, and U. S. Department of Energy-Los Alamos Area Office (DOE-LAAO) personnel to discuss the findings of the investigations and corrective actions. Operational samples for TSS and other NPDES analytes are collected after the gravity filters and prior to discharge into one of two effluent holding tanks. The pH adjustment which occurs in the effluent holding tank(s) may be causing calcium carbonate to precipitate out of solution. The calcium carbonate may be causing the TSS to exceed NPDES effluent limits. EM-RLW personnel are conducting additional bench studies to evaluate pH adjustment effects on TSS levels in the effluent tank(s).

8. Steps taken to prevent a recurrence of the condition

The operational sampling point for TSS samples was re-located to the TA-50 effluent holding tank. Pre-release TSS analytical analysis will be performed until the source of the TSS condition is isolated. Wastewater that does not meet NPDES Permit limits will be recirculated for further treatment.

Additionally, EM-RLW has been in the process of reconfiguring the wastewater treatment at the TA-50 RLWTF. The treatment reconfiguration includes the installation of two modular ultra-filtration units and reverse osmosis equipment to improve effluent quality. The equipment was put into service on April 8, 1999.

9. Steps taken to minimize any adverse impact to navigable water

No adverse impact to navigable waters is anticipated as the discharge did not cross the Laboratory boundary or reach the Rio Grande.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME UNIVERSITY OF CALIFORNIA
 LOS ALAMOS NATIONAL LABORATORY
 ADDRESS PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NM 87545

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

(2-16) NM0028355 (17-19) 001 A
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR
 F - FINAL

FACILITY
 LOCATION Outfall Owner: D. Padilla

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 99 03 01 99 03 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

POWER PLANT DISCHARGE
 *** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		3 Card Only QUANTITY OR LOADING (46-53)			4 Card Only QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	7.6	*****	7.6	SU	0	01/30	GRAB
		*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			01/30	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	1	1	MG/L	0	01/30	GRAB
		*****	*****		*****	30 DAILY AVG	100 DAILY MAX			01/30	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.8640	0.8640	MGD	*****	*****	*****	*****		01/30	EST
		REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			01/30	EST
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	01/30	GRAB
		*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			01/30	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	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Steven Rae</i>	TELEPHONE		DATE		
			505 665-0453	99	4	23	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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 LOS ALAMOS, NM 87545

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

(2-16) NM0028355 (17-19) 051 A
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR
 F - FINAL

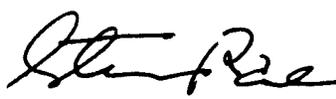
FACILITY
 LOCATION Outfall Owner: S. Hanson

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 99 03 01 99 03 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			
CHEMICAL OXY. DEMAND 00340 1 0 1	SAMPLE MEASUREMENT	8	14	LB/DY	*****	26	41	MG/L	0	05/30	GRAB
	PERMIT REQUIREMENT	94 DAILY AVG	156 DAILY MAX		*****	125 DAILY AVG	125 DAILY MAX			01/07	GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	8.6	SU	0	99/99	REC
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			99/99	REC
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	33.0	81.2	LB/DY	*****	*****	*****	*****	2	05/30	GRAB
	PERMIT REQUIREMENT	18.8 DAILY AVG	62.6 DAILY MAX		*****	*****	*****			01/07	GRAB
TOTAL NITROGEN 00600 1 0 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	26.4	26.4	MG/L	0	01/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			01/30	GRAB
AMMONIA (AS N) 00610 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.0	5.0	MG/L	0	01/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			01/30	GRAB
NITRATE-NITRITE AS N 00630 1 0 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	21.4	21.4	MG/L	0	01/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			01/30	GRAB
TOTAL CADMIUM 01027 1 0 1	SAMPLE MEASUREMENT	0.00	0.00	LB/DY	*****	0.0	0.0	MG/L	0	05/30	GRAB
	PERMIT REQUIREMENT	0.06 DAILY AVG	0.30 DAILY MAX		*****	0.2 DAILY AVG	0.2 DAILY MAX			01/07	GRAB

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			505 665-0453	99	4	23	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Note:  The Total Nitrogen was calculated using the value for NH3 (25 N) instead of TKN. The results for TKN were biased due to matrix interference. (SR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
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 LOS ALAMOS, NM 87545

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

(2-16)
 NM0028355
 PERMIT NUMBER

(17-19)
 051 A
 DISCHARGE NUMBER

MAJOR
 F - FINAL

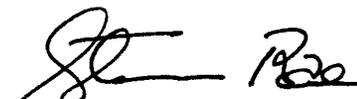
FACILITY
 LOCATION Outfall Owner: S. Hanson

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 99 03 01 TO 99 03 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			
TOTAL CHROMIUM 01034 1 0 1	SAMPLE MEASUREMENT	0.00	0.00	LB/DY	*****	0.0	0.0	MG/L	0	05/30	GRAB
	PERMIT REQUIREMENT	0.19	0.38		*****	5.1	5.1			01/07	GRAB
		DAILY AVG	DAILY MAX			DAILY AVG	DAILY MAX				
TOTAL COPPER 01042 1 0 1	SAMPLE MEASUREMENT	0.01	0.02	LB/DY	*****	0.0	0.1	MG/L	0	05/30	GRAB
	PERMIT REQUIREMENT	0.63	0.63		*****	1.6	1.6			01/07	GRAB
		DAILY AVG	DAILY MAX			DAILY AVG	DAILY MAX				
TOTAL IRON 01045 1 0 0	SAMPLE MEASUREMENT	0.0	0.0	LB/DY	*****	*****	*****	*****	0	05/30	GRAB
	PERMIT REQUIREMENT	1.0	2.0		*****	*****	*****			01/07	GRAB
		DAILY AVG	DAILY MAX								
TOTAL LEAD 01051 1 0 1	SAMPLE MEASUREMENT	0.00	0.00	LB/DY	*****	0.0	0.0	MG/L	0	05/30	GRAB
	PERMIT REQUIREMENT	0.06	0.15		*****	0.4	0.4			01/07	GRAB
		DAILY AVG	DAILY MAX			DAILY AVG	DAILY MAX				
TOTAL NICKEL 01067 1 0 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.2	0.2	MG/L	0	05/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	REPORT	REPORT			01/07	GRAB
						DAILY AVG	DAILY MAX				
TOTAL ZINC 01092 1 0 1	SAMPLE MEASUREMENT	0.01	0.02	LB/DY	*****	0.0	0.1	MG/L	0	05/30	GRAB
	PERMIT REQUIREMENT	0.62	1.83		*****	95.4	95.4			01/07	GRAB
		DAILY AVG	DAILY MAX			DAILY AVG	DAILY MAX				
RADIUM-226 + 228 11503 1 0 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.7	3.7	PCI/L	0	01/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30.0	30.0			01/30	GRAB
						DAILY AVG	DAILY MAX				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steven R. Rae ESH-18 GROUP LEADER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			505 665-0453	99	4	23	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

(2-16)
 NM0028355
 PERMIT NUMBER

(17-19)
 051 A
 DISCHARGE NUMBER

MAJOR
 F - FINAL

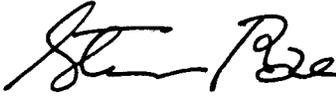
FACILITY
 LOCATION Outfall Owner: S. Hanson

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
99	03	01	TO	99	03	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)	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			
FLOW 50050 1 0 0		0.0271	0.0437	MGD	*****	*****	*****	*****		99/99	REC
	REPORT DAILY AVG		REPORT DAILY MAX		*****	*****	*****			99/99	REC
TOTAL MERCURY 71900 1 0 1		0.000	0.00	LB/DY	*****	0.00	0.00	MG/L	0	05/30	GRAB
	REPORT DAILY AVG	0.003	0.09	DAILY MAX	*****	0.01	0.01	DAILY AVG		01/07	GRAB
TOTAL TOXIC ORGANICS 78141 1 0 1		*****	*****	*****	*****	0.0	0.0	MG/L	0	01/30	GRAB
	REPORT DAILY AVG	*****	*****	*****	*****	1.0	1.0	DAILY AVG		01/30	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 THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			595 665-0453	99	4	23	
			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Note: (*) Sample data for methylene chloride (a TTO compound) was undetected estimated (4J) and sample data for chlorobenzene (a TTO compound) was estimated (J) by LANL QA/QC. (SR)

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 LOS ALAMOS, NM 87545

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)
 NM0028355
 PERMIT NUMBER

(17-19)
 13S A
 DISCHARGE NUMBER

MAJOR
 F - FINAL

FACILITY
 LOCATION Outfall Owner: D. Padilla

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
99	03	01	99	03	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)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	3 Card Only) QUANTITY OR LOADING			4 Card Only) QUANTITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		(46-53)		(54-61)	(38-45)		(46-53)	(54-61)			
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BIO. OXY. DMD. 5 DAY 00310 1 0 0		7	*****	LB/DY	*****	3	4	MG/L	0	03/30	COMP
		100 DAILY AVG	*****		*****	30 DAILY AVG	45 DAILY MAX			03/30	COMP
PH 00400 1 0 0		*****	*****	*****	7.1	*****	7.7	SU	0	05/30	GRAB
		*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			01/07	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0		6	*****	LB/DY	*****	2	2	MG/L	0	03/30	COMP
		100 DAILY AVG	*****		*****	30 DAILY AVG	45 DAILY MAX			03/30	COMP
FLOW 50050 1 0 0		0.3065	0.3820	MGD	*****	*****	*****	*****		99/99	TOTAL
		REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			99/99	TOTAL
FECAL COL. BAC./100ML 74055 1 0 0		*****	*****	*****	*****	1	1	#/100ML	0	03/30	GRAB
		*****	*****		*****	500 LOG MEAN	500 DAILY MAX			03/30	GRAB
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steven R. Rae ESH-18 GROUP LEADER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
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TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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