Permit

ENTERED 8/6/99

Los Alamos
NATIONAL LABORATORY

Los Alamos National Laboratory
Los Alamos, New Mexico 87545

Date: June 25, 1999
In Reply Refer To: ESH18/WQ&H:99-0253
Mail Stop: K497
Telephone: (505) 665-1859

LANL/Non-HSWA/NPDES

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

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

Dear Ms. Gamble:

Enclosed are Los Alamos National Laboratory's DMRs for May, 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 no 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 A199
LANL Outfall Owners, w/enc.
WQ&H File, w/enc., MS K497
CIC-10, w/enc., MS A150

RECEIVED
JUN 30 1999
DOE OVERSIGHT BUREAU

15793

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 — PERMIT NUMBER

(17-19) 001 A — DISCHARGE NUMBER

MAJOR
F - FINAL

FACILITY LOCATION Outfall Owner: D. Padilla

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	05	01	TO	99	05	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) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUANTITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.0	*****	8.0	SU	0	01/30	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			01/30	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	01/30	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			01/30	GRAB
FLOW	SAMPLE MEASUREMENT	0.5314	0.5314	MGD	*****	*****	*****	*****		01/30	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			01/30	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	01/30	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	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			TELEPHONE	DATE
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.	Steven R. Rae SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 665-0453	99 06 28
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
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		YEAR	MO	DAY
FROM	99	05	01	TO	99	05	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) 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	1	2	LB/DY	*****	7	13	MG/L	0	04/30	GRAB
00340 1 0 1	PERMIT REQUIREMENT	94 DAILY AVG	156 DAILY MAX		*****	125 DAILY AVG	125 DAILY MAX			01/07	GRAB
PH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	8.5	SU	0	99/99	REC
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			99/99	REC
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	0.2	0.3	LB/DY	*****	*****	*****	*****	0	04/30	GRAB
00530 1 0 0	PERMIT REQUIREMENT	18.8 DAILY AVG	62.6 DAILY MAX		*****	*****	*****			01/07	GRAB
TOTAL NITROGEN	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.3	9.3	MG/L	0	01/30	GRAB
00600 1 0 1	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			01/30	GRAB
AMMONIA (AS N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.1	3.1	MG/L	0	01/30	GRAB
00610 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			01/30	GRAB
NITRATE-NITRITE AS N	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.9	6.9	MG/L	0	01/30	GRAB
00630 1 0 1	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			01/30	GRAB
TOTAL CADMIUM	SAMPLE MEASUREMENT	0.00	0.00	LB/DY	*****	0.0	0.0	MG/L	0	04/30	GRAB
01027 1 0 1	PERMIT REQUIREMENT	0.06 DAILY AVG	0.30 DAILY MAX		*****	0.2 DAILY AVG	0.2 DAILY MAX			01/07	GRAB

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		
505 665-0453		99	06	28
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
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		YEAR	MO	DAY
FROM	99	05	01	TO	99	05	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)		QUANTITY OR LOADING (3 Card Only) (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	QUANTITY OR CONCENTRATION (4 Card Only) (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
TOTAL CHROMIUM	SAMPLE MEASUREMENT	0.00	0.00	LB/DY	*****	0.0	0.0	MG/L	0	04/30	GRAB
01034 1 0 1	PERMIT REQUIREMENT	0.19 DAILY AVG	0.38 DAILY MAX		*****	5.1 DAILY AVG	5.1 DAILY MAX			01/07	GRAB
TOTAL COPPER	SAMPLE MEASUREMENT	0.01	0.02	LB/DY	*****	0.0	0.1	MG/L	0	04/30	GRAB
01042 1 0 1	PERMIT REQUIREMENT	0.63 DAILY AVG	0.63 DAILY MAX		*****	1.6 DAILY AVG	1.6 DAILY MAX			01/07	GRAB
TOTAL IRON	SAMPLE MEASUREMENT	0.0	0.0	LB/DY	*****	*****	*****	*****	0	04/30	GRAB
01045 1 0 0	PERMIT REQUIREMENT	1.0 DAILY AVG	2.0 DAILY MAX		*****	*****	*****			01/07	GRAB
TOTAL LEAD	SAMPLE MEASUREMENT	0.00	0.00	LB/DY	*****	0.0	0.0	MG/L	0	04/30	GRAB
01051 1 0 1	PERMIT REQUIREMENT	0.06 DAILY AVG	0.15 DAILY MAX		*****	0.4 DAILY AVG	0.4 DAILY MAX			01/07	GRAB
TOTAL NICKEL	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	04/30	GRAB
01067 1 0 1	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			01/07	GRAB
TOTAL ZINC	SAMPLE MEASUREMENT	0.05	0.12	LB/DY	*****	0.3	0.7	MG/L	0	04/30	GRAB
01092 1 0 1	PERMIT REQUIREMENT	0.62 DAILY AVG	1.83 DAILY MAX		*****	95.4 DAILY AVG	95.4 DAILY MAX			01/07	GRAB
RADIUM-226 + 228 (*)	SAMPLE MEASUREMENT	*****	*****	*****	*****	~~0.0~~ (SR)	~~0.0~~ (SR)	PCI/L	0	01/30	GRAB
11503 1 0 1	PERMIT REQUIREMENT	*****	*****		*****	30.0 DAILY AVG	30.0 DAILY MAX			01/30	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
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	505 665-0453	99	06	28
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR	MO	DAY

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

(*) Note: Radium 226+228 results not yet received from Laboratory. Results to be submitted in a revised DMR as soon as available. (SR)

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

MAJOR
F - FINAL

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

FACILITY LOCATION Outfall Owner: S. Hanson

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	05	01	TO	99	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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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	0.0206	0.0210	MGD	*****	*****	*****	*****		99/99	REC
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			99/99	REC
TOTAL MERCURY	SAMPLE MEASUREMENT	0.000	0.00	LB/DY	*****	0.00	0.00	MG/L	0	04/30	GRAB
71900 1 0 1	PERMIT REQUIREMENT	0.003 DAILY AVG	0.09 DAILY MAX		*****	0.01 DAILY AVG	0.01 DAILY MAX			01/07	GRAB
TOTAL TOXIC ORGANICS	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	01/30	GRAB
78141 1 0 1 (*)	PERMIT REQUIREMENT	*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			01/30	GRAB
	SAMPLE MEASUREMENT	(*) Note: Results for dioxin, a constituent of Total Toxic Organics, not yet received from laboratory. Results to be									
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT	submitted in a revised DMR as soon as available (SR)									
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT	Results for acrolein and acrylonitrile were rejected (R), and									
	PERMIT REQUIREMENT	Results for chloroform; 1,2-Dichloroethane; methylene									
	SAMPLE MEASUREMENT	chloride; and, toluene were undetected estimated (UJ)									
	PERMIT REQUIREMENT	by Laboratory QA/QC review. (SR)									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			TELEPHONE	DATE		
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.	Steven Rae SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 665-0453	99	06	28
TYPED OR PRINTED			AREA CODE / NUMBER	YEAR	MO	DAY

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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) 13S A — DISCHARGE NUMBER

MAJOR
F - FINAL

FACILITY LOCATION Outfall Owner: D. Padilla

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	99	05	01	TO	99	05	31
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

TREATED SANITARY SEWAGE EFFLUENT
*** NO DISCHARGE _____ ***

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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)
BIO. OXY. DMD. 5 DAY	SAMPLE MEASUREMENT	17	*****	LB/DY	*****	7	17	MG/L	0	03/30	COMP
00310 1 0 0	PERMIT REQUIREMENT	100 DAILY AVG	*****		*****	30 DAILY AVG	45 DAILY MAX			03/30	COMP
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.7	SU	0	04/30	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			01/07	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	4	*****	LB/DY	*****	2	2	MG/L	0	03/30	COMP
00530 1 0 0	PERMIT REQUIREMENT	100 DAILY AVG	*****		*****	30 DAILY AVG	45 DAILY MAX			03/30	COMP
FLOW	SAMPLE MEASUREMENT	0.3141	0.4310	MGD	*****	*****	*****	*****		99/99	TOTAL
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			99/99	TOTAL
FECAL COL.BAC./100ML	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	#/100ML	0	03/30	GRAB
74055 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	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

TYPED OR PRINTED

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TELEPHONE		DATE		
505 665-0453		99	06	28
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)