

Los Alamos

NATIONAL LABORATORY

Los Alamos National Laboratory
Los Alamos, New Mexico 87545

Permit

Date: November 23, 1999
In Reply Refer To: ESH-18/WQ&H:99-0446
Mail Stop: K497
Telephone: (505) 665-1859

LANL General NPDES

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

SUBJECT: MONTHLY DISCHARGE MONITORING REPORTS (DMRS) FOR OCTOBER, 1999, AND QUARTERLY DMRS FOR AUGUST, SEPTEMBER, AND OCTOBER UNDER NPDES PERMIT NO. NM0028355

Dear Ms. McDonald:

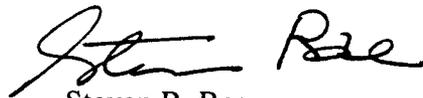
Enclosed are Los Alamos National Laboratory's monthly DMRs for October, 1999, and the quarterly DMRs for August, September, and October, 1999, as required under NPDES Permit No. NM0028355. There were two effluent limitations exceeded for the industrial outfalls. There were no effluent limitations exceeded for Sanitary Outfall 13S.

Please note that thirteen Category 04A outfalls have been eliminated from our NPDES Permit. These outfalls are listed below along with the date that they were officially deleted. This quarter will be the last reporting period for these outfalls.

Outfalls 04A171, 04A175, and 04A176: August 23, 1999
Outfall 04A173: September 21, 1999
Outfalls 04A118, 04A161, 04A163, 04A164, 04A165, 04A166, 04A172, 04A177, 04A186:
October 13, 1999

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

Sincerely,



Steven R. Rae
Group Leader, ESH-18
Water Quality and Hydrology Group

RECEIVED

NOV 29 1999

DOE OVERSIGHT BUREAU



15816

~~LANL/Non-ESWA Regulators/NDDES~~

SR:CJ/rm

Cy: 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
C. Soden, DOE/AL, Albuquerque, New Mexico, w/enc.
K. Agogino, DOE/AL, Albuquerque, New Mexico, w/enc.
T. Gunderson, DIR, w/enc., MS A100
D. Erickson, LANL, ESH-DO, w/enc., MS K491
LANL Outfall Owners, w/enc.
WQ&H File, w/enc., MS K497
CIC-10, w/enc., MS A150

INDUSTRIAL WASTE DEVIATIONS

OCTOBER 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	10/14/99	Zn(daily max.)	2.28/1.83	lbs/day
051	TA-50-1	10/1/99-10/31/99	Zn(daily avg.)	0.86/0.62	lbs/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 noncompliant discharge

Serial 051 TA-50-1

2. Description of noncompliant discharge

The average mass loading of 0.86 lbs./day exceeded the daily average permit limit of 0.62 lbs./day for Total Zinc. The maximum mass loading of 2.28 lbs./day exceeded the maximum daily permit limit of 1.83 lbs./day for Total Zinc.

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 environmental impacts were observed.

4. Cause of noncompliance

The Laboratory's TA-50 Radioactive Liquid Wastewater Treatment Facility (TA-50 RLWTF) uses zinc in its Chemical Denitrification Treatment Process to pre-treat wastes high in nitrates to meet New Mexico Groundwater Standards for nitrate. Treated effluent from this process is subsequently sent to the headworks of the TA-50 RLWTF for treatment through the main plant. Benchtop experiments showed that the zinc introduced into the plant would settle out in the clariflocculator. It is now believed that a percentage of the zinc introduced remained soluble and therefore did not precipitate as expected in the clariflocculator treatment. At the time of the exceedence, additional treatment of TA-50 RLWTF wastewater using Tubular Ultra-Filtration (TUF) and Reverse Osmosis (RO) was not available because of operational and design problems.

5. Anticipated time of condition if applicable

The condition was discovered during compliance monitoring at Outfall 051 at 10:40 a. m. on October 14, 1999.

6. Duration of condition if uncorrected

The estimated duration of non-compliance was approximately 30 minutes on October 14, 1999.

7. Steps taken to reduce and eliminate condition

An occurrence investigation was conducted by the Laboratory's Occurrence Investigation Group (ESH-7), Water Quality & Hydrology Group (ESH-18), Radioactive Liquid Wastewater Group (FWO-RLW), and the U. S. Department of Energy, Los Alamos Area Office (DOE/LAAO) personnel on November 18, 1999, to discuss findings and corrective actions. An outside contractor is validating the zinc results.

After the zinc exceedences in July, the clarifiers at TA-50 RLWTF were put back on line on August 10, 1999, to precipitate out the residual zinc. This measure was not sufficient, therefore, the last discharge of chemical denitrification unit effluent to the headworks occurred during the first week of November. Since that time, this process has been taken off-line. No further zinc-laden wastes from this treatment unit will be introduced into the TA-50 RLWTF headworks until another corrective measure has been identified to handle the zinc. On November 16, 1999, facility operators implemented operational sampling to test for zinc, prior to discharge from the effluent tanks.

8. Steps taken to prevent a recurrence of the condition

Listed below are the interim and long term corrective actions at the TA-50 RLWTF to improve effluent quality and to avoid future zinc exceedences:

- Continue testing of effluent tanks for zinc concentrations prior to discharge.
- Routine treatment of radioactive liquid wastewater using membrane treatment train (TUF/CUF/RO) in addition to the clariflocculator treatment process.
- TUF membrane replacement was completed on 11/19/99. Additional upgrades are estimated to be completed by 12/3/99.
- Installation and testing of the Electrodialysis Reversal (EDR) Treatment Unit was completed in October, 1999. It is anticipated that this unit will be in operation by December 3, 1999. The EDR further treats and reduces the volume of the reject stream from the RO unit.

- The Chemical Denitrification process was taken off-line as of November 5, 1999. No further effluents from this process will be discharged to the headworks of the main plant until issues regarding zinc treatment are resolved.
- The project schedule for the installation and start-up of the Mechanical Evaporator for the TA-50 RLWTF is February 28, 2000. The condensate stream from the Mechanical Evaporator will be piped to the TA-50 RLWTF effluent tanks for eventual discharge to Outfall 051 or future reuse under the RLWTF's Zero Liquid Discharge Project. As currently proposed, the bottoms waste stream from the mechanical evaporator will be shipped to an off-site contractor for solidification and disposal.

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 10 01 99 10 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)	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	01/30	GRAB
		*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			01/30	GRA
TOTAL SUSP. SOLIDS 00530 1 0 0		*****	*****	*****	*****	6	6	MG/L	0	01/30	GRAB
		*****	*****		*****	30 DAILY AVG	100 DAILY MAX			01/30	GRAB
FLOW 50050 1 0 0		0.0374	0.0374	MGD	*****	*****	*****	*****		01/30	EST
		REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			01/30	EST
FREE AVAIL. CHLORINE 50064 1 0 0		*****	*****	*****	*****	0.0	0.0	MG/L	0	01/30	GRAB
		*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			01/30	GRAB

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	11	23	
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) (17-19)
 NM0028355 051 A
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR
 F - FINAL

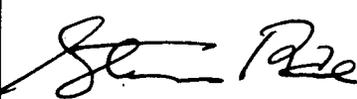
FACILITY
 LOCATION Outfall Owner: S. Hanson

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 99 10 01 TO 99 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			
CHEMICAL OXY. DEMAND 00340 1 0 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	3 94 DAILY AVG	5 156 DAILY MAX	LB/DY	*****	15 125 DAILY AVG	16 125 DAILY MAX	MG/L	0	04/30 01/07	GRAB GRA
PH 00400 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	6.7 6.0 MINIMUM	*****	8.7 9.0 MAXIMUM	SU	0	99/99 99/99	REC REC
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.3 18.8 DAILY AVG	0.7 62.6 DAILY MAX	LB/DY	*****	*****	*****	*****	0	04/30 01/07	GRAB GRAB
TOTAL NITROGEN 00600 1 0 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	7.6 REPORT DAILY AVG	7.6 REPORT DAILY MAX	MG/L	0	01/30 01/30	GRAB GRAB
AMMONIA (AS N) 00610 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	9.3 REPORT DAILY AVG	9.3 REPORT DAILY MAX	MG/L	0	01/30 01/30	GRAB GRAB
NITRATE-NITRITE AS N 00630 1 0 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	0.8 REPORT DAILY AVG	0.8 REPORT DAILY MAX	MG/L	0	01/30 01/30	GRAB GRAB
TOTAL CADMIUM 01027 1 0 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.00 0.06 DAILY AVG	0.00 0.30 DAILY MAX	LB/DY	*****	0.0 0.2 DAILY AVG	0.0 0.2 DAILY MAX	MG/L	0	04/30 01/07	GRAB GRAB

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	11	23	
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 (17-19) 051 A
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR
 F - FINAL

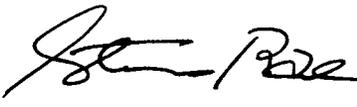
FACILITY
 LOCATION Outfall Owner: S. Hanson

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 99 10 01 99 10 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

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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 PERMIT REQUIREMENT	0.00 0.19 DAILY AVG	0.00 0.38 DAILY MAX	LB/DY	*****	0.0 5.1 DAILY AVG	0.0 5.1 DAILY MAX	MG/L	0	04/30 01/07	GRAB GRA
TOTAL COPPER 01042 1 0 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.01 0.63 DAILY AVG	0.01 0.63 DAILY MAX	LB/DY	*****	0.0 1.6 DAILY AVG	0.0 1.6 DAILY MAX	MG/L	0	04/30 01/07	GRAB GRAB
TOTAL IRON 01045 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.1 1.0 DAILY AVG	0.1 2.0 DAILY MAX	LB/DY	*****	*****	*****	*****	0	04/30 01/07	GRAB GRAB
TOTAL LEAD 01051 1 0 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.00 0.06 DAILY AVG	0.00 0.15 DAILY MAX	LB/DY	*****	0.0 0.4 DAILY AVG	0.0 0.4 DAILY MAX	MG/L	0	04/30 01/07	GRAB GRAB
TOTAL NICKEL 01067 1 0 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	*****	*****	0.0 REPORT DAILY AVG	0.1 REPORT DAILY MAX	MG/L	0	04/30 01/07	GRAB GRAB
TOTAL ZINC 01092 1 0 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.86 0.62 DAILY AVG	2.28 1.83 DAILY MAX	LB/DY	*****	4.8 95.4 DAILY AVG	13.0 95.4 DAILY MAX	MG/L	1	04/30 01/07	GRAB GRAB
RADIUM-226 + 228 11503 1 0 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	*****	*****	3.6 30.0 DAILY AVG	3.6 30.0 DAILY MAX	PCI/L	0	01/30 01/30	GRAB GRAB

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			505 665-0453	99	11	23	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

Please see attached Non-Compliance Report. (82)

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

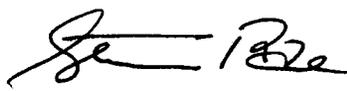
FACILITY
 LOCATION Outfall Owner: S. Hanson

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 99 10 01 TO 99 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)	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		0.0243 REPORT DAILY AVG	0.0421 REPORT DAILY MAX	MGD	*****	*****	*****	*****		99/99	REC
TOTAL MERCURY 71900 1 0 1		0.000 0.003 DAILY AVG	0.00 0.09 DAILY MAX	LB/DY	*****	0.00 0.01 DAILY AVG	0.00 0.01 DAILY MAX	MG/L	0	05/30 01/07	GRAB GRAB
TOTAL TOXIC ORGANICS 78141 1 0 1	(*)	***** *****	***** *****	*****	*****	0.0 1.0 DAILY AVG	0.0 1.0 DAILY MAX	MG/L	0	01/30 01/30	GRAB GRAB
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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			
Steven R. Rae ESH-18 GROUP LEADER			505 665-0453	99	11	23	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

(*) Note: Sample data for 11 of the 110 constituents for TTOs were qualified as Unidentified Estimated (UE) by Laboratory QA/QC review. (S)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) (17-19)
 NM0028355 I3S A
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR
 F - FINAL

FACILITY
 LOCATION Outfall Owner: D. Padilla

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
99	10	01	99	10	31

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BIO. OXY. DMD. 5 DAY 00310 1 0 0		4	*****	LB/DY	*****	2	2	MG/L	0	03/30	COMP
		100 DAILY AVG	*****		*****	30 DAILY AVG	45 DAILY MAX			03/30	COM
PH 00400 1 0 0		*****	*****	*****	7.3	*****	7.7	SU	0	04/30	GRAB
		*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			01/07	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0		3	*****	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		0.2425	0.2830	MGD	*****	*****	*****	*****		99/99	TOTAL
		REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			99/99	TOTAL
FECAL COL. BAC./100ML 74055 1 0 0		*****	*****	*****	*****	2	3	#/100ML	0	03/30	GRAB
		*****	*****		*****	500 LOG MEAN	500 DAILY MAX			03/30	GRAB

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	11	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 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) 129 Q
 PERMIT NUMBER DISCHARGE NUMBER

02A MAJOR
 F - FINAL

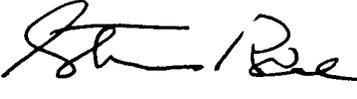
FACILITY
 LOCATION Outfall Owner: D. Padilla

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
99	08	08	99	10	31
FROM (20-21) (22-23) (24-25)			TO (26-27) (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 (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	8.1	*****	8.2	SU	0	03/90	GRAB
00400 1 0 0		*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			01/90	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	1	1	MG/L	0	03/90	GRAB
00530 1 0 0		*****	*****		*****	30 DAILY AVG	100 DAILY MAX			01/90	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	8	9	MG/L	0	03/90	GRAB
00665 1 0 0		*****	*****		*****	20 DAILY AVG	40 DAILY MAX			01/90	GRAB
SULFITE (AS SO3)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	4	5	MG/L	0	03/90	GRAB
00740 1 0 0		*****	*****		*****	35 DAILY AVG	70 DAILY MAX			01/90	GRAB
TOTAL CHROMIUM	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	03/90	GRAB
01034 1 0 0		*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			01/90	GRAB
TOTAL COPPER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	03/90	GRAB
01042 1 0 0		*****	*****		*****	1.0 DAILY AVG	1.0 DAILY MAX			01/90	GRAB
TOTAL IRON	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	0	0	MG/L	0	03/90	GRAB
01045 1 0 0		*****	*****		*****	10 DAILY AVG	40 DAILY MAX			01/90	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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			
Steven R. Rae ESH-18 GROUP LEADER			505 665-0453	99	11	23	
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 (17-19) 129 Q 02A
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR
 F - FINAL

FACILITY
 LOCATION Outfall Owner: D. Padilla

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 99 08 08 99 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)	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		0.0254	0.0288	MGD	*****	*****	*****	*****		03/90	EST
	REPORT DAILY AVG		REPORT DAILY MAX		*****	*****	*****	*****		01/90	EST
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	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	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	11	23	
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) (17-19)
PERMIT NUMBER NM0028355 **DISCHARGE NUMBER** 021 Q 03A

MAJOR
 F - FINAL

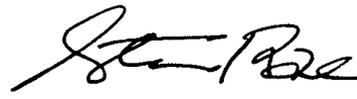
FACILITY
LOCATION Outfall Owner: E. Ernst

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
 99 08 01 TO 99 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	UNITS			
PH	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	8.5	*****	8.5	SU	0	01/90	GRAB
00400 1 0 0		*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			01/90	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	1	1	MG/L	0	01/90	GRAB
00530 1 0 0		*****	*****		*****	30 DAILY AVG	100 DAILY MAX			01/90	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	0	0	MG/L	0	01/90	GRAB
00665 1 0 0		*****	*****		*****	20 DAILY AVG	40 DAILY MAX			01/90	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	01/90	GRAB
01002 1 0 0		*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			01/90	GRAB
FLOW	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.0058	0.0058	MGD	*****	*****	*****	*****		01/90	EST
50050 1 0 0		REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			01/90	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	01/90	GRAB
50064 1 0 0		*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			01/90	GRAB
	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		
			505 665-0453	99	11	23	
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 (17-19) 022 Q
 PERMIT NUMBER DISCHARGE NUMBER

03A MAJOR
 F - FINAL

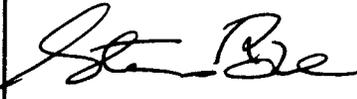
FACILITY LOCATION Outfall Owner: L. Woodrow

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 99 08 01 TO 99 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	*****	*****	*****	*****	8.7	*****	8.7	SU	0	01/90	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	*****	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM		0	01/90	GRAB
TOTAL PHOSPHORUS 00665 1 0 0	*****	*****	*****	*****	*****	1	1	MG/L	0	01/90	GRAB
TOTAL ARSENIC 01002 1 0 0	*****	*****	*****	*****	*****	30 DAILY AVG	100 DAILY MAX		0	01/90	GRAB
FLOW 50050 1 0 0	*****	0.0173	0.0173	MGD	*****	6	6	MG/L	0	01/90	GRAB
FREE AVAIL. CHLORINE 50064 1 0 0	*****	*****	*****	*****	*****	20 DAILY AVG	40 DAILY MAX		0	01/90	GRAB
	*****	*****	*****	*****	*****	0.00	0.00	MG/L	0	01/90	GRAB
	*****	*****	*****	*****	*****	0.04 DAILY AVG	0.04 DAILY MAX		0	01/90	GRAB
	*****	0.0173	0.0173	MGD	*****	*****	*****	*****	0	01/90	EST
	*****	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****		0	01/90	EST
	*****	*****	*****	*****	*****	0.0	0.0	MG/L	0	01/90	GRAB
	*****	*****	*****	*****	*****	0.2 DAILY AVG	0.5 DAILY MAX		0	01/90	GRAB

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	11	23	
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 (17-19) 024
 PERMIT NUMBER DISCHARGE NUMBER

03A MAJOR
 F - FINAL

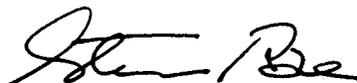
FACILITY LOCATION Outfall Owner: L. Woodrow

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 99 08 01 TO 99 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)	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) AVERAGE	(54-61) MAXIMUM	UNITS	(38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM				UNITS
PH 00400 1 0 0	*****	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	0	00/90	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	*****	*****	*****	*****	*****	30 DAILY AVG	100 DAILY MAX	MG/L	0	00/90	GRAB
TOTAL PHOSPHORUS 00665 1 0 0	*****	*****	*****	*****	*****	20 DAILY AVG	40 DAILY MAX	MG/L	0	00/90	GRAB
TOTAL ARSENIC 01002 1 0 0	*****	*****	*****	*****	*****	0.04 DAILY AVG	0.04 DAILY MAX	MG/L	0	00/90	GRAB
FLOW 50050 1 0 0	*****	REPORT DAILY AVG	REPORT DAILY MAX	MGD	*****	*****	*****	*****	00/90	EST	EST
FREE AVAIL. CHLORINE 50064 1 0 0	*****	*****	*****	*****	*****	0.2 DAILY AVG	0.5 DAILY MAX	MG/L	0	00/90	GRAB
	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		
			505 665-0453	99	11	23	
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** (17-19) **027** **Q**
PERMIT NUMBER **DISCHARGE NUMBER**

03A MAJOR
 F - FINAL

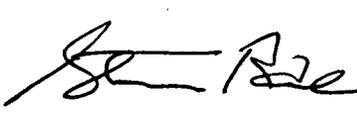
FACILITY
LOCATION Outfall Owner: J. Frybarger

MONITORING PERIOD
FROM YEAR MO DAY **TO** YEAR MO DAY
 99 08 01 99 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	*****	*****	*****	*****	8.6	*****	8.6	SU	0	01/90	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	*****	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			01/90	GRAB
TOTAL PHOSPHORUS 00665 1 0 0	*****	*****	*****	*****	*****	1 DAILY AVG	1 DAILY MAX	MG/L	0	01/90	GRAB
TOTAL ARSENIC 01002 1 0 0	*****	*****	*****	*****	*****	9 DAILY AVG	9 DAILY MAX	MG/L	0	01/90	GRAB
FLOW 50050 1 0 0	*****	0.0720 REPORT DAILY AVG	0.0720 REPORT DAILY MAX	MGD	*****	0.01 DAILY AVG	0.01 DAILY MAX	MG/L	0	01/90	GRAB
FREE AVAIL. CHLORINE 50064 1 0 0	*****	*****	*****	*****	*****	0.0 DAILY AVG	0.0 DAILY MAX	MG/L	0	01/90	GRAB
	*****	*****	*****	*****	*****	0.2 DAILY AVG	0.5 DAILY MAX			01/90	GRAB

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	11	23	
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 (17-19) 028 Q
 PERMIT NUMBER DISCHARGE NUMBER

03A MAJOR
 F - FINAL

FACILITY
 LOCATION Outfall Owner: T. Alexander

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 99 08 01 TO 99 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	*****	*****	*****	*****	8.7	*****	8.7	SU	0	01/90	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	*****	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM		0	01/90	GRAB
TOTAL PHOSPHORUS 00665 1 0 0	*****	*****	*****	*****	*****	2	2	MG/L	0	01/90	GRAB
TOTAL ARSENIC 01002 1 0 0	*****	*****	*****	*****	*****	30 DAILY AVG	100 DAILY MAX		0	01/90	GRAB
FLOW 50050 1 0 0	*****	0.0173	0.0173	MGD	*****	2	2	MG/L	0	01/90	GRAB
FREE AVAIL. CHLORINE 50064 1 0 0	*****	*****	*****	*****	*****	20 DAILY AVG	40 DAILY MAX		0	01/90	GRAB
	*****	*****	*****	*****	*****	0.00	0.00	MG/L	0	01/90	GRAB
	*****	*****	*****	*****	*****	0.04 DAILY AVG	0.04 DAILY MAX		0	01/90	GRAB
	*****	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****		0	01/90	EST
	*****	*****	*****	*****	*****	*****	*****		0	01/90	EST
	*****	*****	*****	*****	*****	0.0	0.0	MG/L	0	01/90	GRAB
	*****	*****	*****	*****	*****	0.2 DAILY AVG	0.5 DAILY MAX		0	01/90	GRAB

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	11	23	
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** (17-19) **045** **Q**
PERMIT NUMBER **DISCHARGE NUMBER**

03A MAJOR
 F - FINAL

FACILITY
LOCATION Outfall Owner: S. Helmick

MONITORING PERIOD
FROM

YEAR	MO	DAY
99	08	01

TO

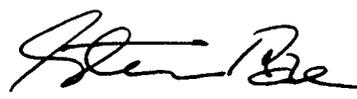
YEAR	MO	DAY
99	10	31

 (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 (54-61)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (54-61)	AVERAGE (54-61)	MAXIMUM (54-61)	UNITS (54-61)			
PH 00400 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	0	00/90 01/90	GRAB GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	100 DAILY MAX	MG/L	0	00/90 01/90	GRAB GRAB
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	20 DAILY AVG	40 DAILY MAX	MG/L	0	00/90 01/90	GRAB GRAB
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	0.04 DAILY AVG	0.04 DAILY MAX	MG/L	0	00/90 01/90	GRAB GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX	MGD	*****	*****	*****	*****		00/90 01/90	EST EST
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY AVG	0.5 DAILY MAX	MG/L	0	00/90 01/90	GRAB 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 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	11	23	
			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 (17-19) 047 Q
 PERMIT NUMBER DISCHARGE NUMBER

03A MAJOR
 F - FINAL

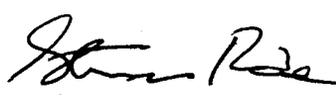
FACILITY
 LOCATION Outfall Owner: J. Fraser

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 99 08 01 99 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	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	8.1	*****	8.1	SU	0	01/90	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			01/90	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	01/90	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	100 DAILY MAX			01/90	GRAB
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	01/90	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	20 DAILY AVG	40 DAILY MAX			01/90	GRAB
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.01	0.01	MG/L	0	01/90	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.04 DAILY AVG	0.04 DAILY MAX			01/90	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0864	0.0864	MGD	*****	*****	*****	*****		01/90	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			01/90	EST
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	01/90	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY AVG	0.5 DAILY MAX			01/90	GRAB
	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		
			505 665-0453	99	11	23	
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 (17-19) 048 Q 03A MAJOR
 PERMIT NUMBER DISCHARGE NUMBER F - FINAL

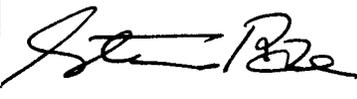
FACILITY LOCATION Outfall Owner: J. Fraser

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 99 08 01 TO 99 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	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	8.6	*****	8.6	SU	0	01/90	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	2	2	MG/L	0	01/90	GRAB
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	30	100	MG/L	0	01/90	GRAB
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY AVG	DAILY MAX	MG/L	0	01/90	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.0576	0.0576	MGD	*****	*****	*****	*****	0	01/90	EST
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	01/90	GRAB
	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	0.2	0.5	MG/L	0	01/90	GRAB
	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		
			505 665-0453	99	11	23	
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) (17-19)
 NM0028355 049 Q 03A
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR
 F - FINAL

FACILITY
 LOCATION Outfall Owner: J. Fraser

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
99	08	01	99	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	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	8.5	*****	8.5	SU	0	01/90	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			01/90	GRA.
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	1	1	MG/L	0	01/90	GRAB
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	100 DAILY MAX			01/90	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.0216	0.0216	MGD	*****	*****	*****	*****		01/90	EST
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	01/90	GRAB
	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY AVG	0.5 DAILY MAX			01/90	GRAB
	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		
			505 665-0453	99	11	23	
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** (17-19) **113 Q**
PERMIT NUMBER **DISCHARGE NUMBER** 03A

MAJOR
F - FINAL

FACILITY
LOCATION Outfall Owner: J. Fraser

MONITORING PERIOD
 FROM

YEAR	MO	DAY
99	08	01

 TO

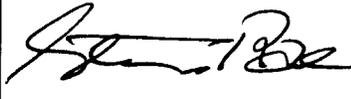
YEAR	MO	DAY
99	10	31

 (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		*****	*****	*****	7.8	*****	7.8	SU	0	01/90	GRAB
		*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			01/90	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0		*****	*****	*****	*****	1	1	MG/L	0	01/90	GRAB
		*****	*****	*****	*****	30 DAILY AVG	100 DAILY MAX			01/90	GRAB
TOTAL PHOSPHORUS 00665 1 0 0		*****	*****	*****	*****	2	2	MG/L	0	01/90	GRAB
		*****	*****	*****	*****	20 DAILY AVG	40 DAILY MAX			01/90	GRAB
TOTAL ARSENIC 01002 1 0 0		*****	*****	*****	*****	0.00	0.00	MG/L	0	01/90	GRAB
		*****	*****	*****	*****	0.04 DAILY AVG	0.04 DAILY MAX			01/90	GRAB
FLOW 50050 1 0 0		0.0288	0.0288	MGD	*****	*****	*****	*****		01/90	EST
		REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			01/90	EST
FREE AVAIL. CHLORINE 50064 1 0 0		*****	*****	*****	*****	0.0	0.0	MG/L	0	01/90	GRAB
		*****	*****	*****	*****	0.2 DAILY AVG	0.5 DAILY MAX			01/90	GRAB

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	11	23	
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 (17-19) 130 Q 03A
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR
 F - FINAL

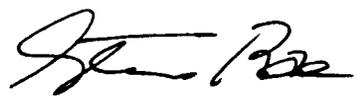
FACILITY
 LOCATION Outfall Owner: R. Grace

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
99	08	01	99	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			4 Card Only QUANTITY OR CONCENTRATION			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM				UNITS
PH 00400 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	0	00/90 01/90	GRAB GRA
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	100 DAILY MAX	MG/L	0	00/90 01/90	GRAB GRAB
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	20 DAILY AVG	40 DAILY MAX	MG/L	0	00/90 01/90	GRAB GRAB
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	0.04 DAILY AVG	0.04 DAILY MAX	MG/L	0	00/90 01/90	GRAB GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX	MGD	*****	*****	*****	*****		00/90 01/90	EST EST
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY AVG	0.5 DAILY MAX	MG/L	0	00/90 01/90	GRAB GRAB
	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		
			505 665-0453	99	11	23	
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) (17-19)
PERMIT NUMBER NM0028355 **DISCHARGE NUMBER** 158 Q 03A

MAJOR
 F - FINAL

FACILITY
LOCATION Outfall Owner: R. Grace

MONITORING PERIOD
FROM YEAR MO DAY 99 08 01 **TO** YEAR MO DAY 99 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) (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	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	8.8	*****	8.8	SU	0	01/90	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			01/90	GRA
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1	1	MG/L	0	01/90	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			01/90	GRAB
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	MG/L	0	01/90	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			01/90	GRAB
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	01/90	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			01/90	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0004	0.0004	MGD	*****	*****	*****	*****		01/90	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			01/90	EST
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	01/90	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			01/90	GRAB
	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		
			505 665-0453	99	11	23	
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)
 160
 DISCHARGE NUMBER

03A MAJOR
 F - FINAL

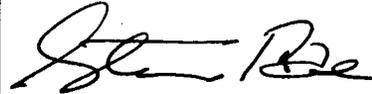
FACILITY
 LOCATION Outfall Owner: L. Woodrow

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 99 08 01 TO 99 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	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****	*****	8.7	*****	8.7	SU	0	01/90	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			01/90	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4	MG/L	0	01/90	GRAB
00530 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			01/90	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4	MG/L	0	01/90	GRAB
00665 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	20 DAILY AVG	40 DAILY MAX			01/90	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	01/90	GRAB
01002 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			01/90	GRAB
FLOW	SAMPLE MEASUREMENT	0.0360	0.0360	MGD	*****	*****	*****	*****		01/90	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			01/90	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	01/90	GRAB
50064 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			01/90	GRAB
	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		
			505 665-0453	99	11	23	
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 (17-19) 181 Q 03A
 PERMIT NUMBER DISCHARGE NUMBER

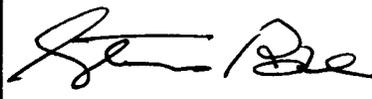
MAJOR
 F - FINAL

FACILITY
 LOCATION Outfall Owner: D. Post

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 99 08 01 TO 99 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		*****	*****	*****	8.6	*****	8.6	SU	0	01/90	GRAB
		*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			01/90	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0		*****	*****	*****	*****	1	1	MG/L	0	01/90	GRAB
		*****	*****	*****	*****	30 DAILY AVG	100 DAILY MAX			01/90	GRAB
TOTAL PHOSPHORUS 00665 1 0 0		*****	*****	*****	*****	4	4	MG/L	0	01/90	GRAB
		*****	*****	*****	*****	20 DAILY AVG	40 DAILY MAX			01/90	GRAB
TOTAL ARSENIC 01002 1 0 0		*****	*****	*****	*****	0.00	0.00	MG/L	0	01/90	GRAB
		*****	*****	*****	*****	0.04 DAILY AVG	0.04 DAILY MAX			01/90	GRAB
FLOW 50050 1 0 0		0.0288	0.0288	MGD	*****	*****	*****	*****		01/90	EST
		REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			01/90	EST
FREE AVAIL. CHLORINE 50064 1 0 0		*****	*****	*****	*****	0.0	0.0	MG/L	0	01/90	GRAB
		*****	*****	*****	*****	0.2 DAILY AVG	0.5 DAILY MAX			01/90	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.							TELEPHONE		DATE	
Steven R. Rae ESH-18 GROUP LEADER								505 665-0453		99 11 23	
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
 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) 185 03A MAJOR
 PERMIT NUMBER DISCHARGE NUMBER F - FINAL

FACILITY LOCATION Outfall Owner: T. Alexander

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 99 08 01 TO 99 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	UNITS			
PH	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	8.4	*****	8.4	SU	0	01/90	GRAB
00400 1 0 0		*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			01/90	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	1	1	MG/L	0	01/90	GRAB
00530 1 0 0		*****	*****		*****	30 DAILY AVG	100 DAILY MAX			01/90	GRAB
TOTAL PHOSPHORUS	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	1	1	MG/L	0	01/90	GRAB
00665 1 0 0		*****	*****		*****	20 DAILY AVG	40 DAILY MAX			01/90	GRAB
TOTAL ARSENIC	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	0.00	0.00	MG/L	0	01/90	GRAB
01002 1 0 0		*****	*****		*****	0.04 DAILY AVG	0.04 DAILY MAX			01/90	GRAB
FLOW	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.0072	0.0072	MGD	*****	*****	*****	*****		01/90	EST
50050 1 0 0		REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			01/90	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	01/90	GRAB
50064 1 0 0		*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			01/90	GRAB
	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		
			505 665-0453	99	11	23	
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 (17-19) 118 Q
 PERMIT NUMBER DISCHARGE NUMBER

04A MAJOR
 F - FINAL

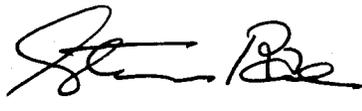
FACILITY LOCATION Outfall Owner: D. Padilla

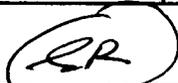
MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 99 08 01 TO 99 10 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NONCONTACT COOLING WATER
 *** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	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) AVERAGE	(54-61) MAXIMUM	UNITS	(38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS			
PH 00400 1 0 0		*****	*****	*****		*****		SU	0	00/90	GRAB
FLOW 50050 1 0 0		*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			01/90	GRA.
TOTAL RESD. CHLORINE 50060 1 0 0		*****	*****	*****	*****	*****	*****	MG/L	0	00/90	GRAB
		*****	*****	*****	*****	REPORT DAILY AVG	REPORT DAILY MAX			01/90	GRAB

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	11	23	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Note: Outfall deleted from permit on 10-13-99 

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) 161 Q 04A
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR
 F - FINAL

FACILITY
 LOCATION Outfall Owner: D. Padilla

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 99 08 01 TO 99 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	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)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****		*****		SU	0	00/90	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX	MGD	6.0 MINIMUM	*****	9.0 MAXIMUM	*****		00/90	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L	0	00/90	GRAB
	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT DAILY AVG	REPORT DAILY MAX			01/90	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 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			
Steven R. Rae ESH-18 GROUP LEADER			505 665-0453	99	11	23	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

Note: Outfall deleted from permit on 10-13-99 

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) 163 Q 04A
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR
 F - FINAL

FACILITY LOCATION
 Outfall Owner: D. Padilla

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 99 08 01 TO 99 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	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		*****	*****	*****		*****		SU	0	00/90	GRAB
FLOW 50050 1 0 0		*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			01/90	GRAB
TOTAL RESD. CHLORINE 50060 1 0 0		*****	*****	*****	*****	*****	*****	MG/L	0	00/90	GRAB
		*****	*****	*****	*****	*****	*****			01/90	GRAB

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	11	23	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

Note: Outfall deleted from permit 10-13-99 (SR)

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) 164 Q 04A
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR F - FINAL

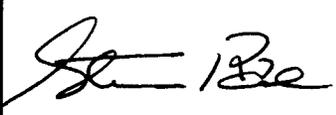
FACILITY LOCATION Outfall Owner: D. Padilla

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
99	08	01	TO	99	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	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)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	0	00/90	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX	MGD	*****	*****	*****	*****		00/90	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	MG/L	0	00/90	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	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	11	23	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

Note: Outfall deleted from permit on 10-13-99 

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) (17-19)
NM0028355 **165** **Q** 04A
PERMIT NUMBER **DISCHARGE NUMBER**

MAJOR
 F - FINAL

FACILITY
LOCATION Outfall Owner: D. Padilla

MONITORING PERIOD
FROM

YEAR	MO	DAY
99	08	01

TO

YEAR	MO	DAY
99	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 <small>(32-37)</small>	SAMPLE MEASUREMENT PERMIT REQUIREMENT	3 Card Only) QUANTITY OR LOADING			4 Card Only) QUANTITY OR CONCENTRATION				NO. EX <small>(62-63)</small>	FREQUENCY OF ANALYSIS <small>(64-68)</small>	SAMPLE TYPE <small>(69-70)</small>
		AVERAGE <small>(46-53)</small>	MAXIMUM <small>(54-61)</small>	UNITS	MINIMUM <small>(38-45)</small>	AVERAGE <small>(46-53)</small>	MAXIMUM <small>(54-61)</small>	UNITS			
PH 00400 1 0 0		*****	*****	*****		*****		SU	0	00/90	GRAB
FLOW 50050 1 0 0		*****	*****	MGD	6.0 MINIMUM	*****	9.0 MAXIMUM	*****		00/90	EST
TOTAL RESD. CHLORINE 50060 1 0 0		*****	*****	REPORT DAILY AVG	*****	*****	*****	*****		01/90	EST
		*****	*****		*****	*****	*****	MG/L	0	00/90	GRAB
		*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			01/90	GRAB

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	11	23	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

Note: Outfall deleted from permit on 10-13-99 

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) 166 Q
 PERMIT NUMBER DISCHARGE NUMBER

04A MAJOR
 F - FINAL

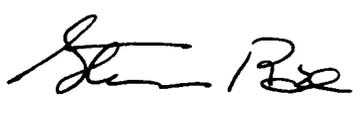
FACILITY LOCATION Outfall Owner: D. Padilla

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 99 08 01 99 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	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		*****	*****	*****		*****		SU	0	00/90	GRAB
FLOW 50050 1 0 0		*****	*****	MGD	6.0 MINIMUM	*****	9.0 MAXIMUM	*****		00/90	GRA
TOTAL RESD. CHLORINE 50060 1 0 0		REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****	*****		00/90	EST
		*****	*****	*****	*****	*****	*****	MG/L	0	00/90	GRAB
		*****	*****	*****	*****	REPORT DAILY AVG	REPORT DAILY MAX			01/90	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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			
Steven R. Rae ESH-18 GROUP LEADER			505 665-0453	99	11	23	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

Note: Outfall deleted from permit on 10-13-99 (SR)

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) 172 Q 04A
 PERMIT NUMBER DISCHARGE NUMBER

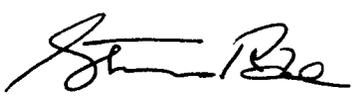
MAJOR
 F - FINAL

FACILITY
 LOCATION Outfall Owner: D. Padilla

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 99 08 01 TO 99 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	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 PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	0	00/90	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX	MGD	*****	*****	*****	*****		00/90	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT DAILY AVG	REPORT DAILY MAX	MG/L	0	00/90	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 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.							TELEPHONE	DATE		
Steven R. Rae ESH-18 GROUP LEADER	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							505 665-0453	99	11	23
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO

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

Note: Outfall deleted from permit on 10-13-99 

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) 177 Q 04A
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR
 F - FINAL

FACILITY
 LOCATION Outfall Owner: D. Padilla

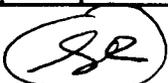
MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 99 08 01 TO 99 10 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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 (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 PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	0	00/90	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX	MGD	*****	*****	*****	*****		00/90	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT DAILY AVG	REPORT DAILY MAX	MG/L	0	00/90	GRAB
	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT DAILY AVG	REPORT DAILY MAX			01/90	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	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	11	23	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 Note: Outfall deleted from permit on 10-13-99 

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) 186 Q 04A
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR F - FINAL

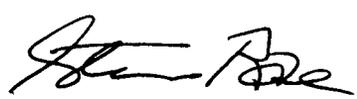
FACILITY LOCATION Outfall Owner: D. Padilla

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 99 08 01 TO 99 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)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	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	UNITS			
PH 00400 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	7.6	*****	7.6	SU	0	01/90	GRAB
	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			01/90	GRA
FLOW 50050 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	1.0080	1.0080	MGD	*****	*****	*****	*****		01/90	EST
	SAMPLE MEASUREMENT PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			01/90	EST
TOTAL RESD. CHLORINE 50060 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	01/90	GRAB
	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			01/90	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	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	11	23	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

Note: Outfall deleted from permit on 10-13-99 (SR)

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) 055 Q 05A
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR
 F - FINAL

FACILITY
 LOCATION Outfall Owner: R. Grace

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 99 08 01 TO 99 10 31
 (20-21) (22-23) (24-25) (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 (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 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	0	0	MG/L	0	01/90	GRAB
		*****	*****	*****	*****	125 DAILY AVG	125 DAILY MAX			01/90	GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	8.6	*****	8.6	SU	0	01/90	GRAB
		*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			01/90	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	0	0	MG/L	0	01/90	GRAB
		*****	*****	*****	*****	30 DAILY AVG	45 DAILY MAX			01/90	GRAB
OIL & GREASE 00556 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	2	2	MG/L	0	01/90	GRAB
		*****	*****	*****	*****	15 DAILY AVG	15 DAILY MAX			01/90	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.0101	0.0101	MGD	*****	*****	*****	*****		01/90	EST
		REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			01/90	EST
	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		
			505 665-0453	99	11	23	
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 (17-19) 097 Q 05A
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR
 F - FINAL

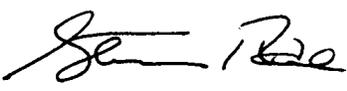
FACILITY
 LOCATION Outfall Owner: R. Grace

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 99 08 01 TO 99 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 QUANTITY OR LOADING			4 Card Only QUANTITY OR CONCENTRATION			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM				UNITS
CHEMICAL OXY. DEMAND 00340 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	125 DAILY AVG	125 DAILY MAX	MG/L	0	00/90	GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	SU	0	00/90	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	45 DAILY MAX	MG/L	0	00/90	GRAB
OIL & GREASE 00556 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY AVG	15 DAILY MAX	MG/L	0	00/90	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX	MGD	*****	*****	*****	*****		00/90	EST
	SAMPLE MEASUREMENT PERMIT REQUIREMENT				*****	*****	*****			01/90	EST
	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		
			505 665-0453	99	11	23	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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