

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 **001 A**
PERMIT NUMBER **DISCHARGE NUMBER**

MAJOR
 F - FINAL

FACILITY
LOCATION Outfall Owner: D. Padilla

MONITORING PERIOD
FROM

YEAR	MO	DAY
99	11	01

TO

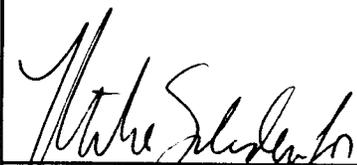
YEAR	MO	DAY
99	11	30

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

POWER PLANT DISCHARGE
 *** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		3 Card Only) 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	*****	*****	*****	8.9	*****	8.9	SU	0	01/30	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			01/30	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	6	6	MG/L	0	01/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	100 DAILY MAX			01/30	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	0.0648	0.0648	MGD	*****	*****	*****	*****		01/30	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			01/30	EST
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	01/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.2 DAILY AVG	0.5 DAILY MAX			01/30	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steven R. Rae ESH-18 GROUP LEADER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			505 665-0453	99	12	21	
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

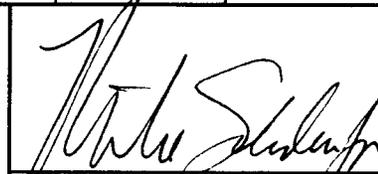
FACILITY
 LOCATION Outfall Owner: S. Hanson

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 99 11 01 TO 99 11 30
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		3 Card Only QUANTITY OR LOADING (46-53)			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 (38-45)	AVERAGE (46-53)	MAXIMUM (46-53)	UNITS (54-61)			
CHEMICAL OXY. DEMAND 00340 1 0 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	2 94 DAILY AVG	4 156 DAILY MAX	LB/DY	***** *****	14 125 DAILY AVG	22 125 DAILY MAX	MG/L	0	05/30 01/07	GRAB GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	*****	6.3 6.0 MINIMUM	***** *****	8.9 9.0 MAXIMUM	SU	0	99/99 99/99	REC REC
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.4 18.8 DAILY AVG	0.9 62.6 DAILY MAX	LB/DY	***** *****	***** *****	***** *****	*****	0	05/30 01/07	GRAB GRAB
TOTAL NITROGEN 00600 1 0 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	*****	***** *****	10.4 REPORT DAILY AVG	10.4 REPORT DAILY MAX	MG/L	0	01/30 01/30	GRAB GRAB
AMMONIA (AS N) 00610 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	*****	***** *****	6.4 REPORT DAILY AVG	6.4 REPORT DAILY MAX	MG/L	0	01/30 01/30	GRAB GRAB
NITRATE-NITRITE AS N 00630 1 0 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	*****	***** *****	4.7 REPORT DAILY AVG	4.7 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	05/30 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	12	21	
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)
 NMO028355
 PERMIT NUMBER

(17-19)
 051 A
 DISCHARGE NUMBER

MAJOR
 F - FINAL

FACILITY
 LOCATION Outfall Owner: S. Hanson

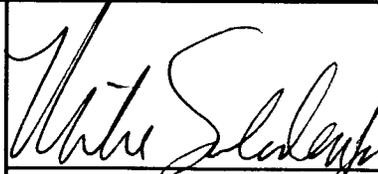
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
99	11	01	99	11	30

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

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		3 Card Only) QUANTITY OR LOADING (46-53)			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	0.00	LB/DY	*****	0.0	0.0	MG/L	0	05/30	GRAB
		0.19	0.38		*****	5.1	5.1			01/07	GRAB
		DAILY AVG	DAILY MAX			DAILY AVG	DAILY MAX				
TOTAL COPPER 01042 1 0 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.01	0.01	LB/DY	*****	0.0	0.1	MG/L	0	05/30	GRAB
		0.63	0.63		*****	1.6	1.6			01/07	GRAB
		DAILY AVG	DAILY MAX			DAILY AVG	DAILY MAX				
TOTAL IRON 01045 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.0	0.1	LB/DY	*****	*****	*****	*****	0	05/30	GRAB
		1.0	2.0		*****	*****	*****			01/07	GRAB
		DAILY AVG	DAILY MAX								
TOTAL LEAD 01051 1 0 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.00	0.00	LB/DY	*****	0.0	0.0	MG/L	0	05/30	GRAB
		0.06	0.15		*****	0.4	0.4			01/07	GRAB
		DAILY AVG	DAILY MAX			DAILY AVG	DAILY MAX				
TOTAL NICKEL 01067 1 0 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	05/30	GRAB
		*****	*****		*****	REPORT	REPORT			01/07	GRAB
						DAILY AVG	DAILY MAX				
TOTAL ZINC 01092 1 0 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.23	0.40	LB/DY	*****	1.3	2.3	MG/L	0	05/30	GRAB
		0.62	1.83		*****	95.4	95.4			01/07	GRAB
		DAILY AVG	DAILY MAX			DAILY AVG	DAILY MAX				
RADIUM-226 + 228 11503 1 0 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	1.0	1.0	PCI/L	0	01/30	GRAB
		*****	*****		*****	30.0	30.0			01/30	GRAB
						DAILY AVG	DAILY MAX				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steven R. Rae ESH-18 GROUP LEADER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			505 665-0453	99	12	21	
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
99	11	01

TO

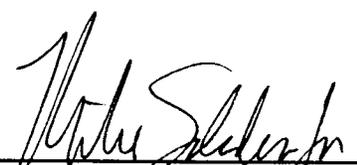
YEAR	MO	DAY
99	11	30

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

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	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		0.0280	0.0420	MGD	*****	*****	*****	*****		99/99	REC
TOTAL MERCURY 71900 1 0 1		REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****	*****		99/99	REC
TOTAL MERCURY 71900 1 0 1		0.000	0.00	LB/DY	*****	0.00	0.00	MG/L	0	05/30	GRAB
TOTAL MERCURY 71900 1 0 1		0.003	0.09		*****	0.01	0.01	MG/L		01/07	GRAB
TOTAL TOXIC ORGANICS 78141 1 0 1 *		*****	*****	*****	*****	0.0	0.0	MG/L	0	01/30	GRAB
TOTAL TOXIC ORGANICS 78141 1 0 1 *		*****	*****	*****	*****	1.0	1.0	MG/L		01/30	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steven R. Rae ESH-18 GROUP LEADER TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE			
			505 665-0453	99	12	21	
			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 * Sample data for 9 of the 110 constituents for TPOs were qualified as undetected Estimated (UE) by Laboratory QA/QC review

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)
 13S A
 DISCHARGE NUMBER

MAJOR
 F - FINAL

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
99	11	01	99	11	30

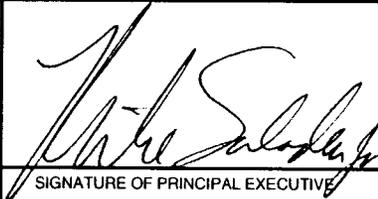
FROM (20-21) (22-23) (24-25) TO (26-27) (28-29) (30-31)

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

FACILITY
 LOCATION Outfall Owner: D. Padilla

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			
BIO. OXY. DMD. 5 DAY 00310 1 0 0		6	*****	LB/DY	*****	3	5	MG/L	0	03/30	COMP
		100 DAILY AVG	*****		*****	30 DAILY AVG	45 DAILY MAX			03/30	COM
PH 00400 1 0 0		*****	*****	*****	7.2	*****	7.6	SU	0	04/30	GRAB
		*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			01/07	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0		6	*****	LB/DY	*****	3	3	MG/L	0	03/30	COMP
		100 DAILY AVG	*****		*****	30 DAILY AVG	45 DAILY MAX			03/30	COMP
FLOW 50050 1 0 0		0.2570	0.3350	MGD	*****	*****	*****	*****		99/99	TOTAL
		REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			99/99	TOTAL
FECAL COL.BAC./100ML 74055 1 0 0		*****	*****	*****	*****	3	4	#/100ML	0	03/30	GRAB
		*****	*****		*****	500 LOG MEAN	500 DAILY MAX			03/30	GRAB
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Steven R. Rae ESH-18 GROUP LEADER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			505 665-0453	99	12	21	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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