

Los Alamos

NATIONAL LABORATORY

Los Alamos National Laboratory
Los Alamos, New Mexico 87545

Permit

Date: January 25, 2000
In Reply Refer To: ESH-18/WQ&H:00-0022
Mail Stop: K497
Telephone: (505) 665-1859

RECEIVED

FEB - 1 2000

DOE OVERSIGHT BUREAU

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

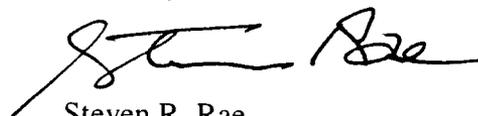
**SUBJECT: MONTHLY DISCHARGE MONITORING REPORTS (DMRs) FOR
DECEMBER, 1999 NPDES PERMIT NO. NM0028355**

Dear Ms. McDonald:

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

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

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.
C. Soden, DOE/AL, Albuquerque, New Mexico, w/enc.
K. Agogino, DOE/AL, Albuquerque, New Mexico, w/enc.
J. Vozella, DOE/LAAO, w/enc., MS A316
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



15827

LANL / Non-HSWA Regulatory / NPDES

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

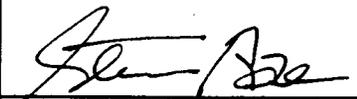
FACILITY
 LOCATION Outfall Owner: D. Padilla

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 99 12 01 TO 99 12 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

POWER PLANT DISCHARGE
 *** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		3 Card Only QUANTITY OR LOADING (46-53)			4 Card Only QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (54-55)	MAXIMUM (56-57)	UNITS (58-59)	MINIMUM (38-40)	AVERAGE (41-43)	MAXIMUM (44-46)	UNITS (47-49)			
PH 00400 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	8.5	*****	8.5	SU	0	01/30	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM		0	01/30	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.0605	0.0605	MGD	*****	*****	5 30 DAILY AVG	5 100 DAILY MAX	0	01/30	GRAB
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.0	0.0	0	01/30	GRAB
	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.2 DAILY AVG	0.5 DAILY MAX		01/30	GRAB
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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	00	1	28	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) (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 12 01 99 12 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	1 94 DAILY AVG	2 156 DAILY MAX	LB/DY	***** *****	5 125 DAILY AVG	5 125 DAILY MAX	MG/L	0	04/30 01/07	GRAB GRA
PH 00400 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	*****	6.1 6.0 MINIMUM	***** *****	8.0 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	0.6 62.6 DAILY MAX	LB/DY	***** *****	***** *****	***** *****	*****	0	04/30 01/07	GRAB GRAB
TOTAL NITROGEN 00600 1 0 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	*****	***** *****	5.7 REPORT DAILY AVG	5.7 REPORT DAILY MAX	MG/L	0	01/30 01/30	GRAB GRAB
AMMONIA (AS N) 00610 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	*****	***** *****	0.1 REPORT DAILY AVG	0.1 REPORT DAILY MAX	MG/L	0	01/30 01/30	GRAB GRAB
NITRATE-NITRITE AS N 00630 1 0 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	*****	***** *****	3.6 REPORT DAILY AVG	3.6 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	00	1	28	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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 LOS ALAMOS, NM 87545

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

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

MAJOR
 F - FINAL

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

FACILITY
 LOCATION Outfall Owner: S. Hanson

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 99 12 01 TO 99 12 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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
TOTAL CHROMIUM 01034 1 0 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.01 0.19 DAILY AVG	0.06 0.38 DAILY MAX	LB/DY	*****	0.0 5.1 DAILY AVG	0.2 5.1 DAILY MAX	MG/L	0	04/30 01/07	GRAB GRA
TOTAL COPPER 01042 1 0 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.02 0.63 DAILY AVG	0.06 0.63 DAILY MAX	LB/DY	*****	0.1 1.6 DAILY AVG	0.2 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	0.5 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	0.2 REPORT DAILY MAX	MG/L	0	04/30 01/07	GRAB GRAB
TOTAL ZINC 01092 1 0 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.04 0.62 DAILY AVG	0.12 1.83 DAILY MAX	LB/DY	*****	0.1 95.4 DAILY AVG	0.3 95.4 DAILY MAX	MG/L	0	04/30 01/07	GRAB GRAB
RADIUM-226 + 228 11503 1 0 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	*****	*****	6.5 30.0 DAILY AVG	6.5 30.0 DAILY MAX	PCI/L	0	01/30 01/30	GRAB GRAB

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			AREA CODE	NUMBER	YEAR

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

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ADDRESS PO BOX 1663; MAIL STOP K490
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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 12 01 TO 99 12 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		0.0239 REPORT DAILY AVG	0.0419 REPORT DAILY MAX	MGD	*****	*****	*****	*****		99/99	REC
TOTAL MERCURY 71900 1 0 1		0.000 REPORT DAILY AVG	0.00 REPORT DAILY MAX	LB/DY	*****	0.00	0.00	MG/L	0	04/30	GRAB
TOTAL TOXIC ORGANICS 78141 1 0 1	(*)	0.003 REPORT DAILY AVG	0.09 REPORT DAILY MAX		*****	0.01 DAILY AVG	0.01 DAILY MAX	MG/L	0	01/07	GRAB
		*****	*****	*****	*****	0.0	0.0	MG/L	0	01/30	GRAB
		*****	*****	*****	*****	1.0 DAILY AVG	1.0 DAILY MAX			01/30	GRAB

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			505 665-0453	00	1	28	
			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 (*) Note: Sample data for 5 of the 110 constituents for TTOs were qualified as Undetected Estimated (UE) by Laboratory QA/QC review. PAGE 32 OF 3

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

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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) (17-19)
 NM0028355 I3S 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 12 01 99 12 31
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	3 Card Only QUANTITY OR LOADING (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	100 DAILY AVG	4	*****	LB/DY	*****	2	2	MG/L	0	03/30	COMP
PH 00400 1 0 0	*****	*****	*****	*****	7.2	*****	7.5	SU	0	05/30	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	100 DAILY AVG	8	*****	LB/DY	*****	4	4	MG/L	0	03/30	COMP
FLOW 50050 1 0 0	REPORT DAILY AVG	0.2226	0.3200	MGD	*****	*****	*****	*****		99/99	TOTAL
FECAL COL.BAC./100ML 74055 1 0 0	*****	*****	*****	*****	*****	2	5	#/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 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	00	01	28	
			AREA CODE	NUMBER	YEAR	MO	DAY

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