

*Permit*

# Los Alamos

NATIONAL LABORATORY

Los Alamos National Laboratory  
Los Alamos, New Mexico 87545

Date: February 25, 2000  
In Reply Refer To: ESH-18/WQ&H:00-0061  
Mail Stop: K497  
Telephone: (505) 665-1859

LANL  
ESH-DOE  
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

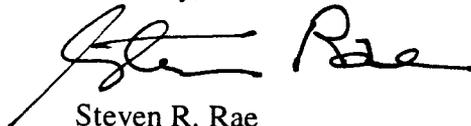
**SUBJECT: NPDES PERMIT NO. NM0028355 DISCHARGE REPORTS (DMRs) FOR  
JANUARY, 2000 AND QUARTERLY DMRs FOR NOVEMBER,  
DECEMBER, 1999 AND JANUARY, 2000**

Dear Ms. McDonald:

Enclosed are Los Alamos National Laboratory's monthly DMRs for January, 2000, and quarterly DMRs for November, December, 1999 and January, 2000, 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 K497
- LANL Outfall Owners, w/enc.
- WQ&H File, w/enc., MS K497
- CIC-10, w/enc., MS A150

RECEIVED

FEB 29 2000

DOE OVERSIGHT BUREAU



15832

*Handwritten notes on the left margin:*  
Aron-HS  
Regul  
Bryg  
APDS

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  
 00 01 01 00 01 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		*****	*****	*****	7.5	*****	7.5	SU	0	01/30	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0		*****	*****	*****	*****	1	1	MG/L	0	01/30	GRAB
FLOW 50050 1 0 0		0.2016	0.2016	MGD	*****	*****	*****	*****		01/30	EST
FREE AVAIL. CHLORINE 50064 1 0 0		*****	*****	*****	*****	0.0	0.0	MG/L	0	01/30	GRAB
		*****	*****	*****	*****	0.2	0.5	MG/L		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	00	02	25	
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

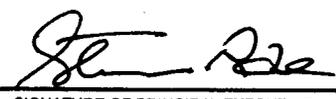
FACILITY  
 LOCATION Outfall Owner: S. Hanson

MONITORING PERIOD  
 FROM YEAR MO DAY TO YEAR MO DAY  
 00 01 01 00 01 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			4 Card Only QUANTITY OR CONCENTRATION				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		(46-53)		(54-61)	(38-45)		(46-53)					(54-61)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
CHEMICAL OXY. DEMAND 00340 1 0 1	SAMPLE MEASUREMENT	1	2	LB/DY	*****	8	12	MG/L	0	04/30	GRAB	
	PERMIT REQUIREMENT	94 DAILY AVG	156 DAILY MAX		*****	125 DAILY AVG	125 DAILY MAX			01/07	GRA	
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	6.0	*****	8.7	SU	0	99/99	REC	
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			99/99	REC	
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	0.2	0.2	LB/DY	*****	*****	*****	*****	0	04/30	GRAB	
	PERMIT REQUIREMENT	18.8 DAILY AVG	62.6 DAILY MAX		*****	*****	*****			01/07	GRAB	
TOTAL NITROGEN 00600 1 0 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.2	0.2	MG/L	0	01/30	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			01/30	GRAB	
AMMONIA (AS N) 00610 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	01/30	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			01/30	GRAB	
NITRATE-NITRITE AS N 00630 1 0 1	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.1	0.1	MG/L	0	01/30	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	REPORT DAILY AVG	REPORT DAILY MAX			01/30	GRAB	
TOTAL CADMIUM 01027 1 0 1	SAMPLE MEASUREMENT	0.00	0.00	LB/DY	*****	0.0	0.0	MG/L	0	04/30	GRAB	
	PERMIT REQUIREMENT	0.06 DAILY AVG	0.30 DAILY MAX		*****	0.2 DAILY AVG	0.2 DAILY MAX			01/07	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Steven R. Rae ESH-18 GROUP LEADER	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	02	25	
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

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

FACILITY LOCATION Outfall Owner: S. Hanson

MONITORING PERIOD  
 FROM YEAR MO DAY TO YEAR MO DAY  
 00 01 01 00 01 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)			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	04/30	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	0.00	0.00	LB/DY	*****	0.0	0.0	MG/L	0	04/30	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	0.0	LB/DY	*****	*****	*****	*****	0	04/30	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	04/30	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	04/30	GRAB
		*****	*****		*****	REPORT	REPORT			01/07	GRAB
						DAILY AVG	DAILY MAX				
TOTAL ZINC 01092 1 0 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.02	0.03	LB/DY	*****	0.1	0.2	MG/L	0	04/30	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	*****	*****	*****	*****	3.9	3.9	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  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  <i>Steven Rae</i>	TELEPHONE	DATE			
			505 665-0453	00	02	25	
			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 \* Note: LANC QA/QC not performed for Radium-226+228 at time of DMR submission due to late arrival of results. 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) 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  
 00 01 01 00 01 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		0.0201	0.0383	MGD	*****	*****	*****	*****		99/99	REC
TOTAL MERCURY 71900 1 0 1		0.000	0.00	LB/DY	*****	0.00	0.00	MG/L	0	04/30	GRAB
TOTAL TOXIC ORGANICS 78141 1 0 1 *		0.003	0.09		*****	0.01	0.01	MG/L	0	01/07	GRAB
		*****	*****	*****	*****	0.0	0.0	MG/L	0	01/30	GRAB
		*****	*****		*****	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  <i>Steven R. Rae</i>	TELEPHONE		DATE		
			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 Note: Sample data for 3 of the 110 constituents for TPOs were qualified as Undetected/Estimated (UE) by LANA QA/QC review. (SRT)

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) 13S A  
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR  
 F - FINAL

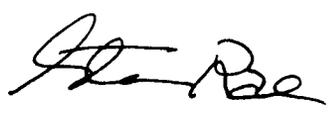
FACILITY  
 LOCATION Outfall Owner: D. Padilla

MONITORING PERIOD  
 FROM YEAR MO DAY TO YEAR MO DAY  
 00 01 01 00 01 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	*****	7.7	SU	0	04/30	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	100 DAILY AVG	7	*****	LB/DY	*****	3	4	MG/L	0	03/30	COMP
FLOW 50050 1 0 0	REPORT DAILY AVG	0.2498	0.3040	MGD	*****	*****	*****	*****		99/99	TOTAL
FECAL COL. BAC./100ML 74055 1 0 0	*****	*****	*****	*****	*****	5	7	#/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	02	25	
			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)  
 129 Q  
 DISCHARGE NUMBER

02A MAJOR  
 F - FINAL

FACILITY  
 LOCATION Outfall Owner: D. Padilla

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	99	11	01		00	01	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)		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	*****	*****	*****	7.0	*****	8.3	SU	0	03/90	GRAB
00400 1 0 0		*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			01/90	GRA
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	*****	*****	*****	*****	5	8	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	*****	*****	*****	*****	3	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  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	02	25	
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 MAJOR  
 PERMIT NUMBER DISCHARGE NUMBER F - FINAL

FACILITY LOCATION Outfall Owner: D. Padilla

MONITORING PERIOD  
 FROM YEAR MO DAY TO YEAR MO DAY  
 99 11 01 TO 00 01 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		0.0202	0.0216	MGD	*****	*****	*****	*****		03/90	EST
		REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****	*****		01/90	EST

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Steven R. Rae ESH-18 GROUP LEADER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  <i>Steven Rae</i>	TELEPHONE		DATE		
			505 665-0453	00	02	25	
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) 021 Q 03A  
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR  
 F - FINAL

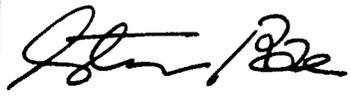
FACILITY  
 LOCATION Outfall Owner: E. Ernst

MONITORING PERIOD  
 FROM YEAR MO DAY TO YEAR MO DAY  
 99 11 01 TO 00 01 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	*****	*****	*****	8.6	*****	8.6	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	*****	*****	*****	*****	1	1	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	*****	*****	*****	*****	0	0	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	0.0101	0.0101	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	80	02	25	
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 11 01 TO 00 01 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	*****	*****	*****	*****	8.9	*****	8.9	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	*****	*****	*****	*****	*****	5 DAILY AVG	5 DAILY MAX	MG/L	0	01/90	GRAB
FLOW 50050 1 0 0	*****	0.0101 REPORT DAILY AVG	0.0101 REPORT DAILY MAX	MGD	*****	0.00 DAILY AVG	0.00 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	00	02	25	
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 Q  
 PERMIT NUMBER DISCHARGE NUMBER

03A MAJOR  
 F - FINAL

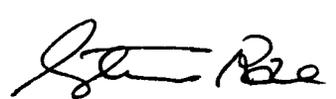
FACILITY LOCATION Outfall Owner: L. Woodrow

MONITORING PERIOD  
 FROM YEAR MO DAY TO YEAR MO DAY  
 99 11 01 TO 00 01 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)	
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)				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		00	02	25
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 11 01 TO 00 01 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)	
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)				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
FREE AVAIL. CHLORINE 50064 1 0 0		*****	*****	*****	*****	0.2 DAILY AVG	0.5 DAILY MAX	MG/L	0	00/90	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	00	02	25	
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 11 01 TO 00 01 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) (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	*****	*****	*****	8.7	*****	8.7	SU	0	01/90	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			01/90	GRAB
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	1 DAILY AVG	1 DAILY MAX	MG/L	0	01/90	GRAB
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	2 DAILY AVG	2 DAILY MAX	MG/L	0	01/90	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.0004	0.0004	MGD	*****	*****	*****	*****		01/90	EST
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	0.0 DAILY AVG	0.0 DAILY MAX	MG/L	0	01/90	GRAB
	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	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	00	02	25	
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

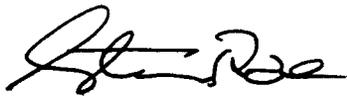
FACILITY LOCATION  
 Outfall Owner: S. Helmick

MONITORING PERIOD  
 FROM YEAR MO DAY TO YEAR MO DAY  
 99 11 01 TO 00 01 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 (46-53)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	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	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	100 DAILY MAX	MG/L	0	00/90	GRAB
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	20 DAILY AVG	40 DAILY MAX	MG/L	0	00/90	GRAB
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	0.04 DAILY AVG	0.04 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
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	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	00	02	25	
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)  
 047 Q  
 DISCHARGE NUMBER

03A MAJOR  
 F - FINAL

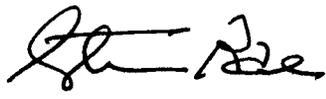
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
99	11	01	00	01	31
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

COOLING TOWER BLOWDOWN  
 \*\*\* NO DISCHARGE \*\*\*

FACILITY LOCATION  
 Outfall Owner: J. Fraser

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		*****	*****	*****	8.0	*****	8.0	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		*****	*****	*****	*****	20 DAILY AVG	40 DAILY MAX	MG/L	0	01/90	GRAB
FLOW 50050 1 0 0		0.0043	0.0043	MGD	*****	*****	*****	*****		01/90	EST
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	00	02	25	
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)  
 048  
 DISCHARGE NUMBER

03A MAJOR  
 F - FINAL

FACILITY  
 LOCATION Outfall Owner: J. Fraser

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
99	11	01	00	01	31
FROM (20-21) (22-23) (24-25)			TO (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	*****	*****	*****	*****	8.3	*****	8.3	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	*****	*****	*****	*****	*****	20 DAILY AVG	40 DAILY MAX	MG/L	0	01/90	GRAB
FLOW 50050 1 0 0	*****	0.0072 REPORT DAILY AVG	0.0072 REPORT DAILY MAX	MGD	*****	*****	*****	*****		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	00	02	25	
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)  
 049  
 DISCHARGE NUMBER

03A MAJOR  
 F - FINAL

FACILITY  
 LOCATION Outfall Owner: J. Fraser

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
99	11	01	00	01	31
FROM (20-21) (22-23) (24-25)			TO (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	*****	*****	*****	*****	8.5	*****	8.5	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	*****	*****	*****	*****	*****	0.01 DAILY AVG	0.01 DAILY MAX	MG/L	0	01/90	GRAB
FLOW 50050 1 0 0	*****	0.0072 REPORT DAILY AVG	0.0072 REPORT DAILY MAX	MGD	*****	*****	*****	*****		01/90	EST
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	00	02	25	
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 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 11 01 00 01 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	*****	*****	*****	7.6	*****	7.6	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	*****	*****	*****	*****	2	2	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	0.0216	0.0216	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	00	02	25	
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)  
 130  
 DISCHARGE NUMBER

03A MAJOR  
 F - FINAL

FACILITY  
 LOCATION Outfall Owner: R. Grace

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
99	11	01	00	01	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	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 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	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	02	25	
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 158 Q 03A  
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR  
 F - FINAL

FACILITY  
 LOCATION Outfall Owner: R. Grace

MONITORING PERIOD  
 FROM YEAR MO DAY TO YEAR MO DAY  
 99 11 01 TO 00 01 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	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
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	30 DAILY AVG	100 DAILY MAX	MG/L	0	00/90	GRAB
TOTAL PHOSPHORUS 00665 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	20 DAILY AVG	40 DAILY MAX	MG/L	0	00/90	GRAB
TOTAL ARSENIC 01002 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	0.04 DAILY AVG	0.04 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
FREE AVAIL. CHLORINE 50064 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	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	00	02	25	
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) 160 Q 03A  
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR  
 F - FINAL

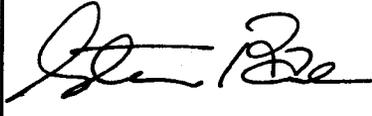
FACILITY  
 LOCATION Outfall Owner: L. Woodrow

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
99	11	01	00	01	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 (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		*****	*****	*****	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
FREE AVAIL. CHLORINE 50064 1 0 0		*****	*****	*****	*****	0.2 DAILY AVG	0.5 DAILY MAX	MG/L	0	00/90	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	02	25	
			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

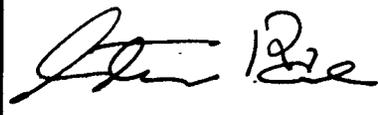
FACILITY LOCATION Outfall Owner: D. Post

MONITORING PERIOD  
 FROM YEAR MO DAY TO YEAR MO DAY  
 99 11 01 TO 00 01 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	*****	*****	*****	8.4	*****	8.4	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	00	02	25	
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) 185 Q 03A  
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR  
 F - FINAL

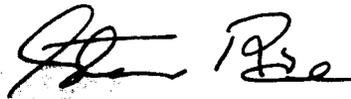
FACILITY  
 LOCATION Outfall Owner: T. Alexander

MONITORING PERIOD  
 FROM YEAR MO DAY TO YEAR MO DAY  
 99 11 01 TO 00 01 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			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	*****	*****	*****	*****	8.8	*****	8.8	SU	0	01/90	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	*****	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	MG/L	0	01/90	GRAB
TOTAL PHOSPHORUS 00665 1 0 0	*****	*****	*****	*****	*****	30 DAILY AVG	100 DAILY MAX	MG/L	0	01/90	GRAB
TOTAL ARSENIC 01002 1 0 0	*****	*****	*****	*****	*****	6	6	MG/L	0	01/90	GRAB
FLOW 50050 1 0 0	*****	0.0288	0.0288	MGD	*****	*****	*****	*****	0	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	60	02	25	
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** **055** **Q** **05A** **MAJOR**  
**PERMIT NUMBER** **DISCHARGE NUMBER** **F - FINAL**

**FACILITY**  
**LOCATION** Outfall Owner: R. Grace

**MONITORING PERIOD**  
**FROM**

YEAR	MO	DAY
99	11	01

**TO**

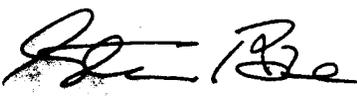
YEAR	MO	DAY
00	01	31

  
 (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 (46-53)	QUANTITY OR LOADING (54-61)			4 Card Only (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 *****	*****	*****	*****	*****	5	5	MG/L	0	01/90	GRAB
	PERMIT REQUIREMENT *****	*****	*****	*****	*****	125 DAILY AVG	125 DAILY MAX			01/90	GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT *****	*****	*****	*****	6.9	*****	6.9	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	45 DAILY MAX			01/90	GRAB
OIL & GREASE 00556 1 0 0	SAMPLE MEASUREMENT *****	*****	*****	*****	*****	2	2	MG/L	0	01/90	GRAB
	PERMIT REQUIREMENT *****	*****	*****	*****	*****	15 DAILY AVG	15 DAILY MAX			01/90	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT 0.0101	0.0101	MGD	*****	*****	*****	*****	*****		01/90	EST
	PERMIT REQUIREMENT REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****	*****			01/90	EST
	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	02	25	
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 11 01 TO 00 01 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 (46-53)			4 Card Only QUANTITY OR CONCENTRATION (38-45)			UNITS (54-61)	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
CHEMICAL OXY. DEMAND 00340 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	00/90	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	125 DAILY AVG	125 DAILY MAX			01/90	GRA
PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****		*****		SU	0	00/90	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			01/90	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	00/90	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 DAILY AVG	45 DAILY MAX			01/90	GRAB
OIL & GREASE 00556 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****			MG/L	0	00/90	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 DAILY AVG	15 DAILY MAX			01/90	GRAB
FLOW 50050 1 0 0	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		00/90	EST
	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			01/90	EST
	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	02	25	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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



GARY E. JOHNSON  
GOVERNOR

State of New Mexico  
**ENVIRONMENT DEPARTMENT**  
Hazardous and Radioactive Materials Bureau  
2044 A Galisteo, P.O. Box 26110  
Santa Fe, New Mexico 87502-6110  
Telephone (505) 827-1567  
Fax (505) 827-1544



PETER MAGGIORE  
SECRETARY

PAUL R. RITZMA  
DEPUTY SECRETARY

**CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

March 6, 2000

Dr. John C. Browne, Director  
Los Alamos National Laboratory  
P.O. Box 1663, MS A100  
Los Alamos, New Mexico 87545

David A. Gurule, Area Manager  
Department of Energy/Los Alamos Area Office  
528 35<sup>th</sup> Street, MS A316  
Los Alamos, New Mexico 87544

**RE: SUBMITTAL OF RCRA DOCUMENTS AND CORRESPONDENCE  
LOS ALAMOS NATIONAL LABORATORY  
NM0890010515**

Dear Dr. Browne and Mr. Gurule:

This letter provides direction to Los Alamos National Laboratory regarding submittals for RCRA permit and corrective action activities. HRMB requires that all formal correspondence and submittals to HRMB be submitted in the following manner:

- 1) Submit the original correspondence (cover letter) with attachments (document) and two copies of correspondence with attachments to John E. Kieling, HRMB's LANL Project Leader;
- 2) Provide a copy of the correspondence (without attachments) to:  
James P. Bearzi, Chief, Hazardous and Radioactive Materials Bureau, and  
Robert S. (Stu) Dinwiddie, RCRA Advisor.

In addition to the submittals above copies should also be made available to those identified in the attachment.

Also, all RCRA submittals shall be forwarded in accordance with the document types identified in Tables 2.2, 2.3, 2.4 and 2.5 of the Hazardous Waste Fee Regulations (HWFR) 20 NMAC 4.2. Any proposed documents that vary from the HWFR Tables should be discussed with John E. Kieling, Acting Manager, Permits Management Program, prior to submission.

G/M/00

12

March 6, 2000

Page 2

If you have any questions regarding this letter please contact me at (505) 827-1567 or John E. Kieling at (505) 827-1558 extension 1012.

Sincerely,



James P. Bearzi

Chief

Hazardous and Radioactive Materials Bureau

JPB:jek

Cc: R. Dinwiddie, NMED HRMB  
J. Kieling, NMED HRMB  
P. Young, NMED HRMB  
J. Parker, NMED DOE-OB  
S. Yanicak, NMED DOE-OB  
J. Davis, NMED SWQB  
M. Leavitt, NMED GWQB  
D. Neleigh, EPA Region 6 (6PD-N)  
R. Mayer, EPA Region 6 (6PD-N)  
H. LeDoux, DOE LAAO, MS A316  
J. Mose, DOE LAAO, MS A316  
J. Plum, DOE LAAO, MS A316  
T. Taylor, DOE LAAO, MS A316  
G. Turner, DOE LAAO, MS A316  
J. Vozella, DOE LAAO, MS A316  
D. Broxton, LANL EES-1, MS M992  
A. Dorries, LANL ER, MS M992

J. Canepa, LANL ER, MS M992  
D. Damon, LANL ER, MS M992  
V. George, LANL ER, MS M992  
M. Kirsch, LANL ER, MS M992  
D. McInroy, LANL ER, MS M992  
W. Neff, LANL ER, MS M992  
A. Pratt, EES-13, MS M992  
D. Erickson, LANL ESH-DO, K491  
H. Decker, LANL ESH-18, MS  
S. Rae, LANL ESH-18, MS  
J. Bacigalupa, LANL ESH-19, MS K490  
J. Ellvinger, LANL ESH-19, MS K490  
C. Nylander, LANL ESH-18, MS K497  
File: RED LANL G/M/00  
HSWA LANL G/M/00  
Reading File

**ATTACHMENT**

<b>RCRA CORRECTIVE ACTION AND PERMIT SUBMITTALS</b>	
John E. Kieling, Program Manager RCRA Permits Management Program NMED – HRMB 2044 A Galisteo P.O. Box 26110 Santa Fe, New Mexico 87502	Original Correspondence with Attachment(s) and Two Copies of Correspondence with Attachment(s)
James P. Bearzi, Chief Hazardous and Radioactive Materials Bureau (see address above)	One Copy of Correspondence without Attachment(s)
Robert S. (Stu) Dinwiddie, RCRA Advisor Hazardous and Radioactive Materials Bureau (see address above)	One Copy of Correspondence without Attachment(s)
David Neleigh, Chief (6PD-N) New Mexico/Federal Facilities Section Environmental Protection Agency - Region 6 1445 Ross Avenue, Suite 1200 Dallas, Texas 75202-2733	Two Copies of Correspondence with Attachment(s)

<b>RCRA CORRECTIVE ACTION SUBMITTALS ONLY</b>	
John Parker, Chief NMED – DOE Oversight Bureau 2044 B Galisteo P.O. Box 26110 Santa Fe, New Mexico 87502	One Copy of Correspondence with Attachment(s)
Steve Yanicak, White Rock Office Manager NMED - DOE Oversight Bureau Los Alamos National Laboratory, MS J993 Los Alamos, New Mexico 87545	One Copy of Correspondence with Attachment(s)
James Davis, Chief NMED – Surface Water Quality Bureau 1190 St. Francis Dr. P.O. Box 26110 Santa Fe, New Mexico 87502	One Copy of Correspondence with Attachment(s)
Marcy Leavitt, Chief NMED - Ground Water Quality Bureau 1190 St. Francis Dr. P.O. Box 26110 Santa Fe, New Mexico 87502	As Appropriate