

# Los Alamos

NATIONAL LABORATORY

Los Alamos National Laboratory  
Los Alamos, New Mexico 87545

Permit

Date: June 21, 2000  
In Reply Refer To: ESH-18/WQ&H:00-0206  
Mail Stop: K497  
Telephone: (505) 665-1859

LANL Permit (NPDES)

RECEIVED  
JUN 26 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

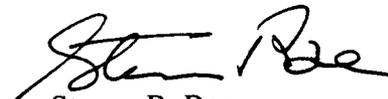
**SUBJECT: NPDES PERMIT NO. NM0028355, DISCHARGE MONITORING REPORTS (DMRs) FOR MAY, 2000**

Dear Ms. McDonald:

Enclosed are Los Alamos National Laboratory's monthly DMRs for May, 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 note, the Laboratory was shutdown due to the Cerro Grande Wildfire on May 8, 2000 through May 21, 2000. Some analytical holding times for NPDES parameters were missed due to the shut-down of Laboratory facilities. The Laboratory's Inorganic Trace Analyses Group (CST-9) will review it's analytical procedures to address holding time deficiencies.

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/tml

- 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

LANL Permit (NPDES)



15853

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

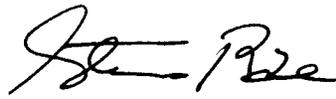
FACILITY  
 LOCATION Outfall Owner: D. Padilla

MONITORING PERIOD  
 FROM YEAR MO DAY TO YEAR MO DAY  
 00 05 01 00 05 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

POWER PLANT DISCHARGE  
 \*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		3 Card Only QUANTITY OR LOADING (46-53)			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 (46-53)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)			
PH	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	8.7	*****	8.7	SU	0	01/30	GRAB
00400 1 0 0		*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			01/30	GRAB
TOTAL SUSP. SOLIDS	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	2	2	MG/L	0	01/30	GRAB
00530 1 0 0		*****	*****		*****	30 DAILY AVG	100 DAILY MAX			01/30	GRAB
FLOW	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.0374	0.0374	MGD	*****	*****	*****	*****		01/30	EST
50050 1 0 0		REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			01/30	EST
FREE AVAIL. CHLORINE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	0.0	0.0	MG/L	0	01/30	GRAB
50064 1 0 0		*****	*****		*****	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	06	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) (17-19)  
 NM0028355 051 A  
 PERMIT NUMBER DISCHARGE NUMBER

MAJOR  
 F - FINAL

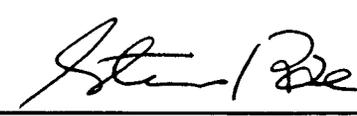
FACILITY  
 LOCATION Outfall Owner: D. McLain

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	05	01	00	05	31
FROM			TO		
(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	3 156 DAILY MAX	LB/DY	***** *****	6 125 DAILY AVG	10 125 DAILY MAX	MG/L	0	04/30 01/07	GRAB GRAB
PH 00400 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	*****	6.7 6.0 MINIMUM	***** *****	8.2 9.0 MAXIMUM	SU	0	99/99 99/99	REC REC
TOTAL SUSP. SOLIDS 00530 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.1 18.8 DAILY AVG	0.2 62.6 DAILY MAX	LB/DY	***** *****	***** *****	***** *****	*****	0	04/30 01/07	GRAB GRAB
TOTAL NITROGEN 00600 1 0 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	*****	***** *****	2.0 REPORT DAILY AVG	2.0 REPORT DAILY MAX	MG/L	0	01/30 01/30	GRAB GRAB
AMMONIA (AS N) 00610 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	*****	***** *****	0.6 REPORT DAILY AVG	0.6 REPORT DAILY MAX	MG/L	0	01/30 01/30	GRAB GRAB
NITRATE-NITRITE AS N 00630 1 0 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	*****	***** *****	0.5 REPORT DAILY AVG	0.5 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	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE, AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	TELEPHONE	DATE		
Steven R. Rae ESH-18 GROUP LEADER			505 665-0453	00	06
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 \* Holding time for COD missed on 5-1-00 \* Holding times missed for TSS on 5-1-00 5-23-00  
 (SR) PAGE 1 OF 3

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: D. McLain

MONITORING PERIOD  
 FROM YEAR MO DAY TO YEAR MO DAY  
 00 05 01 00 05 31  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		3 Card Only QUANTITY OR LOADING (46-53)			4 Card Only QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TOTAL CHROMIUM 01034 1 0 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.00 0.19 DAILY AVG	0.00 0.38 DAILY MAX	LB/DY	*****	0.0 5.1 DAILY AVG	0.0 5.1 DAILY MAX	MG/L	0	04/30 01/07	GRAB
TOTAL COPPER 01042 1 0 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.00 0.63 DAILY AVG	0.01 0.63 DAILY MAX	LB/DY	*****	0.0 1.6 DAILY AVG	0.0 1.6 DAILY MAX	MG/L	0	04/30 01/07	GRAB
TOTAL IRON 01045 1 0 0	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.1 1.0 DAILY AVG	0.1 2.0 DAILY MAX	LB/DY	*****	*****	*****	*****	0	04/30 01/07	GRAB
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
TOTAL NICKEL 01067 1 0 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	0.0 REPORT DAILY AVG	0.0 REPORT DAILY MAX	MG/L	0	04/30 01/07	GRAB
TOTAL ZINC 01092 1 0 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.00 0.62 DAILY AVG	0.00 1.83 DAILY MAX	LB/DY	*****	0.0 95.4 DAILY AVG	0.0 95.4 DAILY MAX	MG/L	0	04/30 01/07	GRAB
RADIUM-226 + 228 11503 1 0 1	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	1.4 30.0 DAILY AVG	1.4 30.0 DAILY MAX	PCI/L	0	01/30 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.		TELEPHONE		DATE		
			505 665-0453	00	06	21	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

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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

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

FACILITY  
 LOCATION Outfall Owner: D. McLain

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	05	01	00	05	31

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	3 Card Only QUANTITY OR LOADING (46-53) (54-61)			4 Card Only QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW 50050 1 0 0		0.0219 REPORT DAILY AVG	0.0396 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	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
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Steven R. Rae ESH-18 GROUP LEADER  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	06	21	
			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 \* Sample data for 3 of the 110 constituents for TTOs were reported (R) and 4 were qualified as Undetected/Estimated (U) by Lab QA/QC review  
 PAGE 3 OF 3

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** **I3S A**  
**PERMIT NUMBER** **DISCHARGE NUMBER**

MAJOR  
 F - FINAL

**FACILITY**  
**LOCATION** Outfall Owner: D. Padilla

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	05	01	00	05	31
FROM			TO		
(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		9	*****	LB/DY	*****	5	11	MG/L	0	04/30	COMP
		100 DAILY AVG	*****		*****	30 DAILY AVG	45 DAILY MAX			03/30	COM
PH 00400 1 0 0		*****	*****	*****	7.3	*****	7.8	SU	0	05/30	GRAB
		*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			01/07	GRAB
TOTAL SUSP. SOLIDS 00530 1 0 0		6	*****	LB/DY	*****	3	7	MG/L	0	04/30	COMP
		100 DAILY AVG	*****		*****	30 DAILY AVG	45 DAILY MAX			03/30	COMP
FLOW 50050 1 0 0		0.1929	0.2920	MGD	*****	*****	*****	*****		99/99	TOTAL
		REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****			99/99	TOTAL
FECAL COL. BAC./100ML 74055 1 0 0		*****	*****	*****	*****	11	290	#/100ML	0	04/30	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	00	06	21	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)