

Los Alamos

NATIONAL LABORATORY

Los Alamos National Laboratory
Los Alamos, New Mexico 87545

Permit

Date: September 26, 2000

In Reply Refer To: ESH-18/WQ&H:00-0313

Mail Stop: K497

Telephone: (505) 665-1859

RECEIVED

SEP 29 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

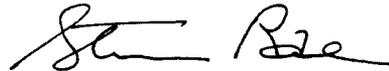
SUBJECT: NPDES PERMIT NO. NM0028355, DISCHARGE MONITORING REPORTS (DMRs) FOR AUGUST 2000

Dear Ms. McDonald:

Enclosed are Los Alamos National Laboratory's monthly DMRs for August 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/tml

Enclosures: a/s

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, DLDOPS, w/enc., MS A100
D. Erickson, ESH-DO, w/enc., MS K491
B. Ramsey, FWO-DO, w/enc., MS K492
LANL Outfall Owners, w/enc.
WQ&H File, w/enc., MS K497
CIC-10, w/enc., MS A150



15865

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
 PERMIT NUMBER

(17-19)
 001 A
 DISCHARGE NUMBER

MAJOR
 F - FINAL

FACILITY
 LOCATION Outfall Owner: D. Padilla

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 00 | 08 | 01 | 00 | 08 | 31 |

FROM (20-21) (22-23) (24-25) TO (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 | | ***** | ***** | ***** | 8.0 | ***** | 8.0 | SU | 0 | 01/30 | GRAB |
| 00400 1 0 0 | | ***** | ***** | | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | | | 01/30 | GRAB |
| TOTAL SUSP. SOLIDS | | ***** | ***** | ***** | ***** | 1 | 1 | MG/L | 0 | 01/30 | GRAB |
| 00530 1 0 0 | | ***** | ***** | | ***** | 30 DAILY AVG | 100 DAILY MAX | | | 01/30 | GRAB |
| FLOW | | 1.0411 | 1.0411 | MGD | ***** | ***** | ***** | ***** | | 01/30 | EST |
| 50050 1 0 0 | | REPORT DAILY AVG | REPORT DAILY MAX | | ***** | ***** | ***** | | | 01/30 | EST |
| FREE AVAIL. CHLORINE | | ***** | ***** | ***** | ***** | 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 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

| | | | | | | | |
|--|--|---|--------------|--------|------|----|-----|
| 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 | 09 | 27 | |
| 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)
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 ADDRESS PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NM 87545

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)
 NM0028355
 PERMIT NUMBER

(17-19)
 051 A
 DISCHARGE NUMBER

MAJOR
 F - FINAL

FACILITY
 LOCATION Outfall Owner: D. McLain

MONITORING PERIOD
 FROM YEAR MO DAY TO YEAR MO DAY
 00 08 01 TO 00 08 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 (54-61) | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| CHEMICAL OXY. DEMAND 00340 1 0 1 | SAMPLE MEASUREMENT | 1 | 2 | LB/DY | ***** | 5 | 6 | MG/L | 0 | 05/30 | GRAB |
| | PERMIT REQUIREMENT | 94 DAILY AVG | 156 DAILY MAX | | ***** | 125 DAILY AVG | 125 DAILY MAX | | | 01/07 | GRAB |
| PH 00400 1 0 0 | SAMPLE MEASUREMENT | ***** | ***** | ***** | 6.6 | ***** | 7.9 | 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 | 0.3 | 0.3 | LB/DY | ***** | ***** | ***** | ***** | 0 | 05/30 | GRAB |
| | PERMIT REQUIREMENT | 18.8 DAILY AVG | 62.6 DAILY MAX | | ***** | ***** | ***** | | | 01/07 | GRAB |
| TOTAL NITROGEN 00600 1 0 1 | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 7.0 | 7.0 | 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 | ***** | ***** | ***** | ***** | 1.8 | 1.8 | 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 | ***** | ***** | ***** | ***** | 4.9 | 4.9 | 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 | 05/30 | GRAB |
| | PERMIT REQUIREMENT | 0.06 DAILY AVG | 0.30 DAILY MAX | | ***** | 0.2 DAILY AVG | 0.2 DAILY MAX | | | 01/07 | GRAB |

| | | | | | | | |
|--|--|---|--------------|--------|------|----|-----|
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| | | | 505 665-0453 | 00 | 09 | 27 | |
| | | | AREA CODE | NUMBER | YEAR | MO | DAY |

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

* Note: Sample holding time missed for TSS on 8-8-00 (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: D. McLain

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 00 | 08 | 01 | 00 | 08 | 31 |
| FROM | | | TO | | |

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

NOTE: Read instructions before completing this form.

| PARAMETER (32-37) | | 3 Card Only QUANTITY OR LOADING (46-53) (54-61) | | | 4 Card Only QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61) | | | | NO. EX (62-63) | FREQUENCY OF ANALYSIS (64-68) | SAMPLE TYPE (69-70) |
|---------------------------------|---------------------------------------|--|-----------|-------|--|-----------|-----------|-------|-------------------|----------------------------------|------------------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| TOTAL CHROMIUM 01034 1 0 1 | SAMPLE MEASUREMENT PERMIT REQUIREMENT | 0.00 | 0.00 | LB/DY | ***** | 0.0 | 0.0 | MG/L | 0 | 05/30 | GRAB |
| | | 0.19 | 0.38 | | ***** | 5.1 | 5.1 | | | 01/07 | GRAB |
| | | DAILY AVG | DAILY MAX | | | DAILY AVG | DAILY MAX | | | | |
| TOTAL COPPER 01042 1 0 1 | SAMPLE MEASUREMENT PERMIT REQUIREMENT | 0.01 | 0.01 | LB/DY | ***** | 0.0 | 0.0 | MG/L | 0 | 05/30 | GRAB |
| | | 0.63 | 0.63 | | ***** | 1.6 | 1.6 | | | 01/07 | GRAB |
| | | DAILY AVG | DAILY MAX | | | DAILY AVG | DAILY MAX | | | | |
| TOTAL IRON 01045 1 0 0 | SAMPLE MEASUREMENT PERMIT REQUIREMENT | 0.1 | 0.1 | LB/DY | ***** | ***** | ***** | ***** | 0 | 05/30 | GRAB |
| | | 1.0 | 2.0 | | ***** | ***** | ***** | | | 01/07 | GRAB |
| | | DAILY AVG | DAILY MAX | | | | | | | | |
| TOTAL LEAD 01051 1 0 1 | SAMPLE MEASUREMENT PERMIT REQUIREMENT | 0.00 | 0.00 | LB/DY | ***** | 0.0 | 0.0 | MG/L | 0 | 05/30 | GRAB |
| | | 0.06 | 0.15 | | ***** | 0.4 | 0.4 | | | 01/07 | GRAB |
| | | DAILY AVG | DAILY MAX | | | DAILY AVG | DAILY MAX | | | | |
| TOTAL NICKEL 01067 1 0 1 | SAMPLE MEASUREMENT PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 0.0 | 0.0 | MG/L | 0 | 05/30 | GRAB |
| | | ***** | ***** | | ***** | REPORT | REPORT | | | 01/07 | GRAB |
| | | | | | | DAILY AVG | DAILY MAX | | | | |
| TOTAL ZINC 01092 1 0 1 | SAMPLE MEASUREMENT PERMIT REQUIREMENT | 0.01 | 0.01 | LB/DY | ***** | 0.0 | 0.1 | MG/L | 0 | 05/30 | GRAB |
| | | 0.62 | 1.83 | | ***** | 95.4 | 95.4 | | | 01/07 | GRAB |
| | | DAILY AVG | DAILY MAX | | | DAILY AVG | DAILY MAX | | | | |
| RADIUM-226 + 228 11503 1 0 1 | SAMPLE MEASUREMENT PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 0.1 | 0.1 | PCI/L | 0 | 01/30 | GRAB |
| | | ***** | ***** | | ***** | 30.0 | 30.0 | | | 01/30 | GRAB |
| | | | | | | DAILY AVG | DAILY MAX | | | | |

| | | | | | | | |
|--|--|---|--------------|--------|------|----|-----|
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| | | | 505 665-0453 | 00 | 09 | 27 | |
| 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)
 051 A
 DISCHARGE NUMBER

MAJOR
 F - FINAL

FACILITY
 LOCATION Outfall Owner: D. McLain

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 00 | 08 | 01 | 00 | 08 | 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 (54-61) | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| FLOW 50050 1 0 0 | | 0.0253 | 0.0401 | MGD | ***** | ***** | ***** | ***** | | 99/99 | REC |
| | | REPORT DAILY AVG | REPORT DAILY MAX | | ***** | ***** | ***** | | | 99/99 | REC |
| TOTAL MERCURY 71900 1 0 1 | | 0.000 | 0.00 | LB/DY | ***** | 0.00 | 0.00 | MG/L | 0 | 05/30 | GRAB |
| | | 0.003 | 0.09 | | ***** | 0.01 | 0.01 | DAILY AVG | | 01/07 | GRAB |
| | | REPORT DAILY AVG | REPORT DAILY MAX | | ***** | DAILY AVG | DAILY MAX | | | | |
| TOTAL TOXIC ORGANICS 78141 1 0 1 | | ***** | ***** | ***** | ***** | 0.0 | 0.0 | MG/L | 0 | 01/30 | GRAB |
| | | ***** | ***** | | ***** | 1.0 | 1.0 | DAILY AVG | | 01/30 | GRAB |
| | | | | | | DAILY AVG | DAILY MAX | | | | |
| | SAMPLE MEASUREMENT PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT PERMIT REQUIREMENT | | | | | | | | | | |
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| | | | 505 665-0453 | 00 | 09 | 27 | |
| | | | AREA CODE | NUMBER | YEAR | MO | DAY |

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 (* Note: Sample results for the 110 T70 constituents were qualified by Lab QA/QC as follows: 1 Rejected (R); 1 Undetected Estimated (U); and, 1 Estimated (E) of 82

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 DISCHARGE NUMBER

MAJOR
 F - FINAL

FACILITY
 LOCATION Outfall Owner: D. Padilla

| MONITORING PERIOD | | | | | |
|-------------------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 00 | 08 | 01 | 00 | 08 | 31 |

FROM (20-21) (22-23) (24-25) TO (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) (46-53) (54-61) | | | | 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 | 5 | ***** | ***** | LB/DY | ***** | 2 | 2 | MG/L | 0 | 03/30 | COMP |
| | 100 DAILY AVG | ***** | ***** | | ***** | 30 DAILY AVG | 45 DAILY MAX | | | 03/30 | COMP |
| PH 00400 1 0 0 | ***** | ***** | ***** | ***** | 7.3 | ***** | 7.6 | SU | 0 | 05/30 | GRAB |
| | ***** | ***** | ***** | | 6.0 MINIMUM | ***** | 9.0 MAXIMUM | | | 01/07 | GRAB |
| TOTAL SUSP. SOLIDS 00530 1 0 0 | 5 | ***** | ***** | LB/DY | ***** | 2 | 2 | MG/L | 0 | 03/30 | COMP |
| | 100 DAILY AVG | ***** | ***** | | ***** | 30 DAILY AVG | 45 DAILY MAX | | | 03/30 | COMP |
| FLOW 50050 1 0 0 | 0.2723 | 0.3840 | MGD | ***** | ***** | ***** | ***** | ***** | | 99/99 | TOTAL |
| | REPORT DAILY AVG | REPORT DAILY MAX | | ***** | ***** | ***** | ***** | | | 99/99 | TOTAL |
| FECAL COL. BAC./100ML 74055 1 0 0 | ***** | ***** | ***** | ***** | 3 | 7 | #/100ML | 0 | | 03/30 | GRAB |
| | ***** | ***** | ***** | | 500 LOG MEAN | 500 DAILY MAX | | | | 03/30 | GRAB |
| | SAMPLE MEASUREMENT PERMIT REQUIREMENT | | | | | | | | | | |
| | SAMPLE MEASUREMENT PERMIT REQUIREMENT | | | | | | | | | | |

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