

GW - 31

MONITORING REPORTS

DATE:

1998-1982

Los Alamos

NATIONAL LABORATORY

*Los Alamos National Laboratory
Los Alamos, New Mexico 87545*

Date: January 28, 1998
In Reply Refer To: ESH-18/WQ&H:98-0021-1
Mail Stop: K497
Telephone: (505) 665-1859

Ms. Diana Gamble
U.S. Environmental Protection Agency
Compliance Assurance and Enforcement Division
Water Enforcement Branch (6EN-W)
1445 Ross Avenue
Dallas, Texas 75202-2733

**SUBJECT: DISCHARGE MONITORING REPORT (DMR) FOR DECEMBER, 1997,
NPDES PERMIT NO. NM0028576 (FENTON HILL)**

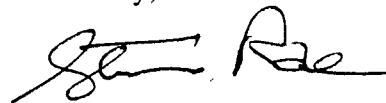
Dear Ms. Gamble:

Enclosed is Los Alamos National Laboratory's DMR (EPA Form 3320-1) for the Fenton Hill Site for December, 1997, as required under the above referenced NPDES Permit.

Please note the Fenton Hill Permit was discontinued effective December 29, 1997. This will be the last DMR submission for the Fenton Hill Permit.

Please contact Brenda Edeskuty at (505) 665-0789 or Mike Saladen at (505) 665-6085 of the Laboratory's Water Quality and Hydrology Group if you desire any additional information concerning this DMR.

Sincerely,



Steven R. Rae
Group Leader, ESH-18
Water Quality & Hydrology Group

SR:BE/rj

Enclosures: a/s

Cy: G. Saums, NMED, w/enc., Santa Fe, New Mexico
J. Parker, NMED/AIP, w/enc., Santa Fe, New Mexico
R. Anderson, OCD, w/enc., Santa Fe, New Mexico
J. Vozella, DOE/LAAO, w/enc., MS A316
C. Soden, DOE/AL, w/enc., Albuquerque, New Mexico
D. Erickson, LANL, ESH-DO, w/enc., MS K491
J. Albright, LANL, EES-4, w/enc., MS D443
WQ&H File, w/enc., MS K497
CIC-10, w/enc., MS A150

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

NAME UNIVERSITY OF CALIFORNIA
ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663, MAIL STOP K490
LOS ALAMOS, NM 87545

FACILITY Outfall Owner: D. Thomas
LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(17-19)

001-A
DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY YEAR MO DAY
FROM 97 12 01 TO 97 12 31
(20-21) (22-23) (24-26) (26-27) (28-29) (30-31)

F - FINAL

FENTON HILL SITE

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	(3 Card Only) (46-53)			(4 Card Only) (38-45)			QUANTITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
FLOW	SAMPLE MEASUREMENT											
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT
Steven R. Rae

TELEPHONE
505 665-0453

DATE
98 1 28

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
ADDRESS
UNIVERSITY OF CALIFORNIA
LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663, MAIL STOP K490
LOS ALAMOS, NM 87545

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) (2-16) (17-19)	
NM0028576	001 A
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

F - FINAL

FACILITY

LOCATION **Outfall Owner: D. Thomas**

FENTON HILL SITE

*** NO DISCHARGE X

NOTE: Read instructions before completing this form.

CONCENTRATION		N.O.	FREQUENCY	CANAL
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PARAMETER (33-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) (46-53)			(4 Card Only) (38-45)			QUANTITY OR CONCENTRATION (49-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****	*****		07 MON	EST	
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****	*****	*****		17 MON	EST	
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1316. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT


TELEPHONE
505-663-0433

DATE
97 11 25

AREA CODE
NUMBER

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

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-19)

PERMIT NUMBER
NM00028576
DISCHARGE NUMBER
001 A

F - FINAL

MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
FROM 97 09 01 TO 97 09 30

LOCATION Outfall Owner: D. Thomas

FENTON HILL SITE

*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	(3 Card Only) (46-53)			(4 Card Only) (54-61)			(4 Card Only) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)			
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MAXIMUM	UNITS						
FLOW	SAMPLE MEASUREMENT														
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN R. RAE ESH-18 GROUP LEADER												TELEPHONE 505 665-0453		DATE 97 10 28	
TYPED OR PRINTED												AREA CODE NUMBER		YEAR MO DAY	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)												SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 			

Form Approved.
OMB No. 2040-0004
Approved expires 05-31-98

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(12-16) (17-19)**

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if Different)
UNIVERSITY OF CALIFORNIA ADDRESS LOS ALAMOS NATIONAL LABORATORY PO BOX 1663, MAIL STOP K4 LOS ALAMOS, NM 87545

F - FINAL

FACILITY		LOS ALAMOS, NM 87545													
LOCATION		Outfall Owner: D. Thomas													
FROM <table border="1"> <tr> <td>YEAR</td> <td>MO</td> <td>DAY</td> <td>YEAR</td> <td>MO</td> <td>DAY</td> </tr> <tr> <td>97</td> <td>08</td> <td>01</td> <td>97</td> <td>08</td> <td>31</td> </tr> </table> TO				YEAR	MO	DAY	YEAR	MO	DAY	97	08	01	97	08	31
YEAR	MO	DAY	YEAR	MO	DAY										
97	08	01	97	08	31										
MONITORING PERIOD															

FENTON HILL SITE

*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			UNITS	(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-69)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	MGD		MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT										O/MON	EST
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**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(12-16)
(17-19)**

Form Approved.
OMB No. 2040-0004
Approval expires 05-31-98

NAME UNIVERSITY OF CALIFORNIA
ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663, MAIL STOP K490
LOS ALAMOS, NM 87545

F - FINAL

FACILITY

LOCATION
Outfall Owner: D. Thomas

FENTON HILL SITE

***** NO DISCHARGE**

NOTE: Read instructions before completing this form.

117-157	001 A
DISCHARGE NUMBER	

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
97	06	01		97	06	30

PARAMETER (32-37)	X	(3 Card Only) (46-53)			(4 Card Only) (38-45)			QUANTITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
FLOW		SAMPLE MEASUREMENT				MGD	*****	*****	*****		0/MON	EST	
050 1 0 0		PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX			*****	*****	*****		1/MON	EST	
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 6 years.)											
STEVEN R. RAE		 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT											
ESH-18 GROUP LEADER													
TYPED OR PRINTED		505 665 - 0453			TELEPHONE			DATE					
		97 7 25											

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

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

FACILITY
LOCATION Outfall Owner: D. Thomas

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(17-19)

PERMIT NUMBER
NM0028576
DISCHARGE NUMBER
001 A

MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
FROM 97 03 01 TO 97 03 31

F - FINAL

FENTON HILL SITE

*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	(3 Card Only) (46-53)			(4 Card Only) (38-45)			(5 Card Only) (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****		0/MON	EST	
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT		*****	*****	*****	*****		1/MON	EST	
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN R. RAE ESH-18 GROUP LEADER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE 905 665-0453	DATE 97 4 28
TYPED OR PRINTED		AREA CODE	YEAR MO DAY

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

PAGE **OF**

NAME _____ UNIVERSITY - _____

117-19

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PO BOX 1663 MATL STOP K490

PERMIT NUMBER

DISCHARGE N

FACILITY

YEAR	MO	D
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FENTON HILL SITE

Approval expires 10-31-94

Figure 1. The location of the study area in the north-east of Iran.

20-21 (22-23) (24

NOTE: Head instructions before

PARAMETER (1-2-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)			QUALITY OR CONCENTRATION (46-53)			NO EX (6-26-1)	FREQUENCY ANALYSIS (6-4-68)	SAMPLE TYPE (6-9-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX	MGD	*****	*****	*****		0 / MON	FST
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NAME _____ UNIVERSITY OF _____

ADDRESS LOS ALAMOS NATIONAL LABORATORY

LOS ALAMOS, NM 87545

FACILITY

LOCATION Outfall Owner: J. J. Thorndike

(2-16)

PERMIT NUMBER

DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
F - FINAL
Approval Expires 10-31-04

Approval expires 10-31-94

FENTON HILL SITE

*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

[illegible]

Form Approved.
OMB No. 2040-0004
F - FINAL
Approval expires 10-31-94

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING						(4 Card Only) QUALITY OR CONCENTRATION								NO. EX.	FREQUENCY OF ANALYSIS (64-69)	SAMPLE TYPE (65-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS										
FLOW	SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****				O/MON	EST					
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX		*****	*****	*****	*****				1/MON	EST					
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663, MAIL STOP K490

LOS ALAMOS, NM 87645

LOCATION Outfall Owner: J. Thorne

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

(12-16)

PERMIT NUMBER NM0028576

DISCHARGE NUMBER 001 A

Form Approved. OMB No. 2040-0004 Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
96	06	01		96	06	30

(7-0-21) (22-23) (24-25) (26-27) (28-29) (30-31)

FENTON HILL SITE

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (3-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (4-53)		UNITS	QUALITY OR CONCENTRATION (4-53)			UNITS	NO. EX ANALYSIS (6-43)	FREQUENCY OF ANALYSIS (6-43)	SAMPLE TYPE (6-70)
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM				
FLOW 0050 1 0 0	REPORT			MGD	*****	*****	*****	*****			0/MON EST
	REPORT				*****	*****	*****	*****			1/MON EST
	REPORT				*****	*****	*****	*****			
	REPORT				*****	*****	*****	*****			
	REPORT				*****	*****	*****	*****			
SAMPLE MEASUREMENT PERMIT REQUIREMENT											
SAMPLE MEASUREMENT PERMIT REQUIREMENT											
SAMPLE MEASUREMENT PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER											
STEVEN R. RAE ESH-18 GROUP LEADER											

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
<i>Steven R. Rae</i>	\$05 665-0453	96 7 26

LOCATION Outfall Owner: J. Thorne

Approval expires 10-31-94

*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

[illegible]

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

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663, MAIL STOP K490

LOS ALAMOS, NM 87545

LOCATION Outfall Owner: J. Thorne

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

(12-16)

PERMIT NUMBER NM0028576

001 A

Form Approved. F - FINAL CMB No. 2040-0004

Approval expires 10-31-94

MONITORING PERIOD

FROM YEAR 96 MO 04 DAY 01 TO YEAR 96 MO 04 DAY 30

(7-20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

NOTE: Read instructions before completing this form.

(3 Card Only) QUANTITY OR LOADING

AVERAGE (46-53) MAXIMUM (54-61) UNITS MGD

(4 Card Only) QUALITY OR CONCENTRATION

MINIMUM (38-45) AVERAGE (46-53) MAXIMUM (54-61) UNITS

NO. EX ANALYSIS (62-63) (64-65) (69-70) SAMPLE TYPE

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX ANALYSIS (62-63) (64-65) (69-70)	SAMPLE TYPE
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)		

FLOW	050 1 0 0	SAMPLE MEASUREMENT	REPORT DAILY AVG	REPORT DAILY MAX	*****	*****	*****	*****	0/MON EST
		PERMIT REQUIREMENT							

		SAMPLE MEASUREMENT							
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		SAMPLE MEASUREMENT							
		PERMIT REQUIREMENT							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	STEVEN R. RAE ESH-18 GROUP LEADER	TELEPHONE	505 665-0453	DATE	96 5 28
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			

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

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NAME UNIVERSITY OF CALIFORNIA
ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663, MAIL STOP K490
LOS ALAMOS, NM 87545
FACILITY

NM0028576
PERMIT NUMBER

001 A
DISCHARGE NUMBER

F - FINAL OMB No. 2040-0004
Form Approved. Approval expires 10-

LOS ANGELES NM 6743
FACILITY
LOCATION
Outfall Owner: J. Thorne

MONITORING PERIOD						
FROM						
YEAR	MO	DAY	YEAR	MO	DAY	
96	03	01	TO	96	03	31
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

FENTON HILL SITE
*** NO DISCHARGE
NOTE: Read instructions before use

[illegible]

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

NAME UNIVERSITY OF CALIFORNIA
ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663, MAIL STOP K490
LOS ALAMOS, NM 87545

FACILITY

LOCATION Outfall Owner: J. Thorne

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

12-16
NM0028576
PERMIT NUMBER
001 A
DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
F - FINAL
Approval expires 10-31-94

MONITORING PERIOD
FROM 96 01 01 TO 96 01 31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

FENTON HILL SITE X
*** NO DISCHARGE ***
NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING		UNITS	(4 Card Only) QUALITY OR CONCENTRATION			NO. EX. ANALYSIS (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)		MINIMUM (58-65)	AVERAGE (66-73)	MAXIMUM (74-81)			
FLOW 0050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AND DAILY MAX		MGD	*****	*****	*****	*****		O/MON EST
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER										
STEVEN R. RAE ESH-18 GROUP LEADER										
TYPED OR PRINTED										
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)										

1 CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC 1001 AND 33 USC 1319 (Penalties under these statutes range up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years).

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 505 665-0453
AREA CODE NUMBER YEAR MO DAY
96 2 28

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

NAME UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663, MAIL STOP K490

LOS ALAMOS, NM 87545

LOCATION Outfall Owner: J. Thorne

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

(12-16)

(17-19)

AM0028576

PERMIT NUMBER

001 A

DISCHARGE NUMBER

Form Approved. OMB No. 2040-0004 F - FINAL Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
95	12	01		95	12	31

FROM

(12-31) (23-23) (24-23) (25-27) (28-29) (30-31)

FENTON HILL SITE

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	QUANTITY OR LOADING		UNITS	QUALITY OR CONCENTRATION			UNITS	NO. OF ANALYSIS (64-65)	FREQUENCY OF ANALYSIS (66-68)	SAMPLE TYPE (69-70)
			AVERAGE (46-53)	MAXIMUM (54-61)		MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)				
FLOW 50050 1 0 0	SAMPLE MEASUREMENT	PERMIT REQUIREMENT			MGD	*****	*****	*****	*****			
	SAMPLE MEASUREMENT	PERMIT REQUIREMENT										
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	SAMPLE MEASUREMENT	PERMIT REQUIREMENT										
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER												
STEVEN R. RAE												
ESH-18 GROUP LEADER												
TYPED OR PRINTED												
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)												
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT												
505 665-0453												
AREA CODE NUMBER YEAR MO DAY												
96 1 26												

Facility Name/Location (if different)

ADDRESS LOS ALAMOS NATIONAL LABORATORY

LOS ALAMOS, NM 87545

LOCATION Outfall] Owner: J. Thorne

DISCHARGE (2-16)

001 A
DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
F - FINAL

Form Approved.

Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
95	11	01		95	11	30
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)						

FENTON HILL SITE
*** NO DISCHARGE X ***
NOTE: Read instructions before completing this form.

[illegible]

NAME - UNIVERSITY OF CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663, MAIL STOP K490

LOS ALAMOS, NM 87545

FACILITY

LOCATION **Outfall** **Owner:** J. Thorne

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

12-16

NM0028576

PERMIT NUMBER

001 A	DISCHARGE NUMBER
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117.19

Form Approved.
F - FINALOMB No. 2040-0004

Approval expires 10-31-94

FENTON HILL SITE

*** NO DISCHARGE X ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) (34-61)			(4 Card Only) QUALITY OR CONCENTRATION (46-53) (34-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW		SAMPLE MEASUREMENT			MGD	*****	*****	*****	*****	
50050 1 0 0		PERMIT REQUIREMENT	REPORT DAILY AND DAILY MAX			*****	*****	*****	*****	1/MON EST
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**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(17-19)
(2-16)**

NM0028576
PERMIT NUMBER

001 A	DISCHARGE NUMBER
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F - FINAL OMB No. 2040-0004
Form Approved. Approval expires 10-31-94

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
95	09	01		95	09	30
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

FENTON HILL SITE

*** NO DISCHARGE X ***

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)			QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
FLOW	SAMPLE MEASUREMENT			MGD			*****	*****	*****	*****		0/MON	EST		
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG DAILY MAX					*****	*****	*****		1/MON	EST			
	SAMPLE MEASUREMENT														
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

STEVEN R. RAE

ESH-18 GROUP LEADER

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED
ON MY INQUIRY WITH THE INFORMATION SUBMITTED HEREIN AND BASED
OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION FOR
IS TRUE ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIG
THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND
33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000
and/or maximum imprisonment of between 6 months and 3 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

John R. Rae

TELEPHONE

505 665-0453

DATE

95 10 27

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

NAME _____ UNIVERSITY _____

61-11)

PO BOX 1663, MAIL STOP K490

[illegible]

001 A
DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
F - FINAL
Approval expires 10-31-94

LOCATION Outfall Owner: J. Thorpe

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
95	06	01		95	06	30

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

FENTON HILL SITE
*** NO DISCHARGE ***
NOTE: Read instructions before completing this form

PARAMETER (12-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)		UNITS	QUALITY OR CONCENTRATION (46-53)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM				
FLOW											
0050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AVG	REPORT DAILY MAX	MGD	*****	*****	*****	*****			0/MON EST
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NAME — UNIVERSITY —

(17-19)

ANM0028576

001 A

MONITO

PERIOD

FROM	95	04	01
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04	
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Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94

FENTON HILL SITE

NOTE: Read instructions before completing this form.

PARAMETER (12-17)		(3 Card Only) QUANTITY OR LOADING			(4 Card Only) QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
FLOW	SAMPLE MEASUREMENT	0.0000	0.0000	MGD					1/MON	EST
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT						1/MON	EST
	SAMPLE MEASUREMENT									
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NO DISCHARGE

NAME LOS ALAMOS NATIONAL LABORATORY
ADDRESS PO BOX 1663, MAIL STOP K490
LOS ALAMOS, NM 87545

Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94
FENTON HILL SITE

MONITORING PERIOD			
YEAR	MO	DAY	TO
YEAR	MO	DAY	YEAR
MO	DAY	TO	MO
DAY	TO	DAY	DAY

NOTE: Read instructions before completing this form

[illegible]

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16) (17-19)

LOS ALAMOS NATIONAL LABORATORY
ADDRESS
PO BOX 1663, MAIL STOP K490
LOS ALAMOS, NM 87545

PERMIT NUMBER
NM0028576

001 A	DISCHARGE NUMBER
-------	------------------

Form Approved.
OMB No. 2040-0004
Approval expires 10-3-

FACILITY
LOCATION
Outfall Owner: J. Thorne

MONITORING PERIOD				
YEAR	MO	DAY	TO	YEAR
96	01	84		96
				MO
				DAY

FENTON HILL SITE

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	(3 Card Only) (46-53)			(4 Card Only) (54-61)			(4 Card Only) (38-45)			QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
FLOW	SAMPLE MEASUREMENT	0.0000	0.0000	MGD									17/MON	EST	
50050 1 0 0	PERMIT REQUIREMENT	REPORT	REPORT										17/MON	EST	
	SAMPLE MEASUREMENT														
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN R. RAE
ESH18 ACTING GRP LDR

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREON, AND I BELIEVE THE INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

95 2 27

TELEPHONE
505 665-0453

DATE
95 2 27

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

NO DISCHARGE

ADDRESS LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663, MAIL STOP K490
LOS ALAMOS, NM 87545

001 A
DISCHARGE NUMBER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved.

OMB No. 2040-0004

Approval expires 10-31-94

FENTON HILL SITE

LOCATION Outfall Owner: J. Thorne

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	94	10	01		94	10	31
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)							

NOTE: Read instructions before completing this form..

PARAMETER (12-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)		UNITS	QUALITY OR CONCENTRATION (4 Card Only) (38-45)		QUALITY OR CONCENTRATION (46-53)		UNITS	NO. EX (62-63)	FREQUENCY ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM					
FLOW		0.0000	0.0000	MGD							1/MON	EST
50050 1 0 0		REPORT	REPORT								1/MON	EST
	SAMPLE MEASUREMENT											
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NO DISCHARGE

PAGE 4 OF 4

NAME _____
UNIVERSITY OF _____
FACULTY NAME/LOCATION IN AMSTERDAM _____

(17-19)

ADDRESS LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490

LOS ALAMOS, NM 87545

LOCATION

0028516
PERMIT NUMBER

DISCHARGE N

MONITORING		
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YEAR	MO	DAY	TO	YEAR	MO	DAY
94	08	01		94	08	31

FENTON HILL SITE

Form Approved.

OMB No. 2040-0004

INCENTRATION			
NOTE: head instructions before completing this form			

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (02-61)	FREQUENCY OF ANALYSIS (04-08)	SAMPLE TYPE (09-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW		SAMPLE MEASUREMENT	0.0000	MGD					1/MON	EST
050 1 0 0		PERMIT REQUIREMENT	REPORT	REPORT					1/MON	EST
		SAMPLE MEASUREMENT								
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NO DISCHARGE

PAGE OF

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME UNIVERSITY OF CALIFORNIA
ADDRESS LOS ALAMOS NATIONAL LABORATORY
LOS ALAMOS, NEW MEXICO 87545

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(17-19)
NM0028576
PERMIT NUMBER
001 A
DISCHARGE NUMBER

FENTON HILL
Form Approved.
OMB No. 2040-0004
Approval expires 10-31-94

FACILITY LOCATION

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
94 07 01 94 07 31

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	QUANTITY OR LOADING (3 Card Only) (46-53)			QUALITY OR CONCENTRATION (4 Card Only) (38-45)			NO. EX (63-64)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW 0050 1 0 0	SAMPLE MEASUREMENT	0.0000	0.0000	MGD					0/MO	EST
	PERMIT REQUIREMENT	REPORT	REPORT						1/MO	EST
	SAMPLE MEASUREMENT									
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	PERMIT REQUIREMENT									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319 (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)								
Kenneth M. Hargis, Leader Environmental Protection Group		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>K. Hargis</i>								
TYPED OR PRINTED		AREA CODE NUMBER YEAR MO DAY 505 667-5021 94 08 15								

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO DISCHARGE.

NAME UNIVERSITY OF CALIFORNIA

ADDRESS
LOS ALAMOS NATIONAL LABORATORY
LOS ALAMOS, NEW MEXICO 87545

FACILITY
LOCATION

FROM

MONITORING PERIOD

PERMIT NUMB

DISCHARGE NUMBER
001 A

FENTON HILL

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

NOTE: Read instructions before completing this form.

[illegible]

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO DISCHARGE.

MONITORING PERIOD						
FROM			TO			
YEAR	MO	DAY	YEAR	MO	DAY	
94	05	01	94	05	31	
(2021)			(22-23)		(24-25)	
			(26-27)		(28-29)	
					(30-31)	

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
		REPORT		REPORT							
FLOW		0.0000	0.0000	MGD					0/MO	LS1	
500 1 0 0									1/MO	EST	
	SAMPLE MEASUREMENT										
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NAME UNIVERSITY OF CALIFORNIA, BERKELEY

CALIFORNIA

ADDRESS LOS ALAMOS NATIONAL LABORATORY

LOS ALAMOS, NEW MEXICO 87545

FACILITY
LOCATION

FROM

YEAR	MO	DAY
94	03	01

TO	YEAR	MO	DAY
	94	03	31

PERMIT NUMBER

DISCHARGE NUMBER

PENICILLIN

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

12-16

(17.19)

PENICILLIN

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

NOTE: Read instructions before completing this form.

[illegible]

Faculty Name/Location (if different)	UNIVERSITY OF CALIFORNIA
Name	LOS ALAMOS NATIONAL LABORATORY
Address	LOS ALAMOS, NEW MEXICO 87545

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(12-16) (12-19)

MM0028576	001 A
PERMIT NUMBER	DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004.
Approval expires 6-30-91.

MONITORING PERIOD					
FROM			TO		
YEAR	MO	DAY	YEAR	MO	DAY
93	11	01	93	11	30
(20-21) (22-23) (24-25)			(26-27) (28-29) (30-31)		

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) (46-53)			UNITS	(4 Card Only) (36-43)			QUALITY OR CONCENTRATION (46-53)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	REPORT		MINIMUM	AVERAGE	MAXIMUM							
FLOW		SAMPLE MEASUREMENT	0.0000	0.0000	MGD									0/MO	EST
050 1 0 0		PERMIT REQUIREMENT	REPORT	REPORT										1/MO	EST
		SAMPLE MEASUREMENT													
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC 1001 AND 33 USC 1319. (Penalties under these statutes vary from up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)										TELEPHONE		DATE	
Ken Hargis, Leader Environmental Protection Group		D. Hargis, ackey										505 667-5021		93 12 15	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										AREA CODE NUMBER		YEAR MO DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO DISCHARGE.

NAME
ADDRESS
FACILITY
LOCATION

PERMIT NUMBER
DISCHARGE NUMBER
MONITORING PERIOD
FROM 88 06 01 TO 88 06 30

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (34-61)			QUALITY OR CONCENTRATION (38-45)			UNITS	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)				
FLOW		.02841	.05187	MGD						7/30	Total- ized
pH	SAMPLE MEASUREMENT				6.5		8.8	Su		7/30	Grab
	PERMIT REQUIREMENT				6.0		9.0				
BORON	SAMPLE MEASUREMENT					39.3	52.2	mg/l		7/30	Grab
	PERMIT REQUIREMENT										
ARSENIC	SAMPLE MEASUREMENT					2.31	4.0	mg/l		7/30	Grab
	PERMIT REQUIREMENT										
CADMIUM	SAMPLE MEASUREMENT					0.003	0.007	mg/l		7/30	Grab
	PERMIT REQUIREMENT										
FLUORIDE	SAMPLE MEASUREMENT					6.73	11.9	mg/l		7/30	Grab
	PERMIT REQUIREMENT										
LITHIUM	SAMPLE MEASUREMENT					21.87	28.0	mg/l		7/30	Grab
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER											
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)											
Harold Valencia											
TYPED OR PRINTED											
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											
Attached, is a copy of the daily flow record for June.											
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT											
505 667-5105											
88 07 13											

NAME: DEPT OF ENERGY
 ADDRESS: MR HAROLD E VALENCIA - AREA MGR
 LOS ALAMOS AREA OFFICE
 LOS ALAMOS NM 87544
 FACILITY:
 LOCATION:

1A0029576
 PERMIT NUMBER

001
 DISCHARGE NUMBER

PENION HILL

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
98	05	01	98	05	31
(10/31)	(12/31)	(12/31)	(10/31)	(12/31)	(10/31)

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) QUALITY OR CONCENTRATION (38-45)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW						.04854	.04854	MCD		1/31	Total-ized
pH					8.9	8.9	9.0	SU		1/31	GRAB
BORON					60.0	60.0	60.0	mg/l		1/31	GRAB
ARSENIC					2.8	2.8	2.8	mg/l		1/31	GRAB
CADMIUM					0.001	0.001	0.001	mg/l		1/31	GRAB
FLUORIDE					5.7	5.7	5.7	mg/l		1/31	GRAB
LITHIUM					23.0	23.0	23.0	mg/l		1/31	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER											
HAROLD VALENCIA											
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											
TYPED OR PRINTED											
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)											
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT											
505 667-51051											
AREA CODE NUMBER YEAR MO DAY											

ATTACHED IS A COPY OF THE DAILY FLOW REPORT FOR MAY.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved
OMB No. 2000-0015

NAME DEPT OF ENERGY

MM0028576

001

ADDRESS MR HAROLD E VALENCIA-AREA MGR

PERMIT NUMBER

DISCHARGE NUMBER

FENTON HILL

LOS ALAMOS AREA OFFICE

LOS ALAMOS NM 87544

FACILITY

LOCATION

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
87	11	01	87	11	30

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING			(4 Card Only) QUALITY OR CONCENTRATION			UNITS	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)				
FLOW		SAMPLE MEASUREMENT				.0094	.0150	MGD		2/30	Total-ized
		PERMIT REQUIREMENT									
pH		SAMPLE MEASUREMENT			8.39		8.39	su		2/30	Grab
		PERMIT REQUIREMENT									
ARSENIC		SAMPLE MEASUREMENT				2.15	2.30	mg/l		2/30	Grab
		PERMIT REQUIREMENT									
BORON		SAMPLE MEASUREMENT				29.00	29.00	mg/l		2/30	Grab
		PERMIT REQUIREMENT									
CADMIUM		SAMPLE MEASUREMENT				.01	.01	mg/l		2/30	Grab
		PERMIT REQUIREMENT									
FLUORIDE		SAMPLE MEASUREMENT				3.95	4.00	mg/l		2/30	Grab
		PERMIT REQUIREMENT									
LITHIUM		SAMPLE MEASUREMENT				11.50	12.00	mg/l		2/30	Grab
		PERMIT REQUIREMENT									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY KNOWLEDGE AND BELIEF, THE INFORMATION IS TRUE AND ACCURATE. I AM NOT PROVIDING ANY INFORMATION THAT I KNOW TO BE FALSE, FICTITIOUS, OR MISLEADING. I AM NOT PROVIDING ANY INFORMATION THAT I KNOW TO BE FALSE, FICTITIOUS, OR MISLEADING. I AM NOT PROVIDING ANY INFORMATION THAT I KNOW TO BE FALSE, FICTITIOUS, OR MISLEADING.									
HAROLD VALENCIA		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
TYPED OR PRINTED		COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)									
		505 667-5105									
		7/12/10									

Attached is a copy of the daily flow report for November.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2000-0015

NAME DEPT OF ENERGY
ADDRESS DR HAROLD E VALENCIA-AREA MGR
LOS ALAMOS AREA OFFICE
LOS ALAMOS NM 87544
FACILITY
LOCATION

PERMIT NUMBER N00026076

DISCHARGE NUMBER 001

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
87	05	01	87	05	31

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	QUANTITY OR LOADING (3 Card Only) (46-53) (54-61)			QUALITY OR CONCENTRATION (4 Card Only) (46-53) (54-61)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
FLOW							27.5	27.5	GPM		1/31	GRAB
	SAMPLE MEASUREMENT	PERMIT REQUIREMENT										
PH						6.5		6.5	SU		1/31	GRAB
	SAMPLE MEASUREMENT	PERMIT REQUIREMENT				6.0		9.0				
BORON							4.2	4.2	mg/L		1/31	GRAB
	SAMPLE MEASUREMENT	PERMIT REQUIREMENT										
ARSENIC							0.056	0.056	mg/L		1/31	GRAB
	SAMPLE MEASUREMENT	PERMIT REQUIREMENT										
CADMIUM							0.0071	0.0071	mg/L		1/31	GRAB
	SAMPLE MEASUREMENT	PERMIT REQUIREMENT										
FLUORIDE							0.79	0.79	mg/L		1/31	GRAB
	SAMPLE MEASUREMENT	PERMIT REQUIREMENT										
LITHIUM							1.2	1.2	mg/L		1/31	GRAB
	SAMPLE MEASUREMENT	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 USC § 1001 AND 33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)											
HAROLD VALENCIA	Signature of Harold Valencia											
TYPED OR PRINTED	OFFICER OR AUTHORIZED AGENT											
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	There was 1 discharge during this month.											
TELEPHONE 505 667-5105										DATE 87 06 12		

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2000-0015

NAME DEPT OF ENERGY
ADDRESS MR HAROLD E VALENCIA-AREA MGR
LOS ALAMOS AREA OFFICE
LOS ALAMOS NM 87544 R
FACILITY
LOCATION

PERMIT NUMBER NM0028526

DISCHARGE NUMBER 001

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
87	04	01	87	04	30
FROM (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)					

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX. (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)				
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM							
FLOW	SAMPLE MEASUREMENT					27.5	27.5		GPM	1/30 GRAB				
	PERMIT REQUIREMENT													
pH	SAMPLE MEASUREMENT				8.2		8.5		SU	1/30 GRAB				
	PERMIT REQUIREMENT				6.0		9.0							
BORON	SAMPLE MEASUREMENT					3.4	3.6		mg/L	1/30 GRAB				
	PERMIT REQUIREMENT													
ARSENIC	SAMPLE MEASUREMENT					0.058	0.067		mg/L	1/30 GRAB				
	PERMIT REQUIREMENT													
CADMIUM	SAMPLE MEASUREMENT					0.002	0.003		mg/L	1/30 GRAB				
	PERMIT REQUIREMENT													
FLUORIDE	SAMPLE MEASUREMENT					0.662	0.690		mg/L	1/30 GRAB				
	PERMIT REQUIREMENT													
LITHIUM	SAMPLE MEASUREMENT					1.07	1.100							
	PERMIT REQUIREMENT													
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 3 years.)				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY		
HAROLD VALENCIA								505	667-5105	87	05	15		
TYPED OR PRINTED														
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)														

There were no discharges during this month.

(17-19)

001

DISCHARGE NUMBER

RIOD

YEAR	MO	DAY

87	03	31
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(15-00-31) (42-02) (12-00)

QUALITY OR
(46-53)

	AVERAGE
100	100
90	90
80	80
70	70
60	60
50	50
40	40
30	30
20	20
10	10
0	0

[illegible]

24.0

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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Age Group	Percentage of Respondents
18-29	65
30-49	75
50-69	80
70+	85

[illegible]

5.1

[illegible]

Age Group	Percentage of Respondents
18-29	~65%
30-49	~75%
50-69	~80%
70+	~85%

[illegible]

iii.

1. $\frac{1}{2}$ 2. $\frac{1}{3}$ 3. $\frac{1}{4}$ 4. $\frac{1}{5}$ 5. $\frac{1}{6}$ 6. $\frac{1}{7}$ 7. $\frac{1}{8}$ 8. $\frac{1}{9}$ 9. $\frac{1}{10}$ 10. $\frac{1}{11}$ 11. $\frac{1}{12}$ 12. $\frac{1}{13}$ 13. $\frac{1}{14}$ 14. $\frac{1}{15}$ 15. $\frac{1}{16}$ 16. $\frac{1}{17}$ 17. $\frac{1}{18}$ 18. $\frac{1}{19}$ 19. $\frac{1}{20}$ 20. $\frac{1}{21}$ 21. $\frac{1}{22}$ 22. $\frac{1}{23}$ 23. $\frac{1}{24}$ 24. $\frac{1}{25}$ 25. $\frac{1}{26}$ 26. $\frac{1}{27}$ 27. $\frac{1}{28}$ 28. $\frac{1}{29}$ 29. $\frac{1}{30}$ 30. $\frac{1}{31}$ 31. $\frac{1}{32}$ 32. $\frac{1}{33}$ 33. $\frac{1}{34}$ 34. $\frac{1}{35}$ 35. $\frac{1}{36}$ 36. $\frac{1}{37}$ 37. $\frac{1}{38}$ 38. $\frac{1}{39}$ 39. $\frac{1}{40}$ 40. $\frac{1}{41}$ 41. $\frac{1}{42}$ 42. $\frac{1}{43}$ 43. $\frac{1}{44}$ 44. $\frac{1}{45}$ 45. $\frac{1}{46}$ 46. $\frac{1}{47}$ 47. $\frac{1}{48}$ 48. $\frac{1}{49}$ 49. $\frac{1}{50}$ 50. $\frac{1}{51}$ 51. $\frac{1}{52}$ 52. $\frac{1}{53}$ 53. $\frac{1}{54}$ 54. $\frac{1}{55}$ 55. $\frac{1}{56}$ 56. $\frac{1}{57}$ 57. $\frac{1}{58}$ 58. $\frac{1}{59}$ 59. $\frac{1}{60}$ 60. $\frac{1}{61}$ 61. $\frac{1}{62}$ 62. $\frac{1}{63}$ 63. $\frac{1}{64}$ 64. $\frac{1}{65}$ 65. $\frac{1}{66}$ 66. $\frac{1}{67}$ 67. $\frac{1}{68}$ 68. $\frac{1}{69}$ 69. $\frac{1}{70}$ 70. $\frac{1}{71}$ 71. $\frac{1}{72}$ 72. $\frac{1}{73}$ 73. $\frac{1}{74}$ 74. $\frac{1}{75}$ 75. $\frac{1}{76}$ 76. $\frac{1}{77}$ 77. $\frac{1}{78}$ 78. $\frac{1}{79}$ 79. $\frac{1}{80}$ 80. $\frac{1}{81}$ 81. $\frac{1}{82}$ 82. $\frac{1}{83}$ 83. $\frac{1}{84}$ 84. $\frac{1}{85}$ 85. $\frac{1}{86}$ 86. $\frac{1}{87}$ 87. $\frac{1}{88}$ 88. $\frac{1}{89}$ 89. $\frac{1}{90}$ 90. $\frac{1}{91}$ 91. $\frac{1}{92}$ 92. $\frac{1}{93}$ 93. $\frac{1}{94}$ 94. $\frac{1}{95}$ 95. $\frac{1}{96}$ 96. $\frac{1}{97}$ 97. $\frac{1}{98}$ 98. $\frac{1}{99}$ 99. $\frac{1}{100}$ 100. $\frac{1}{101}$ 101. $\frac{1}{102}$ 102. $\frac{1}{103}$ 103. $\frac{1}{104}$ 104. $\frac{1}{105}$ 105. $\frac{1}{106}$ 106. $\frac{1}{107}$ 107. $\frac{1}{108}$ 108. $\frac{1}{109}$ 109. $\frac{1}{110}$ 110. $\frac{1}{111}$ 111. $\frac{1}{112}$ 112. $\frac{1}{113}$ 113. $\frac{1}{114}$ 114. $\frac{1}{115}$ 115. $\frac{1}{116}$ 116. $\frac{1}{117}$ 117. $\frac{1}{118}$ 118. $\frac{1}{119}$ 119. $\frac{1}{120}$ 120. $\frac{1}{121}$ 121. $\frac{1}{122}$ 122. $\frac{1}{123}$ 123. $\frac{1}{124}$ 124. $\frac{1}{125}$ 125. $\frac{1}{126}$ 126. $\frac{1}{127}$ 127. $\frac{1}{128}$ 128. $\frac{1}{129}$ 129. $\frac{1}{130}$ 130. $\frac{1}{131}$ 131. $\frac{1}{132}$ 132. $\frac{1}{133}$ 133. $\frac{1}{134}$ 134. $\frac{1}{135}$ 135. $\frac{1}{136}$ 136. $\frac{1}{137}$ 137. $\frac{1}{138}$ 138. $\frac{1}{139}$ 139. $\frac{1}{140}$ 140. $\frac{1}{141}$ 141. $\frac{1}{142}$ 142. $\frac{1}{143}$ 143. $\frac{1}{144}$ 144. $\frac{1}{145}$ 145. $\frac{1}{146}$ 146. $\frac{1}{147}$ 147. $\frac{1}{148}$ 148. $\frac{1}{149}$ 149. $\frac{1}{150}$ 150. $\frac{1}{151}$ 151. $\frac{1}{152}$ 152. $\frac{1}{153}$ 153. $\frac{1}{154}$ 154. $\frac{1}{155}$ 155. $\frac{1}{156}$ 156. $\frac{1}{157}$ 157. $\frac{1}{158}$ 158. $\frac{1}{159}$ 159. $\frac{1}{160}$ 160. $\frac{1}{161}$ 161. $\frac{1}{162}$ 162. $\frac{1}{163}$ 163. $\frac{1}{164}$ 164. $\frac{1}{165}$ 165. $\frac{1}{166}$ 166. $\frac{1}{167}$ 167. $\frac{1}{168}$ 168. $\frac{1}{169}$ 169. $\frac{1}{170}$ 170. $\frac{1}{171}$ 171. $\frac{1}{172}$ 172. $\frac{1}{173}$ 173. $\frac{1}{174}$ 174. $\frac{1}{175}$ 175. $\frac{1}{176}$ 176. $\frac{1}{177}$ 177. $\frac{1}{178}$ 178. $\frac{1}{179}$ 179. $\frac{1}{180}$ 180. $\frac{1}{181}$ 181. $\frac{1}{182}$ 182. $\frac{1}{183}$ 183. $\frac{1}{184}$ 184. $\frac{1}{185}$ 185. $\frac{1}{186}$ 186. $\frac{1}{187}$ 187. $\frac{1}{188}$ 188. $\frac{1}{189}$ 189. $\frac{1}{190}$ 190. $\frac{1}{191}$ 191. $\frac{1}{192}$ 192. $\frac{1}{193}$ 193. $\frac{1}{194}$ 194. $\frac{1}{195}$ 195. $\frac{1}{196}$ 196.

10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200
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1. <i>What is the purpose of this study?</i> 2. <i>What are the research questions?</i> 3. <i>What are the hypotheses?</i> 4. <i>What are the independent and dependent variables?</i> 5. <i>What are the control variables?</i> 6. <i>What are the limitations of the study?</i> 7. <i>What are the implications of the study?</i> 8. <i>What are the conclusions?</i>	1. <i>What is the purpose of this study?</i> 2. <i>What are the research questions?</i> 3. <i>What are the hypotheses?</i> 4. <i>What are the independent and dependent variables?</i> 5. <i>What are the control variables?</i> 6. <i>What are the limitations of the study?</i> 7. <i>What are the implications of the study?</i> 8. <i>What are the conclusions?</i>
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1882

SIGNATURE OF PRIN

OFFICER OR AUTH

NOT BE USED.)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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

NAME _____ ADDRESS _____ FACILITY _____ LOCATION _____

PERMIT NUMBER _____

DISCHARGE NUMBER _____

MONITORING PERIOD
YEAR MO DAY
FROM 12/21/12 TO 12/31/12

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (34-51)			(4 Card Only) QUALITY OR CONCENTRATION (34-51)			NO. EX. ANALYSIS (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)			
FLOW	SAMPLE MEASUREMENT					39.07	60.00		12/31	CRAB
	PERMIT REQUIREMENT									
pH	SAMPLE MEASUREMENT				6.06		7.83		12/31	CRAB
	PERMIT REQUIREMENT				6.00		9.00			
BORON	SAMPLE MEASUREMENT					54.50	81.00		12/31	CRAB
	PERMIT REQUIREMENT									
ARSENIC	SAMPLE MEASUREMENT					4.19	6.30		12/31	CRAB
	PERMIT REQUIREMENT									
CADMIUM	SAMPLE MEASUREMENT					0.18	0.18		12/31	CRAB
	PERMIT REQUIREMENT									
FLUORIDE	SAMPLE MEASUREMENT					6.03	6.80		12/31	CRAB
	PERMIT REQUIREMENT									
LITHIUM	SAMPLE MEASUREMENT					24.20	34.00		12/31	CRAB
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: EMILIO VALENZUELA

DATE: 12/31/12

TELEPHONE: _____

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER: _____

OFFICER OR AUTHORIZED AGENT: _____

AREA CODE: _____ NUMBER: _____

TYPED OR PRINTED: _____

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

12

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(17-19)

PERMIT NUMBER
180026576

DISCHARGE NUMBER
001

PENTON HILL

MONITORING PERIOD
FROM 06/26/91 TO 06/30/91
YEAR 91 MO 06 DAY 01
YEAR 91 MO 06 DAY 31

FACILITY
LOCATION

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	(3 Card Only) (46-53)			(4 Card Only) (38-45)			QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT				26.61	60.0	GPM				6/31	GRAB
	PERMIT REQUIREMENT											
PH	SAMPLE MEASUREMENT			7.60		7.83	SU				6/31	BR
	PERMIT REQUIREMENT			6.00		9.00						
BORON	SAMPLE MEASUREMENT				33.00	44.00	mg/L				6/31	GRAB
	PERMIT REQUIREMENT											
ARSENIC	SAMPLE MEASUREMENT				3.10	3.30	mg/L				6/31	GRAB
	PERMIT REQUIREMENT											
CADMIUM	SAMPLE MEASUREMENT				0.11	0.18	mg/L				6/31	GRAB
	PERMIT REQUIREMENT											
FLUORIDE	SAMPLE MEASUREMENT				5.90	6.20	mg/L				6/31	GRAB
	PERMIT REQUIREMENT											
LITHIUM	SAMPLE MEASUREMENT				18.30	21.00	mg/L				6/31	GRAB
	PERMIT REQUIREMENT											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
HAROLD VALENCIA

TYPED OR PRINTED

TELEPHONE
505 667-5105

DATE
86 11 14

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
[Signature]

AREA CODE
505

NUMBER
667-5105

YEAR
86

MO
11

DAY
14

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

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

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

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

FROM

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	(3 Card Only) QUANTITY OR LOADING (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (54-67)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE (46-53)	MAXIMUM (47-54)	UNITS (48-55)	AVERAGE (46-53)	MAXIMUM (47-54)	UNITS (48-55)			
FLOW	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								
pH	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								
BORON	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								
ARSENIC	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								
CADMIUM	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								
FLUORIDE	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								
LITHIUM	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and for maximum imprisonment of between 6 months and 5 years.)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
				YEAR	MO

TYPED OR PRINTED	AREA CODE	NUMBER	YEAR	MO	DAY

20

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

NAME

ADDRESS

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

(2-16)

(17-19)

PERMIT NUMBER	
12-011	

DISCHARGE NUMBER	
12-011	

MONITORING PERIOD			
YEAR	MO	DAY	TIME
86	07	01	170

PARAMETER (32-37)	(3 Card Only) (46-53)		QUANTITY OR LOADING (34-61)		(4 Card Only) (38-45)		QUALITY OR CONCENTRATION (34-61)		FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
ph	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
BORON	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
ARSENIC	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
CADMIUM	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
FLUORIDE	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
LITHIUM	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE, PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE			
			YEAR	MO		
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED		86		10	/S	

*RESULTS WILL FOLLOW AS SOON AS ANALYSES ARE COMPLETE.

Form 3320-1 (Rev. 10-79) PREVIOUS EDITION TO BE USED UNTIL SUPPLY IS EXHAUSTED

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

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

NAME: DEPT. OF ENVIRONMENTAL PROTECTION
ADDRESS: 1000 W. 10TH AVE. DENVER, CO 80202
FACILITY: WASTE WATER TREATMENT PLANT
LOCATION: 1000 W. 10TH AVE. DENVER, CO 80202

PERMIT NUMBER: 0000000000
DISCHARGE NUMBER: 0000000000

MONITORING PERIOD
FROM: YEAR 08 MO 08 DAY 31 TO: YEAR 08 MO 08 DAY 31

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(2-16)

Form Approved
OMB No. 2000-001

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	(3 Card Only) (46-53)			(4 Card Only) (38-45)			QUALITY OR CONCENTRATION (54-61)			NO. EX. ANALYSIS (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS					
FLOW	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
PH	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
BORON	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
ARSENIC	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
CALCIUM	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
FLUORIDE	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
LITHIUM	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: _____
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER: _____
OFFICER OR AUTHORIZED AGENT: _____
TELEPHONE: _____
DATE: _____
AREA CODE: _____
NUMBER: _____
YEAR: _____
MO: _____
DAY: _____

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

NAME DEPARTMENT OF ENERGY

ADDRESS Harold E. Valencia Area Hwy,
Los Alamos Area Office

Los Alamos, NM 87544

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

PERMIT NUMBER
NM0028576

DISCHARGE NUMBER
001

PENTON HILL

MAY

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	05	01	84	05	31
(20-21)		(22-21)	(28-27)		(28-31)
FROM		TO			

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	(3 Card Only) QUANTITY OR LOADING (54-61)			(4 Card Only) QUANTITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE (46-53)	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT				.0724	.189		19/31	METERED
BORON	SAMPLE MEASUREMENT			7.2				19/31	"
	PERMIT REQUIREMENT					8.3		19/31	CR
ARSENIC	SAMPLE MEASUREMENT				9.5	12.2	MG/L	"	"
	PERMIT REQUIREMENT				.104	.257	MG/L	"	"
CADMIUM	SAMPLE MEASUREMENT				.0008	.0023	MG/L	"	"
	PERMIT REQUIREMENT							"	"
CHLORIDE	SAMPLE MEASUREMENT				3.15	3.50	MG/L	"	"
	PERMIT REQUIREMENT							"	"
LITHIUM	SAMPLE MEASUREMENT				4.21	8.06	MG/L	"	"
	PERMIT REQUIREMENT							"	"

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

WILLIAM CRISMON

TYPED OR PRINTED

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

THERE WERE A TOTAL OF 19 DISCHARGES FOR THE MONTH OF MAY

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIG- NIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

505 667-5288

AREA CODE NUMBER

YEAR MO DAY

84 05 15

TELEPHONE

DATE

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

NAME Department of Energy

ADDRESS Harold E. Valencia-Area Mgr.

Los Alamos Area Office

Los Alamos, NM 87544

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16)

PERMIT NUMBER

NM0028576

DISCHARGE NUMBER

001

Penton Hill

Form Approved
OMB No. 2000-0015

APR 11

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
84	04	01	84	04	30
FROM (20-31)			TO (20-31)		

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT				.08875	.0925		6/30	METERED
	PERMIT REQUIREMENT								
BORON	SAMPLE MEASUREMENT			7.2		8.2		6/30	METERED
	PERMIT REQUIREMENT								
ARSENIC	SAMPLE MEASUREMENT				9.2	9.5		6/30	GRAB
	PERMIT REQUIREMENT								
CADMIUM	SAMPLE MEASUREMENT				.008	.015		"	"
	PERMIT REQUIREMENT								
CHLORIDE	SAMPLE MEASUREMENT				.0011	.0018		"	"
	PERMIT REQUIREMENT								
LITHIUM	SAMPLE MEASUREMENT				2.83	3.00		"	"
	PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT				3.77	4.04		"	"
	PERMIT REQUIREMENT								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE		DATE	
WILLIAM CRISMON					
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE			
		OFFICER OR AUTHORIZED AGENT			
		AREA CODE	NUMBER	YEAR	MO. DAY
		505	5675288	84	08 15

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

There were a total of 6 discharges for the month of April

ADDRESS MR HAROLD E VALENCIA-AREA MGR
LOS ALAMOS AREA OFFICE
LOS ALAMOS NM 87544 R

FACILITY

LOCATION

(2-16)

NM0028576
PERMIT NUMBER

FENTON HILL

MONITORING PERIOD			
YEAR	MO	DAY	TIME
92	09	01	11P
FROM (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)			
TO (17-19)			

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	(3 Card Only) (46-53)		QUANTITY OR LOADING (34-61)		QUALITY OR CONCENTRATION (34-61)		NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW	SAMPLE MEASUREMENT					95.0		3/30	METERED
	PERMIT REQUIREMENT								
CH	SAMPLE MEASUREMENT			8.0		8.0		3/30	METERED
	PERMIT REQUIREMENT								
BORON	SAMPLE MEASUREMENT					17.3		3/30	GRAB
	PERMIT REQUIREMENT								
0.75 ARSENIC	SAMPLE MEASUREMENT					1.3		3/30	GRAB
	PERMIT REQUIREMENT								
0.1 CADMIUM	SAMPLE MEASUREMENT					.0048		3/30	GRAB
	PERMIT REQUIREMENT								
0.6 FLUORIDE	SAMPLE MEASUREMENT					3.2		3/30	GRAB
	PERMIT REQUIREMENT								
LITHIUM	SAMPLE MEASUREMENT					6.1		3/30	GRAB
	PERMIT REQUIREMENT								

Signature: William Crismon

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

505 667-5288

10 23

AREA CODE

NUMBER

YEAR

MO

DAY

THERE WERE A TOTAL OF 3 DISCHARGES FOR THE MONTH OF SEPTEMBER

NAME DEPT. OF ENERGY
 ADDRESS MR HAROLD E VALENCLIA-AREA MGR
LOS ALAMOS AREA OFFICE
LOS ALAMOS NM 87544
 FACILITY R
 LOCATION

PERMIT NUMBER
 NM0028576

DISCHARGE NUMBER
 001

Henton Hill

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 FROM 82 08 01 TO 82 08 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	QUANTITY OR LOADING (34-61)			QUALITY OR CONCENTRATION (38-45)			UNITS	NO. OF ANALYSIS (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	MINIMUM				
FLOW	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
BORON	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
ARSENIC	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
CADMIUM	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
CHLORIDE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
LITHIUM	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 WILLIAM CRISMON
 SIGNED OR PRINTED
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TELEPHONE
 DATE
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 505 667-5288
 AREA CODE NUMBER
 YEAR MO DAY
 82 10 23

THERE WERE A TOTAL OF 3 DISCHARGES FOR THE MONTH OF AUGUST