

ATTACHMENT C



Los Alamos National Laboratory
P.O. Box 1663, MS K490
Los Alamos, NM 87545
505-667-0666

**Environmental Protection & Compliance Division
Compliance Programs Group**

Symbol: EPC-DO: 23-121
LA-UR: 23-23348
Date: April 5, 2023

Ms. Evelyn Rosborough
U.S. Environmental Protection Agency
NPDES/Wetland Review Section (6WD-PN)
1201 Elm Street, Suite 500
Dallas, Texas 75270-2102
rosborough.evelyn@epa.gov

**Subject: Permittees' Comments and Data in Support of Reissuance of NPDES Permit No.
NM0028355 – April 2023**

Dear Ms. Evelyn Rosborough:

Enclosed are comments and data submitted on the U.S. EPA Region 6 Public Notice dated March 7, 2023 concerning the reissuance of NPDES Permit No. NM0028355 to the National Nuclear Security Administration of the U.S. Department of Energy and Triad National Security, LLC (“the Permittees”).

Please contact Robert Gallegos, DOE NA-LA at (208) 569-0377 or Jennifer Griffin, Triad, at (505) 667-6741 if you have any questions.

Sincerely,

STEVEN STORY Digitally signed by STEVEN
STORY (Affiliate)
Date: 2023.04.05 11:34:31
-06'00'
(Affiliate)

Steven L. Story
Group Leader

Enclosure(s): Permittees' Comments and Data in Support of Reissuance of NPDES Permit No.
NM0028355 – April 2023

Copy: Ruben Alayon-Gonzalez, EPA-R6, alayon-gonzales.ruben@epa.gov
Levi Dean, NMED-SWQB, Levi.Dean@env.nm.gov
Karen E. Armijo, NA-LA, karen.armijo@nnsa.doe.gov
Robert A. Gallegos, NA-LA, robert.gallegos@nnsa.doe.gov
Silas DeRoma, NNSA, silas.deroma@nnsa.doe.gov
Stephen Jochem, NNSA, stephen.jochem@nnsa.doe.gov
Steven A. Coleman, Triad, ALDESHQ, scoleman@lanl.gov

Jim Coy, Triad, ALDESHQ, jcoy@lanl.gov
Jeannette T. Hyatt, Triad, EWP, jhyatt@lanl.gov
Jennifer E. Payne, Triad, EPC-DO, jpayne@lanl.gov
Kristen Honig, Triad, EPC-DO, khonig@lanl.gov
Maxine M. McReynolds, Triad, GC-ESH, mcreynolds@lanl.gov
Cristina A. Mulcahy, Triad, GC-ESH, mulcahy@lanl.gov
Steven L. Story, Triad, EPC-CP, story@lanl.gov
Sarah Holcomb, Triad, EPC-CP, sholcomb@lanl.gov
Jennifer K. Griffin, Triad, EPC-CP, jkg@lanl.gov
lasomailbox@nnsa.doe.gov
epccorrespondence@lanl.gov
eshq-dcrm@lanl.gov

ENCLOSURE 1

Permittees' Comments and Data in
Support of Reissuance of NPDES
Permit No. NM0028355 – April 2023

EPC-DO: 23-121

LA-UR: 23-23348

Date: 04/05/2023

PERMITTEES' COMMENTS AND DATA

In Support of

REISSUANCE OF NPDES PERMIT NO. NM0028355

April 6, 2023

The National Nuclear Security Administration of the U.S. Department of Energy and Triad National Security, LLC (Permittees) submit the following comments on the U.S. EPA Region 6 Public Notice dated March 7, 2023 (Public Notice), concerning renewal of National Pollutant Discharge Elimination System (NPDES) Permit No. NM0028355, dated May 1, 2022 (Permit), for the Los Alamos National Laboratory (LANL or Laboratory). The Permit would authorize discharges to waters of the United States from eleven outfalls within LANL boundaries, including Outfall 051, located at LANL's Radioactive Liquid Waste Treatment Facility (RLWTF). Through its Public Notice, EPA has requested comments and supporting data on the following two issues:

1. Discharge data from Outfalls 051, from years 2021-2022.
2. In addition, the EPA is including new data for Outfalls that were part of the NPDES appeal: 13S, 05A055, 03A160, 03A027, and 03A113 from years 2021 – 2022.

Permittees' comments on these issues are provided below.

I. There Are Anomalies in the Discharge Data EPA Provided in its Public Notice

Region 6 included in its Public Notice summary Discharge Monitoring Reports (DMR) data for each of the six outfalls for which the Laboratory seeks Permit reissuance and which are subject to Petitioner’s challenge at the Environmental Appeals Board (EAB). The published DMR data contains anomalies, as enumerated in Table 1, by outfall, which should be corrected in the record. Additionally, Permittees have attached herein, as **Attachment A**, a copy of the corrected DMR summary sheets that Region 6 provided with its Public Notice. Corrections appear in red font.

[Remainder of Page Intentionally Left Blank]

Table 1
Anomalies between the EPA DMR Data Reports and DMRs submitted to EPA by the Permittees

No.	Document:	Page:	Comment:
1	DMR Data for Outfall 13S	NA	No comments.
2	DMR Data for Outfall 03A027	NA	No comments.
3	DMR Data for Outfall 03A160	NA	No comments.
4	DMR Data for Outfall 05A055	NA	No comments.
5	DMR Data for Outfall 03A113	Page 3 of 5	pH Data for November 2021: The minimum pH provided in the report does not match the value submitted in the hard copy DMR. It should be "7.1".
6	DMR Data for Outfall 03A113	Page 3 of 5	pH Data for December 2021: The minimum pH provided in the report does not match the value submitted in the hard copy DMR. It should be "6.7".
7	DMR Data for Outfall 03A113	Page 3 of 5	Flow Data for March 2022: The Daily Maximum provided in the report does not match the value submitted in the hard copy DMR. It should be "0.016080".
8	DMR Data for Outfall 051	Page 6 of 12	TSS Data for May 2021: The Monthly Average provided in the report does not match the value submitted in the hard copy DMR. It should be "< 0.57."
9	DMR Data for Outfall 051	Page 7 of 12	Chromium Data for August 2021: The Monthly Average provided in the report does not match the value submitted in the hard copy DMR. It should be "< 0.003."
10	DMR Data for Outfall 051	Page 8 of 12	Copper Data for August 2021: The Daily Max provided in the report does not match the value submitted in the hard copy DMR. It should be "0.00069."
11	DMR Data for Outfall 051	Page 8 of 12	Copper Data for September: The monthly Average and Daily Max values provided in the report do not match the values submitted in the hard copy DMR. The DMR did not include the "<" symbols.
12	DMR Data for Outfall 051	Page 8 of 12	Copper Data for March 2022: The Monthly Average provided in the report does not match the value submitted in the hard copy DMR. The DMR did not include the "<" symbol.
13	DMR Data for Outfall 051	Page 9 of 12	Lead Data for May 2021: The Monthly Average and Daily Max provided in the report do not match the values submitted in the hard copy DMR. The values should both be "< 0.0005."
14	DMR Data for Outfall 051	Page 9 of 12	Zinc Data for January 2022: The Daily Max provided in the report does not match the value submitted in the hard copy DMR. The value should be "< 0.0033."
15	DMR Data for Outfall 051	Page 9 of 12	Zinc Data for July 2022: The Monthly Average and Daily Max provided do not match the values submitted in the hard copy DMR. The values should be "< 0.00775" and "0.0122" respectively.
16	DMR Data for Outfall 051	Page 10 of 12	Radium 226/228 Data for August 2021: The Monthly Average and Daily Max provided in the report do not match the values submitted in the hard copy DMR. The values should be "0.571" and "0.982" respectively.
17	DMR Data for Outfall 051	Page 10 of 12	Flow Data for August 2021: The Monthly Average and Daily Max provided in the report do not match the values submitted in the hard copy DMR. The values should be "0.014519" and "0.017388" respectively.

II. The Data Demonstrates There are Numerous Discharges From Outfall 051

As Region 6 stated in the Public Notice, DMR data published with the Public Notice are “confirmatory” of earlier discharge information already in the record for the Permit. The DMR data demonstrates that actual discharges are occurring from the Laboratory on an ongoing basis, including in 2021 and 2022, and including from the RLWTF through Outfall 051. *See* Public Notice, available at <https://www.epa.gov/nm/los-alamos-national-laboratory-wastewater-industrial-extension-comment-period-mpdes-permit-no> (last visited Mar. 8, 2023). The Public Notice sets forth DMR Summaries providing monthly average and daily maximum values for discharges in 2021 and 2022.

Page 12 of the DMR Summary for Outfall 051 displays the values for discharge flow in million gallons per day (MGD) for Outfall 051. *See* Public Notice, DMR Data for Outfall 051 for NM0028355.pdf, available at <https://www.epa.gov/nm/los-alamos-national-laboratory-wastewater-industrial-extension-comment-period-mpdes-permit-no> (last visited Mar. 14, 2023). The data are provided as *average* monthly and daily maximum values. Because these values, while instructive, are not intended to provide the level of detail that is available from the DMRs previously submitted to the Agency in 2021 and 2022, the Permittees hereby submit *daily* flow values for each discharge event that occurred via Outfall 051 in 2021 and 2022. *See* **Attachment B**. Discharge flow occurred at Outfall 051 on a total of 29 days in 2021 and 2022. *See id.*

These data further demonstrate that actual discharges are occurring via Outfall 051. Likewise, the data confirms the conclusions that the Region drew from earlier data in the administrative record for the Permit. *See id.*; *see also* Public Notice. The monthly average and daily maximum flow data set forth in the Public Notice support the same conclusion.

III. Permittees' 2021 and 2022 Discharge Data for Outfall 051 is Consistent with and Supports Permittees' Form 2C Estimates Regarding Flow Rates and Volume of Discharges for Outfall 051

In March 2019, as EPA requires for NPDES permit renewals, Permittees included with its Permit reapplication copies of the EPA's Form 2C "Instructions - Application for Permit to Discharge Wastewater[,] Existing Manufacturing, Commercial, Mining and Silviculture Operations" (Form 2C Instructions) for each outfall for which it sought renewed NPDES permit coverage, including Outfall 051. *See* 40 C.F.R. §122.21(a)(2)(D); *see also* Form 2C Instructions, at Part V-B.

Form 2C Instructions require that an applicant use either actual discharge data or estimate both the flow rate and volume of discharges at a given outfall, and to include these calculations in the relevant portions of its Form 2C for the respective outfall(s). *See* Form 2C Instructions, at pg. 2C-1 (Item II-C) ("Fill in every applicable column in this item [Form 2C] for each source of intermittent or seasonal discharges. Base your answers on actual data whenever available; otherwise provide your best *estimate*") (emphasis). Calculations regarding flow rates and volumes of discharge are also included in an applicant's NPDES renewal application Fact Sheet and then used in EPA's calculation for reasonable potential.

Permittees included discharge flow rates and volumes for Outfall 051 in their Form 2C and Permit Application Fact Sheet, as required. *See* 40 C.F.R. §122.21(a)(2)(D); *see also* Form 2C Instructions, at Part V-B. Permittees' estimated discharge flow rates and volumes at Outfall 051, identified in their Form 2C and Fact Sheet were estimated based upon the express language in the Form 2C Instructions. Specifically, Permittees estimated their discharge flow rates and volumes as directed in Form 2C, Items II-B and II-C (Page 2C-1), as follows:

- Item II-B: List all sources of wastewater to each outfall. Operations may be described in general terms (*for example, "dye-making reactor" or "distillation tower"*). You may estimate the flow contributed by each source if no data are available. For stormwater discharges you may estimate the average flow, but you must indicate the rainfall event upon which the estimate is based and the method of estimation. For each treatment unit, indicate its size, flow rate, and retention time, and describe the ultimate disposal of any solid or liquid wastes not discharged. Treatment units should be listed in order and you should select the proper code from Table 2c-1 to fill in column 3-b for each treatment unit. Insert "XX" into column 3-b if no code corresponds to a treatment unit you list. If you are applying for a permit for a privately owned treatment works, you must also identify all of your contributors in an attached listing.
- Item II-C: A discharge is intermittent unless it occurs without interruption during the operating hours of the facility, except for infrequent shutdowns for maintenance, process changes, or other similar activities. A discharge is seasonal if it occurs only during certain parts of the year. Fill in every applicable column in this item for each source of intermittent or seasonal discharges. Base your answers on actual data whenever available; otherwise, provide your best estimate. Report the highest daily value for flow rate and total volume in the "Maximum Daily" columns (*columns 4-a-2 and 4-b-2*). Report the average of all daily values measured during days when discharge occurred within the last year in the "Long Term Average" columns (*columns 4-a-1 and 4-b-1*). *See* EPA Instructions, at pg. 2C-1 (Item II-B-II-C).

Over the years, the RLWTF, which was originally constructed in 1963, has undergone various upgrades, which has included the addition of two 20,000-gallon effluent tanks (*i.e.*, for a *total* of 40,000 gallons of potential effluent) that can be discharged to Outfall 051 during batch discharges. The 2019 NPDES permit limit flow rates and volumes were estimated based upon the volume of these two tanks (20,000 gallons x 2) and the standard single 4-day, 10-hr shift operating schedule of the RLWTF as shown in Table 2.

Table 2 Discharge Rates and Frequencies for Outfall 051							
Source ^a	Frequency		Flow Rates and Volumes				
	Days/Week	Months	Average (MGD)	Maximum (MGD)	Average Volume (GPD)	Maximum Volume (GPD)	Duration (days)
Radioactive Liquid Waste Treatment Facility	4	12	0.020	0.040	20,000	39,840	208

a. Estimated based on the operating parameters of the Effluent Storage Tanks.

GPD = gallons per day; MGD = million gallons per day

The flow rate/volumes listed in Table 2 are design basis volumes intended to provide an upper boundary for the daily average (that is, 1-20,000 gallon effluent tank) and daily maximum (that is, 2-20,000 gallon effluent tanks for a total volume of 40,000 gallons) discharge flow rate/volume to Outfall 051. EPA utilized the flow rate/volumes listed in Table 2 to estimate an upper boundary for potential pollutants evaluated in the reasonable potential analysis and loading calculations. The *actual* discharge flow rates/volumes for 2021 and 2022, are as follows:

Table 3			
Outfall 051 Flow Rate/Volume Data 2021 - 2022			
Location ID	Date	Flow (Daily) MGD	Flow (Daily) GPD
NPDES Outfall 051051	4/27/2021	0.018629	18629
NPDES Outfall 051051	4/29/2021	0.017579	17579
NPDES Outfall 051051	5/18/2021	0.015926	15926
NPDES Outfall 051051	6/22/2021	0.017392	17392
NPDES Outfall 051051	7/20/2021	0.014827	14827
NPDES Outfall 051051	7/28/2021	0.017543	17543
NPDES Outfall 051051	8/10/2021	0.006248	6248
NPDES Outfall 051051	8/24/2021	0.017109	17109
NPDES Outfall 051051	8/26/2021	0.017388	17388
NPDES Outfall 051051	8/31/2021	0.017331	17331
NPDES Outfall 051051	9/14/2021	0.016865	16865
NPDES Outfall 051051	9/21/2021	0.017221	17221
NPDES Outfall 051051	10/26/2021	0.017435	17435
NPDES Outfall 051051	11/9/2021	0.017374	17374
NPDES Outfall 051051	11/29/2021	0.007062	7062
NPDES Outfall 051051	01/11/2022	0.016726	16726
NPDES Outfall 051051	01/13/2022	0.007596	7596
NPDES Outfall 051051	03/02/2022	0.017389	17389
NPDES Outfall 051051	07/06/2022	0.017056	17056
NPDES Outfall 051051	07/14/2022	0.016798	16798
NPDES Outfall 051051	08/11/2022	0.015461	15461
NPDES Outfall 051051	08/18/2022	0.017090	17090
NPDES Outfall 051051	08/30/2022	0.016499	16499
NPDES Outfall 051051	09/08/2022	0.015286	15286
NPDES Outfall 051051	09/20/2022	0.016522	16522
NPDES Outfall 051051	10/19/2022	0.016492	16492
NPDES Outfall 051051	11/08/2022	0.014859	14859
NPDES Outfall 051051	12/08/2022	0.016416	16416
NPDES Outfall 051051	12/15/2022	0.016366	16366
Long Term Average			15,741
Daily Max			18,629

As the 2021 and 2022 data contained in Table 3 demonstrate, the average and daily maximum discharge volumes (15,741 gallons and 18,629 gallons, respectively) are less than the estimated flow rates/volumes identified in Form 2C of the Permit Renewal Application. Accordingly, Table 3 demonstrates that Permittees' Renewal Application adequately estimated bounding flow rates/volumes. Additionally, the estimated flow rates/volumes provided a more conservative estimate for potential pollutant concentrations and loading (*i.e.*, is more protective of water quality), as shown in the following example:

Loading Calculation Using Estimated Average from 2019 Permit Application:

$$\frac{14 \text{ mg}}{\text{L}} \times \frac{1 \text{ L}}{0.264172 \text{ gal}} \times 2.20\text{E-}06 \frac{\text{lb}}{\text{mg}} \times 20000 \frac{\text{gal}}{\text{day}} = 2.33 \frac{\text{Lbs}}{\text{Day}}$$

Loading Calculation Using Average Discharge Data from 2019 – 2021:

$$\frac{14 \text{ mg}}{\text{L}} \times \frac{1 \text{ L}}{0.264172 \text{ gal}} \times 2.20\text{E-}06 \frac{\text{lb}}{\text{mg}} \times 15,763 \frac{\text{gal}}{\text{day}} = 1.84 \frac{\text{Lbs}}{\text{Day}}$$

Moreover, Table 3 demonstrates that Permittees not only accurately estimated the numbers in their Form 2C, but also had multiple *actual* discharges from Outfall 051 in 2021 and 2022. The accuracy of Permittee's Form 2C is evidenced by both its conformance to the EPA's Instructions on as much—as enumerated above—and by the *actual* 2021 and 2022 discharge data from Outfall 051.

IV. Permittees' Supporting 2021 and 2022 Data and Comments on Outfalls 13S, 03A027, 03A113, 03A160, and 05A055 for 2021 and 2022

Permittees include, as **Attachment C**, the complete DMRs for Outfalls 13S, 03A027, 03A113, 03A160, and 05A055. Furthermore, provided below are additional comments for outfalls 13S, 03A027 03A113, 03A160, and 05A055.

A. Outfall 13S

Outfall 13S is associated with the LANL sanitary wastewater system (SWWS) treatment facility. The SWWS and Outfall 13S are located at a lower elevation than all of the other outfalls at LANL, and the 2019 Permit Reapplication clearly states that treated effluent from the SWWS can be discharged to Outfall 13S by gravity feed, should other options for discharge or reuse, such as the Power Plant Reuse Tank—located at a higher elevation than Outfall 13S—be unavailable to accept flows. Outfall 13S is routinely maintained, has an automatic flow meter, automatic sampler, and is fully capable of receiving SWWS treated effluent based upon demand, volume, and availability of equipment to pump, store, discharge, and/or treat using facilities and equipment located at an elevation that is much higher than SWWS. The outfall provides operational flexibility for maintenance, repair, and replacement of equipment (*i.e.*, pumps), Sanitary Effluent Reuse Facility (SERF), Power Plant Reuse Tank, and Outfall 001. Outfall 13S serves as a critical component of LANL's operational footprint.

B. Outfall 03A027

The Laboratory uses Outfall 03A027 to discharge cooling tower blowdown in support of the Strategic Computing Complex (SCC). The effluent is comprised of

potable water and/or recycled SWWS effluent from the SERF that is treated by the cooling tower water treatment system. The blowdown discharged from 03A027 can be routed to either Outfall 03A027, Outfall 001, or the SWWS, depending on a multitude of factors and because flexibility is needed for operations at SCC, a mission critical facility to LANL. Moreover, when possible, LANL attempts to recirculate and recycle water, as much as possible at the SCC, a facility that can use a substantial amount of water, due to the decades-long and historic drought conditions in New Mexico. *See* NOAA, Current Drought Monitor Conditions for New Mexico (1895-Current), available at: <https://www.drought.gov/states/new-mexico> (last visited Mar. 13, 2023); *see also* NOAA, Climate Program Office, “The Period from 2000-2021 was the driest since the year 800 in the Southwest [including New Mexico],” available at <https://cpo.noaa.gov/News/ArtMID/7875/ArticleID/2488/The-period-from-2000-2021-was-the-driest-since-the-year-800-in-the-Southwest#:~:text=The%20study%20reveals%20that%202000,during%20the%20late%2D1500s%20megadrought> (last visited Mar. 13, 2023). Thus, influent loading, operational status of other equipment, and the ability to reuse/recycle water dictate the need to use Outfall 03A027.

C. Outfall 03A113

The Laboratory has utilized Outfall 03A113 in the past and will continue to utilize Outfall 03A113 into the future. Outfall 03A113 discharges treated cooling water. Permittees’ Supplemental Comments stated: “The TA-53-952 cooling tower discharges routinely to the outfall as shown in Fact Sheet Attachment D and the

various [DMRs] The outfall discharged 529,234 gallons in 2017, 436,400 gallons in 2018, 198,530 gallons in 2019, and 154,390 gallons as of October 30, 2020. See February 25, 2021, Permittees' Supplemental Comments (Supplemental Comments), at pgs. 5-6. Cooling Tower TA-53-293 is in operational standby and is currently not discharging to the outfall, but the permit application proposes and intends the Cooling Tower as an additional (in addition to TA-53-952) future discharge source to Outfall 03A113. The DMR Summary in the Administrative Record for the Permit, as well as those DMRs included as Attachment C confirm the factual record regarding Outfall 00A113 discharges.

D. Outfall 03A160

The Laboratory has utilized Outfall 03A160 in the past, most recently through April 2018, and will continue to do so in the future. Outfall 03A160 discharges cooling tower blowdown. In May 2018, Permittees rerouted discharges from Outfall 03A160 to SWWS to support water reuse and recycling during historic drought conditions in New Mexico; to allow the National High Magnetic Field Laboratory (NHMFL) to construct a water treatment system; and to rehabilitate an aging cooling system at the NHMFL. NHMFL completed construction of its water treatment system and rehabilitation of an aged cooling tower in the summer of 2020.

E. Outfall O5A055

LANL has previously utilized Outfall 05A055, which is associated with its High Explosives Wastewater Treatment Facility (HEWTF) and will continue to

utilize Outfall 05A055 into the future. As Permittees described in their

Supplemental Comments:

Outfall 05A055 is fully capable of receiving treated HEWTF effluent based upon demand, volume, and availability of evaporation equipment. The outfall provides operational flexibility for maintenance, repair and replacement of equipment (i.e., evaporator). Supplemental Comments, at pg. 23.

As LANL's mission continues to change and evolve, maintaining flexibility at the HEWTF is critical and such flexibility necessitates the ability to discharge from Outfall 05A055 as needed.

V. Conclusion

Based upon the record before it, EPA Region 6 properly reissued the Laboratory's NPDES Permit in May 2022 to authorize 11 outfalls for discharge based on operational need. Moreover, the 2021 and 2022 discharge data for which EPA now seeks additional comment pursuant to the Public Notice confirms that the May 2022 issuance was proper.

ATTACHMENT A
Permittees' Markup of DMR Summary

DMR Summary

Permit NM0028355

Permit Name	Version Nmbr	Curr. Major Minor Status	Issue Date	Effective Date	Expiration Date
LOS ALAMOS NATIONAL LABORATORY	0	Major	3/30/22	8/1/22	4/30/27
LOS ALAMOS NATIONAL LABORATORY	3	Major	8/12/14	10/1/14	9/30/19

Version # 0

Outfall 113A

00400 pH / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
8/1/22	4/30/27	Grab	Weekly

Limit		
Limit Unit Desc	Standard Units	Standard Units
Statistical Base	MINIMUM	MAXIMUM
Limit Value	6	9
DMR Values		
8/31/22	7.1	7.4
9/30/22	7.1	7.5
10/31/22	7.2	7.3
11/30/22	7.1	7.3
12/31/22	7	7.2

50050 Flow, in conduit or thru treatment plant / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
8/1/22	4/30/27	Record (manual)	Daily

Limit		
Limit Unit Desc	Million Gallons per	Million Gallons per
Statistical Base	MO AVG	DAILY MX
Limit Value		
DMR Values		
8/31/22	.0009777	.00336
9/30/22	.001028	.00234
10/31/22	.0002	.00071
11/30/22	.0005157	.00115
12/31/22	.0005646	.00114

50060 Chlorine, total residual / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
8/1/22	4/30/27	Grab	Weekly

Limit	
Limit Unit Desc	Milligrams per Liter
Statistical Base	INST MAX
Limit Value	.011
DMR Values	

DMR Summary

Permit NM0028355

Version # 0

Outfall 113A

50060 Chlorine, total residual / Location 1 / Season 0 / Base

DMR Values	
8/31/22	0
9/30/22	0
10/31/22	0
11/30/22	0
12/31/22	0

Outfall 113Q

00530 Solids, total suspended / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
8/1/22	4/30/27	Grab	Quarterly

Limit		
Limit Unit Desc	Milligrams per Liter	Milligrams per Liter
Statistical Base	MO AVG	DAILY MX
Limit Value	30	100
DMR Values		
10/31/22	<.597	<.6

00665 Phosphorus, total [as P] / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
8/1/22	4/30/27	Grab	Quarterly

Limit		
Limit Unit Desc	Milligrams per Liter	Milligrams per Liter
Statistical Base	MO AVG	DAILY MX
Limit Value	20	40
DMR Values		
10/31/22	1.65	1.68

Version # 3

Outfall 113A

00400 pH / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
10/1/14	9/30/19	Grab	Weekly

Limit		
Limit Unit Desc	Standard Units	Standard Units
Statistical Base	MINIMUM	MAXIMUM
Limit Value	6	9
DMR Values		
1/31/21	7.2	7.4

DMR Summary

Permit NM0028355

Version # 3

Outfall 113A

00400 pH / Location 1 / Season 0 / Base

DMR Values		
2/28/21	7.1	7.2
3/31/21	7.2	7.4
4/30/21	7	7.2
5/31/21	7.2	7.6
6/30/21	7.5	7.9
7/31/21	7.6	7.8
8/31/21	7.2	7.6
9/30/21	7	7.3
10/31/21	7.3	7.6
11/30/21	7.4	7.1
12/31/21	8.7	6.7
1/31/22	7	7.3
2/28/22	6.9	8.9
3/31/22	6.9	7.2
4/30/22	7.1	7.4
5/31/22	7.1	7.8
6/30/22	7.1	7.2
7/31/22	7.3	7.4

50050 Flow, in conduit or thru treatment plant / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
10/1/14	9/30/19	Record (manual)	Daily

Limit		
Limit Unit Desc	Million Gallons per	Million Gallons per
Statistical Base	MO AVG	DAILY MX
Limit Value		
DMR Values		
1/31/21	.0000445	.0013
2/28/21	.000338	.00079
3/31/21	.000744	.0014
4/30/21	.000969	.0018
5/31/21	.000253	.00105
6/30/21	.001345	.00353
7/31/21	.001617	.0024
8/31/21	.001692	.00482
9/30/21	.001817	.008
10/31/21	.000268	.00086
11/30/21	.001481	.0054
12/31/21	.000278	.00128
1/31/22	.000105	.00018
2/28/22	.002412	.01277
3/31/22	.001094	.016088 0.016080
4/30/22	.000246	.00051
5/31/22	.0026837	.01387
6/30/22	.001219	.00256
7/31/22	.001212	.00421

50060 Chlorine, total residual / Location 1 / Season 0 / Base

DMR Summary

Permit NM0028355

Version # 3

Outfall 113A

50060 Chlorine, total residual / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
10/1/14	9/30/19	Grab	Weekly

Limit	
Limit Unit Desc	Milligrams per Liter
Statistical Base	INST MAX
Limit Value	.011
DMR Values	
1/31/21	0
2/28/21	0
3/31/21	0
4/30/21	0
5/31/21	0
6/30/21	0
7/31/21	0
8/31/21	0
9/30/21	0
10/31/21	0
11/30/21	0
12/31/21	0
1/31/22	0
2/28/22	.03
3/31/22	0
4/30/22	0
5/31/22	0
6/30/22	0
7/31/22	0

Outfall 113Q

00530 Solids, total suspended / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
10/1/14	9/30/19	Grab	Quarterly

Limit		
Limit Unit Desc	Milligrams per Liter	Milligrams per Liter
Statistical Base	MO AVG	DAILY MX
Limit Value	30	100
DMR Values		
3/31/21	.9	.9
6/30/21	1.3	1.3
9/30/21	<.57	<.57
12/31/21	2.3	2.3
3/31/22	4.8	4.8
6/30/22	<.57	<.57

00665 Phosphorus, total [as P] / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
10/1/14	9/30/19	Grab	Quarterly

DMR Summary

Permit NM0028355

Version # 3

Outfall 113Q

00665 Phosphorus, total [as P] / Location 1 / Season 0 / Base

Limit		
Limit Unit Desc	Milligrams per Liter	Milligrams per Liter
Statistical Base	MO AVG	DAILY MX
Limit Value	20	40
DMR Values		
3/31/21	2.23	2.23
6/30/21	2.03	2.03
9/30/21	1.51	1.51
12/31/21	1.35	1.35
3/31/22	.925	.925
6/30/22	1.37	1.37

Outfall 113Y

01040 Copper, dissolved [as Cu] / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
10/1/17	9/30/19	Grab	Annual

Limit	
Limit Unit Desc	Milligrams per Liter
Statistical Base	DAILY MX
Limit Value	.0218
DMR Values	
9/30/21	.0144

01104 Aluminum, total recoverable / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
10/1/17	9/30/19	Grab	Annual

Limit	
Limit Unit Desc	Milligrams per Liter
Statistical Base	DAILY MX
Limit Value	6.904
DMR Values	
9/30/21	<.0193

DMR Summary

Permit NM0028355

Permit Name	Version Nmbr	Curr. Major Minor Status	Issue Date	Effective Date	Expiration Date
LOS ALAMOS NATIONAL LABORATORY	0	Major	3/30/22	8/1/22	4/30/27
LOS ALAMOS NATIONAL LABORATORY	3	Major	8/12/14	10/1/14	9/30/19

Version # 0

Outfall 051A

00340 Oxygen demand, chem. [high level] [COD] / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
8/1/22	4/30/27	Grab	Monthly

Limit		
Limit Unit Desc	Milligrams per Liter	Milligrams per Liter
Statistical Base	MO AVG	DAILY MX
Limit Value	125	125
DMR Values		
8/31/22	<30.1	28.3
9/30/22	<8.95	<8.95
10/31/22	<11.8	<14.7
11/30/22	21.7	21.7
12/31/22	<8.95	<8.95

00400 pH / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
8/1/22	4/30/27	Grab	Weekly

Limit		
Limit Unit Desc	Standard Units	Standard Units
Statistical Base	MINIMUM	MAXIMUM
Limit Value	6	9
DMR Values		
8/31/22	7.3	7.4
9/30/22	7.1	7.2
10/31/22	7.4	7.4
11/30/22	7.5	7.5
12/31/22	7.2	7.2

00530 Solids, total suspended / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
8/1/22	4/30/27	Grab	Monthly

Limit				
Limit Unit Desc	Pounds per Day	Pounds per Day	Milligrams per Liter	Milligrams per Liter
Statistical Base	MO AVG	DAILY MX	MO AVG	DAILY MX
Limit Value	73	109	30	45
DMR Values				

DMR Summary

Permit NM0028355

Version # 0

Outfall 051A

00530 Solids, total suspended / Location 1 / Season 0 / Base

DMR Values				
8/31/22	<.0735	<.0735	<.57	<.57
9/30/22	.0813	.0813	.638	.638
10/31/22	<.101	.101	<.654	.737
11/30/22	<.0729	<.0729	<.588	<.588
12/31/22	<.0817	<.0817	<.583	<.597

00900 Hardness, total [as CaCO3] / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
8/1/22	4/30/27	Grab	Three per Week

Limit	
Limit Unit Desc	Milligrams per Liter
Statistical Base	MO AV MN
Limit Value	50
DMR Values	
8/31/22	70.6
9/30/22	79.1
10/31/22	84.9
11/30/22	82.7
12/31/22	75.9

01034 Chromium, total [as Cr] / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
8/1/22	4/30/27	Grab	Weekly

Limit		
Limit Unit Desc	Milligrams per Liter	Milligrams per Liter
Statistical Base	MO AVG	DAILY MX
Limit Value	1.34	2.68
DMR Values		
8/31/22	<.003	<.003
9/30/22	<.003	<.003
10/31/22	<.003	<.003
11/30/22	<.003	<.003
12/31/22	<.003	<.003

01042 Copper, total [as Cu] / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
8/1/22	4/30/27	Grab	Three per Week

Limit		
Limit Unit Desc	Milligrams per Liter	Milligrams per Liter
Statistical Base	MO AVG	DAILY MX
Limit Value	.014	.014
DMR Values		
8/31/22	.000884	.00146
9/30/22	.000448	.000483
10/31/22	.00196	.00196

DMR Summary

Permit NM0028355

Version # 0

Outfall 051A

01042 Copper, total [as Cu] / Location 1 / Season 0 / Base

DMR Values		
11/30/22	.000767	.000767
12/31/22	<.000515	.000945

01051 Lead, total [as Pb] / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
8/1/22	4/30/27	Grab	Weekly

Limit		
Limit Unit Desc	Milligrams per Liter	Milligrams per Liter
Statistical Base	MO AVG	DAILY MX
Limit Value	.076	.115
DMR Values		
8/31/22	<.0005	<.0005
9/30/22	<.0005	<.0005
10/31/22	<.0005	<.0005
11/30/22	<.0005	<.0005
12/31/22	<.0005	<.0005

01092 Zinc, total [as Zn] / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
8/1/22	4/30/27	Grab	Three per Week

Limit		
Limit Unit Desc	Milligrams per Liter	Milligrams per Liter
Statistical Base	MO AVG	DAILY MX
Limit Value	.191	.191
DMR Values		
8/31/22	<.0033	<.0033
9/30/22	<.0033	<.0033
10/31/22	<.0033	<.0033
11/30/22	<.0033	<.0033
12/31/22	<.00546	.00977

11503 Radium 226 + radium 228, total / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
8/1/22	4/30/27	Grab	Weekly

Limit		
Limit Unit Desc	Picocuries per Liter	Picocuries per Liter
Statistical Base	MO AVG	DAILY MX
Limit Value	30	30
DMR Values		
8/31/22	<.447	.656
9/30/22	<.912	1.27
10/31/22	.95	1.27
11/30/22	.556	.638
12/31/22	<.635	<.79

DMR Summary

Permit NM0028355

Version # 0

Outfall 051A

50050 Flow, in conduit or thru treatment plant / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
8/1/22	4/30/27	Estimate	Daily

Limit		
Limit Unit Desc	Million Gallons per	Million Gallons per
Statistical Base	MO AVG	DAILY MX
Limit Value		
DMR Values		
8/31/22	.01635	.01709
9/30/22	.015904	.016522
10/31/22	.016492	.016492
11/30/22	.014859	.014859
12/31/22	.016391	.016416

50060 Chlorine, total residual / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
8/1/22	4/30/27	Grab	Weekly

Limit	
Limit Unit Desc	Milligrams per Liter
Statistical Base	INST MAX
Limit Value	.011
DMR Values	
8/31/22	0
9/30/22	0
10/31/22	0
11/30/22	0
12/31/22	0

61209 Perchlorate [ClO4] / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
8/1/22	4/30/27	Grab	Weekly

Limit		
Limit Unit Desc	Milligrams per Liter	Milligrams per Liter
Statistical Base	MO AVG	DAILY MX
Limit Value		
DMR Values		
8/31/22	<.00005	<.00005
9/30/22	<.00005	<.00005
10/31/22	<.00005	<.00005
11/30/22	<.00005	<.00005
12/31/22	<.00005	<.00005

78141 Organics, total toxic [TTO] / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
8/1/22	4/30/27	Grab	Monthly

DMR Summary

Permit NM0028355

Version # 0

Outfall 051A

78141 Organics, total toxic [TTO] / Location 1 / Season 0 / Base

Limit		
Limit Unit Desc	Milligrams per Liter	Milligrams per Liter
Statistical Base	MO AVG	DAILY MX
Limit Value	1	1
DMR Values		
8/31/22	.00227	.00227
9/30/22	.00596	.00596
10/31/22	.00533	.00533
11/30/22	.00335	.00335
12/31/22	.00518	.00518

Version # 3

Outfall 051A

00340 Oxygen demand, chem. [high level] [COD] / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
10/1/14	9/30/19	Grab	Monthly

Limit		
Limit Unit Desc	Milligrams per Liter	Milligrams per Liter
Statistical Base	MO AVG	DAILY MX
Limit Value	125	125
DMR Values		
1/31/21	NODI=C	NODI=C
2/28/21	NODI=C	NODI=C
3/31/21	NODI=C	NODI=C
4/30/21	16.5	16.5
5/31/21	<8.95	<8.95
6/30/21	<8.95	<8.95
7/31/21	34.2	34.2
8/31/21	<8.95	<8.95
9/30/21	155	155
10/31/21	25.3	25.3
11/30/21	45	45
12/31/21	NODI=C	NODI=C
1/31/22	<8.95	<8.95
2/28/22	NODI=C	NODI=C
3/31/22	31.8	31.8
4/30/22	NODI=C	NODI=C
5/31/22	NODI=C	NODI=C
6/30/22	NODI=C	NODI=C
7/31/22	<8.95	<8.95

00400 pH / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
10/1/14	9/30/19	Grab	Weekly

DMR Summary

Permit NM0028355

Version # 3

Outfall 051A

00400 pH / Location 1 / Season 0 / Base

Limit		
Limit Unit Desc	Standard Units	Standard Units
Statistical Base	MINIMUM	MAXIMUM
Limit Value	6	9
DMR Values		
1/31/21	NODI=C	NODI=C
2/28/21	NODI=C	NODI=C
3/31/21	NODI=C	NODI=C
4/30/21	7.4	7.4
5/31/21	7.4	7.4
6/30/21	7.4	7.4
7/31/21	7.5	7.7
8/31/21	7.4	7.6
9/30/21	7.1	7.1
10/31/21	7.2	7.2
11/30/21	7.3	7.3
12/31/21	NODI=C	NODI=C
1/31/22	7.5	7.8
2/28/22	NODI=C	NODI=C
3/31/22	7.3	7.3
4/30/22	NODI=C	NODI=C
5/31/22	NODI=C	NODI=C
6/30/22	NODI=C	NODI=C
7/31/22	7.1	7.2

00530 Solids, total suspended / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
10/1/14	9/30/19	Grab	Monthly

Limit				
Limit Unit Desc	Pounds per Day	Pounds per Day	Milligrams per Liter	Milligrams per Liter
Statistical Base	MO AVG	DAILY MX	MO AVG	DAILY MX
Limit Value	73	109	30	45
DMR Values				
1/31/21	NODI=C	NODI=C	NODI=C	NODI=C
2/28/21	NODI=C	NODI=C	NODI=C	NODI=C
3/31/21	NODI=C	NODI=C	NODI=C	NODI=C
4/30/21	<.0886	<.0886	<.57	<.57
5/31/21	<.0757	<.0757	.57 <0.57	<.57
6/30/21	.16	.16	1.1	1.1
7/31/21	<.0705	<.0705	<.57	<.57
8/31/21	<.0297	<.0297	<.57	<.57
9/30/21	<.0802	<.0802	<.57	<.57
10/31/21	<.0829	<.0829	<.57	<.57
11/30/21	<.0826	<.0826	<.57	<.57
12/31/21	NODI=C	NODI=C	NODI=C	NODI=C
1/31/22	<.0795	<.0795	<.57	<.57
2/28/22	NODI=C	NODI=C	NODI=C	NODI=C
3/31/22	.145	.145	1	1
4/30/22	NODI=C	NODI=C	NODI=C	NODI=C
5/31/22	NODI=C	NODI=C	NODI=C	NODI=C

DMR Summary

Permit NM0028355

Version # 3

Outfall 051A

00530 Solids, total suspended / Location 1 / Season 0 / Base

DMR Values				
6/30/22	NODI=C	NODI=C	NODI=C	NODI=C
7/31/22	<.0799	<.0799	<.57	<.57

00900 Hardness, total [as CaCO3] / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
10/1/14	9/30/19	Grab	Three per Week

Limit	
Limit Unit Desc	Milligrams per Liter
Statistical Base	MO AV MN
Limit Value	50
DMR Values	
1/31/21	NODI=C
2/28/21	NODI=C
3/31/21	NODI=C
4/30/21	66.9
5/31/21	85
6/30/21	82.8
7/31/21	80.7
8/31/21	74.6
9/30/21	72.6
10/31/21	72.8
11/30/21	75.7
12/31/21	NODI=C
1/31/22	75.6
2/28/22	NODI=C
3/31/22	75.7
4/30/22	NODI=C
5/31/22	NODI=C
6/30/22	NODI=C
7/31/22	66.9

01034 Chromium, total [as Cr] / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
10/1/14	9/30/19	Grab	Weekly

Limit		
Limit Unit Desc	Milligrams per Liter	Milligrams per Liter
Statistical Base	MO AVG	DAILY MX
Limit Value	1.34	2.68
DMR Values		
1/31/21	NODI=C	NODI=C
2/28/21	NODI=C	NODI=C
3/31/21	NODI=C	NODI=C
4/30/21	<.003	<.003
5/31/21	<.003	<.003
6/30/21	<.003	<.003
7/31/21	<.003	<.003
8/31/21	<.0036 <0.003	<.003

DMR Summary

Permit NM0028355

Version # 3

Outfall 051A

01034 Chromium, total [as Cr] / Location 1 / Season 0 / Base

DMR Values		
9/30/21	<.003	<.003
10/31/21	<.003	<.003
11/30/21	<.003	<.003
12/31/21	NODI=C	NODI=C
1/31/22	<.003	<.003
2/28/22	NODI=C	NODI=C
3/31/22	<.003	<.003
4/30/22	NODI=C	NODI=C
5/31/22	NODI=C	NODI=C
6/30/22	NODI=C	NODI=C
7/31/22	<.003	<.003

01042 Copper, total [as Cu] / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
10/1/14	9/30/19	Grab	Three per Week

Limit		
Limit Unit Desc	Micrograms per Lite	Micrograms per Lite
Statistical Base	MO AVG	DAILY MX
Limit Value	.014	.014
DMR Values		
1/31/21	NODI=C	NODI=C
2/28/21	NODI=C	NODI=C
3/31/21	NODI=C	NODI=C
4/30/21	.0025	.00409
5/31/21	.00112	.00112
6/30/21	.00076	.00076
7/31/21	.00147	.00223
8/31/21	.000579	.00089 0.00069
9/30/21	<.000762 0.000762	<.000778 0.000778
10/31/21	.000549	.000549
11/30/21	.000578	.000647
12/31/21	NODI=C	NODI=C
1/31/22	.00141	.00238
2/28/22	NODI=C	NODI=C
3/31/22	<.00114 0.00114	.00114
4/30/22	NODI=C	NODI=C
5/31/22	NODI=C	NODI=C
6/30/22	NODI=C	NODI=C
7/31/22	.00783	.0144

01051 Lead, total [as Pb] / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
10/1/14	9/30/19	Grab	Weekly

Limit		
Limit Unit Desc	Milligrams per Liter	Milligrams per Liter
Statistical Base	MO AVG	DAILY MX
Limit Value	.076	.115

DMR Summary

Permit NM0028355

Version # 3

Outfall 051A

01051 Lead, total [as Pb] / Location 1 / Season 0 / Base

DMR Values		
1/31/21	NODI=C	NODI=C
2/28/21	NODI=C	NODI=C
3/31/21	NODI=C	NODI=C
4/30/21	<.0005	<.0005
5/31/21	<.005 <0.0005	<.005 <0.0005
6/30/21	<.0005	<.0005
7/31/21	<.0005	<.0005
8/31/21	<.0005	<.0005
9/30/21	<.0005	<.0005
10/31/21	<.0005	<.0005
11/30/21	<.0005	<.0005
12/31/21	NODI=C	NODI=C
1/31/22	<.0005	<.0005
2/28/22	NODI=C	NODI=C
3/31/22	<.0005	<.0005
4/30/22	NODI=C	NODI=C
5/31/22	NODI=C	NODI=C
6/30/22	NODI=C	NODI=C
7/31/22	<.0005	<.0005

01092 Zinc, total [as Zn] / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
10/1/14	9/30/19	Grab	Three per Week

Limit		
Limit Unit Desc	Micrograms per Lite	Micrograms per Lite
Statistical Base	MO AVG	DAILY MX
Limit Value	.191	.191
DMR Values		
1/31/21	NODI=C	NODI=C
2/28/21	NODI=C	NODI=C
3/31/21	NODI=C	NODI=C
4/30/21	<.00574	<.00817
5/31/21	<.0033	<.0033
6/30/21	<.0033	<.0033
7/31/21	<.0033	<.0033
8/31/21	<.0033	<.0033
9/30/21	<.00493	<.00656
10/31/21	<.0033	<.0033
11/30/21	<.0033	<.0033
12/31/21	NODI=C	NODI=C
1/31/22	<.0033	<.003 <0.0033
2/28/22	NODI=C	NODI=C
3/31/22	<.0033	<.0033
4/30/22	NODI=C	NODI=C
5/31/22	NODI=C	NODI=C
6/30/22	NODI=C	NODI=C
7/31/22	<.0075 <0.00775	<.0122 0.0122

11503 Radium 226 + radium 228, total / Location 1 / Season 0 / Base

DMR Summary

Permit NM0028355

Version # 3

Outfall 051A

11503 Radium 226 + radium 228, total / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
10/1/14	9/30/19	Grab	Weekly

Limit		
Limit Unit Desc	Picocuries per Liter	Picocuries per Liter
Statistical Base	MO AVG	DAILY MX
Limit Value	30	30
DMR Values		
1/31/21	NODI=C	NODI=C
2/28/21	NODI=C	NODI=C
3/31/21	NODI=C	NODI=C
4/30/21	<.45	<.505
5/31/21	<.652	<.908
6/30/21	<.6264	<.995
7/31/21	1.16	1.6
8/31/21	.191 0.571	.191 0.982
9/30/21	<.32	<.406
10/31/21	<.609	.989
11/30/21	<.225	<.384
12/31/21	NODI=C	NODI=C
1/31/22	.605	.822
2/28/22	NODI=C	NODI=C
3/31/22	.871	.889
4/30/22	NODI=C	NODI=C
5/31/22	NODI=C	NODI=C
6/30/22	NODI=C	NODI=C
7/31/22	<.379	.59

50050 Flow, in conduit or thru treatment plant / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
10/1/14	9/30/19	Estimate	Daily

Limit		
Limit Unit Desc	Million Gallons per	Million Gallons per
Statistical Base	MO AVG	DAILY MX
Limit Value		
DMR Values		
1/31/21	NODI=C	NODI=C
2/28/21	NODI=C	NODI=C
3/31/21	NODI=C	NODI=C
4/30/21	.018104	.018629
5/31/21	.015926	.015926
6/30/21	.017392	.017392
7/31/21	.016185	.017543
8/31/21	.571 0.014519	.982 0.017388
9/30/21	.017043	.017221
10/31/21	.017435	.017435
11/30/21	.012218	.017374
12/31/21	NODI=C	NODI=C
1/31/22	.012161	.016726
2/28/22	NODI=C	NODI=C

DMR Summary

Permit NM0028355

Version # 3

Outfall 051A

50050 Flow, in conduit or thru treatment plant / Location 1 / Season 0 / Base

DMR Values		
3/31/22	.017389	.017389
4/30/22	NODI=C	NODI=C
5/31/22	NODI=C	NODI=C
6/30/22	NODI=C	NODI=C
7/31/22	.016927	.017056

50060 Chlorine, total residual / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
10/1/14	9/30/19	Grab	Weekly

Limit	
Limit Unit Desc	Milligrams per Liter
Statistical Base	INST MAX
Limit Value	.011
DMR Values	
1/31/21	NODI=C
2/28/21	NODI=C
3/31/21	NODI=C
4/30/21	0
5/31/21	0
6/30/21	0
7/31/21	0
8/31/21	.019
9/30/21	0
10/31/21	0
11/30/21	0
12/31/21	NODI=C
1/31/22	0
2/28/22	NODI=C
3/31/22	0
4/30/22	NODI=C
5/31/22	NODI=C
6/30/22	NODI=C
7/31/22	0

61209 Perchlorate [ClO4] / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
10/1/14	9/30/19	Grab	Weekly

Limit		
Limit Unit Desc	Milligrams per Liter	Milligrams per Liter
Statistical Base	MO AVG	DAILY MX
Limit Value		
DMR Values		
1/31/21	NODI=C	NODI=C
2/28/21	NODI=C	NODI=C
3/31/21	NODI=C	NODI=C
4/30/21	<.00005	<.00005
5/31/21	<.00005	<.00005

DMR Summary

Permit NM0028355

Version # 3

Outfall 051A

61209 Perchlorate [ClO4] / Location 1 / Season 0 / Base

DMR Values		
6/30/21	<.00005	<.00005
7/31/21	<.00005	<.00005
8/31/21	<.00005	<.00005
9/30/21	<.00005	<.00005
10/31/21	<.00005	<.00005
11/30/21	<.00005	<.00005
12/31/21	NODI=C	NODI=C
1/31/22	<.00005	<.00005
2/28/22	NODI=C	NODI=C
3/31/22	<.00005	<.00005
4/30/22	NODI=C	NODI=C
5/31/22	NODI=C	NODI=C
6/30/22	NODI=C	NODI=C
7/31/22	<.00005	<.00005

78141 Organics, total toxic [TTO] / Location 1 / Season 0 / Base

Limit Start Date	Limit End Date	Sample Type	Frequency of Analysis
10/1/14	9/30/19	Grab	Monthly

Limit		
Limit Unit Desc	Milligrams per Liter	Milligrams per Liter
Statistical Base	MO AVG	DAILY MX
Limit Value	1	1
DMR Values		
1/31/21	NODI=C	NODI=C
2/28/21	NODI=C	NODI=C
3/31/21	NODI=C	NODI=C
4/30/21	.00305	.00305
5/31/21	.00303	.00303
6/30/21	.00419	.00419
7/31/21	.00136	.00136
8/31/21	.00831	.00831
9/30/21	.00579	.00579
10/31/21	.00094	.00094
11/30/21	.00059	.00059
12/31/21	NODI=C	NODI=C
1/31/22	0	0
2/28/22	NODI=C	NODI=C
3/31/22	0	0
4/30/22	NODI=C	NODI=C
5/31/22	NODI=C	NODI=C
6/30/22	NODI=C	NODI=C
7/31/22	.00437	.00437

ATTACHMENT B

Outfall 051 List of Daily Discharges,
2021 DMRs and 2022 DMRs

Location ID	Measurement	Parameter Name	Result	Result Units
NPDES Outfall 051051	4/27/2021	Flow (Daily)	0.018629	Mgal/day
NPDES Outfall 051051	4/29/2021	Flow (Daily)	0.017579	Mgal/day
NPDES Outfall 051051	5/18/2021	Flow (Daily)	0.015926	Mgal/day
NPDES Outfall 051051	6/22/2021	Flow (Daily)	0.017392	Mgal/day
NPDES Outfall 051051	7/20/2021	Flow (Daily)	0.014827	Mgal/day
NPDES Outfall 051051	7/28/2021	Flow (Daily)	0.017543	Mgal/day
NPDES Outfall 051051	8/10/2021	Flow (Daily)	0.006248	Mgal/day
NPDES Outfall 051051	8/24/2021	Flow (Daily)	0.017109	Mgal/day
NPDES Outfall 051051	8/26/2021	Flow (Daily)	0.017388	Mgal/day
NPDES Outfall 051051	8/31/2021	Flow (Daily)	0.017331	Mgal/day
NPDES Outfall 051051	9/14/2021	Flow (Daily)	0.016865	Mgal/day
NPDES Outfall 051051	9/21/2021	Flow (Daily)	0.017221	Mgal/day
NPDES Outfall 051051	10/26/2021	Flow (Daily)	0.017435	Mgal/day
NPDES Outfall 051051	11/9/2021	Flow (Daily)	0.017374	Mgal/day
NPDES Outfall 051051	11/29/2021	Flow (Daily)	0.007062	Mgal/day
NPDES Outfall 051051	1/11/2022	Flow (Daily)	0.016726	Mgal/day
NPDES Outfall 051051	1/13/2022	Flow (Daily)	0.007596	Mgal/day
NPDES Outfall 051051	3/2/2022	Flow (Daily)	0.017389	Mgal/day
NPDES Outfall 051051	7/6/2022	Flow (Daily)	0.017056	Mgal/day
NPDES Outfall 051051	7/14/2022	Flow (Daily)	0.016798	Mgal/day
NPDES Outfall 051051	8/11/2022	Flow (Daily)	0.015461	Mgal/day
NPDES Outfall 051051	8/18/2022	Flow (Daily)	0.01709	Mgal/day
NPDES Outfall 051051	8/30/2022	Flow (Daily)	0.016499	Mgal/day
NPDES Outfall 051051	9/8/2022	Flow (Daily)	0.015286	Mgal/day
NPDES Outfall 051051	9/20/2022	Flow (Daily)	0.016522	Mgal/day
NPDES Outfall 051051	10/19/2022	Flow (Daily)	0.016492	Mgal/day
NPDES Outfall 051051	11/8/2022	Flow (Daily)	0.014859	Mgal/day
NPDES Outfall 051051	12/8/2022	Flow (Daily)	0.016416	Mgal/day
NPDES Outfall 051051	12/15/2022	Flow (Daily)	0.016366	Mgal/day

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

OMB No. 2040-004

Name/Location if different)

TY, LLC
LABORATORY
K490
CO 87545

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE:

MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO
EXTERNAL OUTFALL
PAGE 5

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	01	01		21	01	31

FROM

TO

No Discharge X

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB	
PERMIT REQUIREMENT	*****	*****		*****	125 MONTHLY AV	125 DAILY MX			MONTHLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB	
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB	
SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB	
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX			MONTHLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	*****	mg/L	0	0/31	GRAB	
PERMIT REQUIREMENT	*****	*****		50 MINIMUM	*****	*****			3/Week	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB	
PERMIT REQUIREMENT	*****	*****		*****	1.34 MONTHLY AV	2.68 DAILY MX			WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB	
PERMIT REQUIREMENT	*****	*****		*****	0.014 MONTHLY AV	0.014 DAILY MX			3/Week	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB	
PERMIT REQUIREMENT	*****	*****		*****	0.076 MONTHLY AV	0.115 DAILY MX			WEEKLY	GRAB	
OPERATOR	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.				TAUNIA VAN VALKENBURG (Affiliate) Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.02.25 13:23:59 -07'00'		TELEPHONE		DATE		
							505 665-9827		21	02	25
					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

ns may be used.

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

OMB No. 2040-004

Name/Location if different)

TY, LLC
LABORATORY
K490
CO 87545

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE:

MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO
EXTERNAL OUTFALL
PAGE 5

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	01	01		21	01	31

FROM

TO

No Discharge X

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	0.191 MONTHLY AV	0.191 DAILY MX			3/Week	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	pCi/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	30 MONTHLY AV	30 DAILY MX			WEEKLY	GRAB
SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	RCORDR
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX			WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX			WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 MONTHLY AV	1.0 DAILY MX			MONTHLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

TAUNIA VAN VALKENBURG (Affiliate)
Digitally signed by TAUNIA VAN VALKENBURG (Affiliate)
Date: 2021.02.25 13:24:16 -0700
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-9827	21	02	25
AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

ns may be used.

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

OMB No. 2040-004

Name/Location if different)

, LLC
BORATORY
90
87545
, LLC
87545
G, EPC-CP

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE:

MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO
EXTERNAL OUTFALL

PAGE 5

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
21	02	01	21	02	28

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	125 MONTHLY AV	125 DAILY MX	mg/L		MONTHLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	S.U.		WEEKLY	GRAB
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	lbs/day	*****	30 MONTHLY AV	45 DAILY MX	mg/L		MONTHLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*****	mg/L	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****	*****	50 MINIMUM	*****	*****	mg/L		3/Week	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	1.34 MONTHLY AV	2.68 DAILY MX	mg/L		WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	0.014 MONTHLY AV	0.014 DAILY MX	mg/L		3/Week	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	0.076 MONTHLY AV	0.115 DAILY MX	mg/L		WEEKLY	GRAB

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.

TAUNIA VAN VALKENBURG (Affiliate)
Digitally signed by TAUNIA VAN VALKENBURG (Affiliate)
Date: 2021.03.25 09:16:31 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-9827	2021	03	25
AREA CODE	NUMBER	YEAR	MO	DAY

ATIONS (Reference all attachments here)
2014. *NO DISCHARGE DURING MONITORING PERIOD.

may be used.

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

OMB No. 2040-004

Name/Location if different)

Y, LLC
BORATORY
490
87545

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE:

MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO
EXTERNAL OUTFALL

Y, LLC
87545

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	02	01		21	02	28

PAGE 5

No Discharge

NG, EPC-CP

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.191 MONTHLY AV	0.191 DAILY MX		3/Week	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	pCi/L	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY AV	30 DAILY MX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/28	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. MONTHLY AV		Req. Mon. DAILY MX	WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	1.0 MONTHLY AV		1.0 DAILY MX	MONTHLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

TAUNIA VAN VALKENBURG (Affiliate)
Digitally signed by TAUNIA VAN VALKENBURG (Affiliate)
Date: 2021.03.25 09:16:47 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-9827	2021	03	25
AREA CODE	NUMBER	YEAR	MO	DAY

ATIONS (Reference all attachments here)
2014. *NO DISCHARGE DURING MONITORING PERIOD.

may be used.

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING
 MAJOR
 TREATED R
 EXTERNAL
 PAGE 8

MONITORING PERIOD					
YEAR	MO	DAY	FROM	TO	DAY
21	03	01			31

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
Oxygen demand, chem. (high level) 00340 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	125 MONTHLY AV	125 DAILY MX
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT			lbs/day	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX
Hardness, Total 00900 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*****
	PERMIT REQUIREMENT	*****	*****		50 MINIMUM	*****	*****
Chromium, Total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	1.34 MONTHLY AV	2.68 DAILY MX
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	0.014 MONTHLY AV	0.014 DAILY MX
Lead, Total (as Pb) 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	0.076 MONTHLY AV	0.115 DAILY MX
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.				TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.04.26 15:00:29 -06'00'	TELE
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)							
PERMIT EFFECTIVE DATE OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.							

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING
 MAJOR TREATED R
 EXTERNAL
 PAGE 8

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	03	01		21	03	31

PARAMETER		QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
Zinc, Total (as Zn) 01093 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0.191 MONTHLY AV	0.191 DAILY MX
Radium 226 + Radium 228, total 11503 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY AV	30 DAILY MX
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX
Perchlorate (ClO4) 61209 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX
Organics, Total Toxic (TTO) 78141 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	1.0 MONTHLY AV	1.0 DAILY MX
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						

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.	TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.04.26 15:00:34 -08'00'	TELE
TYPED OR PRINTED				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

EPA Form 3320-1 (Rev 01/06) Previous editions may be used.

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

T051-Q
DISCHARGE NUMBER

DMR MAILING
 MAJOR QUARTERLY
 EXTERNAL
 PAGE 21

MONITORING PERIOD					
YEAR	MO	DAY	FROM	TO	DAY
21	01	01			31

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
Whole Effluent Toxicity 22414 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*NODI=C	*****
	PERMIT REQUIREMENT	*****	*****		100 48-HR MINIMUM	100 MO AV MIN	*****
Whole Effluent Toxicity - Retest #1 22415 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=9	*NODI=9	*****
	PERMIT REQUIREMENT	*****	*****		Opt. Mon. 48-HR MINIMUM	Opt. Mon. MO AV MIN	*****
Whole Effluent Toxicity - Retest #2 22416 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=9	*NODI=9	*****
	PERMIT REQUIREMENT	*****	*****		Opt. Mon. 48-HR MINIMUM	Opt. Mon. MO AV MIN	*****
LF Pass/Fail Static48Hr Acute D. Pulex TEM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*NODI=C	*****
	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	*****
NOEC Lethal Static48Hr Acute D. Pulex TOM3D 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*NODI=C	*****
	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	*****
Coef Of Var Static48Hr Acute D. Pulex TQM3D 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*NODI=C	*****
	PERMIT REQUIREMENT	*****	*****		Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	*****
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
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.				TAUNIA VAN VALKENBURG (Affiliate) Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.04.26 15:04:58 -06'00'	TELEPHONE	
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505
TYPED OR PRINTED							AREA CODE

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

EPA Form 3320-1 (Rev 01/06) Previous editions may be used.

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING
 MAJOR
 TREATED F
 EXTERNAL
 PAGE 5

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	04	01		21	04	30

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
Oxygen demand, chem. (high level) 00340 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	16.5	16.5
	PERMIT REQUIREMENT	*****	*****		*****	125 MONTHLY AV	125 DAILY MX
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.40	*****	7.40
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	<0.0886	<0.0886	lbs/day	*****	<0.570	<0.570
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX
Hardness, Total 00900 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	66.9	*****	*****
	PERMIT REQUIREMENT	*****	*****		50 MINIMUM	*****	*****
Chromium, Total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00300	<0.00300
	PERMIT REQUIREMENT	*****	*****		*****	1.34 MONTHLY AV	2.68 DAILY MX
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00250	0.00409
	PERMIT REQUIREMENT	*****	*****		*****	0.014 MONTHLY AV	0.014 DAILY MX
Lead, Total (as Pb) 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000500	<0.000500
	PERMIT REQUIREMENT	*****	*****		*****	0.076 MONTHLY AV	0.115 DAILY MX

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.	TAUNIA VAN VALKENBURG (Affiliate) Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.05.24 17:10:30 -06'00'	TELEPHONE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE OCTOBER 1, 2014.

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAIL
MAJOR
TREATED
EXTERNAL
PAGE 5

MONITORING PERIOD					
YEAR	MO	DAY	FROM	TO	DAY
21	04	01			30

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
Zinc, Total (as Zn) 01092 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00574	0.00817
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	0.191 MONTHLY AV	0.191 DAILY MX
Radium 226 + Radium 228, total 11503 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.450	<0.505
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MONTHLY AV	30 DAILY MX
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.018104	0.018629	Mgal/day	*****	*****	*****
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX
Perchlorate (ClO4) 61209 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000050	<0.000050
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX
Organics, Total Toxic (TTO) 78141 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00305	0.00305
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 MONTHLY AV	1.0 DAILY MX
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						

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.	TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.05.24 17:11:04 -0600	TELE
TYPED OR PRINTED				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE OCTOBER 1, 2014.

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAJ
MAJOR
TREATED
EXTERNA
PAGE 5

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	05	01		21	05	31

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION			
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	
Oxygen demand, chem. (high level) 00340 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<8.95	<8.95	
	PERMIT REQUIREMENT	*****	*****	*****	*****	125 MONTHLY AV	125 DAILY MX	
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	<0.0757	<0.0757	lbs/day	*****	<0.570	<0.570	
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	*****	*****	30 MONTHLY AV	45 DAILY MX	
Hardness, Total 00900 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	85.0	*****	*****	
	PERMIT REQUIREMENT	*****	*****	*****	50 MINIMUM	*****	*****	
Chromium, Total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00300	<0.00300	
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.34 MONTHLY AV	2.68 DAILY MX	
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00112	0.00112	
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.014 MONTHLY AV	0.014 DAILY MX	
Lead, Total (as Pb) 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000500	<0.000500	
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.076 MONTHLY AV	0.115 DAILY MX	
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.				TAUNIA VAN VALKENBURG (Affiliate) Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.06.25 09:51:31 -0500 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TEL 505 AREA CODE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP		TYPED OR PRINTED						

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE OCTOBER 1, 2014.

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAIL
MAJOR
TREATED
EXTERNAL
PAGE 5

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	05	01		21	05	31

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION			
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	
Zinc, Total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	<0.00330	<0.00330	
	PERMIT REQUIREMENT	****	****	****	****	0.191 MONTHLY AV	0.191 DAILY MX	
Radium 226 + Radium 228, total 11503 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	<0.652	<0.908	
	PERMIT REQUIREMENT	****	****	****	****	30 MONTHLY AV	30 DAILY MX	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.015926	0.015926	Mgal/day	****	****	****	
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		****	****	****	
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	****	0	
	PERMIT REQUIREMENT	****	****	****	****	****	0.011 INST MAX	
Perchlorate (ClO4) 61209 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	<0.000050	<0.000050	
	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	
Organics, Total Toxic (TTO) 78141 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	0.00303	0.00303	
	PERMIT REQUIREMENT	****	****	****	****	1.0 MONTHLY AV	1.0 DAILY MX	
	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							
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.				TAUNIA VAN VALKENBURG (Affiliate)		Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.08.25 09:52:22 -06'00'
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505
TYPED OR PRINTED								AREA CODE

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE OCTOBER 1, 2014.

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

OMB No. 2040-004

ty Name/Location if different)

ITY, LLC
LABORATORY
K490
CO 87545

ITY, LLC
CO 87545
URG, EPC-CP

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE:
MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO
EXTERNAL OUTFALL
PAGE 8

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	06	01		21	06	30

No Discharge

SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	<8.95	<8.95	mg/L	0	1/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	125 MONTHLY AV	125 DAILY MX				MONTHLY
SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	S.U.	0	1/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	6.0 MINIMUM	9.0 MAXIMUM				WEEKLY
SAMPLE MEASUREMENT	0.160	0.160	lbs/day	*****	1.10	1.10	mg/L	0	1/30	GRAB
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX				MONTHLY
SAMPLE MEASUREMENT	*****	*****	*****	82.8	*****	*****	mg/L	0	1/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	50 MINIMUM	*****		*****		3/Week
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00300	<0.00300	mg/L	0	1/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	1.34 MONTHLY AV	2.68 DAILY MX				WEEKLY
SAMPLE MEASUREMENT	*****	*****	*****	*****	0.000760	0.000760	mg/L	0	1/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.014 MONTHLY AV	0.014 DAILY MX				3/Week
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000500	<0.000500	mg/L	0	1/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.076 MONTHLY AV	0.115 DAILY MX				WEEKLY

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.

TAUNIA VAN VALKENBURG (Affiliate)
Digitally signed by TAUNIA VAN VALKENBURG (Affiliate)
Date: 2021.07.26 16:32:33 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 505 665-9827
DATE: 21 07 26
AREA CODE NUMBER YEAR MO DAY

VIOLATIONS (Reference all attachments here)
1, 2014.

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

OMB No. 2040-004

Name/Location if different)

ITY, LLC
LABORATORY
K490
CO 87545

ITY, LLC
CO 87545
URG, EPC-CP

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE:
MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO
EXTERNAL OUTFALL
PAGE 8

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	06	01		21	06	30

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00330	<0.00330	mg/L	0	1/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.191 MONTHLY AV	0.191 DAILY MX		3/Week	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.6264	<0.9950	pCi/L	0	2/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY AV	30 DAILY MX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	0.017392	0.017392	Mgal/day	*****	*****	*****	*****	0	1/30	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	1/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000050	<0.000050	mg/L	0	3/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00419	0.00419	mg/L	0	85/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	1.0 MONTHLY AV	1.0 DAILY MX		MONTHLY	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

CER	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.	TAUNIA VAN VALKENBURG (Affiliate) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.07.26 16:32:54 -0500	TELEPHONE		DATE		
				505	665-9827	21	07	26
				AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
1, 2014.

ons may be used.

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

OMB No. 2040-004

City Name/Location if different)

ITY, LLC
LABORATORY
K490
CO 87545

NM0028355
PERMIT NUMBER

T051-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY 48-HR ACUTE TOXICITY
EXTERNAL OUTFALL
PAGE 21

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
21	04	01	21	06	30

FROM TO No Discharge X

SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	****	****	****	0	0	****	Pass/Fail	0	1/91	COMP-3
PERMIT REQUIREMENT	****	****	****	100 48-HR MINIMUM	100 MO AV MIN	****	Pass/Fail		QUARTERLY	COMP-3
SAMPLE MEASUREMENT	****	****	****	NODI=9	NODI=9	****	Pass/Fail	0	0/91	COMP-3
PERMIT REQUIREMENT	****	****	****	Opt. Mon. 48-HR MINIMUM	Opt. Mon. MO AV MIN	****	Pass/Fail		QUARTERLY	COMP-3
SAMPLE MEASUREMENT	****	****	****	NODI=9	NODI=9	****	Pass/Fail	0	0/91	COMP-3
PERMIT REQUIREMENT	****	****	****	Opt. Mon. 48-HR MINIMUM	Opt. Mon. MO AV MIN	****	Pass/Fail		QUARTERLY	COMP-3
SAMPLE MEASUREMENT	****	****	****	0	0	****	Pass/Fail	0	1/91	COMP-3
PERMIT REQUIREMENT	****	****	****	Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	****	Pass/Fail		QUARTERLY	COMP-3
SAMPLE MEASUREMENT	****	****	****	100	100	****	%	0	1/91	COMP-3
PERMIT REQUIREMENT	****	****	****	Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	****	%		QUARTERLY	COMP-3
SAMPLE MEASUREMENT	****	****	****	0	0	****	%	0	1/91	COMP-3
PERMIT REQUIREMENT	****	****	****	Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	****	%		QUARTERLY	COMP-3
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	TAUNIA VAN VALKENBURG (Affiliate) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.07.26 16:40:35 -0600	TELEPHONE		DATE		
			505	665-9827	21	07	26
			AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)

ons may be used.

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

OMB No. 2040-004

Name/Location if different)

TY, LLC
LABORATORY
K490
CO 87545
TY, LLC
CO 87545
EPC-CP

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE:

MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO
EXTERNAL OUTFALL
PAGE 5

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	07	01		21	07	31

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	34.2	34.2	mg/L	0	1/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	125 MONTHLY AV	125 DAILY MX		MONTHLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.7	S.U.	0	2/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	<0.0705	<0.0705	lbs/day	*****	<0.570	<0.570	mg/L	0	1/31	GRAB
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	80.7	*****	*****	mg/L	0	2/31	GRAB
PERMIT REQUIREMENT	*****	*****		50 MINIMUM	*****	*****		3/Week	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00300	<0.00300	mg/L	0	2/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	1.34 MONTHLY AV	2.68 DAILY MX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00147	0.00223	mg/L	0	2/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.014 MONTHLY AV	0.014 DAILY MX		3/Week	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000500	<0.000500	mg/L	0	2/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.076 MONTHLY AV	0.115 DAILY MX		WEEKLY	GRAB	

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.

Taunia Sandquist
Digitally signed by Taunia Sandquist
Date: 2021.08.25 10:51:43 -08'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-9827	21	08	25
AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
1, 2014.

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

OMB No. 2040-004

Name/Location if different)

TY, LLC
LABORATORY
K490
CO 87545
TY, LLC
CO 87545
T, EPC-CP

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE:

MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO
EXTERNAL OUTFALL
PAGE 5

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	07	01		21	07	31

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00330	<0.00330	mg/L	0	2/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	0.191 MONTHLY AV	0.191 DAILY MX			3/Week	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	1.16	1.60	pCi/L	0	2/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	30 MONTHLY AV	30 DAILY MX			WEEKLY	GRAB
SAMPLE MEASUREMENT	0.016185	0.017543	Mgal/day	*****	*****	*****	*****	0	2/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	RCORDR
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	2/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX			WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000050	<0.000050	mg/L	0	2/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX			WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00136	0.00136	mg/L	0	85/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 MONTHLY AV	1.0 DAILY MX			MONTHLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

Taunia Sandquist
Digitally signed by Taunia Sandquist
Date: 2021.08.25 10:51:59 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-9827	21	08	25
AREA CODE	NUMBER	YEAR	MO	DAY

OLATIONS (Reference all attachments here)
1, 2014.

ons may be used.

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

OMB No. 2040-004

ity Name/Location if different)

ITY, LLC
LABORATORY
P K490
CO 87545

ITY, LLC
CO 87545
T, EPC-CP

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE:
MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO
EXTERNAL OUTFALL
PAGE 5

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	08	01		21	08	31

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	<8.95	<8.95	mg/L	0	1/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	125 MONTHLY AV	125 DAILY MX	mg/L		MONTHLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.6	S.U.	0	4/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	S.U.		WEEKLY	GRAB
SAMPLE MEASUREMENT	<0.0297	<0.0297	lbs/day	*****	<0.570	<0.570	mg/L	0	1/31	GRAB
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	lbs/day	*****	30 MONTHLY AV	45 DAILY MX	mg/L		MONTHLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	74.6	*****	*****	mg/L	0	4/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	50 MINIMUM	*****	*****	mg/L		3/Week	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00300	<0.00300	mg/L	0	3/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	1.34 MONTHLY AV	2.68 DAILY MX	mg/L		WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	0.000579	0.000690	mg/L	0	4/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	0.014 MONTHLY AV	0.014 DAILY MX	mg/L		3/Week	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000500	<0.000500	mg/L	0	3/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	0.076 MONTHLY AV	0.115 DAILY MX	mg/L		WEEKLY	GRAB

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.	Taunia Sandquist Digitally signed by Taunia Sandquist Date: 2021.09.28 09:16:57 -06'00'	TELEPHONE		DATE		
		505	665-9827	21	09	28
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
1, 2014.

ons may be used.

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

OMB No. 2040-004

Name/Location if different)

ITY, LLC
LABORATORY
K490
CO 87545

ITY, LLC
CO 87545
T, EPC-CP

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE:

MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO
EXTERNAL OUTFALL
PAGE 5

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	08	01		21	08	31

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00330	<0.00330	mg/L	0	4/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	0.191 MONTHLY AV	0.191 DAILY MX			3/Week	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	0.571	0.982	pCi/L	0	4/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	30 MONTHLY AV	30 DAILY MX			WEEKLY	GRAB
SAMPLE MEASUREMENT	0.014519	0.017388	Mgal/day	*****	*****	*****	*****	0	4/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	RCORDR
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.019	mg/L	1	4/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX			WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000050	<0.000050	mg/L	0	3/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX			WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00831	0.00831	mg/L	0	84/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 MONTHLY AV	1.0 DAILY MX			MONTHLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

Taunia Sandquist
Digitally signed by Taunia Sandquist
Date: 2021.09.28 09:17:12 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-9827	21	09	28
AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
1, 2014.

ons may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
LLC
87545
PC-CP

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE:

MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO
EXTERNAL OUTFALL
PAGE 11

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
21	09	01	FROM	21	09	30
			TO			

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	155	155	mg/L	2	1/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	125 MONTHLY AV	125 DAILY MX		MONTHLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.1	S.U.	0	2/30	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	<0.0802	<0.0802	lbs/day	*****	<0.570	<0.570	mg/L	0	1/30	GRAB
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	72.6	*****	*****	mg/L	0	2/30	GRAB
PERMIT REQUIREMENT	*****	*****		50 MINIMUM	*****	*****		3/Week	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00300	<0.00300	mg/L	0	2/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	1.34 MONTHLY AV	2.68 DAILY MX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	0.000762	0.000778	mg/L	0	2/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.014 MONTHLY AV	0.014 DAILY MX		3/Week	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000500	<0.000500	mg/L	0	2/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.076 MONTHLY AV	0.115 DAILY MX		WEEKLY	GRAB	

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.

Taunia Sandquist
Digitally signed by Taunia Sandquist
Date: 2021.10.27 16:06:30 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-9827	21	10	27
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)

014.

may be used.

Attachment 1
11

LA-UR-21-30675

Attachment 2

1

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
LLC
87545
PC-CP

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE:
MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO
EXTERNAL OUTFALL
PAGE 11

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	09	01		21	09	30

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00493	<0.00656	mg/L	0	2/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.191 MONTHLY AV	0.191 DAILY MX		3/Week	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.320	<0.406	pCi/L	0	3/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY AV	30 DAILY MX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	0.017043	0.017221	Mgal/day	*****	*****	*****	*****	0	2/30	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	2/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000050	<0.000050	mg/L	0	4/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. MONTHLY AV		Req. Mon. DAILY MX	WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00579	0.00579	mg/L	0	86/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	1.0 MONTHLY AV		1.0 DAILY MX	MONTHLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

Taunia Sandquist
Digitally signed by Taunia Sandquist
Date: 2021.10.27 16:06:51 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-9827	21	10	27
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)

014.

may be used.

Attachment 1
12

LA-UR-21-30675

Attachment 2

2

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
LLC
87545

NM0028355
PERMIT NUMBER

T051-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY 48-HR ACUTE TOXICITY
EXTERNAL OUTFALL
PAGE 29

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
21	07	01	FROM	21	09	30
						TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****	Pass/Fail	0	1/92	COMP-3
PERMIT REQUIREMENT	*****	*****		100	100	*****		QUARTERLY	COMP-3	
SAMPLE MEASUREMENT	*****	*****	*****	NODI=9	NODI=9	*****	Pass/Fail	0	0/92	COMP-3
PERMIT REQUIREMENT	*****	*****		Opt. Mon. 48-HR MINIMUM	Opt. Mon. MO AV MIN	NODI=9		QUARTERLY	COMP-3	
SAMPLE MEASUREMENT	*****	*****	*****	NODI=9	NODI=9	*****	Pass/Fail	0	0/92	COMP-3
PERMIT REQUIREMENT	*****	*****		Opt. Mon. 48-HR MINIMUM	Opt. Mon. MO AV MIN	*****		QUARTERLY	COMP-3	
SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****	Pass/Fail	0	1/92	COMP-3
PERMIT REQUIREMENT	*****	*****		Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	*****		QUARTERLY	COMP-3	
SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****	%	0	1/92	COMP-3
PERMIT REQUIREMENT	*****	*****		Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	*****		QUARTERLY	COMP-3	
SAMPLE MEASUREMENT	*****	*****	*****	7.21	7.21	*****	%	0	1/92	COMP-3
PERMIT REQUIREMENT	*****	*****		Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	*****		QUARTERLY	COMP-3	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

Taunia Sandquist
Digitally signed by Taunia Sandquist
Date: 2021.10.27 16:13:53 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-9827	21	10	27
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAIL
MAJOR
TREATED
EXTERNAL
PAGE 5

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	10	01		21	10	31

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
Oxygen demand, chem. (high level) 00340 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	25.3	25.3
	PERMIT REQUIREMENT	*****	*****	*****	*****	125 MONTHLY AV	125 DAILY MX
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	<0.0829	<0.0829	lbs/day	*****	<0.570	<0.570
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX
Hardness, Total 00900 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	72.8	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	50 MINIMUM	*****	*****
Chromium, Total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00300	<0.00300
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.34 MONTHLY AV	2.68 DAILY MX
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.000549	0.000549
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.014 MONTHLY AV	0.014 DAILY MX
Lead, Total (as Pb) 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000500	<0.000500
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.076 MONTHLY AV	0.115 DAILY MX

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.	STEVEN STORY (Affiliate) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	Digitally signed by STEVEN STORY (Affiliate) Date: 2021.11.17 12:53:55 -07'00'	TELE
TYPED OR PRINTED			505	AREA CODE

COMMENT AND EXPLANATION OF ANY VIOLATIONS
 PERMIT EFFECTIVE DATE OCTOBER 1, 2014. *(Reference all attachments here)*

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	10	01		21	10	31

DMR MAIL
MAJOR
TREATED P
EXTERNAL
PAGE 5

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
Zinc, Total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	<0.00330	<0.00330
	PERMIT REQUIREMENT	****	****	****	****	0.191 MONTHLY AV	0.191 DAILY MX
Radium 226 + Radium 228, total 11503 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	<0.609	0.989
	PERMIT REQUIREMENT	****	****	****	****	30 MONTHLY AV	30 DAILY MX
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.017435	0.017435	Mgal/day	****	****	****
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		****	****	****
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	****	0
	PERMIT REQUIREMENT	****	****	****	****	****	0.011 INST MAX
Perchlorate (ClO4) 61209 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	<0.000050	<0.000050
	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX
Organics, Total Toxic (TTO) 78141 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	0.000940	0.000940
	PERMIT REQUIREMENT	****	****	****	****	1.0 MONTHLY AV	1.0 DAILY MX
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 STEVEN L. STORY
 GROUP LEADER
 EPC-CP
 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.

STEVEN STORY
 (Affiliate)
 Digitally signed by STEVEN STORY (Affiliate)
 Date: 2021.11.17 12:54:25 -07'00'
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELE
 505
 AREA CODE

COMMENT AND EXPLANATION OF ANY VIOLATIONS
 PERMIT EFFECTIVE DATE OCTOBER 1, 2014. (Reference all attachments here)

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING
 MAJOR
 TREATED P
 EXTERNAL
 PAGE 5

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	11	01		21	11	30

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
Oxygen demand, chem. (high level) 00340 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	45.0	45.0
	PERMIT REQUIREMENT	*****	*****		*****	125 MONTHLY AV	125 DAILY MX
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	<0.0826	<0.0826	lbs/day	*****	<0.570	<0.570
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX
Hardness, Total 00900 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	75.7	*****	*****
	PERMIT REQUIREMENT	*****	*****		50 MINIMUM	*****	*****
Chromium, Total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00300	<0.00300
	PERMIT REQUIREMENT	*****	*****		*****	1.34 MONTHLY AV	2.68 DAILY MX
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.000578	0.000647
	PERMIT REQUIREMENT	*****	*****		*****	0.014 MONTHLY AV	0.014 DAILY MX
Lead, Total (as Pb) 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000500	<0.000500
	PERMIT REQUIREMENT	*****	*****		*****	0.076 MONTHLY AV	0.115 DAILY MX

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.	STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2021.12.17 07:20:01 -07'00'	TELEPHONE
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENT AND EXPLANATION OF ANY VIOLATIONS
 PERMIT EFFECTIVE DATE OCTOBER 1, 2014. *(Reference all attachments here)*

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	11	01		21	11	30

DMR MAILING
 MAJOR
 TREATED R
 EXTERNAL
 PAGE 5

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
Zinc, Total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	***** *****	***** *****	<0.00330 0.191 MONTHLY AV	<0.00330 0.191 DAILY MX
Radium 226 + Radium 228, total 11503 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	***** *****	***** *****	<0.225 30 MONTHLY AV	<0.364 30 DAILY MX
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	0.012218 Req. Mon. MONTHLY AV	0.017374 Req. Mon. DAILY MX	Mgal/day	***** *****	***** *****	***** *****
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	***** *****	***** *****	***** *****	0 0.011 INST MAX
Perchlorate (ClO4) 61209 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	***** *****	***** *****	<0.000050 Req. Mon. MONTHLY AV	<0.000050 Req. Mon. DAILY MX
Organics, Total Toxic (TTO) 78141 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	***** *****	***** *****	***** *****	***** *****	0.000590 1.0 MONTHLY AV	0.000590 1.0 DAILY MX
	SAMPLE MEASUREMENT PERMIT REQUIREMENT						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 STEVEN L. STORY
 GROUP LEADER
 EPC-CP
 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.

STEVEN STORY
 (Affiliate)
 Digitally signed by STEVEN STORY (Affiliate)
 Date: 2021.12.17 07:20:24 -07'00'
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 505
 AREA CODE

COMMENT AND EXPLANATION OF ANY VIOLATIONS
 PERMIT EFFECTIVE DATE OCTOBER 1, 2014. (Reference all attachments here)

EPA Form 3320-1 (Rev 01/06) Previous editions may be used.

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

OMB No. 2040-004

City Name/Location if different)

ITY, LLC
LABORATORY
P K490
ICO 87545
ITY, LLC
ICO 87545
CP

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE:
MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO
EXTERNAL OUTFALL
PAGE 8

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
21	12	01	21	12	31

FROM

TO

No Discharge

SAMPLE MEASUREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	125 MONTHLY AV	125 DAILY MX			MONTHLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX			MONTHLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*****	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	50 MINIMUM	*****	*****			3/Week	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	1.34 MONTHLY AV	2.68 DAILY MX			WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	0.014 MONTHLY AV	0.014 DAILY MX			3/Week	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	0.076 MONTHLY AV	0.115 DAILY MX			WEEKLY	GRAB

CER	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.	STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2022.01.25 11:15:01 -07'00'	TELEPHONE		DATE		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-2169	22	01
			AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

ons may be used.

Attachment 1
8

LA-UR-22-20594

Attachment 2

1

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

OMB No. 2040-004

City Name/Location if different)

ITY, LLC
LABORATORY
K490
CO 87545

ITY, LLC
CO 87545

CP

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE:
MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO
EXTERNAL OUTFALL
PAGE 8

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	12	01		21	12	31

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	0.191 MONTHLY AV	0.191 DAILY MX			3/Week	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	pCi/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	30 MONTHLY AV	30 DAILY MX			WEEKLY	GRAB
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	RCORDR
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX			WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX			WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 MONTHLY AV	1.0 DAILY MX			MONTHLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	STEVEN STORY (Affiliate) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
		505	665-2169	22	01	25
		AREA CODE	NUMBER	YEAR	MO	DAY

ATIONS (Reference all attachments here)
, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

s may be used.

Attachment 1
9
Attachment 2

LA-UR-22-20594

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

OMB No. 2040-004

City Name/Location if different)

ITY, LLC
LABORATORY
P K490
ICO 87545
ITY, LLC
ICO 87545

NM0028355
PERMIT NUMBER

T051-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY 48-HR ACUTE TOXICITY
EXTERNAL OUTFALL
PAGE 21

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
21	10	01	21	12	31

FROM TO No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****	Pass/Fail	0	1/92	COMP-3
PERMIT REQUIREMENT	*****	*****	*****	100 48-HR MINIMUM	100 MO AV MIN	*****			QUARTERLY	COMP-3
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=9	*NODI=9	*****	Pass/Fail	0	0/92	COMP-3
PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 48-HR MINIMUM	Opt. Mon. MO AV MIN	NODI=9			QUARTERLY	COMP-3
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=9	*NODI=9	*****	Pass/Fail	0	0/92	COMP-3
PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 48-HR MINIMUM	Opt. Mon. MO AV MIN	*****			QUARTERLY	COMP-3
SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****	Pass/Fail	0	1/92	COMP-3
PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	*****			QUARTERLY	COMP-3
SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****	%	0	1/92	COMP-3
PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	*****			QUARTERLY	COMP-3
SAMPLE MEASUREMENT	*****	*****	*****	5.73	5.73	*****	%	0	1/92	COMP-3
PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	*****			QUARTERLY	COMP-3
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2022.01.25 11:21:02 -0700 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			505	665-2169	22	01	25
			AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
REPORT NOT REQUIRED AT THIS TIME.

Attachment 1
24
Attachment 2

LA-UR-22-20594

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
LLC
87545

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE:
MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO
EXTERNAL OUTFALL
PAGE 5

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
22	01	01	FROM	22	01	31
						TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	<8.95	<8.95	mg/L	0	1/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	125 MONTHLY AV	125 DAILY MX		MONTHLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.8	S.U.	0	2/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	<0.0795	<0.0795	lbs/day	*****	<0.570	<0.570	mg/L	0	1/31	GRAB
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	75.6	*****	*****	mg/L	0	2/31	GRAB
PERMIT REQUIREMENT	*****	*****		50 MINIMUM	*****	*****		3/Week	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00300	<0.00300	mg/L	0	1/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	1.34 MONTHLY AV	2.68 DAILY MX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00141	0.00238	mg/L	0	2/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.014 MONTHLY AV	0.014 DAILY MX		3/Week	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000500	<0.000500	mg/L	0	1/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.076 MONTHLY AV	0.115 DAILY MX		WEEKLY	GRAB	

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.

STEVEN STORY
(Affiliate)
Digitally signed by STEVEN STORY (Affiliate)
Date: 2022.02.28 09:50:16 -07'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-2169	22	02	28
AREA CODE	NUMBER	YEAR	MO	DAY

IONS
014.
(Reference all attachments here)

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
LLC
87545

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE:
MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO
EXTERNAL OUTFALL
PAGE 5

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	01	01		22	01	31

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00330	<0.00330	mg/L	0	2/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.191 MONTHLY AV	0.191 DAILY MX		3/Week	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	0.605	0.822	pCi/L	0	2/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY AV	30 DAILY MX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	0.012161	0.016726	Mgal/day	*****	*****	*****	*****	0	2/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	2/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000050	<0.000050	mg/L	0	2/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. MONTHLY AV		Req. Mon. DAILY MX	WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L	0	86/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	1.0 MONTHLY AV		1.0 DAILY MX	MONTHLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

STEVEN STORY (Affiliate)
Digitally signed by STEVEN STORY (Affiliate)
Date: 2022.02.28 09:50:34 -07'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-2169	22	02	28
AREA CODE	NUMBER	YEAR	MO	DAY

IONS
014. (Reference all attachments here)

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
LLC
87545

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE:
MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO
EXTERNAL OUTFALL
PAGE 5

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
22	02	01	FROM	22	02	28
						TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	125 MONTHLY AV		125 DAILY MX		MONTHLY
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		*****	6.0 MINIMUM	*****		9.0 MAXIMUM		WEEKLY
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	*****	30 MONTHLY AV		45 DAILY MX		MONTHLY
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*****	mg/L	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		*****	50 MINIMUM	*****		*****		3/Week
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	1.34 MONTHLY AV		2.68 DAILY MX		WEEKLY
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.014 MONTHLY AV		0.014 DAILY MX		3/Week
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.076 MONTHLY AV		0.115 DAILY MX		WEEKLY

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.

STEVEN STORY
(Affiliate)
Digitally signed by STEVEN STORY (Affiliate)
Date: 2022.03.24 10:09:25 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-2169	22	03	24
AREA CODE	NUMBER	YEAR	MO	DAY

IONS
014.
(Reference all attachments here)

may be used.

Attachment 1
5
Attachment 2

LA-UR-22-22694

1

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
LLC
87545

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE:
MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO
EXTERNAL OUTFALL
PAGE 5

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	02	01		22	02	28

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.191 MONTHLY AV	0.191 DAILY MX		3/Week	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	pCi/L	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY AV	30 DAILY MX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/28	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. MONTHLY AV		Req. Mon. DAILY MX	WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	1.0 MONTHLY AV		1.0 DAILY MX	MONTHLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	STEVEN STORY (Affiliate)	Digitally signed by STEVEN STORY (Affiliate) Date: 2022.03.24 10:09:46 -06'00'	TELEPHONE		DATE		
			505	665-2169	22	03	24
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY	

IONS (Reference all attachments here)

014.

may be used.

Attachment 1
6
Attachment 2

LA-UR-22-22694

2

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
LLC
87545

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE:
MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO
EXTERNAL OUTFALL
PAGE 8

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
22	03	01	FROM	22	03	31
						TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	31.8	31.8	mg/L	0	1/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	125 MONTHLY AV	125 DAILY MX				MONTHLY
SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3	S.U.	0	1/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	6.0 MINIMUM	9.0 MAXIMUM				WEEKLY
SAMPLE MEASUREMENT	0.145	0.145	lbs/day	*****	1.00	1.00	mg/L	0	1/31	GRAB
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX				MONTHLY
SAMPLE MEASUREMENT	*****	*****	*****	75.7	*****	*****	mg/L	0	1/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	50 MINIMUM	*****		*****		3/Week
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00300	<0.00300	mg/L	0	1/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	1.34 MONTHLY AV	2.68 DAILY MX				WEEKLY
SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00114	0.00114	mg/L	0	1/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.014 MONTHLY AV	0.014 DAILY MX				3/Week
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000500	<0.000500	mg/L	0	1/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.076 MONTHLY AV	0.115 DAILY MX				WEEKLY

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.

STEVEN STORY
(Affiliate)
Digitally signed by STEVEN STORY (Affiliate)
Date: 2022.04.27 13:45:26 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-2169	22	04	27
AREA CODE	NUMBER	YEAR	MO	DAY

IONS
014. (Reference all attachments here)

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
LLC
87545

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE:
MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO
EXTERNAL OUTFALL
PAGE 8

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	03	01		22	03	31

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00330	<0.00330	mg/L	0	1/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.191 MONTHLY AV	0.191 DAILY MX		3/Week	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	0.871	0.889	pCi/L	0	2/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY AV	30 DAILY MX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	0.017389	0.017389	Mgal/day	*****	*****	*****	*****	0	1/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	1/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000050	<0.000050	mg/L	0	2/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. MONTHLY AV		Req. Mon. DAILY MX	WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L	0	86/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	1.0 MONTHLY AV		1.0 DAILY MX	MONTHLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

STEVEN STORY
(Affiliate)
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Digitally signed by STEVEN STORY (Affiliate)
Date: 2022.04.27 13:45:43 -06'00'

TELEPHONE		DATE		
505	665-2169	22	04	27
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)

014.

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
LLC
87545

NM0028355
PERMIT NUMBER

T051-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY 48-HR ACUTE TOXICITY
EXTERNAL OUTFALL
PAGE 21

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
22	01	01	FROM	22	03	31
						TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****		0	1/90	COMP-3
PERMIT REQUIREMENT	*****	*****	*****	100	100	*****	Pass/Fail		QUARTERLY	COMP-3
				48-HR MINIMUM	MO AV MIN					
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=9	*NODI=9	*****		0	0/90	COMP-3
PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon.	Opt. Mon.	*****	Pass/Fail		QUARTERLY	COMP-3
				48-HR MINIMUM	MO AV MIN					
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=9	*NODI=9	*****		0	0/90	COMP-3
PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon.	Opt. Mon.	*****	Pass/Fail		QUARTERLY	COMP-3
				48-HR MINIMUM	MO AV MIN					
SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****		0	1/90	COMP-3
PERMIT REQUIREMENT	*****	*****	*****	Req. Mon.	Req. Mon.	*****	Pass/Fail		QUARTERLY	COMP-3
				48-HR MINIMUM	MO AV MIN					
SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****		0	1/90	COMP-3
PERMIT REQUIREMENT	*****	*****	*****	Req. Mon.	Req. Mon.	*****	%		QUARTERLY	COMP-3
				48-HR MINIMUM	MO AV MIN					
SAMPLE MEASUREMENT	*****	*****	*****	5.73	5.73	*****		0	1/90	COMP-3
PERMIT REQUIREMENT	*****	*****	*****	Req. Mon.	Req. Mon.	*****	%		QUARTERLY	COMP-3
				48-HR MINIMUM	MO AV MIN					
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

STEVEN STORY
(Affiliate)
Digitally signed by STEVEN STORY (Affiliate)
Date: 2022.04.27 13:49:52 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-2169	22	04	27
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)
NOT REQUIRED AT THIS TIME.

ay be used.

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

OMB No. 2040-004

Name/Location if different)

TY, LLC
LABORATORY
K490
CO 87545
TY, LLC
CO 87545
P

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE:

MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO MORTANDAD CANYON

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
22	04	01	22	04	30

FROM

TO

EXTERNAL OUTFALL

PAGE 5

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	125 MONTHLY AV	125 DAILY MX			MONTHLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX			MONTHLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*****	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		50 MINIMUM	*****	*****			3/Week	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	1.34 MONTHLY AV	2.68 DAILY MX			WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.014 MONTHLY AV	0.014 DAILY MX			3/Week	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.076 MONTHLY AV	0.115 DAILY MX			WEEKLY	GRAB

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.

STEVEN STORY
(Affiliate)
Digitally signed by STEVEN STORY (Affiliate)
Date: 2022.05.23 12:42:21 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-2169	22	05	23
AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
OCTOBER 1, 2014.

ns may be used.

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

OMB No. 2040-004

Name/Location if different)

TY, LLC
LABORATORY
K490
CO 87545

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE:

MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO MORTANDAD CANYON

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	04	01		22	04	30

EXTERNAL OUTFALL

PAGE 5

TY, LLC
CO 87545
CP

No Discharge

SAMPLE MEASUREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	0.191 MONTHLY AV	0.191 DAILY MX			3/Week	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	pCi/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	30 MONTHLY AV	30 DAILY MX			WEEKLY	GRAB
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	RCORDR
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX			WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX			WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 MONTHLY AV	1.0 DAILY MX			MONTHLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	STEVEN STORY (Affiliate)	Digitally signed by STEVEN STORY (Affiliate) Date: 2022.05.23 12:42:53 -08'00'	TELEPHONE		DATE		
			505	665-2169	22	05	23
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)

OCTOBER 1, 2014.

ns may be used.

Attachment 1
6
Attachment 2

LA-UR-22-24660

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
ORATORY
87545

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO MORTANDAD CANYON
EXTERNAL OUTFALL

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
22	05	01	FROM	22	05	31
						TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	125 MONTHLY AV	125 DAILY MX		MONTHLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	*****	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		50 MINIMUM	*****	*****		3/Week	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	1.34 MONTHLY AV	2.68 DAILY MX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.014 MONTHLY AV	0.014 DAILY MX		3/Week	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.076 MONTHLY AV	0.115 DAILY MX		WEEKLY	GRAB	

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.

SARAH HOLCOMB
(Affiliate)
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Digitally signed by SARAH HOLCOMB (Affiliate)
Date: 2022.07.26 09:23:22 -06'00'

TELEPHONE		DATE		
505	667-0666	22	07	26
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)

may be used.

Attachment 2
5
Attachment 3

LA-UR-27275
2

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
ORATORY
87545

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO MORTANDAD CANYON
EXTERNAL OUTFALL

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
22	05	01	FROM	22	05	31
						TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.191 MONTHLY AV	0.191 DAILY MX		3/Week	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	pCi/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY AV	30 DAILY MX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. MONTHLY AV		Req. Mon. DAILY MX	WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	1.0 MONTHLY AV		1.0 DAILY MX	MONTHLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	SARAH HOLCOMB (Affiliate) Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.07.26 09:25:55 -06'00'	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	667-0666	22	07
		AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)

may be used.

Attachment 2
6
Attachment 3

LA-UR-27275
3

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
ORATORY
87545

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO MORTANDAD CANYON
EXTERNAL OUTFALL

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
22	06	01	FROM	22	06	30
						TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	125 MONTHLY AV	125 DAILY MX				MONTHLY
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	6.0 MINIMUM	9.0 MAXIMUM				WEEKLY
SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX				MONTHLY
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	*****	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	50 MINIMUM	*****		*****		3/Week
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	1.34 MONTHLY AV	2.68 DAILY MX				WEEKLY
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.014 MONTHLY AV	0.014 DAILY MX				3/Week
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.076 MONTHLY AV	0.115 DAILY MX				WEEKLY

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.

SARAH HOLCOMB
(Affiliate)
Digitally signed by SARAH HOLCOMB (Affiliate)
Date: 2022.07.26 07:20:42 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	667-0666	22	07	26
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)

may be used.

Attachment 1
5
Attachment 2

LA-UR-27275
1

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
ORATORY
87545

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO MORTANDAD CANYON
EXTERNAL OUTFALL

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
22	06	01	FROM	22	06	30
						TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.191 MONTHLY AV	0.191 DAILY MX		3/Week	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	pCi/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY AV	30 DAILY MX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. MONTHLY AV		Req. Mon. DAILY MX	WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	1.0 MONTHLY AV		1.0 DAILY MX	MONTHLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	SARAH HOLCOMB (Affiliate)	Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.07.26 07:23:59 -06'00'	TELEPHONE		DATE		
			505	667-0666	22	07	26
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY	

IONS (Reference all attachments here)

may be used.

Attachment 1
6
Attachment 2

LA-UR-27275
2

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
ORATORY
87545

NM0028355
PERMIT NUMBER

T051-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY 48-HR ACUTE TOXICITY
EXTERNAL OUTFALL

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	04	01		22	06	30

FROM

TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	NODI=C	*****	Pass/Fail	0	0/91	COMP-3
PERMIT REQUIREMENT	*****	*****		100 48-HR MINIMUM	100 MO AV MIN	*****				QUARTERLY
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	NODI=C	*****	Pass/Fail	0	0/91	COMP-3
PERMIT REQUIREMENT	*****	*****		Opt. Mon. 48-HR MINIMUM	Opt. Mon. MO AV MIN	*****				QUARTERLY
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	NODI=C	*****	Pass/Fail	0	0/91	COMP-3
PERMIT REQUIREMENT	*****	*****		Opt. Mon. 48-HR MINIMUM	Opt. Mon. MO AV MIN	*****				QUARTERLY
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	NODI=C	*****	Pass/Fail	0	0/91	COMP-3
PERMIT REQUIREMENT	*****	*****		Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	*****				QUARTERLY
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	NODI=C	*****	%	0	0/91	COMP-3
PERMIT REQUIREMENT	*****	*****		Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	*****				QUARTERLY
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	NODI=C	*****	%	0	0/91	COMP-3
PERMIT REQUIREMENT	*****	*****		Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	*****				QUARTERLY
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

SARAH HOLCOMB (Affiliate)
Digitally signed by SARAH HOLCOMB (Affiliate)
Date: 2022.07.26 09:10:58 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-0666	22	07	26
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)

may be used.

Attachment 1
24
Attachment 2

LA-UR-27275
3

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
ORATORY
87545

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO MORTANDAD CANYON
EXTERNAL OUTFALL
PAGE 5

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
22	07	01	FROM	22	07	31
						TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	<8.95	<8.95	mg/L	0	1/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	125 MONTHLY AV	125 DAILY MX		MONTHLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.2	S.U.	0	2/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	<0.0799	<0.0799	lbs/day	*****	<0.570	<0.570	mg/L	0	1/31	GRAB
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	66.9	*****	*****	mg/L	0	2/31	GRAB
PERMIT REQUIREMENT	*****	*****		50 MINIMUM	*****	*****		3/Week	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00300	<0.00300	mg/L	0	2/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	1.34 MONTHLY AV	2.68 DAILY MX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00783	0.0144	mg/L	1	2/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.014 MONTHLY AV	0.014 DAILY MX		3/Week	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000500	<0.000500	mg/L	0	2/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.076 MONTHLY AV	0.115 DAILY MX		WEEKLY	GRAB	

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.

SARAH HOLCOMB (Affiliate)
Digitally signed by SARAH HOLCOMB (Affiliate)
Date: 2022.08.25 11:23:20 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	667-0666	22	08	25
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)

may be used.

Attachment 1
5
Attachment 2

LA-UR-22-28914

1

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
ORATORY
87545

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO MORTANDAD CANYON
EXTERNAL OUTFALL
PAGE 5

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
22	07	01	FROM	22	07	31
						TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00775	0.0122	mg/L	0	2/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.191 MONTHLY AV	0.191 DAILY MX		3/Week	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.379	0.590	pCi/L	0	3/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY AV	30 DAILY MX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	0.016927	0.017056	Mgal/day	*****	*****	*****	*****	0	2/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	2/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000050	<0.000050	mg/L	0	3/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. MONTHLY AV		Req. Mon. DAILY MX	WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00437	0.00437	mg/L	0	86/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	1.0 MONTHLY AV		1.0 DAILY MX	MONTHLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	SARAH HOLCOMB (Affiliate)	Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.08.25 11:23:41 -06'00'	TELEPHONE		DATE		
			505	667-0666	22	08	25
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)

may be used.

Attachment 1
6
Attachment 2

LA-UR-22-28914

2

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	051 External Outfall	Discharge:	051-A TREATED RADIOACTIVE LIQUID WASTE TO M

Report Dates & Status

Monitoring Period:	From 08/01/22 to 08/31/22	DMR Due Date:	09/28/22
---------------------------	----------------------------------	----------------------	-----------------

Considerations for Form Completion

THE LIMITS AND MONITORING FOR TOTAL TOXIC ORGANICS DO NOT INCLUDE 2,3,7,8-TETRACHLORODIBENZO-P-DIOXIN(TCDD), PESTI

Principal Executive Officer

First Name:		Title:	
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading			
						Qualifier 1	Value 1	Qualifier 2	Value 2
00340	Oxygen demand, chem. [high level] [COD]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
00400	pH	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample	<	0.0735	<	0.0735
					Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY
					Value NODI				
00900	Hardness, total [as CaCO3]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
01034	Chromium, total [as Cr]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
01042	Copper, total [as Cu]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
01051	Lead, total [as Pb]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
01092	Zinc, total [as Zn]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
11503	Radium 226 + radium 228, total	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample		0.01635		0.01709
					Permit Req.		Req Mon MO AVG		Req Mon DA
					Value NODI				
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
61209	Perchlorate [ClO4]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
78141	Organics, total toxic [TTO]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-22-29946

Attachments

No attachments.

Report Last Saved By**LOS ALAMOS NATIONAL LABORATORY**

User: ICADIENTE
Name: Isaac Cadiente
E-Mail: icadiente@lanl.gov
Date/Time: 2022-09-26 17:00 (Time Zone: -05:00)

Report Last Signed By

User: SARAHHOLCOMB
Name: Sarah Holcomb
E-Mail: sholcomb@lanl.gov
Date/Time: 2022-09-27 16:58 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	051 External Outfall	Discharge:	051-A TREATED RADIOACTIVE LIQUID WASTE TO M

Report Dates & Status

Monitoring Period:	From 09/01/22 to 09/30/22	DMR Due Date:	10/28/22
---------------------------	----------------------------------	----------------------	-----------------

Considerations for Form Completion

THE LIMITS AND MONITORING FOR TOTAL TOXIC ORGANICS DO NOT INCLUDE 2,3,7,8-TETRACHLORODIBENZO-P-DIOXIN(TCDD), PESTI

Principal Executive Officer

First Name:		Title:	
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading			
						Qualifier 1	Value 1	Qualifier 2	Value 2
00340	Oxygen demand, chem. [high level] [COD]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
00400	pH	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample	0.0813		0.0813	
					Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY
					Value NODI				
00900	Hardness, total [as CaCO3]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
01034	Chromium, total [as Cr]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
01042	Copper, total [as Cu]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
01051	Lead, total [as Pb]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
01092	Zinc, total [as Zn]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
11503	Radium 226 + radium 228, total	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	0.015904		0.016522	
					Permit Req.		Req Mon MO AVG		Req Mon DA
					Value NODI				
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
61209	Perchlorate [ClO4]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
78141	Organics, total toxic [TTO]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-22-31291

Attachments

No attachments.

Report Last Saved By**LOS ALAMOS NATIONAL LABORATORY**

User: ICADIENTE
Name: Isaac Cadiente
E-Mail: icadiente@lanl.gov
Date/Time: 2022-10-25 10:10 (Time Zone: -05:00)

Report Last Signed By

User: SARAHHOLCOMB
Name: Sarah Holcomb
E-Mail: sholcomb@lanl.gov
Date/Time: 2022-10-25 10:26 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	051 External Outfall	Discharge:	051-A TREATED RADIOACTIVE LIQUID WASTE TO M

Report Dates & Status

Monitoring Period:	From 10/01/22 to 10/31/22	DMR Due Date:	11/28/22
---------------------------	---------------------------	----------------------	----------

Considerations for Form Completion

THE LIMITS AND MONITORING FOR TOTAL TOXIC ORGANICS DO NOT INCLUDE 2,3,7,8-TETRACHLORODIBENZO-P-DIOXIN(TCDD), PESTI

Principal Executive Officer

First Name:		Title:	
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading			
						Qualifier 1	Value 1	Qualifier 2	Value 2
00340	Oxygen demand, chem. [high level] [COD]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
00400	pH	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample	<	0.101		0.101
					Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY
					Value NODI				
00900	Hardness, total [as CaCO3]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
01034	Chromium, total [as Cr]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
01042	Copper, total [as Cu]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
01051	Lead, total [as Pb]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
01092	Zinc, total [as Zn]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
11503	Radium 226 + radium 228, total	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample		0.016492		0.016492
					Permit Req.		Req Mon MO AVG		Req Mon DA
					Value NODI				
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
61209	Perchlorate [ClO4]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
78141	Organics, total toxic [TTO]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-22-32091

Attachments

No attachments.

Report Last Saved By**LOS ALAMOS NATIONAL LABORATORY**

User: ICADIENTE
Name: Isaac Cadiente
E-Mail: icadiente@lanl.gov
Date/Time: 2022-11-16 12:10 (Time Zone: -06:00)

Report Last Signed By

User: SARAHHOLCOMB
Name: Sarah Holcomb
E-Mail: sholcomb@lanl.gov
Date/Time: 2022-11-21 09:17 (Time Zone: -06:00)

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABO
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABOR 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	T051 External Outfall	Discharge:	T051-Q QUARTERLY 48-HR ACUTE TO

Report Dates & Status

Monitoring Period:	From 08/01/22 to 10/31/22	DMR Due Date:	11/28/22
---------------------------	---------------------------	----------------------	----------

Considerations for Form Completion

(PASS = 0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE.

Principal Executive Officer

First Name:	Title:
Last Name:	

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading							
						Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1		
22414	Whole effluent toxicity	1 - Effluent Gross	0	--	Sample							1	
					Permit Req.							>=	1
					Value NODI								
22415	Whole effluent toxicity - retest #1	1 - Effluent Gross	0	--	Sample							C	
					Permit Req.								
					Value NODI								
22416	Whole effluent toxicity - retest #2	1 - Effluent Gross	0	--	Sample							C	
					Permit Req.								
					Value NODI								
TEM3D	Low Flow Pass/Fail Static Renewal 48Hr Acute Daphnia pulex	1 - Effluent Gross	0	--	Sample							0	
					Permit Req.								F
					Value NODI								
TOM3D	NOEC Lethal Static Renewal 48HR Acute Daphnia pulex	1 - Effluent Gross	0	--	Sample							1	
					Permit Req.								F
					Value NODI								
TQM3D	Coef Of Var Statre 48Hr Acute D. Pulex	1 - Effluent Gross	0	--	Sample							0	
					Permit Req.								F
					Value NODI								

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-22-32091

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: ICADIENTE
Name: Isaac Cadiante
E-Mail: icadiante@lanl.gov
Date/Time: 2022-11-16 12:10 (Time Zone: -06:00)

Report Last Signed By

User: SARAHHOLCOMB
Name: Sarah Holcomb
E-Mail: sholcomb@lanl.gov
Date/Time: 2022-11-21 09:17 (Time Zone: -06:00)

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	051 External Outfall	Discharge:	051-A TREATED RADIOACTIVE LIQUID WASTE TO M

Report Dates & Status

Monitoring Period:	From 11/01/22 to 11/30/22	DMR Due Date:	12/28/22
---------------------------	----------------------------------	----------------------	-----------------

Considerations for Form Completion

THE LIMITS AND MONITORING FOR TOTAL TOXIC ORGANICS DO NOT INCLUDE 2,3,7,8-TETRACHLORODIBENZO-P-DIOXIN(TCDD), PESTI

Principal Executive Officer

First Name:	Title:
Last Name:	

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading				
					Qualifier 1	Value 1	Qualifier 2	Value 2	
00340	Oxygen demand, chem. [high level] [COD]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
00400	pH	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample	<	0.0729	<	0.0729
					Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY
					Value NODI				
00900	Hardness, total [as CaCO3]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
01034	Chromium, total [as Cr]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
01042	Copper, total [as Cu]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
01051	Lead, total [as Pb]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
01092	Zinc, total [as Zn]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
11503	Radium 226 + radium 228, total	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample		0.014859		0.014859
					Permit Req.		Req Mon MO AVG		Req Mon DA
					Value NODI				
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
61209	Perchlorate [ClO4]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
78141	Organics, total toxic [TTO]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-22-33028

Attachments

No attachments.

Report Last Saved By**LOS ALAMOS NATIONAL LABORATORY**

User: ICADIENTE
Name: Isaac Cadiente
E-Mail: icadiente@lanl.gov
Date/Time: 2022-12-19 17:00 (Time Zone: -06:00)

Report Last Signed By

User: SARAHHOLCOMB
Name: Sarah Holcomb
E-Mail: sholcomb@lanl.gov
Date/Time: 2022-12-20 09:21 (Time Zone: -06:00)

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	051 External Outfall	Discharge:	051-A TREATED RADIOACTIVE LIQUID WASTE TO M

Report Dates & Status

Monitoring Period:	From 12/01/22 to 12/31/22	DMR Due Date:	01/28/23
---------------------------	----------------------------------	----------------------	-----------------

Considerations for Form Completion

THE LIMITS AND MONITORING FOR TOTAL TOXIC ORGANICS DO NOT INCLUDE 2,3,7,8-TETRACHLORODIBENZO-P-DIOXIN(TCDD), PESTI

Principal Executive Officer

First Name:	Title:
Last Name:	

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading				
					Qualifier 1	Value 1	Qualifier 2	Value 2	
00340	Oxygen demand, chem. [high level] [COD]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
00400	pH	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample	<	0.0817	<	0.0817
					Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY
					Value NODI				
00900	Hardness, total [as CaCO3]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
01034	Chromium, total [as Cr]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
01042	Copper, total [as Cu]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
01051	Lead, total [as Pb]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
01092	Zinc, total [as Zn]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
11503	Radium 226 + radium 228, total	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample		0.016391		0.016416
					Permit Req.		Req Mon MO AVG		Req Mon DA
					Value NODI				
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
61209	Perchlorate [ClO4]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
78141	Organics, total toxic [TTO]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-23-20664

Attachments

No attachments.

Report Last Saved By**LOS ALAMOS NATIONAL LABORATORY**

User: ICADIENTE
Name: Isaac Cadiente
E-Mail: icadiente@lanl.gov
Date/Time: 2023-01-25 16:40 (Time Zone: -06:00)

Report Last Signed By

User: SARAHHOLCOMB
Name: Sarah Holcomb
E-Mail: sholcomb@lanl.gov
Date/Time: 2023-01-25 17:30 (Time Zone: -06:00)

ATTACHMENT C

2021 and 2021 DMRs for Outfalls 13S,
03A027, 03A113, 03A160, and 05A055

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

OMB No. 2040-004

Name/Location if different)

TY, LLC
LABORATORY
K490
CO 87545

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED SANITARY WASTEWATER
EXTERNAL OUTFALL
PAGE 8

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
21	01	01	21	01	31

FROM TO No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/31	COMP24
PERMIT REQUIREMENT	*****	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/31	COMP24
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	99/99	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		CONTINUOUS	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	#/100ml	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX		2/Month	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	TAUNIA VAN VALKENBURG (Affiliate) Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.02.25 13:25:02 -0700	TELEPHONE		DATE		
		505	665-9827	21	02	25
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
1, 2014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

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

OMB No. 2040-004

Name/Location if different)

, LLC
BORATORY
90
87545
, LLC
87545
G, EPC-CP

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED SANITARY WASTEWATER
EXTERNAL OUTFALL
PAGE 8

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	02	01		21	02	28

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/28	COMP24
PERMIT REQUIREMENT	*****	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/28	COMP24
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	99/99	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		CONTINUOUS	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	548 MOAVG GEO		2507 DAILY MX	2/Month	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

TAUNIA VAN VALKENBURG (Affiliate)
Digitally signed by TAUNIA VAN VALKENBURG (Affiliate)
Date: 2021.03.25 09:17:38 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 505 665-9827
DATE: 2021 03 25
AREA CODE NUMBER YEAR MO DAY

ATIONS (Reference all attachments here)
2014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

may be used.

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

DMR MAILING
MAJOR
TREATED
EXTERNAL
PAGE 13

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	03	01	FROM	21	03	31

PARAMETER		QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
BOD, 5 Day, 20 Deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT			lbs/day	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						

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.	TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.04.26 15:01:56 -06'00'	TELE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505
TYPED OR PRINTED				AREA CODE

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

DMR MAIL
 MAJOR
 TREATED S
 EXTERNAL
 PAGE 8

MONITORING PERIOD					
YEAR	MO	DAY	FROM	TO	DAY
21	04	01			30

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
BOD, 5 Day, 20 Deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	**** ****	109 DAILY MX	lbs/day	**** ****	*NODI=C 30 MONTHLY AV	*NODI=C 45 DAILY MX
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	**** ****	**** ****	****	*NODI=C 6.0 MINIMUM	**** ****	*NODI=C 9.0 MAXIMUM
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*NODI=C 73 MONTHLY AV	*NODI=C 109 DAILY MX	lbs/day	**** ****	*NODI=C 30 MONTHLY AV	*NODI=C 45 DAILY MX
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*NODI=C Req. Mon. MONTHLY AV	*NODI=C Req. Mon. DAILY MX	Mgal/day	**** ****	**** ****	**** ****
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	**** ****	**** ****	****	**** ****	**** ****	*NODI=C 0.011 INST MAX
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT PERMIT REQUIREMENT	**** ****	**** ****	****	**** ****	*NODI=C 548 MOAVG GEO	*NODI=C 2507 DAILY MX
	SAMPLE MEASUREMENT PERMIT REQUIREMENT						
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.			TAUNIA VAN VALKENBURG (Affiliate) Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.05.24 17:12:59 -06'00' SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELE 505 AREA CODE
TYPED OR PRINTED							

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

EPA Form 3320-1 (Rev 01/06) Previous editions may be used.

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

DMR MAIL
MAJOR
TREATED
EXTERNAL
PAGE 8

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	05	01		21	05	31

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION			
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	
BOD, 5 Day, 20 Deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	
	PERMIT REQUIREMENT	*****	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX	
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM	
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****	
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX	
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	
	PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX	
	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							
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.				TAUNIA VAN VALKENBURG (Affiliate)		Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.06.25 09:54:17 -06'00'
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505
TYPED OR PRINTED						AREA CODE		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

EPA Form 3320-1 (Rev 01/06) Previous editions may be used.

EPC-DO: 21-195

Attachment 1
9

EPC-DO: 23-121

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

OMB No. 2040-004

Name/Location if different)

ITY, LLC
LABORATORY
K490
CO 87545

ITY, LLC
CO 87545
URG, EPC-CP

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED SANITARY WASTEWATER
EXTERNAL OUTFALL
PAGE 13

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
21	06	01	21	06	30

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/30	COMP24
PERMIT REQUIREMENT	*****	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/30	COMP24
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	99/99	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		CONTINUOUS	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	#/100ml	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX		2/Month	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

TAUNIA VAN VALKENBURG (Affiliate)
Digitally signed by TAUNIA VAN VALKENBURG (Affiliate)
Date: 2021.07.26 16:34:45 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-9827	21	07	26
AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
R 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

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

OMB No. 2040-004

Name/Location if different)

TY, LLC
LABORATORY
K490
CO 87545
TY, LLC
CO 87545
EPC-CP

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED SANITARY WASTEWATER
EXTERNAL OUTFALL
PAGE 8

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	07	01	TO	21	07	31

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/31	COMP24
PERMIT REQUIREMENT	*****	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/31	COMP24
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	99/99	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		CONTINUOUS	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	#/100ml	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	548 MOAVG GEO		2507 DAILY MX	2/Month	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	Taunia Sandquist Digitally signed by Taunia Sandquist Date: 2021.08.25 10:52:54 -06'00'	TELEPHONE		DATE		
		505	665-9827	21	08	25
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

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

OMB No. 2040-004

City Name/Location if different)

ITY, LLC
LABORATORY
K490
CO 87545

ITY, LLC
CO 87545
T, EPC-CP

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED SANITARY WASTEWATER
EXTERNAL OUTFALL
PAGE 8

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	08	01		21	08	31

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/31	COMP24
PERMIT REQUIREMENT	*****	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/31	COMP24
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	99/99	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		CONTINUOUS	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	#/100ml	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX		2/Month	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

Taunia Sandquist
Digitally signed by Taunia Sandquist
Date: 2021.09.28 09:18:09 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-9827	21	09	28
AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
R 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

ons may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
LLC
87545
PC-CP

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED SANITARY WASTEWATER
EXTERNAL OUTFALL
PAGE 18

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
21	09	01	21	09	30

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/30	COMP24
PERMIT REQUIREMENT	*****	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/30	COMP24
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	99/99	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		CONTINUOUS	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	#/100ml	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX		2/Month	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

Taunia Sandquist
Digitally signed by Taunia Sandquist
Date: 2021.10.27 16:09:26 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-9827	21	10	27
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)
014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
00
87545
LLC
87545
PC-CP

NM0028355
PERMIT NUMBER

13S-Y
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
YEARLY REPORTING - OUTFALL 13S
EXTERNAL OUTFALL
PAGE 19

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
20	10	01		21	09	30

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	**NODI=C	mg/L	0	0/365	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	3.514 DAILY MX			1/Year	GRAB
SAMPLE MEASUREMENT	**NODI=C	**NODI=C	lbs/day	*****	**NODI=C	**NODI=C	ug/L	0	0/365	COMP24
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	0.00064 MONTHLY AV	0.000642 DAILY MX			1/Year	COMP24
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

Taunia Sandquist
Digitally signed by Taunia Sandquist
Date: 2021.10.27 16:09:54 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-9827	21	10	27
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)
014. *ALUMINUM EFFLUENT LIMITATIONS BECOME EFFECTIVE SEPTEMBER 1, 2017. **NO DISCHARGE DURING MONITORING PERIOD.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
00
87545
LLC
87545
PC-CP

NM0028355
PERMIT NUMBER

T13S-Y
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
1/2 YEARS 48-HR ACUTE TOXICITY -
EXTERNAL OUTFALL
PAGE 30

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
20	10	01	TO	21	09	30

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	**NODI=C	**NODI=C	*****	Pass/Fail	0	0/365	COMP24
PERMIT REQUIREMENT	*****	*****		Opt. Mon. 7-DAY MIN	Opt. Mon. MONTHLY AV	*****		SEE PERMIT	COMP24	
SAMPLE MEASUREMENT	*****	*****	*****	**NODI=C	**NODI=C	*****	Pass/Fail	0	0/365	COMP24
PERMIT REQUIREMENT	*****	*****		Opt. Mon. MINIMUM	Opt. Mon. MONTHLY AV	*****		SEE PERMIT	COMP24	
SAMPLE MEASUREMENT	*****	*****	*****	**NODI=C	**NODI=C	*****	Pass/Fail	0	0/365	COMP24
PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	Req. Mon. MONTHLY AV	*****		once every two years	COMP24	
SAMPLE MEASUREMENT	*****	*****	*****	**NODI=C	**NODI=C	*****	%	0	0/365	COMP24
PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	Req. Mon. MONTHLY AV	*****		once every two years	COMP24	
SAMPLE MEASUREMENT	*****	*****	*****	**NODI=C	**NODI=C	*****	%	0	0/365	COMP24
PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	Req. Mon. MONTHLY AV	*****		once every two years	COMP24	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

Taunia Sandquist
Digitally signed by Taunia Sandquist
Date: 2021.10.27 16:14:17 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-9827	21	10	27
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)
R REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG ABOVE. *RETEST REQUIRED WHEN PARAMETER EXCEEDED. **NO DISCHARGE TO OUTFALL

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	10	01		21	10	31

DMR MAIL
MAJOR
TREATED S
EXTERNAL
PAGE 8

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
BOD, 5 Day, 20 Deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 STEVEN L. STORY
 GROUP LEADER
 EPC-CP
 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.

STEVEN STORY
 (Affiliate)
 Digitally signed by STEVEN STORY (Affiliate)
 Date: 2021.11.17 12:53:28 -07'00'
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 505
 AREA CODE

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	11	01		21	11	30

DMR MAILING
 MAJOR TREATED
 EXTERNAL
 PAGE 8

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
BOD, 5 Day, 20 Deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN L. STORY
 GROUP LEADER
 EPC-CP
 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.

STEVEN STORY
 (Affiliate)
 Digitally signed by STEVEN STORY (Affiliate)
 Date: 2021.12.17 07:23:09 -07'00'
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 505
 AREA CODE

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

EPA Form 3320-1 (Rev 01/06) Previous editions may be used.

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

OMB No. 2040-004

City Name/Location if different)

ITY, LLC
LABORATORY
P K490
ICO 87545

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED SANITARY WASTEWATER
EXTERNAL OUTFALL
PAGE 13

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
21	12	01	21	12	31

FROM

TO

No Discharge

SAMPLE MEASUREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/31	COMP24
PERMIT REQUIREMENT	*****	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/31	COMP24
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	99/99	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		CONTINUOUS	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX		2/Month	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2022.01.25 11:18:59 -07'00'	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-2169	22	01
		AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
R 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

ons may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
LLC
87545

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED SANITARY WASTEWATER
EXTERNAL OUTFALL
PAGE 8

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	01	01		22	01	31

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/31	COMP24
PERMIT REQUIREMENT	*****	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/31	COMP24
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	99/99	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		CONTINUOUS	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX		2/Month	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	STEVEN STORY (Affiliate)	TELEPHONE		DATE		
		505 665-2169		22	02	28
		AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)
014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
LLC
87545

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED SANITARY WASTEWATER
EXTERNAL OUTFALL
PAGE 8

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
22	02	01	FROM	22	02	28
						TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/28	COMP24
PERMIT REQUIREMENT	*****	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/28	COMP24
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	99/99	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		CONTINUOUS	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX		2/Month	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	STEVEN STORY (Affiliate)	Digitally signed by STEVEN STORY (Affiliate) Date: 2022.03.24 10:10:48 -06'00'	TELEPHONE		DATE		
			505	665-2169	22	03	24
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)
014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
LLC
87545

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED SANITARY WASTEWATER
EXTERNAL OUTFALL
PAGE 13

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
22	03	01	FROM	22	03	31
						TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/31	COMP24
PERMIT REQUIREMENT	*****	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/31	COMP24
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	99/99	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		CONTINUOUS	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX		2/Month	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	STEVEN STORY (Affiliate)	Digitally signed by STEVEN STORY (Affiliate) Date: 2022.04.27 13:47:04 -06'00'	TELEPHONE		DATE		
			505	665-2169	22	04	27
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)
014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

may be used.

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

OMB No. 2040-004

Name/Location if different)

LABORATORY
K490
CO 87545

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED SANITARY WASTEWATER
EXTERNAL OUTFALL
PAGE 8

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
22	04	01	22	04	30

FROM

TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/30	COMP24
PERMIT REQUIREMENT	*****	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/30	COMP24
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	99/99	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		CONTINUOUS	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX		2/Month	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

STEVEN STORY (Affiliate)
Digitally signed by STEVEN STORY (Affiliate)
Date: 2022.05.23 12:43:39 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 505 665-2169
DATE: 22 05 23
AREA CODE NUMBER YEAR MO DAY

VIOLATIONS (Reference all attachments here)
OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
ORATORY
87545

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED SANITARY WASTEWATER
EXTERNAL OUTFALL

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
22	05	01	FROM	22	05	31
			TO			

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/31	COMP24
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/31	COMP24
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		CONTINUOUS	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	#/100ml	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX		2/Month	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

SARAH HOLCOMB
(Affiliate)
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Digitally signed by SARAH HOLCOMB (Affiliate)
Date: 2022.07.26 09:28:04 -06'00'

TELEPHONE		DATE		
505	667-0666	22	07	26
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
ORATORY
87545

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED SANITARY WASTEWATER
EXTERNAL OUTFALL

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
22	06	01	22	06	30

FROM

TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/30	COMP24
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/30	COMP24
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	99/99	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		CONTINUOUS	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	#/100ml	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX		2/Month	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	SARAH HOLCOMB (Affiliate)	Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.07.26 07:41:28 -06'00'	TELEPHONE		DATE		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	667-0666	22	07
			AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
ORATORY
87545

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED SANITARY WASTEWATER
EXTERNAL OUTFALL
PAGE 8

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
22	07	01	FROM	22	07	31
			TO			

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/31	COMP24
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/31	COMP24
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	99/99	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		CONTINUOUS	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	#/100ml	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX		2/Month	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	SARAH HOLCOMB (Affiliate)	Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.08.25 11:24:43 -06'00'	TELEPHONE		DATE		
			505	667-0666	22	08	25
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY	

IONS (Reference all attachments here)

may be used.

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	13S External Outfall	Discharge:	13S-A TREATED SANITARY WASTEWATER

Report Dates & Status

Monitoring Period:	From 08/01/22 to 08/31/22	DMR Due Date:	09/28/22
---------------------------	---------------------------	----------------------	----------

Considerations for Form Completion

Principal Executive Officer

First Name:		Title:	
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading				
					Qualifier 1	Value 1	Qualifier 2	Value 2	
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0	--	Sample				
					Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY MAX
					Value NODI		C - No Discharge		C - No Discharge
00400	pH	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample				
					Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY MAX
					Value NODI		C - No Discharge		C - No Discharge
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample				
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MAX
					Value NODI		C - No Discharge		C - No Discharge
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
51040	E. coli	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-22-29946

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User:	ICADIENTE
Name:	Isaac Cadiente
E-Mail:	icadiente@lanl.gov
Date/Time:	2022-09-27 16:30 (Time Zone: -05:00)

Report Last Signed By

User:	SARAHHOLCOMB
Name:	Sarah Holcomb
E-Mail:	sholcomb@lanl.gov

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	13S External Outfall	Discharge:	13S-A TREATED SANITARY WASTEWATER

Report Dates & Status

Monitoring Period:	From 09/01/22 to 09/30/22	DMR Due Date:	10/28/22
---------------------------	----------------------------------	----------------------	-----------------

Considerations for Form Completion

Principal Executive Officer

First Name:		Title:	
Last Name:			

No Data Indicator (NODI)

Form NODI:	--
-------------------	----

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading				
					Qualifier 1	Value 1	Qualifier 2	Value 2	
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0	--	Sample				
					Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY MAX
					Value NODI		C - No Discharge		C - No Discharge
00400	pH	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample				
					Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY MAX
					Value NODI		C - No Discharge		C - No Discharge
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample				
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MAX
					Value NODI		C - No Discharge		C - No Discharge
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
51040	E. coli	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-22-31291

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User:	ICADIENTE
Name:	Isaac Cadiente
E-Mail:	icadiente@lanl.gov
Date/Time:	2022-10-25 10:10 (Time Zone: -05:00)

Report Last Signed By

User:	SARAHHOLCOMB
Name:	Sarah Holcomb
E-Mail:	sholcomb@lanl.gov

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	13S External Outfall	Discharge:	13S-A TREATED SANITARY WASTEWATER

Report Dates & Status

Monitoring Period:	From 10/01/22 to 10/31/22	DMR Due Date:	11/28/22
---------------------------	---------------------------	----------------------	----------

Considerations for Form Completion

Principal Executive Officer

First Name:		Title:	
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading				
					Qualifier 1	Value 1	Qualifier 2	Value 2	
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0	--	Sample				
					Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY MAX
					Value NODI		C - No Discharge		C - No Discharge
00400	pH	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample				
					Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY MAX
					Value NODI		C - No Discharge		C - No Discharge
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample				
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MAX
					Value NODI		C - No Discharge		C - No Discharge
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
51040	E. coli	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-22-32091

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User:	ICADIENTE
Name:	Isaac Cadiente
E-Mail:	icadiente@lanl.gov
Date/Time:	2022-11-16 12:10 (Time Zone: -06:00)

Report Last Signed By

User:	SARAHHOLCOMB
Name:	Sarah Holcomb
E-Mail:	sholcomb@lanl.gov

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	13S External Outfall	Discharge:	13S-A TREATED SANITARY WASTEWATER

Report Dates & Status

Monitoring Period:	From 11/01/22 to 11/30/22	DMR Due Date:	12/28/22
---------------------------	----------------------------------	----------------------	-----------------

Considerations for Form Completion

Principal Executive Officer

First Name:	Title:
Last Name:	

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading				
					Qualifier 1	Value 1	Qualifier 2	Value 2	
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0	--	Sample				
					Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY MAX
					Value NODI		C - No Discharge		C - No Discharge
00400	pH	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample				
					Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY MAX
					Value NODI		C - No Discharge		C - No Discharge
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample				
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MAX
					Value NODI		C - No Discharge		C - No Discharge
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
51040	E. coli	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-22-33028

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User:	ICADIENTE
Name:	Isaac Cadiente
E-Mail:	icadiente@lanl.gov
Date/Time:	2022-12-19 17:00 (Time Zone: -06:00)

Report Last Signed By

User:	SARAHHOLCOMB
Name:	Sarah Holcomb
E-Mail:	sholcomb@lanl.gov

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	13S External Outfall	Discharge:	13S-A TREATED SANITARY WASTEWATER

Report Dates & Status

Monitoring Period:	From 12/01/22 to 12/31/22	DMR Due Date:	01/28/23
---------------------------	---------------------------	----------------------	----------

Considerations for Form Completion

Principal Executive Officer

First Name:		Title:	
Last Name:			

No Data Indicator (NODI)

Form NODI:	--
-------------------	----

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading				
					Qualifier 1	Value 1	Qualifier 2	Value 2	
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0	--	Sample				
					Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY MAX
					Value NODI		C - No Discharge		C - No Discharge
00400	pH	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample				
					Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY MAX
					Value NODI		C - No Discharge		C - No Discharge
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample				
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MAX
					Value NODI		C - No Discharge		C - No Discharge
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
51040	E. coli	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-23-20664

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User:	ICADIENTE
Name:	Isaac Cadiente
E-Mail:	icadiente@lanl.gov
Date/Time:	2023-01-25 14:20 (Time Zone: -06:00)

Report Last Signed By

User:	SARAHHOLCOMB
Name:	Sarah Holcomb
E-Mail:	sholcomb@lanl.gov

EPC-DO: 23-121

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

OMB No. 2040-004

Name/Location if different)

TY, LLC
LABORATORY
K490
CO 87545

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 3

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
21	01	01	21	01	31

FROM

TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	6.6 MINIMUM	*****	8.8 MAXIMUM			WEEKLY	GRAB
SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****			DAILY	RCORDR
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 DAILY MX			WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	#/100ml	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	548 MONTHLY AV	2507 DAILY MX			2/Month	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
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.			TAUNIA VAN VALKENBURG (Affiliate) Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.02.25 13:23:23 -07'00'		TELEPHONE 505 665-9827 AREA CODE NUMBER		DATE 21 02 25 YEAR MO DAY		

VIOLATIONS (Reference all attachments here)
1, 2014. *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

ns may be used.

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

OMB No. 2040-004

Name/Location if different)

, LLC
BORATORY
90
87545
, LLC
87545
G, EPC-CP

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 3

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	02	01		21	02	28

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM			WEEKLY	GRAB
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/28	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****			DAILY	RCORDR
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 DAILY MX			WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		*****	548 MONTHLY AV	2507 DAILY MX			2/Month	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.03.25 09:16:00 -06'00'	TELEPHONE		DATE		
			505	665-9827	2021	03	25
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

ATIONS (Reference all attachments here)
2014. *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

may be used.

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

DMR MAILING
 MAJOR
 COOLING TOWER
 EXTERNAL
 PAGE 4

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	03	01		21	03	31

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C
	PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 DAILY MX
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	548 MONTHLY AV	2507 DAILY MX
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						

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.	TAUNIA VAN VALKENBURG (Affiliate) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.04.26 14:59:20 -06'00'	TELE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP				505
TYPED OR PRINTED				AREA CODE

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

EPA Form 3320-1 (Rev 01/06) Previous editions may be used.

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

027-Q
DISCHARGE NUMBER

DMR MAILING
MAJOR
QUARTERLY
EXTERNAL
PAGE 5

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

MONITORING PERIOD					
YEAR	MO	DAY	FROM	TO	DAY
21	01	01			31

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX
Phosphorus, Total (as P) 00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						

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.	TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.04.26 14:59:36 -06'00'	TELE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TYPED OR PRINTED				AREA CODE

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014 *OUTFALL PIPE CAPPED ON 9/9/16. NO DISCHARGE DURING MONITORING PERIOD.

EPA Form 3320-1 (Rev 01/06) Previous editions may be used.

EPC-DO: 21-143

Attachment 1

EPC-DO: 23-121

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

DMR MAILING
MAJOR
COOLING TOWER
EXTERNAL
PAGE 3

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	04	01	TO	21	04	30

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C
	PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 DAILY MX
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	548 MONTHLY AV	2507 DAILY MX
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
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.				TAUNIA VAN VALKENBURG (Affiliate) Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.05.24 17:07:46 -05'00'		TELEPHONE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505
TYPED OR PRINTED							AREA CODE

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

DMR MAI
MAJOR
COOLING
EXTERNA
PAGE 3

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

MONITORING PERIOD					
YEAR	MO	DAY	FROM	TO	DAY
21	05	01			31

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C
	PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 DAILY MX
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	548 MONTHLY AV	2507 DAILY MX
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
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.				TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.06.25 09:50:47 -06'00'	TE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505
TYPED OR PRINTED							AREA CODE

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

EPA Form 3320-1 (Rev 01/06) Previous editions may be used.

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

OMB No. 2040-004

Name/Location if different)

TY, LLC
LABORATORY
K490
CO 87545

TY, LLC
CO 87545
URG, EPC-CP

NM0028355			027-A		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
21	06	01	21	06	30

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 4

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM		*****	WEEKLY	GRAB
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****		DAILY	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 DAILY MX		*****	WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	548 MONTHLY AV	2507 DAILY MX		*****	2/Month	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	TAUNIA VAN VALKENBURG (Affiliate) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
		505	665-9827	21	07	26
		AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
R 1, 2014. *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

ons may be used.

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

OMB No. 2040-004

City Name/Location if different)

ITY, LLC
LABORATORY
K490
CO 87545

NM0028355
PERMIT NUMBER

027-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 027
EXTERNAL OUTFALL
PAGE 5

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	04	01		21	06	30

FROM TO No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/91	GRAB
PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX				QUARTERLY
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/91	GRAB
PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX				QUARTERLY
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

CER	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.	TAUNIA VAN VALKENBURG (Affiliate) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			505	665-9827	21	07	26
			AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
R 1, 2014 *OUTFALL PIPE CAPPED ON 9/9/16. NO DISCHARGE DURING MONITORING PERIOD.

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

OMB No. 2040-004

Name/Location if different)

TY, LLC
LABORATORY
K490
CO 87545

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 3

TY, LLC
CO 87545
T, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	07	01		21	07	31

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM				WEEKLY
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****				DAILY
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 DAILY MX				WEEKLY
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	548 MONTHLY AV	2507 DAILY MX				2/Month
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	Digitally signed by Taunia Sandquist Date: 2021.08.25 10:51:17 -06'00'	TELEPHONE		DATE		
		505	665-9827	21	08	25
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
R 1, 2014. *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

ons may be used.

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

OMB No. 2040-004

by Name/Location if different)

TY, LLC
LABORATORY
K490
CO 87545

TY, LLC
CO 87545
T, EPC-CP

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 3

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	08	01		21	08	31

No Discharge

SAMPLE MEASUREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	6.6 MINIMUM	*****	8.8 MAXIMUM			WEEKLY	GRAB
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	RCORDR
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 DAILY MX			WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	548 MONTHLY AV	2507 DAILY MX			2/Month	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	Taunia Sandquist Digitally signed by Taunia Sandquist Date: 2021.09.28 09:16:33 -06'00'	TELEPHONE		DATE		
		505	665-9827	21	09	28
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
 1, 2014. *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

ns may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
LLC
87545
PC-CP

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 5

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
21	09	01	FROM	21	09	30
						TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****		DAILY	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 DAILY MX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	548 MONTHLY AV	2507 DAILY MX		2/Month	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	Taunia Sandquist Digitally signed by Taunia Sandquist Date: 2021.10.27 16:04:33 -06'00'	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-9827	21	10
		AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)
014. *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
00
87545
LLC
87545
PC-CP

NM0028355
PERMIT NUMBER

027-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 027
EXTERNAL OUTFALL
PAGE 6

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
21	07	01	21	09	30

No Discharge

SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/92	GRAB
SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		QUARTERLY	GRAB
SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/92	GRAB
SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	20 MO AVG	40 DAILY MX	mg/L		QUARTERLY	GRAB
SAMPLE MEASUREMENT PERMIT REQUIREMENT										
SAMPLE MEASUREMENT PERMIT REQUIREMENT										
SAMPLE MEASUREMENT PERMIT REQUIREMENT										
SAMPLE MEASUREMENT PERMIT REQUIREMENT										
SAMPLE MEASUREMENT PERMIT REQUIREMENT										
SAMPLE MEASUREMENT PERMIT REQUIREMENT										
SAMPLE MEASUREMENT PERMIT REQUIREMENT										
SAMPLE MEASUREMENT PERMIT REQUIREMENT										
SAMPLE MEASUREMENT PERMIT REQUIREMENT										
SAMPLE MEASUREMENT PERMIT REQUIREMENT										

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.

Taunia Sandquist
Digitally signed by Taunia Sandquist
Date: 2021.10.27 16:04:55 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-9827	21	10	27
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)
014 *OUTFALL PIPE CAPPED ON 9/9/16. NO DISCHARGE DURING MONITORING PERIOD.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
LLC
87545
PC-CP

NM0028355
PERMIT NUMBER

027-Y
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
YEARLY REPORTING - OUTFALL 027
EXTERNAL OUTFALL
PAGE 7

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
20	10	01		21	09	30

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	***NODI=C	mg/L	0	0/365	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.0073 DAILY MX		1/Year	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	***NODI=C	mg/L	0	0/365	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.9889 DAILY MX		1/Year	GRAB	
SAMPLE MEASUREMENT	***NODI=C	***NODI=C	lbs/day	*****	***NODI=C	***NODI=C	ug/L	0	0/365	GRAB
PERMIT REQUIREMENT	Reg. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	0.00064 MONTHLY AV	0.000642 DAILY MX		1/Year	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

Taunia Sandquist
Digitally signed by Taunia Sandquist
Date: 2021.10.27 16:05:17 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-9827	21	10	27
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)
014. *AL & CU EFFLUENT LIMITATIONS BECAME EFFECTIVE ON SEPTEMBER 30, 2017. **AL, CU AND PCBS REPORTED ON OCTOBER 27, 2016 (DOC#- OUTFALL 027 THIS MONITORING PERIOD.

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

DMR MAILING
 MAJOR
 COOLING TOWER
 EXTERNAL
 PAGE 3

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	10	01		21	10	31

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C
	PERMIT REQUIREMENT	*****	*****	*****	6.6 MINIMUM	*****	8.8 MAXIMUM
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 DAILY MX
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	*****	*****	*****	548 MONTHLY AV	2507 DAILY MX
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						

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.	STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2021.11.17 12:52:11 -07'00'	TELEPHONE
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	11	01		21	11	30

DMR MAILING
 MAJOR
 COOLING TOWER
 EXTERNAL
 PAGE 3

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C
	PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 DAILY MX
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	548 MONTHLY AV	2507 DAILY MX
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						

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.	STEVEN STORY (Affiliate) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	Digitally signed by STEVEN STORY (Affiliate) Date: 2021.12.17 07:19:12 -07'00'	TELE
STEVEN L. STORY GROUP LEADER EPC-CP			505	
TYPED OR PRINTED				AREA CODE

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

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

OMB No. 2040-004

ity Name/Location if different)

RITY, LLC
LABORATORY
P K490
ICO 87545

RITY, LLC
ICO 87545
CP

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545

MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL

PAGE 4

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	12	01		21	12	31

FROM

TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	6.6 MINIMUM	*****	8.8 MAXIMUM			WEEKLY	GRAB
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****			DAILY	RCORDR
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 DAILY MX			WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	548 MONTHLY AV	2507 DAILY MX			2/Month	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2022.01.25 11:13:47 -0700	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-2169	22	01
		AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
R 1, 2014. *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

ons may be used.

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

City Name/Location if different)

OMB No. 2040-004

ITY, LLC
LABORATORY
P K490
ICO 87545

NM0028355
PERMIT NUMBER

027-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 027
EXTERNAL OUTFALL
PAGE 5

ITY, LLC
ICO 87545
CP

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
21	10	01	21	12	31

No Discharge

SAMPLE MEASUREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/92	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		QUARTERLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/92	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	20 MO AVG	40 DAILY MX	mg/L		QUARTERLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
ER	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.			STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2022.01.25 11:14:07 -07'00'		TELEPHONE		DATE		
				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505	665-2169	22	01	25
						AREA CODE	NUMBER	YEAR	MO	DAY

ATIONS (Reference all attachments here)
1, 2014 *OUTFALL PIPE CAPPED ON 9/9/16. NO DISCHARGE DURING MONITORING PERIOD.

s may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
00
87545
LLC
87545

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 3

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
22	01	01	FROM	22	01	31
			TO			

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****		DAILY	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 DAILY MX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	548 MONTHLY AV	2507 DAILY MX		2/Month	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

STEVEN STORY (Affiliate)
Digitally signed by STEVEN STORY (Affiliate)
Date: 2022.02.28 09:49:40 -07'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-2169	22	02	28
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)
014. *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
LLC
87545

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 3

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
22	02	01	FROM	22	02	28
						TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/28	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****		DAILY	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 DAILY MX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		*****	548 MONTHLY AV	2507 DAILY MX		2/Month	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

STEVEN STORY
(Affiliate)
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Digitally signed by STEVEN STORY (Affiliate)
Date: 2022.03.24 10:08:42 -06'00'

TELEPHONE		DATE		
505	665-2169	22	03	24
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)
014. *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
LLC
87545

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 4

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
22	03	01	FROM	22	03	31
						TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****		DAILY	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 DAILY MX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	548 MONTHLY AV	2507 DAILY MX		2/Month	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

STEVEN STORY
(Affiliate)
Digitally signed by STEVEN STORY (Affiliate)
Date: 2022.04.27 13:44:29 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-2169	22	04	27
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)
014. *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
00
87545
LLC
87545

NM0028355
PERMIT NUMBER

027-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 027
EXTERNAL OUTFALL
PAGE 5

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	01	01		22	03	31

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/90	GRAB
PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX		QUARTERLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/90	GRAB
PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX		QUARTERLY	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

STEVEN STORY
(Affiliate)
Digitally signed by STEVEN STORY (Affiliate)
Date: 2022.04.27 13:44:43 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-2169	22	04	27
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)
014 *OUTFALL PIPE CAPPED ON 9/9/16. NO DISCHARGE DURING MONITORING PERIOD.

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

OMB No. 2040-004

Name/Location if different)

TY, LLC
LABORATORY
K490
CO 87545

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545

MAJOR
COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO SANDIA CANYON

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
22	04	01	22	04	30

EXTERNAL OUTFALL

PAGE 3

TY, LLC
CO 87545

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM			WEEKLY	GRAB
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****			DAILY	RCORDR
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 DAILY MX			WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	548 MONTHLY AV	2507 DAILY MX			2/Month	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

STEVEN STORY
(Affiliate)
Digitally signed by STEVEN STORY (Affiliate)
Date: 2022.05.23 12:41:02 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-2169	22	05	23
AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
OCTOBER 1, 2014. *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

ns may be used.

PAGE 1 OF 1

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
90
87545
ORATORY
87545

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO SANDIA CANYON
EXTERNAL OUTFALL

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
22	05	01	22	05	31

FROM

TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****		DAILY	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 DAILY MX		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	#/100ml	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	548 MONTHLY AV	2507 DAILY MX		2/Month	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

SARAH HOLCOMB
(Affiliate)
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Digitally signed by SARAH HOLCOMB (Affiliate)
Date: 2022.07.26 09:18:58 -06'00'

TELEPHONE		DATE		
505	667-0666	22	07	26
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
90
87545
ORATORY
87545

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO SANDIA CANYON
EXTERNAL OUTFALL

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
22	06	01	FROM	22	06	30
						TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM			WEEKLY	GRAB
SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****			DAILY	RCORDR
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 DAILY MX			WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	#/100ml	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	548 MONTHLY AV	2507 DAILY MX			2/Month	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	SARAH HOLCOMB (Affiliate) Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.07.26 07:12:06 -06'00'	TELEPHONE		DATE			
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 667-0666	22 07 26	AREA CODE	NUMBER	YEAR

IONS (Reference all attachments here)

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
00
87545
ORATORY
87545

NM0028355
PERMIT NUMBER

027-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 027
EXTERNAL OUTFALL

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	04	01		22	06	30

FROM

TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/91	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX		QUARTERLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/91	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	20 MO AVG	40 DAILY MX		QUARTERLY	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

SARAH HOLCOMB
(Affiliate)
Digitally signed by SARAH HOLCOMB (Affiliate)
Date: 2022.07.26 08:49:25 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-0666	22	07	26
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
90
87545
ORATORY
87545

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545

MAJOR
COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO SANDIA CANYON

EXTERNAL OUTFALL
PAGE 3

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	07	01		22	07	31

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM			WEEKLY	GRAB
SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****			DAILY	RCORDR
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 DAILY MX			WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	#/100ml	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	548 MONTHLY AV	2507 DAILY MX			2/Month	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	SARAH HOLCOMB (Affiliate)	Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.08.25 11:22:32 -06'00'	TELEPHONE		DATE		
			505	667-0666	22	08	25
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY	

IONS (Reference all attachments here)

may be used.

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	027 External Outfall	Discharge:	027-A COOLING TOWER BLOWDOWN & OTHER WA

Report Dates & Status

Monitoring Period:	From 08/01/22 to 08/31/22	DMR Due Date:	09/28/22
---------------------------	----------------------------------	----------------------	-----------------

Considerations for Form Completion

E. COLI EFFLUENT LIMITATIONS & MONITORING REQUIREMENTS ONLY APPLY AT OUTFALL 03A027 WHEN EFFLUENT FROM OUTFALL 13S IS REROUTED & DISCHARGED AT OUTFALL 03A027.

Principal Executive Officer

First Name:	Title:
Last Name:	

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading			
						Qualifier 1	Value 1	Qualifier 2	Value 2
00400	pH	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample				
					Permit Req.	Req Mon MO AVG		Req Mon DAILY	
					Value NODI	C - No Discharge		C - No Discharge	
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
51040	E. coli	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-22-29946

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User:	ICADIENTE
Name:	Isaac Cadiente
E-Mail:	icadiente@lanl.gov
Date/Time:	2022-09-27 16:30 (Time Zone: -05:00)

Report Last Signed By

User:	SARAHHOLCOMB
Name:	Sarah Holcomb
E-Mail:	sholcomb@lanl.gov
Date/Time:	2022-09-27 16:58 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	027 External Outfall	Discharge:	027-A COOLING TOWER BLOWDOWN & OTHER WA

Report Dates & Status

Monitoring Period:	From 09/01/22 to 09/30/22	DMR Due Date:	10/28/22
---------------------------	----------------------------------	----------------------	-----------------

Considerations for Form Completion

E. COLI EFFLUENT LIMITATIONS & MONITORING REQUIREMENTS ONLY APPLY AT OUTFALL 03A027 WHEN EFFLUENT FROM OUTFALL 13S IS REROUTED & DISCHARGED AT OUTFALL 03A027.

Principal Executive Officer

First Name:	Title:
Last Name:	

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading			
						Qualifier 1	Value 1	Qualifier 2	Value 2
00400	pH	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample				
					Permit Req.	Req Mon MO AVG		Req Mon DAILY	
					Value NODI	C - No Discharge		C - No Discharge	
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
51040	E. coli	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-22-31291

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User:	ICADIENTE
Name:	Isaac Cadiante
E-Mail:	icadiante@lanl.gov
Date/Time:	2022-10-25 10:10 (Time Zone: -05:00)

Report Last Signed By

User:	SARAHHOLCOMB
Name:	Sarah Holcomb
E-Mail:	sholcomb@lanl.gov
Date/Time:	2022-10-25 10:26 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	027 External Outfall	Discharge:	027-A COOLING TOWER BLOWDOWN & OTHER WA

Report Dates & Status

Monitoring Period:	From 10/01/22 to 10/31/22	DMR Due Date:	11/28/22
---------------------------	----------------------------------	----------------------	-----------------

Considerations for Form Completion

E. COLI EFFLUENT LIMITATIONS & MONITORING REQUIREMENTS ONLY APPLY AT OUTFALL 03A027 WHEN EFFLUENT FROM OUTFALL 13S IS REROUTED & DISCHARGED AT OUTFALL 03A027.

Principal Executive Officer

First Name:	Title:
Last Name:	

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading			
						Qualifier 1	Value 1	Qualifier 2	Value 2
00400	pH	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample				
					Permit Req.	Req Mon MO AVG		Req Mon DAILY	
					Value NODI	C - No Discharge		C - No Discharge	
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
51040	E. coli	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-22-32091

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User:	ICADIENTE
Name:	Isaac Cadiente
E-Mail:	icadiente@lanl.gov
Date/Time:	2022-11-16 12:10 (Time Zone: -06:00)

Report Last Signed By

User:	SARAHHOLCOMB
Name:	Sarah Holcomb
E-Mail:	sholcomb@lanl.gov
Date/Time:	2022-11-21 09:17 (Time Zone: -06:00)

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	027 External Outfall	Discharge:	027-Q QUARTERLY REPORTING - OUTFALL 027

Report Dates & Status

Monitoring Period:	From 08/01/22 to 10/31/22	DMR Due Date:	11/28/22
---------------------------	----------------------------------	----------------------	-----------------

Considerations for Form Completion

Principal Executive Officer

First Name:	Title:
Last Name:	

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading								
						Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample									
					Permit Req.									<=
					Value NODI									
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample									
					Permit Req.									<=
					Value NODI									

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-22-32091

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: ICADIENTE
 Name: Isaac Cadiente
 E-Mail: icadiente@lanl.gov
 Date/Time: 2022-11-16 12:10 (Time Zone: -06:00)

Report Last Signed By

User: SARAHHOLCOMB
 Name: Sarah Holcomb
 E-Mail: sholcomb@lanl.gov
 Date/Time: 2022-11-21 09:17 (Time Zone: -06:00)

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	027 External Outfall	Discharge:	027-A COOLING TOWER BLOWDOWN & OTHER WA

Report Dates & Status

Monitoring Period:	From 11/01/22 to 11/30/22	DMR Due Date:	12/28/22
---------------------------	----------------------------------	----------------------	-----------------

Considerations for Form Completion

E. COLI EFFLUENT LIMITATIONS & MONITORING REQUIREMENTS ONLY APPLY AT OUTFALL 03A027 WHEN EFFLUENT FROM OUTFALL 13S IS REROUTED & DISCHARGED AT OUTFALL 03A027.

Principal Executive Officer

First Name:	Title:
Last Name:	

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading			
						Qualifier 1	Value 1	Qualifier 2	Value 2
00400	pH	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample				
					Permit Req.	Req Mon MO AVG		Req Mon DAILY	
					Value NODI	C - No Discharge		C - No Discharge	
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
51040	E. coli	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-22-33028

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User:	ICADIENTE
Name:	Isaac Cadiante
E-Mail:	icadiante@lanl.gov
Date/Time:	2022-12-19 17:00 (Time Zone: -06:00)

Report Last Signed By

User:	SARAHHOLCOMB
Name:	Sarah Holcomb
E-Mail:	sholcomb@lanl.gov
Date/Time:	2022-12-20 09:21 (Time Zone: -06:00)

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	027 External Outfall	Discharge:	027-A COOLING TOWER BLOWDOWN & OTHER WA

Report Dates & Status

Monitoring Period:	From 12/01/22 to 12/31/22	DMR Due Date:	01/28/23
---------------------------	----------------------------------	----------------------	-----------------

Considerations for Form Completion

E. COLI EFFLUENT LIMITATIONS & MONITORING REQUIREMENTS ONLY APPLY AT OUTFALL 03A027 WHEN EFFLUENT FROM OUTFALL 13S IS REROUTED & DISCHARGED AT OUTFALL 03A027.

Principal Executive Officer

First Name:	Title:
Last Name:	

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading			
						Qualifier 1	Value 1	Qualifier 2	Value 2
00400	pH	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample				
					Permit Req.	Req Mon MO AVG		Req Mon DAILY	
					Value NODI	C - No Discharge		C - No Discharge	
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
51040	E. coli	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-23-20664

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User:	ICADIENTE
Name:	Isaac Cadiante
E-Mail:	icadiente@lanl.gov
Date/Time:	2023-01-25 14:20 (Time Zone: -06:00)

Report Last Signed By

User:	SARAHHOLCOMB
Name:	Sarah Holcomb
E-Mail:	sholcomb@lanl.gov
Date/Time:	2023-01-25 17:30 (Time Zone: -06:00)

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

OMB No. 2040-004

Name/Location if different)

TY, LLC
LABORATORY
K490
CO 87545

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 7

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	01	01		21	01	31

FROM

TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.4	S.U.	0	4/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
SAMPLE MEASUREMENT	0.0000445	0.001300	Mgal/day	*****	*****	*****	*****	0	16/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****			DAILY	RCORDR
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	4/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX			WEEKLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

TAUNIA VAN VALKENBURG
(Affiliate)
Digitally signed by TAUNIA VAN VALKENBURG (Affiliate)
Date: 2021.02.25 13:24:48 -0700
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-9827	21	02	25
AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
1, 2014.

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

OMB No. 2040-004

Name/Location if different)

, LLC
ORATORY
90
87545
, LLC
87545
G, EPC-CP

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 7

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
21	02	01	FROM	21	02	28
			TO			

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	****	****	****	7.1	****	7.2	S.U.	0	4/28	GRAB
PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM		0	WEEKLY	GRAB
SAMPLE MEASUREMENT	0.000338	0.000790	Mgal/day	****	****	****	****	0	12/28	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		****	****	****		0	DAILY	RCORDR
SAMPLE MEASUREMENT	****	****	****	****	****	0	mg/L	0	4/28	GRAB
PERMIT REQUIREMENT	****	****		****	****	0.011 INST MAX		0	WEEKLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.03.25 09:17:22 -06'00'	TELEPHONE		DATE		
			505	665-9827	2021	03	25
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

ATIONS
2014. (Reference all attachments here)

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING
 MAJOR
 COOLING TOWER
 EXTERNAL
 PAGE 11

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	03	01		21	03	31

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.4
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.000744	0.001400	Mgal/day	*****	*****	*****
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
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.				TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.04.26 15:01:24 -08'00'	TELEPHONE NUMBER
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505
TYPED OR PRINTED							AREA CODE

COMMENT AND EXPLANATION OF ANY VIOLATIONS
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *(Reference all attachments here)*

EPA Form 3320-1 (Rev 01/06) Previous editions may be used.

EPC-DO: 21-143

Attachment 1

EPC-DO: 23-121

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

113-Q
DISCHARGE NUMBER

DMR MAILING
MAJOR
QUARTERLY
EFFLUENT
PAGE 12

MONITORING PERIOD							
YEAR	MO	DAY	FROM	TO	YEAR	MO	DAY
21	01	01			21	03	31

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.900	0.900
	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX
Phosphorus, Total (as P) 00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.23	2.23
	PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	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.	TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.04.26 15:01:40 -06'00'	TELEPHONE
TYPED OR PRINTED				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014.

EPA Form 3320-1 (Rev 01/06) Previous editions may be used.

EPC-DO: 21-143

Attachment 1

EPC-DO: 23-121

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING
 MAJOR
 COOLING TOWER
 EXTERNAL
 PAGE 7

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	04	01	TO	21	04	30

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	7.2
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.000969	0.001800	Mgal/day	*****	*****	*****
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						

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.	TAUNIA VAN VALKENBURG (Affiliate) Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.05.24 17:12:39 -05'00'	TELEPHONE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014.

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAIL
MAJOR
COOLING
EXTERNAL
PAGE 7

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	05	01		21	05	31

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.6
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.000253	0.001050	Mgal/day	*****	*****	*****
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
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.				TAUNIA VAN VALKENBURG (Affiliate) Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.06.25 09:53:39 -06'00'		TEL
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505
TYPED OR PRINTED							AREA CODE

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014.

EPA Form 3320-1 (Rev 01/06) Previous editions may be used.

EPC-DO: 21-195

Attachment 1

EPC-DO: 23-121

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

OMB No. 2040-004

ty Name/Location if different)

ITY, LLC
LABORATORY
K490
CO 87545

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 11

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
21	06	01	21	06	30

FROM TO No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.9	S.U.	0	5/30	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				WEEKLY
SAMPLE MEASUREMENT	0.001345	0.003530	Mgal/day	*****	*****	*****	*****	0	26/30	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****				DAILY
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	5/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX				WEEKLY
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

CER	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.	TAUNIA VAN VALKENBURG (Affiliate) Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.07.26 16:33:55 -06'00'	TELEPHONE		DATE		
			505	665-9827	21	07	26
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
R 1, 2014.

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

OMB No. 2040-004

Name/Location if different)

ITY, LLC
LABORATORY
K490
CO 87545
ITY, LLC
CO 87545
URG, EPC-CP

NM0028355
PERMIT NUMBER

113-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 113
EFFLUENT GROSS
PAGE 12

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	04	01		21	06	30

No Discharge

SAMPLE MEASUREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	1.30	1.30	mg/L	0	1/91	GRAB
PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX			QUARTERLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	2.03	2.03	mg/L	0	1/91	GRAB
PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX			QUARTERLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
PERMITS	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.			TAUNIA VAN VALKENBURG (Affiliate) Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.07.26 16:34:20 -06'00'		TELEPHONE		DATE		
				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505	665-9827	21	07	26
						AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
R 1, 2014.

ons may be used.

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

OMB No. 2040-004

Name/Location if different)

TY, LLC
LABORATORY
K490
CO 87545
TY, LLC
CO 87545
EPC-CP

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 7

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	07	01		21	07	31

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
SAMPLE MEASUREMENT	****	****	****	7.6	****	7.8	S.U.	0	4/31	GRAB	
PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM			WEEKLY	GRAB	
SAMPLE MEASUREMENT	0.001617	0.002400	Mgal/day	****	****	****	****	0	26/31	RCORDR	
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		****	****	****			DAILY	RCORDR	
SAMPLE MEASUREMENT	****	****	****	****	****	0	mg/L	0	4/31	GRAB	
PERMIT REQUIREMENT	****	****		****	****	0.011 INST MAX			WEEKLY	GRAB	
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
OPERATOR	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		
	Taunia Sandquist Digitally signed by Taunia Sandquist Date: 2021.08.25 10:52:38 -06'00' SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						505	665-9827	21	08	25
							AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
1, 2014.

ns may be used.

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

OMB No. 2040-004

ty Name/Location if different)

ITY, LLC
LABORATORY
K490
CO 87545

ITY, LLC
CO 87545
T, EPC-CP

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 7

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
21	08	01	FROM	21	08	31
			TO			

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.6	S.U.	0	4/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
SAMPLE MEASUREMENT	0.001692	0.004820	Mgal/day	*****	*****	*****	*****	0	24/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****			DAILY	RCORDR
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	4/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX			WEEKLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

Taunia Sandquist
Digitally signed by Taunia Sandquist
Date: 2021.09.28 09:17:54 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-9827	21	09	28
AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
R 1, 2014.

ons may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
00
87545
LLC
87545
PC-CP

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 15

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
21	09	01	FROM	21	09	30
						TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	7.3	S.U.	0	5/30	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		*****	WEEKLY	GRAB
SAMPLE MEASUREMENT	0.001817	0.008100	Mgal/day	*****	*****	*****	*****	0	30/30	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****		*****	DAILY	RCORDR
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	5/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		*****	WEEKLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

Taunia Sandquist
Digitally signed by Taunia Sandquist
Date: 2021.10.27 16:08:16 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-9827	21	10	27
AREA CODE	NUMBER	YEAR	MO	DAY

IONS
014. (Reference all attachments here)

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
LABORATORY
00
87545
LLC
87545
PC-CP

NM0028355
PERMIT NUMBER

113-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 113
EFFLUENT GROSS
PAGE 16

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	07	01		21	09	30

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.570	<0.570	mg/L	0	1/92	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX			QUARTERLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	1.51	1.51	mg/L	0	1/92	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	20 MO AVG	40 DAILY MX			QUARTERLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

Taunia Sandquist
Digitally signed by Taunia Sandquist
Date: 2021.10.27 16:08:39 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-9827	21	10	27
AREA CODE	NUMBER	YEAR	MO	DAY

IONS
014. (Reference all attachments here)

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
90
87545
LLC
87545
PC-CP

NM0028355
PERMIT NUMBER

113-Y
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
YEARLY REPORTING - OUTFALL 113
EXTERNAL OUTFALL
PAGE 17

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
20	10	01		21	09	30

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0144	mg/L	0	1/365	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.0218 DAILY MX		1/Year	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.0193	mg/L	0	1/365	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	6.904 DAILY MX		1/Year	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

Taunia Sandquist
Digitally signed by Taunia Sandquist
Date: 2021.10.27 16:09:04 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-9827	21	10	27
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)
014. *CU AND AL EFFLUENT LIMITATIONS BECAME EFFECTIVE ON SEPTEMBER 30, 2017.

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L.STORY, EPC-CP

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAIL
MAJOR
COOLING T
EXTERNAL
PAGE 7

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	10	01	FROM	21	10	31

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.6
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.000268	0.000860	Mgal/day	*****	*****	*****
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						

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.	STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2021.11.17 12:53:02 -07'00'	TELE
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENT AND EXPLANATION OF ANY VIOLATIONS
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *(Reference all attachments here)*

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L.STORY, EPC-CP

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	11	01		21	11	30

DMR MAILING
 MAJOR
 COOLING TOWER
 EXTERNAL
 PAGE 7

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.4
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.001481	0.005400	Mgal/day	*****	*****	*****
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 STEVEN L.STORY
 GROUP LEADER
 EPC-CP
 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.

STEVEN STORY (Affiliate)
 Digitally signed by STEVEN STORY (Affiliate)
 Date: 2021.12.17 07:21:24 -07'00'
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 505
 AREA CODE

COMMENT AND EXPLANATION OF ANY VIOLATIONS
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. (Reference all attachments here)

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

OMB No. 2040-004

(City Name/Location if different)

ITY, LLC
LABORATORY
P K490
ICO 87545
ITY, LLC
ICO 87545
CP

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 11

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
21	12	01	21	12	31

FROM

TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	****	****	****	6.7	****	7.6	S.U.	0	5/31	GRAB
PERMIT REQUIREMENT	****	****	****	6.0 MINIMUM	****	9.0 MAXIMUM			WEEKLY	GRAB
SAMPLE MEASUREMENT	0.000278	0.001280	Mgal/day	****	****	****	****	0	16/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		****	****	****			DAILY	RCORDR
SAMPLE MEASUREMENT	****	****	****	****	****	0	mg/L	0	5/31	GRAB
PERMIT REQUIREMENT	****	****	****	****	0.011 INST MAX			WEEKLY	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	STEVEN STORY (Affiliate) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
		505	665-2169	22	01	25
		AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
R 1, 2014.

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

OMB No. 2040-004

ity Name/Location if different)

ITY, LLC
LABORATORY
K490
CO 87545

ITY, LLC
CO 87545
CP

NM0028355
PERMIT NUMBER

113-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 113
EFFLUENT GROSS
PAGE 12

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	21	10	01		21	12	31

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	2.30	2.30	mg/L	0	1/92	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX		QUARTERLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	1.35	1.35	mg/L	0	1/92	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	20 MO AVG	40 DAILY MX		QUARTERLY	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
ER	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.				STEVEN STORY (Affiliate) <small>Digitally signed by STEVEN STORY (Affiliate) Date: 2022.01.25 11:16:41 -0700</small>		TELEPHONE		DATE	
					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505	665-2169	22	01
				AREA CODE	NUMBER	YEAR	MO	DAY		

(Reference all attachments here)

LATIONS
1, 2014.

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
LABORATORY
90
87545
LLC
87545

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 7

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	01	01		22	01	31

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	7.3	S.U.	0	4/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				WEEKLY
SAMPLE MEASUREMENT	0.000105	0.000180	Mgal/day	*****	*****	*****	*****	0	11/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****				DAILY
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	4/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX				WEEKLY
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	STEVEN STORY (Affiliate)	TELEPHONE		DATE		
		Digitally signed by STEVEN STORY (Affiliate) Date: 2022.02.28 09:51:07 -07'00'	505	665-2169	22	02
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

IONS
014. (Reference all attachments here)

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
LLC
87545

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 7

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
22	02	01	FROM	22	02	28
						TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	8.9	S.U.	0	5/28	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		*****	*****	WEEKLY
SAMPLE MEASUREMENT	0.002412	0.012770	Mgal/day	*****	*****	*****	*****	0	17/28	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****		*****	*****	DAILY
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.030	mg/L	1	5/28	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		*****	*****	WEEKLY
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

STEVEN STORY
(Affiliate)
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Digitally signed by STEVEN STORY (Affiliate)
Date: 2022.03.24 10:10:27 -06'00'

TELEPHONE		DATE		
505	665-2169	22	03	24
AREA CODE	NUMBER	YEAR	MO	DAY

IONS
014. (Reference all attachments here)

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
LLC
87545

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 11

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
22	03	01	FROM	22	03	31
						TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.2	S.U.	0	5/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		*****	*****	WEEKLY
SAMPLE MEASUREMENT	0.001094	0.016080	Mgal/day	*****	*****	*****	*****	0	20/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****		*****	*****	DAILY
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	5/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		*****	*****	WEEKLY
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	STEVEN STORY (Affiliate)	Digitally signed by STEVEN STORY (Affiliate) Date: 2022.04.27 13:46:35 -06'00'	TELEPHONE		DATE		
			505	665-2169	22	04	27
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

IONS
014. (Reference all attachments here)

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
00
87545
LLC
87545

NM0028355
PERMIT NUMBER

113-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 113
EFFLUENT GROSS
PAGE 12

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	01	01		22	03	31

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	4.80	4.80	mg/L	0	1/90	GRAB
PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX		QUARTERLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	0.925	0.925	mg/L	0	1/90	GRAB
PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX		QUARTERLY	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	STEVEN STORY (Affiliate)	Digitally signed by STEVEN STORY (Affiliate) Date: 2022.04.27 13:46:50 -06'00'	TELEPHONE		DATE		
			505	665-2169	22	04	27
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY	

IONS
014. (Reference all attachments here)

may be used.

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

OMB No. 2040-004

Name/Location if different)

TY, LLC
LABORATORY
K490
CO 87545

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER WASTEWATER
EXTERNAL OUTFALL
PAGE 7

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
22	04	01	22	04	30

FROM

TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.4	S.U.	0	4/30	GRAB	
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB	
SAMPLE MEASUREMENT	0.000246	0.000510	Mgal/day	*****	*****	*****	*****	0	15/30	RCORDR	
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****			DAILY	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	4/30	GRAB	
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX			WEEKLY	GRAB	
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
ER	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.			STEVEN STORY (Affiliate)		Digitally signed by STEVEN STORY (Affiliate) Date: 2022.05.23 12:43:25 -08'00'		TELEPHONE		DATE	
				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505 665-2169		22 05 23			
						AREA CODE NUMBER		YEAR MO DAY			

VIOLATIONS (Reference all attachments here)

OCTOBER 1, 2014.

is may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
00
87545

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER WASTEWATER
EXTERNAL OUTFALL

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
22	05	01	FROM	22	05	31
						TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.8	S.U.	0	4/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				WEEKLY
SAMPLE MEASUREMENT	0.0026837	0.013870	Mgal/day	*****	*****	*****	*****	0	30/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****				DAILY
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	4/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX				WEEKLY
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

SARAH HOLCOMB (Affiliate)
Digitally signed by SARAH HOLCOMB (Affiliate)
Date: 2022.07.26 09:27:23 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	667-0666	22	07	26
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
ORATORY
87545

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER WASTEWATER
EXTERNAL OUTFALL

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
22	06	01	FROM	22	06	30
						TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.2	S.U.	0	5/30	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				WEEKLY
SAMPLE MEASUREMENT	0.001219	0.002560	Mgal/day	*****	*****	*****	*****	0	30/30	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****				DAILY
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	5/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX				WEEKLY
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	SARAH HOLCOMB (Affiliate) Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.07.26 07:38:11 -06'00'	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	667-0666	22	07
		AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
00
87545
ORATORY
87545

NM0028355
PERMIT NUMBER

113-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 113
EFFLUENT GROSS

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
22	04	01	22	06	30

FROM

TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.570	<0.570	mg/L	0	1/91	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		QUARTERLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	1.37	1.37	mg/L	0	1/91	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	20 MO AVG	40 DAILY MX	mg/L		QUARTERLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

SARAH HOLCOMB
(Affiliate)
Digitally signed by SARAH HOLCOMB (Affiliate)
Date: 2022.07.26 08:32:13 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-0666	22	07	26
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
ORATORY
87545

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER WASTEWATER
EXTERNAL OUTFALL
PAGE 7

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
22	07	01	FROM	22	07	31
						TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.4	S.U.	0	4/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		*****	WEEKLY	GRAB
SAMPLE MEASUREMENT	0.001212	0.004210	Mgal/day	*****	*****	*****	*****	0	30/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****		*****	DAILY	RCORDR
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	4/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		*****	WEEKLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

SARAH HOLCOMB (Affiliate)
Digitally signed by SARAH HOLCOMB (Affiliate)
Date: 2022.08.25 11:24:24 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	667-0666	22	08	25
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)

may be used.

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	113 External Outfall	Discharge:	113-A COOLING TOWER BLOWDOWN & OTHER WASTEWATER

Report Dates & Status

Monitoring Period:	From 08/01/22 to 08/31/22	DMR Due Date:	09/28/22
---------------------------	----------------------------------	----------------------	-----------------

Considerations for Form Completion

Principal Executive Officer

First Name:	Title:
Last Name:	

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading			
						Qualifier 1	Value 1	Qualifier 2	Value 2
00400	pH	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	0.0009777			0.00336
					Permit Req.	Req Mon MO AVG		Req Mon DAILY	
					Value NODI				
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-22-29946

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User:	ICADIENTE
Name:	Isaac Cadiente
E-Mail:	icadiente@lanl.gov
Date/Time:	2022-09-26 17:00 (Time Zone: -05:00)

Report Last Signed By

User:	SARAHHOLCOMB
Name:	Sarah Holcomb
E-Mail:	sholcomb@lanl.gov
Date/Time:	2022-09-27 16:58 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	113 External Outfall	Discharge:	113-A COOLING TOWER BLOWDOWN & OTHER WASTEWATER

Report Dates & Status

Monitoring Period:	From 09/01/22 to 09/30/22	DMR Due Date:	10/28/22
---------------------------	----------------------------------	----------------------	-----------------

Considerations for Form Completion

Principal Executive Officer

First Name:	Title:
Last Name:	

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading			
						Qualifier 1	Value 1	Qualifier 2	Value 2
00400	pH	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	0.001028		0.00234	
					Permit Req.	Req Mon MO AVG		Req Mon DAILY	
					Value NODI				
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-22-31291

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User:	ICADIENTE
Name:	Isaac Cadiente
E-Mail:	icadiente@lanl.gov
Date/Time:	2022-10-25 10:10 (Time Zone: -05:00)

Report Last Signed By

User:	SARAHHOLCOMB
Name:	Sarah Holcomb
E-Mail:	sholcomb@lanl.gov
Date/Time:	2022-10-25 10:26 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	113 External Outfall	Discharge:	113-A COOLING TOWER BLOWDOWN & OTHER WASTEWATER

Report Dates & Status

Monitoring Period:	From 10/01/22 to 10/31/22	DMR Due Date:	11/28/22
---------------------------	----------------------------------	----------------------	-----------------

Considerations for Form Completion

Principal Executive Officer

First Name:	Title:
Last Name:	

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading			
						Qualifier 1	Value 1	Qualifier 2	Value 2
00400	pH	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample		0.0002		0.00071
					Permit Req.		Req Mon MO AVG		Req Mon DAILY
					Value NODI				
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-22-32091

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User:	ICADIENTE
Name:	Isaac Cadiente
E-Mail:	icadiente@lanl.gov
Date/Time:	2022-11-16 12:10 (Time Zone: -06:00)

Report Last Signed By

User:	SARAHHOLCOMB
Name:	Sarah Holcomb
E-Mail:	sholcomb@lanl.gov
Date/Time:	2022-11-21 09:17 (Time Zone: -06:00)

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	113 External Outfall	Discharge:	113-Q QUARTERLY REPORTING - OUTFALL 113

Report Dates & Status

Monitoring Period:	From 08/01/22 to 10/31/22	DMR Due Date:	11/28/22
---------------------------	----------------------------------	----------------------	-----------------

Considerations for Form Completion

Principal Executive Officer

First Name:	Title:
Last Name:	

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading								
						Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample								<	
					Permit Req.									<=
					Value NODI									
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample								<	
					Permit Req.									<=
					Value NODI									

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-22-32091

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: ICADIENTE
 Name: Isaac Cadiente
 E-Mail: icadiente@lanl.gov
 Date/Time: 2022-11-16 12:10 (Time Zone: -06:00)

Report Last Signed By

User: SARAHHOLCOMB
 Name: Sarah Holcomb
 E-Mail: sholcomb@lanl.gov
 Date/Time: 2022-11-21 09:17 (Time Zone: -06:00)

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	113 External Outfall	Discharge:	113-A COOLING TOWER BLOWDOWN & OTHER WASTEWATER

Report Dates & Status

Monitoring Period:	From 11/01/22 to 11/30/22	DMR Due Date:	12/28/22
---------------------------	----------------------------------	----------------------	-----------------

Considerations for Form Completion

Principal Executive Officer

First Name:	Title:
Last Name:	

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading			
						Qualifier 1	Value 1	Qualifier 2	Value 2
00400	pH	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample		0.0005157		0.00115
					Permit Req.		Req Mon MO AVG		Req Mon DAILY
					Value NODI				
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-22-33028

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User:	ICADIENTE
Name:	Isaac Cadiente
E-Mail:	icadiente@lanl.gov
Date/Time:	2022-12-19 17:00 (Time Zone: -06:00)

Report Last Signed By

User:	SARAHHOLCOMB
Name:	Sarah Holcomb
E-Mail:	sholcomb@lanl.gov
Date/Time:	2022-12-20 09:21 (Time Zone: -06:00)

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	113 External Outfall	Discharge:	113-A COOLING TOWER BLOWDOWN & OTHER WASTEWATER

Report Dates & Status

Monitoring Period:	From 12/01/22 to 12/31/22	DMR Due Date:	01/28/23
---------------------------	----------------------------------	----------------------	-----------------

Considerations for Form Completion

Principal Executive Officer

First Name:	Title:
Last Name:	

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading			
						Qualifier 1	Value 1	Qualifier 2	Value 2
00400	pH	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample		0.0005646		0.00114
					Permit Req.		Req Mon MO AVG		Req Mon DAILY
					Value NODI				
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-23-20664

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User:	ICADIENTE
Name:	Isaac Cadiente
E-Mail:	icadiente@lanl.gov
Date/Time:	2023-01-25 16:40 (Time Zone: -06:00)

Report Last Signed By

User:	SARAHHOLCOMB
Name:	Sarah Holcomb
E-Mail:	sholcomb@lanl.gov
Date/Time:	2023-01-25 17:30 (Time Zone: -06:00)

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

OMB No. 2040-004

Facility Name/Location if different)

TAUNIA VAN VALKENBURG, LLC
LABORATORY
K490
CO 87545

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 9

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
21	01	01	21	01	31

FROM TO No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	ug/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX			MONTHLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	0.021 MONTHLY AV	0.032 DAILY MX			3/Week	GRAB
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	RCORDR
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX			WEEKLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	TAUNIA VAN VALKENBURG (Affiliate) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.02.25 13:25:17 -07'00'	TELEPHONE		DATE		
			505	665-9827	21	02	25
			AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

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

OMB No. 2040-004

Name/Location if different)

, LLC
BORATORY
90
87545
, LLC
87545
G, EPC-CP

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 9

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	02	01		21	02	28

No Discharge

SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	S.U.		WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	ug/L	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	ug/L		MONTHLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	0.021 MONTHLY AV	0.032 DAILY MX	mg/L		3/Week	GRAB
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/28	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	*****	*****	*****	*****		DAILY	RCORDR
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX	mg/L		WEEKLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.03.25 09:17:52 -06'00'	TELEPHONE		DATE		
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 665-9827	2021 03 25	AREA CODE	NUMBER	YEAR	MO

ATIONS (Reference all attachments here)
2014. *NO DISCHARGE DURING MONITORING PERIOD.

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING
 MAJOR
 COOLING TOWER
 EXTERNAL
 PAGE 14

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	03	01		21	03	31

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM
Cyanide, Total 00720 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	0.021 MONTHLY AV	0.032 DAILY MX
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						

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.	TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.04.26 15:02:13 -06'00'	TELE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TYPED OR PRINTED				AREA CODE

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

EPA Form 3320-1 (Rev 01/06) Previous editions may be used.

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

160-Q
DISCHARGE NUMBER

DMR MAILING
 MAJOR
 QUARTERLY
 EXTERNAL
 PAGE 15

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	01	01	TO	21	03	31

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX
Phosphorus, Total (as P) 00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						

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.	TAUNIA VAN VALKENBURG (Affiliate) Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.04.28 15:02:33 -06'00'	TELE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD

EPA Form 3320-1 (Rev 01/06) Previous editions may be used.

EPC-DO: 21-143

Attachment 1

EPC-DO: 23-121

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	FROM	TO	DAY
21	04	01			30

DMR MAIL
MAJOR
COOLING T
EXTERNAL
PAGE 9

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM
Cyanide, Total 00720 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	0.021 MONTHLY AV	0.032 DAILY MX
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						

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.	TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.05.24 17:13:19 -06'00'	TELE
TYPED OR PRINTED				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

EPA Form 3320-1 (Rev 01/06) Previous editions may be used.

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAIL
MAJOR
COOLING
EXTERNAL
PAGE 9

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	05	01		21	05	31

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM
Cyanide, Total 00720 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	0.021 MONTHLY AV	0.032 DAILY MX
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
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.				TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.06.25 09:54:45 -06'00'	TEL
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.							

EPA Form 3320-1 (Rev 01/06) Previous editions may be used.

EPC-DO: 21-195

Attachment 1
10

EPC-DO: 23-121

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

OMB No. 2040-004

Name/Location if different)

ITY, LLC
LABORATORY
K490
CO 87545

ITY, LLC
CO 87545
URG, EPC-CP

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 14

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
21	06	01	21	06	30

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	ug/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		MONTHLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.021 MONTHLY AV	0.032 DAILY MX		3/Week	GRAB	
SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

TAUNIA VAN VALKENBURG (Affiliate)
Digitally signed by TAUNIA VAN VALKENBURG (Affiliate)
Date: 2021.07.26 16:35:10 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-9827	21	07	26
AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
R 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

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

OMB No. 2040-004

ty Name/Location if different)

ITY, LLC
LABORATORY
K490
CO 87545

NM0028355
PERMIT NUMBER

160-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 160
EXTERNAL OUTFALL
PAGE 15

ITY, LLC
CO 87545
URG, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	04	01		21	06	30

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/91	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX			QUARTERLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/91	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	20 MO AVG	40 DAILY MX			QUARTERLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	TAUNIA VAN VALKENBURG (Affiliate) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.07.26 16:35:36 -06:00	TELEPHONE		DATE		
			505	665-9827	21	07	26

VIOLATIONS (Reference all attachments here)
R 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD

ons may be used.

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

OMB No. 2040-004

Name/Location if different)

TY, LLC
LABORATORY
K490
CO 87545

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 9

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	07	01		21	07	31

FROM

TO

No Discharge

SAMPLE MEASUREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	ug/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX			MONTHLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.021 MONTHLY AV	0.032 DAILY MX			3/Week	GRAB
SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	RCORDR
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX			WEEKLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	Taunia Sandquist Digitally signed by Taunia Sandquist Date: 2021.08.25 10:53:12 -06'00'	TELEPHONE		DATE		
		505	665-9827	21	08	25
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

REGULATIONS (Reference all attachments here)
 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

ons may be used.

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

OMB No. 2040-004

City Name/Location if different)

ITY, LLC
LABORATORY
P K490
ICO 87545

ITY, LLC
ICO 87545
ST, EPC-CP

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 9

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	08	01		21	08	31

No Discharge

SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM	S.U.		WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	ug/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	ug/L		MONTHLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	0.021 MONTHLY AV	0.032 DAILY MX	mg/L		3/Week	GRAB
SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	*****	*****	*****	*****		DAILY	RCORDR
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX	mg/L		WEEKLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

ICER	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.	Taunia Sandquist Digitally signed by Taunia Sandquist Date: 2021.09.28 09:18:33 -06'00' SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
			505	665-9827	21	09	28
			AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
R 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

ons may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
LLC
87545
PC-CP

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 20

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
21	09	01	FROM	21	09	30
						TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	ug/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		MONTHLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.021 MONTHLY AV	0.032 DAILY MX		3/Week	GRAB	
SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

Taunia Sandquist
Digitally signed by Taunia Sandquist
Date: 2021.10.27 16:10:19 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-9827	21	10	27
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)
014. *NO DISCHARGE DURING MONITORING PERIOD.

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
00
87545
LLC
87545
PC-CP

NM0028355
PERMIT NUMBER

160-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 160
EXTERNAL OUTFALL
PAGE 21

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	07	01		21	09	30

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/92	GRAB
PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX		QUARTERLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/92	GRAB
PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX		QUARTERLY	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

Taunia Sandquist
Digitally signed by Taunia Sandquist
Date: 2021.10.27 16:10:42 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-9827	21	10	27
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)
014.*NO DISCHARGE DURING MONITORING PERIOD

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

OMB No. 2040-004

Name/Location if different)

LLC
LABORATORY
90
87545
LLC
87545
PC-CP

NM0028355
PERMIT NUMBER

160-Y
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
YEARLY REPORTING - OUTFALL 160
EXTERNAL OUTFALL
PAGE 22

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
20	10	01		21	09	30

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/365	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.013 MONTHLY AV	0.018 DAILY MX		1/Year	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/365	GRAB
PERMIT REQUIREMENT	*****	*****		*****	4.290 DAILY MX			1/Year	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

Taunia Sandquist
Digitally signed by Taunia Sandquist
Date: 2021.10.27 16:11:07 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-9827	21	10	27
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)
014. *ALUMINUM EFFLUENT LIMITATIONS TAKE EFFECT ON SEPTEMBER 30, 2017. * NO DISCHARGE DURING MONITORING PERIOD.

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	10	01		21	10	31

DMR MAIL
MAJOR
COOLING T
EXTERNAL
PAGE 9

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM
Cyanide, Total 00720 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	0.021 MONTHLY AV	0.032 DAILY MX
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 STEVEN L. STORY
 GROUP LEADER
 EPC-CP
 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.

STEVEN STORY (Affiliate)
 Digitally signed by STEVEN STORY (Affiliate)
 Date: 2021.11.17 12:55:22 -07'00'
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 505
 AREA CODE

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

EPA Form 3320-1 (Rev 01/06) Previous editions may be used.

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING
 MAJOR
 COOLING TOWER
 EXTERNAL
 PAGE 9

MONITORING PERIOD					
YEAR	MO	DAY	FROM	TO	DAY
21	11	01			30

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM
Cyanide, Total 00720 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.021 MONTHLY AV	0.032 DAILY MX
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
STEVEN L. STORY
 GROUP LEADER
 EPC-CP
 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.

STEVEN STORY
 (Affiliate)
 Digitally signed by STEVEN STORY (Affiliate)
 Date: 2021.12.17 07:21:48 -07'00'
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 505
 AREA CODE

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

EPA Form 3320-1 (Rev 01/06) Previous editions may be used.

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

OMB No. 2040-004

(City Name/Location if different)

ITY, LLC
LABORATORY
P K490
ICO 87545

ITY, LLC
ICO 87545
CP

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545

MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL

PAGE 14

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	12	01		21	12	31

No Discharge

SAMPLE MEASUREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	ug/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX			MONTHLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	0.021 MONTHLY AV	0.032 DAILY MX			3/Week	GRAB
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	RCORDR
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX			WEEKLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2022.01.25 11:17:23 -07'00'	TELEPHONE		DATE		
		505	665-2169	22	01	25
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

ATIONS (Reference all attachments here)
1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

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

OMB No. 2040-004

(City Name/Location if different)

ITY, LLC
LABORATORY
P K490
ICO 87545
ITY, LLC
ICO 87545
CP

NM0028355
PERMIT NUMBER

160-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 160
EXTERNAL OUTFALL
PAGE 15

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
21	10	01	21	12	31

FROM

TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/92	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX			QUARTERLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/92	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	20 MO AVG	40 DAILY MX			QUARTERLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2022.01.25 11:17:41 -07'00'	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-2169	22	01
		AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
R 1, 2014.*NO DISCHARGE DURING MONITORING PERIOD

ons may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
LLC
87545

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 9

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
22	01	01	FROM	22	01	31
						TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	ug/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		MONTHLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.021 MONTHLY AV	0.032 DAILY MX		3/Week	GRAB	
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

STEVEN STORY (Affiliate)
Digitally signed by STEVEN STORY (Affiliate)
Date: 2022.02.28 09:51:39 -07'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-2169	22	02	28
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)
014. *NO DISCHARGE DURING MONITORING PERIOD.

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
LLC
87545

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 9

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
22	02	01	FROM	22	02	28
						TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	ug/L	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		MONTHLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.021 MONTHLY AV	0.032 DAILY MX		3/Week	GRAB	
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/28	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

STEVEN STORY
(Affiliate)
Digitally signed by STEVEN STORY (Affiliate)
Date: 2022.03.24 10:11:13 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-2169	22	03	24
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)
014. *NO DISCHARGE DURING MONITORING PERIOD.

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
LLC
87545

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 14

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
22	03	01	FROM	22	03	31
						TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	ug/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		MONTHLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.021 MONTHLY AV	0.032 DAILY MX		3/Week	GRAB	
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

STEVEN STORY
(Affiliate)
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Digitally signed by STEVEN STORY (Affiliate)
Date: 2022.04.27 13:47:19 -06'00'

TELEPHONE		DATE		
505	665-2169	22	04	27
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)
014. *NO DISCHARGE DURING MONITORING PERIOD.

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
00
87545
LLC
87545

NM0028355
PERMIT NUMBER

160-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 160
EXTERNAL OUTFALL
PAGE 15

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	01	01		22	03	31

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/90	GRAB
PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX		QUARTERLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/90	GRAB
PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX		QUARTERLY	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

STEVEN STORY
(Affiliate)
Digitally signed by STEVEN STORY (Affiliate)
Date: 2022.04.27 13:47:35 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-2169	22	04	27
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)
014.*NO DISCHARGE DURING MONITORING PERIOD

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

OMB No. 2040-004

Name/Location if different)

TY, LLC
LABORATORY
K490
CO 87545

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER WASTEWATER
EXTERNAL OUTFALL
PAGE 9

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
22	04	01	22	04	30

FROM

TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	ug/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX			MONTHLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	0.021 MONTHLY AV	0.032 DAILY MX			3/Week	GRAB
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	RCORDR
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX			WEEKLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

STEVEN STORY (Affiliate)
Digitally signed by STEVEN STORY (Affiliate)
Date: 2022.05.23 12:43:53 -08'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 505 665-2169
DATE: 22 05 23
AREA CODE NUMBER YEAR MO DAY

VIOLATIONS (Reference all attachments here)
OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
ORATORY
87545

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER WASTEWATER
EXTERNAL OUTFALL

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
22	05	01	FROM	22	05	31
						TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	ug/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		MONTHLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.021 MONTHLY AV	0.032 DAILY MX		3/Week	GRAB	
SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	SARAH HOLCOMB (Affiliate)	Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.07.26 09:28:46 -06'00'	TELEPHONE		DATE		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 667-0666	22	07	26
			AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
00
87545
ORATORY
87545

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER WASTEWATER
EXTERNAL OUTFALL

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
22	06	01	FROM	22	06	30
						TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	ug/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		MONTHLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.021 MONTHLY AV	0.032 DAILY MX		3/Week	GRAB	
SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	SARAH HOLCOMB (Affiliate) Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.07.26 07:48:25 -06'00'	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	667-0666	22	07
		AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
LABORATORY
90
87545
LABORATORY
87545

NM0028355
PERMIT NUMBER

160-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 160
EXTERNAL OUTFALL

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
22	04	01	22	06	30

FROM

TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/91	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX		QUARTERLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/91	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	20 MO AVG	40 DAILY MX		QUARTERLY	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	SARAH HOLCOMB (Affiliate)	Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.07.26 09:02:30 -06'00'	TELEPHONE		DATE		
			505	665-0666	22	07	26
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
90
87545
ORATORY
87545

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER WASTEWATER
EXTERNAL OUTFALL
PAGE 9

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
22	07	01	FROM	22	07	31
						TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	ug/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		MONTHLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.021 MONTHLY AV	0.032 DAILY MX		3/Week	GRAB	
SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	RCORDR	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	SARAH HOLCOMB (Affiliate)	Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.08.25 11:25:03 -06'00'	TELEPHONE		DATE		
			505	667-0666	22	08	25
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)

may be used.

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	160 External Outfall	Discharge:	160-A COOLING TOWER BLOWDOWN & OTHER WAS

Report Dates & Status

Monitoring Period:	From 08/01/22 to 08/31/22	DMR Due Date:	09/28/22
---------------------------	---------------------------	----------------------	----------

Considerations for Form Completion

Principal Executive Officer

First Name:	Title:
Last Name:	

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading			
						Qualifier 1	Value 1	Qualifier 2	Value 2
00400	pH	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
00720	Cyanide, total [as CN]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
01042	Copper, total [as Cu]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample				
					Permit Req.	Req Mon MO AVG		Req Mon DAIL	
					Value NODI	C - No Discharge		C - No Disch	
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-22-29946

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: ICADIENTE
 Name: Isaac Cadiente
 E-Mail: icadiente@lanl.gov
 Date/Time: 2022-09-27 16:30 (Time Zone: -05:00)

Report Last Signed By

User: SARAHHOLCOMB
 Name: Sarah Holcomb
 E-Mail: sholcomb@lanl.gov
 Date/Time: 2022-09-27 16:58 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	160 External Outfall	Discharge:	160-A COOLING TOWER BLOWDOWN & OTHER WAS

Report Dates & Status

Monitoring Period:	From 09/01/22 to 09/30/22	DMR Due Date:	10/28/22
---------------------------	---------------------------	----------------------	----------

Considerations for Form Completion

Principal Executive Officer

First Name:	Title:
Last Name:	

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading			
						Qualifier 1	Value 1	Qualifier 2	Value 2
00400	pH	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
00720	Cyanide, total [as CN]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
01042	Copper, total [as Cu]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample				
					Permit Req.	Req Mon MO AVG		Req Mon DAIL	
					Value NODI	C - No Discharge		C - No Disch	
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-22-31291

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: ICADIENTE
 Name: Isaac Cadiente
 E-Mail: icadiente@lanl.gov
 Date/Time: 2022-10-25 10:10 (Time Zone: -05:00)

Report Last Signed By

User: SARAHHOLCOMB
 Name: Sarah Holcomb
 E-Mail: sholcomb@lanl.gov
 Date/Time: 2022-10-25 10:26 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	160 External Outfall	Discharge:	160-A COOLING TOWER BLOWDOWN & OTHER WAS

Report Dates & Status

Monitoring Period:	From 10/01/22 to 10/31/22	DMR Due Date:	11/28/22
---------------------------	---------------------------	----------------------	----------

Considerations for Form Completion

Principal Executive Officer

First Name:	Title:
Last Name:	

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading			
						Qualifier 1	Value 1	Qualifier 2	Value 2
00400	pH	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
00720	Cyanide, total [as CN]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
01042	Copper, total [as Cu]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample				
					Permit Req.	Req Mon MO AVG		Req Mon DAIL	
					Value NODI	C - No Discharge		C - No Disch	
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-22-32091

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: ICADIENTE
 Name: Isaac Cadiente
 E-Mail: icadiente@lanl.gov
 Date/Time: 2022-11-16 12:10 (Time Zone: -06:00)

Report Last Signed By

User: SARAHHOLCOMB
 Name: Sarah Holcomb
 E-Mail: sholcomb@lanl.gov
 Date/Time: 2022-11-21 09:17 (Time Zone: -06:00)

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	160 External Outfall	Discharge:	160-Q QUARTERLY REPORTING - OUTFALL 160

Report Dates & Status

Monitoring Period:	From 08/01/22 to 10/31/22	DMR Due Date:	11/28/22
---------------------------	----------------------------------	----------------------	-----------------

Considerations for Form Completion

Principal Executive Officer

First Name:	Title:
Last Name:	

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading								
						Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample									
					Permit Req.									<=
					Value NODI									
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample									
					Permit Req.									<=
					Value NODI									

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-22-32091

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: ICADIENTE
 Name: Isaac Cadiente
 E-Mail: icadiente@lanl.gov
 Date/Time: 2022-11-16 12:10 (Time Zone: -06:00)

Report Last Signed By

User: SARAHHOLCOMB
 Name: Sarah Holcomb
 E-Mail: sholcomb@lanl.gov
 Date/Time: 2022-11-21 09:17 (Time Zone: -06:00)

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	160 External Outfall	Discharge:	160-A COOLING TOWER BLOWDOWN & OTHER WAS

Report Dates & Status

Monitoring Period:	From 11/01/22 to 11/30/22	DMR Due Date:	12/28/22
---------------------------	---------------------------	----------------------	----------

Considerations for Form Completion

Principal Executive Officer

First Name:	Title:
Last Name:	

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading			
						Qualifier 1	Value 1	Qualifier 2	Value 2
00400	pH	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
00720	Cyanide, total [as CN]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
01042	Copper, total [as Cu]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample				
					Permit Req.	Req Mon MO AVG		Req Mon DAIL	
					Value NODI	C - No Discharge		C - No Disch	
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-22-33028

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: ICADIENTE
 Name: Isaac Cadiente
 E-Mail: icadiente@lanl.gov
 Date/Time: 2022-12-19 17:00 (Time Zone: -06:00)

Report Last Signed By

User: SARAHHOLCOMB
 Name: Sarah Holcomb
 E-Mail: sholcomb@lanl.gov
 Date/Time: 2022-12-20 09:21 (Time Zone: -06:00)

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	160 External Outfall	Discharge:	160-A COOLING TOWER BLOWDOWN & OTHER WAS

Report Dates & Status

Monitoring Period:	From 12/01/22 to 12/31/22	DMR Due Date:	01/28/23
---------------------------	---------------------------	----------------------	----------

Considerations for Form Completion

Principal Executive Officer

First Name:	Title:
Last Name:	

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading			
						Qualifier 1	Value 1	Qualifier 2	Value 2
00400	pH	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
00720	Cyanide, total [as CN]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
01042	Copper, total [as Cu]	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample				
					Permit Req.	Req Mon MO AVG		Req Mon DAIL	
					Value NODI	C - No Discharge		C - No Disch	
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-23-20664

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User:	ICADIENTE
Name:	Isaac Cadiente
E-Mail:	icadiente@lanl.gov
Date/Time:	2023-01-25 14:20 (Time Zone: -06:00)

Report Last Signed By

User:	SARAHHOLCOMB
Name:	Sarah Holcomb
E-Mail:	sholcomb@lanl.gov
Date/Time:	2023-01-25 17:30 (Time Zone: -06:00)

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

OMB No. 2040-004

Name/Location if different)

TY, LLC
LABORATORY
K490
CO 87545

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545

MAJOR
TREATED HE WASTEWATER
EXTERNAL OUTFALL
PAGE 6

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
21	01	01	TO	21	01	31

FROM

TO

No Discharge

SAMPLE MEASUREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB	
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB	
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	ESTIMA	
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	ESTIMA	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB	
PERMIT REQUIREMENT	*****	*****		*****	0.20 MONTHLY AV	0.66 DAILY MX			2/Month	GRAB	
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
OPERATOR	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.			TAUNIA VAN VALKENBURG (Affiliate)		Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.02.25 13:24:32 -0700		TELEPHONE		DATE	
				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505 665-9827		21 02 25			
						AREA CODE NUMBER		YEAR MO DAY			

VIOLATIONS (Reference all attachments here)
1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

may be used.

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

OMB No. 2040-004

(Location if different)

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR TREATED HE WASTEWATER
EXTERNAL OUTFALL
PAGE 6

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	02	01		21	02	28

FROM TO No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
AMPLE UREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/28	GRAB
ERMIT UIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
AMPLE UREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/28	ESTIMA
ERMIT UIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	ESTIMA
AMPLE UREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
ERMIT UIREMENT	*****	*****		*****	0.20 MONTHLY AV	0.66 DAILY MX			2/Month	GRAB
AMPLE UREMENT										
ERMIT UIREMENT										
AMPLE UREMENT										
ERMIT UIREMENT										
AMPLE UREMENT										
ERMIT UIREMENT										
AMPLE UREMENT										
ERMIT UIREMENT										

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.	TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.03.25 09:17:07 -06'00'	TELEPHONE		DATE		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-9827	2021	03
			AREA CODE	NUMBER	YEAR	MO	DAY

NS (Reference all attachments here)
4. *NO DISCHARGE DURING MONITORING PERIOD.

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING
 MAJOR TREATED
 EXTERNAL
 PAGE 9

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	03	01		21	03	31

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****
RDX, Total 81364 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	0.20 MONTHLY AV	0.66 DAILY MX
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						

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.	TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA S. VAN VALKENBURG (Affiliate) Date: 2021.04.26 15:00:52 -06'00'	TELEPHONE
TYPED OR PRINTED				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

EPA Form 3320-1 (Rev 01/06) Previous editions may be used.

EPC-DO: 21-143
 EPC-DO: 21-220
 EPC-DO: 23-121

Attachment 1
 Attachment 1

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

055-Q
DISCHARGE NUMBER

DMR MAILING
 MAJOR
 QUARTERLY
 EXTERNAL
 PAGE 10

MONITORING PERIOD							
YEAR	MO	DAY	FROM	TO	YEAR	MO	DAY
21	01	01			21	03	31

PARAMETER		QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
Oxygen demand, chem. (high level) 00340 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	125 MO AVG	125 DAILY MX
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	45 DAILY MX
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	15 DAILY MX
Organics, Total Toxic (TTO)* 78141 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	1.0 MO AVG	1.0 DAILY MX
Trinitrotoluene [TNT], Total 81360 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	0.02 MO AVG	Req. Mon. DAILY MX
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						

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.	TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.04.26 15:01:09 -06'00'	TELE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
TYPED OR PRINTED				AREA CODE

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *THE LIMITS AND MONITORING FOR TOTAL TOXIC ORGANICS DO NOT INCLUDE 2,3,7,8 - TETRACHLORODIBENZO-POLYCHLORINATED BIPHENYLS. **NO DISCHARGE DURING MONITORING PERIOD.

EPA Form 3320-1 (Rev 01/06) Previous editions may be used.

EPC-DO: 21-143
 EPC-DO: 21-220
 EPC-DO: 23-121

Attachment 1
 Attachment 1

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

OMB No. 2040-004

Name/Location if different)

TY, LLC
LABORATORY
K490
O 87545
TY, LLC
O 87545
URG, EPC-CP

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED HE WASTEWATER
EXTERNAL OUTFALL
PAGE 6

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
21	04	01	21	04	30

FROM

TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	ESTIMA
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	ESTIMA
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	0.20 MONTHLY AV	0.66 DAILY MX			2/Month	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	TAUNIA VAN VALKENBURG (Affiliate) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
		505 665-9827		21	05	24
		AREA CODE	NUMBER	YEAR	MO	DAY

ATIONS (Reference all attachments here)
2014. *NO DISCHARGE DURING MONITORING PERIOD.

may be used.

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAIL
 MAJOR
 TREATED
 EXTERNA
 PAGE 6

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	05	01		21	05	31

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	NODI=C	****	NODI=C
	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	****	****	****
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		****	****	****
RDX, Total 81364 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	NODI=C	NODI=C
	PERMIT REQUIREMENT	****	****		****	0.20 MONTHLY AV	0.66 DAILY MX
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						

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.	TAUNIA VAN VALKENBURG (Affiliate) Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.06.25 09:52:49 -05'00'	TEL
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

EPA Form 3320-1 (Rev 01/06) Previous editions may be used.

EPC-DO: 21-195

 EPC-DO: 21-236
 EPC-DO: 23-121

Attachment 1
 7
 Attachment 1

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

OMB No. 2040-004

ty Name/Location if different)

TY, LLC
LABORATORY
K490
CO 87545

TY, LLC
CO 87545
URG, EPC-CP

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED HE WASTEWATER
EXTERNAL OUTFALL
PAGE 9

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	06	01		21	06	30

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				WEEKLY
SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	ESTIMA
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****				DAILY
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.20 MONTHLY AV	0.66 DAILY MX				2/Month
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
DECLARATION	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.			TAUNIA VAN VALKENBURG (Affiliate) Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.07.26 16:33:16 -06'00'		TELEPHONE 505 665-9827 AREA CODE NUMBER		DATE 21 07 26 YEAR MO DAY		

VIOLATIONS (Reference all attachments here)
R 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

ons may be used.

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

OMB No. 2040-004

Name/Location if different)

ITY, LLC
LABORATORY
K490
CO 87545

ITY, LLC
CO 87545
URG, EPC-CP

NM0028355
PERMIT NUMBER

055-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 055
EXTERNAL OUTFALL
PAGE 10

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	04	01		21	06	30

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/91	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	125 MO AVG	125 DAILY MX			QUARTERLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/91	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	45 DAILY MX			QUARTERLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/91	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	15 DAILY MX			QUARTERLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/91	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 MO AVG	1.0 DAILY MX			QUARTERLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/91	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	0.02 MO AVG	Req. Mon. DAILY MX			QUARTERLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

TAUNIA VAN VALKENBURG (Affiliate)
Digitally signed by TAUNIA VAN VALKENBURG (Affiliate)
Date: 2021.07.26 16:33:36 -0600
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-9827	21	07	26
AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
R 1, 2014. *THE LIMITS AND MONITORING FOR TOTAL TOXIC ORGANICS DO NOT INCLUDE 2,3,7,8 - TETRACHLORODIBENZO-P-DIXOIN, PESTICIDES, OR
NO DISCHARGE DURING MONITORING PERIOD.

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

OMB No. 2040-004

Name/Location if different)

TY, LLC
LABORATORY
K490
CO 87545
TY, LLC
CO 87545
C, EPC-CP

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED HE WASTEWATER
EXTERNAL OUTFALL
PAGE 6

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	07	01		21	07	31

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	****	****	****	NODI=C	****	NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM			WEEKLY	GRAB
SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	****	****	****	****	0	0/31	ESTIMA
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		****	****	****			DAILY	ESTIMA
SAMPLE MEASUREMENT	****	****	****	****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	****	****		****	0.20 MONTHLY AV	0.66 DAILY MX			2/Month	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

<p>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.</p>	<p>Taunia Sandquist Digitally signed by Taunia Sandquist Date: 2021.08.25 10:52:21 -06'00'</p>	TELEPHONE		DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-9827	21	08

VIOLATIONS (Reference all attachments here)
R 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

Attachment 1
7
Attachment 1

LA-UR-21-28441

1

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

OMB No. 2040-004

Name/Location if different)

ITY, LLC
LABORATORY
K490
CO 87545

ITY, LLC
CO 87545
T, EPC-CP

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED HE WASTEWATER
EXTERNAL OUTFALL
PAGE 6

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	08	01		21	08	31

FROM TO No Discharge

SAMPLE MEASUREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	ESTIMA
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	ESTIMA
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.20 MONTHLY AV	0.66 DAILY MX			2/Month	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

Taunia Sandquist
Digitally signed by Taunia Sandquist
Date: 2021.09.28 09:17:40 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-9827	21	09	28
AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
R 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

Attachment 1
7
Attachment 1

LA-UR-21-29510

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
LLC
87545
PC-CP

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED HE WASTEWATER
EXTERNAL OUTFALL
PAGE 12

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
21	09	01	21	09	30

FROM

TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		*****	WEEKLY	GRAB
SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	ESTIMA
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		*****	DAILY	ESTIMA
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.20 MONTHLY AV	0.66 DAILY MX		*****	2/Month	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

Taunia Sandquist
Digitally signed by Taunia Sandquist
Date: 2021.10.27 16:07:11 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-9827	21	10	27
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)
014. *NO DISCHARGE DURING MONITORING PERIOD.

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
LLC
87545
PC-CP

NM0028355
PERMIT NUMBER

055-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 055
EXTERNAL OUTFALL
PAGE 13

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	07	01		21	09	30

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/92	GRAB
PERMIT REQUIREMENT	*****	*****		*****	125 MO AVG	125 DAILY MX		QUARTERLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/92	GRAB
PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	45 DAILY MX		QUARTERLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/92	GRAB
PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	15 DAILY MX		QUARTERLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/92	GRAB
PERMIT REQUIREMENT	*****	*****		*****	1.0 MO AVG	1.0 DAILY MX		QUARTERLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/92	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.02 MO AVG	Req. Mon. DAILY MX		QUARTERLY	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

Taunia Sandquist
Digitally signed by Taunia Sandquist
Date: 2021.10.27 16:07:30 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-9827	21	10	27
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)

014. *THE LIMITS AND MONITORING FOR TOTAL TOXIC ORGANICS DO NOT INCLUDE 2,3,7,8 - TETRACHLORODIBENZO-P-DIXOIN, PESTICIDES, OR DISCHARGE DURING MONITORING PERIOD.

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
00
87545
LLC
87545

NM0028355
PERMIT NUMBER

055-Y
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
YEARLY REPORTING - OUTFALL 055
EXTERNAL OUTFALL
PAGE 14

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
20	10	01		21	09	30

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/365	GRAB
PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. MONTHLY AV		Req. Mon. DAILY MX		1/Year
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

Taunia Sandquist
Digitally signed by Taunia Sandquist
Date: 2021.10.27 16:07:51 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-9827	21	10	27
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)
014. *NO DISCHARGE DURING MONITORING PERIOD.

Attachment 1
15
Attachment 1

LA-UR-21-30675
3

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	10	01		21	10	31

DMR MAILING
 MAJOR
 TREATED
 EXTERNAL
 PAGE 6

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****
RDX, Total 81364 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	*****		*****	0.20 MONTHLY AV	0.66 DAILY MX
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 STEVEN L. STORY
 GROUP LEADER
 EPC-CP
 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.

STEVEN STORY (Affiliate)
 Digitally signed by STEVEN STORY (Affiliate)
 Date: 2021.11.17 12:54:56 -07'00'
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 505
 AREA CODE

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

EPA Form 3320-1 (Rev 01/06) Previous editions may be used.

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

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

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	11	01	TO	21	11	30

DMR MAILING
 MAJOR
 TREATED H
 EXTERNAL
 PAGE 6

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****
RDX, Total 81364 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.20 MONTHLY AV	0.66 DAILY MX
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN L. STORY GROUP LEADER EPC-CP	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.	STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2021.12.17 07:20:53 -07'00'	TELEPHONE
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

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

OMB No. 2040-004

City Name/Location if different)

ITY, LLC
LABORATORY
P K490
CO 87545
ITY, LLC
CO 87545
CP

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR TREATED HE WASTEWATER
EXTERNAL OUTFALL
PAGE 9

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	12	01	TO	21	12	31

FROM TO No Discharge

SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	****	****	****	*NODI=C	****	*NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	****	****	****	6.0 MINIMUM	****	9.0 MAXIMUM			WEEKLY	GRAB
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	****	****	****	****	0	0/31	ESTIMA
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		****	****	****			DAILY	ESTIMA
SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	****	****	****	****	0.20 MONTHLY AV	0.66 DAILY MX			2/Month	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

CER	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.	STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2022.01.25 11:15:37 -07'00'	TELEPHONE		DATE		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-2169	22	01
			AREA CODE	NUMBER	YEAR	MO	DAY

VIOLATIONS (Reference all attachments here)
R 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

Attachment 1
10
Attachment 1

LA-UR-22-20594

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

OMB No. 2040-004

City Name/Location if different)

ITY, LLC
LABORATORY
K490
CO 87545

ITY, LLC
CO 87545

CP

NM0028355
PERMIT NUMBER

055-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 055
EXTERNAL OUTFALL
PAGE 10

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	21	10	01		21	12	31

No Discharge

SAMPLE MEASUREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	**NODI=C	**NODI=C	mg/L	0	0/92	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	125 MO AVG	125 DAILY MX			QUARTERLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	**NODI=C	**NODI=C	mg/L	0	0/92	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	45 DAILY MX			QUARTERLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	**NODI=C	**NODI=C	mg/L	0	0/92	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	15 DAILY MX			QUARTERLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	**NODI=C	**NODI=C	mg/L	0	0/92	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 MO AVG	1.0 DAILY MX			QUARTERLY	GRAB
SAMPLE MEASUREMENT	*****	*****	*****	*****	**NODI=C	**NODI=C	mg/L	0	0/92	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	0.02 MO AVG	Req. Mon. DAILY MX			QUARTERLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2022.01.25 11:15:58 -07'00'	TELEPHONE		DATE		
		505	665-2169	22	01	25
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

ATTACHMENTS (Reference all attachments here)
1, 2014. *THE LIMITS AND MONITORING FOR TOTAL TOXIC ORGANICS DO NOT INCLUDE 2,3,7,8 - TETRACHLORODIBENZO-P-DIXOIN, PESTICIDES, OR DISCHARGE DURING MONITORING PERIOD.

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
00
87545
LLC
87545

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED HE WASTEWATER
EXTERNAL OUTFALL
PAGE 6

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	01	01		22	01	31

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	ESTIMA
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	ESTIMA	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.20 MONTHLY AV	0.66 DAILY MX		2/Month	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

STEVEN STORY
(Affiliate)
Digitally signed by STEVEN STORY (Affiliate)
Date: 2022.02.28 09:50:49 -07'00'

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

505 | 665-2169
AREA CODE | NUMBER

22 | 02 | 28
YEAR | MO | DAY

IONS (Reference all attachments here)
014. *NO DISCHARGE DURING MONITORING PERIOD.

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
LABORATORY
90
87545
LLC
87545

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED HE WASTEWATER
EXTERNAL OUTFALL
PAGE 6

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	02	01		22	02	28

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/28	ESTIMA
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	ESTIMA	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.20 MONTHLY AV	0.66 DAILY MX		2/Month	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

STEVEN STORY (Affiliate)
Digitally signed by STEVEN STORY (Affiliate)
Date: 2022.03.24 10:10:09 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-2169	22	03	24
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)
014. *NO DISCHARGE DURING MONITORING PERIOD.

may be used.

Attachment 1
7
Attachment 1

LA-UR-22-22694

1

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
LLC
87545

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED HE WASTEWATER
EXTERNAL OUTFALL
PAGE 9

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	03	01		22	03	31

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	ESTIMA
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	ESTIMA	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.20 MONTHLY AV	0.66 DAILY MX		2/Month	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

STEVEN STORY (Affiliate)
Digitally signed by STEVEN STORY (Affiliate)
Date: 2022.04.27 13:46:03 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-2169	22	04	27
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)
014. *NO DISCHARGE DURING MONITORING PERIOD.

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
LLC
87545

NM0028355
PERMIT NUMBER

055-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 055
EXTERNAL OUTFALL
PAGE 10

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	01	01		22	03	31

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	**NODI=C	**NODI=C	mg/L	0	0/90	GRAB
PERMIT REQUIREMENT	*****	*****		*****	125 MO AVG	125 DAILY MX		QUARTERLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	**NODI=C	**NODI=C	mg/L	0	0/90	GRAB
PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	45 DAILY MX		QUARTERLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	**NODI=C	**NODI=C	mg/L	0	0/90	GRAB
PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	15 DAILY MX		QUARTERLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	**NODI=C	**NODI=C	mg/L	0	0/90	GRAB
PERMIT REQUIREMENT	*****	*****		*****	1.0 MO AVG	1.0 DAILY MX		QUARTERLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	**NODI=C	**NODI=C	mg/L	0	0/90	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.02 MO AVG	Req. Mon. DAILY MX		QUARTERLY	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	STEVEN STORY (Affiliate)	Digitally signed by STEVEN STORY (Affiliate) Date: 2022.04.27 13:46:19 -06'00'	TELEPHONE		DATE		
			505	665-2169	22	04	27
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)
014. *THE LIMITS AND MONITORING FOR TOTAL TOXIC ORGANICS DO NOT INCLUDE 2,3,7,8 - TETRACHLORODIBENZO-P-DIXOIN, PESTICIDES, OR DISCHARGE DURING MONITORING PERIOD.

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

OMB No. 2040-004

Name/Location if different)

TY, LLC
LABORATORY
K490
CO 87545

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545

MAJOR
TREATED HE WASTEWATER
EXTERNAL OUTFALL

PAGE 6

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	04	01		22	04	30

FROM

TO

No Discharge X

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/30	GRAB	
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB	
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	ESTIMA	
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	ESTIMA	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/30	GRAB	
PERMIT REQUIREMENT	*****	*****		*****	0.20 MONTHLY AV	0.66 DAILY MX			2/Month	GRAB	
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
ER	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.			STEVEN STORY (Affiliate)		Digitally signed by STEVEN STORY (Affiliate) Date: 2022.05.23 12:43:09 -05'00'		TELEPHONE		DATE	
				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505 665-2169		22 05 23			
						AREA CODE NUMBER		YEAR MO DAY			

VIOLATIONS (Reference all attachments here)
OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

ts may be used.

PAGE 1 OF 1

Attachment 1
7
Attachment 1

LA-UR-22-24660

1

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
00
87545
ORATORY
87545

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED WASTEWATER
EXTERNAL OUTFALL

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
22	05	01	22	05	31

FROM

TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		*****	WEEKLY	GRAB
SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	ESTIMA
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		*****	DAILY	ESTIMA
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.20 MONTHLY AV	0.66 DAILY MX		*****	2/Month	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

SARAH HOLCOMB (Affiliate)
Digitally signed by SARAH HOLCOMB (Affiliate)
Date: 2022.07.26 09:26:38 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	667-0666	22	07	26
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
00
87545
ORATORY
87545

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED WASTEWATER
EXTERNAL OUTFALL

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
22	06	01	22	06	30

FROM

TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		*****	WEEKLY	GRAB
SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	ESTIMA
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		*****	DAILY	ESTIMA
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.20 MONTHLY AV	0.66 DAILY MX		*****	2/Month	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

SARAH HOLCOMB
(Affiliate)
Digitally signed by SARAH HOLCOMB (Affiliate)
Date: 2022.07.26 07:27:53 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	667-0666	22	07	26
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
0
87545
ORATORY
87545

NM0028355
PERMIT NUMBER

055-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 055
EXTERNAL OUTFALL

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	04	01		22	06	30

FROM

TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/91	GRAB
PERMIT REQUIREMENT	*****	*****		*****	125 MO AVG	125 DAILY MX		QUARTERLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/91	GRAB
PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	45 DAILY MX		QUARTERLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/91	GRAB
PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	15 DAILY MX		QUARTERLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/91	GRAB
PERMIT REQUIREMENT	*****	*****		*****	1.0 MO AVG	1.0 DAILY MX		QUARTERLY	GRAB	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/91	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.02 MO AVG	Req. Mon. DAILY MX		QUARTERLY	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.

SARAH HOLCOMB
(Affiliate)
Digitally signed by SARAH HOLCOMB (Affiliate)
Date: 2022.07.26 08:56:58 -06'00'
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
505	665-0666	22	07	26
AREA CODE	NUMBER	YEAR	MO	DAY

IONS (Reference all attachments here)

may be used.

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

OMB No. 2040-004

Name/Location if different)

LLC
ORATORY
00
87545
ORATORY
87545

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED WASTEWATER
EXTERNAL OUTFALL
PAGE 6

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
22	07	01	22	07	31

FROM

TO

No Discharge

	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	ESTIMA
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	ESTIMA	
SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	*****	*****		*****	0.20 MONTHLY AV	0.66 DAILY MX		2/Month	GRAB	
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										

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.	SARAH HOLCOMB (Affiliate)	Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.08.25 11:24:01 -06'00'	TELEPHONE		DATE		
			505	667-0666	22	08	25
	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY	

IONS (Reference all attachments here)

may be used.

Attachment 1
7
Attachment 1

LA-UR-22-28914

1

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	055 External Outfall	Discharge:	055-A TREATED WASTEWATER

Report Dates & Status

Monitoring Period:	From 08/01/22 to 08/31/22	DMR Due Date:	09/28/22
---------------------------	----------------------------------	----------------------	-----------------

Considerations for Form Completion

TOTAL RDX - ONE SAMPLE SHOULD BE TAKEN BEFORE THE 15TH OF THE MONTH AND ANOTHER TAKEN AFTER THE 15TH OF THE MONTH

Principal Executive Officer

First Name:		Title:	
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading			
						Qualifier 1	Value 1	Qualifier 2	Value 2
00400	pH	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample				
					Permit Req.		Req Mon MO AVG		Req Mon DAIL
					Value NODI		C - No Discharge		C - No Disch
81364	RDX, total	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-22-29946

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User:	ICADIENTE
Name:	Isaac Cadiente
E-Mail:	icadiente@lanl.gov
Date/Time:	2022-09-27 16:30 (Time Zone: -05:00)

Report Last Signed By

User:	SARAHHOLCOMB
Name:	Sarah Holcomb
E-Mail:	sholcomb@lanl.gov
Date/Time:	2022-09-27 16:58 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	055 External Outfall	Discharge:	055-A TREATED WASTEWATER

Report Dates & Status

Monitoring Period:	From 09/01/22 to 09/30/22	DMR Due Date:	10/28/22
---------------------------	----------------------------------	----------------------	-----------------

Considerations for Form Completion

TOTAL RDX - ONE SAMPLE SHOULD BE TAKEN BEFORE THE 15TH OF THE MONTH AND ANOTHER TAKEN AFTER THE 15TH OF THE MONTH

Principal Executive Officer

First Name:	Title:
Last Name:	

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading			
						Qualifier 1	Value 1	Qualifier 2	Value 2
00400	pH	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample				
					Permit Req.		Req Mon MO AVG		Req Mon DAIL
					Value NODI		C - No Discharge		C - No Disch
81364	RDX, total	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-22-31291

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User:	ICADIENTE
Name:	Isaac Cadiente
E-Mail:	icadiente@lanl.gov
Date/Time:	2022-10-25 10:10 (Time Zone: -05:00)

Report Last Signed By

User:	SARAHHOLCOMB
Name:	Sarah Holcomb
E-Mail:	sholcomb@lanl.gov
Date/Time:	2022-10-25 10:26 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	055 External Outfall	Discharge:	055-A TREATED WASTEWATER

Report Dates & Status

Monitoring Period:	From 10/01/22 to 10/31/22	DMR Due Date:	11/28/22
---------------------------	----------------------------------	----------------------	-----------------

Considerations for Form Completion

TOTAL RDX - ONE SAMPLE SHOULD BE TAKEN BEFORE THE 15TH OF THE MONTH AND ANOTHER TAKEN AFTER THE 15TH OF THE MONTH

Principal Executive Officer

First Name:		Title:	
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading			
						Qualifier 1	Value 1	Qualifier 2	Value 2
00400	pH	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample				
					Permit Req.		Req Mon MO AVG		Req Mon DAIL
					Value NODI		C - No Discharge		C - No Disch
81364	RDX, total	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-22-32091

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User:	ICADIENTE
Name:	Isaac Cadiente
E-Mail:	icadiente@lanl.gov
Date/Time:	2022-11-16 12:10 (Time Zone: -06:00)

Report Last Signed By

User:	SARAHHOLCOMB
Name:	Sarah Holcomb
E-Mail:	sholcomb@lanl.gov
Date/Time:	2022-11-21 09:17 (Time Zone: -06:00)

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	055 External Outfall	Discharge:	055-Q QUARTERLY REPORTING - OUTFALL 055

Report Dates & Status

Monitoring Period:	From 08/01/22 to 10/31/22	DMR Due Date:	11/28/22
---------------------------	----------------------------------	----------------------	-----------------

Considerations for Form Completion

THE LIMITS AND MONITORING FOR TOTAL TOXIC ORGANICS DO NOT INCLUDE 2,3,7,8-TETRACHLORODIBENZO-P-DIOXIN(TCDD), PESTI

Principal Executive Officer

First Name:	Title:
Last Name:	

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading					
						Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier
00340	Oxygen demand, chem. [high level] [COD]	1 - Effluent Gross	0	--	Sample						
					Permit Req.						
					Value NODI						
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample						
					Permit Req.						
					Value NODI						
00556	Oil & Grease	1 - Effluent Gross	0	--	Sample						
					Permit Req.						
					Value NODI						
78141	Organics, total toxic [TTO]	1 - Effluent Gross	0	--	Sample						
					Permit Req.						
					Value NODI						
81360	Trinitrotoluene [TNT], total	1 - Effluent Gross	0	--	Sample						
					Permit Req.						
					Value NODI						

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-22-32091

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: ICADIENTE
 Name: Isaac Cadiente
 E-Mail: icadiente@lanl.gov
 Date/Time: 2022-11-16 12:10 (Time Zone: -06:00)

Report Last Signed By

User: SARAHHOLCOMB
 Name: Sarah Holcomb
 E-Mail: sholcomb@lanl.gov
 Date/Time: 2022-11-21 09:17 (Time Zone: -06:00)

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	055 External Outfall	Discharge:	055-A TREATED WASTEWATER

Report Dates & Status

Monitoring Period:	From 11/01/22 to 11/30/22	DMR Due Date:	12/28/22
---------------------------	----------------------------------	----------------------	-----------------

Considerations for Form Completion

TOTAL RDX - ONE SAMPLE SHOULD BE TAKEN BEFORE THE 15TH OF THE MONTH AND ANOTHER TAKEN AFTER THE 15TH OF THE MONTH

Principal Executive Officer

First Name:		Title:	
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading			
						Qualifier 1	Value 1	Qualifier 2	Value 2
00400	pH	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample				
					Permit Req.		Req Mon MO AVG		Req Mon DAIL
					Value NODI		C - No Discharge		C - No Disch
81364	RDX, total	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-22-33028

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User:	ICADIENTE
Name:	Isaac Cadiente
E-Mail:	icadiente@lanl.gov
Date/Time:	2022-12-19 17:00 (Time Zone: -06:00)

Report Last Signed By

User:	SARAHHOLCOMB
Name:	Sarah Holcomb
E-Mail:	sholcomb@lanl.gov
Date/Time:	2022-12-20 09:21 (Time Zone: -06:00)

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	055 External Outfall	Discharge:	055-A TREATED WASTEWATER

Report Dates & Status

Monitoring Period:	From 12/01/22 to 12/31/22	DMR Due Date:	01/28/23
---------------------------	----------------------------------	----------------------	-----------------

Considerations for Form Completion

TOTAL RDX - ONE SAMPLE SHOULD BE TAKEN BEFORE THE 15TH OF THE MONTH AND ANOTHER TAKEN AFTER THE 15TH OF THE MONTH

Principal Executive Officer

First Name:		Title:	
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI		Quantity or Loading			
						Qualifier 1	Value 1	Qualifier 2	Value 2
00400	pH	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample				
					Permit Req.		Req Mon MO AVG		Req Mon DAIL
					Value NODI		C - No Discharge		C - No Disch
81364	RDX, total	1 - Effluent Gross	0	--	Sample				
					Permit Req.				
					Value NODI				

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Un

Edit Check Errors

No errors.

Comments

LA-UR-23-20664

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User:	ICADIENTE
Name:	Isaac Cadiente
E-Mail:	icadiente@lanl.gov
Date/Time:	2023-01-25 14:20 (Time Zone: -06:00)

Report Last Signed By

User:	SARAHHOLCOMB
Name:	Sarah Holcomb
E-Mail:	sholcomb@lanl.gov
Date/Time:	2023-01-25 17:30 (Time Zone: -06:00)