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) (Affiliate) Date: 2023.04.05 11:34:31 -06'00'

Steven L. Story Group Leader

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

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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.
- 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.

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	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-industrialextension-comment-period-npdes-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-industrialextension-comment-period-npdes-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							
Frequency Flow Rates and Volumes							
Source ^a					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 rate/volumes for 2021 and 2022, are as follows:

Table 3 Outfall 051 Flow Rate/Volume Data 2021 - 2022					
Location ID	Date	Flow (Daily) MGPD	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		
	15,741				
	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:

Loa	ding Ca	lculation Us	ing Est	imated Ave	rage f	rom 2019	Permit	t Application	on:
14	mg	1	L	2.20E-06	lb	20000	gal	= 2.33	Lbs
	L	0.264172	gal	1	mg		day		Day
Loa	Loading Calculation Using Average Discharge Data from 2019 – 2021:								
14	mg	1	L	2.20E-06	lb	15,763	gal	= 1.84	Lbs
	L	0.264172	gal	1	mg		day		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/Theperiod-from-2000-2021-was-the-driest-since-the-year-800-in-the-Southwest#:~:text=The%20study%20reveals%20that%202000,during%20the%20lat e%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

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 Analysi
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		

3/3/23 10:51 AM

DMR Values

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		
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	

3/3/23 10:51 AM

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	<mark>7.3</mark>	7.6
11/30/21	7.4 7.1	7.4
12/31/21	8.7 <mark>6.7</mark>	7.6
1/31/22	7	7.3
2/28/22	<mark>6.9</mark>	8.9
3/31/22	<mark>6.9</mark>	7.2
4/30/22	<mark>7.1</mark>	7.4
5/31/22	<mark>7.1</mark>	7.8
6/30/22	<mark>7.1</mark>	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 Analysi
10/1/14	9/30/19	Record (manual)	Daily
Limit			
Limit Unit Desc	Million Collong por	Million Collons por	
Statistical Base	Million Gallons per MO AVG	Million Gallons per DAILY MX	
Limit Value	MO AVG		
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

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

Milligrams per Liter
INST MAX
.011
0
0
0
0
0
0
0
0
0
0
0
0
0
.03
0
0
0
0
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

3/3/23 10:51 AM

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	<mark><.0193</mark>		

DMR Summary

Permit NM0028355

Permit Name	Version	Curr. Major Minor Status	Issue 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 Analysi
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	

8/31/22	<30.1	28.3
9/30/22	<mark><8.95</mark>	<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 Analysi
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 o	f Analysis	
8/1/22	4/30/27		Grab I		Monthly		
Limit							
Limit Unit Desc	Pounds per Day	Pou	inds per Day	Milligr	ams per Liter	Milligrams per Li	iter
Statistical Base	MO AVG	DAI	LY MX	MO A	VG	DAILY MX	
Limit Value	73	109		30		45	-
DMR Values							

/sis

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 Analy
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	

3/3/23 10:27 AM

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 Lite	r
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	7

3/3/23 10:27 AM

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 [CIO4] / 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

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
			1
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

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 o	f 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	< <mark>.0757</mark>	<.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

3/3/23 10:27 AM

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
			1
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	< <mark>.003</mark>	< <u>.003</u>	
8/31/21	<.0036 <0.003	<.003	

3/3/23 10:27 AM

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 <mark>=C</mark>	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 0.00076	<.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	< <u>.00114</u> 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

MO AVG

.076

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

DAILY MX

.115

3/3/23 10:27 AM	3/3/	23	10:2	7 AM
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Limit Value

Statistical Base

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 < <u>0.0005</u>	<.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

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
		1	
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	

3/3/23 10:27 AM

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		

61209 Perchlorate [CIO4] / Location 1 / Season 0 / Base

0

0

0

0

NODI=C

NODI=C

NODI=C

NODI=C

NODI=C

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	

3/3/23 10:27 AM

11/30/21

12/31/21

1/31/22

2/28/22

3/31/22

4/30/22

5/31/22

6/30/22

7/31/22

Version # 3

Outfall 051A

61209 Perchlorate [CIO4] / 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 Analysi
10/1/14	9/30/19	Grab	Monthly
Limit			
Limit Unit Desc	Milligrama par Litar	Milligrams per Liter	
Statistical Base	MO AVG	DAILY MX	
Limit Value	1		
DMR Values		1	
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	Measuremen	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

OMB	No	2040-004

/ Name/Location if d	ifferent)	Di	oonaro.			(1 (2007)								OMBI	No. 2040-004	
TY, LLC		N	M002835	55	[051-A			DMR MAII	ING ZIP	CODE:				
ABORATORY		PER		IBER	[DISCH	HARGE NU	IMBER		MAJOR						
K490 XO 87545				MONITO	ORING PE	RIOD				TREATED EXTERNA			LIQUID	WAST	ΕΤΟ	
TY, LLC		YEAR	MO	DAY		YEAR	MO	DAY		PAGE 5						
CO 87545 JRG, EPC-CP	FROM	21	01	01	то [21	01	31					No D	ischar	ge 🛛	
\checkmark	QUANT	TITY OF L	OADING			(QUALITY C	F CONCE	NTRATIC	DN		NO. EX	FREQUE OF ANAL		SAMPLE TYPE	
$\langle \ \rangle$	VALUE	VA	LUE	UNITS	VAL	UE	VA	LUE	VAI	LUE	UNITS					
SAMPLE MEASUREMENT	****	**	***	****	***	***	NO	DI=C	NO	DI=C	mg/L	0	0/3	1	GRAB	
PERMIT	****	**	***		***	estest	, 125 MONTHLY AV			25 Y MX	ing/L		MONT	HLY	GRAB	
SAMPLE MEASUREMENT	****	**	***		NOE)I=C	**	***	NOI	DI=C	S.U.	0	0/3	1	GRAB	
PERMIT	*****	**	***		6. MINI		**	***		.0 IMUM	5.0.		WEE	KLY	GRAB	
SAMPLE MEASUREMENT	NODI=C	NOI	DI=C		**:	***	NO	DI=C	NOI	DI=C	ma/l	0	0/3	1	GRAB	
PERMIT	73 MONTHLY AV		09 .Y MX	ibs/day	**	***		30 HLY AV		15 .Y MX	mg/L		MONT	HLY	GRAB	
SAMPLE MEASUREMENT	****	**	***	*****	NO	DI=C	**	****	**	***	mall	0	0/3	1	GRAB	
PERMIT REQUIREMENT	****	**	***		50 MINIMUM		****		**	***	mg/L		3/We	eek	GRAB	
SAMPLE MEASUREMENT	****	**	****	*****	**	***	NO	DI=C	NO	DI=C	mall	0	0/3	51	GRAB	
PERMIT REQUIREMENT	*****	**	***		**	***		.34 HLY AV	-	.68 _Y MX	mg/L		WEE	KLY	GRAB	
SAMPLE MEASUREMENT	****	**	****	*****	**	***	NO	DI=C	NO	DI=C		0	0/3	31	GRAB	
PERMIT	****	**	****		**	***		014 HLY AV		014 _Y MX	mg/L		3/W	eek	GRAB	
SAMPLE MEASUREMENT	****	**	***	*****	**	***	NO	DI=C	NO	DI=C		0	0/3	31	GRAB	
PERMIT	*****	*	****	*****	**	***		.076 THLY AV		115 _Y MX	mg/L		WEE	KLY	GRAB	
ER I CERTIFY U	NDER PENALTY OF LAW TH UNDER MY DIRECTION OR	AT THIS DOCU	MENT AND A		S WERE	TAUN	IA VAN	Digitally signed VAN VALKENE	by TAUNIA	TE	LEPHON	E	_	DAT	E	
DESIGNED T INFORMATIO THE SYSTEM INFORMATIO	TO ASSURE THAT QUALIFIE ON SUBMITTED, BASED ON M, OR THOSE PERSONS DIA ON, THE INFORMATION SUB	D PERSONNEL MY INQUIRY O RECTLY RESPO	PROPERLY OF THE PERSONSIBLE FOR	GATHER AND EV ON OR PERSONS GATHERING THE F MY KNOWLEDG	ALUATE THE WHO MANAGE E GE AND BELIEF	VALKE (Affilia	ENBURG te)	(Affiliate) Date: 2021_02 -07'00'	25 13 23 59				21	02	25	
SUBMITTING	JRATE AND COMPLETE, I AND STATE AND COMPLETE, I AND STALSE INFORMATION, INC. NG VIOLATIONS	M AWARE THAT	OSSIBILITY C	SIGNIFICANT PE	RISONMENT	000	ATURE OF PR			505 AREA CODE	665- NUM	_	YEAR	МС	D DAY	
	(Reference all attachments here)					-										

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

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Attachment 1

LA-UR-21-21889

PAGE 1 OF 2

OND NO 2040-004	OM	BNo	2040-	004
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/ Name/Location if d	ifferent)													
TY, LLC	NM0028355 DRY PERMIT NUMBER					051-A			DMR MA	ILING ZIP	CODE:			
ABORATORY		PERMIT	NUMBER] [DISCH	ARGE NL	JMBER		MAJOR					
K490 XO 87545					DIOD			1				LIQUID W	IAST	ETO
		YEAR		TORING PE	YEAR	MO	DAY		EXTERN PAGE 5	AL OUTFA	1LL			
FY, LLC CO 87545	FROM		01 01		21	01	31		I AOL U					
JRG. EPC-CP	TROM							1				No Dis	schar	nge 🛛 🗙
$\overline{\mathbf{\mathbf{\nabla}}}$	QUANT	TITY OF LOAD	DING		Q	UALITY C	OF CONCE	ENTRATIC	N		NO. EX	FREQUEN OF ANALY		SAMPLE TYPE
$\langle \ \rangle$	VALUE	VALUE		S VAL	UE	VA	LUE	VAL	UE	UNITS				
SAMPLE MEASUREMENT	****	*****	*****	***	***	NO	DI=C	NO	DI=C		0	0/31		GRAB
PERMIT REQUIREMENT	****	****		***	***		191 HLY AV		91 Y MX	mg/L		3/Wee	[.] k	GRAB
SAMPLE MEASUREMENT	****	****	****	**	***	NO	DI=C	NO	DI=C	DCi/L	0	0/31		GRAB
PERMIT REQUIREMENT	****	****		**	***		30 HLY AV		0 Y MX	point	_	WEEKI	LY	GRAB
SAMPLE MEASUREMENT	NODI=C	NODI=0			***	**	***	**	***	****	0	0/31		RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mo DAILY M			***	*:	le ske sle sle	**	***			DAIL	Y	RCORDR
SAMPLE MEASUREMENT	****	****	****	**	***	*:	****	NOI	DI=C	ma/L	0	0/31		GRAB
PERMIT REQUIREMENT	****	*****		**	***	*	***		011 MAX	IIIg/L		WEEK	LY	GRAB
SAMPLE MEASUREMENT	****	****	*****	**	***	NO	DI=C	NO	DI=C	- mg/L	0	0/31		GRAB
PERMIT REQUIREMENT	****	****		**	***		. Mon. HLY AV		Mon. Y MX	Ingre		WEEK	LY	GRAB
SAMPLE MEASUREMENT	****	****	*****	**	***	NO	DI=C	NO	DI=C	mg/L	0	0/31	1	GRAB
PERMIT REQUIREMENT	*****	*****		**	***		1.0 THLY AV		.0 .Y MX	ing/2		MONTH	ILY	GRAB
SAMPLE MEASUREMENT														
PERMIT REQUIREMENT					-							-		
PREPARED	NDER PENALTY OF LAW TH UNDER MY DIRECTION OR	SUPERVISION IN AC	CORDANCE WITH A	SYSTEM	TAUNIA		Digitally signed VALKENBURG	by TAUNIA VAN	T	ELEPHON	E		DAT	ТЕ П
DESIGNED INFORMATIO THE SYSTEM INFORMATION	O ASSURE THAT QUALIFIE IN SUBMITTED. BASED ON A, OR THOSE PERSONS DIF IN, THE INFORMATION SUB IRATE AND COMPLETE I AN	D PERSONNEL PRO MY INQUIRY OF THE RECTLY RESPONSIB MITTED IS TO THE	PERLY GATHER AND E PERSON OR PERSO ILE FOR GATHERING BEST OF MY KNOWL	EVALUATE THE INS WHO MANAGE THE EDGE AND BELIEF	(Affiliate	,	Date: 2021.02: -07'00'	25 13:24 16		L 005 (21	02	25
SUBMITTING	FALSE INFORMATION, INC NG VIOLATIONS	LUDING THE POSSI	BILITY OF FINE AND	MPRISONMENT	0.010		THORIZED		505 AREA COD	665-9		YEAR	MC	D DAY
	(5.4)	the state of the second	1		1									

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

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PAGE 2 OF 2

Attachment 1

amei		ation	if	different)	
anici	LUC	auon		unerent)	

, LLC SORATORY	F		002835		051-A DISCHARGE NUMBER				DMR MAILING ZIP CODE: MAJOR								
90		FLIM				Dioor			-	TREATED) RADIOA	CTIVE		VASTI	E TO		
87545	[MONITO	DRING PE	RIOD				EXTERN	AL OUTFA	LL					
, LLC		YEAR	MO	DAY	-	YEAR	MO	DAY	I	PAGE 5							
87545 G, EPC-CP	FROM	21	02	01	то [21	02	28					No Di	ischar	ge X		
\checkmark	QUANT	TTY OF LO	DADING			C	QUALITY C	FCONCE	NTRATIO	N		NO. EX	FREQUE OF ANAL		SAMPLE TYPE		
$^{\!$	VALUE	VAL	UE.	UNITS	VAL	UE	VA	UE	VAL	UE	UNITS						
SAMPLE MEASUREMENT	****	***	**	*****	***	**	*NO	DI=C	*NO	DI=C	mg/L	0	0/28	в	GRAB		
PERMIT REQUIREMENT	*****	***	***		***	**		25 HLY AV	12 DAIL		ing/L		MONT	HLY	GRAB		
SAMPLE MEASUREMENT	****	***	**	*****	*NOE)I=C	**	***	*NO	DI=C	S.U.	0	0/2	в	GRAB		
PERMIT	*****	4 W1			6. MININ	-	**	***	9. MAXI	-	3.0.		WEEK		GRAB		
SAMPLE MEASUREMENT	*NODI=C	*NOI	DI=C		***	****		DI=C	*NODI=C			0	0/28		GRAB		
PERMIT	73 MONTHLY AV	10 DAIL)9 Y MX	lbs/day	***	****		30 HLY AV	4 DAIL		mg/L		MONT	HLY	GRAB		
SAMPLE MEASUREMENT	****	**:	k***	****	*NO[DI=C	**	***	**1	***	mall	0	0/2	8	GRAB		
PERMIT	****	8101	***		5 MINII	-	41	***	shaka	***	- mg/L		3/We	ek	GRAB		
SAMPLE MEASUREMENT	****	**	***	****	***	***	*NO	DI=C	*NO	DI=C		0	0/2	8	GRAB		
PERMIT REQUIREMENT	****	**	***		***	***		.34 HLY AV		68 Y MX	- mg/L		WEE	KLY	GRAB		
SAMPLE MEASUREMENT	****	**	***	****	***	***	*NC	DI=C	*NO	DI=C		0	0/2	8	GRAB		
PERMIT REQUIREMENT	****	**	***		wisks	***		014 HLY AV)14 Y MX	mg/L		3/We	ek	GRAB		
SAMPLE MEASUREMENT	****	**	***		**:	***	*NC	DI=C	*NO	DI=C		0	0/2	8	GRAB		
PERMIT	****	**	***	****	**	***		076 HLY AV		115 Y MX	- mg/L	110	WEE	KLY	GRAB		
PREPARED	INDER PENALTY OF LAW TH UNDER MY DIRECTION OR S TO ASSURE THAT QUALIFIED	SUPERVISION I	N ACCORDAN	ICE WITH A SYS"	ΓEM			VAN VALKE	ned by TAUNI/ ENBURG (Affil	ate)	LEPHON	Ê		DAT	E		
INFORMATI THE SYSTE INFORMATI	ON SUBMITTED, BASED ON I M, OR THOSE PERSONS DIR ON, THE INFORMATION SUB IPATE AND COMPLETE LAN	MY INQUIRY OF ECTLY RESPO MITTED IS, TO A AWARE THAT	THE PERSO NSIBLE FOR THE BEST OF THERE ARE	N OR PERSONS GATHERING THE MY KNOWLEDG SIGNIFICANT PE	WHO MANAGE E AND BELIEF NALTIES FOR	Annau	-)	Date: 2021. -06'00'	03.25 09:16:3	505	I 665-9	9827	2021	03	25		
TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PER SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPR FOR KNOWING VIOLATIONS.			OSSIBILITY O	F FINE AND IMPF	RISONMENT			THORIZED A		AREA CODI		IUMBER YEAR MO DAY					

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

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Attachment 1 5

LA-UR-21-22875

PAGE 1 OF 2

lame/l	ocation	if	different)
	Jucation	11	unerent

, LLC	[N	M00283	55	051-A DISCHARGE NUMBER					DMR MA	ILING ZIP	CODE:				
BORATORY	[PER	MIT NUN	IBER		DISCH	ARGE NL	MBER		MAJOR						
190 87545	ï										D RADIOA		LIQUID	WAST	E TO	
LLC		VEAD	MO	T T	DRING P		140	DAY			AL OUTFA	ALL .				
87545	FROM	YEAR 21	02	01	то	YEAR 21	MO 02	28		PAGE 5						
G, EPC-CP	FROM [02	0.	10	1	02	20					No D	ischa	rge X	
$\overline{}$	QUANT	TTY OF LO	DADING			Q	UALITY C	F CONCE	NTRATIC	DN .		NO. EX	FREQUE OF ANAL		SAMPLE TYPE	
\leq	VALUE	VAL	UE	UNITS	VA	LUE	VA	LUE	VA	UE	UNITS					
SAMPLE MEASUREMENT	****	***	***	****	**	***	*NO	DI=C	*NO	DI=C		0	0/2	8	GRAB	
PERMIT REQUIREMENT	****	***	irite the		**	*****		191 HLY AV	0.191 DAILY MX		mg/L		3/Week		GRAB	
SAMPLE MEASUREMENT	****	***	***	****	**	****		DI=C	*NODI=C		pCi/L	0	0/28		GRAB	
PERMIT REQUIREMENT	****	***	***		**	***		30 MONTHLY AV DA		30 DAILY MX			WEEKL		GRAB	
SAMPLE MEASUREMENT	*NODI=C	*NOI	DI=C	Maal/day	**	****		***	**	***	*****	0	0/28		RCORDR	
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. DAIL		- Mgal/day -	**	****		***	**	***			DAILY		RCORDR	
SAMPLE MEASUREMENT	vie vie vie vie vie	cikrik:	***	****	**	***	****		*NO	DI=C		0	0/2	8	GRAB	
PERMIT REQUIREMENT	***	**:	***		**	***	*****		0.011 INST MAX		mg/L		WEEKLY		GRAB	
SAMPLE MEASUREMENT	****	**	***	*****	**	***	*NO	DI=C	*NODI=C			0	0/28		GRAB	
PERMIT REQUIREMENT	*****	tinits	***		**	***		Mon. HLY AV		Mon. Y MX	- mg/L		WEEK	٢LY	GRAB	
SAMPLE MEASUREMENT	****	**:	***	****	**	***	*NO	DI=C	*NO	DI=C		0	0/28		GRAB	
PERMIT REQUIREMENT	****	-	***		**	***		.0 HLY AV		.0 Y MX	- mg/L		MONT	HLY	GRAB	
SAMPLE MEASUREMENT																
PERMIT REQUIREMENT		1.1					1					11)				
	NDER PENALTY OF LAW THA					TAUNIA	VAN	Digitally sign	ed by TAUNIA		LEPHONE			DAT	E	
DESIGNED T INFORMATIO THE SYSTEM INFORMATIO	O ASSURE THAT QUALIFIED IN SUBMITTED, BASED ON M I, OR THOSE PERSONS DIRE IN, THE INFORMATION SUBM	PERSONNEL I MY INQUIRY OF ECTLY RESPON	PROPERLY G THE PERSO NSIBLE FOR (THE BEST OF	ATHER AND EVAL N OR PERSONS V SATHERING THE MY KNOWLEDGE	LUATE THE WHO MANAGE	(Affiliate)	_	Date: 2021_0 -06'00'	NBURG (Affili 3,25 09:16 47				2021	03	25	
SUBMITTING	TRUE, ACCURÂTE AND COMPLETE, I AM AWARE THAT THERE ARE SIGNIFICANT PENAL SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISO FOR KNOWING VIOLATIONS,			ALTIES FOR SIGNATURE OF PRINCIPAL EVEC				505 AREA CODE	665-9 NUME		YEAR	MC	D DAY			

TIONS (Reference all attachments here)

2014. *NO DISCHARGE DURING MONITORING PERIOD

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Attachment 1 6

PAGE 2 OF 2

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different) DMR MAILI 051-A NM0028355 TRIAD NATIONAL SECURITY, LLC NAME: MAJOR LOS ALAMOS NATIONAL LABORATORY PERMIT NUMBER DISCHARGE NUMBER ADDRESS: TREATED F PO BOX 1663; MAIL STOP K490 LOS ALAMOS, NEW MEXICO 87545 MONITORING PERIOD **EXTERNAL** PAGE 8 YEAR MO DAY YEAR MO DAY FACILITY: TRIAD NATIONAL SECURITY, LLC 31 21 03 21 03 01 TO LOCATION: LOS ALAMOS, NEW MEXICO 87545 FROM TAUNIA S. VAN VALKENBURG, EPC-CP ATTN: QUALITY OF CONCENTRATION QUANTITY OF LOADING PARAMETER VALUE VALUE VALUE UNITS VALUE VALUE SAMPLE MEASUREMENT **** **** *NODI=C *NODI=C Oxygen demand, chem. (high level) ***** ***** 00340 1 0 125 125 PERMIT ***** **** ***** Effluent Gross MONTHLY AV DAILY MX SAMPLE MEASUREMENT ***** *NODI=C pH ***** ***** *NODI=C **** 00400 1 0 9.0 6.0 PERMIT **** ***** ***** MAXIMUM Effluent Gross REQUIREMENT MINIMUM Solids, Total Suspended SAMPLE MEASUREMENT ***** *NODI=C *NODI=C 00530 1 0 lbs/day 45 30 109 73 ***** PERMIT DAILY MX Effluent Gross MONTHLY AV REQUIREMENT MONTHLY AV DAILY MX ***** SAMPLE MEASUREMENT ***** ***** Hardness, Total ***** *NODI=C ***** 00900 1 0 50 PERMIT ***** ***** ***** ***** Effluent Gross REQUIREMENT MINIMUM SAMPLE ***** *NODI=C Chromium, Total (as Cr) ***** *NODI=C ***** MEASUREMENT ***** 01034 1 0 1 34 2 68 PERMIT ***** ***** ***** MONTHLY AV DAILY MX Effluent Gross REQUIREMENT *NODI=C SAMPLE ***** Copper, Total (as Cu) ***** **** *NODI=C MEASUREMENT ***** 01042 1 0 0.014 0.014 PERMIT ***** ***** ***** Effluent Gross MONTHLY AV DAILY MX REQUIREMENT SAMPLE MEASUREMENT Lead, Total (as Pb) ***** **** *NODI=C *NODI=C ***** ***** 01051 1 0 0.076 0.115 PERMIT ***** ***** ***** DAILY MX Effluent Gross MONTHLY AV 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 WI NOUIRY 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 RUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWNG VIOLATIONS. TELE Digitally signed by TAUNI VAN VALKENBURG (Affil Date: 2021.04.26 15:00:2 NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TAUNIA VAN VALKENBURG TAUNIA S. VAN VALKENBURG (Affiliate) -06'00' **GROUP LEADER** EPC-CP SIGNATURE OF PRINCIPAL EXECUTIVE 505 OFFICER OR AUTHORIZED AGENT FOR KNOWING VIOLATIONS. AREA CODE TYPED OR PRINTED

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

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

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different) DMR MAILIN NM0028355 051-A NAME: TRIAD NATIONAL SECURITY, LLC MAJOR ADDRESS: LOS ALAMOS NATIONAL LABORATORY PERMIT NUMBER DISCHARGE NUMBER PO BOX 1663; MAIL STOP K490 TREATED F LOS ALAMOS, NEW MEXICO 87545 MONITORING PERIOD **EXTERNAL** FACILITY: TRIAD NATIONAL SECURITY. LLC YEAR MO DAY YEAR MO DAY PAGE 8 03 21 03 31 21 01 TO LOCATION: LOS ALAMOS, NEW MEXICO 87545 FROM TAUNIA S. VAN VALKENBURG, EPC-CP ATTN: QUALITY OF CONCENTRATION QUANTITY OF LOADING PARAMETER VALUE UNITS VALUE VALUE VALUE VALUE SAMPLE Zinc, Total (as Zn) ***** **** ***** *NODI=C *NODI=C MEASUREMENT ***** 01092 1 0 0.191 0.191 PERMIT ***** ***** ***** Effluent Gross REQUIREMENT MONTHLY AV DAILY MX Radium 226 + Radium 228, total SAMPLE MEASUREMENT ***** ***** ***** *NODI=C *NODI=C 11503 1 0 ***** 30 30 PERMIT ***** ***** ***** Effluent Gross REQUIREMENT MONTHLY AV DAILY MX SAMPLE Flow, in conduit or thru treatment plant ***** ***** ***** *NODI=C *NODI=C MEASUREMENT 50050 1 0 Mgal/day Req. Mon. Reg. Mon. PERMIT **** **** ***** Effluent Gross MONTHLY AV DAILY MX SAMPLE MEASUREMENT Chlorine, Total Residual ***** ***** ***** ***** *NODI=C ***** 50060 1 0 0.011 PERMIT ***** ***** ***** ***** Effluent Gross REQUIREMENT INST MAX SAMPLE Perchlorate (CIO4) **** ***** ***** *NODI=C *NODI=C MEASUREMENT 61209 1 0 ***** Reg. Mon. Reg. Mon. PERMIT **** ***** ***** Effluent Gross MONTHLY AV DAILY MX Organics, Total Toxic (TTO) SAMPLE ***** ***** ***** *NODI=C *NODI=C MEASUREMENT ***** 78141 1 0 1.0 1.0 PERMIT ----***** ***** Effluent Gross REQUIREMENT MONTHLY AV DAILY MX 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 LASSED 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 RUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWLEVEL TELE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TAUNIA VAN Digitally signed by TAUNI VAN VALKENBURG (Affiliate) TAUNIA S. VAN VALKENBURG VALKENBURG Date: 2021.04.26 15:00:3 **GROUP LEADER** (Affiliate) -06'00' EPC-CP SIGNATURE OF PRINCIPAL EXECUTIVE 505 FOR KNOWING VIOLATIONS. OFFICER OR AUTHORIZED AGENT 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.

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

EPC-DO: 21-143

Attachment 1

EPC-DO: 23-121

SE WONITOKING REPORT (DIVIK)

DMR MAILI T051-Q NM0028355 TRIAD NATIONAL SECURITY, LLC NAME: MAJOR LOS ALAMOS NATIONAL LABORATORY DISCHARGE NUMBER PERMIT NUMBER ADDRESS: QUARTERL PO BOX 1663; MAIL STOP K490 LOS ALAMOS, NEW MEXICO 87545 MONITORING PERIOD EXTERNAL DAY PAGE 21 YEAR MO DAY FACILITY: TRIAD NATIONAL SECURITY, LLC YEAR MO 31 21 03 LOCATION: LOS ALAMOS, NEW MEXICO 87545 21 01 01 FROM TO TAUNIA S. VAN VALKENBURG, EPC-CP ATTN: QUALITY OF CONCENTRATION QUANTITY OF LOADING PARAMETER VALUE VALUE VALUE UNITS VALUE VALUE SAMPLE MEASUREMENT ***** Whole Effluent Toxicity ***** *NODI=C ***** *NODI=C **** 22414 1 0 100 100 ***** PERMIT ***** ***** Effluent Gross REQUIREMENT 48-HR MINIMUM MO AV MIN SAMPLE MEASUREMENT Whole Effluent Toxicity - Retest #1 ***** ***** ***** *NODI=9 *NODI=9 ***** 22415 1 0 Opt. Mon. Opt. Mon. PERMIT ***** ***** ***** Effluent Gross 48-HR MINIMUM MO AV MIN Whole Effluent Toxicity - Retest #2 SAMPLE ***** ***** ***** *NODI=9 *NODI=9 MEASUREMENT **** 22416 1 0 Opt. Mon. Opt. Mon. PERMIT ***** ***** ***** REQUIREMENT 48-HR MINIMUM MO AV MIN LF Pass/Fail Static48Hr Acute D.Pulex SAMPLE MEASUREMENT ***** ***** *NODI=C *NODI=C ***** **TEM3D 1 0** ***** Req. Mon. Req. Mon. ***** PERMIT ***** ***** MO AV MIN REQUIREMENT 48-HR MINIMUM SAMPLE MEASUREMENT ***** NOEC Lethal Static48Hr Acute D. Pulex **** ***** *NODI=C *NODI=C ***** **TOM3D 1 0** Req. Mon. Req. Mon. PERMIT ***** **** ***** Effluent Gross REQUIREMENT 48-HR MINIMUM MO AV MIN SAMPLE MEASUREMENT ***** Coef Of Var Static48Hr Acute D. Pulex ***** *NODI=C *NODI=C ***** **** TQM3D 1 0 Req. Mon. Req. Mon. PERMIT ***** ***** ***** Effluent Gross 48-HR MINIMUM MO AV MIN REQUIREMENT SAMPLE MEASUREMENT PERMIT Digitally signed by TAUNIA VAN TAUNIA VAN TELE CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE 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. VALKENBUR VALKENBURG (Affiliate) TAUNIA S. VAN VALKENBURG Date: 2021.04.26 GROUP LEADER G (Affiliate) 15:04:58 -06'00' EPC-CP SIGNATURE OF PRINCIPAL EXECUTIVE 505 OFFICER OR AUTHORIZED AGENT AREA CODE TYPED OR PRINTED

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

EPC-DO: 21-143

EPC-DO: 23-121

Attachment 1

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

AME:	TRIAD NATIONAL SECUR	RITY, LLC		١	VM002835	55		051-A		[]	DMR M/	All
DDRESS:	LOS ALAMOS NATIONAL PO BOX 1663; MAIL STO	P K490	[PER	RMIT NUM	IBER	DISCH	IARGE NU	MBER	l,	MAJOR	
	LOS ALAMOS, NEW MEX	ICO 87545	Γ		-	MONITO	ORING PERIOD			(1) 	EXTERN	
	TRIAD NATIONAL SECUR	ana a		YEAR	MO	DAY	YEAR	MO	DAY		PAGE 5	j
OCATION: TTN:	LOS ALAMOS, NEW MEX TAUNIA S. VAN VALKENE		FROM [21	04	01	TO 21	04	30	l.		
	PARAMETER	\searrow	QUANT		OADING		Q	UALITY OI	F CONCE	NTRATIC)N	
		$\langle \rangle$	VALUE	VA	LUE	UNITS	VALUE	VAL	UE	VA	LUE	
Oxygen der 00340 1 0	mand, chem. (high level)	SAMPLE MEASUREMENT	****	**	****	*****	****	16	.5	16	6.5	
Effluent Gro	oss	PERMIT REQUIREMENT	****	**	***	CONTRACTOR	****	12 MONTH	Contraction and the second second	and the second sec	25 _Y MX	
oH 00400 1 0		SAMPLE MEASUREMENT	*****	**	****	*****	7.40	***	**	7.	.40	
Effluent Gro		PERMIT REQUIREMENT	****	**)	***		6.0 MINIMUM	***	**).0 IMUM	
Solids, Tota 00530 1 0	al Suspended	SAMPLE MEASUREMENT	<0.0886	<0.0	0886	lbs/day -	****	<0.570 <0.570		570		
Effluent Gro	DSS	PERMIT REQUIREMENT	73 MONTHLY AV		09 _Y MX	IDS/Udy	*****	30 45 MONTHLY AV DAILY M				
Hardness, 7 00900 1 0	Total	SAMPLE MEASUREMENT	****	***	***	****	66.9	***	**	**:	***	
Effluent Gro	088	PERMIT REQUIREMENT	****	**:	***	CODE Source	50 MINIMUM	****		**:	***	Ì
Chromium, 01034 1 0	Total (as Cr)	SAMPLE MEASUREMENT	****	***	***	*****	****	<0.00	0300	<0.0	0300	
Effluent Gro	DSS	PERMIT REQUIREMENT	****	**1	***		****	1.34 MONTHLY AV		(c) The 1996 (c)	68 Y MX	
Copper, Tot 01042 1 0	tal (as Cu)	SAMPLE MEASUREMENT	****	**1	***	*****	****	0.00	250	0.00	0409	
Effluent Gro)\$\$	PERMIT REQUIREMENT	*****	**1	***		*****	0.0 MONTH	(154 MPC		014 .Y MX	
Lead, Total 01051 1 0	(as Pb)	SAMPLE MEASUREMENT	****	***	***	*****	****	<0.000	0500	<0.00	00500	
Effluent Cross PE		PERMIT REQUIREMENT	*****	***	***		****	0.0 MONTH	Contraction and the second		115 .Y MX	l
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		DREDAREDI	NDER PENALTY OF LAW THAT	IDEDVICIONUN	NACCORDANIC	ICE MITH A EVETE					TE	Ê
TAUNIA S. VAN VALKENBURG DES GROUP LEADER THE			PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE TI INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON ON PERSONS WHO MAN THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BE TRUE, ACCURATE AND COMPLETE. IAM AWARE THAT THERE ARE SIGNIFICANT PENALTIES I					TE THE VALKENBURG VAN VALKENBURG (Affiliate MANAGE (Affiliate) VAN VALKENBURG (Affiliate				
SUB			FALSE INFORMATION, INCLUING VIOLATIONS.				SONMENT SIGNAT	URE OF PRIN	NCIPAL EXEC HORIZED AG	10 KL 10	505	

PERMIT EFFECTIVE DATE OCTOBER 1, 2014.

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

EPC-DO: 21-162

Attachment 1 5

PERMITTEE	NAME/ADDRESS: (Include Facil	ity Name/Location if	different)										
NAME:	TRIAD NATIONAL SECUR	ITY, LLC		N	M00283	55			051-A			DMR M	AIL
ADDRESS:	LOS ALAMOS NATIONAL PO BOX 1663; MAIL STOF	9 K490	1	PER		MBER		DISCH	ARGE N	JMBER		MAJOR	
	LOS ALAMOS, NEW MEXI	CO 87545				MONIT	ORING P	ERIOD				EXTER	
FACILITY:	TRIAD NATIONAL SECUR			YEAR	MO	DAY		YEAR	MO	DAY		PAGE 5	5
LOCATION: ATTN:	LOS ALAMOS, NEW MEXI TAUNIA S. VAN VALKENB		FROM	21	04	01	то	21	04	30			
	PARAMETER	\searrow	QUANT	TTY OF L	OADING			Q	UALITY (OF CONCE	NTRATIO	NC	
		$\langle \ \rangle$	VALUE	VA	LUE	UNITS	VAL	UE	VA	LUE	VA	LUE	T
Zinc, Total 01092 1 0	(as Zn)	SAMPLE MEASUREMENT	*****	**	***	****	***	***	<0.0	0574	0.0	0817	
Effluent Gro	088	PERMIT REQUIREMENT	*****	***	***		***	***	22 32 32 32 32 32 33 36 37 3	191 HLY AV	0.191 AV DAILY MX		
Radium 220 11503 1 0	6 + Radium 228, total	SAMPLE MEASUREMENT	*****	***	***	*****	***	***	<0	.450	<0.50		
Effluent Gro	DSS	PERMIT REQUIREMENT	*****	**1	***		***	**	2	30 HLY AV		30 .Y MX	
Flow, in cor 50050 1 0	nduit or thru treatment plant	SAMPLE MEASUREMENT	0.018104	0.17.44	8629	- Mgal/day -	***	**	**	***	**	***	
Effluent Gro	DSS	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. DAIL	Mon. Y MX	Ingal/uay	***	**	**	***	**	***	
Chlorine, To 50060 1 0	otal Residual	SAMPLE MEASUREMENT	****	***	***	****	***	***	**	***	į	0	
Effluent Gro	DSS	PERMIT REQUIREMENT	****	****			****		****			.011 T MAX	
Perchlorate 61209 1 0	(CIO4)	SAMPLE MEASUREMENT	****	***	***	*****	****		<0.00	00050	<0.00	00050	
Effluent Gro	DSS	PERMIT REQUIREMENT	*****	***	***		***	**		Mon. HLY AV		Mon. Y MX	
Organics, T 78141 1 0	otal Toxic (TTO)	SAMPLE MEASUREMENT	****	***	***	*****	***	**	0.00	0305	0.00	0305	
Effluent Gro	DSS	PERMIT REQUIREMENT	****	***	***		***	**		.0 HLY AV		.0 Y MX	
		SAMPLE MEASUREMENT											
		PERMIT REQUIREMENT											
	ITLE PRINCIPAL EXECUTIVE OFFIC VAN VALKENBURG ADER TYPED OR PRINTED	PREPARED I DESIGNED T INFORMATIC THE SYSTEM INFORMATIC TRUE, ACCU SUBMITTING	NDER PENALTY OF LAWTHAT NDER MY DIRECTION OR SU O ASSURE THAT QUALIFIED IN SUBMITTED: BASED ON MY I, OR THOSE PERSONS DIRE IN, THE INFORMATION SUBMI RATE AND COMPLETE. IAM A FALSE INFORMATION, INCLU NG VIOLATIONS:	IPERVISION IN PERSONNEL P INQUIRY OF CTLY RESPON TTED IS, TO T WARE THAT 1	ACCORDANI PROPERLY GA THE PERSON ISIBLE FOR G HE BEST OF THERE ARE S	CE WITH A SYSTE ATHER AND EVAL N OR PERSONS W GATHERING THE MY KNOWLEDGE NGNIFICANT PENI	M UATE THE HO MANAGE AND BELIEF,		BURG	Digitally signed to VAN VALKENBU Date 2021.05.24 -06'00' NCIPAL EXEC	NG (Affiliate) 1 17 11 04 CUTIVE	TI 505 AREA COD	ELE
COMMENT A			(C) ())))))))) ())) ()						OFFICER OR AUTHORIZED AGENT ARE				E

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: 21-162

Attachment 1 6

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

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

NAME: TRIAD NATIONAL SECURITY, LLC NM0028355 051-A DMR MAII ADDRESS: LOS ALAMOS NATIONAL LABORATORY MAJOR PERMIT NUMBER **DISCHARGE NUMBER** PO BOX 1663; MAIL STOP K490 TREATED LOS ALAMOS, NEW MEXICO 87545 MONITORING PERIOD EXTERNA FACILITY: TRIAD NATIONAL SECURITY, LLC YEAR MO DAY YEAR MO DAY PAGE 5 LOCATION: LOS ALAMOS, NEW MEXICO 87545 FROM 21 05 01 21 05 31 то ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP QUALITY OF CONCENTRATION QUANTITY OF LOADING PARAMETER VALUE VALUE UNITS VALUE VALUE VALUE Oxygen demand, chem. (high level) SAMPLE ***** ***** **** <8.95 <8.95 MEASUREMENT 00340 1 0 ***** 125 125 PERMIT ***** ***** ***** Effluent Gross REQUIREMENT MONTHLY AV DAILY MX SAMPLE MEASUREMENT pH ***** **** ***** 7.4 7.4 00400 1 0 ***** PERMIT 6.0 9.0 ***** ***** ***** Effluent Gross MINIMUM MAXIMUM SAMPLE Solids, Total Suspended **** < 0.0757 <0.0757 < 0.570 < 0.570 MEASUREMENT 00530 1 0 lbs/day 73 109 30 45 PERMIT **** Effluent Gross REQUIREMENT MONTHLY AV DAILY MX MONTHLY AV DAILY MX Hardness, Total SAMPLE MEASUREMENT ***** ***** ***** 85.0 ***** 00900 1 0 ***** PERMIT 50 ***** ***** **** ***** Effluent Gross MINIMUM Chromium, Total (as Cr) SAMPLE MEASUREMENT ***** **** ***** <0.00300 < 0.00300 01034 1 0 ***** PERMIT 1.34 2.68 ***** ***** ***** Effluent Gross REQUIREMENT MONTHLY AV DAILY MX Copper, Total (as Cu) SAMPLE ***** ***** ***** 0.00112 0.00112 MEASUREMENT 01042 1 0 +++++ 0.014 0.014 PERMIT ***** ***** ***** Effluent Gross MONTHLY AV DAILY MX Lead, Total (as Pb) SAMPLE MEASUREMENT ***** ***** ***** < 0.000500 < 0.000500 01051 1 0 ***** 0.076 0.115 PERMIT ***** ***** **** Effluent Gross REQUIREMENT MONTHLY AV DAILY MX 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. NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TEI TAUNIA VAN Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) TAUNIA S. VAN VALKENBURG VALKENBURG Date: 2021.06.25 09 51:31 **GROUP LEADER** (Affiliate) EPC-CP SIGNATURE OF PRINCIPAL EXECUTIVE 505 OFFICER OR AUTHORIZED AGENT TYPED OR PRINTED AREA CODE (Reference all attachments here)

COMMENT AND EXPLANATION OF ANY VIOLATIONS PERMIT EFFECTIVE DATE OCTOBER 1, 2014.

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

EPC-DO: 21-195

Attachment 1 5

NAME: TRIAD NATIONAL SECURITY, LLC NM0028355 051-A ADDRESS: LOS ALAMOS NATIONAL LABORATORY MAJOR PERMIT NUMBER DISCHARGE NUMBER PO BOX 1663; MAIL STOP K490 LOS ALAMOS, NEW MEXICO 87545 MONITORING PERIOD FACILITY: TRIAD NATIONAL SECURITY, LLC YEAR MO DAY YEAR MO DAY PAGE 5 LOCATION: LOS ALAMOS, NEW MEXICO 87545 21 05 01 21 05 31 FROM то ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP QUALITY OF CONCENTRATION QUANTITY OF LOADING PARAMETER VALUE VALUE UNITS VALUE VALUE VALUE Zinc, Total (as Zn) SAMPLE MEASUREMENT ***** ***** ***** < 0.00330 < 0.00330 01092 1 0 ***** 0.191 0.191 PERMIT ***** ***** ***** Effluent Gross REQUIREMENT MONTHLY AV DAILY MX Radium 226 + Radium 228, total SAMPLE MEASUREMENT ***** ***** ***** < 0.652 <0.908 11503 1 0 ***** 30 30 PERMIT ***** ***** Effluent Gross ***** REQUIREMENT MONTHLY AV DAILY MX SAMPLE MEASUREMENT Flow, in conduit or thru treatment plant ***** ***** ***** 0.015926 0.015926 50050 1 0 Mgal/day PERMIT Req. Mon. Req. Mon. ***** ***** ***** Effluent Gross MONTHLY AV DAILY MX Chlorine, Total Residual SAMPLE ***** ***** ***** ***** 0 MEASUREMENT 50060 1 0 0.011 PERMIT ***** ***** ***** ***** Effluent Gross REQUIREMENT INST MAX Perchlorate (CIO4) SAMPLE ***** ***** ***** < 0.000050 < 0.000050 MEASUREMENT 61209 1 0 ***** PERMIT Req. Mon. Req. Mon. ***** ***** ***** Effluent Gross MONTHLY AV DAILY MX SAMPLE MEASUREMENT Organics, Total Toxic (TTO) ***** ***** ***** 0.00303 0.00303 7814110 ***** 1.0 1.0 PERMIT ***** **** ***** Effluent Gross REQUIREMENT MONTHLY AV DAILY MX 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 NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TEL TAUNIA VAN Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.05.25 09 52.22 -06'00' VALKENBURG TAUNIA S. VAN VALKENBURG GROUP LEADER INFORMATION SUBMITTED BASED ON MY INCURY OF THE PERSON OF 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. (Affiliate) EPC-CP SIGNATURE OF PRINCIPAL EXECUTIVE 505 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.

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

EPC-DO: 21-195

6

EPC-DO: 23-121

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

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

Attachment 1

DMR MAI TREATED EXTERNA NATI

ty Name/Location if d	ifferent)												OND	110-2040-004
ITY, LLC		NM002835	55	Г		051-A			DMR MAI	LING ZIP	CODE:			
LABORATORY		PERMIT NUM		F	DISCH	ARGE NI	IMBER		MAJOR					
K490		FERMIT NOW			DIGOTI	HIGE IN			TREATED	RADIOA	CTIVE	LIQUID V	VAST	Е ТО
CO 87545			MONITO	RING PE	RIOD				EXTERNA	L OUTFA	ALL .			
ITY, LLC		YEAR MO	DAY		YEAR	MO	DAY		PAGE 8					
CO 87545	FROM	21 06	01	то	21	06	30					No Di	ischar	ge
URG, EPC-CP														
\searrow	QUANT	FITY OF LOADING			Q	UALITY (OF CONCE	NTRATIC	N		NO. EX	FREQUE OF ANAL		SAMPLE TYPE
\frown	VALUE	VALUE	UNITS	VALL	JE	VA	LUE	VAI	UE	UNITS				
SAMPLE MEASUREMENT	*****	****	****	****	n#	<8	8.95	<8	.95	mg/L	0	1/30	D	GRAB
PERMIT REQUIREMENT	****	****		****	/*		25 HLY AV		25 Y MX	Шâл		MONTH	HLY	GRAB
SAMPLE MEASUREMENT	****	****		7.4	1	*	****	7	.4	S.U.	0	1/30	0	GRAB
PERMIT REQUIREMENT	****	*****		6.0 MININ		*	****		.0 IMUM	5.0.		WEEK	ίLΥ	GRAB
SAMPLE MEASUREMENT	0.160	0.160		****	**	1	.10	1.	10	mg/l	0	1/3	0	GRAB
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	Ibs/day	****	**		30 'HLY AV		5 Y MX	mg/L		MONT	HLY	GRAB
SAMPLE MEASUREMENT	****	****	****	82.	8	*	****	**	***		0	1/3	0	GRAB
PERMIT REQUIREMENT	***	*****		50 MININ		*	****	**	***	mg/L		3/We	ek	GRAB
SAMPLE MEASUREMENT	****	****	****	***1	**	<0.	00300	<0.0	0300	mg/L	0	1/3	0	GRAB
PERMIT	****	****		***	**		.34 THLY AV		68 .Y MX	Ing/L		WEEK	KLY	GRAB
SAMPLE MEASUREMENT	****	****	****	***:	**	0.0	00760	0.00	0760	mg/L	0	1/3	0	GRAB
PERMIT REQUIREMENT	****	*****		***	**		.014 THLY AV		014 _Y MX	Ing/L		3/We	ek	GRAB
SAMPLE MEASUREMENT	****	****	*****	***	**	<0.0	00500	<0.0	00500	mg/L	0	1/3	0	GRAB
PERMIT REQUIREMENT	*****	*****		***	**		.076 FHLY AV		115 _Y MX	Ing/L		WEE	KLY	GRAB
CER I CERTIFY UI	NDER PENALTY OF LAW TH	AT THIS DOCUMENT AND A SUPERVISION IN ACCORDA	LL ATTACHMENTS	S WERE	TAUNIA	VAN	Digitally signed		TE	LEPHON	E		DA	TE
DESIGNED T INFORMATIC THE SYSTEM INFORMATIC	O ASSURE THAT QUALIFIE ON SUBMITTED, BASED ON A, OR THOSE PERSONS DIF ON, THE INFORMATION SUE	D PERSONNEL PROPERLY (MY INQUIRY OF THE PERSO RECTLY RESPONSIBLE FOR BMITTED IS, TO THE BEST OF	GATHER AND EVA ON OR PERSONS I GATHERING THE F MY KNOWLEDG	NHO MANAGE	VALKEN (Affiliate)		VAN VALKENB Date: 2021 07 2 -06'00'	URG (Affiliale) 26 16 32 33				21	0	7 26
TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FO SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT				VALTIES FOR	SIGNATURE OF PRINCIPAL EXE						9827			
FOR KNOWI	NG VIOLATIONS				OFF	ICER OR A	JTHORIZED A	GENT	AREA CODE	NUM	BER	YEAR	M	D DAY
OLATIONS 1, 2014	(Reference all at	tachments here)												

ons may be used.

PAGE 1 OF 2

Attachment 1 8

LA-UR-21-27232

OMB No. 2040-004

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

y Name/Location if o	lifferent)	DIS	SCHARGE	= MONITORI	IG REPOR	I (DMR)								OMB	No. 2040-004
TY, LLC	, I	N	M002835	55	Г		051-A		0	OMR MAI	LING ZIP	CODE:			
ABORATORY					F	DISCH	ARGE NUM	IBER	P	AJOR					
K490	L	PEN		IDCK		DIGOIL	ATOL NON		1	REATED	RADIOA	CTIVE	LIQUID	WAST	ETO
CO 87545	1			MONITO	RING PE	RIOD		_	E	EXTERNA	AL OUTFA	LL			
TY, LLC		YEAR	MO	DAY		YEAR	MO	DAY	F	PAGE 8					
CO 87545	FROM	21	06	01	то	21	06	30					No D)ischa	nge
URG, EPC-CP															
\sim	QUANT	TTY OF LO	DADING			Q	UALITY OF	CONCE	NTRATIO	N		NO. EX	FREQUI OF ANA	ENCY	SAMPLE TYPE
	VALUE	VAL	UE	UNITS	VAL	UE	VAL	UE	VALUE		UNITS				
SAMPLE MEASUREMENT	****	***	***	*****	***1	**	<0.00	330	<0.00	330	mall	0	1/3	1/30	GRAB
PERMIT REQUIREMENT	****	***	***		***	**	0.19 MONTH		0.1 DAIL		mg/L		3/We	eek	GRAB
SAMPLE MEASUREMENT	****	****	***1	**	<0.62	264	<0.9	950	pCi/L	0	2/3	80	GRAB		
PERMIT	PERMIT *****					**	30 MONTH		30 DAIL		point		WEE	KLY	GRAB
SAMPLE MEASUREMENT	0.017392	0.01	0.017392			**	***	****		**	****	0	1/3	30	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV		eq. Mon. AILY MX		/lgal/day		***	**	***	**			DAI	LY	RCORDR
SAMPLE MEASUREMENT	****	**:	***	*****	***	**	***	**	C			0	1/3	30	GRAB
PERMIT	****	**	***	*****	***	**	***	**		011 mg/L F MAX			WEEKLY		GRAB
SAMPLE MEASUREMENT	****	**	***	****	***	**	<0.00	<0.000050		00050		0	3/3	30	GRAB
PERMIT	****	**	***	*****	***	**	Req. MONTH		Req.	Mon. Y MX	mg/L		WEE	KLY	GRAB
SAMPLE MEASUREMENT	****	**	***	****	***	***	0.00	419	0.00	419	- mg/L	0	85/30		GRAB
PERMIT REQUIREMENT	*****	**	***		***	-	1. MONTH	-		0 Y MX	mg/L		MON	THLY	GRAB
SAMPLE MEASUREMENT	SAMPLE														
PERMIT						10.2				1.					
CER I CERTIFY U	INDER PENALTY OF LAW TH	AT THIS DOCU	MENT AND A	LL ATTACHMENT	SWERE	TAUNIA	VAN	Digitally signed	by TAUNIA	TE	LEPHON	E		DA	ſE
PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SY DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND E INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE PERSON OR PERSON THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING TI INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLE TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT F					LUATE THE WHO MANAGE E AND BELIEF, NALTIES FOR	VALKEN (Affiliate	NBURG	VAN VALKEN Date: 2021 07 -06'00'	BURG (Affiliate) 26 16 32 54	505	665-	0827	21	0	7 26
SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMP FOR KNOWING VIOLATIONS.							FICER OF AUT			AREA CODE			YEAR	M	O DAY
	(D-faces -# -#	lachmont- b								AREA CODI	NUM	DER	1		
OLATIONS	(Reference all at	aunnen(S f	(0,0)												

1, 2014.

ons may be used.

PAGE 2 OF 2

Attachment 1 9

LA-UR-21-27232

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

OMB No. 2040-004

ty Name/Location i	f different)														
ITY. LLC	ſ	NM002835	Г		T051-Q		1	DMR MAIL	ING ZIP	CODE:	8754	5			
LABORATORY K490	l	PERMIT NUM	IBER		DISCHA	RGENL	JMBER		MAJOR QUARTER	I V 48-HF	RACH		YTIC		
CO 87545	ſ		MONIT	ORING PE	RIOD	_		ř.	EXTERNA				5111		
ITY, LLC		YEAR MO	DAY		YEAR	MO	DAY		PAGE 21						
CO 87545	FROM	21 04	01	тоГ	21	06	30					No D	iachar	ge 🔀	
URG								4				NUD	ischar		
\searrow	QUANT	ITY OF LOADING			QL	JALITY C	OF CONCE	NTRATIO	N		NO. EX	FREQUE OF ANAL		SAMPLE TYPE	
$\langle \rangle$	VALUE	VALUE	UNITS	VAL	UE	VA	LUE	VAL	UE	UNITS					
SAMPLE MEASUREMENT	****	****	****	0			0	***		Pass/Fail	0	1/9	1	COMP-3	
PERMIT	****	*****		10 48-HR MI			00 AV MIN	***		ason an		QUARTERLY		COMP-3	
SAMPLE MEASUREMENT	****	****		NOD	1=9	NO	DI=9	***		Pass/Fail	0	0/9	1	COMP-3	
PERMIT REQUIREMENT	****	*****	10000000	Opt. M 48-HR MI			. Mon. AV MIN	***		assiral		QUART	ERLY	COMP-3	
SAMPLE MEASUREMENT	****	****	*****	NOD	=9	NO	DI=9	***		Pass/Fail	0	0/9	1	COMP-3	
PERMIT	****	****		Opt. M 48-HR M		Opt. Mon. MO AV MIN		***		a33/1 ali		QUART	ERLY	COMP-3	
SAMPLE MEASUREMENT	****	****	*****	0			0	***	***	Dace/Fail	0	1/9	1	COMP-3	
PERMIT	****	****		Req. I 48-HR M		Req. Mon. MO AV MIN		*****		-Pass/Fai		QUARTERLY		COMP-3	
X SAMPLE MEASUREMENT	****	****		10	0	1	100	**1	*** %		0	1/91		COMP-3	
PERMIT	****	*****		Req. 48-HR M			i, Mon. AV MIN	***	***	70		QUART	ERLY	COMP-3	
SAMPLE MEASUREMENT	****	****	*****	0			0	**1	***	%	0	1/9	1	COMP-3	
PERMIT	******	****		Req. 48-HR M			i. Mon. AV MIN	**1	***	70		QUART	ERLY	COMP-3	
SAMPLE MEASUREMENT															
PERMIT	1														
CER I CERTIFY	UNDER PENALTY OF LAW TH		TS WERE	TAUNIA		Digitally signed		TEI	EPHON	E		DAT	E		
DESIGNE INFORMA THE SYS ³ INFORMA TRUE AC	PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSO THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWL TRUE, ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICAN					ND EVALUATE THE RSONS WHO MANAGE VALKENBURG NO THE VALKENBURG Affiliate) VALVENBURG Date: 2021.07.26 15:40 35 -06'00'				ate)			07	26	
SUBMITT	SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IM FOR KNOWING VIOLATIONS.				OFFICER OR AUTHORIZED AGENT				AREA CODE					D DAY	
IOLATIONS	(Reference all att														

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PAGE 1 OF 1

Attachment 1 24

OMB No. 2040-004

Y, LLC	[N	M002835	5			051-A		DMR MAILING ZIP CODE:							
ABORATORY		PER	MIT NUM	BER		DISCH	ARGE NI	JMBER		AJOR		OTIVE		WART		
<490 O 87545	I			MONIT	ORING PE	BIOD				REATED I				VAST	ETO	
Y, LLC		YEAR	MO	DAY		YEAR	MO	DAY		PAGE 5	. 00117					
O 87545	FROM	21	07	01	то	21	07	31					No Di	echar		
EPC-CP														Sonar		
	QUANT	TTY OF L	OADING			Q	UALITY (OF CONCE	NTRATIO	N		NO. EX	FREQUE OF ANAL		SAMP	
\times	VALUE	VAI	LUE	UNITS	VALU	UE	VA	LUE	VAL	UE	UNITS	LA				_
SAMPLE MEASUREMENT	****	**	***		****	le the	3	4.2	34	.2		0	1/3 [.]	1/31		٩B
PERMIT	****	±*	***	****	****	k#		125 THLY AV	12 DAILY		mg/∟		MONT	ONTHLY		٩B
SAMPLE MEASUREMENT	****	**	***	****	7.8	5	*	****		7	S.U.	0	2/3	2/31		٩B
PERMIT	****	87	***		6.0 MININ		****		9,0 MAXIMUM		3.0.		WEEKLY		GR	AB
SAMPLE MEASUREMENT	<0.0705	<0.(0705	lbs (dou	****		<0.570		<0,5	570	mg/L	0	1/3	1	GR	AB
PERMIT	73 MONTHLY AV		09 Y MX	lbs/day	***	**		30 FHLY AV	4 DAIL	5			MONT	HLY	GR	AB
SAMPLE MEASUREMENT	*****	**	***	*****	80.	.7		***	***	**	mg/L	0	2/3	1	GR	AB
PERMIT REQUIREMENT	*****		****		50 MININ			****	tere en	***	nig/L		3/We	ek	GR	AB
SAMPLE MEASUREMENT	****	***	****	*****	***	**	<0.00300		<0.0	00300 mg/L		0	2/31		GRAB	
PERMIT REQUIREMENT	*****		****		***	:##		1.34 THLY AV	2. DAIL		ing/L		WEEKLY	(LY	GR	AB
SAMPLE MEASUREMENT	****	*:	****	*****	***	**	0.0	00147	0.00)223	mg/L	0	2/3	1	GRAB	
PERMIT REQUIREMENT	*****		****		***	1 89		.014 THLY AV)14 Y MX	ing/c		3/We	ek	GR	AB
SAMPLE MEASUREMENT	****	*	****	****	***	k 3k 9k	<0.	000500	<0.00	00500	mg/L	0	2/3	1	GR	AB
PERMIT REQUIREMENT	PERMIT ######			***	kirin a).076 THLY AV		115 Y MX			WEE			AB	
PREPARED	JNDER PENALTY OF LAW TH UNDER MY DIRECTION OR	SUPERVISION	IN ACCORDA	NCE WITH A SYS	ITEM	Taun	ia	Digitally sig		TEL	EPHON	IE	-	DAT	E	_
DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AN INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERI THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERIN INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOW TRUE ACCURATE AND COMPLETE LAW AWARE HAT THERE ARE SIGNIFICA.			GATHER AND EV ON OR PERSONS GATHERING THI F MY KNOWLED	HERING THE KNOWLEDGE AND BELIEF. Sandquist Date: 2021.08 10:51:43 -06'0				3 -06'00'			9827	21	0	3	25	
SUBMITTIN	SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPR FOR KNOWING VIOLATIONS.			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					505 AREA CODE	-COO NUN	YEAR	M		DAY		

1, 2014

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/ Name/Location if different)

PAGE 1 OF 2

Attachment 1 5

OMB No. 2040-004

/ Name/Location if	different)													OWD	10 2040-004
TY, LLC	ſ	NIM	1002835	5	Г		051-A			OMR MAI	LING ZIP	CODE:			
ABORATORY			IT NUM			DISCH	ARGE NU	MBER	1	MAJOR					
K490	L.	L CUM			L	DIGGIN	THOL HO	ino art		TREATED	RADIOA	CTIVE	LIQUID W	ASTI	ЕТО
O 87545				MONITO	DRING PER	RIOD				EXTERNA	AL OUTFA	LL			
TY, LLC		YEAR	MO	DAY		YEAR	MO	DAY	(I	PAGE 5					
CO 87545	FROM	21	07	01	то	21	07	31					No Di	schar	ge 🔄
, EPC-CP						0	UALITY O	F CONCE	NTRATIO	N		NO	EREQUE		
\searrow	QUANT	FITY OF LO	ADING			Q	UALITYC	IF CONCE				NO. EX	OF ANALY		SAMPLE TYPE
\wedge	VALUE	VALU	JE	UNITS	VALU	JE	VA	LUE	VAL	UE	UNITS				
SAMPLE MEASUREMENT	****	****	*	*****	****	*	<0.00330		<0.00330		mg/L	0	2/31		GRAB
PERMIT	****	****		*****	****	rik .		191 HLY AV	0.1 DAIL		ing/L		3/Wee	ek	GRAB
SAMPLE MEASUREMENT	****	****	****			rte	1.	16	1.	60	pCi/L	0	2/31		GRAB
PERMIT	*****				****	esk.		30 MONTHLY AV		30 DAILY MX			WEEK	LY	GRAB
SAMPLE MEASUREMENT	0.016185	0.017543			****	**	e internetiente		*****		****	0	2/31		RCORDR
PERMIT REQUIREMENT	Reg. Mon. MONTHLY AV	Req. Mon. DAILY MX		Inigal/uay	***		*1	***	**	***			DAIL	Y.	RCORDR
SAMPLE MEASUREMENT	***	***1	**	*****	*****					0	mg/L	0	2/3	1	GRAB
PERMIT REQUIREMENT	****	***	**		***	**	****			011 MAX	Ingre		WEEK	ίLΥ	GRAB
SAMPLE MEASUREMENT	****	***	**	****	***	**	<0.0	00050	<0.0	00050	mg/L	0	2/3	1	GRAB
PERMIT	****	***	**]	499	**		. Mon. HLY AV		Mon. Y MX	lingra		WEEK	(LY	GRAB
SAMPLE MEASUREMENT	*****	***	**	*****	***	**	0.0	0136	0.0	0136	- mg/L	0	85/3	31	GRAB
PERMIT	****	***	c Weak		***	**		1.0 FHLY AV		.0 _Y MX	ingre		MONT	HLY	GRAB
SAMPLE MEASUREMENT	PLE												_		
PERMIT															
	LL ATTACHMENT	TS WERE	Taur	in	Digitally sig	gned by	TI	ELEPHON	IE		DAT	TE			
PREPARE DESIGNE INFORMA THE SYS	PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSON THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWL INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWL					Carra	quist	Taunia Sa Date: 2021 10:51:59 -	1.08.25 06'00'		1	0.007	21	0	8 25
SUBMITT	TRUE, ACCURATE AND COMPLETE, I AM AWARE THAT THERE ARE SIGNIFICANT SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IM FOR KNOWING VIOLATIONS.			OF FINE AND IMP	MPRISONMENT						9827	YEAR	M	O DAY	
	(Reference all attachments here)				OFFICER OR AUTHORIZED					AREA COD	E NUM	ABER	1 LAN	- NIN	o jont
OLATIONS	(Reference all a	ttachments he	ere)												

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PAGE 2 OF 2

Attachment 1 6

OMB	No.	2040-004

ity Na	ame/Location if d	ifferent)													OND	NU: 2040-004
ITV	LLC	55	Г	_	051-A			DMR MA	LING ZIP	CODE:						
	ORATORY	-		M002835			DISCH	ARGE NL	IMBER		MAJOR					
• K49	90	L	<u> </u>				Diccin				TREATED	RADIOA	CTIVE	LIQUID	WAST	ΈTΟ
00	87545	[MONIT	ORING PE	RIOD				EXTERN	AL OUTFA	ALL .			
ITY,	LLC	[YEAR	MO	DAY		YEAR	MO	DAY		PAGE 5					
CO	87545	FROM	21	08	01	то [21	08	31					No D)ischai	ge 📃
T, El	PC-CP						0		F CONCE		N		NO	FREQU	THOM	SAMPLE
	\checkmark	QUANT	ITY OF L	OADING			Q	UALITYC	FUCINCE	NIKAIIC	11		NO. EX	OF ANA		TYPE
		VALUE	VA	LUE	UNITS	VAL	UE	VA	LUE	VAL	UE	UNITS				
M	SAMPLE	****	**	***		****	k sk	<8	.95	<8	.95		0	1/3	1	GRAB
-	PERMIT	*****	**	***	****	***	**	125 MONTHLY AV		125 DAILY MX		mg/L		MONT	HLY	GRAB
	SAMPLE	MPLE ****				7,4	4		***	7	.6		0	4/3	1	GRAB
	PERMIT **** ****				****	6.0 MININ		**	***	-	.0 MUM	S.U.		WEE	KLY	GRAB
T_M	SAMPLE	SAMPLE <0.0207 <0.0207				***1		<0	570	<0.	570		0	1/3	1	GRAB
		73 MONTHLY AV	73 109 lbs/c				****		30 HLY AV		5 Y MX	mg/L		MONT	HLY	GRAB
м	SAMPLE IEASUREMENT	****	**	***	*****	74.	.6	**	***	**	***	ma/L	0	4/3	1	GRAB
F		***	**	***		50 MININ		*1	***	**	***	Ing/L		3/We	eek	GRAB
M	SAMPLE IEASUREMENT	****	**	****	*****	***1	**	<0.0	0300	<0.0	0300	mg/L	0	3/3	51	GRAB
F	PERMIT	***	**	k de de de		***	**		.34 HLY AV		68 Y MX	Ing/L		WEE	KLY	GRAB
M	SAMPLE NEASUREMENT	*****	**	***	*****	***:	**	0.00)0579	0.00	0690	- mg/L	0	4/3	51	GRAB
F	PERMIT	****	**	te de se de se		***	**		014 HLY AV		014 Y MX	ing/L		3/We	eek	GRAB
N	SAMPLE MEASUREMENT	****	**	****		***	**	<0.0	00500	<0.00	00500	- mg/L	0	3/3	81	GRAB
F	PERMIT	*****	**	****		***	**		076 HLY AV		115 Y MX	Ing/E		WEE		GRAB
CER		IDER PENALTY OF LAW THUNDER MY DIRECTION OR S					Taunia	a	Digitally sign		TE	LEPHON	E	<u> </u>	DAT	E
	DESIGNED T	O ASSURE THAT QUALIFIED	PERSONNEL AY INCUIRY OF	F THE PERSO	ATHER AND EV	ALUATE THE WHO MANAGE	Sando		Taunia San Date: 2021	09.28						
THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING IN						F AND BELIEF.			09:16:57 -00					21	09	28
TRUE, ACCURATE AND COMPLETE 1 AM AWARE THAT THERE ARE SIGNIFICANT PE SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPR				AND IMPRISONMENT SIGNATURE OF PRINCIPAL EXECUTIVE 505 665-9827					YEAR	MC						
	FOR KNOWING VIOLATIONS						UFF	IGEN OR AU		GEITI	AREA CODE	NUM	BER	TEAR	IVIC	DAT
OLA	TIONS	(Reference all att	achments f	iere)												

1, 2014.

ons may be used.

PAGE 1 OF 2

Attachment 1 5

ty Name/Location if d	ifferent)													
TY. LLC	TY, LLC NM0028355 ABORATORY PERMIT NUM			Г		051-A			DMR MAI	LING ZIP	CODE:			
ABORATORY	t l	PERMIT NUM	IBER		DISCH	ARGE NU	JMBER		MAJOR					- 70
K490												LIQUID W	VAST	ETO
CO 87545	ļ		T T	DRING PE		110	DAY		EXTERN/ PAGE 5	AL OUTFA	ALL			
ITY, LLC		21 08	01	то	21 21	MO 08	DAY 31		PAGE 5					
CO 87545 T. EPC-CP	FROM [21 00	01	IO L								No Di	schar	ge 🔛
	OUANT	ITY OF LOADING			Q	UALITY C	OF CONCE	NTRATIC	DN		NO.	FREQUEN		SAMPLE
\searrow	QOANT										EX	OF ANALY	/SIS	TYPE
$\langle \ \rangle$	VALUE	VALUE	UNITS	VAL	UE	VA	LUE	VA	_UE	UNITS			_	
SAMPLE MEASUREMENT	****	****		***	t#	<0.0	00330	<0.0	0330	mg/L	0	4/31		GRAB
PERMIT	****	****	*****	***	**		191 HLY AV		191 Y MX	Шдис		3/Week		GRAB
SAMPLE MEASUREMENT	****	****	****	***	**	0.	571	0.9	982	-0:#	0	4/31		GRAB
PERMIT	MIT ****			***	**		30 'HLY AV		80 Y MX	pCi/L		WEEKLY	LY	GRAB
	SAMPLE 0.014519 0.017388 MEASUREMENT Req. Mon. Req. Mor			***	**	*	***	**	***	*****	0	4/31	1	RCORDR
			Mgal/day	***	**	*****		**	***			DAIL	Y.	RCORDR
SAMPLE	*****	*****		***	**	****		0.0	019		1	4/31	1	GRAB
PERMIT	*****	*****	****	***	**			0.011 INST MAX		mg/L		WEEKL	LY	GRAB
SAMPLE MEASUREMENT	****	****	*****	***	**	<0.0	00050	<0.000050		mg/L	0	3/31	1	GRAB
PERMIT	*****	*****	*****	***	**		, Mon. THLY AV		Mon. Y MX	Ingre		WEEK	LY.	GRAB
SAMPLE MEASUREMENT	*****	****	*****	***	**	0.0	0831	0.0	0831	mg/L	0	84/3	1	GRAB
PERMIT	****	****		***	**		1.0 FHLY AV		.0 .Y MX	ling/c		MONTH	ΗLY	GRAB
SAMPLE MEASUREMENT														
PERMIT														
A REPORT OF A REPORT OF A WITH AT THIS POCUMENT AND ALL ATTA				SWERE TEM	Tauni	ia	Digitally sig		TE	LEPHON	E	+	DAT	<u>-</u>
CER ICERTIFY UNDER PENALTY OF DAW THAT THIS OCCIMENTATION ACCORDANCE WITH A PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSON THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWL				E AND BELIEF	Sand		Taunia San Date: 2021. 09:17:12 -0	09.28				21	09	28
TRUE, ACCURATE AND COMPLETE TAM AWARE THAT THERE ARE SIGNIFICANT SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IM				DIMPRISONMENT SIGNATURE OF PRINCIP				PAL EXECUTIVE 505 665-9827						
FOR KNOWING VIOLATIONS,			OFFICER OR AUTHORIZED AGENT					AREA CODE	NUM	BER	YEAR	IVIC		
OLATIONS (Reference all altachments here) 1, 2014.														

ons may be used.

PAGE 2 OF 2

Attachment 1 6 LA-UR-21-29510

OMB No. 2040-004

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

me/Location	if different)	
IIIE/LUCATION	ii uiiieieiii)	

IONITORING	REPORT (DMR)				

me/Location if	different)													OMB	No. 2040-00)4
LLC		N	IM002835	5	I		051-A			DMR MAI	LING ZIP	CODE:				
ORATORY		PER		BER	t	DISCH	ARGE NU	JMBER		MAJOR						
0 37545				MONIT					1	TREATED EXTERNA			LIQUIE	WAST	ETO	
LLC		YEAR	мо	DAY		YEAR	мо	DAY		PAGE 11		1LL				
37545	FROM	21	09	01	то	21	09	30					No	Discha	me 🗌	٦
PC-CP														Dicona	90	_
\checkmark	QUANT	FITY OF L	OADING			C	UALITY C	OF CONCE		ON		NO. EX	FREQU OF AN		SAMPLE TYPE	Ξ
	VALUE	VAI	LUE	UNITS	VAL	UE	VA	LUE	VA	LUE	UNITS					
SAMPLE EASUREMENT	****	**	***	*****	***	***	1	55	155		mg/L	2	1/:	30	GRAB	;
PERMIT EQUIREMENT	****	**	***		**;	***		25 HLY AV	125 DAILY MX		IIIg/L		MONTHLY		GRAB	,
SAMPLE EASUREMENT	****	**	***	****	7.	.1	**	***	7	.1	S.U.	0	2/3	30	GRAB	,
PERMIT EQUIREMENT	****	**	***		-	.0 MUM	**	****		9.0 MAXIMUM			WEE	KLY	GRAB	•
SAMPLE EASUREMENT	<0.0802	<0.0	0802	lbs/day	**:	****		<0.570		570	mg/L	0	1/30		GRAB	i
PERMIT EQUIREMENT	73 MONTHLY AV		09 Y MX	105/day	**:	***		30 HLY AV		l5 Y MX	ilig/L		MON	THLY	GRAB	•
SAMPLE EASUREMENT	****	**	***	****	72	2.6	**	***	**	***	mg/L	0	2/3	30	GRAB	;
PERMIT EQUIREMENT	****	**	***		-	0 MUM	**	***	**	***	ilig/∟		3/Week		GRAB	
SAMPLE EASUREMENT	****	**	***	****	**:	***	<0.00300		<0.00300				2/30		GRAB	,
PERMIT EQUIREMENT	****	**	***		**:	***		.34 HLY AV	2.68 DAILY MX		mg/L		WEE	KLY	GRAB	
SAMPLE EASUREMENT	****	**	***	****	**;	***	0.00	0762	0.00	0778	mg/L	0	2/3	30	GRAB	,
PERMIT EQUIREMENT	****	**	***		**:	***		014 HLY AV		014 .Y MX	ilig/L		3/W	'eek	GRAB	•
SAMPLE EASUREMENT	****	**	***	****	***	***	<0.0	00500	<0.0	00500	mg/L	0	2/3	30	GRAB	,
PERMIT EQUIREMENT	****	**	***		***	***		076 HLY AV	-	115 .Y MX	ilig/L		WEE	KLY	GRAB	,
PREPARED	INDER PENALTY OF LAW THA	CE WITH A SYS	ГЕM	Tauni	а	Digitally sig		LEPHONE	=		DAT	E	_			
INFORMATIC THE SYSTEM INFORMATIC TRUE, ACCU	TO ASSURE THAT QUALIFIED ON SUBMITTED. BASED ON M M, OR THOSE PERSONS DIR ON, THE INFORMATION SUBM JRATE AND COMPLETE. I AM	IY INQUIRY OF ECTLY RESPON MITTED IS, TO T AWARE THAT	THE PERSON NSIBLE FOR G THE BEST OF I THERE ARE S	OR PERSONS ATHERING THE MY KNOWLEDG IGNIFICANT PE	SONS WHO MANAGE IG THE VIEDGE AND BELIEF, NT PENALTIES FOR			10.27 5'00'	505	665-9	827	21	10	27	,	
	G FALSE INFORMATION, INCL ING VIOLATIONS.	UDING THE PC	USSIBILITY OF	FINE AND IMPF	RISONMENT					AREA CODE	NUMB	-	YEAR	MO	DAY	7
IONS	(Reference all atta	achments h	ere)													-

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Attachment 1

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Attachment 2

PAGE 1 OF 2

LA-UR-21-30675

1

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

ame/Location if o	different)	DI	SCHARG	EMONITOR	ING REPO	RT (DMR)	,	- /						OMB	No. 204	40-004
LLC		N	IM00283	55			051-A			DMR MAI	LING ZIP	CODE:				
ORATORY						DISCH	ARGE NU	JMBER		MAJOR						
)0 97545									1	TREATED	RADIOA	CTIVE	LIQUID	WAST	Е ТО	I
87545				1	ORING P					EXTERNA	AL OUTFA	ALL .				
LLC		YEAR	MO	DAY		YEAR	MO	DAY	,	PAGE 11						
87545	FROM [21	09	01	то	21	09	30					No	Discha	ge [
PC-CP		ITY OF L			i	0		OF CONCE				NO	EDEOL		0.4.14	
\searrow	QUANT		OADING				UALITI C					NO. EX	FREQU OF ANA		SAM TY	IPLE PE
$^{\prime}$	VALUE	VA	UE	UNITS	VAI	UE	VA	LUE	VA	LUE	UNITS					
SAMPLE EASUREMENT	****	**	***	****	**:	***	<0.0	0493	<0.0	0656		0	2/3	30	GR	AB
PERMIT EQUIREMENT	****	**	***		**:	***		191 HLY AV	-	191 .Y MX	mg/L		3/Week		GRAB	
SAMPLE EASUREMENT	****	**	***	****	**:	***	<0.	.320	<0	0.406 pCi/L		0	3/30		GR	AB
PERMIT EQUIREMENT	****	**	***	1	**:	***	-	30 HLY AV		30 .Y MX	pci/L		WEE	KLY	GRAB	
SAMPLE EASUREMENT	0.017043	0.01	7221	NA seal (share)	**:	***	**	***	*;	***	****	0	2/3	30	RCORDR	
PERMIT EQUIREMENT	Req. Mon. MONTHLY AV		Mon. Y MX	-Mgal/day	**:	***	**	***	**	***			DA	LΥ	RCO	RDR
SAMPLE EASUREMENT	****	**	***	****	**:	****		***		0		0	2/30		GR	AB
PERMIT EQUIREMENT	****	**	***		**:	***	****		0.011 INST MAX		mg/L		WEEKLY		GRAB	
SAMPLE EASUREMENT	****	**	***	****	**:	****		00050	<0.0	00050		0	4/30		GRAB	
PERMIT EQUIREMENT	****	**	***		****			Mon. HLY AV	Req. Mon. DAILY MX		mg/L		WEEKLY		GR	AB
SAMPLE EASUREMENT	****	**	***	****	**:	***	0.00	0579	0.0	0579		0	86/30		GR	AB
PERMIT EQUIREMENT	****	**	***		****			.0 HLY AV		.0 Y MX	mg/L		MON	THLY	GR	AB
SAMPLE EASUREMENT																
PERMIT																
PREPARED L	NDER PENALTY OF LAW THA	JPERVISION IN	ACCORDAN	CE WITH A SYS	TEM	Tour	0	Digitally sig	ned by	TE	LEPHONE			DAT	E	
INFORMATIO THE SYSTEM INFORMATIO TRUE, ACCU	O ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M I, OR THOSE PERSONS DIRE N, THE INFORMATION SUBW RATE AND COMPLETE. I AM FALSE INFORMATION, INCL	Y INQUIRY OF CTLY RESPON ITTED IS, TO T AWARE THAT	THE PERSON NSIBLE FOR (THE BEST OF THERE ARE S	N OR PERSONS BATHERING THE MY KNOWLEDG BIGNIFICANT PE	WHO MANAGE E AND BELIEF, NALTIES FOR	Sando	quist	Taunia San Date: 2021. 16:06:51 -0 INCIPAL EXE	10.27 6'00'	505	665-9	827	21	10		27
	IG VIOLATIONS.					OFFI	CER OR AU	THORIZED A	GENT	AREA CODE	NUME	-	YEAR	MC		DAY
IONS	(Reference all atta	chments h	ere)													

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Attachment 1 12

Attachment 2

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PAGE 2 OF 2

ame/Location if different)

LLC ORATORY 90			1M002835 RMIT NUM	-		DISCH	T051-Q I ARGE NI	JMBER	DMR MAILING ZII MAJOR QUARTERLY 48-1				
87545				MONIT	ORING P	ERIOD			EXTERNAL OUTFALL				
LLC		YEAR	МО	DAY		YEAR	MO	DAY	PAGE 29				
87545	FROM	21	07	01] то	21	09	30	No Discha				
					_					_			
	QUANT	ITY OF L	OADING			Q	UALITY	OF CONCE	ONCENTRATION NO. FREQUENCY				

$\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{\mathbf{$	QUANT	ITY OF LOADING			Q	UALITY OF CONCE	ENTRATIO	N		NO. EX	FREQU OF ANA		SAMPLE TYPE
$<$ \searrow	VALUE	VALUE	UNITS	VALU	JE	VALUE	VA	LUE	UNITS				
SAMPLE EASUREMENT	****	*****	****	0		0	**	***	Pass/Fail	0	1/9	92	COMP-3
PERMIT EQUIREMENT	****	****		100 48-HR MI	-	100 MO AV MIN	**	***	Pass/Fair		QUART	ERLY	COMP-3
SAMPLE EASUREMENT	****	****	****	NODI	I=9	NODI=9	**	***	Pass/Fail	0	0/9	92	COMP-3
PERMIT EQUIREMENT	****	****		Opt. N 48-HR MI		Opt. Mon. MO AV MIN	NO	DI=9	r ass/r aii		QUART	ERLY	COMP-3
SAMPLE EASUREMENT	****	****	****	NODI	I=9	NODI=9	**	***	Pass/Fail	0	0/9	92	COMP-3
PERMIT EQUIREMENT	****	****		Opt. N 48-HR MI		Opt. Mon. MO AV MIN	**	***	r ass/r aii		QUART	ERLY	COMP-3
SAMPLE EASUREMENT	****	****	****	0		0	**	***	Pass/Fail	0	1/92		COMP-3
PERMIT EQUIREMENT	****	****		Req. M 48-HR MI		Req. Mon. MO AV MIN	**	***	rass/raii		QUART	ERLY	COMP-3
SAMPLE EASUREMENT	****	****	****	100)	100	**	***	%	0	1/9	92	COMP-3
PERMIT EQUIREMENT	****	****		Req. M 48-HR MI		Req. Mon. * MO AV MIN		****			QUARTERL		COMP-3
SAMPLE EASUREMENT	****	****	****	7.2	1	7.21 *		·····* %		0	1/92		COMP-3
PERMIT EQUIREMENT	****	****		Req. M 48-HR MI		Req. Mon. MO AV MIN	**	***	70		QUART	ERLY	COMP-3
SAMPLE EASUREMENT													
PERMIT EQUIREMENT													
PREPARED U DESIGNED TO INFORMATION THE SYSTEM, INFORMATION TRUE, ACCUF SUBMITTING	NDER MY DIRECTION OR SL D ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M , OR THOSE PERSONS DIRE N, THE INFORMATION SUBM (ATE AND COMPLETE. I AM /	T THIS DOCUMENT AND ALL JPERVISION IN ACCORDANC PERSONNEL PROPERLY GA Y INQUIRY OF THE PERSON CTLY RESPONSIBLE FOR GA TITED IS, TO THE BEST OF IN AWARE THAT THERE ARE SI JDING THE POSSIBILITY OF	E WITH A SYST THER AND EVA OR PERSONS ATHERING THE MY KNOWLEDG GNIFICANT PE	TEM ALUATE THE WHO MANAGE E AND BELIEF, NALTIES FOR		URE OF PRINCIPAL EXE	dquist 10.27 6'00' CUTIVE	505	_EPHONE 665-94		21	DAT	27
IONS		abmanta bara)			OFFI	CER OR AUTHORIZED A	GENI	AREA CODE	NUMB	ER	YEAR	MO	DAY
10115	(Reference all atta	cnments nere)											

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Attachment 1 30 LA-UR-21-30675

Attachment 2

3

PAGE 1 OF 1

DAY

MONITORING PERIOD

YEAR

051-A

DISCHARGE NUMBER

MO

DAY

DMR MAILI

TREATED

EXTERNAL

PAGE 5

MAJOR

NM0028355

PERMIT NUMBER

MO

YEAR

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

SAMPLE ASUREMENT PERMIT QUIREMENT SAMPLE ASUREMENT SAMPLE ASUREMENT PERMIT QUIREMENT SAMPLE ASUREMENT	VALUE ***** ***** ***** <0.0829 73 MONTHLY AV *****	VALUE ***** ***** ***** <0.0829 109 DAILY MX	UNITS - ***** - ***** - lbs/day -	VALUE ***** ***** 7.2 6.0 MINIMUM *****	VALUE 25.3 125 MONTHLY AV ***** <0.570 30	VALUE 25.3 125 DAILY MX 7.2 9.0 MAXIMUM <0.570 45
ASUREMENT PERMIT QUIREMENT SAMPLE ASUREMENT PERMIT QUIREMENT SAMPLE ASUREMENT PERMIT QUIREMENT SAMPLE ASUREMENT SAMPLE ASUREMENT	***** ***** ***** <0.0829 73 MONTHLY AV	***** ***** ***** <0.0829 109 DAILY MX	****	***** ***** 7.2 6.0 <u>MINIMUM</u> *****	25.3 125 MONTHLY AV ***** <0.570 30	25.3 125 DAILY MX 7.2 9.0 MAXIMUM <0.570
ASUREMENT PERMIT QUIREMENT SAMPLE ASUREMENT PERMIT QUIREMENT SAMPLE ASUREMENT PERMIT QUIREMENT SAMPLE ASUREMENT SAMPLE ASUREMENT	***** ***** <0.0829 73 MONTHLY AV	***** ***** <0.0829 109 DAILY MX	****	***** 7.2 6.0 MINIMUM *****	125 MONTHLY AV ***** ***** <0.570 30	125 DAILY MX 7.2 9.0 MAXIMUM <0.570
QUIREMENT SAMPLE ASUREMENT PERMIT QUIREMENT SAMPLE ASUREMENT PERMIT QUIREMENT SAMPLE ASUREMENT	***** ***** <0.0829 73 MONTHLY AV	***** ***** <0.0829 109 DAILY MX	****	7.2 6.0 MINIMUM *****	MONTHLY AV ***** ***** <0.570 30	DAILY MX 7.2 9.0 MAXIMUM <0.570
ASUREMENT PERMIT QUIREMENT SAMPLE ASUREMENT PERMIT QUIREMENT SAMPLE ASUREMENT	***** <0.0829 73 MONTHLY AV	***** <0.0829 109 DAILY MX		6.0 MINIMUM *****	***** ***** <0.570 30	7.2 9.0 MAXIMUM <0.570
QUIREMENT SAMPLE ASUREMENT PERMIT QUIREMENT SAMPLE ASUREMENT	<0.0829 73 MONTHLY AV	<0.0829 109 DAILY MX		MINIMUM *****	<0.570	MAXIMUM <0.570
ASUREMENT PERMIT QUIREMENT SAMPLE ASUREMENT	73 MONTHLY AV	109 DAILY MX	lbs/day -	****	30	<0.570
QUIREMENT SAMPLE ASUREMENT	MONTHLY AV	DAILY MX	Ibs/day	****		45
ASUREMENT	****			and the second strength with the second	MONTHLY AV	DAILY MX
pho.		****	*****	72.8	****	****
PERMIT QUIREMENT	*****	****		50 MINIMUM	*****	****
SAMPLE ASUREMENT	****	****	****	****	<0.00300	<0.00300
	****	****		****	1.34 MONTHLY AV	2.68 DAILY MX
SAMPLE ASUREMENT	*****	****	*****	****	0.000549	0.000549
	****	****		****	0.014 MONTHLY AV	0.014 DAILY MX
SAMPLE SUREMENT	****	****	*****	****	<0.000500	<0.000500
	*****	****		****	0.076 MONTHLY AV	0.115 DAILY MX
I CERTIFY UNDE	ER PENALTY OF LAW THAT	THIS DOCUMENT AND AL	L ATTACHMENTS V	VERE		
INFORMATION S THE SYSTEM, OI INFORMATION, T TRUE, ACCURAT	ASSURE THAT QUALIFIED PE SUBMITTED. BASED ON MY I OR THOSE PERSONS DIRECT THE INFORMATION SUBMIT ATE AND COMPLETE. I AM AV	ERSONNEL PROPERLY G INQUIRY OF THE PERSO TLY RESPONSIBLE FOR (TED IS, TO THE BEST OF VARE THAT THERE ARE S	ATHER AND EVALL N OR PERSONS WH GATHERING THE MY KNOWLEDGE A SIGNIFICANT PENAL	MANAGE MANAGE AND BELIEF,) Date: 2021,11,1 -07'00'	:e) 17 12:53:55
F	SUREMENT PERMIT UIREMENT I CERTIFY UND PREPARED UN DESIGNED TO INFORMATION, THE SYSTEM, C INFORMATION, TRUE, ACCURA SUBMITTING FA FOR KNOWING	SUREMENT PERMIT UIREMENT I CERTIFY UNDER PENALTY OF LAW THAT PREPARED UNDER MY DIRECTION OR SUP DESIGNED TO ASSURE THAT QUALIFIED PI INFORMATION SUBMITTED. BASED ON MY THE SYSTEM, OR THOSE PERSONS DIREC INFORMATION, THE INFORMATION SUBMIT TRUE, ACCURATE AND COMPLETE. I AM AV SUBMITTING FALSE INFORMATION, INCLUE FOR KNOWING VIOLATIONS.	SUREMENT ***** PERMIT QUIREMENT ***** I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND AL PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDAN DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY CO INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSO THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR A INFORMATION, THE INFORMATION SUBMITTED IS TO THE BEST OF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE. SUBMITTING FALSE INFORMATION. INCLUDING THE POSSIBILITY OF	SUREMENT ***** PERMIT DUREMENT ***** ***** I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS V PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEI DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALU INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WH THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE / TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENA SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISE FOR KNOWING VIOLATIONS.	SUREMENT ***** ***** PERMIT UUREMENT ***** ***** ***** 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. SIGNAT	SAMPLE SUREMENT ***** ***** *****

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: 21-373

EPC-DO: 21-385

Attachment 1 7 Attachment 2

NM0028355

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

	PER	MIT NUN	IBER		DISCH	ARGE N	JMBER
			MONITO	ORING P	ERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	21	10	01	то	21	10	31
			1. Highest	10			

051-A

DMR MAILI MAJOR TREATED I EXTERNAL PAGE 5

LOCATION: LOS ALAMOS, NEW MEXICO 87545 ATTN: STEVEN L. STORY, EPC-CP

PARAMETER	\searrow	QUANT	ITY OF LOADIN	G		QUALITY OF CONCE	NTRATION	
	\leq	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	
Zinc, Total (as Zn) 01092 1 0	SAMPLE MEASUREMENT	****	****	*****	****	<0.00330	<0.0033	c
Effluent Gross	PERMIT REQUIREMENT	****	****		****	0.191 MONTHLY AV	0.191 DAILY M	x
Radium 226 + Radium 228, total 11503 1 0	SAMPLE MEASUREMENT	****	****	*****	****	<0.609	0.989	
Effluent Gross	PERMIT REQUIREMENT	****	****		****	30 MONTHLY AV	30 DAILY M	x
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.017435	0.017435		****	****	*****	
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	*****	*****	*****	
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	*****	0	
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	****	0.011 INST MA	×
Perchlorate (CIO4) 61209 1 0	SAMPLE MEASUREMENT	****	*****	****	****	<0.000050	<0.00005	
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MONTHLY AV	Req. Mor DAILY M	
Organics, Total Toxic (TTO) 78141 1 0	SAMPLE MEASUREMENT	****	****		*****	0.000940	0.000940	
Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	1.0 MONTHLY AV	1.0 DAILY M	
	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	R I CERTIFY UN	DER PENALTY OF LAW THAT NDER MY DIRECTION OR SUF	THIS DOCUMENT AND A		VERE			TEL
RTEVEN L. STORY ROUP LEADER PC-CP	DESIGNED TO INFORMATION THE SYSTEM, INFORMATION	ASSURE THAT QUALIFIED PI I SUBMITTED. BASED ON MY OR THOSE PERSONS DIREC I, THE INFORMATION SUBMIT ATE AND COMPLETE. I AM AV	ERSONNEL PROPERLY INQUIRY OF THE PERSO TLY RESPONSIBLE FOR TED IS. TO THE BEST O	GATHER AND EVALU ON OR PERSONS WH GATHERING THE	IO MANAGE	EVEN STORY Digitally signed STORY (Affiliat filiate) Date: 2021.11.1 -07'00'	e) 7 12:54:25	
TYPED OR PRINTED	SUBMITTING I	ALSE INFORMATION, INCLUE 3 VIOLATIONS.	DING THE POSSIBILITY	OF FINE AND IMPRISO	ONMENT	SIGNATURE OF PRINCIPAL EXEC OFFICER OR AUTHORIZED AG		05
OMMENT AND EXPLANATION OF ANY VIOL		(Reference all attac				OFFICER OR AUTHORIZED AG	AREA	CODE

PERMIT EFFECTIVE DATE OCTOBER 1, 2014.

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

EPC-DO: 21-373

EPC-DO: 21-385

PERMITTEE NAME/ADDRESS: (Include Fac	sility Name/Location if	different)						
NAME: TRIAD NATIONAL SECU ADDRESS: LOS ALAMOS NATIONAL PO BOX 1663; MAIL STO LOS ALAMOS NEWMEN	L LABORATORY OP K490	F	NM00283 PERMIT NUM		DISCH	051-A HARGE NUMBER	MA	AIR MAIL
LOS ALAMOS, NEW MEX		1		MONITO	ORING PERIOD		The second se	TERNA
FACILITY: TRIAD NATIONAL SECUI LOCATION: LOS ALAMOS, NEW MEX ATTN: STEVEN L. STORY, EPC	XICO 87545	FROM	YEAR MO 21 11	01	TO 21	MO DAY 11 30	PAC	GE 5
PARAMETER	Ĩ	QUANT	TITY OF LOADING	;	C	QUALITY OF CONCE	NTRATION	
	$\langle \ \rangle$	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	:
Oxygen demand, chem. (high level) 00340 1 0	SAMPLE MEASUREMENT	****	****	****	****	45.0	45.0	
Effluent Gross	PERMIT REQUIREMENT	****	*****		*****	125 MONTHLY AV	125 DAILY M	IX
рН 00400 1 0	SAMPLE MEASUREMENT	****	****	*****	7.3	****	7.3	
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	*****	9.0 MAXIMUI	M
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	<0.0826	<0.0826	lbs/day	****	<0.570	<0.570	
Effluent Gross	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	- IDS/Uay	*****	30 MONTHLY AV	45 DAILY M	IX
Hardness, Total 00900 1 0	SAMPLE MEASUREMENT	****	****	****	75.7	****	*****	
Effluent Gross	PERMIT REQUIREMENT	*****	*****		50 MINIMUM	*****	****	
Chromium, Total (as Cr) 01034 1 0	SAMPLE MEASUREMENT	*****	****	*****	****	<0.00300	<0.00300	0
Effluent Gross	PERMIT REQUIREMENT	*****	*****		****	1.34 MONTHLY AV	2.68 DAILY M	IX
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMENT	****	****	*****	****	0.000578	0.000647	
Effluent Gross	PERMIT REQUIREMENT	*****	****		****	0.014 MONTHLY AV	0.014 DAILY M	19
Lead, Total (as Pb) 01051 1 0	SAMPLE MEASUREMENT	*****	****		****	<0.000500	<0.00050	
Effluent Gross	PERMIT REQUIREMENT	*****	****	****	****	0.076 MONTHLY AV	0.115 DAILY M	IX
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC STEVEN L. STORY GROUP LEADER EPC-CP	DESIGNED ON DESIGNED TO INFORMATION THE SYSTEM, INFORMATION TRUE, ACCUR SUBMITTING	NDER PENALTY OF LAW THAT UNDER MY DIRECTION OR SUF O ASSURE THAT QUALIFIED P NN SUBMITTED. BASED ON MY A, OR THOSE PERSONS DIREC N, THE INFORMATION SUBMIT RATE AND COMPLETE. I AM AI FALSE INFORMATION, INCLUT VG VIOLATIONS.	JPERVISION IN ACCORDAN PERSONNEL PROPERLY GA Y INQUIRY OF THE PERSON CTLY RESPONSIBLE FOR G ITTED IS, TO THE BEST OF I AWARE THAT THERE ARE S	NCE WITH A SYSTEM SATHER AND EVALU IN OR PERSONS WH GATHERING THE F MY KNOWLEDGE A SIGNIFICANT PENAL	MO MANAGE AND BELIEF, ALTIES FOR SONMENT	N STORY Digitally signed STORY (Affiliat) Date: 2021.12. -07'00' TURE OF PRINCIPAL EXEC	d by STEVEN ate) :17 07:20:01 CUTIVE 51	TEL
TYPED OR PRINTED		(Reference all attac			OFFIC	ICER OR AUTHORIZED AG	ENT ARE/	A CODE

PERMIT EFFECTIVE DATE OCTOBER 1, 2014.

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

EPC-DO: 21-408 EPC-DO: 22-014 EPC-DO: 23-121

UNITS

Mgal/day

VALUE

VALUE

< 0.00330

0.191

MONTHLY AV

< 0.225

30

MONTHLY AV

<0.000050

Req. Mon.

MONTHLY AV

0.000590

1.0

MONTHLY AV

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

STEVEN STORY

(Affiliate)

Digitally signed by STEVEN STORY (Affiliate) Date: 2021.12.17 07:20:24 -07'00'

VALUE

< 0.00330

0.191

DAILY MX

< 0.364

30

DAILY MX

0

0.011

INST MAX

< 0.000050

Req. Mon. DAILY MX

0.000590

1.0

DAILY MX

TELE

505

AREA CODE

L

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

Zinc, Total (as Zn)

Radium 226 + Radium 228, total

Flow, in conduit or thru treatment plant

0109210

11503 1 0

50050 1 0

50060 1 0

61209 1 0

7814110

Effluent Gross

Effluent Gross

Effluent Gross

Effluent Gross

Effluent Gross

STEVEN L. STORY

GROUP LEADER EPC-CP

Perchlorate (CIO4)

Chlorine, Total Residual

Organics, Total Toxic (TTO)

Effluent Gross

NAME:	TRIAD NATIONAL SECURITY,		NM0028355 0								DMR MA
ADDRESS:	LOS ALAMOS NATIONAL LAB PO BOX 1663; MAIL STOP K49	90	2	PER	MIT NUM	IBER		DISCH	ARGE N	UMBER	MAJOR TREATE
	LOS ALAMOS, NEW MEXICO	87545	1			MONITO	ORING P	ERIOD			EXTERN
ACILITY:	TRIAD NATIONAL SECURITY,	LLC		YEAR	MO	DAY		YEAR	MO	DAY	PAGE 5
OCATION:	LOS ALAMOS, NEW MEXICO	87545	FROM	21	11	01	то	21	11	30	
ATTN:	STEVEN L. STORY, EPC-CP										
	PARAMETER	\checkmark	QUANT	TTY OF LO	DADING			Q	UALITY	OF CONCEN	TRATION

VALUE

0.017374

Req. Mon.

DAILY MX

VALUE

0.012218

Req. Mon.

MONTHLY AV

SAMPLE MEASUREMENT

PERMIT REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT REQUIREMENT

SAMPLE MEASUREMENT PERMIT

FOR KNOWING VIOLATIONS.

TYPED OR PRINTED COMMENT AND EXPLANATION OF ANY VIOLATIONS PERMIT EFFECTIVE DATE OCTOBER 1, 2014.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

(Reference all attachments here)

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.

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

EPC-DO: 21-408

EPC-DO: 22-014 EPC-DO: 23-121

ity Name/	Location	if	different)	
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1	TY, LLC		NM002835	55	Г		051-A			DMR MAIL	ING ZIP	CODE:				
L	ABORATORY		PERMIT NUM	IBER	Ē	DISCH	ARGE NU	IMBER		MAJOR						
	K490									TREATED	RADIOA	CTIVE	LIQUID	WAST	Е ТО	
C	CO 87545			MONIT	ORING PE	RIOD				EXTERNA		ALL				
ſ	TY, LLC		YEAR MO	DAY		YEAR	MO	DAY		PAGE 8						
0	CO 87545	FROM	21 12	01	то	21	12	31					ΝοΓ	ischar	ле Г	x
С	P												no D	Toorial	90 L	
Ī	\smallsetminus	QUAN	TITY OF LOADING			C	UALITY C	F CONCE	NTRATIC	DN .		NO. EX	FREQUE OF ANAL		SAM TY	
	\land	VALUE	VALUE	UNITS	VAL	UE	VA	LUE	VAI	UE	UNITS				11	FE
İ	SAMPLE MEASUREMENT	****	****		***	**	*NO	DI=C	*NO	DI=C		0	0/3	1	GR	AB
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	SAMPLE	****	****		*NOE	DI=C		***				0	0/31		GR	AB
Ì	PERMIT	*****	****	****	6. MINI	-	**	***	-	.0 IMUM			WEEKLY		GRAB	
	SAMPLE	*NODI=C	*NODI=C		***		*NO	DI=C		DI=C		0	0/3	1	GR	AB
	PERMIT	73 MONTHLY AV	109 DAILY MX	lbs/day	***	**		30 HLY AV		5 Y MX	mg/L		MONT	HLY	GRAB	
	SAMPLE	*****	*****		*NOE	DI=C		***		***		0	0/3	1	GR	AB
	PERMIT	****	****	****	50 MINI		**	***	**	***	mg/L		3/We	ek	GR	AB
	SAMPLE MEASUREMENT	*****	****		***		*NO	DI=C	*NO	DI=C		0	0/3	1	GR	RAB
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	SAMPLE MEASUREMENT	****	****	*****	***	c de vie	*NO	DI=C	*NO	DI=C		0	0/3	1	GF	RAB
	PERMIT REQUIREMENT	****	*****		***	***		014 HLY AV		014 .Y MX	mg/L		3/We	eek	GF	RAB
	SAMPLE MEASUREMENT	*****	****	*****	***	***	*NC	DI=C	*NO	DI=C		0	0/3	1	GF	RAB
	PERMIT REQUIREMENT	大大山大山	*****		***	***		076 HLY AV		115 Y MX	mg/L		WEE	KLY	GF	RAB
С			AT THIS DOCUMENT AND AL					Pitalia II. valanaa		TEL	EPHON	E		DAT	E	
	DESIGNED TO INFORMATIO THE SYSTEM	O ASSURE THAT QUALIFIE IN SUBMITTED, BASED ON I, OR THOSE PERSONS DIF	SUPERVISION IN ACCORDAN D PERSONNEL PROPERLY O MY INQUIRY OF THE PERSO IECTLY RESPONSIBLE FOR INTERNATION OF THE PERSON	ATHER AND EV N OR PERSONS GATHERING THE	ALUATE THE WHO MANAGE	STEVE (Affiliate		Digitally signed STORY (Affilia Date: 2022.01. -07'00'	ite)							
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	FOR KNOWI	NG VIOLATIONS.				OFF	ICER OR AU	THORIZED AC	GENT	AREA CODE	NUM	BER	YEAR	MC		DAY

IOLATIONS (Reference all attachments here)

1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

ons may be used.

PAGE 1 OF 2

Attachment 1

8

Attachment 2

LA-UR-22-20594

1

OMB No. 2040-004

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) ity Name/Location if different)

_		
OMB	No.	2040-004

ITY, LLC	[NM	/100283	55			051-A			DMR M	AILING ZIP	CODE	-		
ABORATORY K490		PERM	AIT NUN	IBER		DISCH	IARGE NU	JMBER		MAJOR	ED RADIOA	CTIVE	LIQUID	WAS	TE TO
CO 87545	[MONITO	RING P	ERIOD					NAL OUTFA				
ITY, LLC		YEAR	MO	DAY		YEAR	MO	DAY		PAGE 8	3				
CO 87545 P	FROM [21	12	01	то	21	12	31					No E)ischa	ırge 🛛 🗙
	QUANT	ITY OF LO	ADING			Q	UALITY C	OF CONCE	NTRATI	ON		NO. EX	FREQUI OF ANA		SAMPLE
\frown	VALUE	VALL	JE	UNITS	VA	LUE	VA	LUE	VA	LUE	UNITS				
SAMPLE MEASUREMENT	****	****	*		**	***	*NO	DI=C	*NC	DI=C		0	0/3	1	GRAB
PERMIT REQUIREMENT	*****	****	•		**	***		191 HLY AV		191 _Y MX	- mg/L		3/We	ek	GRAB
SAMPLE MEASUREMENT	****	****	*	*****	**	***		DI=C	*NC	DI=C		0	0/3	1	GRAB
PERMIT REQUIREMENT	*****	****	*		-	***		0 HLY AV		30 _Y MX	- pCi/L		WEEP	KLY	GRAB
SAMPLE MEASUREMENT	*NODI=C	*NODI	I=C		**	***	**	***	*	***	*****	0	0/3	1	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. M DAILY		Mgal/day -	**	***	**	***	*				DAII	Y	RCORDR
SAMPLE MEASUREMENT	****	****	*	****	***	***	**	***	*NC	DI=C		0	0/3	1	GRAB
PERMIT REQUIREMENT	*****	www.wa	•		**	***	**	***		011 Г МАХ	mg/L		WEEP	KLY	GRAB
SAMPLE MEASUREMENT	****	****	k		***	***	*NO	DI=C	*NC	DI=C		0	0/3	1	GRAB
PERMIT REQUIREMENT	****	****	•		de de s	***	Req. MONTI	Mon. HLY AV		Mon. Y MX	mg/L		WEEK	ίLΥ	GRAB
SAMPLE MEASUREMENT	****	****	k	*****	***	***	*NOI	DI=C	*NC	DI=C		0	0/3	1	GRAB
PERMIT REQUIREMENT	*****	*****			***	***	1. MONTH			.0 Y MX	mg/L		MONT	HLY	GRAB
SAMPLE MEASUREMENT															
PERMIT REQUIREMENT	C. Contra	100					s, tra	1	1 - 64	1					
	DER PENALTY OF LAW THAT							2003.0		TE	ELEPHONE			DAT	E
DESIGNED TO INFORMATION THE SYSTEM, INFORMATION	ASSURE THAT QUALIFIED F SUBMITTED, BASED ON MY OR THOSE PERSONS DIREC , THE INFORMATION SUBMI	PERSONNEL PRO INQUIRY OF THI TLY RESPONSIE TTED IS, TO THE	DPERLY GA IE PERSON BLE FOR G/ BEST OF N	THER AND EVALU OR PERSONS WHATHERING THE	AND BELIEF.	STEVEN (Affiliate)	STORY	Digitally signed STORY (Affiliate Date: 2022.01.2 -07'00'	e)						
	ATE AND COMPLETE, I AM A ALSE INFORMATION, INCLU VIOLATIONS							NCIPAL EXEC HORIZED AG		505 AREA COD	665-21		22 YEAR	<u>01</u> мо	

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

s may be used.

PAGE 2 OF 2

Attachment 1 9 Attachment 2 LA-UR-22-20594

2

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

			DI	SCHARGE	MONITOR	ING REPO	RT (DMR)		,						OME	No. 2040-004
ity	Name/Location if di	fferent)													OND	10 2040-004
IT.	Y, LLC	ſ	N	IM002835	55	i.		T051-Q		0	MR MA	LING ZIP	CODE:	87545	ō	
L	ABORATORY	t l	PER	MIT NUM	IBER		DISCH/	ARGE NL	JMBER	N	1AJOR					
	<490									C	UARTE	RLY 48-HF	R ACU	LE LOXIC	ITY	
	O 87545				1 1	ORING P						AL OUTFA	LL			
	FY, LLC		YEAR	MO	DAY		YEAR	MO	DAY 31	F	PAGE 21					
łC	O 87545	FROM [21	10	01	то	21	12	31					No Dis	schar	ge 🔛
T	\checkmark	QUANT	ITY OF LO	OADING			Ql	JALITY C	OF CONCE	INTRATIO	N		NO. EX	FREQUEN OF ANALY		SAMPLE TYPE
		VALUE	VAL	LUE	UNITS	VA	LUE	VA	LUE	VAL	JE	UNITS				
Ī	SAMPLE MEASUREMENT	****	**:	***	****		0		0	***	k-9k	Pass/Fail	0	1/92	2	COMP-3
Ī	PERMIT REQUIREMENT	****	the the second se	***			00 MINIMUM		00 AV MIN	***	infe	1 433/1 4/		QUARTE	RLY	COMP-3
T	SAMPLE MEASUREMENT	*****	**	***	*****	*NC	DI=9	*NC	DDI=9	***	**	Pass/Fail	0	0/92	2	COMP-3
	PERMIT REQUIREMENT	****	state:	***			Mon. MINIMUM		. Mon. AV MIN	NOD	1=9	i assir ali		QUARTE	RLY	COMP-3
T	SAMPLE MEASUREMENT	****	**	***	****	*NC)D1=9	*NC	DDI=9	***	**	Pass/Fail	0	0/92	2	COMP-3
ĺ	PERMIT REQUIREMENT	****	**	***			. Mon. MINIMUM		. Mon. AV MIN	***	**	1 235/1 20		QUARTE	RLY	COMP-3
1	SAMPLE MEASUREMENT	****	**	***	****		0		0	***	**	Pass/Fail	0	1/92	2	COMP-3
Ī	PERMIT REQUIREMENT	*****	**	****			. Mon. MINIMUM		. Mon. AV MIN	***	**	1 433/1 41	-	QUARTE	RLY	COMP-3
×	SAMPLE MEASUREMENT	****	**	****	****	1	100	1	100	***	**	%	0	1/92	2	COMP-3
Ì	PERMIT REQUIREMENT	****	**	****			. Mon. MINIMUM		I. Mon. AV MIN	***	**	70		QUARTE	ERLY	COMP-3
	SAMPLE MEASUREMENT	****	**	****	****	5	i.73	5	5.73	***	**	%	0	1/92	2	COMP-3
	PERMIT REQUIREMENT	****	83	****			. Mon. MINIMUM		ι. Mon. AV MIN	***	**	70		QUARTE	ERLY	COMP-3
	SAMPLE MEASUREMENT															
	PERMIT															
IC	PREPARED L	DER PENALTY OF LAW THAN NDER MY DIRECTION OR S	SUPERVISION	IN ACCORDA	NCE WITH A SYS	STEM	OTEVEN	(OTOD)	Digitally sign	ed by STEVEN	TE	ELEPHON	E		DAT	E
	DESIGNED TO INFORMATIO THE SYSTEM INFORMATIO TRUE ACCU	D ASSURE THAT QUALIFIED N SUBMITTED, BASED ON N , OR THOSE PERSONS DIR N, THE INFORMATION SUBJ RATE AND COMPLETE I AM	D PERSONNEL MY INQUIRY O ECTLY RESPO MITTED IS, TO MAWARE THAT	PROPERLY (F THE PERSO NSIBLE FOR THE BEST OF THERE ARE	GATHER AND EV ON OR PERSONS GATHERING TH F MY KNOWLED SIGNIFICANT P	ALUATE THE S WHO MANAG E GE AND BELIE ENALTIES FOR	F.)	STORY (Affil	iate) 1.25 11:21:02	505	665-2	2169	22	0,	1 25
_	SUBMITTING FOR KNOWIN	FALSE INFORMATION, INCI IG VIOLATIONS,	LUDING THE P	OSSIBILITY C	OF FINE AND IMP	RISONMENT			UTHORIZED A		000			YEAR	MC	

AREA CODE

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

ons may be used,

PAGE 1 OF 1

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Attachment 1 24 Attachment 2

LA-UR-22-20594

YEAR

NUMBER

3

DAY

me/Location if different)

LLC ORATORY			IM002835 MIT NUM	-		DISCH	051-A ARGE NL	IMBER	DMR MAILING ZIP MAJOR TREATED RADIOA			E TO
87545 LLC		YEAR	МО	MONIT DAY	ORING P	ERIOD YEAR	МО	DAY	EXTERNAL OUTF PAGE 5	ALL		
87545	FROM	22	01	01	то	22	01	31	1		No Discha	rge
\searrow	QUANT	FITY OF L	OADING			Q	UALITY C	OF CONCE	ENTRATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE

\succ										EX	OF ANA	LYSIS	TYPE	
\sim	VALUE	VALUE	UNITS	VAL	UE	VALUE	VA	LUE	UNITS					
SAMPLE EASUREMENT	****	****	****	***	***	<8.95	<8	9.95	mg/l	0	1/3	1	GRAB	
PERMIT EQUIREMENT	****	****		***	***	125 MONTHLY AV		25 .Y MX	mg/L		MONT	HLY	GRAB	
SAMPLE EASUREMENT	****	****	****	7.	.5	****	7	⁷ .8	S.U.	0	2/3	1	GRAB	
PERMIT EQUIREMENT	****	****		6. MINII		****		0.0 IMUM	3.0.		WEE	٢LY	GRAB	
SAMPLE EASUREMENT	<0.0795	<0.0795	lbs/day	***	***	<0.570	<0.	.570	mg/L	0	1/3	1	GRAB	
PERMIT EQUIREMENT	73 MONTHLY AV	109 DAILY MX	ibs/uay	***	***	30 MONTHLY AV		15 .Y MX	ilig/L		MONT	HLY	GRAB	
SAMPLE EASUREMENT	****	****	****	75	.6	****	**	***	mg/L	0	2/3	1	GRAB	
PERMIT EQUIREMENT	****	****		5 MINII	-	****	**	***	ilig/∟		3/We	ek	GRAB	
SAMPLE EASUREMENT	****	****	****	***	***	<0.00300	<0.0	0300	mg/L	0	1/3	1	GRAB	
PERMIT EQUIREMENT	****	****		***	***	1.34 MONTHLY AV		.68 .Y MX	ilig/L		WEE	٢LY	GRAB	
SAMPLE EASUREMENT	****	****	****	***	***	0.00141	0.00	0238	mg/L	0	2/3	1	GRAB	
PERMIT EQUIREMENT	****	****		***	***	0.014 MONTHLY AV		014 .Y MX	ilig/∟		3/We	ek	GRAB	
SAMPLE EASUREMENT	****	****	****	***	***	<0.000500	<0.00	00500	mg/L	0	1/3	1	GRAB	
PERMIT EQUIREMENT	****	****		***	***	0.076 MONTHLY AV		115 .Y MX	mg/∟		WEE	٢LY	GRAB	
PREPARED U DESIGNED TO INFORMATION THE SYSTEM, INFORMATION TRUE, ACCUF SUBMITTING	NDER MY DIRECTION OR SL D ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M OR THOSE PERSONS DIRE N, THE INFORMATION SUBM ATE AND COMPLETE. I AM	T THIS DOCUMENT AND ALL IPERVISION IN ACCORDANC PERSONNEL PROPERLY GA Y INQUIRY OF THE PERSON CTLY RESPONSIBLE FOR G/ ITTED IS, TO THE BEST OF N AWARE THAT THERE ARE SI JDING THE POSSIBILITY OF	E WITH A SYST THER AND EVA OR PERSONS \ ATHERING THE /Y KNOWLEDG GNIFICANT PEN	TEM LUATE THE WHO MANAGE E AND BELIEF, NALTIES FOR	(Affiliate SIGNAT	N STORY STORY (Affilie Date: 2022.02 -07'00' URE OF PRINCIPAL EXE CER OR AUTHORIZED AG	ate) .28 09:50:16 CUTIVE	505 AREA CODE	EPHONE 665-2 NUMB	169	22 Year	DATI 02 MO	28	-
IONS	(Reference all atta	chments here)			-						· · · ·			-

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Attachment 1 5

LA-UR-22-21639

PAGE 1 OF 2

me/Location if different)

LLC		NM0028	355			051-A		DMR MAI	LING ZIP	CODE:		
ORATORY		PERMIT NU	JMBER	D	ISCHA	ARGE NU	JMBER	MAJOR TREATED) RADIOA	CTIVE	LIQUID WAS1	ΓΕ ΤΟ
87545			MONIT	ORING PERIC	DD			EXTERN	AL OUTFA	ALL .		
LLC		YEAR MO	DAY	YE	AR	MO	DAY	PAGE 5				
87545	FROM	22 01	01	то 2	22	01	31				No Discha	rge
	QUANT	TITY OF LOADIN	G		QL	JALITY C	OF CONCE	ENTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE
	VALUE	VALUE	UNITS	VALUE		VA	LUE	VALUE	UNITS	EX	01740421010	TYPE
SAMPLE EASUREMENT	****	****	****	****		<0.0	0330	<0.00330		0	2/31	GRAB
PERMIT EQUIREMENT	****	****		****			191 HLY AV	0.191 DAILY MX	mg/L		3/Week	GRAB
SAMPLE EASUREMENT	****	****	****	****		0.6	605	0.822	nCi/l	0	2/31	GRAB
PERMIT EQUIREMENT	****	****		****		-	30 HLY AV	30 DAILY MX	pCi/L		WEEKLY	GRAB

< 0.000050

Req. Mon.

MONTHLY AV

0

1.0

MONTHLY AV

STEVEN STORY

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

Date: 2022.02.28 09:50:34 -07'00'

0

0.011

INST MAX

< 0.000050

Req. Mon.

DAILY MX

0

1.0

DAILY MX

505

AREA CODE

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0

mg/L

mg/L

mg/L

TELEPHONE

665-2169

NUMBER

2/31

DAILY

2/31

WEEKLY

2/31

WEEKLY

86/31

MONTHLY

RCORDR

RCORDR

GRAB

GRAB

GRAB

GRAB

GRAB

GRAB

28

DAY

(Affiliate)

IONS (Reference all attachments here) 014.

0.012161

Req. Mon.

MONTHLY AV

0.016726

Req. Mon.

DAILY MX

ICERTIFY 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 INNOULEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTION FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.

Mgal/day

/14.

ay be used.

SAMPLE

PERMIT

SAMPLE

PERMIT

SAMPLE

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Attachment 1 6

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PAGE 2 OF 2

LA-UR-22-21639

22

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LLC		Ν	IM002835	5			051-A		DMR MAILING ZIP	CODE:		
ORATORY		PER		BER		DISCH	ARGE NU	IMBER	MAJOR			
90					• •				TREATED RADIO	ACTIVE	LIQUID WAST	ГЕ ТО
87545				MONIT	ORING P	ERIOD			EXTERNAL OUTF	ALL		
LLC		YEAR	MO	DAY		YEAR	MO	DAY	PAGE 5			
87545	FROM	22	02	01	то	22	02	28			No Discha	
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\checkmark	QUANT	TTY OF L	OADING			Q	UALITY C	F CONCE	ENTRATION	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
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\sim	VALUE	VALUE	UNITS	VALUE	VALUE	VALU	E UNITS	1				
SAMPLE EASUREMENT	****	****	****	****	*NODI=C	*NODI=	⊧C mg/L	0	0/28	3	GRAB	
PERMIT EQUIREMENT	****	****		****	125 MONTHLY AV	125 DAILY N	Ŭ		MONTH	HLY	GRAB	
SAMPLE EASUREMENT	****	****	****	*NODI=C	****	*NODI=	=C S.U.	0	0/28	3	GRAB	
PERMIT EQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMU			WEEK	ĹΥ	GRAB	
SAMPLE EASUREMENT	*NODI=C	*NODI=C	lbs/day	****	*NODI=C	*NODI=	=C mg/L	0	0/28	3	GRAB	
PERMIT EQUIREMENT	73 MONTHLY AV	109 DAILY MX	ibs/uay	****	30 MONTHLY AV	45 DAILY N			MONTH	HLY	GRAB	
SAMPLE EASUREMENT	****	****	****	*NODI=C	****	****	mg/L	0	0/28	3	GRAB	
PERMIT EQUIREMENT	****	****		50 MINIMUM	****	****	ilig/L		3/We	ek	GRAB	
SAMPLE EASUREMENT	****	****	****	****	*NODI=C	*NODI=	-	0	0/28	3	GRAB	
PERMIT EQUIREMENT	****	****		****	1.34 MONTHLY AV	2.68 DAILY N	mg/L		WEEK	ĹΥ	GRAB	
SAMPLE EASUREMENT	****	****	****	****	*NODI=C	*NODI=	-	0	0/28	3	GRAB	
PERMIT EQUIREMENT	****	****		****	0.014 MONTHLY AV	0.014 DAILY N			3/We	ek	GRAB	
SAMPLE EASUREMENT	****	****	****	****	*NODI=C	*NODI=	-	0	0/28	3	GRAB	
PERMIT EQUIREMENT	****	****		****	0.076 MONTHLY AV	0.115 DAILY N			WEEK	ĹΥ	GRAB	
PREPARED U DESIGNED TO INFORMATION THE SYSTEM, INFORMATION TRUE, ACCUF SUBMITTING	NDER MY DIRECTION OR SL DASSURE THAT QUALIFIED N SUBMITTED. BASED ON M OR THOSE PERSONS DIRE N, THE INFORMATION SUBM VATE AND COMPLETE. I AM	T THIS DOCUMENT AND ALL IPERVISION IN ACCORDANC PERSONNEL PROPERLY GA Y INQUIRY OF THE PERSON CTLY RESPONSIBLE FOR G/ ITTED IS, TO THE BEST OF N AWARE THAT THERE ARE SI JDING THE POSSIBILITY OF	E WITH A SYST THER AND EVA OR PERSONS ATHERING THE MY KNOWLEDG GNIFICANT PEI	LUATE THE WHO MANAGE E AND BELIEF, VALTIES FOR USONMENT	Y STEVEN STC Date: 2022.03	ORY (Affiliate) 3.24 10:09:25 CUTIVE GENT	TELEPHON 505 665- EA CODE NUM	2169	22 YEAR	03 MO	24 DAY	
IONS	(Reference all atta	chments here)		•		· · · ·					-	

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Attachment 1 5 Attachment 2 PAGE 1 OF 2

LA-UR-22-22694

OMB No. 2040-004

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LLC		N	M002835	5			051-A		DMR MAI	LING ZIP	CODE:					
ORATORY		PER		BER		DISCH	ARGE NU	JMBER	MAJOR							
90									TREATED	D RADIOA	CTIVE	LIQUID WAS	ГЕ ТО			
87545				MONIT	ORING P	ERIOD		_	EXTERN	AL OUTFA	ALL .					
LLC		YEAR	MO	DAY		YEAR	MO	DAY	PAGE 5							
87545	FROM	22	02	01	то	22	02	28	No Discharge							
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\checkmark	QUANT	TITY OF LO	DADING			Q	UALITY C	OF CONCE	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
$< \searrow$	VALUE	VAL	UE	UNITS	VAI	LUE	VA	LUE	VALUE	UNITS						
SAMPLE EASUREMENT	****	***	**	****	**	***	*NO	DI=C	*NODI=C		0	0/28	GRAB			
PERMIT	ababababa				dada	dada da	0.1	191	0.191	mg/L						

EASUREMENT	****	****	****	***	***	*NODI=C	*NO	DI=C		0	0/2	28	GRAB
PERMIT EQUIREMENT	****	****		***	***	0.191 MONTHLY AV	-	191 _Y MX	mg/L		3/We	eek	GRAB
SAMPLE EASUREMENT	****	****	****	***	***	*NODI=C	*NO	DI=C	pCi/L	0	0/2	28	GRAB
PERMIT EQUIREMENT	****	****		***	***	30 MONTHLY AV		30 _Y MX	pci/L		WEEI	KLY	GRAB
SAMPLE EASUREMENT	*NODI=C	*NODI=C	Mgal/day	***	***	****	**	****	****	0	0/2	28	RCORDR
PERMIT EQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgai/day	***	***	****	**	***			DAI	LY	RCORDR
SAMPLE EASUREMENT	****	****	****	***	***	****	*NO	DI=C	ma/l	0	0/2	28	GRAB
PERMIT EQUIREMENT	****	****		***	***	****		011 Г МАХ	mg/L		WEEI	KLY	GRAB
SAMPLE EASUREMENT	****	****	****	***	***	*NODI=C	*NO	DI=C	ma/l	0	0/28		GRAB
PERMIT EQUIREMENT	****	****		***	***	Req. Mon. MONTHLY AV		. Mon. Y MX	mg/L		WEEKLY (GRAB
SAMPLE EASUREMENT	****	****	****	***	***	*NODI=C	*NO	DI=C	m a/l	0	0/2	28	GRAB
PERMIT EQUIREMENT	****	****		***	***	1.0 MONTHLY AV		1.0 _Y MX	mg/L		MONT	HLY	GRAB
SAMPLE EASUREMENT													
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PREPARED U DESIGNED TO INFORMATION THE SYSTEM, INFORMATION TRUE, ACCUF SUBMITTING FOR KNOWIN	NDER MY DIRECTION OR SU) ASSURE THAT QUALIFIED \SUBMITTED. BASED ON M OR THOSE PERSONS DIRE THE INFORMATION SUBM RATE AND COMPLETE. I AM	T HIS DOCUMENT AND ALL PERVISION IN ACCORDANC PERSONNEL PROPERLY GA Y INQUIRY OF THE PERSON CTLY RESPONSIBLE FOR G TITED IS, TO THE BEST OF N AWARE THAT THERE ARE SI JDING THE POSSIBILITY OF	CE WITH A SYST THER AND EVA OR PERSONS N ATHERING THE MY KNOWLEDGI IGNIFICANT PEN	'EM LUATE THE WHO MANAGE E AND BELIEF, NALTIES FOR		STORY (Affilia Date: 2022.03	ate) 3.24 10:09:46	505 AREA CODE	EPHONE 665-2 NUME	169	22 YEAR	E 24	
IONS	(Reference all atta	chments here)											

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Attachment 1 6 Attachment 2 PAGE 2 OF 2

LA-UR-22-22694

OMB No. 2040-004

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LLC ORATORY			IM002835 MIT NUM	-		DISCH	051-A ARGE NL	IMBER	DMR MAI MAJOR TREATED			LIQUID WAST	TE TO			
87545				MONIT	ORING P	ERIOD			EXTERNAL OUTFALL							
LLC		YEAR	MO	DAY		YEAR	MO	DAY	Y PAGE 8							
87545	FROM	22	03	01	то	22	03	31	No Discharge							
	-				-				-				90			
$\overline{}$	QUANT	TTY OF L	OADING			Q	UALITY C	F CONCE	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
\sim	VALUE	VAI	LUE	UNITS	VAL	UE	VA	UE	VALUE	UNITS						

	VALUE	VALUE	UNITS	VALUE	VALUE	VAI	UE	UNITS				
SAMPLE EASUREMENT	****	****	****	****	31.8	31	.8		0	1/3	1	GRAB
PERMIT EQUIREMENT	****	****	****	****	125 MONTHLY AV		25 Y MX	mg/L		MONT	HLY	GRAB
SAMPLE EASUREMENT	****	****	****	7.3	****	7	.3	S.U.	0	1/3	1	GRAB
PERMIT EQUIREMENT	****	****		6.0 MINIMUM	****	9 MAXI	.0 MUM	3.0.		WEEł	٢LY	GRAB
SAMPLE EASUREMENT	0.145	0.145	lbs/day	****	1.00	1.	00	mg/l	0	1/3	1	GRAB
PERMIT EQUIREMENT	73 MONTHLY AV	109 DAILY MX	ibs/uay	****	30 MONTHLY AV	4 DAIL	5 Y MX	mg/L		MONT	HLY	GRAB
SAMPLE EASUREMENT	****	****	****	75.7	****	**:	***	m a /l	0	1/3	1	GRAB
PERMIT EQUIREMENT	****	****		50 MINIMUM	****	**:	***	mg/L		3/We	ek	GRAB
SAMPLE EASUREMENT	****	****	****	****	<0.00300	<0.0	0300	mg/l	0	1/3	1	GRAB
PERMIT EQUIREMENT	****	****		****	1.34 MONTHLY AV		68 Y MX	mg/L		WEEł	(LY	GRAB
SAMPLE EASUREMENT	****	****	****	****	0.00114	0.00)114	m a /l	0	1/3	1	GRAB
PERMIT EQUIREMENT	****	****		****	0.014 MONTHLY AV)14 Y MX	mg/L		3/We	ek	GRAB
SAMPLE EASUREMENT	****	****	****	****	<0.000500	<0.00	00500	m a /l	0	1/3	1	GRAB
PERMIT EQUIREMENT	****	****		****	0.076 MONTHLY AV	-	15 Y MX	mg/L		WEEł	<ly< td=""><td>GRAB</td></ly<>	GRAB
PREPARED U DESIGNED TO INFORMATION THE SYSTEM INFORMATION TRUE, ACCUF SUBMITTING FOR KNOWIN		JPERVISION IN ACCORDANC PERSONNEL PROPERLY GA Y INQUIRY OF THE PERSON CTLY RESPONSIBLE FOR GA ITTED IS, TO THE BEST OF M AWARE THAT THERE ARE SI	E WITH A SYST THER AND EVA OR PERSONS \ ATHERING THE MY KNOWLEDG GNIFICANT PEN	TEVEN LUATE THE NHO MANAGE E AND BELIEF, VALTIES FOR ISONMENT	STEVEN STO Date: 2022.04	ORY (Affiliate) .27 13:45:26 CUTIVE	TEI 505 AREA CODE	EPHONE 665-2 NUMB	169	22 YEAR	DATE 04 MO	27 DAY
IONS	NOTAESE INFORMATION, INCLUDING THE FOOSIBILITY OF TIME AND IMPROVEMENT											

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(Reference all attachments here)

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8 Attachment 1 Attachment 2

LA-UR-22-23869 1

PAGE 1 OF 2

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PERMIT EQUIREMENT

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SAMPLE EASUREMENT PERMIT EQUIREMENT

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Req. Mon.

MONTHLY AV

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Req. Mon.

DAILY MX

Mgal/day

LLC		Ν	IM002835	5			051-A		DMR MAI	LING ZIP	CODE:		
ORATORY		PER		BER		DISCH	ARGE NI	JMBER	MAJOR				
90									TREATED	D RADIOA	CTIVE	LIQUID WAS	ΓΕ ΤΟ
87545				MONIT	ORING P	ERIOD			EXTERN	AL OUTFA	ALL .		
LLC		YEAR	MO	DAY		YEAR	MO	DAY	PAGE 8				
87545	FROM	22	03	01	то	22	03	31				No Discha	
								·•				NO DISCHA	
\checkmark	QUANT	TTY OF L	OADING			Q	UALITY (OF CONCE	INTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
<	VALUE	VA	LUE	UNITS	VAI	LUE	VA	LUE	VALUE	UNITS			
SAMPLE EASUREMENT	****	**	***	****	**	***	<0.0	0330	<0.00330		0	1/31	GRAB
PERMIT EQUIREMENT	****	***** *****			**	***	-	191 HLY AV	0.191 DAILY MX	mg/L		3/Week	GRAB
SAMPLE EASUREMENT	****	**	***	****	**	***	0.	871	0.889	pCi/L	0	2/31	GRAB
				1				20		POIL			

STEVEN STORY

(Affiliate)

30

MONTHLY AV

< 0.000050

Req. Mon.

MONTHLY AV

0

1.0

MONTHLY AV

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

Digitally signed by STEVEN STORY

(Affiliate) Date: 2022.04.27

13:45:43 -06'00'

30

DAILY MX

0

0.011

INST MAX

< 0.000050

Req. Mon.

DAILY MX

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1.0

DAILY MX

505

AREA CODE

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. IONS (Reference all attachments here)

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9 Attachment 1 Attachment 2

LA-UR-22-23869

WEEKLY

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27

DAY

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LLC ORATORY 90 37545			IM002835 MIT NUM	-	T051-Q DISCHARGE NUMBER				DMR MAILING ZIP CODE: 87545 MAJOR QUARTERLY 48-HR ACUTE TOXICITY							
	MONITORING PERIOD								EXTERNAL OUTFALL							
LLC		YEAR	MO	DAY		YEAR	MO	DAY	PAGE 21							
87545	FROM	22	01	01	то	22	03	31				No Discha	rae			
					_											
\checkmark	QUANT	TTY OF L	OADING			Q	UALITY C	OF CONCE	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
\sim	VALUE	VA	LUE	UNITS	VAI	_UE V		LUE	VALUE	UNITS						

	VALUE	VALUE	UNITS VAL		UE	VALUE		VALUE					
SAMPLE EASUREMENT	****	****	****	0)	0	**	***	Pass/Fail	0	1/90		COMP-3
PERMIT EQUIREMENT	****	****		10 48-HR M	-	100 MO AV MIN	**	***	Pass/Fail		QUARTI	ERLY	COMP-3
SAMPLE EASUREMENT			****	*NO	DI=9	*NODI=9	**	***	Pass/Fail	0	0/90		COMP-3
PERMIT EQUIREMENT	****	****		Opt. I 48-HR M		Opt. Mon. MO AV MIN	**	***	Pass/Fail		QUARTERLY		COMP-3
SAMPLE EASUREMENT	****	****	****	*NO	*NODI=9 *NODI=9		**	Pass/Fail		0	0/90		COMP-3
PERMIT EQUIREMENT	****	****		Opt. I 48-HR M		Opt. Mon. MO AV MIN	**	***	Pass/Fail		QUARTI	ERLY	COMP-3
SAMPLE EASUREMENT	****	****	****	C)	0 ***		***	Pass/Fail	0	1/90		COMP-3
PERMIT EQUIREMENT	****	****		Req. 48-HR M		Req. Mon. MO AV MIN	**	***	rass/raii		QUARTERLY		COMP-3
SAMPLE EASUREMENT	****	****	****	100		100	100 *		%	0	1/90		COMP-3
PERMIT EQUIREMENT	****	****		Req. Mon. 48-HR MINIMUM		Req. Mon. MO AV MIN	****		70		QUARTERLY		COMP-3
SAMPLE EASUREMENT	****	****	****	5.7	73	5.73	****		%	0	1/90		COMP-3
PERMIT EQUIREMENT	****	****		Req. 48-HR M		Req. Mon. MO AV MIN	**	***	70		QUARTERLY		COMP-3
SAMPLE EASUREMENT													
PERMIT EQUIREMENT													
PREPARED U DESIGNED TO INFORMATION THE SYSTEM, INFORMATION TRUE, ACCUF SUBMITTING	NDER MY DIRECTION OR SU DASSURE THAT QUALIFIED N SUBMITTED. BASED ON M , OR THOSE PERSONS DIRE N, THE INFORMATION SUBM RATE AND COMPLETE. I AM	T THIS DOCUMENT AND ALL IPERVISION IN ACCORDANC PERSONNEL PROPERLY GA Y INQUIRY OF THE PERSON CTLY RESPONSIBLE FOR GA TITED IS, TO THE BEST OF M AWARE THAT THERE ARE SI JDING THE POSSIBILITY OF	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			505 AREA CODE	665-2169		22 YEAR	04	27		

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

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24 Attachment 1 Attachment 2

LA-UR-22-23869 3

PAGE 1 OF 1

Name/Location if d	ifferent)				NO INEL OIL								OMB	vo. 2040-004
Y, LLC	[N	M002835	55			051-A]	DMR MAIL	ING ZIP	CODE:			
ABORATORY	[PER		IBER		DISCH	ARGE NUMBER		MAJOR					
<490 0.87545					000			-	TREATED RADIO			TO MORTAN	DAD CAN	YON
0 87545					DRING PE			4	EXTERNA	L OUTFA	ALL			
TY, LLC		YEAR	MO	DAY	-	YEAR	MO DAY	4	PAGE 5					
O 87545	FROM	22	04	01	то [22	04 30	1				No D	ischarg	ge 🛛 🗙
2														
\searrow	QUANT	TTY OF L	OADING			Q	UALITY OF CONC	ENTRATIO	N		NO. EX	FREQUE OF ANAL		SAMPLE TYPE
$\langle \ \rangle$	VALUE	VAI	UE	UNITS	VAL	UE	VALUE	VA	LUE	UNITS				
SAMPLE MEASUREMENT	****	**:	***	****	***	**	*NODI=C	*NO	DI=C		0	0/3	0	GRAB
PERMIT REQUIREMENT	****	4.0	***		***	**	125 MONTHLY AV		25 .Y MX	mg/L		MONT	HLY	GRAB
SAMPLE MEASUREMENT	****	**	***	*****	*NOE)I=C	****	*NO	DI=C	S.U.	0	0/3	0	GRAB
PERMIT REQUIREMENT	****	**	***		6. MININ	-	*****).0 IMUM	3.0.		WEEK	KLY	GRAB
SAMPLE MEASUREMENT	*NODI=C	*NO	DI=C	lh a (day)	***	**	*NODI=C	*NO	DI=C	mg/L	0	0/3	0	GRAB
PERMIT REQUIREMENT	73 MONTHLY AV		09 .Y MX	- Ibs/day	***	**	30 MONTHLY AV		45 _Y MX	ing/L	10	MONT	HLY	GRAB
SAMPLE MEASUREMENT	****	**	***	*****	*NO[DI=C	****	**	***	mg/L	0	0/3	0	GRAB
PERMIT REQUIREMENT	*****	**	that		5 MINI		*****	**	rite de la constante de la const	ingre	1	3////e	ek	GRAB
SAMPLE MEASUREMENT	****	**	***	*****	***	**	*NODI=C		DI=C	mg/L	0	0/3	0	GRAB
PERMIT REQUIREMENT	****	4.2	***		***	**	1.34 MONTHLY AV		.68 _Y MX	gr =		WEE	KLY	GRAB
SAMPLE MEASUREMENT	****	**	***	*****	***	**	*NODI=C		DI=C	mg/L	0	0/3	0	GRAB
PERMIT REQUIREMENT	tir to shake	**	****		***	nint	0.014 MONTHLY AV		014 _Y MX			3/We	eek	GRAB
SAMPLE MEASUREMENT	****	**	****	*****	***	***	*NODI=C		DI=C	mg/L	0	0/3	80	GRAB
PERMIT REQUIREMENT	*****	-	****		***	t AR	0.076 MONTHLY AV	DAI	115 LY MX	mg/c		WEE		GRAB
ER I CERTIFY U	NDER PENALTY OF LAW TH	AT THIS DOCU	MENT AND A	LL ATTACHMENT	S WERE	STEV	SIEVEN		TEI	EPHON	E		DAT	E
DESIGNED T INFORMATIC THE SYSTEM	O ASSURE THAT QUALIFIED NO SUBMITTED, BASED ON A, OR THOSE PERSONS DIR N, THE INFORMATION SUB IRATE AND COMPLETE, I AM	D PERSONNEL MY INQUIRY O RECTLY RESPO	PROPERLY (F THE PERSO NSIBLE FOR THE BEST OF	GATHER AND EVA N OR PERSONS GATHERING THE MY KNOWLEDG	ALUATE THE WHO MANAGE E	STOR (Affilia	(Affiliate) Date: 202 12:42:21	2.05.23 -06'00'	505	665	2460	22	05	23
SUBMITTING	FALSE INFORMATION, INC	LUDING THE P	OSSIBILITY C	F FINE AND IMPR	RISONMENT		ATURE OF PRINCIPAL E		505		2169	VEAD	MC	DAY
FURKINUW							IGER OR AUTHORIZEL	NGLINI	AREA CODE	NUM	IBER	YEAR	IVIC	, DAY

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PAGE 1 OF 2

Attachment 1 5

Attachment 2

LA-UR-22-24660

TY, LLC	ſ	N	IM002835	5	Г		051-A			DMR MA	ILING ZIP	CODE:			
ABORATORY	l l				F	DISCH	ARGE NU	JMBER		MAJOR					
K490 CO 87545	i i i												TO MORTAN	IDAD CA	NYON
	1	VEAD	NO	T	DRING PE	YEAR	MO	DAY		PAGE 5	AL OUTFA	ALL.			
TY, LLC CO 87545	FROM	YEAR 22	MO 04	01	то	22	04	30		FAGE 3					
P	FROM	22	04	01	10	A. A.	01						No D	ischa	rge X
\bigtriangledown	QUANT	ITY OF L	OADING			Q	UALITY C	OF CONCE	NTRATIO	ON		NO. EX	FREQUE OF ANAL		SAMPLE TYPE
	VALUE	VAL	LUE	UNITS	VAL	UE	VA	LUE	VA	LUE	UNITS				
SAMPLE MEASUREMENT	****	**:	***	****	***	**	*NO	DI=C	*NO	DI=C	ma/l	0	0/3	0	GRAB
PERMIT	*****		***		***	**		191 HLY AV		191 Y MX	- mg/L		3/We	ek	GRAB
SAMPLE MEASUREMENT	****	**	***	*****	***	**	*NC	DI=C	*NC	DI=C		0	0/3	0	GRAB
PERMIT	****		***		***	**		30 HLY AV		30 .Y MX	pCi/L		WEEK	(LY	GRAB
SAMPLE MEASUREMENT	*NODI=C	*NO	DI=C		***	**	**	****	**	****	*****	0	0/3	0	RCORDR
PERMIT	Req. Mon. MONTHLY AV		Mon. Y MX	- Mgal/day	***	**	*	****	ŝt	***			DAII	LY	RCORDR
SAMPLE MEASUREMENT	****	**	***	****	***	**	**	****	*NC	DI=C		0	0/3	0	GRAB
PERMIT	****		1443		***	**	81	****		011 Г МАХ	- mg/L	-	WEE	KLY	GRAB
SAMPLE MEASUREMENT	****	**	****	*****	***	***	*NC	DDI=C	*NC	DI=C		0	0/3	0	GRAB
PERMIT	****	**	****	*****	***	ik#		. Mon. Thly av		. Mon. _Y MX	- mg/L		WEE	KLY	GRAB
SAMPLE MEASUREMENT	****	**	***	*****	***	***	*NC	DDI=C	*NC	DI=C		0	0/3	0	GRAB
PERMIT	*****		****		***	ur de la companya de		1.0 THLY AV		1.0 LY MX	mg/L		MONT	HLY	GRAB
SAMPLE MEASUREMENT															
PERMIT		1		1				18.			1				
FR I CERTIFY UND	ER PENALTY OF LAW TH	AT THIS DOCU	IMENT AND A	L ATTACHMENT	S WERE	STEVE	=N	Digitally sign		TE	LEPHON	E		DA	ΓE
PREPARED UNI DESIGNED TO / INFORMATION THE SYSTEM, C INFORMATION	DER MY DIRECTION OR S ASSURE THAT QUALIFIED SUBMITTED, BASED ON I DR THOSE PERSONS DIR THE INFORMATION SUB	O PERSONNEL MY INQUIRY OI ECTLY RESPO	F THE PERSO NSIBLE FOR	GATHER AND EV IN OR PERSONS GATHERING THE MY KNOWLEDG	LUATE THE WHO MANAGE	STOR (Affiliat	Y te)	STEVEN ST (Affiliate) Date: 2022.0 12:42:53 -06	5,23 '00'				22	05	23
SUBMITTING FA	ALSE INFORMATION, INC	LUDING THE P	OSSIBILITY C	F FINE AND IMPR	RISONMENT			RINCIPAL EXE		AREA COD	665-2	_	YEAR	M	D DAY
	(Reference all att		here)							AREA COD		DER	Trevery		011

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Attachment 1 6

Attachment 2

PAGE 2 OF 2

LA-UR-22-24660

2

ame/Location if different)

ame/Lo	cation in d	illierent)														
LLC			N	M002835	5	[051-A			DMR MAI	LING ZIP	CODE:	875	545	
ORAT	ORY	[PER		BER	[DISCH	ARGE NL	IMBER		MAJOR TREATED RAD	IOACTIVE LIQU	JID WASTE	TO MORT	ANDAD CANY	ON
87545					MONIT	ORING PI	ERIOD				EXTERNA	AL OUTFA	LL			
ORAT	ORY	[YEAR	MO	DAY		YEAR	MO	DAY							
87545	i	FROM	22	05	01	то	22	05	31					No	Discharge	e X
$\overline{}$		QUANT	ITY OF L	DADING			Q	UALITY C	F CONCE	ENTRATIO	ON		NO. EX		JENCY ALYSIS	SAMPLE TYPE
	\searrow	VALUE	VAL	UE	UNITS	VAL	UE	VA	UE	VA	LUE	UNITS				
SAMI EASUR	PLE EMENT	****	***	***	****	***	***	NO	DI=C	NO	DI=C	m a /l	0	0/:	31 (GRAB
PERI Equiri		****	***	***		***	***	1: MONTI	25 HLY AV		25 .Y MX	mg/L		MON	THLY (GRAB
SAMI EASUR	PLE EMENT	****	**:	***	****	NOE	DI=C	**	***	NO	DI=C	S.U.	0	0/3	31 (GRAB
PERI EQUIRI		****	***	***		6. MINII		**	***	-	0.0 IMUM	0.0.		WEE	KLY (GRAB
SAMF EASUR	PLE EMENT	NODI=C	NOE	0I=C	lbs/day	***	***	NO	DI=C	NO	DI=C	ma/l	0	0/3	31 (GRAB
PERI EQUIRI	MIT EMENT	73 MONTHLY AV	1(DAIL		ibs/day	***	***	-	0 HLY AV		15 .Y MX	mg/L		MON	THLY (GRAB
SAMI EASUR	PLE EMENT	****	***	***	****	NOE	DI=C	**	***	**	***	mg/L	0	0/:	31 (GRAB
PERI EQUIRI		****	***	***		5 MINII		**	***	**	***	iiig/∟		3/W	/eek (GRAB
SAMI EASUR	PLE EMENT	****	**:	***	****	***	***	NOI	DI=C	NO	DI=C	ma/l	0	0/:	31 (GRAB
PERI EQUIRI		****	**:	***		***	***		34 HLY AV		.68 .Y MX	mg/L		WEE	KLY (GRAB
SAMI EASUR	PLE EMENT	****	***	***	****	***	***	NOI	DI=C	NO	DI=C	ma/l	0	0/:	31 (GRAB
PERI EQUIRI	MIT EMENT	****	***	***		***	***)14 HLY AV		014 .Y MX	mg/L		3/W	/eek (GRAB
SAMI EASUR	PLE EMENT	****	**:	***	****	***	***	NO	DI=C	NO	DI=C	mg/L	0	0/3	31 (GRAB
PERI		****	**:	***		***	***)76 HLY AV		115 .Y MX	mg/∟		WEE	KLY (GRAB
P	REPARED U	DER PENALTY OF LAW THA NDER MY DIRECTION OR SI	JPERVISION IN	ACCORDANC	E WITH A SYS	ГЕМ	SARAH		Digitally sign		TE	EPHONE			DATE	
11	FORMATION	O ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M . OR THOSE PERSONS DIRE	Y INQUIRY OF	THE PERSON	OR PERSONS				HOLCOMB (Date: 2022.0	7.26						
11	FORMATION	, OR THOSE PERSONS DIRE N, THE INFORMATION SUBM RATE AND COMPLETE. I AM	ITTED IS, TO T	HE BEST OF I	AY KNOWLEDG		(Affiliate	1	09:23:22 -06					22	07	26
s	UBMITTING	FALSE INFORMATION, INCL G VIOLATIONS.						CER OF PR			505 AREA CODE	667-0 NUMB		ZZ YEAR	MO	DAY
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Attachment 2 5 Attachment 3

PAGE 1 OF 2

LA-UR-27275 2

ame/Location	if different)	DISCI	HARGE MONITO	RING REPO	rt (DMR)							(OMB No. 2040-0)04
LLC ORATORY			028355		DISCH	051-A	JMBER	1	DMR MA MAJOR	LING ZIP	CODE:	87545		
90 87545								1		DIOACTIVE LIQ		TO MORTANDA	D CANYON	
ORATORY		YEAR	MO DAY		YEAR	МО	DAY		EATERIN	AL OUTF	ALL			
87545	FROM	22	05 01] то	22	05	31]				No Dise	charge X	
$\overline{}$	QUANT	TTY OF LOA	DING		Q	UALITY C)F CONCE	ENTRATIC	DN		NO. EX	FREQUENO OF ANALYS		
	VALUE	VALUE	E UNITS	VAI	LUE	VA	LUE	VA	LUE	UNITS				
SAMPLE EASUREMENT	****	****	****	**	***	NOI	DI=C	NO	DI=C	mg/L	0	0/31	GRAE	3
PERMIT EQUIREMENT	****	****		**	***		191 HLY AV		191 Y MX	mg/∟		3/Week	GRAE	3
SAMPLE EASUREMENT	****	****	****	**	***	NOI	DI=C	NO	DI=C		0	0/31	GRAE	3
PERMIT EQUIREMENT	****	****		**	***		80 HLY AV		0 Y MX	pCi/L		WEEKL	Y GRAE	з
SAMPLE EASUREMENT	NODI=C	NODI=	-		***	**	***	**	***	****	0	0/31	RCORD)R
PERMIT EQUIREMENT	Req. Mon. MONTHLY AV	Req. Mo DAILY M			***	**	***	**	***			DAILY	' RCORD	R
SAMPLE EASUREMENT	****	****	****	**	***	**	***	NO	DI=C		0	0/31	GRAE	з
PERMIT EQUIREMENT	****	****		**	***	**	***)11 MAX	mg/L		WEEKL	Y GRAE	з
SAMPLE EASUREMENT	****	****	****	**	***	NOI	DI=C	NO	DI=C	m.c./l	0	0/31	GRAE	з
PERMIT EQUIREMENT	****	****		**	***		Mon. HLY AV		Mon. Y MX	mg/L		WEEKL	Y GRAE	З
SAMPLE EASUREMENT	****	****	****	**	***	NOI	DI=C	NO	DI=C		0	0/31	GRAE	з
PERMIT EQUIREMENT	****	****		**	***		.0 HLY AV		.0 Y MX	mg/L		MONTHL	Y GRAE	3
SAMPLE EASUREMENT														
PERMIT EQUIREMENT														
PREPAREI DESIGNEE INFORMAT THE SYST INFORMAT TRUE, ACC SUBMITTI	UNDER PENALTY OF LAW THA D UNDER MY DIRECTION OR S' 10 ASSURE THAT QUALIFIED TION SUBMITTED. BASED ON M EM, OR THOSE PERSONS DIRE TION, THE INFORMATION SUBM CURATE AND COMPLETE. I AM NG FALSE INFORMATION, INCL WING VIOLATIONS.	UPERVISION IN ACC PERSONNEL PROF IY INQUIRY OF THE ECTLY RESPONSIBL IITTED IS, TO THE E AWARE THAT THEF	CORDANCE WITH A SY PERLY GATHER AND EY PERSON OR PERSONS LE FOR GATHERING TH BEST OF MY KNOWLED RE ARE SIGNIFICANT P	STEM /ALUATE THE S WHO MANAGE E GE AND BELIEF ENALTIES FOR	(Affiliate SIGNAT	ОМВ	HOLCOMB (Date: 2022.0 -06'00'	7.26 09:25:55 ECUTIVE		667-0	666	22	07 2 MO DA	26
	(5 (AREA CODE	INUME				<u> </u>

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Attachment 2 6 Attachment 3 PAGE 2 OF 2

LA-UR-27275 3

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Ine/Location in	ullerentj														
LLC		N	IM002835	55			051-A			DMR MAI	LING ZIP	CODE:	875	545	
ORATORY 0		PER	MIT NUM	IBER	[DISCH	ARGE NU	JMBER		MAJOR TREATED RAD	IOACTIVE LIQ	UID WASTE	TO MORT	ANDAD CAN	YON
37545				MONIT	ORING PI	ERIOD				EXTERNA	AL OUTFA	ALL .			
DRATORY		YEAR	MO	DAY		YEAR	MO	DAY							
37545	FROM	22	06	01	то	22	06	30					No	Dischar	ge X
$\overline{}$	QUANT	FITY OF L	OADING			Q	UALITY C	F CONCE	ENTRATIO	ON		NO. EX	FREQU OF ANA		SAMPLE TYPE
\leq	VALUE	VA	_UE	UNITS	VAL	UE	VA	LUE	VA	LUE	UNITS				
SAMPLE ASUREMENT	****	**	***	****	***	***	NO	DI=C	NO	DI=C	ma/l	0	0/:	30	GRAB
PERMIT EQUIREMENT	****	**	***		***	***		25 HLY AV		25 .Y MX	mg/L		MON	THLY	GRAB
SAMPLE ASUREMENT	****	**	***	****	NOE	DI=C	**	***	NO	DI=C	S.U.	0	0/:	30	GRAB
PERMIT QUIREMENT	****	**	***		6. MINII	-	**	***	Ŭ	.0 IMUM	3.0.		WEE	KLY	GRAB
SAMPLE ASUREMENT	NODI=C	NOI	DI=C	lbo/dov	***	***	NO	DI=C	NOI	DI=C	m a /l	0	0/3	30	GRAB
PERMIT EQUIREMENT	73 MONTHLY AV		09 Y MX	lbs/day	***	***		80 HLY AV		15 .Y MX	mg/L		MON	THLY	GRAB
SAMPLE ASUREMENT	****	**	***	****	NOE	DI=C	**	***	**	***	mg/L	0	0/3	30	GRAB
PERMIT QUIREMENT	****	**	***		5 MINII	-	**	***	**	***	ilig/∟		3/W	eek	GRAB
SAMPLE ASUREMENT	****	**	***	****	***	***	NO	DI=C	NOI	DI=C	mg/l	0	0/3	30	GRAB
PERMIT EQUIREMENT	****	**	***		***	***		34 HLY AV		68 Y MX	mg/L		WEE	KLY	GRAB
SAMPLE ASUREMENT	****	**	***	****	***	***	NO	DI=C	NO	DI=C	ma/l	0	0/:	30	GRAB
PERMIT EQUIREMENT	****	**	***		***	***)14 HLY AV		014 .Y MX	mg/L		3/W	eek	GRAB
SAMPLE ASUREMENT	****	**	***	****	***	***	NO	DI=C	NOI	DI=C	mg/l	0	0/3	30	GRAB
PERMIT QUIREMENT	****	**	***		***	***)76 HLY AV		115 .Y MX	mg/L		WEE	KLY	GRAB
PREPARED U DESIGNED T INFORMATIC	NDER PENALTY OF LAW THA UNDER MY DIRECTION OR S O ASSURE THAT QUALIFIED ON SUBMITTED, BASED ON M	UPERVISION II PERSONNEL IY INQUIRY OF	N ACCORDAN PROPERLY GA THE PERSON	CE WITH A SYS ATHER AND EVA I OR PERSONS	TEM ALUATE THE WHO MANAGE	SARAH	OMB		ed by SARAH Affiliate) 7.26 07:20:42	TE	EPHONE			DATE	-
INFORMATIC TRUE, ACCU SUBMITTING	M, OR THOSE PERSONS DIRE DN, THE INFORMATION SUBN JRATE AND COMPLETE. I AM 5 FALSE INFORMATION, INCL NG VIOLATIONS.	AWARE THAT	THE BEST OF THERE ARE S	MY KNOWLEDG	E AND BELIEF, NALTIES FOR		FURE OF PR	-06'00' INCIPAL EXE		505	667-0		22	07	26
1							ULK UK AU	I I ORIZED A	GLINI	AREA CODE	NUME	BER	YEAR	MO	DAY

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Attachment 1 5 Attachment 2 PAGE 1 OF 2

LA-UR-27275 1

ame/L	ocation if c	lifferent)	D	ISCHARGE	MONITOR	ING REPOR	rt (DMR)								OMB	No. 2040-004
LLC ORA	TORY	ŀ		IM002835 MIT NUN		E	DISCH	051-A ARGE NU	IMBER		DMR MAI MAJOR			875		IVON
8754	5	1			MONIT	ORING PI	ERIOD				EXTERNA			TO MORT		TON
ORA	TORY	ľ	YEAR	МО	DAY		YEAR	MO	DAY							
8754	5	FROM	22	06	01	то [22	06	30					No	Dischar	ge 🛛 🗙
\geq	\langle	QUANT	TTY OF L	OADING	-		Q	UALITY C	F CONCE	ENTRATIO	ON		NO. EX	FREQU OF ANA		SAMPLE TYPE
		VALUE	VA	LUE	UNITS	VAL	UE	VA	LUE	VA	LUE	UNITS				
	iple Rement	****	**	***	****	***	***	NO	DI=C	NO	DI=C	mg/L	0	0/3	30	GRAB
	REMENT	****	**	***		***	***		191 HLY AV		191 Y MX	ilig/L		3/W	eek	GRAB
	IPLE REMENT	****	**	***	****	***	***	NO	DI=C	NO	DI=C		0	0/3	30	GRAB
	REMENT	****	**	***		***	***		0 HLY AV		30 .Y MX	pCi/L		WEE	KLY	GRAB
	iple Rement	NODI=C	NOI	DI=C	Maal/day	***	***	**	***	**	***	****	0	0/3	30	RCORDR
PEF EQUIF	REMENT	Req. Mon. MONTHLY AV		Mon. Y MX	Mgal/day	***	***	**	***	**	***			DA	ILY	RCORDR
SAN EASU	iple Rement	****	**	***	****	***	***	**	***	NOI	DI=C	m a /l	0	0/3	30	GRAB
PEF EQUIF	REMENT	****	**	***		***	***	**	***		011 MAX	mg/L		WEE	KLY	GRAB
	IPLE REMENT	****	**	***	****	***	***	NOI	DI=C	NOI	DI=C	mg/l	0	0/3	30	GRAB
	RMIT REMENT	****	**	***		***	***		Mon. HLY AV		Mon. Y MX	mg/L		WEE	KLY	GRAB
	IPLE REMENT	****	**	***	****	***	***	NO	DI=C	NO	DI=C	ma/l	0	0/3	30	GRAB
PEF EQUIF	REMENT	****	**	***		***	***		.0 HLY AV		.0 .Y MX	mg/L		MON	THLY	GRAB
	IPLE REMENT															
	RMIT REMENT															
	PREPARED U DESIGNED TO INFORMATIOI THE SYSTEM INFORMATIOI TRUE, ACCUF SUBMITTING	DER PENALTY OF LAW THA NDER MY DIRECTION OR SU ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M OR THOSE PERSONS DIRE N, THE INFORMATION SUBM RATE AND COMPLETE. I AM FALSE INFORMATION, INCLI G VIOLATIONS.	JPERVISION II PERSONNEL Y INQUIRY OF CTLY RESPOI IITTED IS, TO AWARE THAT	N ACCORDANO PROPERLY GA THE PERSON NSIBLE FOR G THE BEST OF THERE ARE S	CE WITH A SYST ATHER AND EVA OR PERSONS ATHERING THE MY KNOWLEDG IGNIFICANT PE	FEM ALUATE THE WHO MANAGE E AND BELIEF, NALTIES FOR		омв 🖉		COMB 7.26 '00' CUTIVE	505 AREA CODE	EPHONE 667-0	666	22 Year	DATI 07 MO	26 DAY

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Attachment 1 6 Attachment 2 PAGE 2 OF 2

LA-UR-27275 2

me/Location if different)

LLC		Ν	IM002835	5			T051-Q		DMR MAI	LING ZIP	CODE:	87545	
ORATORY 90		PER	MIT NUM	BER		DISCH	ARGE NU	JMBER	MAJOR QUARTE	RLY 48-HI	R ACUT	TE TOXICITY	
87545				MONIT	ORING P	ERIOD			EXTERN	AL OUTFA	ALL .		
ORATORY		YEAR	MO	DAY		YEAR	MO	DAY	1				
87545	FROM	22	04	01	то	22	06	30				No Discha	rge 🛛 🗙
	QUANT	TITY OF L	OADING			Q	UALITY C	OF CONCE	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
<	VALUE	VA	UE	UNITS	VAI	LUE	VA	LUE	VALUE	UNITS			
SAMPLE EASUREMENT	****	**	***	****	NOE	DI=C	NO	DI=C	****	Pass/Fail	0	0/91	COMP-3
PERMIT EQUIREMENT	****	**	***			00 1INIMUM		00 V MIN	****	Pass/Fail		QUARTERLY	COMP-3
SAMPLE EASUREMENT	****	**	***	****	NO	DI=C	NO	DI=C	****		0	0/91	COMP-3
PERMIT EQUIREMENT	****	**	***			Mon. IINIMUM		Mon. V MIN	****	Pass/Fail		QUARTERLY	COMP-3
SAMPLE	****	**	***		NO				****		0	0/04	

EGOINEMENT				40-NK IVI		IVIO AV IVIIN							
SAMPLE EASUREMENT	****	****	****	NOD)I=C	NODI=C	**	***		0	0/9)1	COMP-3
PERMIT EQUIREMENT	****	****		Opt. N 48-HR M		Opt. Mon. MO AV MIN	**	***	Pass/Fail		QUART	ERLY	COMP-3
SAMPLE EASUREMENT	****	****	****	NOD)I=C	NODI=C	**	***	Pass/Fail	0	0/9)1	COMP-3
PERMIT EQUIREMENT	****	****		Opt. N 48-HR M		Opt. Mon. MO AV MIN	**	***	rass/raii		QUART	ERLY	COMP-3
SAMPLE EASUREMENT	****	****	****	NOD)I=C	NODI=C	**	***	Pass/Fail	0	0/9)1	COMP-3
PERMIT EQUIREMENT	****	****		Req. I 48-HR M		Req. Mon. MO AV MIN	**	***	1 833/1 811		QUART	ERLY	COMP-3
SAMPLE EASUREMENT	****	****	****	NOD)I=C	NODI=C	**	***	%	0	0/9)1	COMP-3
PERMIT EQUIREMENT	****	****		Req. I 48-HR M		Req. Mon. MO AV MIN	**	***	70		QUART	ERLY	COMP-3
SAMPLE EASUREMENT	****	****	****	NOD)I=C	NODI=C	**	***	%	0	0/9)1	COMP-3
PERMIT EQUIREMENT	****	****		Req. I 48-HR M		Req. Mon. MO AV MIN	**	***	70		QUART	ERLY	COMP-3
SAMPLE EASUREMENT													
PERMIT EQUIREMENT													
PREPARED U DESIGNED TO INFORMATION THE SYSTEM, INFORMATION TRUE, ACCUR SUBMITTING	NDER MY DIRECTION OR SL DASSURE THAT QUALIFIED N SUBMITTED. BASED ON M OR THOSE PERSONS DIRE N, THE INFORMATION SUBM RATE AND COMPLETE. I AM	T THIS DOCUMENT AND ALL PERVISION IN ACCORDANC PERSONNEL PROPERLY GA Y INQUIRY OF THE PERSON CTLY RESPONSIBLE FOR G/ ITTED IS, TO THE BEST OF N AWARE THAT THERE ARE SI JDING THE POSSIBILITY OF	E WITH A SYS THER AND EVA OR PERSONS ATHERING THE IY KNOWLEDG GNIFICANT PE	TEM ALUATE THE WHO MANAGE E AND BELIEF, NALTIES FOR	-	MB HÖLCÓMB (Date: 2022.0	7.26 09:10:58	TEI 505 AREA CODE	EPHONE 665-0 NUMB	666	22 Year	DAT 07 MO	26
IONS	(Reference all atta	chments here)			1			1					

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Attachment 1 24

Attachment 2

PAGE 1 OF 1

LA-UR-27275 3

me/Location	if different)	

ame/Location if o	different)													OMB No	o. 2040-004
LLC ORATORY 90	F		/1002835 /IT NUM	-	[DISCH	051-A ARGE NU	MBER		DMR MAI MAJOR TREATED RAD					ON
87545]			MONIT		ERIOD				EXTERNA					
ORATORY 87545	FROM	YEAR 22	MO 07	DAY 01	то	YEAR 22	MO 07	DAY 31		PAGE 5			No	Discharge	e 📃
\times		TTY OF LC	_				UALITY O		ī			NO. EX	FREQU OF ANA		AMPLE TYPE
	VALUE	VAL		UNITS	VAL	-	VAL	UE	VA	LUE	UNITS				
SAMPLE EASUREMENT	****	****	**	****	***	***	<8.	95	<8	.95	mg/L	0	1/:	31 (GRAB
PERMIT EQUIREMENT	****	***	**		***	***	12 MONTH			25 Y MX	IIIg/L		MON	THLY (GRAB
SAMPLE EASUREMENT	****	***	**	****	7.	.1	***	**	7	.2	S.U.	0	2/3	31 (GRAB
PERMIT EQUIREMENT	****	***	**		6. MINII	-	***	**	-	.0 IMUM	5.0.		WEE	KLY (GRAB
SAMPLE EASUREMENT	<0.0799	<0.07	799	lle e /el eu /	***	***	<0.5	570	<0.	570		0	1/:	31 (GRAB
PERMIT EQUIREMENT	73 MONTHLY AV	10 DAILY	-	lbs/day	***	***	3 MONTH			5 Y MX	mg/L		MON	THLY (GRAB
SAMPLE EASUREMENT	****	***:	**	****	66	6.9	***	:**	**	***		0	2/3	31 (GRAB
PERMIT EQUIREMENT	****	***:	**		5 MINII	-	***	:**	**	***	mg/L		3/W	eek (GRAB
SAMPLE EASUREMENT	****	***	**	****	***	***	<0.00	0300	<0.0	0300		0	2/3	31 (GRAB
PERMIT EQUIREMENT	****	***:	**		***	***	1.3 MONTH			68 Y MX	mg/L		WEE	KLY (GRAB
SAMPLE EASUREMENT	****	***	**	****	***	***	0.00	783	0.0	144		1	2/3	31 (GRAB
PERMIT EQUIREMENT	****	***	**		***	***	0.0 MONTH			014 Y MX	mg/L		3/W	eek (GRAB
SAMPLE EASUREMENT	****	***:	**	****	***	***	<0.00	0500	<0.00	00500		0	2/3	31 (GRAB
PERMIT EQUIREMENT	****	***:	**		***	***	0.0 MONTH			115 Y MX	mg/L		WEE	KLY (GRAB
I CERTIFY UN PREPARED U	IDER PENALTY OF LAW THA	T THIS DOCUME	ENT AND ALL	ATTACHMENT	S WERE	SARAH		Digitally signed		TEI	EPHONE			DATE	
DESIGNED T INFORMATIO THE SYSTEM INFORMATIO	O ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M , OR THOSE PERSONS DIRE N, THE INFORMATION SUBM RATE AND COMPLETE. I AM.	PERSONNEL PF Y INQUIRY OF T CTLY RESPONS IITTED IS, TO TH	ROPERLY GA THE PERSON SIBLE FOR GA	THER AND EVA OR PERSONS ATHERING THE IY KNOWLEDG	LUATE THE WHO MANAGE E AND BELIEF,	HOLCOM (Affiliate)		HOLCOMB (A Date: 2022.08. -06'00'	25 11:23:20				00	0.0	
SUBMITTING	FALSE INFORMATION, INCL IG VIOLATIONS.						URE OF PRI			505 AREA CODE	667-0 NUMB		22 Year	08 MO	25 DAY

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Attachment 1 5 Attachment 2 PAGE 1 OF 2

LA-UR-22-28914

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ame/Location if o	different)	DI	ISCHARGE	EMONITOR	ING REPOF	rt (DMR)								OMB N	lo. 2040-004
LLC ORATORY 00			IM002835 MIT NUM	-	[DISCH	051-A ARGE NU	IMBER		DMR MAI MAJOR TREATED RAD					YON
87545 ORATORY 87545	FROM	YEAR 22	MO 07	MONIT DAY 01	ORING PI	ERIOD YEAR 22	MO 07	DAY 31		EXTERNA PAGE 5	AL OUTF#	ALL	No.	Dischar	
$\overline{}$		TITY OF L	OADING				UALITY O		-			NO. EX	FREQU OF ANA	ENCY	SAMPLE TYPE
SAMPLE	VALUE *****		LUE ***	UNITS	VAL	-	VAL <0.0	_UE 0775		LUE 122	UNITS	0	2/3	31	GRAB
PERMIT	****	**	***	****	***	***	0.1 MONTH		-	191 Y MX	mg/L		3/W	eek	GRAB
SAMPLE EASUREMENT	****	**	***	****	***	***	<0.	379	0.5	590	pCi/L	0	3/3	31	GRAB
PERMIT EQUIREMENT	****	**	***		***	***	3 MONTI		-	0 Y MX	poi/L		WEE	KLY	GRAB
SAMPLE EASUREMENT	0.016927	Ļ	7056	Mgal/day	***	***	***	***	**	***	****	0	2/3	31 1	RCORDR
PERMIT EQUIREMENT	Req. Mon. MONTHLY AV		Mon. Y MX	ingui, duy	***	***	***	***	**	***			DAI	LY	RCORDR
SAMPLE EASUREMENT	****	**	***	****	***	***	***	***		0	mg/L	0	2/3	31	GRAB
PERMIT EQUIREMENT	****	**	***		***	***	***	***		011 MAX			WEE	KLY	GRAB
SAMPLE EASUREMENT	****	**	***	****	***	***		0050		00050	mg/L	0	3/3	31	GRAB
PERMIT EQUIREMENT	****	**	***		***	***	Req. MONTI			Mon. Y MX			WEE	KLY	GRAB
SAMPLE EASUREMENT	****	**	***	****	***	***	0.00)437	mg/L	0	86/	31	GRAB
PERMIT EQUIREMENT	****	**	***		***	***	1 MONTI	.0 HLY AV		.0 Y MX			MON	THLY	GRAB
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(Reference all attachments here)

ay be used.

Attachment 1 6 Attachment 2 PAGE 2 OF 2

LA-UR-22-28914

2

Permit										
Permit	#:	NM0028355		Permitt	ee:	L	OS ALAM	OS NATIONAL	LABORA	TORY
Major:		Yes		Permitt	ee Address:	52	28 35TH S	O NATIONAL LA STREET O, NM 87544	ABORATO	DRY
Permit	ted Feature:	051 External Outfall		Discha	rge:		51-A REATED	RADIOACTIVE	LIQUID W	ASTE TO M
Report	Dates & Status									
Monito	ring Period:	From 08/01/22 to 08/	31/22	DMR D	ue Date:	0	9/28/22			
	lerations for Form C	-								
THE LI	MITS AND MONITOR	RING FOR TOTAL TOX	IC ORGANICS E	DO NOT I	NCLUDE 2,3	3,7,8-TETR/	ACHLORO	DIBENZO-P-D	OXIN(TC	DD), PESTI
-	al Executive Office	r								
First Na				Title:						
Last Na										
	a Indicator (NODI)									
Form N				•	" D					
Code	Paramet	ter lame	Monitoring Locati	on Seasor	h # Param. NOI	וכ	Qualifier 1		Qualifier 2	_
						Sample				
00340	Oxygen demand, ch	em. [high level] [COD]	1 - Effluent Gros	s 0		Permit Req				
						Value NOD	1			
						Sample Permit Reg				
00400	рН		1 - Effluent Gros	s 0		Value NOD				
						Sample	_	0.0735	<	0.0735
00530	Solids, total suspen	ded	1 - Effluent Gros	s 0		Permit Req		73.0 MO AVG	<=	109.0 DAILY I
				-		Value NOD	I			
						Sample				
00900	Hardness, total [as (CaCO3]	1 - Effluent Gros	s 0		Permit Req				
						Value NOD	1			
						Sample Permit Reg				
01034	Chromium, total [as	Cr]	1 - Effluent Gros	s 0		Value NOD				
						Sample				
01042	Copper, total [as Cu	1	1 - Effluent Gros	s 0		Permit Req				
		-				Value NOD	I			
						Sample				
01051	Lead, total [as Pb]		1 - Effluent Gros	s 0		Permit Req				
						Value NOD	1			
01092	Zina total [aa Zn]		1 - Effluent Gros	0		Sample Permit Req				
01092	Zinc, total [as Zn]		I - Enident Gros	s 0		Value NOD				
						Sample	-			
11503	Radium 226 + radiur	n 228, total	1 - Effluent Gros	s 0		Permit Req				
						Value NOD	I			
						Sample		0.01635		0.01709
50050	Flow, in conduit or t	hru treatment plant	1 - Effluent Gros	s 0		Permit Req Value NOD		Req Mon MO AVG	·	Req Mon DAI
						Sample				
50060	Chlorine, total resid	ual	1 - Effluent Gros	s 0		Permit Req				
00000		uui		0		Value NOD	I			
-						Sample				
61209	Perchlorate [CIO4]		1 - Effluent Gros	s 0		Permit Req				
						Value NOD	I			
						Sample				
78141	Organics, total toxic	: [ТТО]	1 - Effluent Gros	s 0		Permit Req				
EPC-D	0: 23-121									

EPC-DO: 22-281			Value NODI				Attache
Submission Note							1
If a parameter row does not contain any values for the	ne Sample nor Effl	uent Tradi	ng, then none of the fo	ollowing fields will be	subm	nitted for	that row: Ur
Edit Check Errors							
No errors.							
Comments							
LA-UR-22-29946							
Attachments							
No attachments.							
Report Last Saved By							
LOS ALAMOS NATIONAL LABORATORY							
User:	ICADIE	INTE					
Name:	Isaac	Cadiente					
E-Mail:	icadien	te@lanl.g	ov				
Date/Time:	2022-0	9-26 17:0	00 (Time Zone: -05:00))			
Report Last Signed By							
User:	SARA	HOLCON	ИB				
Name:	Sarah	Holcom)				
E-Mail:	sholco	mb@lanl.g	jov				
Date/Time:	2022-0	9-27 16:5	68 (Time Zone: -05:00))			

Permit												
Permit	#:	NM0028355		Permitte	e:	L	OS ALAM	OS NATIONA	L LABOR	ATOR'	Y	
Major:		Yes					LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544					
Permitt	ted Feature: 051 External Outfall					5 1-A REATED	RADIOACTIV	e liquid	WAST			
Report	Dates & Status											
Monito	ring Period:	From 09/01/22 to 09/3	30/22	DMR Du	e Date:	10)/28/22					
Consid	erations for Form C	ompletion										
THE LIN	MITS AND MONITOR	RING FOR TOTAL TOX	IC ORGANICS E		NCLUDE 2,3,	7,8-TETRA	ACHLOR	DIBENZO-P-	DIOXIN(T	CDD),	PEST	
Princip	al Executive Officer											
First Na	ame:			Title:								
Last Na	ime:											
No Data	a Indicator (NODI)											
Form N	ODI:											
	Paramet		Monitoring Location	on Season	# Param. NOD	l			Quantity or		-	
Code	N	ame				Sample	Qualifier 1	1 Value 1	Qualifie	r 2	Value	
00340	Oxygen demand, che	em. [high level] [COD]	1 - Effluent Gros	s 0		Permit Req						
	ex, gen deniand, en	[g.: .e. e.] [= e =]				Value NOD	1					
						Sample						
00400	рН		1 - Effluent Gros	s 0		Permit Req						
						Value NOD	1					
	530 Solids, total suspended					Sample Permit Req		0.0813 73.0 MO AVG	<=	0.08	13 0 DAILY	
00530			1 - Effluent Gros	s 0		Value NOD		73.0 WO AVG	~-	109.	U DAIL I	
										_		
00900	Hardness, total [as CaCO3]		1 - Effluent Gros	s 0		Sample Permit Req						
00300	naruness, total [as c	2003]		3 0		Value NOD	1					
						Sample						
01034	Chromium, total [as	Cr]	1 - Effluent Gros	s 0		Permit Req						
						Value NOD	1					
						Sample Permit Req						
01042	Copper, total [as Cu]	l	1 - Effluent Gros	s 0		Value NOD						
						Sample						
01051	Lead, total [as Pb]		1 - Effluent Gros	s 0		Permit Req						
						Value NOD	I					
						Sample						
01092	Zinc, total [as Zn]		1 - Effluent Gross	s 0		Permit Req						
						Value NOD						
	-					Sample Permit Req						
11503	Radium 226 + radiun	n 228, total	1 - Effluent Gros	s 0		Value NOD						
						Sample		0.015904		0.01	6522	
50050	0050 Flow, in conduit or thru treatment plant		1 - Effluent Gros	s 0		Permit Req		Req Mon MO A	VG		Mon DA	
						Value NOD	1					
						Sample						
50060	Chlorine, total residu	lal	1 - Effluent Gros	s 0		Permit Req						
						Value NOD						
	1209 Perchlorate [CIO4]					Sample Permit Req						
61209			1 - Effluent Gross	ss 0		Value NOD						
						Sample	_			_		
70444	Oment of the t	177.01	4 50 10			Permit Req						
78141 EPC-DC	Organics, total toxic D: 22-323 D: 23-121	[110]	1 - Effluent Gros	s 0							A ·· ·	
EPC-DC): 23-121										Attach	

		Value NODI				
Submission Note						
If a parameter row does not contain any values for th	e Sample nor Effluent Tr	ading, then none of the f	ollowing fie	lds will be subr	nitted for	that row: Ur
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 Cadie	nte				
E-Mail:	icadiente@la	nl.gov				
Date/Time:	2022-10-25	0:10 (Time Zone: -05:0	0)			
Report Last Signed By						
User:	SARAHHOLO	OMB				
Name:	Sarah Holco	omb				
E-Mail:	sholcomb@la	nl.gov				
Date/Time:	2022-10-25	0:26 (Time Zone: -05:0	0)			

Permit												
Permit	#:	NM0028355		Permitte	ee:	L	OS ALAN	IOS NATIONAL	LABORA	TORY		
Major:		Yes					LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544					
Permitt	itted Feature: 051 External Outfall			Dischar	ge:		51-A REATED	RADIOACTIVE	LIQUID	WASTE TO I		
Report	Dates & Status											
Monito	ring Period:	From 10/01/22 to 10/3	31/22	DMR Du	le Date:	1	1/28/22					
Consid	erations for Form C	ompletion										
THE LIN	MITS AND MONITOF	RING FOR TOTAL TOX	IC ORGANICS D	DO NOT I	NCLUDE 2,3,	7,8-TETRA	ACHLOR	ODIBENZO-P-D	ONIN(T	CDD), PEST		
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First Na	ame:			Title:								
Last Na	ime:											
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Code	Paramet	er ame	Monitoring Location	on Season	# Param. NOD	I	Qualifier		antity or L Qualifier	_		
oouc		unio				Sample	Quanner		Quanner	2 Value		
00340	Oxygen demand, che	em. [high level] [COD]	1 - Effluent Gros	s 0		Permit Req						
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						Sample	_	0.101		0.101		
00530	530 Solids, total suspended		1 - Effluent Gros	s 0		Permit Req	-	73.0 MO AVG	<=	109.0 DAILY		
00000						Value NOD	1					
						Sample						
00900	Hardness, total [as CaCO3]		1 - Effluent Gros	s 0		Permit Req						
						Value NOD	1					
						Sample Permit Req						
01034	Chromium, total [as	Cr]	1 - Effluent Gros	s 0		Value NOD						
						Sample						
01042	Copper, total [as Cu]	I	1 - Effluent Gros	s 0		Permit Req						
						Value NOD	I					
						Sample						
01051	Lead, total [as Pb]		1 - Effluent Gros	s 0		Permit Req						
						Value NOD Sample						
01092	Zinc, total [as Zn]		1 - Effluent Gros	s 0		Permit Req						
C. COL				Ū		Value NOD	I					
						Sample						
11503	Radium 226 + radium	n 228, total	1 - Effluent Gros	s 0		Permit Req						
						Value NOD		0.040.000		0.01015		
50050	Flow in cost 14		1 56			Sample Permit Req		0.016492 Req Mon MO AVO	G	0.016492 Req Mon DA		
50050	50050 Flow, in conduit or thru treatment plant		1 - Effluent Gros	s 0		Value NOD			-			
						Sample						
50060	Chlorine, total residu	Jal	1 - Effluent Gros	s 0		Permit Req						
						Value NOD						
	1209 Perchlorate [CIO4]					Sample						
61209			1 - Effluent Gross	ss 0		Permit Req						
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	_			_		Sample Permit Req						
78141 EPC-D	Organics, total toxic Q: 22-358	[TT0]	1 - Effluent Gros	s 0								
EPČ-D	O: 22-358 O: 23-121									Attacl		

	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: U
Edit Check Errors	
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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)

Permitte: NM0023355 Permitte: COS ALAMO NATIONAL LAD Major: Yes Permitte: Address: Uss ALAMO NATIONAL LAD Permitte: Yes Dist-Jess: Uss ALAMO NATIONAL LAD Permitte: Dist-Jess: Uss ALAMO NATIONAL LAD Permitte: Dist-Jess: Uss ALAMO NATIONAL LAD Report Dates & Status: Permitte: Dist-Jess: Uss ALAMO NATIONAL LAD Report Dates & Status: Permitte: Dist-Jess: Uss ALAMO NATIONAL LAD Report Dates & Status: Permitte: Dist-Jess: Uss ALAMO NATIONAL LAD Report Dates & Status: Permitte: Dist-Jess: Uss ALAMO NATIONAL LAD Report Dates & Status: Permitte: Its: Its: </th <th>Permit</th> <th></th>	Permit																			
Permitted Feature: T051 External Outfall Discharge: T081-Q QUARTERLY 48-HR ACUTE Report Dates & Status From 0801/22 to 10/31/22 DMR Due Date: 11/28/22 Considerations for Form Completion (PRSS = 0 FALL AS YO REPORT FALL AS 'YI IN CONCENTRAL'S ANOR ANOTAL'S ANOR ANOTAL'S ANO	Permit #	:	NM0028355		Permit	tee:			LOS	ALAMO	S NAT	ΓΙΟΝ	AL LA	BC						
External Outfail OutArt RL V 48-HR ACUTE 1 Report Dates & Status Prioritoring Feriod: From 08/01/22 to 10/31/22 DMR Due Date: 11/28/22 Cansider: Uncompletion (PAS = 0 FAL = 1) REPORT PASS AS 'O R REPORT FAL AS 'I' IN CONSENTATION IN A AVG. AUG. SUPERITY Value 14: 10 REPORT PASS AS 'O R REPORT FAL AS 'I' IN CONSENTATION IN A AVG. AUG. SUPERITY Value 14: 10 REPORT PASS AS 'O R REPORT FAL AS 'I' IN CONSENTATION IN A AVG. AUG. SUPERITY Value 14: 10 REPORT PASS AS 'O' IN CONSENTATION IN A AVG. AUG. SUPERITY Value 14: 10 REPORT PASS AS 'O' IN CONSENTATION IN A AVG. AUG. SUPERITY Value 14: 10 REPORT PASS AS 'I' IN CONSENTATION IN A AVG. AUG. SUPERITY Value 14: 10 REPORT PASS AS 'I' IN CONSENTATION IN A AVG. AUG. SUPERITY Value 14: 10 REPORT PASS AS 'I' IN CONSENTATION IN A AVG. AUG. SUPERITY Value 14: 10 REPORT PASS AS 'I' IN CONSENTATION IN A AVG. AUG. SUPERITY Value 14: 10 REPORT PASS AS 'I' IN CONSENTATION IN A AVG. AUG. SUPERITY Value 14: 10 REPORT PASS AS 'I' IN CONSENTATION IN A AVG. PROVIDE AUG. SUPERITY Value 14: 10 REPORT PASS AS 'I' IN CONSENTATION IN A AVG. PROVIDE AUG. SUPERITY Value 14: 10 REPORT PASS AS 'I' IN CONSENTATION IN A AVG. PROVIDE AUG. SUPERITY VALUE 14: 10 REPORT PASS AS 'I' IN CONSENTATION IN A AVG. PROVIDE AUG. SUPERITY VALUE 14: 10 REPORT PASS AS 'I' IN CONSENTATION IN A AVG. PROVIDE AUG. SUPERITY VALUE 14: 10 REPORT PASS AS 'I' IN CONSENTATION IN A AVG. PROVIDE AUG. SUPERITY VALUE 14: 10 REPORT PASS AS 'I' IN CONSENTATION IN A AVG. PROVIDE AUG. SUPERITY AUG. PROVIDE AUG. SUPERITY AUG. PROVIDE AUG. SUPERITY AUG. PROVIDE AUG. SUPERITY AUG. PROVIDE AUG. PRO	Major:				Permittee Address:															
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Consider Form Completion (PASS -0 FAIL = 1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG. ABOVE. Principal Executive Officer Title: Title: Last Name: No bala Indicator (NOD) Form NOD: Code Monitoring Sample Counting Volume Units Counting Volume Volume Units Counte Volume Units Counting Volume Units Counting V	Report D	Dates & Status																		
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	Edit Che	eck Errors																		
Comments	No errors	5.																		
	Comme	nts																		

LA-UR-22-32091 Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

EPC=DO: 22-358

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)

Permit														
Permit	#:	NM0028355		Permitte	e:	L	OS ALAM	IOS NATIONAL	LABORA	TORY				
Major:		Yes					LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544							
Permitt	tted Feature: 051 External Outfall			Dischar	ge:		51-A REATED	RADIOACTIVE	LIQUID	WASTE TO				
Report	Dates & Status													
Monito	ring Period:	From 11/01/22 to 11/3	30/22	DMR Du	e Date:	1:	2/28/22							
Consid	erations for Form C	ompletion												
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Princip	al Executive Officer													
First Na	ame:			Title:										
Last Na	me:													
No Data	a Indicator (NODI)			1										
Form N	ODI:													
	Paramete	er	Monitoring Locati	on Season	# Param. NOD	I		Qu	antity or L	oading				
Code	N	ame				Comula	Qualifier 1	1 Value 1	Qualifier	2 Value				
00340	Ovuran damand ab	m Thigh lovell [COD]	1 - Effluent Gros	s 0		Sample Permit Req								
00340	Oxygen demand, che	em. [high level] [COD]	I - Elliuent Gros	s 0		Value NOD								
						Sample								
00400	рН		1 - Effluent Gros	s 0		Permit Req								
						Value NOD								
						Sample	-	0.0729	<	0.0729				
00530	0530 Solids, total suspended		1 - Effluent Gros	s 0		Permit Req		73.0 MO AVG	<=	109.0 DAILY				
						Value NOD								
				2		Sample Permit Req								
00900	Hardness, total [as C	aCO3]	1 - Effluent Gros	s 0		Value NOD								
						Sample								
01034	Chromium, total [as	Cr]	1 - Effluent Gross	1 - Effluent Gros	s 0		Permit Req							
	· •					Value NOD	I I							
						Sample								
01042	Copper, total [as Cu]		1 - Effluent Gros	s 0		Permit Req								
					_	Value NOD								
04054				2		Sample Permit Req								
01051	Lead, total [as Pb]		1 - Effluent Gros	s 0		Value NOD								
						Sample								
01092	Zinc, total [as Zn]		1 - Effluent Gros	s 0		Permit Req								
						Value NOD	I							
						Sample								
11503	Radium 226 + radium	n 228, total	1 - Effluent Gros	s 0		Permit Req								
						Value NOD		0.044050		0.011070				
50050	Flow is could be		1 59			Sample Permit Req		0.014859 Req Mon MO AVO	3	0.014859 Req Mon DA				
50050	Flow, in conduit or thru treatment plant		1 - Effluent Gros	s 0		Value NOD			-					
						Sample	-							
50060	0060 Chlorine, total residual		1 - Effluent Gros	s 0		Permit Req								
						Value NOD	I							
						Sample								
61209	61209 Perchlorate [CIO4]		1 - Effluent Gross	s 0		Permit Req								
						Value NOD								
						Sample Permit Req								
78141 EPC-D	Organics, total toxic O: 23-121 O: 23-024	[ΤΤΟ]	1 - Effluent Gros	s 0		r ennit Req								
EPČ-Ď	O: 23-024									Attack				

	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: Ur
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)

Permit												
Permit	#:	NM0028355		Permitte	e:	L	OS ALAM	IOS NATIONA	L LABO	ORAT	ORY	
Major:		Yes					LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544					
Permitt	ted Feature: 051 External Outfall			Dischar	ge:		5 1-A REATED	RADIOACTIV	e liqu	ID WA	ASTE TO I	
Report	Dates & Status											
Monito	ring Period:	From 12/01/22 to 12/3	31/22	DMR Du	e Date:	01	1/28/23					
Consid	lerations for Form C	completion										
THE LIN	MITS AND MONITOR	RING FOR TOTAL TOX	IC ORGANICS D	DO NOT II	NCLUDE 2,3,	,7,8-TETRA	ACHLOR	ODIBENZO-P-	DIOXI	N(TCD	D), PEST	
Princip	al Executive Officer											
First Na	ame:			Title:								
Last Na	ame:											
No Data	a Indicator (NODI)											
Form N												
Code	Paramet	er	Monitoring Location	on Season	# Param. NOD	I	Qualifier *		Quantity	or Load lifier 2	ding Value	
oouo						Sample	quannor		quu		Value	
00340	Oxygen demand, che	em. [high level] [COD]	1 - Effluent Gros	s 0		Permit Req						
						Value NOD	1					
						Sample Permit Reg						
00400	рН		1 - Effluent Gros	s 0		Value NOD						
						Sample		0.0817	<	(0.0817	
00530	0530 Solids, total suspended		1 - Effluent Gros	s 0		Permit Req		73.0 MO AVG	<=		109.0 DAILY	
						Value NOD	I					
						Sample						
00900	Hardness, total [as C	CaCO3]	1 - Effluent Gros	s 0		Permit Req						
						Value NOD			_			
04004		0.1	1 Efferent One			Sample Permit Req						
01034	Chromium, total [as	Crj	1 - Effluent Gros	s 0		Value NOD						
						Sample						
01042	Copper, total [as Cu]	1	1 - Effluent Gros	s 0		Permit Req						
						Value NOD	1					
						Sample Permit Reg	-					
01051	Lead, total [as Pb]		1 - Effluent Gros	s 0		Permit Req Value NOD						
						Sample						
01092	Zinc, total [as Zn]		1 - Effluent Gros	s 0		Permit Req						
						Value NOD						
						Sample						
11503	Radium 226 + radiun	n 228, total	1 - Effluent Gross	s 0		Permit Req						
						Value NOD		0.016201			0.016446	
50050	Flow in conduit or the	hru treatment plant	1 - Effluent Gros	s 0		Sample Permit Req		0.016391 Req Mon MO A	VG		0.016416 Req Mon DA	
00000	60050 Flow, in conduit or thru treatment plant		r Endent Gros	0		Value NOD						
						Sample						
50060	0060 Chlorine, total residual		1 - Effluent Gros	s 0		Permit Req						
						Value NOD						
0/06-	61209 Perchlorate [CIO4]					Sample Permit Reg						
61209			1 - Effluent Gross	ss 0		Value NOD						
						Sample	-					
78111	Organics, total toxic O: 23-121 O: 23-054		1 - Effluent Gros	s 0		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: Ur
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

OMB	No.	2040-004

y Name/Location if d	ifferent)													OWB	140-2040-004
TY, LLC	Ĩ	N	M00283	55	Г		13S-A			DMR MAI		CODE:	8754	5	
ABORATORY						DISCH	ARGE NL	IMBER	1	MAJOR					
K490	2 1										D SANITAF		STEWAT	ER	
CO 87545				1 1	RING PE						AL OUTFA	LL			
TY, LLC		YEAR	MO	DAY		YEAR	01	DAY 31		PAGE 8					
CO 87545	FROM	21	01	01	то [21	01	31					No Di	ischar	ge 🔀
JRG, EPC-CP	OLIANI					0		OF CONCE	NTRATIC	N		NO.	FREQUE	NCY	SAMPLE
\searrow	QUANT	ITY OF L	OADING			Q	UALITIC	JI OONOL	AIRANO			EX	OF ANAL		TYPE
\frown	VALUE	VA	LUE	UNITS	VAL	.UE	VA	LUE	VAL	.UE	UNITS				
SAMPLE MEASUREMENT	NODI=C	NOI	DI=C		***	**	NO	DI=C	NOE)I=C		0	0/3	1	COMP24
PERMIT	*****		09 Y MX	lbs/day	***	**		30 HLY AV	4 DAIL	-	mg/L.		MONT	HLY	COMP24
SAMPLE MEASUREMENT	****	**	***	****	NOD)I=C	**	***	NO	DI=C	S.U.	0	0/3	1	GRAB
PERMIT REQUIREMENT	****	**	***		6. MINI		*:	k###	9 MAX	.0 MUM	3.0		WEEK	(LY	GRAB
SAMPLE MEASUREMENT	NOD!=C	NO	DI=C	lh a (d au	***	***	NO	DI=C	NO	DI=C	mg/L	0	0/3	1	COMP24
PERMIT REQUIREMENT	73 MONTHLY AV		09 Y MX	lbs/day	***	te sterate		30 HLY AV		5 Y MX	Ingre		MONT	HLY	COMP24
SAMPLE MEASUREMENT	NODI=C	NO	DI=C		***	***	*	****	**	***	*****	0	99/9	99	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV		Mon. Y MX	- Mgal/day	***	***	*	****	**	***			CONTIN	JOUS	RCORDR
SAMPLE MEASUREMENT	****	**	****	****	**1	***	*	****	NO	DI=C	mg/L	0	0/3	1	GRAB
PERMIT REQUIREMENT	*****	**	****		***	***	*	****		011 MAX	ingre		WEEK	KLY	GRAB
SAMPLE MEASUREMENT	****	*1	****	*****	34 94 1	***	NC	DI=C	NO	DI=C	#/100ml	0	0/3	1	GRAB
PERMIT REQUIREMENT	*****	*	****		**	***		548 VG GEO		507 Y MX	# TOOTIN		2/Mo	nth	GRAB
SAMPLE MEASUREMENT															
PERMIT REQUIREMENT	1.4	1			1										
ER ICERTIFY U	NDER PENALTY OF LAW TH UNDER MY DIRECTION OR	AT THIS DOCU	IMENT AND A	LL ATTACHMENT	S WERE	TAUNIA		Digitally signed	by TAUNIA VAN	TE	ELEPHON	E		DAT	re
DESIGNED T INFORMATIO THE SYSTEM	O ASSURE THAT QUALIFIE ON SUBMITTED. BASED ON M, OR THOSE PERSONS DIF ON, THE INFORMATION SUE IRATE AND COMPLETE TAI	D PERSONNEL MY INQUIRY C RECTLY RESPO	PROPERLY F THE PERSO ONSIBLE FOR THE BEST O	GATHER AND EVA ON OR PERSONS GATHERING THE F MY KNOWLEDG	LUATE THE WHO MANAGE E AND BELIEF	(Affiliate	_	VALKENBURG Date: 2021.02.2 -07'00'	5 13:25.02		1	007	21	02	25
SUBMITTING	FALSE INFORMATION, INC NG VIOLATIONS	LUDING THE P	POSSIBILITY	OF FINE AND IMPR	SONMENT			RINCIPAL EX		505 AREA COD	665-9		YEAR	M	D DAY
	(Reference all al	tachments	here)		_				_	HACK OUD					

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

ns may be used.

PAGE 1 OF 1

Attachment 1

LA-UR-21-21889

ame/L	ocation	if	different)	

, LLC	[N	M002835	5	1		13S-A				ING ZIP (CODE:	8754	5	
ORATORY 90	[PER		BER	53	DISCH	ARGE NU	MBER	-	MAJOR FREATED	SANITAF	RY WAS	STEWAT	ER	
87545	[MONITO	DRING P	ERIOD			E	XTERNA	L OUTFA	LL			
, LLC	= [YEAR	MO	DAY		YEAR	MO	DAY	F	PAGE 8					
87545 G, EPC-CP	FROM	21	02	01	то	21	02	28					No Di	schar	ge X
\checkmark	QUANT	TTY OF L	OADING			Q	UALITY O	F CONCE	NTRATIO	N		NO. EX	FREQUE OF ANAL		SAMPLE TYPE
$\langle \ \rangle$	VALUE	VAI	UE	UNITS	VA	LUE	VA	.UE	VAL	UE	UNITS				
SAMPLE //EASUREMENT	*NODI=C	*NO	DI=C	lhe (de)	**	***	*NO	DI=C	*NOE	DI=C	mg/L	0	0/28	3	COMP24
PERMIT	****		09 Y MX	lbs/day	**	***	3 MONTI	0 HLY AV	4: DAIL		mg/L		MONTH	ILY	COMP24
SAMPLE //EASUREMENT	****	**	***	****	*NO	DI=C	**	***	*NO	DI=C	S.U.	0	0/28	3	GRAB
PERMIT	****	**	***			.0 MUM	**	***	9. MAXI		5.0.		WEEK	ĹΥ	GRAB
SAMPLE MEASUREMENT	*NODI=C	*NO	DI=C		**	***	*NO	DI=C	*NOI	DI=C	ma/l	0	0/28	3	COMP24
PERMIT	73 MONTHLY AV		09 Y MX	lbs/day	**	****		0 HLY AV	4 DAIL	-	mg/L	- 4	MONT	HLY	COMP24
SAMPLE MEASUREMENT	*NODI=C	*NO	DI=C	Maalfalau	**	***	**	***	***	n ini r	*****	0	99/9	9	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV		Mon. Y MX	-Mgal/day	**	****	**	***	**1	circle			CONTINU	ous	RCORDR
SAMPLE MEASUREMENT	****	**	***	****	**	****	**	***	*NOI	DI=C	ma/l	0	0/2	8	GRAB
PERMIT REQUIREMENT	*****	**	***		**	****	**	***	0.0 INST		mg/L		WEEK	(LY	GRAB
SAMPLE MEASUREMENT	*****	**	***	*****	**	****	*NO	DI=C	*NO	DI=C	#/100mal	0	0/2	8	GRAB
PERMIT REQUIREMENT	****	-	ntek		**	****		48 G GEO	25 DAIL	07 Y MX	#/100ml		2/Moi	nth	GRAB
SAMPLE MEASUREMENT															
PERMIT REQUIREMENT			1.2												
I CERTIFY U	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACK PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH					TAUNIA	VAN	Digitally sig	ned by TAUNI/		LEPHONE	=		DAT	E
DESIGNED INFORMATIO THE SYSTEM INFORMATIO	ONDER MY DIRECTION OR S TO ASSURE THAT QUALIFIE DN SUBMITTED, BASED ON I M, OR THOSE PERSONS DIR DN, THE INFORMATION SUB JRATE AND COMPLETE, I AM	ATHER AND EVA N OR PERSONS \ GATHERING THE MY KNOWLEDG	LUATE THE WHO MANAG E AND BELIEI	F. (Affiliate)	Date: 2021 -06'00'	ENBURG (Affili .03.25 09:17:38				2021	03	3 25		
SUBMITTING	S FALSE INFORMATION, INC NG VIOLATIONS	F FINE AND IMPR	SONMENT	SIGINA	TURE OF PR			505 AREA CODE	665-9 NUME		YEAR	MC	D DAY		

TIONS

2014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

(Reference all attachments here)

may be used.

Attachment 1 9 LA-UR-21-22875

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different) DMR MAILI NM0028355 13S-A NAME: TRIAD NATIONAL SECURITY, LLC MAJOR ADDRESS: LOS ALAMOS NATIONAL LABORATORY PERMIT NUMBER **DISCHARGE NUMBER** PO BOX 1663: MAIL STOP K490 LOS ALAMOS, NEW MEXICO 87545 MONITORING PERIOD FACILITY: TRIAD NATIONAL SECURITY, LLC YEAR MO DAY YEAR MO DAY PAGE 13 LOCATION: LOS ALAMOS, NEW MEXICO 87545 03 21 03 31 FROM 21 01 TO TAUNIA S. VAN VALKENBURG, EPC-CP ATTN: QUALITY OF CONCENTRATION QUANTITY OF LOADING PARAMETER VALUE VALUE VALUE VALUE UNITS VALUE BOD, 5 Day, 20 Deg. C SAMPLE ***** *NODI=C *NODI=C *NODI=C *NODI=C MEASUREMENT 00310 1 0 lbs/day 109 30 45 PERMIT ***** ***** Effluent Gross REQUIREMENT DAILY MX MONTHLY AV DAILY MX SAMPLE MEASUREMENT pH ***** ***** ***** *NODI=C *NODI=C 00400 1 0 **** 9.0 6.0 PERMIT ***** ***** ***** Effluent Gross REQUIREMENT MINIMUM MAXIMUM SAMPLE Solids, Total Suspended ***** *NODI=C *NODI=C MEASUREMENT 00530 1 0 lbs/day 109 30 45 73 PERMIT ***** Effluent Gross REQUIREMENT MONTHLY AV DAILY MX MONTHLY AV DAILY MX SAMPLE MEASUREMENT Flow, in conduit or thru treatment plant ***** ***** ***** *NODI=C *NODI=C 50050 1 0 Mgal/day Reg. Mon. Req. Mon. PERMIT ***** ***** ***** Effluent Gross REQUIREMENT MONTHLY AV DAILY MX Chlorine, Total Residual SAMPLE ***** ***** ***** ***** *NODI=C MEASUREMENT 50060 1 0 ***** 0.011 PERMIT ***** ***** ***** **** Effluent Gross REQUIREMENT **INST MAX** E. Coli SAMPLE ***** ***** ***** *NODI=C *NODI=C MEASUREMENT 51040 1 0 ***** 548 2507 PERMIT ***** ***** **** Effluent Gross REQUIREMENT MOAVG GEO DAILY MX SAMPLE MEASUREMENT PERMIT 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 CUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONSDIRECTLY 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 KNOWNES VIOLATIONS. TELE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TAUNIA VAN Digitally signed by TAUNIA VAN VALKENBURG (Affila Date: 2021.04.26 15:01:55 VALKENBURG TAUNIA S. VAN VALKENBURG **GROUP LEADER** (Affiliate) -06'00' EPC-CP SIGNATURE OF PRINCIPAL EXECUTIVE 505 FOR KNOWING VIOLATIONS. 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. NO DISCHARGE TO CANADA DEL BUEY.

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

EPC-DO: 21-143

Attachment 1

EPC-DO: 23-121

TREATED S EXTERNAL

PERMITTEE I	NAME/ADDRESS: (Include Facili	ty Name/Location if	different)					~ ^					
NAME:	TRIAD NATIONAL SECUR	ITY, LLC	ſ	1	VM00283	55			13S-A			DMR M	AILI
ADDRESS:	LOS ALAMOS NATIONAL PO BOX 1663; MAIL STOP	K490	İ	PEF		MBER		DISCH	IARGE N	JMBER		MAJOR	
	LOS ALAMOS, NEW MEXI	CO 87545	[MONITO	RING P	ERIOD	Contraction of the			EXTERN	NAL
FACILITY:	TRIAD NATIONAL SECUR	100 OSA	[YEAR	MO	DAY		YEAR	MO	DAY		PAGE 8	1
LOCATION: ATTN:	LOS ALAMOS, NEW MEXI TAUNIA S. VAN VALKENB		FROM	21	04	01	то	21	04	30			
	PARAMETER	\searrow	QUANT	TTY OF L	OADING			Q	UALITY (OF CONCE	NTRATIO	N	
		$\langle \ \rangle$	VALUE	VA	LUE	UNITS	VAL	UE	VA	LUE	VA	LUE	1
BOD, 5 Day 00310 1 0	y, 20 Deg. C	SAMPLE MEASUREMENT				lbs/day	***	***	*NC	DI=C	*NO	DI=C	
Effluent Gro	DSS	PERMIT REQUIREMENT	****		09 _Y MX	ibs/day	***	***	and the second second second	30 HLY AV		45 .Y MX	
pH 00400 1 0		SAMPLE MEASUREMENT	****	**	***	****	*NOI	DI=C	**	***	*NO	DI=C	
Effluent Gro	DSS	PERMIT REQUIREMENT	****	**	***		6. MINII	and the second se	**	***		0.0 IMUM	
Solids, Tota 00530 1 0	al Suspended	SAMPLE MEASUREMENT	*NODI=C	*NO	DI=C	lba/day	***	***	*NC	DI=C	*NO	DI=C	
1070/0000000000000000000000000000000000	00530 1 0 Effluent Gross		73 MONTHLY AV	-	09 .Y MX	lbs/day -	***	***		30 HLY AV		45 .Y MX	
Flow, in cor 50050 1 0	nduit or thru treatment plant	SAMPLE MEASUREMENT	*NODI=C	*NO	DI=C	- Mgal/day -	***	***	**	***	**	***	
Effluent Gro	0\$5	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV		Mon. Y MX	Ingal/day	***	***	**	***	**	***	100
Chlorine, To 50060 1 0	otal Residual	SAMPLE MEASUREMENT	****	**	***	*****	***	***	**	***	*NO	DI=C	
Effluent Gro	DSS	PERMIT REQUIREMENT	****	**	***		***	***	**	***		011 MAX	
E. Coli 51040 1 0		SAMPLE MEASUREMENT	****	**	***	*****	***	***	*NO	DI=C	*NO	DI=C	
Effluent Gro	055	PERMIT REQUIREMENT	****	**	***		***	**		48 G GEO		507 Y MX	#
		SAMPLE MEASUREMENT											
		PERMIT REQUIREMENT											
	ITLE PRINCIPAL EXECUTIVE OFFIC VAN VALKENBURG ADER TYPED OR PRINTED	PREPARED I DESIGNED T INFORMATIC THE SYSTEM INFORMATIC TRUE, ACCU SUBMITTING	VDER PENALTY OF LAW THAT JNDER MY DIRECTION OR SU O ASSURE THAT QUALIFIED I IN SUBMITTED. BASED ON IM OR THOSE PERSONS DIREC IN, THE INFORMATION SUBMI RATE AND COMPLETE. I AM A FALSE INFORMATION, INCLL VG VIOLATIONS.	JPERVISION II PERSONNEL Y INQUIRY OF CTLY RESPOI ITTED IS, TO AWARE THAT	N ACCORDAN PROPERLY G THE PERSON NSIBLE FOR G THE BEST OF THERE ARE S	CE WITH A SYSTE ATHER AND EVALU NOR PERSONS WI GATHERING THE MY KNOWLEDGE / SIGNIFICANT PENA	M JATE THE HO MANAGE AND BELIEF, LTIES FOR	201020/10/10/2000 Auto	BURG	Digitally signed b VAN VALKENBU Date: 2021.05.24 -06'00' INCIPAL EXEC	4 17 12 59 CUTIVE	505	ELE
	THEDUKENINTED											AREA CODE	E

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: 21-162

Attachment 1 9

EPC-DO: 23-121

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

SAMPLE MEASUREMENT

ATTN:

pH

50050 1 0

NAME: TRIAD NATIONAL SECURITY, LLC NM0028355 DMR MAIL 13S-A ADDRESS: LOS ALAMOS NATIONAL LABORATORY MAJOR PERMIT NUMBER **DISCHARGE NUMBER** PO BOX 1663; MAIL STOP K490 TREATED LOS ALAMOS, NEW MEXICO 87545 MONITORING PERIOD EXTERNA FACILITY: TRIAD NATIONAL SECURITY, LLC YEAR MO DAY YEAR MO DAY PAGE 8 LOCATION: LOS ALAMOS, NEW MEXICO 87545 FROM 21 05 01 21 05 31 то TAUNIA S. VAN VALKENBURG, EPC-CP QUALITY OF CONCENTRATION QUANTITY OF LOADING PARAMETER VALUE VALUE UNITS VALUE VALUE VALUE BOD, 5 Day, 20 Deg. C SAMPLE MEASUREMENT ***** NODI=C NODI=C NODI=C NODI=C 00310 1 0 lbs/day 109 PERMIT 30 45 ***** ***** Effluent Gross MONTHLY AV DAILY MX DAILY MX SAMPLE MEASUREMENT ***** ***** ***** NODI=C NODI=C 00400 1 0 ***** PERMIT 6.0 9.0 ***** ***** ***** Effluent Gross MINIMUM MAXIMUM Solids, Total Suspended SAMPLE **** NODI=C NODI=C NODI=C NODI=C MEASUREMENT 00530 1 0 lbs/day 109 PERMIT 73 30 45 ***** Effluent Gross MONTHLY AV DAILY MX MONTHLY AV DAILY MX

NODI=C

. .

Mgal/day

SAMPLE MEASUREMENT PERMIT	****	****		*****			
			*****	*****	****	NOD	DI=C
REQUIREMENT	*****	****		****	*****	0.0 INST	
SAMPLE MEASUREMENT	****	****	****	****	NODI=C	NOE	DI=C
PERMIT REQUIREMENT	*****	****		****	548 MOAVG GEO		07 Y MX
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
						Lu TALINIA	TEI
DESIGNED TO INFORMATIO THE SYSTEM	PERSONNEL PROPERLY (Y INQUIRY OF THE PERSO CTLY RESPONSIBLE FOR	GATHER AND EVA	WHO MANAGE VALKEN	IBURG VAN VALKENBL Date: 2021.06.25	URG (Affiliate)		
SUBMITTING	FALSE INFORMATION, INCLU	AWARE THAT THERE ARE	SIGNIFICANT PEN	INTES FOR SIGNA			505
FOR KNOWIN	IG VIOLATIONS.			OFF	ICER OR AUTHORIZED AG	3ENT	AREA CODE
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PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY-

NODI=C

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

EPC-DO: 21-195

Flow, in conduit or thru treatment plant

Attachment 1 9

EPC-DO: 23-121

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

OMB No. 2040-004

ty Name/Location if d	ifferent)													
TY, LLC	Г	NM002835	55			13S-A		C	MR MAI		CODE:	8754	5	
ABORATORY	ľ	PERMIT NUM	IBER		SCHA	RGE NU	MBER		IAJOR					
K490) SANITAF		STEWAT	ER	
CO 87545				RING PERIC						AL OUTFA	LL			
TY, LLC		YEAR MO	DAY		EAR	MO 06	DAY 30	ŀ	PAGE 13					
CO 87545	FROM [21 06	01	то	21	00	30					No Di	schar	ge 🔀
URG, EPC-CP					01	ALITY C	F CONCE		N		NO	FREQUE		SAMPLE
\searrow	QUANT	TTY OF LOADING			QU		I CONCE	NH WHO			NO. EX	OF ANAL		TYPE
	VALUE	VALUE	UNITS	VALUE		VA	LUE	VAL	UE	UNITS				
SAMPLE MEASUREMENT	NODI=C	NODI=C		*****		NO	DI=C	NOD	I=C		0	0/30	ו מ	COMP24
PERMIT REQUIREMENT	****	109 DAILY MX	lbs/day	****			80 HLY AV	4 DAILY		mg/L		MONTH	HLY	COMP24
SAMPLE MEASUREMENT	****	****		NODI=C		**	***	NOD	I=C		0	0/30	D	GRAB
PERMIT REQUIREMENT				6.0 MINIMUI	м	**	***	9. MAXI	-	- S.U.		WEEK	ίLΥ	GRAB
SAMPLE MEASUREMENT	NODI=C	NODI=C		*****		NO	DI=C	NOD	I=C		0	0/30	D	COMP24
PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	lbs/day	****			30 HLY AV	4: DAIL		mg/L		MONTH	ΗLY	COMP24
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PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	-Mgal/day -	****		++	***	***	**			CONTINU	JOUS	RCORDR
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OLATIONS (Reference all attachments here) R 1, 2014, *NO DISCHARGE DURING MONITORING PERIOD, NO DISCHARGE TO CANADA DEL BUEY.

ons may be used.

PAGE 1 OF 1

Attachment 1 14

LA-UR-21-27232

OMB No, 2040-004

FY, LLC		NM0028355 PERMIT NUMBER				ľ		13S-A					CODE:	87545		
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0 87545		[_	MONITO	ORING PE	RIOD				EXTERNA	AL OUTFA	LL			
TY, LLC			YEAR	MO	DAY		YEAR	MO	DAY		PAGE 8					
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PERM		***		09 Y MX	Ibs/day	***	***		30 HLY AV		5 Y MX			MONTH	LY	COMP24
SAMP MEASURE		****	**	***	*****	NOE	Di=C	*1	***	NO	DI=C	S.U.	0	0/31		GRAB
PERM		****	**	***		6 MINI		**	***		.0 IMUM	0.01		WEEK	₋Y	GRAB
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SAMF MEASUR		NODI=C	NO	DI=C		**	***	*	***	**	***	*****	0	99/9	9	RCORDR
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	FOR KNOWING VIOLATIONS						OF	FICER OR A	UTHORIZED.	AGENI	AREA COD	E NUN	1BER	YEAR	MC	D DAY

OLATIONS (Reference all attachments here)

1, 2014. *NO DISCHARGE DURING MONITORING PERIOD, NO DISCHARGE TO CANADA DEL BUEY,

ns may be used.

Name/Location if different)

PAGE 1 OF 1

Attachment 1 9 LA-UR-21-28441

						100 4			ILING ZIP	CODE	87545	
	N	IM00283	55	1		13S-A		MAJOR		OODL.	01010	
l	PER	MIT NUM	IBER		DISCH	IARGE NL	JMBER				STEWATER	
r									IAL OUTFA		SILVAILN	
				DRING P		1	DAV	2,012,01	IAL UUTFA	1L		
	YEAR	MO	DAY		YEAR	MO	DAY	PAGE 8				
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****		09 .Y MX	lbs/day	**	***		30 HLY AV	45 DAILY MX	- mg/L		MONTHLY	COMP24
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****	**	***	*****		5.0 IMUM	**	***	9.0 MAXIMUM	5.0.		WEEKLY	GRAB
NODI=C	NO	DI=C		**	****	NO	DI=C	NODI=C		0	0/31	COMP24
73 MONTHLY AV		09 _Y MX	lbs/day	**	****		30 HLY AV	45 DAILY MX	- mg/L		MONTHLY	COMP24
NODI=C		DI=C		**	***	*1	****	****	****	0	99/99	RCORDR
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ons may be used.

(Reference all attachments here)

IOLATIONS

ity Name/Location if different)

ITY, LLC LABORATORY 9 K490 CO 87545 ITY, LLC

CO 87545 T, EPC-CP

PAGE 1 OF 1

DATE

09

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28

DAY

Attachment 1 9

R 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

LA-UR-21-29510

21

YEAR

OMB No. 2040-004

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

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	\wedge	VALUE	VALUE	UNITS	VAL	UE	VALUE	VAL	UE	UNITS		
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	SAMPLE MEASUREMENT	NODI=C	NODI=C		***	**	****	**	***	****	0	
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	SAMPLE MEASUREMENT	****	****	*****	***	**	****	NO	DI=C	mg/L	0	
	PERMIT	*****	****		***	**	****)11 MAX	IIIg/L		
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Ì	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
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8754	15]		_	MONIT	ORING P	ERIOD				EXTERNA		ALL .				
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		VALUE	VAI	_UE	UNITS	VAL	JUE	VAL	UE	VA	LUE	UNITS					
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IONS (Reference all attachments here) 014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

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Attachment 1 19

LA-UR-21-30675

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8754	5				MONIT	ORING PI	ERIOD				EXTERNA				100	
LLC 8754 PC-C	5	FROM	YEAR 20	MO 10	DAY 01	то	YEAR 21	MO 09	DAY 30		PAGE 19			No D	ischar	ge 🔀
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IONS (Reference all attachments here) 014. *ALUMINUM EFFLUENT LIMITATIONS BECOME EFFECTIVE SEPTEMBER 1, 2017. **NO DISCHARGE DURING MONITORING PERIOD.

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Attachment 1 20

LA-UR-21-30675

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ame/Location if o	amerent)															
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PERMIT EQUIREMENT	****	**:	***		Opt. 7-DA	· · ·		**	***	Pass/Fail		SEE PERMIT		COMP24		
SAMPLE EASUREMENT	****	***	***	****	**NO	DI=C	**NODI=C		**	*** Pass/Fai		0	0/365		COMP24	
PERMIT EQUIREMENT	****	**:	***		Opt. MINI			Mon. HLY AV	**	***	1 833/1 811		SEE PERMIT		COMP24	
SAMPLE EASUREMENT	****	***	***	****	**NO	DI=C **NODI=C		**	**** Pass/Fail		0	0/365		COMP24		
PERMIT EQUIREMENT	****	**:	***		Req. MINI				**	****			once every two years		COMP24	
SAMPLE EASUREMENT	****	**:	***	****	**NO	DI=C	**NC	**NODI=C		***	%	0	0/3	65	COMP24	
PERMIT EQUIREMENT	****	**:	***		Req. MINI			Mon. HLY AV	****		70		once every two years		COMP24	
SAMPLE EASUREMENT	****	**:	***	****	**NO	DI=C	**NODI=C		****		0/	0	0/365		COMP24	
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IONS	(Reference all atta	chments h	ere)													

R REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG ABOVE.*RETEST REQUIRED WHEN PARAMETER EXCEEDED. **NO DISCHARGE TO OUTFALL

ay be used.

Attachment 1 31 LA-UR-21-30675

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			NM0028355 PERMIT NUMBER				DISCH	DMR MAI MAJOR TREATEL		
	LOS ALAMOS, NEW MEXICO 87545				MONITO	DRING P	ERIOD			EXTERN
	TRIAD NATIONAL SECURITY, LLC		YEAR	MO	DAY		YEAR	MO	DAY	PAGE 8
OCATION:	LOS ALAMOS, NEW MEXICO 87545	FROM	21	10	01	то	21	10	31	
ATTN:	STEVEN L. STORY, EPC-CP							L		
	PARAMETER	QUANT	TTY OF L	DADING			Q	UALITY (OF CONCEN	TRATION

PARAMETER	\times										
	$\langle \rangle$	VALUE	VALUE	UNITS	VALUE	VALUE	VAL	.UE	Т		
BOD, 5 Day, 20 Deg. C 00310 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	****	*NODI=C	*NO	DI=C			
Effluent Gross	PERMIT REQUIREMENT	*****	109 DAILY MX	ibs/day	****	30 MONTHLY AV	45 DAILY MX		-1		
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	*****	*NODI=C	****	*NODI=C		T		
Effluent Gross	PERMIT REQUIREMENT	*****	****		6.0 MINIMUM	****	9. MAXII				
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C		****	*NODI=C	*NODI=C 45 DAILY MX		T		
Effluent Gross	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	lbs/day -	****	30 MONTHLY AV			1		
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C		****	****			T		
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	****	***	****			
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	*NODI=C		T		
Effluent Gross	PERMIT REQUIREMENT	****	****		****	*****	0.0 INST		1		
E. Coli 51040 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C		T		
Effluent Gross	PERMIT REQUIREMENT	****	****		****	548 MOAVG GEO	2507 DAILY MX		#/		
	SAMPLE MEASUREMENT								T		
	PERMIT REQUIREMENT							-			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE TEVEN L. STORY ROUP LEADER PC-CP	PREPARED UN DESIGNED TO INFORMATION THE SYSTEM, INFORMATION TRUE, ACCUR	DER PENALTY OF LAW THAT NDER MY DIRECTION OR SUF ASSURE THAT OUALIFIED PI ISUBMITTED. BASED ON MY OR THOSE PERSONS DIREC INTE INFORMATION SUBMIT ATE AND COMPLETE. I AM AV ALSE INFORMATION, INCLUE 3 VIOLATIONS.	ERVISION IN ACCORDA ERSONNEL PROPERLY (INQUIRY OF THE PERSO TLY RESPONSIBLE FOR TED IS, TO THE BEST OF WARE THAT THER ARE	NCE WITH A SYSTEM GATHER AND EVALU IN OR PERSONS WH GATHERING THE F MY KNOWLEDGE A SIGNIFICANT PENAL	MATE THE STEV 10 MANAGE (Affilia AND BELIEF, LTIES FOR ONMENT SIG	NATURE OF PRINCIPAL EXEC	17 12:53:28 CUTIVE	TE 505	ELE		
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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.

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

NAME:	TRIAD NATIONAL SECURITY, LLC		NM0028355					DMR MAILI			
	LOS ALAMOS NATIONAL LABORATORY PO BOX 1663; MAIL STOP K490		PERMIT NUMBER DISCHARGE NUMBER						JMBER	MAJO	
	LOS ALAMOS, NEW MEXICO 87545				MONITO	ORING P	ERIOD			EXTER	
FACILITY:	TRIAD NATIONAL SECURITY, LLC		YEAR	MO	DAY		YEAR	MO	DAY	PAGE 8	
LOCATION:	LOS ALAMOS, NEW MEXICO 87545	FROM	21	11	01	то	21	11	30	TAGE	
ATTN:	STEVEN L. STORY, EPC-CP										

PARAMETER	\searrow	QUANT	ITY OF LOADIN	G		QUALITY OF CONCENTRATION					
	$\langle \rangle$	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
BOD, 5 Day, 20 Deg. C 00310 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lba/day	****	*NODI=C	*NODI=(C			
Effluent Gross	PERMIT REQUIREMENT	****	109 DAILY MX	lbs/day	****	30 MONTHLY AV	45 DAILY M	x			
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	*****	*NODI=C	*****	*NODI=0	5			
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	*****	9.0 MAXIMU	м			
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lba (day)	****	*NODI=C	*NODI=0				
Effluent Gross	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	bs/day -	*****	30 MONTHLY AV	45 DAILY M	x			
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C		****	*****	****				
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day -	****	*****	****				
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	*****	*NODI=C	;			
Effluent Gross	PERMIT REQUIREMENT	****	****	- ****	****	*****	0.011 INST MA	x			
E. Coli 51040 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	>			
Effluent Gross	PERMIT REQUIREMENT	****	****		****	548 MOAVG GEO	2507 DAILY M	× #			
	SAMPLE MEASUREMENT										
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICE TEVEN L. STORY BROUP LEADER PC-CP	PREPARED U DESIGNED TO INFORMATION THE SYSTEM, INFORMATION TRUE, ACCUR	DER PENALTY OF LAW THAT NDER MY DRECTION OR SUP ASSURE THAT QUALIFIED P I SUBMITTED BASED ON MY OR THOSE PERSONS DIREC I, THE INFORMATION SUBMIT ATE AND COMPLETE. I AM AN	PERVISION IN ACCORDA ERSONNEL PROPERLY (INQUIRY OF THE PERSO TLY RESPONSIBLE FOR TED IS, TO THE BEST OI WARE THAT THERE ARE	NCE WITH A SYSTEM GATHER AND EVALU IN OR PERSONS WH GATHERING THE F MY KNOWLEDGE A SIGNIFICANT PENA	NATE THE NO MANAGE AND BELIEF, I TIES FOR	-07'00'	e) 17 07:23:09	TELE			
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OMMENT AND EXPLANATION OF ANY VIOL	LATIONS	(Reference all attac	hments here)				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.

CP QUANTITY OF LOADING QUALITY OF CONCENTRATION NO. FREQUING VALUE VALUE VALUE UNITS VALUE VALUE VALUE UNITS PRO. FREQUINC SAMPLE MEASUREMENT *NODI=C *NODI=C *NODI=C *NODI=C *NODI=C *mg/L 0 0/3 PERMIT REQUIREMENT ***** 109 DAILY MX Ibs/day ***** ***** 30 MONTHLY AV 45 DAILY MX mg/L 0 0/3 SAMPLE MEASUREMENT ***** ***** *NODI=C ***** ***** 0 0/3 PERMIT ***** ***** *NODI=C ***** ***** 0 0/3 PERMIT ***** ***** ***** ***** ***** 0 0/3 PERMIT ***** ***** ****** ***** ***** 0 0/3 PERMIT ***** ****** ****** ***** ***** 0/3 0/3 PERMIT ***** ****** ****** 0/3 0/3 0/3	TER Discharge X
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PERMIT ***** 0.00 ***** 9.0 WFF	1 GRAB
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PERMIT REQUIREMENT ***** 0.011 INST MAX WEE	KLY GRAB
SAMPLE MEASUREMENT ***** *NODI=C *NODI=C #/100ml	31 GRAB
PERMIT REQUIREMENT ***** 548 2507 # 100111 2/Mo	onth 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	DATE
DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON ON PROSONS WHO MANAGE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF.	01 25
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. SUBJECT OF PRINCIPAL EXECUTIVE STORE OFFICER OR AUTHORIZED AGENT AREA CODE NUMBER YEAR	
IOLATIONS (Reference all attachments here)	MO DAY

R 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

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PAGE 1 OF 1

Attachment 1 14 LA-UR-22-20594

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FROM

22

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87545

LLC	N	NM0028355				13S-A		DMR MAILING ZIP CODE:	87545				
ORATORY	PER		BER		DISCH	ARGE NL	JMBER	MAJOR					
90								TREATED SANITARY WAS	TEWATER				
87545		_	MONIT	TORING PERIOD				EXTERNAL OUTFALL					
LLC	YEAR	МО	DAY		YEAR	МО	DAY	PAGE 8					

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PAGE 8

No Discharge X

	QUANT	ITY OF LOADING			Q	UALITY OF CONCE	INTRATIO	N		NO. EX	FREQU OF AN		SAMPLE TYPE
	VALUE	VALUE	UNITS	VAL	.UE	VALUE	VA	LUE	UNITS				
SAMPLE EASUREMENT	*NODI=C	*NODI=C	lba/day	***	**	*NODI=C	*NO	DI=C	m a /l	0	0/:	31	COMP24
PERMIT EQUIREMENT	****	109 DAILY MX	lbs/day	***	**	30 MONTHLY AV		15 .Y MX	mg/L		MON	THLY	COMP24
SAMPLE EASUREMENT	****	****	****	*NOE	DI=C	****	*NO	DI=C	S.U.	0	0/:	31	GRAB
PERMIT EQUIREMENT	****	****		6. MINI	-	****	-	.0 IMUM	3.0.		WEE	KLY	GRAB
SAMPLE EASUREMENT	*NODI=C	*NODI=C	lbs/day	****		*NODI=C	*NODI=C		ma/l	0	0/3	31	COMP24
PERMIT EQUIREMENT	73 MONTHLY AV	109 DAILY MX	ibs/uay	***	**	30 MONTHLY AV		15 .Y MX	mg/L		MON	THLY	COMP24
SAMPLE EASUREMENT	*NODI=C	*NODI=C	Maal/day	***	**	****	****		***		99/	/99	RCORDR
PERMIT EQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	***	**	****	****				CONTIN	NUOUS	RCORDR
SAMPLE EASUREMENT	****	****	****	***	**	****	*NODI=C		mg/l	0	0/:	31	GRAB
PERMIT EQUIREMENT	****	****		***	**	****	0.011 INST MAX		mg/L		WEE	KLY	GRAB
SAMPLE EASUREMENT	****	****	****	***	**	*NODI=C	*NO	DI=C	#/100ml	0	0/:	31	GRAB
PERMIT EQUIREMENT	****	****		***	**	548 MOAVG GEO		507 .Y MX	#/100mi		2/M	onth	GRAB
SAMPLE EASUREMENT													
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PREPARED UI DESIGNED TO INFORMATION THE SYSTEM, INFORMATION TRUE, ACCUR SUBMITTING I	NDER MY DIRECTION OR SL) ASSURE THAT QUALIFIED 1 SUBMITTED. BASED ON M' OR THOSE PERSONS DIRE I, THE INFORMATION SUBM , THE INFORMATION SUBM	THIS DOCUMENT AND ALL PERVISION IN ACCORDANC PERSONNEL PROPERLY GA VINQUIRY OF THE PERSON CTLY RESPONSIBLE FOR G, ITTED IS, TO THE BEST OF M AWARE THAT THERE ARE SI JOING THE POSSIBILITY OF	CE WITH A SYST THER AND EVA OR PERSONS V ATHERING THE MY KNOWLEDGI IGNIFICANT PEN	A SYSTEM ND EVALUATE THE STEVEN STORY (Affiliate) SONS WHO MANAGE (Affiliate) VLEDGE AND BELIEF, NT PENALTIES FOR SIGNATURE OF DEINCIDAL EXECUTIVE SOS L 202 02:02:02 09:51:23 -07'00' SIGNATURE OF DEINCIDAL EXECUTIVE SOS L 202 02:					DAT 02 MC	2 28			
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014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

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Attachment 1 9

LA-UR-22-21639

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LLC ORATORY 00			IM002835 MIT NUM	-		DISCH	13S-A ARGE NU	IMBER	DMR MAILING ZIP CODE: 87545 MAJOR TREATED SANITARY WASTEWATER
87545				MONIT	ORING P	ERIOD			EXTERNAL OUTFALL
LLC		YEAR	MO	DAY		YEAR	MO	DAY	PAGE 8
87545	FROM	22	02	01	то	22	02	28	No Discharge
						0			

\checkmark	QUANT	ITY OF LOADING			Q	QUALITY OF CONCENTRATION					FREQUENO	SAMPLE TYPE	
$\langle \ \setminus$	VALUE	VALUE	UNITS	VAL	.UE	VALUE	VAI	_UE	UNITS				
SAMPLE EASUREMENT	*NODI=C	*NODI=C	lle e (el es r	***	:**	*NODI=C	*NODI=C			0	0/28		COMP24
PERMIT EQUIREMENT	****	109 DAILY MX	lbs/day	***	**	30 MONTHLY AV	4 DAIL	5 Y MX	mg/L		MONTH	Y	COMP24
SAMPLE EASUREMENT	****	****	****	*NOE	DI=C	****	***** *NO		S.U.	0	0/28		GRAB
PERMIT EQUIREMENT	****	****		6. MINI		****	9.0 MAXIMUM		5.0.		WEEKL	Y	GRAB
SAMPLE EASUREMENT	*NODI=C	*NODI=C	lbs/day	****		*NODI=C *NO		DI=C		0	0/28		COMP24
PERMIT EQUIREMENT	73 MONTHLY AV	109 DAILY MX	ibs/day	****		30 MONTHLY AV			mg/L		MONTH	Y	COMP24
SAMPLE EASUREMENT	*NODI=C	*NODI=C	Maal/day	***	:**	**** **		***		0	99/99		RCORDR
PERMIT EQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	***	:**	****	****				CONTINUO	us I	RCORDR
SAMPLE EASUREMENT	****	****	****	***	:**	****	*NO	DI=C		0	0/28		GRAB
PERMIT EQUIREMENT	****	****		***	:**	****)11 MAX	mg/L		WEEKL	Y	GRAB
SAMPLE EASUREMENT	****	****	****	***	***	*NODI=C	*NODI=C		#/100ml	0	0/28		GRAB
PERMIT EQUIREMENT	****	****		***	***	548 MOAVG GEO	2507 DAILY MX		#/10000		2/Month	ı	GRAB
SAMPLE EASUREMENT													
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014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

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Attachment 1 9

LA-UR-22-22694

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LLC		Ν	M002835	5			13S-A		DMR MAILING ZIP CODE: 87545												
ORATORY		PER		BER		DISCH	ARGE NL	JMBER	MAJO												
90 87545				MONIT	ORING P	ERIOD			1	FED SANITA		STEWATER									
LLC		YEAR	мо	DAY		YEAR	MO	DAY	PAGE	13											
87545	FROM	22	03	01	то	22	03	31	No Discharge												
\checkmark	QUANT	FITY OF L	OADING								NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE								
<	VALUE	VA	LUE	UNITS	VAI	LUE	VALUE		VALUE	UNITS											
SAMPLE EASUREMENT	*NODI=C	*NO	DI=C	lba/day/	**	***	*NODI=C		*NODI=C		0	0/31	COMP24								
PERMIT EQUIREMENT	****		09 .Y MX	lbs/day	**	***		80 HLY AV	45 mg DAILY MX			MONTHLY	COMP24								
SAMPLE EASUREMENT	****	**	***	****	*NODI=C		*NODI=C		*NODI=C		*NODI=C		*NODI=C		*NODI=C ****		*NODI=C	S.U.	0	0/31	GRAB
PERMIT EQUIREMENT	****	**	***		-	.0 MUM	**	***	9.0 MAXIMUM	3.0.		WEEKLY	GRAB								
SAMPLE EASUREMENT	*NODI=C	*NO	DI=C		**	***	*NO	DI=C	*NODI=C		0	0/31	COMP24								

PERMIT EQUIREMENT	****	DAILY MX	-	***	***	30 MONTHLY AV		Y MX	_		MONTH	YC	OMP24
SAMPLE EASUREMENT	****	****	****	*NOI	DI=C	****	*NODI=C		S.U.	0	0/31	(GRAB
PERMIT EQUIREMENT	****	****		6 MINI		****	-	.0 IMUM	5.0.		WEEKL	Y (GRAB
SAMPLE EASUREMENT	*NODI=C	*NODI=C	lba/day	**;	***	*NODI=C	*NO	DI=C		0	0/31	С	OMP24
PERMIT EQUIREMENT	73 MONTHLY AV	109 DAILY MX	lbs/day	**:	***	30 MONTHLY AV		5 Y MX	mg/L		MONTH	Y C	OMP24
SAMPLE EASUREMENT	*NODI=C	*NODI=C	Maal/day	****		****	****		****	0	99/99	R	CORDR
PERMIT EQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****		****	****				CONTINUC	us R	CORDR
SAMPLE EASUREMENT	****	****	****	**;	***	****	*NODI=C		DI=C mg/L		0/31	(GRAB
PERMIT EQUIREMENT	****	****		**:	***	***** 0.0 INST		011 MAX	mg/∟		WEEKL	Y (GRAB
SAMPLE EASUREMENT	****	****	****	**;	***	*NODI=C	*NO	DI=C	#/100ml	0	0/31	(GRAB
PERMIT EQUIREMENT	****	****		**:	***	548 MOAVG GEO		2507 DAILY MX			2/Mont	ר (GRAB
SAMPLE EASUREMENT													
PERMIT													
PREPARED DESIGNED INFORMATI THE SYSTE INFORMATI TRUE, ACC SUBMITTIN	INDER PENALTY OF LAW THA UNDER MY DIRECTION OR SI TO ASSURE THAT QUALIFIED ON SUBMITTED. BASED ON M (OR THOSE PERSONS DIRE ON, THE INFORMATION SUBM THE INFORMATION, INCL NG VIOLATIONS.	JPERVISION IN ACCORDANC PERSONNEL PROPERLY GA Y INQUIRY OF THE PERSON CTLY RESPONSIBLE FOR G. ITTED IS, TO THE BEST OF N AWARE THAT THERE ARE SI	E WITH A SYST THER AND EVA OR PERSONS ATHERING THE MY KNOWLEDG GNIFICANT PEI	E WITH A SYSTEM DIGITAL VIEW DIGITAL STREET OF THE VEW DIGITAL STREET OF THE VIEW DIGITAL STREET OF OF THE VIEW DIGITAL STREET OF OF THE VIEW DIGITAL STREET OF OF THE VIEW DIGITAL STREET OF THE VIEW DIGITAL STR			22 YEAR	04 MO	27 DAY				
IONS	(Reference all atta	obmonto horo)							•				

IONS

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

ay be used.

Attachment 1 14

LA-UR-22-23869

OME	No	2040-004

y Name/Location if o	different)													OMB	No. 2040-004
TY, LLC	ļ		M00283		F		13S-A			DMR MAI MAJOR	LING ZIP	CODE:	8754	5	
ABORATORY K490	l	PER		IBER	L	DISCH	ARGE NU	IMBER		TREATED		RY WA	STEWAT	FR	
CO 87545	ſ			MONITO	RING PE	RIOD				EXTERN/					
TY, LLC		YEAR	MO	DAY	6	YEAR	MO	DAY		PAGE 8					
CO 87545 P	FROM	22	04	01	то	22	04	30					No Di	ischa	rge X
\bigtriangledown	QUANT	TTY OF L	OADING			Q	UALITY O	F CONCE	ENTRATION			NO. EX	FREQUE OF ANAL		SAMPLE
\wedge	VALUE	VAL	UE	UNITS	VAL	ALUE VALUE		UE	VALUE		UNITS	2.			
SAMPLE MEASUREMENT	*NODI=C	*NO	DI=C		***	**	*NOI	DI=C	*NO	DI=C		0	0/30	D	COMP24
PERMIT REQUIREMENT	*****		09 Y MX	bs/day	***	nicali		0 HLY AV		15 Y MX	mg/L		MONTH	HLY	COMP24
SAMPLE MEASUREMENT	****	**	***	****	*NOE	DI=C	**:	***	*NO	DI=C	S.U.	0	0/30		GRAB
PERMIT REQUIREMENT	****	**	***		6. MININ		**	***	9.0 MAXIMUM		5.0.		WEEK	ίLΥ	GRAB
SAMPLE MEASUREMENT	*NODI=C	*NO	DI=C	lbs/day	***	**	*NODI=C		*NC	DI=C	mg/L	0	0/30		COMP24
PERMIT REQUIREMENT	73 MONTHLY AV		09 Y MX	DS/UAy	****			80 HLY AV		45 .Y MX	ing/∟		MONTH	HLY	COMP24
SAMPLE MEASUREMENT	*NODI=C	*NO	DI=C	Manufiday	***	***	**	***	**	***	****	0	99/9	9	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV		Mon. Y MX	- Mgal/day -	***	nini -	**	***	*****				CONTINU	JOUS	RCORDR
SAMPLE MEASUREMENT	****	**	***	****	***	***	**	***	*NC	DI=C	mg/L	0	0/30		GRAB
PERMIT REQUIREMENT	and a state	**	***		***	15.B	**	and the		011 MAX	Ing/C		WEEK	(LY	GRAB
SAMPLE MEASUREMENT	****	**	***	*****	***	***	*NO	DI=C	*NC	DI=C	#/100ml	0	0/30		GRAB
PERMIT REQUIREMENT	****	63	***		***	k##		48 'G GEO		507 _Y MX			2/Mor	nth	GRAB
SAMPLE MEASUREMENT															
PERMIT REQUIREMENT						2				1000			103		
PREPARED	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMEN PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYS DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EX					STEVE		Digitally signe STEVEN STO		TE	LEPHON	E		DAT	E
INFORMATIC THE SYSTEM INFORMATIC	TO ASSURE THAT QUALIFIED ON SUBMITTED, BASED ON N OR THOSE PERSONS DIRI ON, THE INFORMATION SUBJ INATE AND COMPLETE. I AM	AY INQUIRY OF ECTLY RESPO WITTED IS, TO	THE PERSON NSIBLE FOR THE BEST O	ON OR PERSONS V GATHERING THE F MY KNOWLEDGE	AND BELIEF.	STOR) (Affiliat	e)	(Affiliate) Date: 2022.05 12 43:39 -06%	00'		-		22	05	23
SUBMITTING	FALSE INFORMATION, INC. NG VIOLATIONS.	UDING THE P	OSSIBILITY C	F FINE AND IMPRI	SONMENT			INCIPAL EXE		505 AREA CODE	665-2 NUM		YEAR	MC	
														_	

(Reference all attachments here) LATIONS

TOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

s may be used.

Attachment 1 9

LA-UR-22-24660

me/l oc	ation	if	different)	
	auon		unicienty	

ame/L	ocation if o	lifferent)													OWB	NO. 2040-004	
LLC		[N	M002835	5	[13S-A			DMR MAI	LING ZIP	CODE:	875	545		
	FORY	l	PER	MIT NUM	BER	l	DISCH	ARGE NL	JMBER								
90 8754	5	I			MONIT	ORING PI	ERIOD			1	TREATED SANITARY WASTEWATER EXTERNAL OUTFALL						
ORA	TORY		YEAR	MO	DAY		YEAR	MO	DAY								
8754	5	FROM	22	05	01	то	22	05	31					No	Discharg	ge 🛛	
$\left \right\rangle$		QUANT	TTY OF L	OADING			Q	UALITY OF CONCE		INTRATION			NO. EX	FREQU OF ANA		SAMPLE TYPE	
		VALUE	VA	UE	UNITS	VAL	UE	VA	LUE	VALUE		UNITS					
SAN EASUI	PLE REMENT	NODI=C	NO	DI=C	lba/day/	***	****		DI=C	NO	DI=C	m a /l	0	0/3	31	COMP24	
PEF EQUIF	MIT EMENT	73 MONTHLY AV)9 Y MX	lbs/day	***	***		80 HLY AV		15 .Y MX	mg/L		MON	THLY	COMP24	
SAN EASUI	PLE REMENT	****	**	***	****	NOE	DI=C	**	***	NO	DI=C	S.U.	0	0/3	31	GRAB	
Pef Equif	MIT EMENT	****	**	***		-	6.0 MINIMUM		***	9.0 MAXIMUM		3.0.		WEE	KLY	GRAB	
SAN EASUI	PLE REMENT	NODI=C	NO	DI=C	lbs/day	****		NOI	DI=C	NODI=C		mg/l	0	0/3	31	COMP24	
PEF EQUIF	MIT EMENT	73 MONTHLY AV)9 Y MX	ibs/day	****			80 HLY AV		15 .Y MX	mg/L		MONTHLY		COMP24	
SAN EASUI	PLE REMENT	NODI=C	NO	DI=C	Mgal/day	***	***	**	***	**	***	****	0	0/3	31	RCORDR	
PEF EQUIF	MIT EMENT	Req. Mon. MONTHLY AV		Mon. Y MX	ivigai/day	***	***	**	***	**	***			CONTINUOUS		RCORDR	
SAN EASUI	PLE REMENT	****	**	***	****	***	***	**	***	NODI=C		mg/L	0	0/3	31	GRAB	
PEF EQUIF	MIT EMENT	****	**	***		***	***	**	***		011 MAX	ilig/L		WEE	KLY	GRAB	
SAN EASUI	PLE REMENT	****	**	***	****	***	***	NOI	DI=C	NO	DI=C	#/100ml	0	0/3	31	GRAB	
PEF EQUIF	MIT EMENT	****	**	***		***	****		48 G GEO		507 Y MX	#/100111		2/Mo	onth	GRAB	
SAN EASUI	PLE REMENT																
	PERMIT QUIREMENT																
	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENT PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYS DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EV. INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDO TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PE SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPI FOR KNOWING VIOLATIONS.			FEM ALUATE THE WHO MANAGE E AND BELIEF, NALTIES FOR	THE ANAGE BELIEF, FOR STOCHT SARAH HÖL (Affiliate) Date: 2022.0 09:28:04-06 SIGNATURE OF PRINCIPAL EXE			СО́МВ 7.26 00' СUTIVE	OMB 26 0' 2011VE 505 667-0		666	22 07		26			
	FOR KNOWING VIOLATIONS. OFFICER OR AUTHORIZED					AGENT AREA CODE NUMBER YEAR MC				MO	DAY						

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PAGE 1 OF 1

Attachment 2 9

LA-UR-27275

me/Location	if different)	
IIIC/LOCATION	ii uiiieieiii)	

ame/Location if o	different)		SCHARGE											OMB	No. 2040-004
LLC ORATORY 90	[M002835 MIT NUM	-		DISCH	13S-A ARGE NU	MBER		DMR MAILING ZIP CODE: MAJOR TREATED SANITARY WAS				545 TER	
87545]			MONIT		ERIOD				EXTERNA					
ORATORY 87545	FROM	YEAR 22	MO 06	DAY 01	YEAR MO DAY TO 22 06 30						No	Discharç	ge 🔀		
$\mathbf{\times}$		TTY OF LO								NTRATION		NO. EX	FREQU		SAMPLE TYPE
	VALUE	VAL	UE	UNITS	VAL	ALUE VALUE		VA	LUE	UNITS					
SAMPLE EASUREMENT	NODI=C	NOE	DI=C	lbs/day	****		NODI=C		NODI=C		ma/l	0	0/3	30	COMP24
PERMIT EQUIREMENT	73 MONTHLY AV	10 DAIL		ibs/day	****		3 MONTH	-	45 DAILY MX		mg/L		MON	THLY	COMP24
SAMPLE EASUREMENT	****	***	***	****	NOE	NODI=C		***	NODI=C		S.U.	0	0/3	30	GRAB
PERMIT EQUIREMENT	****	***	***		6.0 MINIMUM		***	***	9.0 MAXIMUM		3.0.		WEEKLY		GRAB
SAMPLE EASUREMENT	NODI=C	NOE	DI=C	lbo/dov	****		NOE	DI=C	NOI	DI=C	m a /l	0	0/30		COMP24
PERMIT EQUIREMENT	73 MONTHLY AV	10 DAIL		lbs/day	****		3 MONTH			.5 Y MX	mg/L		MON	THLY	COMP24
SAMPLE EASUREMENT	NODI=C	NOE	DI=C	Maal/dov	***	***	***	:**	**	***		0	99/99		RCORDR
PERMIT EQUIREMENT	Req. Mon. MONTHLY AV	Req. DAIL		Mgal/day	***	***	***	:**	* **				CONTINUOUS		RCORDR
SAMPLE EASUREMENT	****	***	***	****	***	***	***	***	NODI=C		mg/l	0	0/30		GRAB
PERMIT EQUIREMENT	****	***	***		***	***	***	***		011 MAX	mg/L		WEEKLY		GRAB
SAMPLE EASUREMENT	****	***	***	****	***	***	NOE	0I=C	NOI	DI=C	#/100ml	0	0/30		GRAB
PERMIT EQUIREMENT	****	***	***		****		54 MOAV			07 Y MX	#/100111		2/M	onth	GRAB
SAMPLE EASUREMENT															
PERMIT EQUIREMENT															
I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS I PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTE DISIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALI INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WI THE SYSTEM. OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEGGE. TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENA SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRIS FOR KNOWING VIOLATIONS.			TEM ALUATE THE WHO MANAGE E AND BELIEF, NALTIES FOR	(Affiliate SIGNAT	DLCOMB HOLCOMB (Affiliate) Date: 2022.07.26 07:41:28				666	22 Year	DATE 07 MO	26			

(Reference all attachments here) IONS

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PAGE 1 OF 1

Attachment 1 9

LA-UR-27275

me/Location	if different)	
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ame/Locat	tion if different)		Di												OMB	No. 2040-004	
LLC ORATOR 00	RY	[M002835 MIT NUM	-	[DISCH	13S-A ARGE NL	IMBER	,	DMR MAI MAJOR						
87545		Г			MONIT	TORING PERIOD					TREATED SANITARY WASTEWATER EXTERNAL OUTFALL						
ORATOF 87545		FROM	YEAR 22	MO 07	DAY 01	YEAR MO DAY TO 22 07 31				PAGE 8 No Disch					ge X		
\times		QUANT	ITY OF LO	DADING			Q	UALITY C	F CONCE	INTRATIO	N		NO. EX	FREQU OF ANA		SAMPLE TYPE	
	VAL	UE	VAL	JUE	UNITS	VALUE VALUE		LUE	VA	LUE UNITS							
SAMPLE		I=C	NOE	DI=C	lbs/day	***	****		NODI=C		DI=C	mg/L	0	0/3	31	COMP24	
PERMIT EQUIREME			10 DAIL		ibs/day	****			0 HLY AV	45 DAILY MX		ilig/L		MONT	THLY	COMP24	
SAMPLE EASUREM		**	***	***	****	NOE	0I=C	**	***	NODI=C		S.U.	0	0/3	31	GRAB	
PERMIT EQUIREME		**	***	***		6.0 MINIMUM		**	***	9.0 MAXIMUM		5.0.		WEE	KLY	GRAB	
SAMPLE EASUREM		I=C	NOE	DI=C	lh e (deu i	****		NO	DI=C	NO	DI=C		0	0/3	31	COMP24	
PERMIT EQUIREME		-	10 DAIL		lbs/day	****			0 HLY AV		l5 Y MX	mg/L		MONT	THLY	COMP24	
SAMPLE EASUREM		I=C	NOE	DI=C	Maal/day	***	***	**	***	****		****	0	99/	99	RCORDR	
PERMIT EQUIREME			Req. DAIL`		Mgal/day	***	***	**	***	****				CONTINUOUS		RCORDR	
SAMPLE EASUREM		**	***	***	****	***	***	**	***	NODI=C		mg/L	0	0/3	31	GRAB	
PERMIT EQUIREME		**	***	***		***	***	**	***	-	011 MAX	iiig/∟		WEEKLY		GRAB	
SAMPLE EASUREM		**	***	***	****	***	***	NO	DI=C	NO	DI=C	#/100ml	0	0/3	31	GRAB	
PERMIT EQUIREME		**	***	***		****		-	48 G GEO		507 Y MX	#/100111		2/Mc	onth	GRAB	
SAMPLE EASUREM																	
PERMIT	PERMIT QUIREMENT																
I CER						Digitally signed		TEI	EPHONE			DAT	E				
DESI INFO THE S INFO TRUE SUBM	DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVA INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS I THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDG TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PER SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPR FOR KNOWING VIOLATIONS.			LUATE THE HOLCOMB HOLCOMB (A) WHO MANAGE (Affiliate) Date: 2022.08. -06'00'			25 11:24:43	505 667-0666 AREA CODE NUMBER			22 YEAR	08 мо					

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(Reference all attachments here)

ay be used.

Attachment 1 9

LA-UR-22-28914

PAGE 1 OF 1

DMR Copy of Record

Permit													
Permit	#:	NM0028355			Permittee	a:		LOS ALAMOS	LOS ALAMOS NATIONAL LABORAT				
Major:		Yes			Permittee	Permittee Address: LOS ALAMO NATIONAL LABOR 528 35TH STREET LOS ALAMO, NM 87544							
Permitt	ted Feature:	13S External Outfall	1		Discharge	e:		13S-A TREATED SA		WASTEWATI			
Report	Dates & Status												
Monito	ring Period:	From 08/01/22	to 08/31/22		DMR Due	a Date:		09/28/22					
Consid	lerations for Form Com	pletion											
Brincir	al Executive Officer												
	oal Executive Officer				Title								
First Na					Title:								
Last Na													
	a Indicator (NODI)												
Form N						_							
Code	Parameter Name		Monitoring Location	Season #	Param. NODI		Qualifier 1		ntity or Load Qualifier 2	-			
Coue	Hame					Sample	Quanner	Value I	Qualmer	Value 2			
00310	BOD, 5-day, 20 deg. C		1 - Effluent Gross	0		Permit Req.	.<=	73.0 MO AVG	<=	109.0 DAILY M			
						Value NODI		C - No Discharge		C - No Discha			
						Sample							
00400	рН		1 - Effluent Gross	0		Permit Req.							
						Value NODI							
						Sample Permit Peg		73.0 MO AVG	<=	109.0 DAILY M			
00530	Solids, total suspended	l. I	1 - Effluent Gross	0		Permit Req.			<=				
						Value NODI		C - No Discharge		C - No Disch			
50050	tutte og Alema	t triant	Effected Orono	2		Sample Permit Req.		Req Mon MO AVG		Req Mon DAILY			
50050	Flow, in conduit or thru	treatment plant	1 - Effluent Gross	0		Value NODI		C - No Discharge		C - No Disch			
						Sample		o no biona.ge					
50060	Chlorine, total residual		1 - Effluent Gross	0		Permit Req.							
00000				0		Value NODI							
						Sample							
51040	E. coli		1 - Effluent Gross	0		Permit Req.							
						Value NODI							
Submis	ssion Note												
If a para	ameter row does not cont	itain any values fr	or the Sample nor I	Effluent ⁻	Trading, the	n none of t	he followir	ng fields will be su	bmitted fo	r that row: U			
Edit Ch	heck Errors												

No errors.

Comments

LA-UR-22-29946

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User:

User:

Name:

Name:

E-Mail:

Date/Time:

Report Last Signed By

SARAHHOLCOMB Sarah Holcomb sholcomb@lanl.gov

E-Mail: EPC-DO: 23-121 sholcomb@lanl.gov

ICADIENTE

Isaac Cadiente

icadiente@lanl.gov

2022-09-27 16:30 (Time Zone: -05:00)

DMR Copy of Record

Permit												
Permit	#:	NM0028355			Permittee	a:		LOS ALAMOS	LOS ALAMOS NATIONAL LABORAT			
Major:		Yes			Permittee	Permittee Address: LOS ALAMO NATIONAL LA 528 35TH STREET LOS ALAMO, NM 87544						
Permitt		13S External Outfall			Discharge: 13S-A TREATED SANITARY WASTEWA							
Report	Dates & Status											
Monito	ring Period:	From 09/01/22 t	to 09/30/22		DMR Due	a Date:		10/28/22				
Consid	lerations for Form Comp	oletion										
Princip	al Executive Officer											
First Na					Title:							
Last Na												
	a Indicator (NODI)											
Form N												
	Parameter		Monitoring Location	Season #	Param. NOD	4		Qua	ntity or Loa	ading		
Code	Name						Qualifier 1		Qualifier 2			
						Sample						
00310	BOD, 5-day, 20 deg. C		1 - Effluent Gross	0		Permit Req.		73.0 MO AVG	<=	109.0 DAILY M		
						Value NODI		C - No Discharge		C - No Disch		
						Sample Permit Reg						
00400	рН		1 - Effluent Gross	0		Permit Req.						
						Value NODI						
00520	a with the terrandod			0		Sample Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY M		
00530	Solids, total suspended		1 - Effluent Gross	0		Value NODI		C - No Discharge		C - No Disch		
						Sample		0 - No Disonarge		0 - 110 Bloc.		
50050	Flow, in conduit or thru tr	treatment plant	1 - Effluent Gross	0		Permit Req.		Req Mon MO AVG		Req Mon DAIL		
50050	Flow, in conduit or and a	reatment plant	I - Elliuent Gross	U		Value NODI		C - No Discharge		C - No Disch		
						Sample						
50060	Chlorine, total residual		1 - Effluent Gross	0		Permit Req.						
				Ĵ		Value NODI						
						Sample						
51040	E. coli		1 - Effluent Gross	0		Permit Req.						
						Value NODI						
Submi	ssion Note											
If a para	ameter row does not conta	ain any values fo	or the Sample nor	Effluent 7	Frading, the	n none of t	he followi	ng fields will be su	bmitted fo	or that row: U		
	heck Errors											
No error												

Comments

LA-UR-22-31291

EPC-DO: 22-324

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 EPC-DO: 23-121

Attach

DMR Copy of Record

Permit													
Permit	#:	NM0028355			Permittee	e:		LOS ALAMOS	LOS ALAMOS NATIONAL LABORAT				
Major:		Yes			Permittee	e Address:	:	528 35TH STI	LOS ALAMO NATIONAL LABORATO 528 35TH STREET LOS ALAMO, NM 87544				
Permitt	ted Feature:	13S External Outfall			Discharg	Discharge: 13S-A TREATED SANITARY WASTEW							
Report	Dates & Status												
Monito	ring Period:	From 10/01/22	to 10/31/22		DMR Due	e Date:		11/28/22					
Consid	lerations for Form Com	pletion											
Princip	al Executive Officer												
First Na	ame:				Title:								
Last Na	ame:												
No Dat	ta Indicator (NODI)												
Form N	IODI:												
	Parameter		Monitoring Location	Season #	Param. NOD	1			ntity or Loa				
Code	Name					Sample	Qualifier 1	Value 1	Qualifier 2	Value 2			
00310	BOD, 5-day, 20 deg. C		1 - Effluent Gross	0		Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY M			
00010	DOD, 0-003, 10 003, 2			U		Value NODI		C - No Discharge		C - No Disch			
						Sample							
00400	рН		1 - Effluent Gross	0		Permit Req.							
						Value NODI							
						Sample Permit Req.	/-	73.0 MO AVG	<=	109.0 DAILY M			
00530	Solids, total suspended		1 - Effluent Gross	0		Value NODI		C - No Discharge	<-	C - No Disch			
						Sample		C - NO Discharge					
50050	Flow, in conduit or thru t	troatment plant	1 - Effluent Gross	0		Permit Req.		Req Mon MO AVG		Req Mon DAIL			
00000	Tiow, in conduit of this i	treatment plant	1 - Endont Groco	U		Value NODI		C - No Discharge		C - No Disch			
						Sample							
50060	Chlorine, total residual		1 - Effluent Gross	0		Permit Req.							
						Value NODI							
						Sample							
51040	E. coli		1 - Effluent Gross	0		Permit Req.							
						Value NODI							
	ssion Note												
	ameter row does not cont	tain any values fo	or the Sample nor I	Effluent 7	rading, the	n none of t	he followir	ng fields will be su	bmitted fo	r that row: U			
E PL OF	hook Erroro												

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: Ur Edit Check Errors No errors.

Comments

LA-UR-22-32091

EPC-DO: 23-121

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			Permitte	e:		LOS ALAMOS	LOS ALAMOS NATIONAL LABORAT			
Major:		Yes			Permitte	e Address:		528 35TH ST	LOS ALAMO NATIONAL LABORATO 528 35TH STREET LOS ALAMO, NM 87544			
Permitt	ed Feature:	13S External Outfall			Discharge: 13S-A TREATED SANITARY WASTE							
Report	Dates & Status											
Monitor	ring Period:	From 11/01/22	to 11/30/22		DMR Due	e Date:		12/28/22				
Consid	lerations for Form Com	pletion			·							
	al Executive Officer											
First Na					Title:							
Last Na												
No Data	a Indicator (NODI)											
Form N												
Code	Parameter		Monitoring Location	Season #	Param. NOD	I	Qualifier 1		ntity or Loa Qualifier 2			
Coue	Name					Sample	Quanner	value I	quaimer 2	Value 2		
00310	BOD, 5-day, 20 deg. C		1 - Effluent Gross	0		Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY M		
						Value NODI		C - No Discharge		C - No Discha		
						Sample						
00400	рН		1 - Effluent Gross	0		Permit Req. Value NODI						
00530	Solids, total suspended		1 - Effluent Gross	0		Sample Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY M		
00000	oonas, total suspellueu			5		Value NODI		C - No Discharge		C - No Discha		
						Sample						
50050	Flow, in conduit or thru t	treatment plant	1 - Effluent Gross	0		Permit Req.		Req Mon MO AVG		Req Mon DAILY		
						Value NODI		C - No Discharge		C - No Discha		
						Sample Permit Reg.						
50060	Chlorine, total residual		1 - Effluent Gross	0		Value NODI						
						Sample						
51040	E. coli		1 - Effluent Gross	0		Permit Req.						
						Value NODI						
Submis	ssion Note											
If a para	ameter row does not cont	tain any values fo	or the Sample nor	Effluent ⁻	Trading, the	n none of t	he followi	ng fields will be su	bmitted fo	r that row: Ur		
Edit Ch	ock Errors											

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.

110 611013.

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 2022-12-19 17:00 (Time Zone: -06:00) Date/Time: Report Last Signed By User: SARAHHOLCOMB Name: Sarah Holcomb E-Mail: sholcomb@lanl.gov EPC-DO: 23-121

DMR Copy of Record

Permit													
Permit #	#:	NM0028355			Permittee	e:		LOS ALAMOS	NATION	AL LABORA			
Major:		Yes			Permittee Address: LOS ALAMO NATIONAL LABORAT 528 35TH STREET LOS ALAMO, NM 87544								
Permitt	ted Feature:	13S External Outfall			Discharg	e:		13S-A TREATED SA		NASTEWATE			
Report	Dates & Status												
Monitor	ring Period:	From 12/01/22	to 12/31/22		DMR Due	Date:		01/28/23					
Consid	lerations for Form Com	pletion											
Princip	al Executive Officer												
First Na	ame:				Title:								
Last Na	ime:												
No Data	a Indicator (NODI)												
Form N	ODI:												
	Parameter		Monitoring Location	Season #	Param. NOD	1			ntity or Load				
Code	Name					Sample	Qualifier 1	Value 1	Qualifier 2	Value 2			
00310	BOD, 5-day, 20 deg. C		1 - Effluent Gross	0		Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY M			
00010	BOD, 0-443, 10 403		I - Elindont G. See	Ŭ		Value NODI		C - No Discharge		C - No Discha			
						Sample							
00400	рН		1 - Effluent Gross	0		Permit Req.							
						Value NODI							
	1	ļ				Sample Permit Req.		73.0 MO AVG	<=	109.0 DAILY M			
00530	Solids, total suspended	ļ	1 - Effluent Gross	0		Value NODI		C - No Discharge	<-	C - No Discha			
						Sample		C - NO Disonarge		C - NO DISS.			
50050	Flow, in conduit or thru	treatment plant	1 - Effluent Gross	0		Permit Req.		Req Mon MO AVG		Req Mon DAILY			
00000	Flow, in conduct or an a	lleatment plant	1 - Endont oress	U		Value NODI		C - No Discharge		C - No Discha			
						Sample							
50060	Chlorine, total residual		1 - Effluent Gross	0		Permit Req.							
	1					Value NODI							
						Sample Permit Req.							
51040	E. coli		1 - Effluent Gross	0		Value NODI							
						Value NODI							
	ssion Note												
	ameter row does not cont	tain any values to	or the Sample nor E	Effluent I	rading, the	n none of t	he followi	ng fields will be su	bmitted to	r that row: Ur			
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	

y Name/Location if c	lifferent)													OWB	10-2040-004
TY, LLC		N	M00283	55	ļ		027-A				LING ZIP	CODE:	87545	i	
ABORATORY		PER	MIT NUM	IBER	L	DISCH	ARGE NU	MBER		MAJOR				OTU	-0
K490 CO 87545				MONITO	ORING PE	RIOD				COOLING TOWER BLOWDOWN & OTHER EXTERNAL OUTFALL					
TY, LLC		YEAR	MO	DAY		YEAR	MO	DAY		PAGE 3					
CO 87545 JRG, EPC-CP	FROM	21	01	01	то [21	01	31					No Dis	schar	ge X
\searrow	QUANT	TITY OF L	OADING		QUALITY OF CONCE			ENTRATION			NO. EX	FREQUEN OF ANALY		SAMPLE TYPE	
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PERMIT REQUIREMENT	Req. Mon. MONTHLY AV		. Mon Y MX	Mgal/day	***	***	**	***	***	***			DAIL	Y	RCORDR
SAMPLE MEASUREMENT	****	**	***	*****	***	***	**	***	NO	DI=C		0	0/31		GRAB
PERMIT	****	**	***	*****	***	***	**	***)11 Y MX	mg/L		WEEKLY		GRAB
SAMPLE MEASUREMENT	****	**	***		***	***	NODI=C		NO	DI=C		0	0/31		GRAB
PERMIT	****	*1	****	****	***	***	548 MONTHLY AV		2507 DAILY MX		- #/100ml		2/Mon	th	GRAB
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OLATIONS (Reference all attachments here) 1, 2014, *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

ns may be used.

PAGE 1 OF 1

Attachment 1

LA-UR-21-21889

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ame/Lu	CallUII	II UIIIEI	31111

, LLC	[N	M00283	55	1		027-A				ILING ZIP	CODE:	87545		
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87545	I			MONITO	RING P	ERIOD			COOLING TOWER BLOWDOWN & OTHER EXTERNAL OUTFALL						
, LLC		YEAR	MO	DAY		YEAR	MO	DAY	1	PAGE 3					
87545 G, EPC-CP	FROM	21	02	01	то	21	02	28					No Discha	arge X	
	QUANT	TTY OF L	OADING			Q	UALITY O	F CONCE	NTRATIO	N		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
\sim	VALUE	VAI	UE	UNITS	VA	LUE	VAI	UE	VAL	UE	UNITS				
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PERMIT REQUIREMENT	****	-	***] [-	6.6 MINIMUM		***	8. MAXI	-	3.0.		WEEKLY	GRAB	
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PERMIT	Req. Mon. MONTHLY AV		Mon Y MX	- Mgal/day -	**	****		ka k	*****				DAILY	RCORDR	
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SAMPLE MEASUREMENT	****	**	***	*****	****		*NO	DI=C	*NODI=C		#(100-+)	0	0/28	GRAB	
PERMIT REQUIREMENT	***	**	***		**	****		48 HLY AV	25 DAIL		- #/100ml		2/Month	GRAB	
SAMPLE MEASUREMENT															
PERMIT REQUIREMENT															
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	CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE REPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM					TAUNIA	VAN		ned by TAUNI/		ELEPHON	E	DA	ATE	
DESIGNED T INFORMATIO THE SYSTEM INFORMATIO	O ASSURE THAT QUALIFIE! N SUBMITTED. BASED ON I , OR THOSE PERSONS DIR N, THE INFORMATION SUB RATE AND COMPLETE, I AM	D PERSONNEL MY INQUIRY OI ECTLY RESPO MITTED IS, TO	PROPERLY OF THE PERSONNSIBLE FOR THE BEST OF	GATHER AND EVAL ON OR PERSONS V GATHERING THE MY KNOWLEDGE	UATE THE WHO MANAGE AND BELIEI	(Affiliate))	Date: 2021. -06'00'	ENBURG (Affili .03.25 09.16 01	ite)			2021 03	3 25	
SUBMITTING	FALSE INFORMATION, INC	LUDING THE P	OSSIBILITY C	F FINE AND IMPRI	SONMENT	SIGNA		INCIPAL EXE		505 AREA COD	665-9 NUMI		YEAR N	IO DAY	

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

nay be used.

Attachment 1 3

LA-UR-21-22875

DMR MAILI NM0028355 027-A NAME: TRIAD NATIONAL SECURITY, LLC MAJOR ADDRESS: LOS ALAMOS NATIONAL LABORATORY PERMIT NUMBER DISCHARGE NUMBER PO BOX 1663; MAIL STOP K490 COOLING T LOS ALAMOS, NEW MEXICO 87545 MONITORING PERIOD **EXTERNAL** FACILITY: TRIAD NATIONAL SECURITY, LLC YEAR MO DAY YEAR MO DAY PAGE 4 FROM 03 01 21 03 31 21 TO LOCATION: LOS ALAMOS, NEW MEXICO 87545 TAUNIA S. VAN VALKENBURG, EPC-CP ATTN: QUALITY OF CONCENTRATION QUANTITY OF LOADING PARAMETER UNITS VALUE VALUE VALUE VALUE VALUE SAMPLE pH ***** **** ***** *NODI=C *NODI=C MEASUREMENT ***** 00400 1 0 6.6 8.8 PERMIT ***** ***** **** Effluent Gross REQUIREMENT MAXIMUM MINIMUM SAMPLE MEASUREMENT Flow, in conduit or thru treatment plant **** ***** ***** *NODI=C *NODI=C 50050 1 0 Mgal/day Req. Mon PERMIT Req. Mon. **** ***** ***** Effluent Gross REQUIREMENT MONTHLY AV DAILY MX SAMPLE Chlorine, Total Residual ***** **** ***** ***** *NODI=C MEASUREMENT 50060 1 0 ***** 0.011 PERMIT **** ***** ***** ***** Effluent Gross DAILY MX SAMPLE MEASUREMENT E. Coli ***** ***** *NODI=C ***** *NODI=C **** 51040 1 0 548 2507 PERMIT ***** ***** ***** Effluent Gross MONTHLY AV REQUIREMENT DAILY MX SAMPLE MEASUREMENT PERMIT 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 INOURY 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 KNOWNE VIOL ATIONS. TELE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TAUNIA VAN Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) VALKENBURG TAUNIA S. VAN VALKENBURG Date: 2021.04.26 14:59: -06'00' **GROUP LEADER** (Affiliate) EPC-CP SIGNATURE OF PRINCIPAL EXECUTIVE 505 OFFICER OR AUTHORIZED AGENT FOR KNOWING VIOLATIONS. AREA CODE TYPED OR PRINTED 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.

EPC-DO: 21-143

Attachment 1

EPC-DO: 23-121

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

PERMITTEE	NAME/ADDRESS: (Include	Facility Name/Loca	tion if different)												
NAME:	TRIAD NATIONAL SE	CURITY, LLC			N	M00283	55			027-Q] DI	MR MAILII		
ADDRESS:		NAL LABORATO	RY		PER		IBER		DISCH	ARGE N	UMBER	10.000	IAJOR UARTERL		
	LOS ALAMOS, NEW N	MEXICO 87545				-	MONIT	ORING P	ERIOD			E	XTERNAL		
FACILITY:	TRIAD NATIONAL SE	CURITY, LLC			YEAR	MO	DAY		YEAR	MO	DAY	P/	AGE 5		
LOCATION:	LOS ALAMOS, NEW	MEXICO 87545		FROM	21	01	01	то	21	03	31				
ATTN:	TAUNIA S. VAN VALK	ENBURG, EPC-0	CP										TRATION		
				QUAN	TITY OF L	OADING			Q	QUALITY OF CONC		ENTRATION	ł		
	PARAMETER			ALUE	VA	LUE	UNITS	VA	LUE	VA	ALUE	VALU	JE L		
	al Suspended	SAMPLE		****	**	***	*****	****		*N0	DDI=C	*NODI	I=C		
00530 1 0 Effluent Gr	m 10		ENT *	****	**	***		****		МС	30 AVG	100 DAILY			
00665 1 0		SAMPLE MEASUREM		****	**	***	*****	**	**** *NODI:		DDI=C	*NODI	I=C		
		PERMIT REQUIREM		*****		***		**	***	A 410 S	20 AVG	40 DAILY	the second second second second second second second second second second second second second second second se		
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NAME/	TITLE PRINCIPAL EXECUTIVE	PRE	RTIFY UNDER PENAL PARED UNDER MY D	IRECTION OR	SUPERVISION I	N ACCORDAN	ICE WITH A SYS	TEM	TAUNIA		Digitally sig	gned by TAUNIA KENBURG (Affiliate	TELE		
TAUNIA S. GROUP LE EPC-CP	IGNED TO ASSURE T DRMATION SUBMITTE SYSTEM, OR THOSE DRMATION, THE INFO IE, ACCURATE AND C MITTING FALSE INFO	HAT QUALIFIE D. BASED ON PERSONS DIF RMATION SUE	D PERSONNEL MY INQUIRY OF RECTLY RESPO BMITTED IS, TO M AWARE THAT	PROPERLY G THE PERSO NSIBLE FOR THE BEST OF THERE ARE	ATHER AND EVA N OR PERSONS GATHERING THE MY KNOWLEDG SIGNIFICANT PE	ALUATE THE WHO MANAG E AND BELIE NALTIES FOR	(Affiliate)		Date: 2021 -06'00'	1.04.26 14:59:36	505				
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	and the second second second second second second second second second second second second second second second			1000	1	223									

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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different) NAME: TRIAD NATIONAL SECURITY, LLC NM0028355 027-A **DMR MAILIN** ADDRESS: LOS ALAMOS NATIONAL LABORATORY MAJOR PERMIT NUMBER **DISCHARGE NUMBER** PO BOX 1663; MAIL STOP K490 COOLING T LOS ALAMOS, NEW MEXICO 87545 MONITORING PERIOD EXTERNAL FACILITY: TRIAD NATIONAL SECURITY, LLC YEAR MO DAY YEAR MO DAY PAGE 3 LOCATION: LOS ALAMOS, NEW MEXICO 87545 FROM 21 04 01 TO 21 04 30 ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP QUANTITY OF LOADING QUALITY OF CONCENTRATION PARAMETER VALUE VALUE UNITS VALUE VALUE VALUE SAMPLE MEASUREMENT pH ***** ***** ***** *NODI=C *NODI=C 00400 1 0 ***** PERMIT 6.6 8.8 ***** ***** ***** Effluent Gross MINIMUM MAXIMUM Flow, in conduit or thru treatment plant SAMPLE ***** ***** ***** *NODI=C *NODI=C MEASUREMENT 50050 1 0 Mgal/day Reg. Mon PERMIT REQUIREMENT Req. Mon. Effluent Gross ***** ***** ***** MONTHLY AV DAILY MX SAMPLE MEASUREMENT Chlorine, Total Residual ***** ***** ***** ***** *NODI=C 50060 1 0 ***** 0.011 PERMIT ***** ***** ***** ***** **Effluent Gross** REQUIREMENT DAILY MX E. Coli SAMPLE MEASUREMENT ***** ***** ***** *NODI=C *NODI=C 51040 1 0 ***** #/ 548 2507 PERMIT ***** ***** ***** Effluent Gross REQUIREMENT MONTHLY AV DAILY MX SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT SAMPLE MEASUREMENT PERMIT REQUIREMENT ICERTIFY 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 SUBMITTION FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELE TAUNIA VAN Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) TAUNIA S. VAN VALKENBURG VALKENBURG Date 2021.05.24 17 07 46 GROUP LEADER (Affiliate) -06'00' EPC-CP SIGNATURE OF PRINCIPAL EXECUTIVE 505 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 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

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

EPC-DO: 21-162

Attachment 1 3

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

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

NAME: TRIAD NATIONAL SECUR ADDRESS: LOS ALAMOS NATIONAL PO BOX 1663; MAIL STOP LOS ALAMOS, NEW MEXI	LABORATORY K490	E	NM00283 PERMIT NUM	MBER		027-A IARGE NUMBER	DMR MAI MAJOR COOLING
FACILITY:TRIAD NATIONAL SECURLOCATION:LOS ALAMOS, NEW MEXIATTN:TAUNIA S. VAN VALKENB	CO 87545	FROM	YEAR MO I		TO 21	MO DAY 05 31	EXTERNA PAGE 3
PARAMETER	\sim	QUANTI	ITY OF LOADING		C	UALITY OF CONCE	NTRATION
FARMETER	\frown	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE
рН 00400 1 0	SAMPLE MEASUREMENT	****	****	*****	NODI=C	****	NODI=C
Effluent Gross	PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	****	8.8 MAXIMUM
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C		****	***	****
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	- Mgal/day	***	***	****
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	*****	***	****	****	****	NODI=C
Effluent Gross	PERMIT REQUIREMENT	*****	****		****	****	0.011 DAILY MX
E. Coli 51040 1 0	SAMPLE MEASUREMENT	****	***	*****	***	NODI=C	NODI=C
Effluent Gross	PERMIT	****	****	*****	***** 548 MONTHLY AV		2507 DAILY MX
	SAMPLE MEASUREMENT						
	PERMIT REQUIREMENT						1.3. 11
	SAMPLE MEASUREMENT		h				
	PERMIT	Sec. 6.,	and so that				
	SAMPLE MEASUREMENT						
	PERMIT		Sec. 1				
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	ER I CERTIFY UI	NDER PENALTY OF LAW THAT	T THIS DOCUMENT AND A	LL ATTACHMENTS		VAN Digitally signed	TE TE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED T INFORMATIC THE SYSTEM INFORMATIC TRUE, ACCU SUBMITTING	UNDER MY DIRECTION OR SU O ASSURE THAT QUALIFIED DN SUBMITTED. BASED ON M M, OR THOSE PERSONS DIRE NN, THE INFORMATION SUBM IRATE AND COMPLETE. 1 AM J DRATE AND COMPLETE. 1 AM J	PERSONNEL PROPERLY (Y INQUIRY OF THE PERSO CTLY RESPONSIBLE FOR ITTED IS, TO THE BEST OF AWARE THAT THERE ARE	GATHER AND EVA ON OR PERSONS V GATHERING THE F MY KNOWLEDGI SIGNIFICANT PER	LATE THE VHO MANAGE AND BELIEF MALTIES FOR ISONMENT	VAN VALKENBI Date: 2021.05.2 -06'00'	URG (Affiliate) 5 09 50.47 CUTIVE 505
TYPED OR PRINTED	FOR RIVOWI	NG VIOLATIONS			OFF	ICER OR AUTHORIZED AG	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.

EPC-DO: 21-195

Attachment 1 3

NATIO

y Name/Location if c	lifferent)											NVID NU, 2040-004
TY, LLC	1	NM00283	55	Ē		027-A	1	DMR MAI	LING ZIP	CODE:	87545	
ABORATORY		PERMIT NU	MBER	Ē	DISCH	ARGE NUMBER]	MAJOR				
K490 CO 87545	1						-				DOWN & O	THER
				DRING PE			-	EXTERN/	\LL			
TY, LLC	FROM	21 06	01	TOF	21	MO DAY 06 30	-	PAGE 4				
CO 87545 URG, EPC-CP	FROM	21 00		то	21	00 00	1				No Disc	harge X
	QUANT	TTY OF LOADING	6		Q	UALITY OF CONC	ENTRATIC	N		NO.	FREQUENC OF ANALYS	
\times	VALUE	VALUE	UNITS	VAL	UE	VALUE	VAI	UE		EX		ITPE
SAMPLE MEASUREMENT	*****	*****		*NOD		****	*NO	DI=C		0	0/30	GRAB
PERMIT	****	****	****	6.6 MININ		***		.8 IMUM	S.U.		WEEKLY	GRAB
SAMPLE	*NODI=C	*NODI=C		***		****		***	*****	0	0/30	RCORDR
PERMIT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	Mgal/day	***	**	*****	**	***	*****		DAILY	RCORDR
SAMPLE MEASUREMENT	*****	****	*****	***	**	****	*NO	DI=C		0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****	*****	****		****		011 .Y MX	- mg/L		WEEKL	GRAB
SAMPLE MEASUREMENT	****	****	****	***	**	*NODI=C	*NO	DI=C	#/100ml	0	0/30	GRAB
PERMIT REQUIREMENT	*****	*****		***	**	548 MONTHLY AV	2507 DAILY MX		#/ 100/III		2/Month	GRAB
SAMPLE MEASUREMENT												
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SAMPLE MEASUREMENT												
PERMIT REQUIREMENT				-								_
SAMPLE MEASUREMENT									_			
PERMIT REQUIREMENT											-	1.0
PREPARED	NDER PENALTY OF LAW TH UNDER MY DIRECTION OR S	SUPERVISION IN ACCORD	ANCE WITH A SYS	TEM	TAUNIA		ined by TAUNIA ENBURG (Affiliate)		ELEPHON	E	[[]	
INFORMATION THE SYSTEM	TO ASSURE THAT QUALIFIE ON SUBMITTED. BASED ON M. OR THOSE PERSONS DIR ON. THE INFORMATION SUB JRATE AND COMPLETE. I AM	MY INQUIRY OF THE PERS RECTLY RESPONSIBLE FO IMITTED IS, TO THE BEST	ON OR PERSONS R GATHERING THE OF MY KNOWLEDG	WHO MANAGE	VALKEN (Affiliate) Date: 2021 -06'00'	07,26 16 31 04		1 005		21	07 26
SUBMITTING	STATE AND COMPLETE TAM STALSE INFORMATION, INC ING VIOLATIONS	LUDING THE POSSIBILITY	OF FINE AND IMPR	RISONMENT		TURE OF PRINCIPAL E		505 AREA CODI	665-9 E NUM		YEAR	MO DAY

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

ns may be used.

PAGE 1 OF 1

Attachment 1 4

LA-UR-21-27232

OMB No. 2040-004

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

h

TY, LLC
ABORATOR
K490
0.0.07545

OMB No. 2040-0	104
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ty Name/Location if di	fferent)												OWD	140 2040-004		
TY, LLC	I	N	M002835	55	1		027-Q		1	DMR MA		CODE	: 87545			
LABORATORY		PER		IBER		DISCH	ARGE NU	IMBER		MAJOR						
' K490 CO 87545	1	· · · · · · · · · · · · · · · · · · ·		MONIT					1		ERLY REP(IAL OUTFA		G - OUTFALL (127		
ITY, LLC		YEAR	MO	DAY	JRING P	YEAR	мо	DAY	-	PAGE 5			-			
CO 87545	FROM	21	04	01	то	21	06	30	1				No Discha			
URG, EPC-CP					30				2							
\searrow	QUANT	ITY OF L	OADING			Q	UALITY C	OF CONC	ENTRATIC	N		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
	VALUE	VA	LUE	UNITS	VA	VALUE		VALUE		LUE	UNITS	<u> </u>				
SAMPLE MEASUREMENT	*****	**	***	*****	**	***	*NO	DI=C	*NO	DI=C	mg/L	0	0/91	GRAB		
PERMIT	****	**	***		**	***		30 AVG		00 Y MX	I IIIg/L		QUARTERLY	GRAB		
SAMPLE MEASUREMENT	****	**	***	*****	**	***	*NO	DI=C	*NO	DI=C		0	0/91	GRAB		
PERMIT	****	**	***	*****	**	***	20 MO AVG			io Y MX	- mg/L	-	QUARTERLY	GRAB		
SAMPLE MEASUREMENT																
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PREPARED 1	IDER PENALTY OF LAW TH	SUPERVISION	IN ACCORDA	NCE WITH A SYS	TEM	TAUNIA			ed by TAUNIA		ELEPHON	IE	DA	re		
DESIGNED T INFORMATIO	O ASSURE THAT QUALIFIE N SUBMITTED. BASED ON I, OR THOSE PERSONS DIR N, THE INFORMATION SUB	D PERSONNEL MY INQUIRY O	PROPERLY	GATHER AND EV. ON OR PERSONS GATHERING THE	ALUATE THE WHO MANAG	(Affiliate	NBURG ∋)		NBURG (Affiliate)7 26 16 31 24				21 0	7 26		
TRUE, ACCU SUBMITTING	IN, THE INFORMATION SUB RATE AND COMPLETE. TAI FALSE INFORMATION, INC IG VIOLATIONS.	M AWARE THA'	T THERE ARE	SIGNIFICANT PE	NALTIES FOR	SIGN	ATURE OF PI			505	665-		YEAR M			
							TOER OR A			AREA CO	DE NUN	1BER				

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

ons may be used.

PAGE 1 OF 1

Attachment 1 5

LA-UR-21-27232

y Name/Location	on if different)												OWIBIN	0 2040-004
TY, LLC		NM00283		F		027-A			DMR MAIL MAJOR	ING ZIP	CODE:	87545		
ABORATOR K490	ξΥ.	PERMIT NU	MBER	L	DISCH	ARGE NUMB	ER]		COOLING	TOWER	BLOW	DOWN & C	отне	R
CO 87545			MONITO	RING PE	RIOD				EXTERNA					
TY, LLC		YEAR MO	DAY		YEAR		YAC	I	PAGE 3					
CO 87545	FROM	21 07	01	то	21	07	31					No Dis	charç	je 🔀
T, EPC-CP						UALITY OF C			N			COLOURN		SAMPLE
\searrow	QUAN	TITY OF LOADING	G		Q	UALITY OF C	JUNCEI	NIKATO	IN		NO. EX	FREQUEN OF ANALY		TYPE
\wedge	VALUE	VALUE	UNITS	VAL	UE	JE VALUE		VALUE		UNITS				
SAMPLE MEASUREME		****		*NOD	l=C	*****		*NO	DI=C	S.U.	0	0/31		GRAB
PERMIT	*****	****	F	6.6 MININ		****		8. MAXI		3.0.		WEEKL	_Y	GRAB
SAMPLE	*NODI-C	*NODI=C		***1		****		***	***	*****	0	0/31		RCORDR
PERMIT	Req. Mon.	Req. Mon DAILY MX	-Mgal/day-	***	**	****		441	***	*****		DAIL	Y	RCORDR
SAMPLE	****	*****		***:	**	*****		*NO	DI=C		0	0/31		GRAB
PERMIT	*****	****	****	***	**	** ****		0.0 DAIL)11 Y MX	mg/L		WEEKI	LY	GRAB
SAMPLE	****	****		***	**** *NODI=C		C		DI=C		0	0/31		GRAB
MEASUREM	****	****	****	***	**	* 548 MONTHLY A			07 Y MX	#/100ml		2/Mon	th	GRAB
REQUIREM			-		1000	MONTHL	YAV	DAIL						
MEASUREM			_								-		-	
PERMIT													_	
SAMPLE MEASUREM														
PERMIT														
SAMPLE MEASUREM														
PERMIT														
CER ICE	RTIFY UNDER PENALTY OF LAW 1	THAT THIS DOCUMENT AND	ALL ATTACHMENTS	S WERE	Tour	io Di	igitally sig	ned by	TE	LEPHON	IE		DAT	E
DES	SIGNED TO ASSURE THAT QUALIF ORMATION SUBMITTED, BASED O SYSTEM, OR THOSE PERSONS D ORMATION THE INFORMATION SI	ED PERSONNEL PROPERL N MY INQUIRY OF THE PER DIRECTLY RESPONSIBLE FO	Y GATHER AND EVA SON OR PERSONS I OR GATHERING THE OF MY KNOWLEDG	ILUATE THE WHO MANAGE E AND BELIEF.	Sanu		aunia San ale: 2021):51:17 -0	08.25				21	08	25
TRU	JE, ACCURATE AND COMPLETE I MITTING FALSE INFORMATION, IN R KNOWING VIOLATIONS.	AM AWARE THAT THERE A	RE SIGNIFICANT PER	NALTIES FOR		ATURE OF PRINC			505 AREA CODE		9827 //BER	YEAR	MC) DAY
									AREA CODE	1100	IDER			

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

ons may be used.

PAGE 1 OF 1

Attachment 1 3

LA-UR-21-28441

OMB No. 2040-004

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

NATIO

iy Name/L	ocation if d	ifferent)													OND	10.2010.001
TY, LLC		Ĩ	N	M00283	55	1		027-A			DMR MA	ILING ZIP	CODE:	8754	5	
ABORA							DISCH	ARGE NU	JMBER		MAJOR				A T U	
K490 CO 8754	5						50100					G TOWER AL OUTFA		DOWN 8	OIH	EK
			YEAR	мо		ORING P	YEAR	MO	DAY		PAGE 3	AL OUTP				
TY, LLC CO 8754		FROM	21	08	01	то	21	08	31					No D	ischa	ge X
т, ерс-с																
\smallsetminus		QUANT	ITY OF L	OADING			Q	UALITY (OF CONCE	ENTRATIO	DN		NO. EX	FREQUE OF ANAL		SAMPLE TYPE
		VALUE	VA	LUE	UNITS	VA	LUE	VA	LUE	VA	LUE	UNITS				
	MPLE REMENT	****	**	***	****	*NO	DI=C	**	****	*NO	DI=C	S.U.	0	0/3	1	GRAB
	RMIT REMENT	****	**	***			.6 MUM	÷1	****		.8 IMUM	0.0		WEEK	KLY	GRAB
SAMPLE *NODI=C		*NO	DI=C		**	***	ske s	***	**	***	*****	0	0/3	1	RCORDR	
		Req. Mon MONTHLY AV		. Mon Y MX	- Mgal/day	±+	***	*	****	**	***			DAIL	Y	RCORDR
REQUIREMENT MONTHLY SAMPLE MEASUREMENT				***	*****	****		*	****	*NO	DI=C	mg/L	0	0/31		GRAB
	RMIT REMENT	*****	**	***	*****	**	:***	*	****		011 .Y MX	Ing/L		WEE	KLY	GRAB
SA	MPLE	****	**	***		**	***	*NC)DI=C	*NO	DI=C	#/100ml	0	0/3	1	GRAB
PE	RMIT	****	**	****	****	**	de sie sie		548 THLY AV	_	507 .Y MX	#/100111		2/Mo	nth	GRAB
SA	MPLE															
PE	RMIT															
	MPLE JREMENT															
PE					1											
SA	MPLE		1													
PE																
CER	I CERTIFY U	NDER PENALTY OF LAW TH UNDER MY DIRECTION OR S					Tauni	ia	Digitally sig		TE	ELEPHON	E		DAT	E
	DESIGNED T INFORMATIC THE SYSTEM	O ASSURE THAT QUALIFIED IN SUBMITTED, BASED ON I A, OR THOSE PERSONS DIR	MY INQUIRY O ECTLY RESPO	F THE PERSO NSIBLE FOR	OATHER AND EV ON OR PERSONS GATHERING THE F MY KNOWLEDG	WHO MANAGE E SE AND BELIEF	Sand		Taunia Sar Date: 2021 09:16:33 -0	.09.28				21	09	28
	TRUE, ACCU SUBMITTING	RATE AND COMPLETE 1 AM FALSE INFORMATION, INC NG VIOLATIONS.					SIGNA		RINCIPAL EXI		505	665-9		YEAR	M	
	FOR KNOW	NG VIOLATIONO						ioen on n			AREA COD	E NUM	BER	TERM	1010	

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

ns may be used.

Attachment 1 3

LA-UR-21-29510

PAGE 1 OF 1

OMB No. 2040-004

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

ame/Location if different)														OMB	No. 2040-004	
LLC	LLC DRATORY 0 37545		N	IM002835	5	[027-A			DMR MAI	LING ZIP	CODE:	875	545	
	TORY	[PER		BER		DISCH	ARGE NU	MBER		MAJOR					
	5	I			MONIT	ORING PE					COOLING			DOWN	& OTH	ER
LLC			YEAR	мо	DAY		YEAR	мо	DAY		PAGE 5	AL OUTFA	NLL			
8754	5	FROM	21	09	01	то	21	09	30					No	Dischar	
PC-C	P					-						i				
>	\langle	QUANT	TTY OF L	OADING			Q	UALITY O	F CONCE	ENTRATIO	ON		NO. EX	FREQU OF ANA		SAMPLE TYPE
\leq		VALUE	VAI	LUE	UNITS	VAL	.UE	VAL	UE	VA	LUE	UNITS				
	IPLE REMENT	****	***	***	****	*NO	DI=C	***	***	*NO	DI=C	S.U.	0	0/:	30	GRAB
	rmit Rement	****	**:	***		6. MINII		***	***	-	.8 IMUM	3.0.		WEE	KLY	GRAB
	IPLE REMENT	Ma		N	***	:**	***	***	**	***	****	0	0/30		RCORDR	
	rmit Rement	Req. Mon. Req. Mon MONTHLY AV DAILY MX		Mgal/day	***	:**	****		**	***			DA	LY	RCORDR	
	IPLE REMENT	****		****	***	:**	****		*NO	DI=C		0	0/3	30	GRAB	
	RMIT REMENT	****	**:	***		***	:**	****		-	011 .Y MX	mg/L		WEE	KLY	GRAB
	IPLE REMENT	****	****		****	***	:**	*NOI	DI=C	*NO	DI=C		0	0/3	30	GRAB
	rmit Rement	****	***	***		****		548 MONTHLY AV		2507 DAILY MX		#/100ml		2/Mo	onth	GRAB
	IPLE REMENT															
	rmit Rement															
	IPLE REMENT															
	rmit Rement															
	SAMPLE SUREMENT															
	rmit Rement															
	PREPARED U	DER PENALTY OF LAW THA NDER MY DIRECTION OR SI	UPERVISION IN	ACCORDAN	E WITH A SYS	TEM	Taunia		Digitally sig		TEI	LEPHONE			DAT	=
	INFORMATIO	D ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M , OR THOSE PERSONS DIRE	IY INQUIRY OF	THE PERSON	OR PERSONS	WHO MANAGE	Sando	nuiet 🗸	Taunia San Date: 2021.	10.27						
	INFORMATION TRUE, ACCUR	N, THE INFORMATION SUBM RATE AND COMPLETE. I AM FALSE INFORMATION, INCL	ITTED IS, TO T AWARE THAT	THE BEST OF I THERE ARE S	IY KNOWLEDG	E AND BELIEF, NALTIES FOR			16:04:33 -00 NCIPAL EXE		505	665-9	827	21	10	27
		G VIOLATIONS.	UDING THE PU	JUDILITI UF				CER OR AUT			AREA CODE	NUMB	-	YEAR	MO	DAY

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

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Attachment 1 5

LA-UR-21-30675

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

		DI	ISCHARG		ING REPO	RT (DMR)	,	,						OMB	No. 2040-004
me/Location if	different)														
LLC		N	IM00283	55			027-Q]	DMR MAI	LING ZIP	CODE:	8754	15	
ORATORY		PER		IBER		DISCH	ARGE NL	IMBER		MAJOR					_
90 87545				MONIT					1	QUARTE			g - OUTF	FALL C	27
LLC		YEAR	мо	DAY	ORING P	YEAR	MO	DAY	-	EXTERNA PAGE 6	AL OUTFA	ALL .			
87545	FROM	21	07	01	то	21	09	30	1	FAGE 0					
PC-CP			I	1					1				No D	ischai	ge X
	QUANT	TITY OF L	OADING			Q	UALITY C	F CONC	ENTRATIO	ON		NO.	FREQUE		SAMPLE
\times				T								EX	OF ANAI	YSIS	TYPE
	VALUE	VA	LUE	UNITS	VAI	LUE	VA	LUE	VA	LUE	UNITS				
SAMPLE EASUREMENT	****	**	***	****	**	***	*NO	DI=C	*NO	DI=C	mg/L	0	0/9	2	GRAB
PERMIT EQUIREMENT	****	**	***		**	***		0 AVG		00 .Y MX	iiig/L		QUART	ERLY	GRAB
SAMPLE EASUREMENT	****	**	***	****	**	***	*NO	DI=C	*NO	DI=C	mall	0	0/9	2	GRAB
PERMIT EQUIREMENT	****	**	***		**	***		20 AVG		40 .Y MX	mg/L		QUART	ERLY	GRAB
SAMPLE EASUREMENT															
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PREPARED U	NDER PENALTY OF LAW THA UNDER MY DIRECTION OR SI	UPERVISION I	N ACCORDAN	CE WITH A SYS	TEM	Toursi	•	Digitally sig	ned by	TE	LEPHONE			DAT	E
DESIGNED T INFORMATIC THE SYSTEM INFORMATIC TRUE, ACCU SUBMITTING	O ASSURE THAT QUALIFIED ON SUBMITTED. BASED ON M M, OR THOSE PERSONS DIRE DN, THE INFORMATION SUBM RATE AND COMPLETE. I AM & FALSE INFORMATION, INCL	PERSONNEL IY INQUIRY OF ECTLY RESPON MITTED IS, TO AWARE THAT	PROPERLY G THE PERSON NSIBLE FOR G THE BEST OF THERE ARE S	ATHER AND EVA NOR PERSONS GATHERING THE MY KNOWLEDG GIGNIFICANT PE	ALUATE THE WHO MANAGE E BE AND BELIEF NALTIES FOR	Sando	quist	Taunia Sar Date: 2021 16:04:55 -0	ndquist .10.27 16'00' ECUTIVE	505	665-9	827	21	10	27
	UBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONM OR KNOWING VIOLATIONS.				OFFICER OR AUTHORIZED AGEN				AREA CODE	CODE NUMBER YEAR MO DA					

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

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Attachment 1 6

LA-UR-21-30675

me/Location if different)														OWB	No. 2040-004
LLC	ATORY PERMIT			5			027-Y			DMR MAI	LING ZIP	CODE:	875	545	
ORATORY	Ì	PER		BER		DISCH	ARGE NU	JMBER		MAJOR					
0 37545	-								1	YEARLY			UTFALI	_ 027	
LLC		YEAR	МО	DAY	ORING P	YEAR	МО	DAY		EXTERNA	AL OUTFA	ALL .			
87545	FROM	20	10	01	то	21	09	30		PAGE 7					
PC-CP		I											No	Dischar	ge X
\checkmark	QUANT	TTY OF LO	OADING			Q	UALITY C	OF CONCE	INTRATIC	DN		NO. EX	FREQU OF ANA		SAMPLE TYPE
\leq	VALUE	VAL	UE	UNITS	VAI	_UE	VA	LUE	VA	LUE	UNITS				
SAMPLE EASUREMENT	****	***	***	****	**	***	**	***	***NC	DDI=C	mg/L	0	0/3	65	GRAB
PERMIT EQUIREMENT	****	***	***		**	***	**	***		073 Y MX	IIIg/L		1/Y	ear	GRAB
SAMPLE EASUREMENT	***** ***** *****		**	***	**	***	***NC	DDI=C	mg/L	0	0/365		GRAB		
PERMIT EQUIREMENT	****	***	****		**	***	**	***		889 Y MX	IIIg/L		1/Y	ear	GRAB
SAMPLE EASUREMENT	***NODI=C ***NODI=C lbs/day		**	***	***NC	DDI=C	***NC	DI=C	ug/l	0	0/365		GRAB		
PERMIT EQUIREMENT	Reg. Mon. MONTHLY AV	Req. DAIL	Mon. Y MX	ibs/uay	**	***		0.00064 0.0 MONTHLY AV DAI			ug/L		1/Y	ear	GRAB
SAMPLE EASUREMENT															
PERMIT EQUIREMENT															
SAMPLE EASUREMENT															
PERMIT EQUIREMENT															
SAMPLE EASUREMENT															
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SAMPLE EASUREMENT															
PERMIT EQUIREMENT															
PREPARED L DESIGNED TO INFORMATIO THE SYSTEM INFORMATIO TRUE, ACCUI SUBMITTING	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHME PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A S DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSO THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLE TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT SUBMITTIOR FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IN		E WITH A SYS THER AND EVA OR PERSONS ATHERING THE IY KNOWLEDG GNIFICANT PE	TEM ALUATE THE WHO MANAGE E AND BELIEF, SANDQUIST Digitally sign Taunia Sand Date: 2021.1 16:05:17 -06'			andquist 1.10.27 -06'00'				21	DATI 10	27		
FOR KNOWIN	IG VIOLATIONS.					OFFI	CER OR AUT	THORIZED A	GENT	AREA CODE	NUMB	ER	YEAR	МО	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#-UTFALL 027 THIS MONITORING PERIOD.

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Attachment 1 7

LA-UR-21-30675

VAME: TRIAD NATIONAL SECUR	ITY, LLC	Г	NI	V100283	55		027-A		DMF	
ADDRESS: LOS ALAMOS NATIONAL I		ľ				DIS	CHARGE N	UMBER	MAJ	
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ACILITY: TRIAD NATIONAL SECURI		ŀ	YEAR	МО		RING PERIOD		DAY	EXT	ERNA
OCATION: LOS ALAMOS, NEW MEXI TTN: STEVEN L. STORY, EPC-C	CO 87545	FROM	21	10	01	TO 21	10	31	FAG	Εð
PARAMETER	\searrow	QUANT	ITY OF LC	ADING			QUALITY	OF CONCE	NTRATION	
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EPA Form 3320-1 (Rev 01/06) Previous editions may be used.

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

IAME: TRIAD NATIONAL SECURI		F		1002835		F		027-A			DMR MA
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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.

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ity Name	e/Location if d	ifferent)													OIVID	140, 2040-004
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PAGE 1 OF 1

Attachment 1 4

LA-UR-22-20594

OMB No. 2040-004

ATIONAL	POLLUTANT DISCHARGE ELIMINATION SYSTEM ((NPI
	DISCHARGE MONITORING REPORT (DMR)	

ł	TY, LLC	[Ν	IM002835	5	
0	ABORATORY K490	l	PER	MIT NUM	BER	
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۲I	TY, LLC		YEAR	MO	DAY	
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ICO 87545			MONITO	DRING F	PERIOD]	EXTERN	AL OUTFA	ALL			
RITY, LLC		YEAR MO	DAY		YEAR	MO	DAY]	PAGE 5					
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PAGE 1 OF 1

Attachment 1 5

LA-UR-22-20594

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LLC		N	NM0028355 027-A						DMR MAILING ZIP CODE: 87545							
ORATORY		PERMIT NUMBER DISCHARGE NUMBER							MAJOR COOLING TOWER BLOWDOWN & OTHER							
87545		MONITORING PERIOD								EXTERNAL OUTFALL						
LLC		YEAR	MO	DAY		YEAR	МО	DAY	PAGE 3							
87545	FROM	22	01	01	то	22	01	31				No Discha	rae 🛛 🗡			
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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 SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING SLES INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT									DATE	28			
FURKINUWI	NG VIOLATIONS.					CER OR AUTHORIZED A				YEAR	MO	DAY	

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Attachment 1 3

LA-UR-22-21639

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LLC ORATORY 90			M002835 MIT NUM	-		DISCH	027-A ARGE NI	JMBER	DMR MAILING ZIP CODE: 87545 MAJOR COOLING TOWER BLOWDOWN & OTHER
87545				MONIT	ORING P	ERIOD			EXTERNAL OUTFALL
LLC		YEAR	MO	DAY		YEAR	MO	DAY	PAGE 3
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014. *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

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Attachment 1 3

LA-UR-22-22694

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87545			_	MONIT	ORING P	ERIOD			EXTERNAL OUTFALL						
LLC		YEAR	MO	DAY		YEAR	MO	DAY	PAGE 4						
87545	FROM	22	03	01] то	22	03	31	No Discharge X						
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014. *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

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Attachment 1 4

LA-UR-22-23869

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LLC		NM0028355					027-Q			ILING ZIP	CODE:	87545					
ORATORY 90 87545]	PER	MIT NUM				ARGE NU	JMBER	MAJOR QUARTERLY REPORTING - OUTFALL 02 EXTERNAL OUTFALL								
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57 545	FROM	LL	01	01	10		00	01			No Discharge						
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SAMPLE EASUREMENT	****	**	***	****	**	****		DI=C	*NODI=C	mg/L	0	0/90	GRAB				
PERMIT EQUIREMENT	****	**	***		**	***		80 AVG	100 DAILY MX	ilig/L		QUARTERLY	GRAB				
SAMPLE EASUREMENT	****	**	***	****	**	***	*NODI=C		*NODI=C	ma/l	0	0/90	GRAB				
PERMIT EQUIREMENT	****	**	***		**	***	-	20 AVG	40 DAILY MX	- mg/L		QUARTERLY	GRAB				
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PERMIT EQUIREMENT 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, FUE, 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 TELEPHONE DATE Digitally signed by STEVEN STORY (Affiliate STORY Date: 2022.04.27 13:44:43 -06'00' (Affiliate) 22 04 27 SIGNATURE OF PRINCIPAL EXECUTIVE 505 665-2169 OFFICER OR AUTHORIZED AGENT YEAR DAY MO AREA CODE NUMBER

IONS (Reference all attachments here)

014 *OUTFALL PIPE CAPPED ON 9/9/16. NO DISCHARGE DURING MONITORING PERIOD.

ay be used.

Attachment 1 5 LA-UR-22-23869

	OMB	No.	2040-004
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/ Name/Location if d	ifferent)													OND	10/2010 001
FY, LLC	1	N	M002835	55	ſ		027-A			DMR MA	ILING ZIP	CODE:	87545	;	
ABORATORY K490		PERI		IBER		DISCH	ARGE NI	JMBER		MAJOR COOLING TOV		B OTHER W	ASTEWATER TO	SANDIA	CANYON
O 87545				MONITO	DRING PI	ERIOD				EXTERN	IAL OUTFA	LL			
FY, LLC		YEAR	MO	DAY		YEAR	MO	DAY	PAGE 3						
O 87545	FROM	22	04	01	то	- 22	04	30					No Dis	schar	rge 🔀
\checkmark	QUANT	FITY OF LO	DADING			Q	UALITY (OF CONCE	NTRATIO	ON		NO. EX	FREQUEN OF ANALY		SAMPLE TYPE
$\langle \rangle$	VALUE	VAL	.UE	UNITS	VA	UE	VA	LUE	VA	LUE	UNITS				
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PERMIT REQUIREMENT	****			6.6 MINIMUM			****		.8 IMUM	3.0.		WEEKI	Y	GRAB	
SAMPLE *NODI=C		*NOI	DI=C	Maal/day	***		*	****	**	***	****	0	0/30		RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req.	Mon Y MX	- Mgal/day	**	**		****	+1	nie in the		-	DAIL	Y	RCORDR
SAMPLE MEASUREMENT	***** *****		*****	**	***	*	****	*NC	DI=C	- mg/L	0	0/30		GRAB	
PERMIT REQUIREMENT				*****		*****			011 _Y MX	my/L		WEEK	LY	GRAB	
SAMPLE MEASUREMENT	****	**	***	*****	**	***	*NC	DDI=C	*NC	DI=C	#/100ml	0	0/30		GRAB
PERMIT REQUIREMENT	*****	**	***		**	***		548 FHLY AV		507 _Y MX	#/100/11		2/Mon	th	GRAB
SAMPLE MEASUREMENT															
PERMIT REQUIREMENT		253											S15		
SAMPLE MEASUREMENT															
PERMIT REQUIREMENT	13.27	1.123			1	. Care	-3-1			-					518
SAMPLE MEASUREMENT															
PERMIT REQUIREMENT	1.50				-		5-	1.0				5			
ER I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHN PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A			NCE WITH A SYS	IEM	STEVE		Digitally sign STEVEN ST		Т	ELEPHON	E		DAT	ĨE	
DESIGNED INFORMATIO THE SYSTEM	TO ASSURE THAT QUALIFIE ON SUBMITTED, BASED ON I, OR THOSE PERSONS DIF ON THE INFORMATION SUB	D PERSONNEL MY INQUIRY OF RECTLY RESPO	PROPERLY THE PERSO NSIBLE FOR THE BEST O	GATHER AND EVA ON OR PERSONS GATHERING THE F MY KNOWLEDG	LUATE THE WHO MANAG	F. (Affilia	te)	(Affiliate) Date: 2022 12:41:02 -06	05.23 6'00'	505	0.05	0160	22	05	23
TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENA SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRIS FOR KNOWING VIOLATIONS.				RISONMENT	ONMENT SIGNATORE OF HIGH OF A CENT					BER	YEAR	M	DAY		
						1				ANENCO	14014		1		

DLATIONS (Reference all attachments here)

TOBER 1, 2014. *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

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Attachment 1 3 LA-UR-22-24660

NATIONAL POLITIANT DISCHARGE FLIMINATION SYSTEM (NPDES)

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		NATIONAL POLLUTANT DISCHARGE ELIMINATION STSTEM (NPDES)	
		DISCHARGE MONITORING REPORT (DMR)	
-	~		

me/L	location if o	amerent)														
LLC			N	M00283	55	027-A			DMR MAILING ZIP CODE: 87545							
ORA	TORY		PER		IBER		DISCH	IARGE NU	MBER	1	MAJOR					
0 3754	5				MONIT					COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO SANDIA CANYON						
	TORY		YEAR	мо		ORING P	YEAR	мо	DAY	{	EXTERN	AL OUTFA	ALL			
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	rmit Rement	****	***	***			6.6 IMUM	**	***		8.8 IMUM	0.0.		WEE	KLY	GRAB
	APLE REMENT	NODI=C	NOE	DI=C	- Mgal/day	**	***	**	***	**	***	****	0	0/3	31	RCORDR
	rmit Rement	Req. Mon. MONTHLY AV	Req.	Mon Y MX	lvigai/uay	**	****		****		***			DA	LY	RCORDR
	APLE REMENT	****	***	***	****	**	***	**	***	NO	DI=C	mg/l	0	0/3	31	GRAB
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	APLE REMENT	****	**:	***	****	**	***	NOI	DI=C	NO	DI=C	#/100ml	0	0/3	31	GRAB
	rmit Rement	****	***	***		**	***		48 HLY AV	_	507 Y MX	#/10011		2/Mo	onth	GRAB
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I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYST				TEM	SARAH		Digitally sign SARAH HOL		TE	LEPHONE			DAT	E		
DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVA INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OF PERSONS V THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE				ALUATE THE WHO MANAGE			(Affiliate) Date: 2022.0									
INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PEN					DGE AND BELIEF, (ATTILIATE) 09:18:58 -06'00' PENALTIES FOR				00'			666	22	07	26	
SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRIS FOR KNOWING VIOLATIONS.					RISONMENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMB		YEAR	MC		

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PAGE 1 OF 1

Attachment 2 3

LA-UR-27275

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LLC			N	IM00283	55			027-A			DMR MA	ILING ZIP	CODE:	875	45				
ORAT	ORY		PER		IBER		DISCH	ARGE NL	IMBER	I		COVER BLOWDOWN & OTHER WASTEWATER TO SANDIA CANYON							
,0 87545	5				MONIT		ERIOD			I					TO OAND!				
ORAT	ORY		YEAR	MO	DAY		YEAR	MO	DAY			00117							
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SAMI EASUR	PLE EMENT	NODI=C	NO	DI=C			***	**	***	**	***	****	0	0/3	80	RCORDR			
PERI EQUIRI	MIT EMENT	Req. Mon. MONTHLY AV		Req. Mon DAILY MX		****		****		**	****			DAILY		RCORDR			
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SAMI EASUR	PLE EMENT	****	**	***	****	**:	***	NOI	DI=C		DI=C		0	0/30		GRAB			
PERI EQUIRI	MIT EMENT	****	**	***		**:	***		48 HLY AV		507 Y MX	#/100ml		2/Mo	onth	GRAB			
SAMI EASUR	PLE EMENT									1									
PERI EQUIRI	MIT EMENT																		
SAMI EASUR	PLE EMENT																		
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SAMI EASUR	PLE EMENT																		
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	ESIGNED TO	D ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M , OR THOSE PERSONS DIRE	PERSONNEL I	PROPERLY G	ATHER AND EVA OR PERSONS	ALUATE THE WHO MANAGE	HOLCOMB (Affiliate) Date: 2022.07.26 07:12:06												
INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDG TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PEI SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPR						E AND BELIEF, NALTIES FOR						667 0	666	22	07	26			
		FALSE INFORMATION, INCL IG VIOLATIONS.	FINE AND IMPF	RISONMENT								YEAR	MC						

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PAGE 1 OF 1

Attachment 1 3

LA-UR-27275

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	DESIGNED TO	O ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M	PERSONNEL	PROPERLY GA	ATHER AND EV	ALUATE THE	HOLCO	омв 🖉	HOLCOMB (Date: 2022.0							
THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BEL			E SE AND BELIEF,	(Affiliate	e)	08:49:25 -06						~ 7				
TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT			TURE OF PR		xecutive 505 665-0666 22 07				26							
FOR KNOWING VIOLATIONS.			OFFICER OR AUTHORIZED AG						ED	YFAR	MO	DAY				

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Attachment 1 21

LA-UR-27275

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PAGE 1 OF 1

DAY

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LLC	;		N	IM002835	5			027-A			DMR MAI	LING ZIP	CODE:	875	45	
ORA 90	TORY		PER	MIT NUM	BER		DISCH	ARGE NU	IMBER		MAJOR COOLING TOWE	R BLOWDOWN	& OTHER WA	ASTEWATER	TO SANDIA	CANYON
8754	15				MONIT	ORING P	ERIOD				EXTERNA	AL OUTFA	ALL.			
ORA	TORY		YEAR	MO	DAY		YEAR MO		DAY		PAGE 3					
8754	15	FROM	22	07	01	то	22	07	31					No	Dischar	ge 🛛 X
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	rmit Rement	****	**	***			.6 MUM	**	***		.8 IMUM	0.0.		WEE	KLY	GRAB
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	MPLE IREMENT	****	**	***	****	**:	***	NOI	DI=C	NO	DI=C	#/400mal	0	0/3	31	GRAB
	rmit Rement	****	**	***		**;	***		48 HLY AV		607 Y MX	#/100ml		2/Mo	onth	GRAB
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PERMIT EQUIREMENT																
	I CERTIFY UN	IDER PENALTY OF LAW THA	AT THIS DOCUM	MENT AND ALL	ATTACHMENT	S WERE	SARAH	. (Digitally sign	ed by SARA⊢	TE	LEPHONE			DAT	Ξ
	DESIGNED TO INFORMATIO THE SYSTEM	O ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M I, OR THOSE PERSONS DIRE	PERSONNEL I IY INQUIRY OF ECTLY RESPON	PROPERLY GA THE PERSON NSIBLE FOR G	ATHER AND EVA OR PERSONS	ALUATE THE WHO MANAGE	HOLCON (Affiliate)	ИВ	HOLCOMB (Date: 2022.0 11:22:32 -06	8.25						
INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIE 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.			NALTIES FOR				505	667-0666		22	08	25				
				OFFICER OR AUTHORIZED A			AREA CODE NUM			ER	YEAR	MO	DAY			

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(Reference all attachments here)

ay be used.

Attachment 1 3

PAGE 1 OF 1

LA-UR-22-28914

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 1 EFFLUENT FROM OUTFALL 13S IS REROUTED & DISCHARGED AT OUTFALL 03A027.

Principal Executive Officer First Name: Title: Last Name: Title:

No Data Indicator (NODI)

Form NODI:

	Parameter	Monitoring Location Season # Param. NODI				Qua	Quantity or Loading		
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2
00400	рН	1 - Effluent Gross	0		Sample Permit Req. Value NODI				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0		Sample Permit Req. Value NODI		Req Mon MO AVG C - No Discharge		Req Mon DAILY C - No Discha
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: Ur *Edit Check Errors*

No errors.

Comments

LA-UR-22-29946

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User:			
Name:			

E-Mail: Date/Time:

Report Last Signed By

User: Name:

E-Mail:

Date/Time:

ICADIENTE Isaac Cadiente icadiente@lanl.gov 2022-09-27 16:30 (Time Zone: -05:00)

SARAHHOLCOMB

Sarah Holcomb sholcomb@lanl.gov 2022-09-27 16:58 (Time Zone: -05:00)

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 1 EFFLUENT FROM OUTFALL 13S IS REROUTED & DISCHARGED AT OUTFALL 03A027.

Principal Executive Officer First Name: Last Name:

No Data Indicator (NODI)

Form NODI:

	Parameter	Monitoring Location	Season #	Param. NODI		Quantity or Loading			
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2
00400	рН	1 - Effluent Gross	0		Sample Permit Req. Value NODI				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0		Sample Permit Req. Value NODI		Req Mon MO AVG C - No Discharge		Req Mon DAILY C - No Discha
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: Ur *Edit Check Errors*

No errors.

Comments

LA-UR-22-31291

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

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Name:

E-Mail:

Date/Time:

Report Last Signed By

User: Name:

E-Mail:

Date/Time:

ICADIENTE Isaac Cadiente icadiente@lanl.gov 2022-10-25 10:10 (Time Zone: -05:00)

SARAHHOLCOMB

Sarah Holcomb sholcomb@lanl.gov 2022-10-25 10:26 (Time Zone: -05:00)

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 1 EFFLUENT FROM OUTFALL 13S IS REROUTED & DISCHARGED AT OUTFALL 03A027.

Principal Executive Officer

First Name:	Title:
Last Name:	
No Data Indicator (NODI)	

Form NODI:

	Parameter	Monitoring Location	Season #	Param. NODI		a NODI Imple mple Imple hit Req. Req Mon MO AVG Req NODI C - No Discharge			
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2
					Sample				
00400	pH	1 - Effluent Gross	0		Permit Req.				
	P		0		Value NODI				
					Sample				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0		Permit Req.		Req Mon MO AVG		Req Mon DAILY
	· · · · · · · · · · · · · · · · · · ·				Value NODI		C - No Discharge		C - No Discha
					Sample				Value 2 Req Mon DAILY
50060	Chlorine, total residual	1 - Effluent Gross	0		Permit Req.				
			0		Value NODI				
					Sample				
51040	E. coli 1 - Effluent Gross	1 - Effluent Gross	0		Permit Req.				
0.010			Ŭ		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: Ur *Edit Check Errors*

No errors.

Comments

LA-UR-22-32091

Attachments

No attachments.

Report Last Saved By

Report Last Signed By

LOS ALAMOS NATIONAL LABORATORY

User:
Name:

E-Mail:

User: Name:

E-Mail:

Date/Time:

Date/Time:

ICADIENTE Isaac Cadiente icadiente@lanl.gov 2022-11-16 12:10 (Time Zone: -06:00)

SARAHHOLCOMB

Sarah Holcomb sholcomb@lanl.gov 2022-11-21 09:17 (Time Zone: -06:00)

Permit															
Permit	#:	NM00	28355			Permi	ittee:		LC	S ALAMO	OS NATI	IONA	L LABO	RATOR	Y
Major:		Yes				Permittee Address:			52	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544					
Permitt		027 Exterr	nal Outfall			Disch	arge:				Y REPC	DRTII	NG - OU	JTFALL	027
Report	Dates & Status														
Monito	ring Period:	From	08/01/22 to 10/31	/22		528 35TH STREET LOS ALAMO, NM 87544 Discharge: 027-Q QUARTERLY REPORTING - OUTFALL 027 DMR Due Date: 11/28/22 Title:									
Consid	erations for Form C	omple	etion												
Princip	al Executive Officer														
First Name:										528 35TH STREET LOS ALAMO, NM 87544 027-Q QUARTERLY REPORTING - OUTFALL 027 11/28/22 Quantity or Loading Value 1 Qualifier 2 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Second Second Seco					
Last Na	ame:														
No Dat	a Indicator (NODI)														
Form N	IODI:														
	Parameter		Monitoring Location	Season #	Parar	m. NODI				-					
Code	Name						Sample	Qualifier 1	Value 1	Qualifier 2	2 Value 2	Units	Qualifier	1 Value 1	Qualifier 2
00530	Solids, total suspend	ded	1 - Effluent Gross	0											<=
	· ·			Ū			Value NODI								
00665	Phosphorus, total [a	s P]	1 - Effluent Gross	0											RY L 027 In 1 Qualifier 2 <= <=
							Value NODI								
	ssion Note														
		contair	n any values for the	e Sample	e nor	Effluen	t Trading, t	hen none	e of the	following	fields w	ill be	submitte	ed for th	at row: Un
Edit Ch	eck Errors														
No erro	rs.														
Comme	ents														
LA-UR-	22-32091														
Attachi															
No attach	ments.														

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)

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 1 EFFLUENT FROM OUTFALL 13S IS REROUTED & DISCHARGED AT OUTFALL 03A027.

Principal Executive Officer Title: First Name: Last Name:

No Data Indicator (NODI)

Form NODI:

	Parameter	Monitoring Location	Season #	Param. NODI			Quantity or Loading			
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	
					Sample					
00400	pН	1 - Effluent Gross	0		Permit Req.					
					Value NODI					
		1 - Effluent Gross			Sample					
50050	Flow, in conduit or thru treatment plant		0		Permit Req.		Req Mon MO AVG		Req Mon DAILY	
					Value NODI		C - No Discharge			
					Sample				Req Mon DAILY C - No Discha	
50060	Chlorine, total residual	1 - Effluent Gross	0		Permit Req.					
					Value NODI					
					Sample					
51040	E. coli	1 - Effluent Gross	0		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: Ur Edit Check Errors

No errors.

Comments

LA-UR-22-33028

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User	
------	--

Name:

E-Mail:

Date/Time:

Report Last Signed By

User:

E-Mail:

Name:

Date/Time:

ICADIENTE Isaac Cadiente icadiente@lanl.gov 2022-12-19 17:00 (Time Zone: -06:00)

SARAHHOLCOMB

Sarah Holcomb sholcomb@lanl.gov 2022-12-20 09:21 (Time Zone: -06:00)



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 1 EFFLUENT FROM OUTFALL 13S IS REROUTED & DISCHARGED AT OUTFALL 03A027.

Principal Executive Officer First Name: Title: Last Name: Title:

No Data Indicator (NODI)

Form NODI:

	Parameter	Monitoring Location	Season #	Param. NODI			Quai	ntity or Loa	ding
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2
00400	рН	1 - Effluent Gross	0		Sample Permit Req. Value NODI				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0		Sample Permit Req. Value NODI		Req Mon MO AVG C - No Discharge		Req Mon DAILY C - No Discha
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: Ur *Edit Check Errors*

No errors.

Comments

LA-UR-23-20664

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

11	c	۵	r	•
U	3	C	1	•

Name:

E-Mail:

Date/Time:

Report Last Signed By

User: Name:

E-Mail:

Date/Time:

ICADIENTE Isaac Cadiente icadiente@lanl.gov 2023-01-25 14:20 (Time Zone: -06:00)

SARAHHOLCOMB

Sarah Holcomb sholcomb@lanl.gov 2023-01-25 17:30 (Time Zone: -06:00)

OMB	No	2040-004
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/ Name/Location if d	ifferent)													0.112	140, 2040-004			
TY, LLC	ſ	N	/00283	55	Г		113-A		DMR MAILING ZIP CODE: 87545									
ABORATORY					F	DISCH	ARGE NI	JMBER		MAJOR								
K490	1	1, 2, 4,			-	COOLING TOWER BLOWDOWN & OTHER									ER			
0 87545	1			MONIT	ORING PE	RIOD				EXTERNA	L OUTFA	ALL						
TY, LLC		YEAR	MO	DAY		YEAR	MO	DAY		PAGE 7								
CO 87545	FROM	21	01	01	то	21	01	31					No Di	schai	nge 📃			
JRG, EPC-CP														_				
\searrow	QUANT	TTY OF LC	ADING			Q	UALITY (OF CONCE	ENTRATIC	DN		NO. EX	FREQUE		SAMPLE TYPE			
\frown	VALUE	VAL	UE	UNITS	VAL	UE	VA	LUE	VA	UE	UNITS							
SAMPLE MEASUREMENT	****	***	**	*****	7.2	2	**	****	7	.4	0.11	0	4/31	1	GRAB			
PERMIT	****	***	**		6.0 MININ		**	***		.0 IMUM	S.U.		WEEKLY		GRAB			
SAMPLE MEASUREMENT	0.0000445	0.001	300		***	**	*	****	**	***	*****	0	16/31		RCORDR			
PERMIT	Req. Mon. MONTHLY AV	Req.		- Mgal/day	***	**		****	**	***			DAILY		RCORDR			
SAMPLE MEASUREMENT	****	***			***	**	*	****		0			4/31		GRAB			
PERMIT	****		**		***	**		****		011 MAX	mg/L		WEEK	ίLΥ	GRAB			
SAMPLE MEASUREMENT																		
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SUBMITTING	IRATE AND COMPLETE I AN FALSE INFORMATION, INC NG VIOLATIONS	WAWARE THAT	SSIBILITY (SIGNIFICANT PE	RISONMENT			THORIZED		505 AREA CODE	665- NUN		YEAR	M	O DAY			
	(Reference all at	tachments h	ere)	-														

ns may be used.

PAGE 1 OF 1

Attachment 1

ame/Location if d	ifferent)	erent)													
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SORATORY 90]	PER		IBER	0	DISCH	ARGE NL	MBER		MAJOR COOLING	TOWER	BLOW	DOWN &	отн	ER
87545				MONITO	DRING P	ERIOD				EXTERN	AL OUTFA	ALL .			
, LLC		YEAR	MO	DAY		YEAR	MO	DAY		PAGE 7					
87545	FROM	21	02	01	то	21	02	28					No Di	ischar	rge 📃
G, EPC-CP															
\checkmark	QUANT	TITY OF L	OADING			Q	UALITY C	OF CONCE	NIRATIO)N		NO. EX	FREQUE OF ANAL		SAMPLE TYPE
\frown	VALUE	VA	LUE	UNITS	VA	LUE	VA	LUE	VA	LUE	UNITS	2.			
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PERMIT	***		***	****		5.0 IMUM	****		9.0 MAXIMUM		S.U.		WEEK	ίLΥ	GRAB
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SAMPLE MEASUREMENT	****	**	***	*****	**	***	**	***		0	/	0	4/28	В	GRAB
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FOR KNOWI	FALSE INFORMATION, INC NG VIOLATIONS.	LUDING THE P	OSSIBILITY C	IF FINE AND IMPR	SIGNATURE OF PRINCIPAL EXECUT OFFICER OR AUTHORIZED AGEN				AREA CODE				MC	D DAY	
ATIONS (Reference all attachments here) 2014									1						

nay be used.

Attachment 1 8 LA-UR-21-22875

PERMITTEE	NAME/ADDRESS: (Include Facili	ty Name/Location if	different)										
NAME:	TRIAD NATIONAL SECUR	ITY, LLC	1	N	M00283	55			113-A		1	DMR MA	AILI
and a got of	LOS ALAMOS NATIONAL I PO BOX 1663; MAIL STOP	LABORATORY K490	t	PER		MBER		DISCH	ARGE N	UMBER]	MAJOR COOLIN	
	LOS ALAMOS, NEW MEXI	CO 87545	[MONITO	DRING F	PERIOD				EXTERN	VAL
	TRIAD NATIONAL SECUR	en la companya en en en		YEAR MO		DAY		YEAR	MO	DAY		PAGE 1	1
LOCATION: ATTN:	LOS ALAMOS, NEW MEXI TAUNIA S. VAN VALKENB		FROM	21	03	01	то	21	03	31	l		
	PARAMETER	\searrow	QUANT	ITY OF L	OADING			Q	UALITY	OF CONCI	ENTRATIO	NC	
		$\langle \ \rangle$	VALUE	VA	LUE	UNITS	VA	LUE	VALUE		VA	LUE	1
pH 00400 1 0		SAMPLE MEASUREMENT	*****	**	***	****	7	7.2	*	****	7	7.4	
Effluent Gro	OSS	PERMIT REQUIREMENT	****	**	***		and the second second	3.0 IMUM	*	****	and the second s	9.0 IMUM	
Flow, in cor 50050 1 0	nduit or thru treatment plant	SAMPLE MEASUREMENT	0.000744	0.00	1400	Mgal/day-	**	***	*	****	**	***	
Effluent Gro	oss	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV		. Mon Y MX	Ivigal/day	**	***	*	****	**	****	
Chlorine, T 50060 1 0	otal Residual	SAMPLE MEASUREMENT	****	**	***	****	*1	****	*	****		0	
Effluent Gre	oss	PERMIT REQUIREMENT	*****	**	***		*:	***	*	****	1.000	011 Г МАХ	
		SAMPLE MEASUREMENT											
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I CEP PREF TAUNIA S. VAN VALKENBURG INFO GROUP LEADER THE EPC-CP INFO			NDER PENALTY OF LAW THA UNDER MY DIRECTION OR SU O ASSURE THAT QUALIFIED ON SUBMITTED. BASED ON M M, OR THOSE PERSONS DIRE DN, THE INFORMATION SUBM IRATE AND COMPLETE. I AM IRATE AND COMPLETE. I AM	UPERVISION II PERSONNEL Y INQUIRY OF CTLY RESPO IITTED IS, TO AWARE THAT	N ACCORDAN PROPERLY G THE PERSO NSIBLE FOR (THE BEST OF THERE ARE S	NCE WITH A SYSTI BATHER AND EVAL N OR PERSONS W GATHERING THE MY KNOWLEDGE SIGNIFICANT PEN	M UATE THE HO MANAG AND BELIEF ALTIES FOR	(Affiliate)	BURG	VAN VALK	gned by TAUNI (ENBURG (Affi 1.04.26 15:01:2 ECUTIVE	late)	ELE
COMMENT A	TYPED OR PRINTED		NG VIOLATIONS.		OFFICER OR AUTHORIZED AGE				AREA CODI	Е			

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014.

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

EPC-DO: 21-143

EPC-DO: 23-121

Attachment 1

DMR MAILI TRIAD NATIONAL SECURITY, LLC NM0028355 113-Q NAME: MAJOR DISCHARGE NUMBER ADDRESS: LOS ALAMOS NATIONAL LABORATORY PERMIT NUMBER PO BOX 1663: MAIL STOP K490 QUARTERL LOS ALAMOS, NEW MEXICO 87545 MONITORING PERIOD EFFLUENT DAY FACILITY: TRIAD NATIONAL SECURITY, LLC YEAR MO DAY YEAR MO PAGE 12 31 LOCATION: LOS ALAMOS, NEW MEXICO 87545 21 01 01 21 03 FROM TO TAUNIA S. VAN VALKENBURG, EPC-CP ATTN: QUALITY OF CONCENTRATION QUANTITY OF LOADING PARAMETER UNITS VALUE VALUE VALUE VALUE VALUE Solids, Total Suspended SAMPLE ***** ***** ***** 0.900 0.900 MEASUREMENT 00530 1 0 ***** 30 100 PERMIT **** ***** ***** Effluent Gross REQUIREMENT MO AVG DAILY MX SAMPLE MEASUREMENT Phosphorus, Total (as P) ***** **** 2.23 ***** 2.23 ***** 00665 1 0 20 40 PERMIT ***** ***** ***** Effluent Gross DAILY MX MO AVG SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE TELE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Digitally signed by TAUNIA VAN VALKENBURG (Affilate) Date: 2021.04.26 15:01:40 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 TAUNIA S. VAN VALKENBURG (Affiliate) -06'00' **GROUP LEADER** EPC-CP SIGNATURE OF PRINCIPAL EXECUTIVE 505 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.

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

EPC-DO: 21-143

Attachment 1

EPC-DO: 23-121

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

PERMITTEE	NAME/ADDRESS: (Include Facili	ty Name/Location if	different)										
NAME:	TRIAD NATIONAL SECUR	TY, LLC	ſ	1	NM00283	55			113-A		1 1	DMR MA	JLI
and the second s	LOS ALAMOS NATIONAL I PO BOX 1663; MAIL STOP		1					DISCH	ARGE N	UMBER] '		
	LOS ALAMOS, NEW MEXI	CO 87545	[MONITO	ORING F	ERIOD			7	EXTERN	
FACILITY:	TRIAD NATIONAL SECUR	TY, LLC		YEAR	MO	DAY		YEAR	MO	DAY] F	PAGE 7	
	LOS ALAMOS, NEW MEXI		FROM	21	04	01	то	21	04	30]		
ATTN:	TAUNIA S. VAN VALKENB	URG, EPC-CP	1	TYPE	010110					05 0000	ENTRATIO		
	PARAMETER	\searrow	QUANT	ITY OF L	OADING			Q	UALITY	OF CONC	ENTRATIO	N	
			VALUE	VA	LUE	UNITS	VA	LUE	VALUE		VAL	UE	T
pH 00400 1 0		SAMPLE MEASUREMENT	****	**	****	****	7	' .0	*	****	7.:	2	T
Effluent Gr	oss	PERMIT REQUIREMENT	****	**	****	0.2130.020044		6.0 IMUM	*	***	9.0 MAXIN		
Flow, in co 50050 1 0	nduit or thru treatment plant	SAMPLE MEASUREMENT	0.000969	0.00	01800	- Mgal/day -	**	***	*	***	***	k*	
Effluent Gr	0\$5	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV		. Mon Y MX	Mganday	**	***	*	****	***	**	
Chlorine, T 50060 1 0	otal Residual	SAMPLE MEASUREMENT	****	**	****	*****	**	***	5 *	****	0	1	
Effluent Gr	0\$5	PERMIT REQUIREMENT	****	**	***		**	***	*	****	0.0 ⁴ INST I		
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TAUNIA S. GROUP LE EPC-CP	VAN VALKENBURG ADER	PARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM IGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUAT RIMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE DRMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND E, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTI				HO MANAGE AND BELIEF	(Affiliate)	Date 2021.05. -06'00'		505			
	TYPED OR PRINTED		TING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONM OWING VIOLATIONS.					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					-
COMMENT A	ND EXPLANATION OF ANY VIC	LATIONS	(Reference all attac	chments h	ere)				antine turb		A	REA CODE	
PERMIT EF	FECTIVE DATE: OCTOBER	1, 2014.											

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

EPC-DO: 21-162

Attachment 1 8

EPC-DO: 23-121

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

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

NAME: TRIAD NATIONAL SEC	CURITY, LLC	ſ	NM00283	55			113-A		1	DMR MAIL
ADDRESS: LOS ALAMOS NATION PO BOX 1663; MAIL S		I	PERMIT NU	MBER		DISCHA	ARGE NU	JMBER	1	MAJOR
LOS ALAMOS, NEW N		I		MONIT	ORING PER	IOD	_		1	COOLING EXTERNA
FACILITY:TRIAD NATIONAL SECLOCATION:LOS ALAMOS, NEW MATTN:TAUNIA S. VAN VALK	IEXICO 87545	FROM	YEAR MO 21 05	DAY 01		21	MO 05	DAY 31	1	PAGE 7
		QUANT	ITY OF LOADING			QL	JALITY (OF CONCE	ENTRATIC	N
PARAMETER		VALUE	VALUE	UNITS	VALUE	E	VA	LUE	VAI	UE
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	*****	7.2		*:	****	7	.6
Effluent Gross	PERMIT REQUIREMENT	****	*****		6.0 MINIMU	JM	*	****	9 MAX	.0 MUM
Flow, in conduit or thru treatment pl 50050 1 0	ant SAMPLE MEASUREMENT	0.000253	0.001050	Manalida	****		*1	****	**	***
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	Mgal/day	****		*	****	**	***
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	*****	****		*	****	(D
Effluent Gross	PERMIT REQUIREMENT	*****	*****		****			****		MAX
	SAMPLE MEASUREMENT									
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	PERMIT			-						
NAME/TITLE PRINCIPAL EXECUTIVE		NDER PENALTY OF LAW THA			S WERE	AUNIA	VAN	Digitally signed		TEL
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED T INFORMATIO THE SYSTEM INFORMATIO TRUE, ACCU	O ASSURE THAT QUALIFIED ON SUBMITTED, BASED ON M A, OR THOSE PERSONS DIRE N, THE INFORMATION SUBM IRATE AND COMPLETE I AM	PERSONNEL PROPERLY O MY INQUIRY OF THE PERSO ECTLY RESPONSIBLE FOR MITTED IS, TO THE BEST O AWARE THAT THERE ARE	EVALUATE THE INS WHO MANAGE THE LOGE AND BELIEF, (Affiliate) VAN VALKENBURG (Affiliate) VAN VALKENBURG Date: 2021 06 2 -05'00'				BURG (Affiliate) 25 09:53:39	505	
TYPED OR PRINTED	SUBMITTING	FALSE INFORMATION, INCL NG VIOLATIONS.						THORIZED A		505 AREA CODE
COMMENT AND EXPLANATION OF AN	Y VIOLATIONS	(Reference all atta	achments here)							AREA CODE

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014.

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

EPC-DO: 21-195

Attachment 1 8

EPC-DO: 23-121

OMB	No	2040-004

y Name/Location if d	lifferent)												OWR	No. 2040-004
TY, LLC	ſ	NM00283	55	Г		113-A		1	DMR MAIL	NG ZIP	CODE:	87545		
ABORATORY K490		PERMIT NUM	IBER		DISCH	ARGE NL	JMBER		MAJOR COOLING ⁻	TOWER	BLOW	DOWN & (отне	ĒR
CO 87545	Ī		MONITO	RING PE	RIOD				EXTERNAL	OUTFA	LL			
TY, LLC		YEAR MO	DAY		YEAR	MO	DAY		PAGE 11					
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JRG, EPC-CP														
\searrow	QUANT	ITY OF LOADING			QI	UALITY (OF CONCE	NTRATIC	N		NO. EX	FREQUEN OF ANALY		SAMPLE TYPE
	VALUE	VALUE	UNITS	VALU	JE	VA	LUE	VAL	UE	UNITS				
SAMPLE MEASUREMENT	****	****	*****	7.5	j	**	***	7.	9	S.U.	0	5/30		GRAB
PERMIT	****	*****		6.0 MININ		*1	***	9. MAXI		3.0.		WEEKL	Y	GRAB
SAMPLE MEASUREMENT	0.001345	0.003530	Manifelau	****	*	*1	****	**:	***	*****	0	26/30	2	RCORDR
PERMIT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	Mgal/day	****	r#	10	***	**	****			DAIL	Y	RCORDR
SAMPLE MEASUREMENT	****	****	*****	****	r#	*:	***		0 mg/L		0	5/30		GRAB
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FOR KNOW	3 FALSE INFORMATION, INC NG VIOLATIONS.	LUDING THE POSSIBILITY (JF FINE AND IMPR	ISONMENT			JTHORIZED A		AREA CODE	NUM		YEAR	MC	DAY

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PAGE 1 OF 1

Attachment 1 12

ty Name/Location if dif	ferent)											UI	IB NO 2040-00
TY, LLC	ſ	NM00283	55	Г		113-Q		1	DMR MAIL	ING ZIP	CODE	87545	
ABORATORY	1	PERMIT NU	IBER	t	DISCH	ARGE NU	JMBER		MAJOR			D. OUTEAU	110
K490 CO 87545	1		MONITO		RIOD				QUARTER EFFLUEN			G - OUTFALI	. 113
TY, LLC		YEAR MO	DAY		YEAR	MO	DAY		PAGE 12		,		
CO 87545	FROM	21 04	01	то	21	06	30					No Disch	arge
URG, EPC-CP													
\searrow	QUANT	TTY OF LOADING			Q	UALITY C	OF CONCE	NIRAHO	N		NO. EX	FREQUENCY OF ANALYSIS	
	VALUE	VALUE	UNITS	VAL	UE	VA	LUE	VAL	UE	UNITS			
SAMPLE MEASUREMENT	****	****		***	**	1.30		1.30			0	1/91	GRAB
PERMIT	****	***	*****	***	****		30 MO AVG		00 Y MX	mg/L		QUARTERI	Y GRAB
SAMPLE	****	****		***	**	2	.03	2.	03		0	1/91	GRAB
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OLATIONS	(Reference all at	4 fa 1						_	AREA CODE	NUM	BEK		

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PAGE 1 OF 1

Attachment 1 13

OMB	No.	2040-004

ΓΥ, LLC ABORATORY	[NM002835		F	DIRCH	113-A		DMR MAILI MAJOR	NG ZIP	CODE:	8754	5	
K490	I	PERMIT NUM	BEK]	L	DISCH	ARGE NUMBER	1	COOLING -	OWER	BLOW	DOWN &	OTHE	ĒR
O 87545	[MONIT	ORING PE	RIOD			EXTERNAL	OUTFA	ALL .			
TY, LLC CO 87545 . EPC-CP	FROM	YEAR MO 21 07	DAY 01	то	21	MO DAY 07 31		PAGE 7			No Di	schar	ge 🕅
	QUANT	TTY OF LOADING			QI	UALITY OF CONCE	ENTRATIO	N		NO. EX	FREQUE OF ANAL		SAMPLE TYPE
$\langle \ \rangle$	VALUE	VALUE	UNITS	VAL	UE	VALUE	VA	LUE	UNITS				
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PERMIT REQUIREMENT	*****	****		6.0 MININ		****	9.0 MAXIMUM		0.0.		WEEK	LY	GRAB
SAMPLE MEASUREMENT	0.001617	0.002400	Maal/day	***	**	****	**	****	*****	0	26/3	1	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	Mgal/day	***	**	****	**	****		_	DAIL	Y	RCORDR
SAMPLE MEASUREMENT	****	****	****	***	**	****		0	mg/L	0	4/31	1	GRAB
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TRUE, ACCU SUBMITTING	RATE AND COMPLETE 1 AM	AWARE THAT THERE ARE CLUDING THE POSSIBILITY C	SIGNIFICANT PE	NALTIES FOR		TURE OF PRINCIPAL EX		505 AREA CODE	665-	9827	YEAR	MC	D DAY
DLATIONS 1, 2014	(Reference all at	tachments here)						FACT CODE					

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PAGE 1 OF 1

Attachment 1 8

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OWB	140	2040-004

y Name/Location if d	ifferent)													
TY, LLC	ſ	NM002835	NM0028355			113-A				LING ZIP	CODE:	87545	5	
_ABORATORY K490	t	PERMIT NUM	BER	E	DISCH	ARGE NU	JMBER		MAJOR COOLING	G TOWER	BLOW	DOWN &	OTHE	ER
CO 87545	Г		MONITO	ORING PE	RIOD			0		AL OUTFA	L L			
TY, LLC	[YEAR MO	DAY		YEAR	MO	DAY		PAGE 7					
CO 87545	FROM	21 08	01	то	21	08	31	l,				No Dis	schar	ge 🔄
, EPC-CP	2						OF CONCE	NTRATIC	N		NO.	FREQUEN		SAMPLE
\searrow	QUANT	ITY OF LOADING			G	OALITI					EX	OF ANALY		TYPE
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PERMIT	****	****		6.0 MININ		****		9.0 MAXIMUM				WEEK	LY	GRAB
SAMPLE	0.001692	0.004820		***1	**	*	***	**	***	*****	0	24/3	1	RCORDR
PERMIT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	- Mgal/day	***1	**	*	****	**	***			DAIL	Y	RCORDR
SAMPLE MEASUREMENT	*****	****	****	***	**	*	****		0	mg/L	0	4/31		GRAB
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PAGE 1 OF 1

Attachment 1 8

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LLC		N	IM002835	55			1	13-A		DMR MAILING ZIP CODE: 87545									
ORATORY		PER		IBER		DISC	HAR	GE NU	MBER	MAJOR									
90 87545				MONIT	ORING P					1	COOLING TOWER BLOWDOWN & OTHER EXTERNAL OUTFALL								
LLC		YEAR	МО	DAY		YEAR		мо	DAY	1	PAGE 15								
87545	FROM	21	09	01	то	21		09	30	1	No Discharge								
PC-CP																			
\checkmark	QUANT	FITY OF LO	OADING			QUALITY OF C			F CONCE	ENTRATIO	NC		NO. EX	FREQUE OF ANAL		SAMPLE			
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IONS 014.	(Reference all atta	Reference all attachments here)				AREA CODE N						NUME							

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Attachment 1 16

LA-UR-21-30675

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LLC	I	N	M002835	55			113-Q DMR MAILING ZI					CODE:	875	45					
ORATORY		PER		IBER		DISCH	ARGE NU	MBER	1	MAJOR									
90 87545	ſ								1		FERLY REPORTING - OUTFALL 113								
		VEAD	NO		ORING P		140	DAV		EFFLUEN	IT GROSS	6							
LLC 87545	FROM	YEAR 21	MO 07	DAY 01	то	YEAR 21	MO 09	DAY 30	l	PAGE 16									
PC-CP		21	07	01	10	21	00	00	l			No Discharge							
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\frown	VALUE	VAL	UE	UNITS	VA	LUE	VA	UE	VA	LUE	UNITS	LA							
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SAMPLE EASUREMENT	****	***	***	****	***** 1.51				1	.51	mg/L	0	1/9	2	GRAB				
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						OFFICER OR AUTHORIZED AGENT AREA CODE NUM					NUMB	ER	YEAR	MC	DAY				
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Attachment 1 17 LA-UR-21-30675

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LLC			N	IM002835	5			113-Y		DMR MAILING ZIP CODE: 87545								
	TORY		PER		BER		DISCH	ARGE NU	MBER		MAJOR							
90 8754	5				MONIT					1	YEARLY I							
LLC			YEAR	МО	DAY	ORING PI	YEAR	МО	DAY		EXTERNA PAGE 17	AL OUTFA	LL					
8754		FROM	20	10	01	то	21	09	30		FAGE II							
PC-C	P													NO	Discharg			
$\overline{}$	\checkmark	QUANTITY OF LOADING					Q	UALITY C	F CONCE	INTRATIO	N		NO. EX	FREQU OF ANA		SAMPLE TYPE		
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	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM				TEM	Taunia		Digitally sig		TEI	EPHONE			DATE				
DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE T INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MA				WHO MANAGE			Taunia San Date: 2021.	10.27										
THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELL TRUE. ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FO			E AND BELIEF, NALTIES FOR	Sando		16:09:04 -0		505	005.0	007	21	10	27					
TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONME FOR KNOWING VIOLATIONS.			RISONMENT		URE OF PRI			505 AREA CODE	665-9 NUMB	-	YEAR	MO	DAY					
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Attachment 1 18

LA-UR-21-30675

DAY

MONITORING PERIOD

YEAR

113-A

DISCHARGE NUMBER

MO

DAY

DMR MAIL

COOLING 7

EXTERNAL

PAGE 7

MAJOR

NM0028355

PERMIT NUMBER

MO

YEAR

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

PARAMETER	X		QUANTITY OF LOADING			QUALITY OF CONCENTRATI					
511	\leq	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				
00400 1 0	SAMPLE MEASUREMENT	****	****	****	7.3	*****	7.6				
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	*****	9.0 MAXIMUN	1			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.000268	0.000860		****	****	*****				
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	-Mgal/day-	*****	*****	****				
Chlorine, Total Residual 0060 1 0	SAMPLE MEASUREMENT	****	****	****	****	*****	0				
ffluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	0.011 INST MAX				
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT			1 1							
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE TEVEN L.STORY ROUP LEADER PC-CP	PREPARED U DESIGNED TO INFORMATION THE SYSTEM, INFORMATION	DER PENALTY OF LAW THAT NDER MY DIRECTION OR SUP ASSURE THAT QUALIFIED PI I SUBMITTED. BASED ON MY OR THOSE PERSONS DIREC I, THE INFORMATION SUBMIT	ERVISION IN ACCORDAN ERSONNEL PROPERLY G INQUIRY OF THE PERSO ILY RESPONSIBLE FOR (TED IS, TO THE BEST OF	NCE WITH A SYSTE BATHER AND EVALU N OR PERSONS WI GATHERING THE MY KNOWLEDGE	M JATE THE HO MANAGE AND BELIEF	N STORY Digitally signed STORY (Affiliat Date: 2021.11. -07'00'	e)	TEL			
TYPED OR PRINTED	SUBMITTING	ATE AND COMPLETE. I AM AV FALSE INFORMATION, INCLUE 3 VIOLATIONS.	VARE THAT THERE ARE :	SIGNIFICANT PENA	ITIES FOR ONMENT SIGNAT	FOR)5			

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014.

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

DAY

MONITORING PERIOD

YEAR

113-A

DISCHARGE NUMBER

MO

DAY

DMR MAILI

COOLING 1

EXTERNAL

MAJOR

PAGE 7

NM0028355

PERMIT NUMBER

MO

YEAR

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

ATTN: STEVEN L.STORY, EPC-C	,P								
PARAMETER	\searrow	QUANT	TITY OF L	OADING	1		QUALITY	OF CONCEN	VTRATION
	$\langle \ \rangle$	VALUE	VA	LUE	UNITS	VALUE	VA	ALUE	VALUE
00400 1 0	SAMPLE MEASUREMENT	****	**	****	*****	7.1	*	****	7.4
Effluent Gross	PERMIT REQUIREMENT	****	**	***		6.0 MINIMUM	*	****	9.0 MAXIMUM
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.001481	0.00	05400	Maaliday	****	*	****	****
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		Mgal/day -	*****	*	****	****
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	*****	****		*****	****	*	****	0
Effluent Gross	PERMIT REQUIREMENT	*****	**	****		****	*	****	0.011 INST MAX
	SAMPLE MEASUREMENT								
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICE TEVEN L.STORY ROUP LEADER PC-CP	PREPARED UN DESIGNED TO INFORMATION THE SYSTEM, INFORMATION TRUE, ACCUR	DER PENALTY OF LAW THAT INDER MY DIRECTION OR SUP O ASSURE THAT QUALIFIED P N SUBMITTED. BASED ON MY OR THOSE PERSONS DIREC N, THE INFORMATION SUBMIT TATE AND COMPLETE. I AM AW	JPERVISION IN PERSONNEL P Y INQUIRY OF CTLY RESPON ITTED IS, TO TH WARE THAT T	N ACCORDANC PROPERLY GA THE PERSON NSIBLE FOR GA THE BEST OF M THERE ARE SI	ICE WITH A SYSTEM ATHER AND EVALU N OR PERSONS WH BATHERING THE MY KNOWLEDGE A SIGNIFICANT PENAL	M JATE THE HO MANAGE AND BELIEF		Date: 2021.12.17 -07'00') 7 07:21:24
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PERMIT EFFECTIVE DATE: OCTOBER 1, 2014.

(Reference all attachments here)

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

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PAGE 1 OF 1

Attachment 1 12

LA-UR-22-20594

OMB No. 2040-004

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DISCHARGE MONITORING REPORT (DMR)	

OMB	No	2040-004

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PAGE 1 OF 1

Attachment 1 13 LA-UR-22-20594

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STEVEN STORY Digitally signed by STEVEN STORY (Affiliate) (Affiliate) Date: 2022.02.28 09:51:07

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

-07'00'

(Affiliate)

IONS (Reference all attachments here) 014.

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.

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> Attachment 1 8

LA-UR-22-21639

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PAGE 1 OF 1

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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 STEVEN STORY (Affiliate) Date: 2022.04.27 13:46:50 STORY -06'00' (Affiliate) 22 04 27 SIGNATURE OF PRINCIPAL EXECUTIVE 505 665-2169 OFFICER OR AUTHORIZED AGENT YEAR MO DAY AREA CODE NUMBER IONS (Reference all attachments here)

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Attachment 1 13 LA-UR-22-23869

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Attachment 1 8

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PAGE 1 OF 1

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Attachment 2 8

LA-UR-27275

YEAR

NUMBER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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	DISCHARGE MONITORING REPORT (DMR)	
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	IPLE REMENT	0.001219	0.00	2560	Maral/day	**	***	**	***	**	***	****	0	30/	/30	RCORDR	
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	IPLE REMENT	****	**	***	****	****		**	****		0 mg/l		0	5/3	30	GRAB	
	rmit Rement	****	**	***		**	*** ****		***		011 MAX	mg/L		WEE	KLY	GRAB	
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DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAG THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIE			WHO MANAGE	HOLCO (Affiliat		HOLCOMB (A Date: 2022.0 -06'00'	Affiliate) 7.26 07:38:11				22	07	26				
TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.			SIGNATURE OF PRINCIPAL EXECUTIVE 505 66					667-0	666		07	_					

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(Reference all attachments here)

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Attachment 1 8

LA-UR-27275

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PAGE 1 OF 1

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LLC	;		N	M002835	5			113-Q	DMR MAILING ZIP CODE: 87545								
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	DESIGNED TO	O ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M	PERSONNEL	PROPERLY GA	THER AND EVA	ALUATE THE	HOLCO	омв 🖉	(Affiliate)								
THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF. (Affiliate)				Date: 2022.0 08:32:13 -06					22	07		26					
TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT						505	665-0	666		07	4	10					
FOR KNOWING VIOLATIONS. OFFICER OR AUTHORIZED A					GENT	AREA CODE	NUME	BER	YEAR	MO	D	AY					

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PAGE 1 OF 1

Attachment 1 18

LA-UR-27275

YEAR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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	NATIONAL FOLLOTANT DISCHARGE ELIMINATION STSTEM (NFDES)	
	DISCHARGE MONITORING REPORT (DMR)	
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Attachment 1 8

PAGE 1 OF 1

LA-UR-22-28914

Permit													
Permit	#:	NM0028355		Pern	nittee:		LOS AL	AMOS NA	ATIONAL LABOF	RATORY			
Major:		Yes		Pern	nittee Ac	ddress:	528 35T	AMO NAT H STREE AMO, NM		ATORY			
Permit	ted Feature:	113 External Outfall		Discharge:			113-A COOLING TOWER BLOWDOWN & OTHER WASTEWA						
Report	Dates & Status			l									
Monito	ring Period:	From 08/01/22 to 08/3	31/22	DMR	R Due Da	ite:	09/28/22						
Consid	lerations for Form	n Completion											
Princip	al Executive Offic	cer											
First Na	ame:			Title	:								
Last Na	ame:												
	a Indicator (NODI)											
Form N													
Code	Paramo	eter Name	Monitoring Lo	cation	Season #	Param. NODI		Qualifier 1		ntity or Loa Qualifier 2	-		
							Sample						
00400	рН		1 - Effluent G	iross	0		Permit Req.						
							Value NODI						
							Sample Permit Req.		0.0009777 Req Mon MO AVG		0.00336 Req Mon DAILY		
50050	Flow, in conduit o	or thru treatment plant	1 - Effluent G	iross	0		Value NODI						
							Sample						
50060	Chlorine, total res	sidual	1 - Effluent G	iross	0		Permit Req.						
							Value NODI						
	ssion Note												
		ot contain any values fo	r the Sample	nor E	ffluent T	rading, then	none of th	e followin	g fields will be su	ubmitted f	or that row: U		
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Date/Ti	me:		2	022-0	9-27 16	:58 (Time 2	Zone: -05:0	0)					

Permit													
Permit	#:	NM0028355		Pern	nittee:		LOS AL	AMOS NA	ATIONAL LABOR	RATORY			
Major:		Yes		Pern	nittee Ac	ddress:	528 35T	AMO NAT H STREE AMO, NM		ATORY			
Permit	ted Feature:	113 External Outfall		Discharge:			113-A COOLING TOWER BLOWDOWN & OTHER WASTEWA						
Report	Dates & Status												
Monitoring Period: From 09/01/22 to 09/30/22			0/22	DMR	R Due Da	ite:	10/28/22						
Consid	lerations for Form	n Completion											
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	a Indicator (NODI)											
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Code		Name		cation	Season #			Qualifier 1		ntity or Loa Qualifier 2	-		
							Sample						
00400	рН		1 - Effluent G	iross	0		Permit Req.						
							Value NODI		0.001000		0.00004		
50050	Flow in conduit o	or thru treatment plant	1 - Effluent G	rocc	0		Sample Permit Req.		0.001028 Req Mon MO AVG		0.00234 Req Mon DAILY		
50050	r low, in conduit c	n tinu treatment plant	I - Lindent G	1055	0		Value NODI						
							Sample						
50060	Chlorine, total res	sidual	1 - Effluent G	iross	0		Permit Req. Value NODI						
Submis	ssion Note												
		ot contain any values fo	r the Sample	nor E	Effluent T	rading, then	none of th	e followin	g fields will be su	ubmitted f	or that row: U		
	neck Errors	,				0,			0				
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E-Mail:					mb@lan	-							
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Permit													
Permit	#:	NM0028355		Pern	nittee:		LOS AL	AMOS NA	ATIONAL LABOF	RATORY			
Major:		Yes		Pern	nittee Ac	ddress:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544						
Permit	ted Feature:	113 External Outfall		Discharge:			113-A COOLING TOWER BLOWDOWN & OTHER WASTEWA						
Report	Dates & Status		·										
Monito	ring Period:	From 10/01/22 to 10/3	31/22	DMR	R Due Da	ite:	11/28/22						
Consid	lerations for Forn	n Completion											
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	a Indicator (NOD)											
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Code	T druin	Name	monitoring Lot	Jacion	0003011 #			Qualifier 1		Qualifier 2			
							Sample						
00400	рН		1 - Effluent G	ross	0		Permit Req. Value NODI						
							Sample		0.0002		0.00071		
50050	Flow in conduit of	or thru treatment plant	1 - Effluent G	ross	0		Permit Req.		Req Mon MO AVG		Req Mon DAILY		
	,				Ŭ		Value NODI						
							Sample						
50060	Chlorine, total res	sidual	1 - Effluent G	ross	0		Permit Req. Value NODI						
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E-Mail:					nte@lanl.		7						
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Date/Ti	me:					:17 (Time)	Zone: -06 [.] 0	0)					
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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 Offic	er		
First Name:		Title:	
Last Name:			
No Data Indicator (NODI)			

Form NODI:

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Parameter		Monitoring Location	Season #	Param. NODI		Quantity or Loading						Q		
Code	Name					Qualifier 1	Value 1	Qualifier 2	2 Value 2	Units	Qualifier 1	Value 1	Qualifier 2	
					Sample								<	
00530	Solids, total suspended	1 - Effluent Gross	0		Permit Req.								<=	
	oondo, total suspended				Value NODI									
					Sample									
00665	Phosphorus, total [as P]	1 - Effluent Gross	0		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: Ur *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)

Permit														
Permit	#:	NM0028355		Pern	nittee:		LOS AL	AMOS NA	ATIONAL LABOF	RATORY				
Major:		Yes		Pern	nittee Ac	ldress:	528 35T	AMO NAT H STREE AMO, NM		ATORY				
Permit	ted Feature:	113 External Outfall		Disc	harge:		113-A COOLING TOWER BLOWDOWN & OTHER WAS							
Report	Dates & Status													
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							Sample							
00400	рН		1 - Effluent G	iross	0		Permit Req.							
							Value NODI		0.0005457		0.00445			
50050			1 Effluent C		0		Sample Permit Req.		0.0005157 Req Mon MO AVG		0.00115 Req Mon DAILY			
50050	Flow, in conduit o	or thru treatment plant	1 - Effluent G	IOSS	0		Value NODI							
							Sample							
50060	Chlorine, total res	sidual	1 - Effluent G	iross	0		Permit Req.							
Cubmi							Value NODI							
	ssion Note	et contain any values fo	r the Comple	nor F	ffluont T	rading than	none of th	o followin	a fielde will be ev	ubmitted f	or that rows Li			
	ameter row does n neck Errors	ot contain any values fo	r the Sample		inuent i	rading, then	none or un	e ioliowin	g lields will be st	uprinitied i	of that fow. Of			
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Date/Ti	me:		2	022-1	2-19 17	:00 (Time 2	Zone: -06:0	0)						
Report	Last Signed By													
User:	User:					DMB								
Name:					Holcon									
E-Mail:					mb@lanl	-								
Date/Ti	Date/Time:				2022-12-20 09:21 (Time Zone: -06:00)									

Permit													
Permit	#:	NM0028355		Pern	nittee:		LOS AL	AMOS NA	ATIONAL LABOF	RATORY			
Major:		Yes		Pern	nittee Ac	ddress:	528 35T	AMO NAT H STREE AMO, NM		ATORY			
Permit	ted Feature:	113 External Outfall		Disc	harge:		113-A COOLIN	IG TOWE	R BLOWDOWN	& OTHEI	R WASTEWA		
Report	Dates & Status		I										
Monito	ring Period:	From 12/01/22 to 12/3	31/22	DMR	Due Da	ite:	01/28/23						
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	Param	eter	Monitoring Loc	ation	Season #	Param. NODI			Qua	ntity or Loa	ading		
Code		Name					Comula	Qualifier 1	Value 1	Qualifier 2	Value 2		
00400	рН		1 - Effluent G		0		Sample Permit Req.						
00400 pn			I - Elliueni Gi	055	0		Value NODI						
							Sample		0.0005646		0.00114		
50050	Flow, in conduit of	or thru treatment plant	1 - Effluent G	ross	0		Permit Req.		Req Mon MO AVG		Req Mon DAILY		
							Value NODI						
							Sample Permit Req.						
50060	Chlorine, total res	sidual	1 - Effluent G	ross	0		Value NODI						
Submis	ssion Note												
		ot contain any values fo	r the Sample	nor F	ffluent T	rading then	none of th	e followin	a fields will be si	ubmitted f	or that row: U		
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DLATIONS (Reference all attachments here) 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

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PAGE 1 OF 1

Attachment 1

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, LLC	1	NM0028355			160-A			DMR MAILING ZIP CODE: 87545								
SORATORY 90	1	PER	MIT NUM	IBER	l	DISCH	ARGE NU	MBER	MAJOR COOLING TOWER BLOWDOWN & OTHER							
87545	i			MONITO	RING PI	ERIOD			EXTERNAL OUTFALL							
, LLC	1	YEAR	MO	DAY	YEAR MO DAY			DAY								
87545 G, EPC-CP	FROM	21	02	01	то [21	02	28					No Discl	narge X		
	QUANT	TTY OF LO	DADING			QUALITY OF CONC			ENTRATION			NO. EX	FREQUENCY OF ANALYSI			
\sim	VALUE	VAL	UE	UNITS	VAL	VALUE		VALUE		UE	UNITS			_		
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TIONS (Reference all attachments here) 2014. *NO DISCHARGE DURING MONITORING PERIOD.

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PAGE 1 OF 1

Attachment 1 10

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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

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different) DMR MAILIN NM0028355 160-Q NAME: TRIAD NATIONAL SECURITY, LLC MAJOR ADDRESS: LOS ALAMOS NATIONAL LABORATORY PERMIT NUMBER **DISCHARGE NUMBER** PO BOX 1663; MAIL STOP K490 QUARTERL LOS ALAMOS, NEW MEXICO 87545 MONITORING PERIOD EXTERNAL FACILITY: TRIAD NATIONAL SECURITY, LLC YEAR MO DAY YEAR MO DAY PAGE 15 21 01 01 21 03 31 LOCATION: LOS ALAMOS, NEW MEXICO 87545 FROM TO TAUNIA S. VAN VALKENBURG, EPC-CP ATTN: QUALITY OF CONCENTRATION QUANTITY OF LOADING PARAMETER VALUE UNITS VALUE VALUE VALUE VALUE Solids, Total Suspended SAMPLE **** ***** ***** *NODI=C *NODI=C MEASUREMENT 00530 1 0 ***** 30 100 PERMIT **** ***** ***** Effluent Gross MO AVG DAILY MX SAMPLE MEASUREMENT Phosphorus, Total (as P) ***** **** *NODI=C ***** *NODI=C 0066510 ***** 20 40 PERMIT ***** ***** ***** Effluent Gross MO AVG DAILY MX SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT 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 NW INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONSDIRECTLY 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. TELE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TAUNIA VAN Digitally signed by TAUNI VAN VALKENBURG (Affiliate) TAUNIA S. VAN VALKENBURG VALKENBURG Date: 2021.04.26 15:02.3 -06'00' GROUP LEADER (Affiliate) EPC-CP SIGNATURE OF PRINCIPAL EXECUTIVE 505 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.

EPC-DO: 21-143

Attachment 1

PERMITTEE	NAME/ADDRESS: (Include Facili	ity Name/Location i	f different)										
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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: 21-162

Attachment 1 10

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

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

NAME: TRIAD NATIONAL SECURITY, LLC NM0028355 DMR MAIL 160-A ADDRESS: LOS ALAMOS NATIONAL LABORATORY MAJOR PERMIT NUMBER **DISCHARGE NUMBER** PO BOX 1663; MAIL STOP K490 COOLING LOS ALAMOS, NEW MEXICO 87545 **MONITORING PERIOD EXTERNA** FACILITY: TRIAD NATIONAL SECURITY, LLC YEAR MO DAY YEAR MO DAY PAGE 9 LOCATION: LOS ALAMOS, NEW MEXICO 87545 FROM 21 05 01 21 05 31 TO ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP QUALITY OF CONCENTRATION QUANTITY OF LOADING PARAMETER VALUE VALUE UNITS VALUE VALUE VALUE pH SAMPLE ***** ***** ***** NODI=C NODI=C MEASUREMENT 00400 1 0 ***** 60 9.0 DERMIT ***** ***** ***** Effluent Gross REQUIREMENT MINIMUM MAXIMUM SAMPLE MEASUREMENT Cyanide, Total ***** ***** ***** NODI=C NODI=C 00720 1 0 ***** PERMIT Req. Mon. Req. Mon. ***** ***** ***** Effluent Gross MONTHLY AV DAILY MX Copper, Total (as Cu) SAMPLE ***** ***** ***** NODI=C NODI=C MEASUREMENT 0104210 ***** 0.021 PERMIT 0.032 ***** ***** ***** Effluent Gross REQUIREMENT MONTHLY AV DAILY MX Flow, in conduit or thru treatment plant SAMPLE **** **** ***** NODI=C NODI=C MEASUREMENT 50050 1 0 Mgal/day Req. Mon. PERMIT Req. Mon. ***** ***** ***** Effluent Gross MONTHLY AV DAILY MX Chlorine, Total Residual SAMPLE MEASUREMENT ***** ***** ***** ***** NODI=C 50060 1 0 ***** PERMIT 0.011 ***** ***** ***** ***** Effluent Gross REQUIREMENT INST MAX SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TEL 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 WY 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 Digitally signed by TAUNIA VAN VALKENBURG (Affilia) Date 2021.06.25.09.54:45 -06'00' TAUNIA S. VAN VALKENBURG VALKENBURG **GROUP LEADER** (Affiliate) EPC-CP SIGNATURE OF PRINCIPAL EXECUTIVE 505 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.

EPC-DO: 21-195

Attachment 1 10

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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PAGE 1 OF 1

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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 TAUNIA VAN Digitally signed by TAUNIA TELEPHONE DATE	DREPARED UI	NDER MY DIRECTION OR !	SUPERVISION IN ACCORDA	NCE WITH A SYS	TEM	TAUNIA		ly signed by TAUNIA		TELEPHON	IE	DA	TE
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. (Affiliate) 40'00' 21 07	DESIGNED TO INFORMATION THE SYSTEM, INFORMATION	ASSURE THAT QUALIFIE SUBMITTED BASED ON OR THOSE PERSONS DIR THE INFORMATION SUB	D PERSONNEL PROPERLY MY INQUIRY OF THE PERSO RECTLY RESPONSIBLE FOR BMITTED IS, TO THE BEST O	GATHER AND EVA ON OR PERSONS GATHERING THE F MY KNOWLEDG	ALUATE THE WHO MANAGE	(Affiliate	BURG Date:	2021 07 26 16 35 36	te)			21 0	7 26
TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 505 665-9827	SUBMITTING	FALSE INFORMATION, INC	M AWARE THAT THERE ARE	SIGNIFICANT PE	NALTIESFOR	SIGNA				_		YEAR M	O DAY

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PAGE 1 OF 1

Attachment 1 16

OMB No. 2040-004

TY, LLC ABORATORY	-	NM00283		F	DISCH	160-A	DMR MA MAJOR	ILING ZIP	CODE:	87545	
K490	L	PERMITINO		L			COOLIN	G TOWER	BLOW	DOWN & OTH	IER
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PERMIT REQUIREMENT	黄紫黄黄	*****		****	**	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	ugre		MONTHLY	GRAB
SAMPLE MEASUREMENT	****	****	*****	****	**	NODI=C	NODI=C	mg/L	0	0/31	GRAB
PERMIT REQUIREMENT	****	****		***	**	0.021 MONTHLY AV	0.032 DAILY MX	Ing/L		3/Week	GRAB
SAMPLE MEASUREMENT	NODI=C	NODI=C		***	**	****	****	****	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
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OLATIONS (Reference all attachments here) 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD,

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PAGE 1 OF 1

Attachment 1 10

OMB	No	2040-004
OND	INU.	2040-004

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+	SAMPLE	****	**	***		**1	k**		DI=C	NO	DI=C		0	0/3	1	GRAB
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PAGE 1 OF 1

Attachment 1 10

ame/L	ocation if c	lifferent)													OMB	No. 20	40-004
LLC		[N	IM002835	5	[160-A			DMR MAI	LING ZIP	CODE	875	545		
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	MPLE REMENT	****	**	***	****	***	***	NOI	DI=C	NO	DI=C	m a /l	0	0/3	31	GR	RAB
	rmit Rement	****	**	***		***	***)21 HLY AV	-	032 .Y MX	mg/L		3/W	eek	GR	RAB
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014. *NO DISCHARGE DURING MONITORING PERIOD.

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Attachment 1 21

LA-UR-21-30675

ame/Location if	different)													OMB	No. 2040-004
LLC		N	M002835	5			160-Q			DMR MAI	LING ZIP	CODE:	875	45	
ORATORY		IBER		DISCH	ARGE NU	MBER		MAJOR							
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LLC		YEAR	MO	DAY		YEAR	МО	DAY		PAGE 21	AL 00117				
87545	FROM	01	то	21	09	30					No I	Dischar			
PC-CP			i		UALITY C				i						
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SAMPLE EASUREMENT	****	***	***	****	**	***	*NO	DI=C	*NO	DI=C	mg/l	0	0/9	92	GRAB
PERMIT EQUIREMENT	****	***	***		**	***	3 MO	0 AVG		00 .Y MX	mg/L		QUART	ERLY	GRAB
SAMPLE EASUREMENT	****	***	***	*****	**	***	*NO	DI=C	*NO	DI=C		0	0/9	92	GRAB
PERMIT EQUIREMENT	****	***	***		**	***	2 MO	0 AVG		i0 Y MX	mg/L		QUART	ERLY	GRAB
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SAMPLE EASUREMENT	NM0028355 PERMIT NUMBE FROM YEAR MO II FROM 21 07 II QUANTITY OF LOADING VALUE VALUE U ***** ***** ***** III ***** ***** ***** IIII IIII ***** ***** ***** IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII														
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	PLE EMENT MIT			FINE AND IMPF	RISONMENT		CER OF PRI			505 AREA CODE	665-9 NUMB		YEAR	MO	DAY
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Attachment 1 22

LA-UR-21-30675

ame/L	ocation if o	lifferent)													OMB	No. 2040-004
LLC			N	IM002835	5	[160-Y			DMR MAI	LING ZIP	CODE:	875	45	
	TORY		PER		BER		DISCH	ARGE NU	MBER		MAJOR					
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LLC			YEAR	MO	DAY	ORING PI	YEAR	МО	DAY		EXTERNA PAGE 22	AL OUTFA	LL			
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$\overline{}$	\checkmark	QUANT	TITY OF L	OADING			Q	UALITY O	F CONCE	ENTRATIO	N		NO. EX	FREQU OF ANA		SAMPLE TYPE
_		VALUE	VAI	_UE	UNITS	VAL	UE	VAL	UE	VA	LUE	UNITS				
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	INFORMATIO THE SYSTEM	D ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M , OR THOSE PERSONS DIRE	IY INQUIRY OF	THE PERSON SIBLE FOR G	OR PERSONS	WHO MANAGE	Taunia Sando		Taunia San Date: 2021.	dquist 10.27						
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	FOR KNOWIN	IG VIOLATIONS.					OFFI	CER OR AUT	HORIZED A	GENT	AREA CODE	NUMB	ER	YEAR	MO	DAY

IONS (Reference all attachments here)

014. *ALUMINUM EFFLUENT LIMITATIONS TAKE EFFECT ON SEPTEMBER 30, 2017. * NO DISCHARGE DURING MONITORING PERIOD.

ay be used.

Attachment 1 23

LA-UR-21-30675

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

NAME:	TRIAD NATIONAL SECURITY, LLC		N	M002835	55			160-A		DMR
ADDRESS:	LOS ALAMOS NATIONAL LABORATORY PO BOX 1663; MAIL STOP K490		PER		IBER		DISCH	ARGE NU	JMBER	MAJO
	LOS ALAMOS, NEW MEXICO 87545	1			MONITO	DRING P	ERIOD			EXTE
	TRIAD NATIONAL SECURITY, LLC		YEAR	МО	DAY		YEAR	MO	DAY	PAGE
LOCATION:	LOS ALAMOS, NEW MEXICO 87545	FROM	21	10	01	то	21	10	31	TAGE
ATTN:	STEVEN L. STORY, EPC-CP									

PARAMETER	\searrow	QUANT	TTY OF LOADIN	G		QUALITY OF CONCE	ENTRATIO	N	
	\leq	VALUE	VALUE	UNITS	VALUE	VALUE	VAL	UE	Т
рН 00400 1 0	SAMPLE MEASUREMENT	****	****	*****	*NODI=C	****	*NOE)I=C	T
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9. MAXII		
Cyanide, Total 00720 1 0	SAMPLE MEASUREMENT	****	****	*****	****	*NODI=C	*NOE		T
Effluent Gross	PERMIT REQUIREMENT	*****	****		****	Req. Mon. MONTHLY AV	Req. I DAILY		
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NOE		T
Effluent Gross	PERMIT REQUIREMENT	****	****		****	0.021 MONTHLY AV	0.03 DAILY		
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	NA	****	****	***		T
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	*****	****	:*	
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	*****	****	*****	****	*****	*NOD	I=C	T
Effluent Gross	PERMIT REQUIREMENT	****	****		****	****	0.01 INST I		
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICE TEVEN L. STORY ROUP LEADER PC-CP	PREPARED U DESIGNED TO INFORMATION THE SYSTEM, INFORMATION TRUE, ACCUR	DER PENALTY OF LAW THAT NDER MY DIRECTION OR SUF ASSURE THAT QUALIFIED P N SUBMITTED. BASED ON MY OR THOSE PERSONS DIREC N, THE INFORMATION SUBMIT ANTE AND COMPLETE. I AM AI	PERVISION IN ACCORDA ERSONNEL PROPERLY INQUIRY OF THE PERSO TLY RESPONSIBLE FOR TED IS, TO THE BEST O WARE THAT THERE ARE	NCE WITH A SYSTEM GATHER AND EVALU ON OR PERSONS WH GATHERING THE F MY KNOWLEDGE A SIGNIFICANT PENAL	ATE THE IO MANAGE IND BELIEF,	-07.00	e) 17 12:55:22	TI	ELE
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OMMENT AND EXPLANATION OF ANY VIOL	LATIONS	(Reference all attac	hmente hara)	21 AM			A	REA COD	<u>1</u>

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

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

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

NAME:	TRIAD NATIONAL SECURITY, LLC		N	M002835	55			160-A		DMR
ADDRESS:	LOS ALAMOS NATIONAL LABORATORY PO BOX 1663; MAIL STOP K490		PER		IBER	2	DISCH	ARGE N	UMBER	MAJO
	LOS ALAMOS, NEW MEXICO 87545				MONITO	ORING P	ERIOD			EXTE
FACILITY:	TRIAD NATIONAL SECURITY, LLC		YEAR	MO	DAY		YEAR	MO	DAY	PAGE
LOCATION:	LOS ALAMOS, NEW MEXICO 87545	FROM	21	11	01	то	21	11	30	TAOL
ATTN:	STEVEN L. STORY, EPC-CP								ACCOUNT OF	

PARAMETER	\searrow	QUANT	ITY OF LOADING	Э		QUALITY OF CONCE	NTRATION	
	$\langle \rangle$	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	Ξ
pH 00400 1 0	SAMPLE MEASUREMENT	****	*****	*****	*NODI=C	*****	*NODI=	С
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	*****	9.0 MAXIMU	JM
Cyanide, Total 00720 1 0	SAMPLE MEASUREMENT	****	*****	****	****	*NODI=C	*NODI=	С
Effluent Gross	PERMIT REQUIREMENT	*****	*****		****	Req. Mon. MONTHLY AV	Req. Mo DAILY M	
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMENT	****	****	*****	****	*NODI=C	*NODI=	
Effluent Gross	PERMIT REQUIREMENT	*****	****		****	0.021 MONTHLY AV	0.032 DAILY N	
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	N. IVI	*****	****	****	
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	- Mgal/day -	****	*****	*****	
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	*NODI=	с
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PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

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

lity Name/Location if different)

RITY, LLC	1	NM0028	355			160-A			DMR MA	ILING ZIP	CODE	E: 87	545	
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ITY, LLC		YEAR MO	DAY	ORING	YEAR	MO	DAY		EXTERN		ALL			
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CP				10	- 7559							No	Discha	arge 🛛 X
\bigtriangledown	QUANT	ITY OF LOADING	3		Q	UALITY C	F CONCE	NTRAT	ION		NO.	FREQU		SAMPLE
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FOR KNOWING	G VIOLATIONS				OFFIC	ER OR AUTH	IORIZED AGE	ENT	AREA CODE	NUMBE	- 0	YEAR	MO	DAY

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Attachment 1

LA-UR-22-20594

PAGE 1 OF 1

OMB No. 2040-004

TIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES	1
DISCHARGE MONITORING REPORT (DMR)	

NA

15

OMB	No.	2040-004

RITY, LLC		[N	IM00283	55			160-Q			DMR MAIL	ING ZIP	CODE	: 87545	
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RITY, LLC			YEAR	MO	DAY		YEAR	MO	DAY		PAGE 15				
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PAGE 1 OF 1

Attachment 1 16

LA-UR-22-20594

Mgal/day

Req. Mon.

DAILY MX

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LLC		YEAR	MO	DAY		YEAR	MO	DAY	PAGE 9				
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IONS		(Reference all atta	chmonts hora)			OFFI	CER OR AUTHORIZED A	GEINI	AREA CODE	NUMB	ER	YEAR	MO	DAY
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014. *NO DISCHARGE DURING MONITORING PERIOD.

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PERMIT EQUIREMENT

SAMPLE EASUREMENT

PERMIT EQUIREMENT Req. Mon.

MONTHLY AV

Attachment 1 10 LA-UR-22-21639

PAGE 1 OF 1

DAILY

0/31

WEEKLY

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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

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 INDUIRY 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 SIGNFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. IONS (Reference all attachments here)

014. *NO DISCHARGE DURING MONITORING PERIOD.

ay be used.

SAMPLE EASUREMENT PERMIT EQUIREMENT SAMPLE EASUREMENT PERMIT EQUIREMENT

> Attachment 1 10

LA-UR-22-22694

22

YEAR

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PAGE 1 OF 1

24

DAY

TELEPHONE

665-2169

NUMBER

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STEVEN

STORY

(Affiliate)

Digitally signed by STEVEN STORY

(Affiliate) Date: 2022.04.27

13:47:19 -06'00'

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

TELEPHONE

665-2169

NUMBER

505

AREA CODE

IONS (Reference all attachments here) 014. *NO DISCHARGE DURING MONITORING PERIOD.

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.

ay be used.

PERMIT EQUIREMENT SAMPLE EASUREMENT PERMIT EQUIREMENT

> Attachment 1 15

LA-UR-22-23869

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PAGE 1 OF 1

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Attachment 1 16

LA-UR-22-23869

YEAR

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OMB No. 2040-004

/ Name/Location if d	ifferent)											C	MB No. 2040-004
FY, LLC	[NM0028	355	Ĩ		160-A			DMR MA	ILING ZIP	CODE:	87545	
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	is viseditiona.				U OFF	ICER OR AUTHO	RIZEDA	GENI	AREA COD	E NUM	BER	YEAR	MO DAY

DLATIONS (Reference all attachments here)

OBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

s may be used.

Attachment 1 10

LA-UR-22-24660

NATIONAL POLITITANT DISCHARGE FUMINATION SYSTEM (NPDES)

me/Location if different)

INAT	UNAL PULLUTANT DISCHA	ARGE ELIMINATION STO	SIEMI (INPDES)	
	DISCHARGE MONI	TORING REPORT (DMF	र)	

ITTE/LUCATION IT	amerenty														
LLC		N	M002835	5			160-A		1	DMR MA	ILING ZIP	CODE	: 87	545	
ORATORY		PER		IBER]	DISCH	ARGE NU	JMBER]	MAJOR					
90 87545				MONIT		EBIOD			1				OTHER	WASTEW	/ATER
ORATORY		YEAR	MO	DAY		YEAR	мо	DAY	{	EATERIN	AL OUTF#	1LL			
87545	FROM	22	05	01	то	22	05	31	1				No	Discha	rge X
,							-	-						Discria	
\checkmark	QUANT	TITY OF L	OADING			Q	UALITY C	OF CONCE	ENTRATIO	NC		NO. EX		JENCY ALYSIS	SAMPLE TYPE
\frown	VALUE	VAI	UE	UNITS	VAI	LUE	VA	LUE	VA	LUE	UNITS				
SAMPLE EASUREMENT	****	**	***	****	NO	DI=C	**	***	NO	DI=C		0	0/3	31	GRAB
PERMIT EQUIREMENT	****	**	***		-	.0 MUM	**	***	1	0.0 IMUM	S.U.		WEE	EKLY	GRAB
SAMPLE EASUREMENT	****	**	***	****	**	***	NOI	DI=C	NO	DI=C		0	0/:	31	GRAB
PERMIT EQUIREMENT	****	**	***		**	***	Req. Mon. MONTHLY AV		Req. Mon. DAILY MX		ug/L		MON	THLY	GRAB
SAMPLE EASUREMENT	****	**	***	****	***** NODI=C		DI=C	NO	DI=C		0	0/	31	GRAB	
PERMIT EQUIREMENT	****	**	***		**	***)21 HLY AV		032 .Y MX	mg/L		3/W	/eek	GRAB
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PERMIT EQUIREMENT	Req. Mon. MONTHLY AV		Mon. Y MX	Mgal/day	**	***	****		**	***			DAILY		RCORDR
SAMPLE EASUREMENT	****	**	***	****	**	***	**	***	NO	DI=C		0	0/31		GRAB
PERMIT EQUIREMENT	****	**	***		**	***	**	***		011 MAX	mg/L		WEE	KLY	GRAB
SAMPLE EASUREMENT															
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DESIGNED T	O ASSURE THAT QUALIFIED IN SUBMITTED. BASED ON M	PERSONNEL I	PROPERLY GA	THER AND EVA	LUATE THE WHO MANAGE		HOLCOMB HÖLCÓMĔ (A Date: 2022.07								
INFORMATIC	I, OR THOSE PERSONS DIRE IN, THE INFORMATION SUBM RATE AND COMPLETE. I AM	AITTED IS, TO T	HE BEST OF I	MY KNOWLEDG	E AND BELIEF	FS FOR							22	07	26
SUBMITTING	FALSE INFORMATION, INCL IG VIOLATIONS.	UDING THE PC	SSIBILITY OF	FINE AND IMPR	RISONMENT		FURE OF PR					666 BER	22 YEAR	07 мс	-
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(Reference all attachments here)

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Attachment 2 10

LA-UR-27275

NATIONAL POLITIANT DISCHARGE FUMINATION SYSTEM (NPDES)

me/Location if different)

NATIONAL	AL POLLUTANT DISCHARGE ELIMINATION STSTEM (INPDES)	
	DISCHARGE MONITORING REPORT (DMR)	

LLC ORATORY 90 875545 ORATORY 87545	FROM		M002835 MIT NUM				160-A			DMR MAI		CODE:	87545			
0 87545 ORATORY	FROM [MIT NUM	BER					DMR MAILING ZIP CODE: 87545							
87545 ORATORY	FROM				DISCHARGE NUMBER				MAJOR COOLING TOWER BLOWDOWN & OTHER WASTEWATER							
	FROM	VEAD	87545			ERIOD			EXTERNAL OUTFALL							
87545	FROM		MO	DAY		YEAR	МО	DAY								
57 545		22	06	01	то	22	06	30					No Disch	arge 🛛 🗙		
	QUANT	ITY OF L	OADING			Q	UALITY O	F CONCE	ENTRATIC	N		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE		
	VALUE	VAL	UE	UNITS	VAI	UE	VAL	UE	VAL	UE	UNITS	LA				
SAMPLE EASUREMENT	****	**;	***	****	NO	DI=C	****		NOE	NODI=C		0	0/30	GRAB		
PERMIT EQUIREMENT	****	**:	***		6 MINI	-	***	***	9. MAXI	-	S.U.		WEEKLY	GRAB		
SAMPLE EASUREMENT	****		****	****		NOE	DI=C	NODI=C		ug/L	0	0/30	GRAB			
PERMIT EQUIREMENT	****	***** ***** NODI=C			****		Req. MONTI	Mon. HLY AV	Req. Mon. DAILY MX		ug/L		MONTHLY	GRAB		
SAMPLE EASUREMENT	****	****		**		**** NODI=C		DI=C	NOE	DI=C mg/L		0	0/30	GRAB		
PERMIT EQUIREMENT	****	**;	***		**:	***	0.0 MONTH		0.0 DAIL		iiig/L		3/Week	GRAB		
SAMPLE EASUREMENT N	IODI=C	NOE	DI=C	Mgal/day	**:	***	***	***	****		****	0	0/30	RCORDR		
	eq. Mon. NTHLY AV	Req. DAIL	Mon. Y MX	wgai/day	**:	****		***	****				DAILY	RCORDR		
SAMPLE EASUREMENT	****	**;	***	*****	**:	***	****		NODI=C		0		0/30	GRAB		
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SAMPLE EASUREMENT																
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(Reference all attachments here)

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Attachment 1 10

LA-UR-27275

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Inc/Location	ii unicicii	.,

LLC			NM0028355					160-Q		1	DMR MAI	LING ZIP	CODE:	875	545		
ORA	ATORY PERMIT NUMBER			IBER	DISCHARGE NUMBER				MAJOR								
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ORA	TORY		MONITORING PERIOD EXTERNAL OUTF YEAR MO DAY YEAR MO DAY								AL OUTFA	1LL					
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	$\overline{\ }$	VALUE	VA	LUE	UNITS	VAI	UE	VA	LUE	VA	LUE	UNITS					
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			UDING THE PO	DSSIBILITY OF	FINE AND IMPR	RISONMENT			THORIZED A		IVE 505 665-0666						

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(Reference all attachments here)

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Attachment 1 23

LA-UR-27275

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PAGE 1 OF 1

DAY

YEAR

NUMBER

AREA CODE

ame/l	Location if c	different)	DISC	JHARGE	MONTOR										OMB	No. 20	40-004		
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ORA	ATORY	i	YEAR	AR MO DAY			YEAR	MO	DAY	İ	PAGE 9								
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>	\checkmark	QUANT	TITY OF LOADING				Q	UALITY O	F CONCE		N		NO. EX	FREQUENCY OF ANALYSIS			1PLE 'PE		
		VALUE	VALU	JE	UNITS	VAL	JUE	VAL	UE	VA	LUE	UNITS							
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	MPLE JREMENT	****	****	k	****	****		****		NOE	0I=C	NO	DI=C		0	0/31		GRAB	
	RMIT REMENT	****	****	k		***	***	0.0 MONTH			032 .Y MX	mg/L		3/W	eek	GR	RAB		
	MPLE JREMENT	NODI=C	NODI=	-		***	***	****		****		*****		0/31		RCORDR			
		Req. Mon. MONTHLY AV	Req. M DAILY	lon.	Mgal/day	***	***	***	***	**	***			DAILY		RCORDR			
		****	****	*	****	***	***	***	***	NO	DI=C		0	0/3	31	GR	RAB		
	PERMIT Req. Mon. QUIREMENT MONTHLY AV SAMPLE ***** ASUREMENT ***** PERMIT *****		****	k		***	***	****		0.011 INST MAX		mg/L		WEE	WEEKLY		RAB		
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		IG VIOLATIONS.					OFFI	CER OR AUT	HORIZED A	GENT							DAY		

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(Reference all attachments here)

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Attachment 1 10

PAGE 1 OF 1

LA-UR-22-28914

Permit												
Permit	#:	Permitte	ee:		LOS ALAMOS NATIONAL LABORATORY							
Major:			Permittee Address:			LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544						
Permitt	ted Feature:	160 External Outfall		Dischar	rge:		160-A COOLING TOWER BLOWDOWN & OTHER W					
Report	Dates & Status											
Monito	oring Period:	From 08/01/22 to 08	8/31/22	DMR Du	ue Date:		09/28/22					
Consid	lerations for Form C	completion										
Princip	oal Executive Officer	r										
First Na				Title:								
Last Na	ame:											
No Dat	ta Indicator (NODI)											
Form N	. ,											
	Parameter	ir	Monitoring Location	Season #	Param. NODI		Quantity or Loading					
Code	Na	ame					Qualifier 1	Value 1	Qualifier 2	Value		
						Sample Permit Reg						
00400	рН		1 - Effluent Gross	0		Value NOD						
		,		-		Sample						
00720	Cyanide, total [as CM	N]	1 - Effluent Gross	0		Permit Req						
						Value NOD	1					
						Sample						
01042	Copper, total [as Cu]	4	1 - Effluent Gross	0		Permit Req						
						Value NOD	1					
						Sample Permit Req		Reg Mon MO AVG		Req Mon DAll		
50050	Flow, in conduit or t	hru treatment plant	1 - Effluent Gross	0		Value NOD		C - No Discharge		C - No Disc		
						Sample		0 No Bissinaige		O NO DICO		
50060	Chlorine, total residu	lual	1 - Effluent Gross	0		Permit Req						
30000	Chlorine, total residt	Jai	I - Emuent Gross	0		Value NOD	I					
Submi	ssion Note											
If a para	ameter row does not	contain any values fo	or the Sample nor F	Effluent T	rading, ther	none of th	ne followin	a fields will be sub	mitted for	that row: U		
	handa Ermann	,	,									

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 2022-09-27 16:30 (Time Zone: -05:00) Date/Time: 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)

Permit													
Permit	#:	NM0028355		Permitte	.ee:		LOS ALA	MOS NATIONAL L	ABORAT	ORY			
Major:		Yes		Permitte	tee Address		LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544						
Permitt	ted Feature:	160 External Outfall		Dischar	rge:		160-A COOLING TOWER BLOWDOWN & OTHER WA						
Report	t Dates & Status												
Monito	oring Period:	From 09/01/22 to 09	9/30/22	DMR Due Date: 10/28/22									
Consid	derations for Form C	Completion											
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Form N	. ,												
	Parameter	er	Monitoring Location	Season #	Param. NOD	1		Qua	ntity or Loa	ding			
Code		ame					Qualifier 1		Qualifier 2	-			
Ē !						Sample							
00400	рН		1 - Effluent Gross	0		Permit Req							
						Value NOD	1						
						Sample Permit Reg							
00720	Cyanide, total [as Cl	N]	1 - Effluent Gross	0		Value NOD							
04040		-		2		Sample Permit Req							
01042	Copper, total [as Cu	J	1 - Effluent Gross	0		Value NOD							
						Sample							
50050	Flow, in conduit or t	thru treatment plant	1 - Effluent Gross	0		Permit Req		Req Mon MO AVG		Req Mon DAI			
00000	Flow, in conduct of t	Ind deathent plant	1 - Elindont G. See	U		Value NOD	1	C - No Discharge		C - No Disc			
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50060	0060 Chlorine, total residual	lual	1 - Effluent Gross	0		Permit Req	•						
('						Value NOD	I						
Submi	ssion Note												
If a par	ameter row does not	contain any values fo	or the Sample nor F	Effluent T	rading, ther	none of th	ne followin	ig fields will be sub	mitted for	that row: U			
Edit Cl	heck Errors												

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 2022-10-25 10:10 (Time Zone: -05:00) Date/Time: **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)

Permit													
Permit	#:	NM0028355								-			
Major:		Yes		Permitte	ee Address		528 35TH	STREET	BORATO	RY			
Permitt	ed Feature:	160 External Outfall		Dischar	rge:		160-A COOLING TOWER BLOWDOWN & OTHER						
Report	Dates & Status												
Monitor	ring Period:	From 10/01/22 to 10	0/31/22	DMR Due Date: 11/28/22									
Consid	lerations for Form C	Completion											
Princip	al Executive Officer	r											
First Na	ame:			Title:									
Last Na	ime:												
No Data	a Indicator (NODI)												
Form N	ODI:												
	Paramete	r	Monitoring Location	Season #	Param. NODI		Quantity or Loading						
Code	Na	ame					Qualifier 1	Value 1	Qualifier 2	Value 2			
	00 pH		reatment plant Permittee Address: LOS ALAMO NATIONAL LABORATOR 528 35TH STREET LOS ALAMO, NM 87544 Discharge: 160-A COOLING TOWER BLOWDOWN & OT 528 35TH STREET LOS ALAMO, NM 87544 COOLING TOWER BLOWDOWN & OT 528 35TH STREET LOS ALAMO, NM 87544 COOLING TOWER BLOWDOWN & OT 528 35TH STREET LOS ALAMO, NM 87544 COOLING TOWER BLOWDOWN & OT 528 35TH STREET LOS ALAMO, NM 87544 COOLING TOWER BLOWDOWN & OT 528 35TH STREET LOS ALAMO, NM 87544 COOLING TOWER BLOWDOWN & OT 528 35TH STREET LOS ALAMO, NM 87544 COOLING TOWER BLOWDOWN & OT 528 35TH STREET LOS ALAMO, NM 87544 COOLING TOWER BLOWDOWN & OT 528 35TH STREET LOS ALAMO, NM 87544 COOLING TOWER BLOWDOWN & OT 528 35TH STREET LOS ALAMO, NM 87544 COOLING TOWER BLOWDOWN & OT 528 35TH STREET LOS ALAMO, NM 87544 COOLING TOWER BLOWDOWN & OT 528 35TH STREET LOS ALAMO, NM 87544 COOLING TOWER BLOWDOWN & OT 528 35TH STREET LOS ALAMO, NM 87544 COOLING TOWER BLOWDOWN & OT 528 35TH STREET LOS ALAMO, NM 87544 COOLING TOWER BLOWDOWN & OT 528 35TH STREET LOS ALAMO, NM 87544 COOLING TOWER BLOWDOWN & OT 528 35TH STREET LOS ALAMO, NM 87544 COOLING TOWER BLOWDOWN & OT 528 35TH STREET LOS ALAMO, NM 87544 COOLING TOWER BLOWDOWN & OT 528 35TH STREET LOS ALAMO, NM 8754 COOLING TOWER BLOWDOWN & OT 528 35TH STREET LOS ALAMO, NM 8754 COOLING TOWER BLOWDOWN & OT 528 35TH STREET LOS ALAMO, NM 8754 COOLING TOWER BLOWDOWN & OT 528 35TH STREET LOS ALAMO, NM 8754 COOLING TOWER BLOWDOWN & OT 528 35TH STREET LOS ALAMO, NM 8754 COOLING TOWER BLOWDOWN & OT 528 35TH STREET S										
00400	рН												
00720	Cyanide, total [as Cl	NI	1 - Effluent Gross	0									
00720	Cyalinde, total [as of	NJ	I - Enident Gross	U		Value NOD	1						
						Sample							
01042	Copper, total [as Cu	1]	1 - Effluent Gross	0		Permit Req							
						Value NOD	I						
50050	Flow, in conduit or t	thru treatment plant	1 - Effluent Gross	0		Permit Req				Req Mon DAIL			
						Value NOD	1	C - No Discharge		C - No Discl			
50060	Chlorine, total reside	ual	1 - Effluent Gross	0									
						Value NOD	1						
Submis	ssion Note												
If a para	meter row does not	contain any values fo	or the Sample nor F	Effluent T	rading, then	none of th	ne followin	g fields will be sub	mitted for	that row: Un			
Edit Ch	eck 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)

Permit															
Permit	#:	NMOO	28355			Permi	ittee:		L	OS ALAM	OS NAT	IONA	L LABO	RATOR	Y
Major:		Yes				Permi	ittee Addro	ess:	5	OS ALAM 28 35TH S OS ALAM	STREET		LABOR	RATORY	,
Permitt	ed Feature:	160 Exteri	nal Outfall			Disch	arge:		-	60-Q QUARTERI	LY REP	ORTII	NG - OL	JTFALL	160
Report	Dates & Status														
Monito	ring Period:	From	08/01/22 to 10/31	22		DMR	Due Date:		1	1/28/22					
Consid	erations for Form C	omple	etion												
Princip	al Executive Officer														
First Na	ame:				Title:										
Last Na	ame:														
No Dat	a Indicator (NODI)														
Form N	IODI:														
	Parameter		Monitoring Location	Season #	Parar	m. NODI				ntity or Load	-				
Code	Name						Sample	Qualifie	r 1 Value	e 1 Qualifier	2 Value 2	Units	Qualifier	1 Value 1	Qualifier 2
00530	Solids, total suspend	heh	1 - Effluent Gross	0			Permit Req.								<=
							Value NODI								
							Sample								
00665	Phosphorus, total [a	s P]	1 - Effluent Gross	0			Permit Req.								<=
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	ssion Note														
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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)

Permit													
Permit	#:	NM0028355		Permitte	ee:		LOS ALA	MOS NATIONAL L	ABORAT	ORY			
Major:		Yes		Permitte	ee Address		528 35TH	MO NATIONAL LA I STREET MO, NM 87544	BORATO	RY			
Permitt	ted Feature:	160 External Outfall		Dischar	ge:		160-A COOLING	G TOWER BLOWD	OWN & C	THER WAS			
Report	t Dates & Status												
Monito	oring Period:	From 11/01/22 to 11	1/30/22	DMR D	ue Date:		12/28/22						
Consid	derations for Form C	Completion											
Princip	oal Executive Officer	:r											
First Na	ame:			Title:									
Last Na	ame:												
No Dat	ta Indicator (NODI)												
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50050	Flow, in conduit or t	thru treatment plant	1 - Effluent Gross	0		Permit Req		Req Mon MO AVG		Req Mon DAI			
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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 2022-12-19 17:00 (Time Zone: -06:00) Date/Time: 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)

Permit													
Permit	#:	NM0028355		Permitte	ee:		LOS ALAI	MOS NATIONAL L	ABORAT	ORY			
Major:		Yes					LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544						
Permitt	ed Feature:	160 External Outfall		Dischar	ge:		160-A COOLING TOWER BLOWDOWN & OTHER V						
Report	Dates & Status												
Monito	ring Period:	From 12/01/22 to 12	2/31/22	DMR Du	ue Date:		01/28/23						
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Princip	al Executive Officer	r											
First Na	ame:		/	Title:									
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	Parameter	r	Monitoring Location	Season #	Param. NODI	1		Quar	ntity or Loa	ding			
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II a para	meter row does not	contain any values fo	r the Sample nor E	illuent n	rading, men	I none or u	le lollowin	g lieius wili be sub	milled for	that row. Or			

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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 2023-01-25 14:20 (Time Zone: -06:00) Date/Time: 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)

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	INU	2040-004

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TY, LLC		YEAR	MO	DAY		YEAR	MO	DAY		PAGE 6				
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OLATIONS (Reference all attachments here) 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

ns may be used.

PAGE 1 OF 1

Attachment 1

LA-UR-21-21889

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Location if d	ifferent)												OM	B NO, 2040-004
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Attachment 1 7

PAGE 1 OF 1

LA-UR-21-22875

QUALITY OF CONCENTRATION

NAME:	TRIAD NATIONAL SE	ECURITY, LLC		N	M00283	55	[055-A	
ADDRESS:	LOS ALAMOS NATIO PO BOX 1663; MAIL	NAL LABORATORY STOP K490		PER		IBER	l	DISCH	ARGE NU	JMBER
	LOS ALAMOS, NEW	MEXICO 87545				MONITO	RING P	ERIOD		
FACILITY:	TRIAD NATIONAL SI	ECURITY, LLC		YEAR	MO	DAY		YEAR	МО	DAY
LOCATION:	LOS ALAMOS, NEW	MEXICO 87545	FROM	21	03	01	то	21	03	31
ATTN:	TAUNIA S. VAN VAL	KENBURG, EPC-CP								
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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

DMR MAILI

MAJOR TREATED H EXTERNAL PAGE 9

DMR MAILIN 055-Q NM0028355 TRIAD NATIONAL SECURITY, LLC NAME: MAJOR DISCHARGE NUMBER LOS ALAMOS NATIONAL LABORATORY PERMIT NUMBER ADDRESS: **QUARTERL** PO BOX 1663; MAIL STOP K490 LOS ALAMOS, NEW MEXICO 87545 MONITORING PERIOD EXTERNAL DAY PAGE 10 YEAR MO DAY YEAR MO FACILITY: TRIAD NATIONAL SECURITY, LLC 31 21 03 21 01 01 TO FROM LOCATION: LOS ALAMOS, NEW MEXICO 87545 TAUNIA S. VAN VALKENBURG, EPC-CP ATTN: QUALITY OF CONCENTRATION QUANTITY OF LOADING PARAMETER UNITS VALUE VALUE VALUE L VALUE VALUE Oxygen demand, chem. (high level) SAMPLE **** ***** *NODI=C *NODI=C ***** MEASUREMENT ***** 00340 1 0 125 125 PERMIT ***** ***** **** Effluent Gross MO AVG DAILY MX SAMPLE ***** *NODI=C *NODI=C Solids, Total Suspended ***** ***** MEASUREMENT ***** 00530 1 0 45 30 PERMIT ***** ***** ***** DAILY MX Effluent Gross MO AVG REQUIREMENT Oil & Grease SAMPLE ***** **** ***** *NODI=C *NODI=C MEASUREMENT ***** 00556 1 0 15 15 PERMIT **** ***** ***** Effluent Gross DAILY MX MO AVG SAMPLE ***** *NODI=C *NODI=C Organics, Total Toxic (TTO)* ***** ***** MEASUREMENT **** 78141 1 0 1.0 1.0 PERMIT ***** ***** ***** Effluent Gross DAILY MX MO AVG REQUIREMENT SAMPLE MEASUREMENT ***** *NODI=C *NODI=C Trinitrotoluene [TNT], Total ***** ***** ***** 81360 1 0 0.02 Req. Mon. PERMIT ***** ***** ***** Effluent Gross MO AVG DAILY MX 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 LASSED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONSDIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF RUE, 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 VAN VALKENBURG TELE **TAUNIA VAN** NAME/TITLE PRINCIPAL EXECUTIVE OFFICER (Affiliate) Date: 2021.04.26 15:01:09 VALKENBURG TAUNIA S. VAN VALKENBURG (Affiliate) **GROUP LEADER** -06'00' EPC-CP SIGNATURE OF PRINCIPAL EXECUTIVE 505 OFFICER OR AUTHORIZED AGENT FOR KNOWING VIOLATIONS AREA CODE TYPED OR PRINTED 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 - TETRACHLORODIBE 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

Attachment 1

Attachment 1

EPC-DO: 23-121

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

Name/Location if	different)													OMB	No. 2040-004
Y, LLC		NM0028355 PERMIT NUMBER					055-A		1	DMR MA	ILING ZIP	CODE	: 875	545	
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Y, LLC	FROM	YEAR 21	MO 04	01		YEAR	MO	DAY		PAGE 6					
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SAMPLE MEASUREMENT	****	***	***	****	**	***	*NO	DI=C	*NC	DI=C		0	0/3	30	GRAB
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ATIONS (Reference all attachments here) , 2014. *NO DISCHARGE DURING MONITORING PERIOD.

may be used.

Attachment 1 7

PAGE 1 OF 1

LA-UR-21-24966

ADDRE MAJOR FACILIT PAGE 6 LOCATI ATTN: TION ALUE/ pH IODI=C 00400 9.0 Effluer AXIMUM Flow, i **** 50050 ***** Effluer RDX, Total ***** **** NODI=C MEASUREMENT NODI=C 81364 1 0 **** PERMIT 0.20 0.66 ***** ***** **** Effluent Gross MONTHLY AV DAILY MX SAMPLE MEASUREMENT PERMIT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT I CERTIFU UDER 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 WY INOUIRY 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 WY 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. NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TEL TAUNIA VAN Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.06.25 09 52 49 VALKENBURG TAUNIA S. VAN VALKENBURG **GROUP LEADER** (Affiliate) -06'00' EPC-CP SIGNATURE OF PRINCIPAL EXECUTIVE 505 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.

EPC-DO: 21-195

Attachment 1 7

EPC-DO: 21-236 EPC-DO: 23-121

NAME:

Attachment 1

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

1

	TRIAD NATIONAL SECURI	TY, LLC	[N	M00283	55			055-A		
SS:	LOS ALAMOS NATIONAL I PO BOX 1663; MAIL STOP LOS ALAMOS, NEW MEXIC	K490	[PER					ARGE NL	JMBER	
Y:	TRIAD NATIONAL SECURI	TYLIC		YEAR	MO		DRING P	YEAR	MO	DAY	
	LOS ALAMOS, NEW MEXIC	· · · · · · · · · · · · · · · · · · ·	FROM	21	05	01	то	21	05	31	
	TAUNIA S. VAN VALKENB	VAN VALKENBURG, EPC-CP									
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Total		SAMPLE	*****								

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

DMR MAIL

TREATED EXTERNA

OMB	No.	2040-004

TY, LLC	ſ														
		N	M002835	5	Г		055-A			DMR MAIL	ING ZIP	CODE:	8754	5	
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K490 CO 87545	ī			MONIT	ORING PE					TREATED			IER		
TY, LLC	ł	YEAR	MO	DAY		YEAR	MO	DAY		PAGE 9	L 00117	\LL			
CO 87545	FROM	21	06	01	то	21	06	30					No Di	echan	ge X
JRG, EPC-CP					1 d									Schar	
\searrow	QUANT	ITY OF LO	DADING			Q	UALITY (OF CONCE	NTRATIC	N		NO. EX	FREQUE		SAMPLE TYPE
	VALUE	VAL	UE	UNITS	VAL	UE	VA	LUE	VAL	UE	UNITS				
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SAMPLE MEASUREMENT	NODI=C	NOD	DI=C		***	**	*:	****	**	***	****	0	0/30)	ESTIMA
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SAMPLE MEASUREMENT	****	***	***	****	***	**	NO	DI=C	NO	DI=C	ma//	0	0/30)	GRAB
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PAGE 1 OF 1

Attachment 1 10

LA-UR-21-27232

OMB No. 2	2040-004
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Name/Location if di	fferent)													OWID	140 2040-00
Y, LLC	Ĩ	N	IM002835	5	Г		055-Q		1	DMR MAII	ING ZIP	CODE:	8754	5	
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0 87545 RG, EPC-CP	FROM	21		01	IOL	21	00		1				No Di	schar	ge <u>X</u>
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	VALUE	VA	LUE	UNITS	VAL	UE	VA	LUE	VAL	UE	UNITS				
SAMPLE MEASUREMENT	****	**	***		***	**	*NC	DI=C	*NO	DI=C		0	0/91	- 10	GRAB
PERMIT	****	**	***	•••••	***	**		25 AVG		25 Y MX	mg/L		QUARTE	RLY	GRAB
SAMPLE	****	**	***	*****	***	**	*NC	DI=C	*NO	DI=C		0	0/91	1	GRAB
PERMIT	****	**	***	*****	***	**		30 AVG		5 Y MX	mg/L		QUARTE	RLY	GRAB
SAMPLE	****	**	***		***	**	1	DI=C	*NO	DI=C		0	0/91	1	GRAE
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SAMPLE MEASUREMENT	****	**	****		***	***	*NC	DI=C	*NO	DI=C		0	0/9	1	GRAE
PERMIT	****	**	***	*****	***	***		1.0 AVG		.0 .Y MX	mg/L		QUARTE	ERLY	GRAE
SAMPLE MEASUREMENT	****	**	***		***	**	*NC	DDI=C	*NO	DI=C		0	0/9	1	GRAE
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PAGE 1 OF 1

Attachment 1 11 LA-UR-21-27232

OMB	No.	2040-004

Name/Location if	different)													OWB	NO 2040-004
TY, LLC		N	IM00283	55	Г		055-A			DMR MAII	ING ZIP	CODE:	8754	5	
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K490										TREATED			ER		
0 87545					DRING PE		NO	DAY		EXTERNA PAGE 6	LOUTFA	LL			
TY, LLC CO 87545	FROM	21	MO 07	01 01	то	YEAR 21	MO 07	31		PAGEO			N- D		
, EPC-CP	FROM				10 [No Di	scnar	ge 🔯
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\nearrow	VALUE	VA	LUE	UNITS	VAL	UE	VA	LUE	VAL	JUE	UNITS				
SAMPLE MEASUREMENT	****	**	***	*****	NOD	I=C	÷1	****	NOE	DI=C	S.U.	0	0/31	1	GRAB
PERMIT REQUIREMENT	****		****		6.0 MININ	-	*	***		.0 IMUM	0.0		WEEK	LY	GRAB
SAMPLE MEASUREMENT	NODI=C	NOI	DI=C	Mandiday	***	**	*	***	**	***	****	0	0/31	1	ESTIMA
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV		Mon. Y MX	Mgal/day	***	**	*	***	**	***			DAIL	Y	ESTIMA
SAMPLE MEASUREMENT	****	**	****		***	**	NO	DI=C	NOI	DI=C	mg/L	0	0/3	1	GRAB
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OLATIONS	(Reference all a	tlachments	here)			1				AREA COD		IDER			

OLATIONS (Reference all attachments here) 2 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD,

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PAGE 1 OF 1

LA-UR-21-28441

Attachment 1 7 Attachment 1

ty Name/Location if differen	t)														
ITY, LLC	NM0028355				1		055-A			DMR MA	ILING ZIP	CODE:	8754	5	
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CO 87545 T, EPC-CP	FROM	21	00	01	101								No Di	scnar	ge 🔀
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	VALUE	VAI	LUE	UNITS	VAI	UE	VA	LUE	VA	LUE	UNITS			_	
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SAMPLE MEASUREMENT	****	**	***	*****	**	***	NO	DI=C	NO	DI=C	mg/L	0	0/31	1	GRAB
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IOLATIONS (Reference all attachments here) R 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

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Attachment 1 7 Attachment 1

PAGE 1 OF 1

LA-UR-21-29510

1

OMB No. 2040-004

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

ame/Location if o	different)													OMB	No. 2040-004
LLC		N	IM002835	5			055-A			DMR MAI	LING ZIP	CODE:	875	45	
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LLC			MO	1	ORING P		MO	DAY		EXTERN/	AL OUTFA	ALL .			
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PC-CP				<u> </u>					I				No [Dischai	ge X
\checkmark	QUANT	FITY OF L	OADING			Q	UALITY C	F CONCE	ENTRATIO	ON		NO. EX	FREQU OF ANA		SAMPLE TYPE
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SAMPLE EASUREMENT	****	**	***	****		DI=C	**:	***		DI=C	S.U.	0	0/3	80	GRAB
PERMIT EQUIREMENT	****	**	***		-	.0 MUM	**:	***		.0 IMUM	0.0.		WEE	KLY	GRAB
SAMPLE EASUREMENT	NODI=C	NODI=C Reg. Mon.			**	***	**:	***	**	***	****	0	0/30		ESTIMA
PERMIT EQUIREMENT	Req. Mon. Req. Mon. Mgai/da MONTHLY AV DAILY MX				**	***	****		**	***			DAI	LY	ESTIMA
SAMPLE EASUREMENT	**** ****				**	***	NO	DI=C	NOI	DI=C	mg/L	0	0/30		GRAB
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PERMIT EQUIREMENT	MENT			_											
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 INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSOSNS WHO M THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIE SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONM FOR KNOWING VIOLATIONS.				'EM LUATE THE WHO MANAGE E AND BELIEF VALTIES FOR	THE Taunia Digitally signed by Taunia Sandquist Date: 2021.10.27 SELIEF SFOR SIGNATURE OF PRINCIPAL EXECUTIVE 505 66					665-9	827	21 YEAR	DAT 10 MO	27	
	FOR KNOWING VIOLATIONS.					I				AREA CODE					2,

IONS (Reference all attachments here) 014. *NO DISCHARGE DURING MONITORING PERIOD.

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Attachment 1 13 PAGE 1 OF 1

LA-UR-21-30675

Attachment 1

OMB No. 2040-004

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ORATORY		PER		IBER		DISCH	ARGE NL	MBER		MAJOR					
0 37545				MONIT	ORING P				I	QUARTEI EXTERN/			001 - ز	FALL (55
LLC		YEAR	MO	DAY		YEAR	МО	DAY		PAGE 13	AL OUTFA	ALL.			
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SAMPLE EASUREMENT	****	**:	***	****	**	***	*NO	DI=C	*NO	DI=C	mg/l	0	0/9	92	GRAB
PERMIT EQUIREMENT	****	***	***		**	***		25 AVG		25 .Y MX	mg/L		QUARTERLY		GRAB
SAMPLE EASUREMENT	****	***	***	****	**	***	*NO	DI=C	*NO	DI=C	mg/L	0	0/92		GRAB
PERMIT EQUIREMENT	****	***	***		**	***	30 MO AVG		45 DAILY MX		ilig/L		QUARTERLY		GRAB
SAMPLE EASUREMENT	****	**:	***	****	**	***	*NODI=C		*NO	DI=C	mg/l	0	0/92		GRAB
PERMIT EQUIREMENT	****	***	***		**	***	1 MO	5 AVG		15 .Y MX	mg/L		QUAR	TERLY	GRAB
SAMPLE ASUREMENT	****	***	***	****	**	***	*NO	DI=C	*NO	DI=C		0	0/9	92	GRAB
PERMIT EQUIREMENT	****	***	***		**	***	1.0 MO AVG			.0 .Y MX	mg/L		QUAR	FERLY	GRAB
SAMPLE ASUREMENT	****	***	***	****	**	***	*NO	DI=C	*NODI=C			0	0/92		GRAB
PERMIT EQUIREMENT	****	***	***		**	***		02 AVG		Mon. Y MX	mg/L		QUAR	TERLY	GRAB
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Attachment 1 14

PAGE 1 OF 1

LA-UR-21-30675

Attachment 1

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	NM0028355	055-Y	DMR MAILING ZIP CODE:
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MONITORING PERIOD DAY YEAR MO YEAR MO DAY FROM 20 10 01 то 21 09

87545 YEARLY REPORTING - OUTFALL 055 EXTERNAL OUTFALL PAGE 14

No Discharge X

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014. *NO DISCHARGE DURING MONITORING PERIOD.

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Attachment 1

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LA-UR-21-30675

PAGE 1 OF 1

Attachment 1

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

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FACILITY:	LOS ALAMOS, NEW MEX TRIAD NATIONAL SECU								EXTERNA		
LOCATION:	LOS ALAMOS, NEW MEXICO 87545 FROM		21	MO 10	01	то	21	MO 10	DAY 31	PAGE 6	
ATTN:	STEVEN L. STORY, EPC		QUANT	FITY OF LO	DADING		,	Q	UALITY	OF CONCE	ENTRATION
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EPA Form 3320-1 (Rev 01/06) Previous editions may be used.

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

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

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PAGE 1 OF 1

Attachment 1 10

Attachment 1

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LA-UR-22-20594

OMB No. 2040-004

NATIONAL	POLLUTANT	DISCHARGE	ELIMINATION	SYSTEM (I	NPDE
			NG REPORT (I		

ity Name/Location if different)

LABORATORY VK490	[DED			055-Q DMR MAILING ZIP COL				CODL	DE: 87545							
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ITY, LLC	ſ	YEAR	MO	DAY		YEAR	MO	DAY		PAGE 10	· · ·						
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PERMIT REQUIREMENT	****	***	**		**	***	-	0 AVG		45 LY MX	mg/L		QUARTERLY		GRAB		
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> Attachment 1 1**1** Attachment 1

LA-UR-22-20594

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PAGE 1 OF 1

OMB No. 2040-004

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

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87545				MONIT	ORING P	ERIOD			TREATED HE WASTEWATER EXTERNAL OUTFALL						
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PERMIT EQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	***	:**	****	**	***			DAIL	Υ.	ESTIMA
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014. *NO DISCHARGE DURING MONITORING PERIOD.

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LA-UR-22-21639

PAGE 1 OF 1

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

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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

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SAMPLE EASUREMENT PERMIT EQUIREMENT

> Attachment 1 7 Attachment 1

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, FUE, 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.

(Reference all attachments here) 014. *NO DISCHARGE DURING MONITORING PERIOD.

PAGE 1 OF 1

DATE

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DAY

LA-UR-22-22694

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YEAR

TELEPHONE

665-2169

NUMBER

505

AREA CODE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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IONS (Reference all attachments here)

014. *NO DISCHARGE DURING MONITORING PERIOD.

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LA-UR-22-23869 1

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PAGE 1 OF 1

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SAMPLE EASUREMENT	****	**:	***	****	****		**NODI=C		**NODI=C		0	0/90	GRAB		
PERMIT EQUIREMENT	****	**:	***		**	***	30 MO AVG		45 DAILY MX	mg/L		QUARTERLY	GRAB		
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PERMIT EQUIREMENT	****	***	***		**	***	15 MO AVG		15 DAILY MX	mg/L		QUARTERLY	GRAB		
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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 SCHARGE DURING MONITORING PERIOD.

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11 Attachment 1 Attachment 1

LA-UR-22-23869 2

PAGE 1 OF 1

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TOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

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PAGE 1 OF 1

LA-UR-22-24660

Attachment 1

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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NATIONAL FOLLOTANT DISCHARGE ELIMINATION STSTEM (INFDES)	
DISCHARGE MONITORING REPORT (DMR)	

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PAGE 1 OF 1

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Attachment 2 7

LA-UR-27275

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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DISCHARGE MONITORING REPORT (DMR)	

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PAGE 1 OF 1

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Digitally signed by SARAH HOLCOMB (Affiliate)

Date: 2022.07.26 08:56:58

-06'00'

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

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(Affiliate)

HOLCOMB

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 SUBMITTION FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. IONS

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Attachment 1 22

LA-UR-27275

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

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Attachment 1 7 Attachment 1 PAGE 1 OF 1

LA-UR-22-28914

Permit					
r onne					
Permit #: NM0028355 Permittee: LOS	ALAMOS NATIONAL L				
528 3	LOS ALAMO NATIONAL LA 528 35TH STREET LOS ALAMO, NM 87544				
	055-A TREATED WASTEWATER				
Report Dates & Status					
Monitoring Period: From 08/01/22 to 08/31/22 DMR Due Date: 09/28	3/22				
Considerations for Form Completion					
TOTAL RDX - ONE SAMPLE SHOULD BE TAKEN BEFORE THE 15TH OF THE MONTH AND ANOTHER TAKEN AFTER 1	THE 15TH OF THE MON				
Principal Executive Officer					
First Name: Title:					
Last Name:					
No Data Indicator (NODI)					
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	antity or Loading				
Code Name Qualifier 1 Value 1 Sample	Qualifier 2 Value				
00400 pH 1 - Effluent Gross 0 Permit Req.					
Value NODI					
Sample					
50050 Flow, in conduit or thru treatment plant 1 - Effluent Gross 0 Permit Req. Req Mon MO AVG	Req Mon DAII				
Value NODI C - No Discharge	e C - No Disc				
81364 PDV total 1 Effluent Gross 0 Permit Reg.					
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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 su	Ibmitted for that row: Ur				
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No errors.					
Comments					
LA-UR-22-29946					
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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)					
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User: SARAHHOLCOMB					

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Permit	#:	NM0028355			Pe	rmittee:		LOS A	LAMOS	IATIONAL L		
Major:		Yes			Pe	rmittee Add	ress:	528 35	LOS ALAMO NATIONAL LAI 528 35TH STREET LOS ALAMO, NM 87544			
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Report	Dates & Status											
Monitor	ring Period:	From 09/01/2	2 to 09/30/22		DN	IR Due Date	:	10/28/	22			
Consid	erations for Form Comple	etion										
TOTAL	RDX - ONE SAMPLE SHC	ULD BE TAKE	N BEFORE THE	15TH OF	THE MON	NTH AND AN	NOTHER	TAKEN AFTER TH	HE 15TH (OF THE MOI		
Principa	al Executive Officer											
First Na	ame:				Tit	le:						
Last Na	me:											
No Data	a Indicator (NODI)											
Form N	. ,											
	Parameter		Monitoring Location	n Season #	Param. NO	DI		Qua	ntity or Loa	ding		
Code	Name						Qualifier 1	Value 1	Qualifier 2	2 Value		
00400				0		Sample Permit Req						
00400	рН		1 - Effluent Gross	0		Value NOD						
						Sample						
50050	Flow, in conduit or thru tre	atment plant	1 - Effluent Gross	0		Permit Req		Req Mon MO AVG		Req Mon DAI		
	-,					Value NOD	I I	C - No Discharge		C - No Disc		
						Sample						
81364	RDX, total		1 - Effluent Gross	0		Permit Req						
						Value NOD						
	sion Note											
	meter row does not contai	n any values fo	r the Sample nor	Effluent T	rading, the	en none of th	ne followin	ig fields will be sub	omitted for	that row: Ur		
Edit Ch	eck Errors											
No error	rs.											
Comme	ents											
	22-31291											
Attachn												
No attachr	nents. Last Saved By											
-	-	PATORY										
	AMOS NATIONAL LABO	RATURY			-							
User:												
Name:				aac Ca								
E-Mail:				adiente@		Time c 7	05.00					
Date/Tir			2	022-10-25	5 10:10 (Time Zone:	-05:00)					
-	Last Signed By											
User:				ARAHHO								
Name:				arah Ho								
E-Mail:				holcomb@								
Date/Tir	ne:		2	022-10-25	5 10:26 (Time Zone:	-05:00)					

Permit												
Permit	#:	NM0028355			Per	mittee:		LOS A		NATIONAL L		
Major:		Yes			Per	mittee Add	LOS ALAMO NATIONAL LA 528 35TH STREET LOS ALAMO, NM 87544					
Permitt	ed Feature:		Dis	charge:		055-A TREATED WASTEWATER						
Report	Dates & Status											
Monito	ring Period:	From 10/01/2	2 to 10/31/22		DM	R Due Date	:	11/28/	11/28/22			
Consid	erations for Form Comple	etion										
TOTAL	RDX - ONE SAMPLE SHC	OULD BE TAKE	N BEFORE THE	15TH OF	THE MON	TH AND AN	NOTHER "	TAKEN AFTER TH	HE 15TH (OF THE MO		
Princip	al Executive Officer											
First Na	ime:				Title	e:						
Last Na	me:											
No Data	a Indicator (NODI)											
Form N												
	Parameter		Monitoring Locatio	n Season #	Param. NOE	DI			Quantity or Loading			
Code	Name					Sample	Qualifier 1	Value 1	Qualifier 2	2 Value		
00400	pН		1 - Effluent Gross	0		Permit Req						
00400	pri		I - Ellident Gloss	0		Value NOD	1					
						Sample						
50050	Flow, in conduit or thru tre	eatment plant	1 - Effluent Gross	0		Permit Req		Req Mon MO AVG		Req Mon DAI		
						Value NOD	I	C - No Discharge		C - No Disc		
						Sample						
81364	RDX, total		1 - Effluent Gross	0		Permit Req						
0.1.						value NODI						
	sion Note			E 60		6 41		. Califa and the same		41		
	meter row does not contai	n any values to	r the Sample nor	Effluent	rading, the	n none of tr	ie tollowin	ig fields will be suc	omitted for	that row: Ur		
	eck Errors											
No erro												
Comme												
	22-32091											
Attachr No attachr												
	Last Saved By											
	AMOS NATIONAL LABO	RATORY										
User:			l.	CADIENT	F							
Name:				saac Ca								
E-Mail:				cadiente@								
Date/Tir	ne:			-	-	Time Zone:	-06:00)					
	Last Signed By		2			20110	20.00)					
User:			c	SARAHHC								
Name:				Sarah Ho								
E-Mail:				holcomb@								
Date/Tir	ne.					Time Zone:	-06.00)					
Date/11	no.			.022-11-2	1 03.17 (1	The Zone.	-00.00)					

Permit												
Permit #: NM0028355				Permit	ttee:		LOS ALAMOS NATIONAL LABORATORY					TORY
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											
Monitor	ring Period:	From 08/01/22 to 10	/31/22	DMR	DMR Due Date:			22				
Consid	lerations for Form Co	mpletion										
THE LIN	VITS AND MONITORI	NG FOR TOTAL TOX	IC ORGANICS DO	NOT IN	CLUDE 2,3,	7,8-TETRA	CHLORO	DIBENZ	ZO-P-DIC	XIN(TC	CDD)	, PESTI
Princip	al Executive Officer											
First Na	ame:			Title:								
Last Na	ame:											
No Data	a Indicator (NODI)											
Form N	ODI:											
	Parameter	r	Monitoring Location	Season #	Param. NODI			Quantit	y or Loadir	ıg		
Code	Nai	me				Comple	Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier
00340	Orwann domand abor		1 - Effluent Gross	0		Sample Permit Req.						
00340	Oxygen demand, cher	n. [nign ievei] [COD]	1 - Effluent Gross	0		Value NODI						
						Sample						
00530	Solids, total suspended		1 - Effluent Gross	0		Permit Req.						
						Value NODI						
						Sample						
00556	Oil & Grease	1 - Effluent Gross	0		Permit Req.							
						Value NODI						
				0		Sample						
78141	Organics, total toxic [тто]	1 - Effluent Gross			Permit Req. Value NODI						
81360	Trinitrotoluene [TNT],	4-4-1	4 Effluent Groce	0		Sample Permit Req.						
81300	l'finitrotoluene [1141],	totai	1 - Effluent Gross	U		Value NODI						
Submis	ssion Note											
	ameter row does not co	ontain any values for th	he Sample nor Efflu	ent Trac	ling then no	one of the fo	lowing fi	olds will	be subm	itted for	r that	row: Un
	eck Errors		le campie nor Ema	ioni nuo	illig, thorr no		nowing	5105 1111	be subin	nica ici	that	10
No error												
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-	LAMOS NATIONAL LA	APOPATORY										
LUS AL	AWOS NATIONAL LA	ADUKATUKT										

ICADIENTE

Isaac Cadiente

icadiente@lanl.gov

SARAHHOLCOMB

Sarah Holcomb

sholcomb@lanl.gov

2022-11-16 12:10 (Time Zone: -06:00)

2022-11-21 09:17 (Time Zone: -06:00)

User:

Name:

E-Mail:

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Date/Time:

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Report Last Signed By

Permit					<u>.</u>								
Permit	#:	NM0028355			Per	nittee:		LOS A	LAMOS N	IATIONAL L			
Major:			Per	nittee Add	LOS ALAMO NATIONAL LA 528 35TH STREET LOS ALAMO, NM 87544								
Permitted Feature: 055 External Outfall					Disc	charge:		055-A TREATED WASTEWATER					
Report	Dates & Status				_								
Monito	ring Period:	From 11/01/2	2 to 11/30/22		DMI	R Due Date	e i i	12/28/	12/28/22				
Consid	erations for Form Comple	etion											
TOTAL	RDX - ONE SAMPLE SHC	OULD BE TAKE	N BEFORE THE	15TH OF	THE MON	TH AND AN	OTHER T	TAKEN AFTER TH	IE 15TH C	OF THE MO			
Princip	al Executive Officer												
First Na	ame:				Title):							
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Form N	ODI:												
Quida	Parameter		Monitoring Locatio	n Season #	Param. NOD	1	Qualifiand		ntity or Loa	1			
Code	Name					Sample	Qualifier 1	Value 1	Qualifier 2	Value			
00400	рН		1 - Effluent Gross	0		Permit Req.							
						Value NODI							
		eatment plant	1 - Effluent Gross			Sample							
50050	Flow, in conduit or thru tre			0		Permit Req.		Req Mon MO AVG		Req Mon DAll			
						Value NODI		C - No Discharge		C - No Disc			
04004						Sample Permit Reg.							
81364	RDX, total		1 - Effluent Gross	0		Value NODI							
Submis	sion Note												
	ameter row does not contai	n anv values fo	r the Sample nor	Effluent T	rading the	none of th	e followin	a fields will be sub	mitted for	that row: Ur			
	eck Errors	,						3					
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Attach	nents												
No attach	ments.												
Report	Last Saved By												
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User:			10	CADIENT	E								
Name:			l	saac Ca	diente								
E-Mail:				icadiente@lanl.gov									
Date/Ti	me:		2	2022-12-19	9 17:00 (T	ime Zone: ·	-06:00)						
	Last Signed By												
Report	Last Signed By												
Report User:	Last Signed Dy		S	SARAHHO	LCOMB								
-	Last Signed By			SARAHHO Sarah Ho									
User:	Last Signed By		S		olcomb								

Permit					_						
Permit #	#:	NM0028355			Per	mittee:		LOS A	LAMOS N	IATIONAL L	
Major:		Yes				mittee Add	LOS ALAMO NATIONAL LAI 528 35TH STREET LOS ALAMO, NM 87544				
Permitte	ed Feature:	055 External Outfa	all		Dise	charge:		055-A TREATED WASTEWATER			
Report	Dates & Status										
Monitor	ing Period:	From 12/01/2	2 to 12/31/22		DM	R Due Date	01/28/	01/28/23			
Conside	erations for Form Comple	etion									
TOTAL I	RDX - ONE SAMPLE SHO	ULD BE TAKE	N BEFORE THE	15TH OF	THE MON	TH AND AN	NOTHER "	TAKEN AFTER TH	HE 15TH (OF THE MO	
Principa	al Executive Officer				_						
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Last Na	me:										
No Data	Indicator (NODI)										
Form N	ODI:										
	Parameter		Monitoring Location	n Season #	Param. NOD)I			ntity or Loa		
Code	Name					Sample	Qualifier 1	Value 1	Qualifier 2	2 Value	
00400	pН		1 - Effluent Gross	0		Permit Req					
						Value NOD	1				
		eatment plant	1 - Effluent Gross			Sample					
50050	Flow, in conduit or thru tre			0		Permit Req		Req Mon MO AVG		Req Mon DAI	
						Value NOD		C - No Discharge		C - No Disc	
						Sample Permit Req					
81364	RDX, total		1 - Effluent Gross	0		Value NOD					
Submis	sion Note										
	meter row does not contai	n anv values fo	r the Sample nor	Effluent T	rading the	n none of th	ne followin	a fields will be sut	omitted for	that row U	
	eck Errors			Lindont i	raanig, ino						
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Comme											
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Report	Last Saved By										
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User:			10	CADIENT	E						
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E-Mail:				icadiente@lanl.gov							
Date/Tin	ne:		2	023-01-25	5 14:20 (1	ime Zone:	-06:00)				
Report	Last Signed By										
User:			S	ARAHHO	LCOMB						
Name:			S	arah Ho	olcomb						
E-Mail:			S	holcomb@)anl.gov						
Date/Tin	ne:		2	023-01-25	5 17:30 (1	ime Zone:	-06:00)				
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