



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 L. Story
Group Leader

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

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

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

ENCLOSURE 1

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

EPC-DO: 23-121

LA-UR: 23-23348

Date: 04/05/2023

PERMITTEES' COMMENTS AND DATA

In Support of

REISSUANCE OF NPDES PERMIT NO. NM0028355

April 6, 2023

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

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

Permittees' comments on these issues are provided below.

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

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

[Remainder of Page Intentionally Left Blank]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Table 3
Outfall 051 Flow Rate/Volume Data 2021 - 2022**

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

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

Loading Calculation Using Estimated Average from 2019 Permit Application:

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

Loading Calculation Using Average Discharge Data from 2019 – 2021:

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

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

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

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

A. Outfall 13S

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

B. Outfall 03A027

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

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

C. Outfall 03A113

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

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

D. Outfall 03A160

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

E. Outfall O5A055

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

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

Supplemental Comments:

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

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

V. Conclusion

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

ATTACHMENT A
Permittees' Markup of DMR Summary

DMR Summary

Permit NM0028355

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

Version # 0

Outfall 113A

00400 pH / Location 1 / Season 0 / Base

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

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

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

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

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

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

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

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

DMR Summary

Permit NM0028355

Version # 0

Outfall 113A

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

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

Outfall 113Q

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

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

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

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

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

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

Version # 3

Outfall 113A

00400 pH / Location 1 / Season 0 / Base

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

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

DMR Summary

Permit NM0028355

Version # 3

Outfall 113A

00400 pH / Location 1 / Season 0 / Base

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

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

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

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

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

DMR Summary

Permit NM0028355

Version # 3

Outfall 113A

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

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

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

Outfall 113Q

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

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

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

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

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

DMR Summary

Permit NM0028355

Version # 3

Outfall 113Q

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

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

Outfall 113Y

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

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

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

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

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

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

DMR Summary

Permit NM0028355

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

Version # 0

Outfall 051A

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

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

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

00400 pH / Location 1 / Season 0 / Base

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

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

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

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

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

DMR Summary

Permit NM0028355

Version # 0

Outfall 051A

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

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

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

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

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

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

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

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

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

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

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

DMR Summary

Permit NM0028355

Version # 0

Outfall 051A

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

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

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

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

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

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

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

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

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

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

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

DMR Summary

Permit NM0028355

Version # 0

Outfall 051A

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

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

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

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

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

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

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

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

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

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

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

DMR Summary

Permit NM0028355

Version # 0

Outfall 051A

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

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

Version # 3

Outfall 051A

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

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

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

00400 pH / Location 1 / Season 0 / Base

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

DMR Summary

Permit NM0028355

Version # 3

Outfall 051A

00400 pH / Location 1 / Season 0 / Base

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

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

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

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

DMR Summary

Permit NM0028355

Version # 3

Outfall 051A

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

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

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

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

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

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

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

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

DMR Summary

Permit NM0028355

Version # 3

Outfall 051A

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

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

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

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

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

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

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

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

DMR Summary

Permit NM0028355

Version # 3

Outfall 051A

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

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

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

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

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

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

3/3/23 10:27 AM

DMR Summary

Permit NM0028355

Version # 3

Outfall 051A

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

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

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

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

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

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

DMR Summary

Permit NM0028355

Version # 3

Outfall 051A

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

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

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

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

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

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

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

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

DMR Summary

Permit NM0028355

Version # 3

Outfall 051A

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

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

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

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

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

ATTACHMENT B

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

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

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

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

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

No Discharge X

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (high level) 00340 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	125 MONTHLY AV	125 DAILY MX			MONTHLY	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX			MONTHLY	GRAB
Hardness, Total 00900 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	*****	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		50 MINIMUM	*****	*****			3/Week	GRAB
Chromium, Total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.34 MONTHLY AV	2.68 DAILY MX			WEEKLY	GRAB
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.014 MONTHLY AV	0.014 DAILY MX			3/Week	GRAB
Lead, Total (as Pb) 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.076 MONTHLY AV	0.115 DAILY MX			WEEKLY	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TAUNIA VAN VALKENBURG (Affiliate)		TELEPHONE		DATE		
TYPED OR PRINTED					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505	665-9827	21	02	25

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

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

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn) 01092 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0.191 MONTHLY AV	0.191 DAILY MX			3/Week	GRAB
Radium 226 + Radium 228, total 11503 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	pCi/L	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY AV	30 DAILY MX			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	RCORDR
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX			WEEKLY	GRAB
Perchlorate (ClO4) 61209 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX			WEEKLY	GRAB
Organics, Total Toxic (TTO) 78141 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	1.0 MONTHLY AV	1.0 DAILY MX			MONTHLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					TELEPHONE		DATE			
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP						505 665-9827		21	02	25	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY	

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

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

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

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

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (high level) 00340 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	125 MONTHLY AV	125 DAILY MX			MONTHLY	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/28	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX			MONTHLY	GRAB
Hardness, Total 00900 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*****	mg/L	0	0/28	GRAB
	PERMIT REQUIREMENT	*****	*****		50 MINIMUM	*****	*****			3/Week	GRAB
Chromium, Total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.34 MONTHLY AV	2.68 DAILY MX			WEEKLY	GRAB
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.014 MONTHLY AV	0.014 DAILY MX			3/Week	GRAB
Lead, Total (as Pb) 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.076 MONTHLY AV	0.115 DAILY MX			WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.03.25 09:16:31 -06'00'	TELEPHONE		DATE		
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP				505	665-9827	2021	03	25
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY		

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

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

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

OMB No. 2040-004

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

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

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

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.191 MONTHLY AV	0.191 DAILY MX		3/Week	GRAB	
Radium 226 + Radium 228, total 11503 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	pCi/L	0	0/28	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY AV	30 DAILY MX		WEEKLY	GRAB	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/28	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	RCORDR	
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/28	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
Perchlorate (ClO4) 61209 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		WEEKLY	GRAB	
Organics, Total Toxic (TTO) 78141 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.0 MONTHLY AV	1.0 DAILY MX		MONTHLY	GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.03.25 09:16:47 -06'00'	TELEPHONE		DATE		
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-9827	2021	03
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

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

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

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (high level) 00340 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	****	****		****	125 MONTHLY AV	125 DAILY MX			MONTHLY	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT			lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		****	30 MONTHLY AV	45 DAILY MX			MONTHLY	GRAB
Hardness, Total 00900 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*****	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	****	****		50 MINIMUM	****	****			3/Week	GRAB
Chromium, Total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	****	****		****	1.34 MONTHLY AV	2.68 DAILY MX			WEEKLY	GRAB
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	****	****		****	0.014 MONTHLY AV	0.014 DAILY MX			3/Week	GRAB
Lead, Total (as Pb) 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	****	****		****	0.076 MONTHLY AV	0.115 DAILY MX			WEEKLY	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.04.26 15:00:29 -06'00'	TELEPHONE		DATE		
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505	665-9827	21

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

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

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

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn) 01092 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	0.191 MONTHLY AV	0.191 DAILY MX	mg/L		3/Week	GRAB
Radium 226 + Radium 228, total 11503 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	pCi/L	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MONTHLY AV	30 DAILY MX	pCi/L		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	*****	*****	*****	*****		DAILY	RCORDR
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX	mg/L		WEEKLY	GRAB
Perchlorate (ClO4) 61209 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	mg/L		WEEKLY	GRAB
Organics, Total Toxic (TTO) 78141 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 MONTHLY AV	1.0 DAILY MX	mg/L		MONTHLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.04.26 15:00:34 -08'00'	TELEPHONE		DATE		
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP				505	665-9827	21	04	26
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY		

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

T051-Q
DISCHARGE NUMBER

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

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

FROM TO No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole Effluent Toxicity 22414 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*NODI=C	*****	Pass/Fail	0	0/90	COMP-3
	PERMIT REQUIREMENT	*****	*****	*****	100 48-HR MINIMUM	100 MO AV MIN	*****	Pass/Fail		QUARTERLY	COMP-3
Whole Effluent Toxicity - Retest #1 22415 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=9	*NODI=9	*****	Pass/Fail	0	0/90	COMP-3
	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 48-HR MINIMUM	Opt. Mon. MO AV MIN	*****	Pass/Fail		QUARTERLY	COMP-3
Whole Effluent Toxicity - Retest #2 22416 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=9	*NODI=9	*****	Pass/Fail	0	0/90	COMP-3
	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 48-HR MINIMUM	Opt. Mon. MO AV MIN	*****	Pass/Fail		QUARTERLY	COMP-3
LF Pass/Fail Static48Hr Acute D.Pulex TEM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*NODI=C	*****	Pass/Fail	0	0/90	COMP-3
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	*****	Pass/Fail		QUARTERLY	COMP-3
NOEC Lethal Static48Hr Acute D. Pulex TOM3D 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*NODI=C	*****	%	0	0/90	COMP-3
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	*****	%		QUARTERLY	COMP-3
Coef Of Var Static48Hr Acute D. Pulex TQM3D 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*NODI=C	*****	%	0	0/90	COMP-3
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	*****	%		QUARTERLY	COMP-3
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TAUNIA VAN VALKENBURG (Affiliate)		TELEPHONE		DATE		
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP					Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.04.26 15:04:58 -06'00'		505 665-9827		21 04 26		
TYPED OR PRINTED					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER		YEAR MO DAY		

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

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

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

OMB No. 2040-004

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

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

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

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

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (high level) 00340 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	16.5	16.5	mg/L	0	1/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	125 MONTHLY AV	125 DAILY MX			MONTHLY	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.40	*****	7.40	S.U.	0	1/30	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	<0.0886	<0.0886	lbs/day	*****	<0.570	<0.570	mg/L	0	1/30	GRAB
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX			MONTHLY	GRAB
Hardness, Total 00900 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	66.9	*****	*****	mg/L	0	2/30	GRAB
	PERMIT REQUIREMENT	*****	*****		50 MINIMUM	*****	*****			3/Week	GRAB
Chromium, Total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00300	<0.00300	mg/L	0	1/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.34 MONTHLY AV	2.68 DAILY MX			WEEKLY	GRAB
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00250	0.00409	mg/L	0	2/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.014 MONTHLY AV	0.014 DAILY MX			3/Week	GRAB
Lead, Total (as Pb) 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000500	<0.000500	mg/L	0	1/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.076 MONTHLY AV	0.115 DAILY MX			WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWNG VIOLATIONS.	TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.05.24 17:10:30 -05'00'	TELEPHONE		DATE		
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP				505	665-9827	21	05	24
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

OMB No. 2040-004

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

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

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn) 01092 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00574	0.00817	mg/L	0	2/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	0.191 MONTHLY AV	0.191 DAILY MX			3/Week	GRAB
Radium 226 + Radium 228, total 11503 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.450	<0.505	pCi/L	0	2/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MONTHLY AV	30 DAILY MX			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.018104	0.018629	Mgal/day	*****	*****	*****	*****	0	2/30	RCORDR
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	RCORDR
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	1/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX			WEEKLY	GRAB
Perchlorate (ClO4) 61209 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000050	<0.000050	mg/L	0	3/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX			WEEKLY	GRAB
Organics, Total Toxic (TTO) 78141 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00305	0.00305	mg/L	0	86/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 MONTHLY AV	1.0 DAILY MX			MONTHLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					TELEPHONE		DATE			
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	TAUNIA VAN VALKENBURG (Affiliate)					505 665-9827		21 05 24			
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE NUMBER		YEAR MO DAY			

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

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

FACILITY: TRIAD NATIONAL SECURITY, LLC

LOCATION: LOS ALAMOS, NEW MEXICO 87545

ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Oxygen demand, chem. (high level) 00340 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<8.95	<8.95	mg/L	0	1/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	125 MONTHLY AV	125 DAILY MX			MONTHLY	GRAB	
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	S.U.	0	1/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB	
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	<0.0757	<0.0757	lbs/day	*****	<0.570	<0.570	mg/L	0	1/31	GRAB	
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX			MONTHLY	GRAB	
Hardness, Total 00900 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	85.0	*****	*****	mg/L	0	1/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		50 MINIMUM	*****	*****			3/Week	GRAB	
Chromium, Total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00300	<0.00300	mg/L	0	1/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	1.34 MONTHLY AV	2.68 DAILY MX			WEEKLY	GRAB	
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00112	0.00112	mg/L	0	1/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	0.014 MONTHLY AV	0.014 DAILY MX			3/Week	GRAB	
Lead, Total (as Pb) 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000500	<0.000500	mg/L	0	1/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	0.076 MONTHLY AV	0.115 DAILY MX			WEEKLY	GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TAUNIA VAN VALKENBURG (Affiliate)		TELEPHONE		DATE		
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP						Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.06.25 09:51:31 -05'00'		505 665-9827		21 06 25		
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER		YEAR MO DAY		

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

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

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

OMB No. 2040-004

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

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

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

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

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	<0.00330	<0.00330	mg/L	0	1/31	GRAB
	PERMIT REQUIREMENT	****	****	****	****	0.191 MONTHLY AV	0.191 DAILY MX			3/Week	GRAB
Radium 226 + Radium 228, total 11503 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	<0.652	<0.908	pCi/L	0	2/31	GRAB
	PERMIT REQUIREMENT	****	****	****	****	30 MONTHLY AV	30 DAILY MX			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.015926	0.015926	Mgal/day	****	****	****	****	0	1/31	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		****	****	****			DAILY	RCORDR
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	****	0	mg/L	0	1/31	GRAB
	PERMIT REQUIREMENT	****	****	****	****	****	0.011 INST MAX			WEEKLY	GRAB
Perchlorate (ClO4) 61209 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	<0.000050	<0.000050	mg/L	0	3/31	GRAB
	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX			WEEKLY	GRAB
Organics, Total Toxic (TTO) 78141 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	0.00303	0.00303	mg/L	0	85/31	GRAB
	PERMIT REQUIREMENT	****	****	****	****	1.0 MONTHLY AV	1.0 DAILY MX			MONTHLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					TAUNIA VAN VALKENBURG (Affiliate)		TELEPHONE		DATE	
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP						Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.08.25 09:52:22 -0600		505 665-9827		21 06 25	
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER		YEAR MO DAY	

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

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

OMB No. 2040-004

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

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

NM0028355		051-A			
PERMIT NUMBER		DISCHARGE NUMBER			
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
21	06	01	21	06	30

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Oxygen demand, chem. (high level) 00340 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<8.95	<8.95	mg/L	0	1/30	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	125 MONTHLY AV	125 DAILY MX		MONTHLY	GRAB		
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.4	*****	7.4	S.U.	0	1/30	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB		
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.160	0.160	lbs/day	*****	1.10	1.10	mg/L	0	1/30	GRAB	
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	GRAB		
Hardness, Total 00900 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	82.8	*****	*****	mg/L	0	1/30	GRAB	
	PERMIT REQUIREMENT	*****	*****		50 MINIMUM	*****	*****		3/Week	GRAB		
Chromium, Total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00300	<0.00300	mg/L	0	1/30	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	1.34 MONTHLY AV	2.68 DAILY MX		WEEKLY	GRAB		
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.000760	0.000760	mg/L	0	1/30	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	0.014 MONTHLY AV	0.014 DAILY MX		3/Week	GRAB		
Lead, Total (as Pb) 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000500	<0.000500	mg/L	0	1/30	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	0.076 MONTHLY AV	0.115 DAILY MX		WEEKLY	GRAB		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TAUNIA VAN VALKENBURG (Affiliate)		Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.07.26 16:32:33 -06'00'		TELEPHONE		DATE	
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505	665-9827	21	07	26	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY					

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

(Reference all attachments here)

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

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

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Zinc, Total (as Zn) 01092 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00330	<0.00330	mg/L	0	1/30	GRAB	
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	0.191 MONTHLY AV	0.191 DAILY MX			3/Week	GRAB	
Radium 226 + Radium 228, total 11503 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.6264	<0.9950	pCi/L	0	2/30	GRAB	
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MONTHLY AV	30 DAILY MX			WEEKLY	GRAB	
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.017392	0.017392	Mgal/day	*****	*****	*****	*****	0	1/30	RCORDR	
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	RCORDR	
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	1/30	GRAB	
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX			WEEKLY	GRAB	
Perchlorate (ClO4) 61209 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000050	<0.000050	mg/L	0	3/30	GRAB	
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX			WEEKLY	GRAB	
Organics, Total Toxic (TTO) 78141 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00419	0.00419	mg/L	0	85/30	GRAB	
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 MONTHLY AV	1.0 DAILY MX			MONTHLY	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					TAUNIA VAN VALKENBURG (Affiliate)		TELEPHONE		DATE		
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505 665-9827		21	07	26
TYPED OR PRINTED						AREA CODE	NUMBER	YEAR	MO	DAY		

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

(Reference all attachments here)

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

T051-Q
DISCHARGE NUMBER

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

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Whole Effluent Toxicity 22414 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****	Pass/Fail	0	1/91	COMP-3	
	PERMIT REQUIREMENT	*****	*****	*****	100 48-HR MINIMUM	100 MO AV MIN	*****	Pass/Fail		QUARTERLY	COMP-3	
Whole Effluent Toxicity - Retest #1 22415 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	NODI=9	NODI=9	*****	Pass/Fail	0	0/91	COMP-3	
	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 48-HR MINIMUM	Opt. Mon. MO AV MIN	*****	Pass/Fail		QUARTERLY	COMP-3	
Whole Effluent Toxicity - Retest #2 22416 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NODI=9	NODI=9	*****	Pass/Fail	0	0/91	COMP-3	
	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 48-HR MINIMUM	Opt. Mon. MO AV MIN	*****	Pass/Fail		QUARTERLY	COMP-3	
LF Pass/Fail Static48Hr Acute D. Pulex TEM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****	Pass/Fail	0	1/91	COMP-3	
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	*****	Pass/Fail		QUARTERLY	COMP-3	
NOEC Lethal Static48Hr Acute D. Pulex TOM3D 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****	%	0	1/91	COMP-3	
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	*****	%		QUARTERLY	COMP-3	
Coef Of Var Static48Hr Acute D. Pulex TQM3D 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****	%	0	1/91	COMP-3	
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	*****	%		QUARTERLY	COMP-3	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TELEPHONE		DATE				
TAUNIA S VAN VALKENBURG GROUP LEADER EPC-CP						TAUNIA VAN VALKENBURG (Affiliate)		505 665-9827		21	07	26
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (PASS=0, FAIL=1) *(Reference all attachments here)*

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

OMB No. 2040-004

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

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

NM0028355		051-A			
PERMIT NUMBER		DISCHARGE NUMBER			
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
21	07	01	21	07	31

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

No Discharge

PARAMETER		QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (high level) 00340 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	34.2	34.2	mg/L	0	1/31	GRAB
	PERMIT REQUIREMENT	****	****	****	****	125 MONTHLY AV	125 DAILY MX		MONTHLY	GRAB	
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	7.5	****	7.7	S.U.	0	2/31	GRAB
	PERMIT REQUIREMENT	****	****	****	6.0 MINIMUM	****	9.0 MAXIMUM		WEEKLY	GRAB	
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	<0.0705	<0.0705	lbs/day	****	<0.570	<0.570	mg/L	0	1/31	GRAB
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		****	30 MONTHLY AV	45 DAILY MX		MONTHLY	GRAB	
Hardness, Total 00900 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	80.7	****	****	mg/L	0	2/31	GRAB
	PERMIT REQUIREMENT	****	****	****	50 MINIMUM	****	****		3/Week	GRAB	
Chromium, Total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	<0.00300	<0.00300	mg/L	0	2/31	GRAB
	PERMIT REQUIREMENT	****	****	****	****	1.34 MONTHLY AV	2.68 DAILY MX		WEEKLY	GRAB	
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	0.00147	0.00223	mg/L	0	2/31	GRAB
	PERMIT REQUIREMENT	****	****	****	****	0.014 MONTHLY AV	0.014 DAILY MX		3/Week	GRAB	
Lead, Total (as Pb) 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	<0.000500	<0.000500	mg/L	0	2/31	GRAB
	PERMIT REQUIREMENT	****	****	****	****	0.076 MONTHLY AV	0.115 DAILY MX		WEEKLY	GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					TELEPHONE		DATE			
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP						505 665-9827		21	08	25	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY	

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

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

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

No Discharge

PARAMETER		QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn) 01092 1 0	SAMPLE MEASUREMENT	****	****	****	****	<0.00330	<0.00330	mg/L	0	2/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	0.191 MONTHLY AV	0.191 DAILY MX			3/Week	GRAB
Radium 226 + Radium 228, total 11503 1 0	SAMPLE MEASUREMENT	****	****	****	****	1.16	1.60	pCi/L	0	2/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	30 MONTHLY AV	30 DAILY MX			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.016185	0.017543	Mgal/day	****	****	****	****	0	2/31	RCORDR
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		****	****	****			DAILY	RCORDR
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	0	mg/L	0	2/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	0.011 INST MAX			WEEKLY	GRAB
Perchlorate (ClO4) 61209 1 0	SAMPLE MEASUREMENT	****	****	****	****	<0.000050	<0.000050	mg/L	0	2/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX			WEEKLY	GRAB
Organics, Total Toxic (TTO) 78141 1 0	SAMPLE MEASUREMENT	****	****	****	****	0.00136	0.00136	mg/L	0	85/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	1.0 MONTHLY AV	1.0 DAILY MX			MONTHLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					Taunia Sandquist		TELEPHONE		DATE	
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP						Digitally signed by Taunia Sandquist Date: 2021.08.25 10:51:59 -06'00'		505 665-9827		21 08 25	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY	

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

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

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (high level) 00340 1 0	SAMPLE MEASUREMENT	****	****	****	****	<8.95	<8.95	mg/L	0	1/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	125 MONTHLY AV	125 DAILY MX	mg/L		MONTHLY	GRAB
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	7.4	****	7.6	S.U.	0	4/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****	****	6.0 MINIMUM	****	9.0 MAXIMUM	S.U.		WEEKLY	GRAB
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	<0.0297	<0.0297	lbs/day	****	<0.570	<0.570	mg/L	0	1/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	lbs/day	****	30 MONTHLY AV	45 DAILY MX	mg/L		MONTHLY	GRAB
Hardness, Total 00900 1 0	SAMPLE MEASUREMENT	****	****	****	74.6	****	****	mg/L	0	4/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****	****	50 MINIMUM	****	****	mg/L		3/Week	GRAB
Chromium, Total (as Cr) 01034 1 0	SAMPLE MEASUREMENT	****	****	****	****	<0.00300	<0.00300	mg/L	0	3/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	1.34 MONTHLY AV	2.68 DAILY MX	mg/L		WEEKLY	GRAB
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMENT	****	****	****	****	0.000579	0.000690	mg/L	0	4/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	0.014 MONTHLY AV	0.014 DAILY MX	mg/L		3/Week	GRAB
Lead, Total (as Pb) 01051 1 0	SAMPLE MEASUREMENT	****	****	****	****	<0.000500	<0.000500	mg/L	0	3/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	0.076 MONTHLY AV	0.115 DAILY MX	mg/L		WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	Taunia Sandquist Digitally signed by Taunia Sandquist Date: 2021.09.28 09:16:57 -06'00'	TELEPHONE		DATE		
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-9827	21	09
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355		051-A				
PERMIT NUMBER		DISCHARGE NUMBER				
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	08	01		21	08	31

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00330	<0.00330	mg/L	0	4/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	MONTHLY AV	DAILY MX			3/Week	GRAB
Radium 226 + Radium 228, total 11503 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.571	0.982	pCi/L	0	4/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MONTHLY AV	30 DAILY MX			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.014519	0.017388	Mgal/day	*****	*****	*****	*****	0	4/31	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	RCORDR
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.019	mg/L	1	4/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX			WEEKLY	GRAB
Perchlorate (ClO4) 61209 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000050	<0.000050	mg/L	0	3/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX			WEEKLY	GRAB
Organics, Total Toxic (TTO) 78141 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00831	0.00831	mg/L	0	84/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 MONTHLY AV	1.0 DAILY MX			MONTHLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	Taunia Sandquist Digitally signed by Taunia Sandquist Date: 2021.09.28 09:17:12 -08'00'	TELEPHONE		DATE		
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-9827	21	09
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

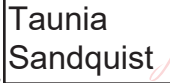
DMR MAILING ZIP CODE:
MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO
EXTERNAL OUTFALL
PAGE 11

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA JEAN SANDQUIST, EPC-CP

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

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (high level) 00340 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	155	155	mg/L	2	1/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	125 MONTHLY AV	125 DAILY MX			MONTHLY	GRAB
pH 00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.1	S.U.	0	2/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	<0.0802	<0.0802	lbs/day	*****	<0.570	<0.570	mg/L	0	1/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX			MONTHLY	GRAB
Hardness, Total 00900 1 0	SAMPLE MEASUREMENT	*****	*****	*****	72.6	*****	*****	mg/L	0	2/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		50 MINIMUM	*****	*****			3/Week	GRAB
Chromium, Total (as Cr) 01034 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00300	<0.00300	mg/L	0	2/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	1.34 MONTHLY AV	2.68 DAILY MX			WEEKLY	GRAB
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.000762	0.000778	mg/L	0	2/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0.014 MONTHLY AV	0.014 DAILY MX			3/Week	GRAB
Lead, Total (as Pb) 01051 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000500	<0.000500	mg/L	0	2/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0.076 MONTHLY AV	0.115 DAILY MX			WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	 Digitally signed by Taunia Sandquist Date: 2021.10.27 16:06:30 -06'00'	TELEPHONE		DATE		
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-9827	21	10
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

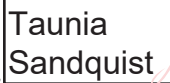
DMR MAILING ZIP CODE:
MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO
EXTERNAL OUTFALL
PAGE 11

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA JEAN SANDQUIST, EPC-CP

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

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn) 01092 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00493	<0.00656	mg/L	0	2/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0.191 MONTHLY AV	0.191 DAILY MX			3/Week	GRAB
Radium 226 + Radium 228, total 11503 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.320	<0.406	pCi/L	0	3/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY AV	30 DAILY MX			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.017043	0.017221	Mgal/day	*****	*****	*****	*****	0	2/30	RCORDR
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	RCORDR
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	2/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX			WEEKLY	GRAB
Perchlorate (ClO4) 61209 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000050	<0.000050	mg/L	0	4/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX			WEEKLY	GRAB
Organics, Total Toxic (TTO) 78141 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00579	0.00579	mg/L	0	86/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	1.0 MONTHLY AV	1.0 DAILY MX			MONTHLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	 Digitally signed by Taunia Sandquist Date: 2021.10.27 16:06:51 -06'00'	TELEPHONE		DATE			
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-9827	21	10	27
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

T051-Q
DISCHARGE NUMBER

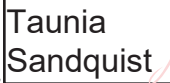
DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY 48-HR ACUTE TOXICITY
EXTERNAL OUTFALL
PAGE 29

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA JEAN SANDQUIST

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole Effluent Toxicity 22414 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****		0	1/92	COMP-3
	PERMIT REQUIREMENT	*****	*****	*****	100 48-HR MINIMUM	100 MO AV MIN	*****	Pass/Fail		QUARTERLY	COMP-3
Whole Effluent Toxicity - Retest #1 22415 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	NODI=9	NODI=9	*****		0	0/92	COMP-3
	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 48-HR MINIMUM	Opt. Mon. MO AV MIN	NODI=9	Pass/Fail		QUARTERLY	COMP-3
Whole Effluent Toxicity - Retest #2 22416 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NODI=9	NODI=9	*****		0	0/92	COMP-3
	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 48-HR MINIMUM	Opt. Mon. MO AV MIN	*****	Pass/Fail		QUARTERLY	COMP-3
LF Pass/Fail Static48Hr Acute D.Pulex TEM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****		0	1/92	COMP-3
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	*****	Pass/Fail		QUARTERLY	COMP-3
NOEC Lethal Static48Hr Acute D. Pulex TOM3D 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****		0	1/92	COMP-3
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	*****	%		QUARTERLY	COMP-3
Coef Of Var Static48Hr Acute D. Pulex TQM3D 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.21	7.21	*****		0	1/92	COMP-3
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	*****	%		QUARTERLY	COMP-3
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.	 Digitally signed by Taunia Sandquist Date: 2021.10.27 16:13:53 -06'00'	TELEPHONE		DATE			
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-9827	21	10	27
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

OMB No. 2040-004

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

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

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

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

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Oxygen demand, chem. (high level) 00340 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	25.3	25.3	mg/L	0	1/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	125 MONTHLY AV	125 DAILY MX			MONTHLY	GRAB	
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	S.U.	0	1/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB	
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	<0.0829	<0.0829	lbs/day	*****	<0.570	<0.570	mg/L	0	1/31	GRAB	
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX			MONTHLY	GRAB	
Hardness, Total 00900 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	72.8	*****	*****	mg/L	0	1/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		50 MINIMUM	*****	*****			3/Week	GRAB	
Chromium, Total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00300	<0.00300	mg/L	0	1/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	1.34 MONTHLY AV	2.68 DAILY MX			WEEKLY	GRAB	
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.000549	0.000549	mg/L	0	1/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	0.014 MONTHLY AV	0.014 DAILY MX			3/Week	GRAB	
Lead, Total (as Pb) 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000500	<0.000500	mg/L	0	1/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	0.076 MONTHLY AV	0.115 DAILY MX			WEEKLY	GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2021.11.17 12:53:55 -07'00'		TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505	665-2169	11	17	21
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY

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

(Reference all attachments here)

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

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

OMB No. 2040-004

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE:

MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO
EXTERNAL OUTFALL

FACILITY: TRIAD NATIONAL SECURITY, LLC

LOCATION: LOS ALAMOS, NEW MEXICO 87545

ATTN: STEVEN L. STORY, EPC-CP

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

PAGE 5

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Zinc, Total (as Zn) 01092 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00330	<0.00330	mg/L	0	1/31	GRAB	
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	0.191 MONTHLY AV	0.191 DAILY MX	mg/L		3/Week	GRAB	
Radium 226 + Radium 228, total 11503 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.609	0.989	pCi/L	0	2/31	GRAB	
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MONTHLY AV	30 DAILY MX	pCi/L		WEEKLY	GRAB	
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.017435	0.017435	Mgal/day	*****	*****	*****	*****	0	1/31	RCORDR	
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	*****	*****	*****	*****		DAILY	RCORDR	
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	1/31	GRAB	
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX	mg/L		WEEKLY	GRAB	
Perchlorate (ClO4) 61209 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000050	<0.000050	mg/L	0	2/31	GRAB	
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	mg/L		WEEKLY	GRAB	
Organics, Total Toxic (TTO) 78141 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.000940	0.000940	mg/L	0	86/31	GRAB	
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 MONTHLY AV	1.0 DAILY MX	mg/L		MONTHLY	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2021.11.17 12:54:25 -0700		TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505	665-2169	11	17	21
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY

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

(Reference all attachments here)

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

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

OMB No. 2040-004

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

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

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (high level) 00340 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	45.0	45.0	mg/L	0	1/30	GRAB
	PERMIT REQUIREMENT	****	****		****	125 MONTHLY AV	125 DAILY MX			MONTHLY	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	7.3	****	7.3	S.U.	0	2/30	GRAB
	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM			WEEKLY	GRAB
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	<0.0826	<0.0826	lbs/day	****	<0.570	<0.570	mg/L	0	1/30	GRAB
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		****	30 MONTHLY AV	45 DAILY MX			MONTHLY	GRAB
Hardness, Total 00900 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	75.7	****	****	mg/L	0	2/30	GRAB
	PERMIT REQUIREMENT	****	****		50 MINIMUM	****	****			3/Week	GRAB
Chromium, Total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	<0.00300	<0.00300	mg/L	0	2/30	GRAB
	PERMIT REQUIREMENT	****	****		****	1.34 MONTHLY AV	2.68 DAILY MX			WEEKLY	GRAB
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	0.000578	0.000647	mg/L	0	2/30	GRAB
	PERMIT REQUIREMENT	****	****		****	0.014 MONTHLY AV	0.014 DAILY MX			3/Week	GRAB
Lead, Total (as Pb) 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	<0.000500	<0.000500	mg/L	0	2/30	GRAB
	PERMIT REQUIREMENT	****	****		****	0.076 MONTHLY AV	0.115 DAILY MX			WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	STEVEN STORY (Affiliate) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP			505	665-2169	21	12	16
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

OMB No. 2040-004

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

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

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

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

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn) 01092 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00330	<0.00330	mg/L	0	2/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	0.191 MONTHLY AV	0.191 DAILY MX	mg/L		3/Week	GRAB
Radium 226 + Radium 228, total 11503 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.225	<0.364	pCi/L	0	3/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MONTHLY AV	30 DAILY MX	pCi/L		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.012218	0.017374	Mgal/day	*****	*****	*****	*****	0	2/30	RCORDR
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	*****	*****	*****	*****		DAILY	RCORDR
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	2/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX	mg/L		WEEKLY	GRAB
Perchlorate (ClO4) 61209 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000050	<0.000050	mg/L	0	3/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	mg/L		WEEKLY	GRAB
Organics, Total Toxic (TTO) 78141 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.000590	0.000590	mg/L	0	86/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 MONTHLY AV	1.0 DAILY MX	mg/L		MONTHLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2021.12.17 07:20:24 -07'00'	TELEPHONE		DATE			
STEVEN L. STORY GROUP LEADER EPC-CP			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-2169	21	12	16
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

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

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Oxygen demand, chem. (high level) 00340 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	125 MONTHLY AV	125 DAILY MX			MONTHLY	GRAB	
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB	
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB	
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX			MONTHLY	GRAB	
Hardness, Total 00900 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*****	mg/L	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		50 MINIMUM	*****	*****			3/Week	GRAB	
Chromium, Total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	1.34 MONTHLY AV	2.68 DAILY MX			WEEKLY	GRAB	
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	0.014 MONTHLY AV	0.014 DAILY MX			3/Week	GRAB	
Lead, Total (as Pb) 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	0.076 MONTHLY AV	0.115 DAILY MX			WEEKLY	GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TELEPHONE		DATE				
STEVEN L. STORY GROUP LEADER EPC-CP						STEVEN STORY (Affiliate) Date: 2022.01.25 11:15:01 -07'00'		505	665-2169	22	01	25
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

OMB No. 2040-004

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

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

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

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

No Discharge X

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Zinc, Total (as Zn) 01092 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB	
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0.191 MONTHLY AV	0.191 DAILY MX			3/Week	GRAB	
Radium 226 + Radium 228, total 11503 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	pCi/L	0	0/31	GRAB	
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY AV	30 DAILY MX			WEEKLY	GRAB	
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR	
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	RCORDR	
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB	
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX			WEEKLY	GRAB	
Perchlorate (ClO4) 61209 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB	
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX			WEEKLY	GRAB	
Organics, Total Toxic (TTO) 78141 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB	
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	1.0 MONTHLY AV	1.0 DAILY MX			MONTHLY	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					TELEPHONE		DATE				
STEVEN L. STORY GROUP LEADER EPC-CP						STEVEN STORY (Affiliate) <small>Digitally signed by STEVEN STORY (Affiliate) Date: 2022.01.25 11:15:20 -07'00'</small>		505	665-2169	22	01	25
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

T051-Q
DISCHARGE NUMBER

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

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole Effluent Toxicity 22414 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****		0	1/92	COMP-3
	PERMIT REQUIREMENT	*****	*****	*****	100 48-HR MINIMUM	100 MO AV MIN	*****	Pass/Fail		QUARTERLY	COMP-3
Whole Effluent Toxicity - Retest #1 22415 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=9	*NODI=9	*****		0	0/92	COMP-3
	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 48-HR MINIMUM	Opt. Mon. MO AV MIN	NODI=9	Pass/Fail		QUARTERLY	COMP-3
Whole Effluent Toxicity - Retest #2 22416 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=9	*NODI=9	*****		0	0/92	COMP-3
	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 48-HR MINIMUM	Opt. Mon. MO AV MIN	*****	Pass/Fail		QUARTERLY	COMP-3
LF Pass/Fail Static48Hr Acute D. Pulex TEM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****		0	1/92	COMP-3
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	*****	Pass/Fail		QUARTERLY	COMP-3
NOEC Lethal Static48Hr Acute D. Pulex TOM3D 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****		0	1/92	COMP-3
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	*****	%		QUARTERLY	COMP-3
Coef Of Var Static48Hr Acute D. Pulex TQM3D 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	5.73	5.73	*****		0	1/92	COMP-3
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	*****	%		QUARTERLY	COMP-3
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2022.01.25 11:21:02 -0700 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
STEVEN L. STORY GROUP LEADER EPC-CP						505 665-2169		22 01 25			
TYPED OR PRINTED						AREA CODE NUMBER		YEAR MO DAY			

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
(PASS=0, FAIL=1)*TESTING AND REPORT NOT REQUIRED AT THIS TIME.

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

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

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

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

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (high level) 00340 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<8.95	<8.95	mg/L	0	1/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	125 MONTHLY AV	125 DAILY MX			MONTHLY	GRAB
pH 00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.8	S.U.	0	2/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	<0.0795	<0.0795	lbs/day	*****	<0.570	<0.570	mg/L	0	1/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX			MONTHLY	GRAB
Hardness, Total 00900 1 0	SAMPLE MEASUREMENT	*****	*****	*****	75.6	*****	*****	mg/L	0	2/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		50 MINIMUM	*****	*****			3/Week	GRAB
Chromium, Total (as Cr) 01034 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00300	<0.00300	mg/L	0	1/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	1.34 MONTHLY AV	2.68 DAILY MX			WEEKLY	GRAB
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00141	0.00238	mg/L	0	2/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0.014 MONTHLY AV	0.014 DAILY MX			3/Week	GRAB
Lead, Total (as Pb) 01051 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000500	<0.000500	mg/L	0	1/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0.076 MONTHLY AV	0.115 DAILY MX			WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2022.02.28 09:50:16 -07'00'	TELEPHONE		DATE			
STEVEN L. STORY GROUP LEADER EPC-CP			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-2169	22	02	28
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

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

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn) 01092 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00330	<0.00330	mg/L	0	2/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0.191 MONTHLY AV	0.191 DAILY MX			3/Week	GRAB
Radium 226 + Radium 228, total 11503 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.605	0.822	pCi/L	0	2/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY AV	30 DAILY MX			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.012161	0.016726	Mgal/day	*****	*****	*****	*****	0	2/31	RCORDR
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	RCORDR
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	2/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX			WEEKLY	GRAB
Perchlorate (ClO4) 61209 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000050	<0.000050	mg/L	0	2/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX			WEEKLY	GRAB
Organics, Total Toxic (TTO) 78141 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L	0	86/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	1.0 MONTHLY AV	1.0 DAILY MX			MONTHLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2022.02.28 09:50:34 -07'00'	TELEPHONE		DATE			
STEVEN L. STORY GROUP LEADER EPC-CP			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-2169	22	02	28
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

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

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (high level) 00340 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	125 MONTHLY AV	125 DAILY MX			MONTHLY	GRAB
pH 00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX			MONTHLY	GRAB
Hardness, Total 00900 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*****	mg/L	0	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		50 MINIMUM	*****	*****			3/Week	GRAB
Chromium, Total (as Cr) 01034 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	1.34 MONTHLY AV	2.68 DAILY MX			WEEKLY	GRAB
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0.014 MONTHLY AV	0.014 DAILY MX			3/Week	GRAB
Lead, Total (as Pb) 01051 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0.076 MONTHLY AV	0.115 DAILY MX			WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	STEVEN STORY (Affiliate)	Digitally signed by STEVEN STORY (Affiliate) Date: 2022.03.24 10:09:25 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-2169	22	03
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

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

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn) 01092 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0.191 MONTHLY AV	0.191 DAILY MX			3/Week	GRAB
Radium 226 + Radium 228, total 11503 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	pCi/L	0	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY AV	30 DAILY MX			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/28	RCORDR
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	RCORDR
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX			WEEKLY	GRAB
Perchlorate (ClO4) 61209 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX			WEEKLY	GRAB
Organics, Total Toxic (TTO) 78141 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	1.0 MONTHLY AV	1.0 DAILY MX			MONTHLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2022.03.24 10:09:46 -06'00'	TELEPHONE		DATE			
STEVEN L. STORY GROUP LEADER EPC-CP			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-2169	22	03	24
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

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

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

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

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (high level) 00340 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	31.8	31.8	mg/L	0	1/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	125 MONTHLY AV	125 DAILY MX			MONTHLY	GRAB
pH 00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.3	S.U.	0	1/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	0.145	0.145	lbs/day	*****	1.00	1.00	mg/L	0	1/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX			MONTHLY	GRAB
Hardness, Total 00900 1 0	SAMPLE MEASUREMENT	*****	*****	*****	75.7	*****	*****	mg/L	0	1/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		50 MINIMUM	*****	*****			3/Week	GRAB
Chromium, Total (as Cr) 01034 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00300	<0.00300	mg/L	0	1/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	1.34 MONTHLY AV	2.68 DAILY MX			WEEKLY	GRAB
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00114	0.00114	mg/L	0	1/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0.014 MONTHLY AV	0.014 DAILY MX			3/Week	GRAB
Lead, Total (as Pb) 01051 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000500	<0.000500	mg/L	0	1/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0.076 MONTHLY AV	0.115 DAILY MX			WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	STEVEN STORY (Affiliate)	Digitally signed by STEVEN STORY (Affiliate) Date: 2022.04.27 13:45:26 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP				505	665-2169	22	04	27
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

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

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn) 01092 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00330	<0.00330	mg/L	0	1/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0.191 MONTHLY AV	0.191 DAILY MX			3/Week	GRAB
Radium 226 + Radium 228, total 11503 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.871	0.889	pCi/L	0	2/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY AV	30 DAILY MX			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.017389	0.017389	Mgal/day	*****	*****	*****	*****	0	1/31	RCORDR
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	RCORDR
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	1/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX			WEEKLY	GRAB
Perchlorate (ClO4) 61209 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000050	<0.000050	mg/L	0	2/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX			WEEKLY	GRAB
Organics, Total Toxic (TTO) 78141 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0	0	mg/L	0	86/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	1.0 MONTHLY AV	1.0 DAILY MX			MONTHLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2022.04.27 13:45:43 -06'00'	TELEPHONE		DATE			
STEVEN L. STORY GROUP LEADER EPC-CP			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-2169	22	04	27
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

T051-Q
DISCHARGE NUMBER

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

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

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole Effluent Toxicity 22414 1 0	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****		0	1/90	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		100	100	*****	Pass/Fail		QUARTERLY	COMP-3
					48-HR MINIMUM	MO AV MIN					
Whole Effluent Toxicity - Retest #1 22415 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=9	*NODI=9	*****		0	0/90	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Opt. Mon.	Opt. Mon.	*****	Pass/Fail		QUARTERLY	COMP-3
					48-HR MINIMUM	MO AV MIN					
Whole Effluent Toxicity - Retest #2 22416 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=9	*NODI=9	*****		0	0/90	COMP-3
	PERMIT REQUIREMENT	*****	*****		Opt. Mon.	Opt. Mon.	*****	Pass/Fail		QUARTERLY	COMP-3
					48-HR MINIMUM	MO AV MIN					
LF Pass/Fail Static48Hr Acute D.Pulex TEM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	0	0	*****		0	1/90	COMP-3
	PERMIT REQUIREMENT	*****	*****		Req. Mon.	Req. Mon.	*****	Pass/Fail		QUARTERLY	COMP-3
					48-HR MINIMUM	MO AV MIN					
NOEC Lethal Static48Hr Acute D. Pulex TOM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	100	100	*****		0	1/90	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon.	Req. Mon.	*****	%		QUARTERLY	COMP-3
					48-HR MINIMUM	MO AV MIN					
Coef Of Var Static48Hr Acute D. Pulex TQM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	5.73	5.73	*****		0	1/90	COMP-3
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon.	Req. Mon.	*****	%		QUARTERLY	COMP-3
					48-HR MINIMUM	MO AV MIN					
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2022.04.27 13:49:52 -06'00' SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP							505	665-2169	22	04	27
TYPED OR PRINTED							AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 (PASS=0, FAIL=1)*TESTING AND REPORT NOT REQUIRED AT THIS TIME.

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE:

MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO MORTANDAD CANYON

EXTERNAL OUTFALL

PAGE 5

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS					
Oxygen demand, chem. (high level) (COD) 00340 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/30	GRAB		
	PERMIT REQUIREMENT	*****	*****		*****	125 MONTHLY AV	125 DAILY MX			MONTHLY	GRAB		
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/30	GRAB		
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB		
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/30	GRAB		
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX			MONTHLY	GRAB		
Hardness, Total 00900 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*****	mg/L	0	0/30	GRAB		
	PERMIT REQUIREMENT	*****	*****		50 MINIMUM	*****	*****			3/Week	GRAB		
Chromium, Total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/30	GRAB		
	PERMIT REQUIREMENT	*****	*****		*****	1.34 MONTHLY AV	2.68 DAILY MX			WEEKLY	GRAB		
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/30	GRAB		
	PERMIT REQUIREMENT	*****	*****		*****	0.014 MONTHLY AV	0.014 DAILY MX			3/Week	GRAB		
Lead, Total (as Pb) 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/30	GRAB		
	PERMIT REQUIREMENT	*****	*****		*****	0.076 MONTHLY AV	0.115 DAILY MX			WEEKLY	GRAB		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				STEVEN STORY (Affiliate)		Digitally signed by STEVEN STORY (Affiliate) Date: 2022.05.23 12:42:21 -06'00'		TELEPHONE		DATE	
STEVEN L. STORY, GROUP LEADER, EPC-CP						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505	665-2169	22	05	23	
TYPED OR PRINTED		AREA CODE		NUMBER		YEAR	MO	DAY					

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE:

MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO MORTANDAD CANYON

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

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

EXTERNAL OUTFALL

PAGE 5

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS					
Zinc, Total (as Zn) 01092 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/30	GRAB		
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0.191 MONTHLY AV	0.191 DAILY MX			3/Week	GRAB		
Radium 226 + Radium 228, total 11503 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	pCi/L	0	0/30	GRAB		
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY AV	30 DAILY MX			WEEKLY	GRAB		
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	RCORDR		
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	RCORDR		
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/30	GRAB		
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX			WEEKLY	GRAB		
Perchlorate (ClO4) 61209 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/30	GRAB		
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX			WEEKLY	GRAB		
Organics, Total Toxic (TTO) 78141 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/30	GRAB		
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	1.0 MONTHLY AV	1.0 DAILY MX			MONTHLY	GRAB		
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					STEVEN STORY (Affiliate)		Digitally signed by STEVEN STORY (Affiliate) Date: 2022.05.23 12:42:53 -08'00'		TELEPHONE		DATE	
STEVEN L. STORY, GROUP LEADER, EPC-CP						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505	665-2169	22	05	23	
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY	

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

PERMIT EFFECTIVE DATE OCTOBER 1, 2014.

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

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

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

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

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (high level) (COD) 00340 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	125 MONTHLY AV	125 DAILY MX		MONTHLY	GRAB	
pH 00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	GRAB	
Hardness, Total 00900 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	*****	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		50 MINIMUM	*****	*****		3/Week	GRAB	
Chromium, Total (as Cr) 01034 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.34 MONTHLY AV	2.68 DAILY MX		WEEKLY	GRAB	
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.014 MONTHLY AV	0.014 DAILY MX		3/Week	GRAB	
Lead, Total (as Pb) 01051 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.076 MONTHLY AV	0.115 DAILY MX		WEEKLY	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SARAH HOLCOMB (Affiliate)	Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.07.26 09:23:22 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP				505	667-0666	22	07	26
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

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

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

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

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn) 01092 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.191 MONTHLY AV	0.191 DAILY MX		3/Week	GRAB	
Radium 226 + Radium 228, total 11503 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	pCi/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY AV	30 DAILY MX		WEEKLY	GRAB	
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	RCORDR	
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
Perchlorate (ClO4) 61209 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		WEEKLY	GRAB	
Organics, Total Toxic (TTO) 78141 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.0 MONTHLY AV	1.0 DAILY MX		MONTHLY	GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.	SARAH HOLCOMB (Affiliate) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.07.26 09:25:55 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP				505	667-0666	22	07	26
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

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

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

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (high level) (COD) 00340 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	125 MONTHLY AV	125 DAILY MX		MONTHLY	GRAB	
pH 00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/30	GRAB
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	GRAB	
Hardness, Total 00900 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	*****	mg/L	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		50 MINIMUM	*****	*****		3/Week	GRAB	
Chromium, Total (as Cr) 01034 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.34 MONTHLY AV	2.68 DAILY MX		WEEKLY	GRAB	
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.014 MONTHLY AV	0.014 DAILY MX		3/Week	GRAB	
Lead, Total (as Pb) 01051 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.076 MONTHLY AV	0.115 DAILY MX		WEEKLY	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN L. STORY GROUP LEADER EPC-CP TYPED OR PRINTED	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SARAH HOLCOMB (Affiliate) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.07.26 07:20:42 -06'00'	TELEPHONE		DATE		
				505	667-0666	22	07	26
				AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

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

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

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn) 01092 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.191 MONTHLY AV	0.191 DAILY MX		3/Week	GRAB	
Radium 226 + Radium 228, total 11503 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	pCi/L	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY AV	30 DAILY MX		WEEKLY	GRAB	
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	RCORDR	
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
Perchlorate (ClO4) 61209 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. MONTHLY AV		Req. Mon. DAILY MX	WEEKLY	GRAB
Organics, Total Toxic (TTO) 78141 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	1.0 MONTHLY AV		1.0 DAILY MX	MONTHLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN L. STORY GROUP LEADER EPC-CP	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SARAH HOLCOMB (Affiliate) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.07.26 07:23:59 -06'00'	TELEPHONE		DATE		
				505	667-0666	22	07	26
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

T051-Q
DISCHARGE NUMBER

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

FACILITY: LOS ALAMOS NATIONAL LABORATORY

LOCATION: LOS ALAMOS, NEW MEXICO 87545

ATTN: STEVEN L. STORY, EPC-CP

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

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole Effluent Toxicity 22414 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	NODI=C	*****		0	0/91	COMP-3
	PERMIT REQUIREMENT	*****	*****	*****	100 48-HR MINIMUM	100 MO AV MIN	*****	Pass/Fail		QUARTERLY	COMP-3
Whole Effluent Toxicity - Retest #1 22415 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	NODI=C	*****		0	0/91	COMP-3
	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 48-HR MINIMUM	Opt. Mon. MO AV MIN	*****	Pass/Fail		QUARTERLY	COMP-3
Whole Effluent Toxicity - Retest #2 22416 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	NODI=C	*****		0	0/91	COMP-3
	PERMIT REQUIREMENT	*****	*****	*****	Opt. Mon. 48-HR MINIMUM	Opt. Mon. MO AV MIN	*****	Pass/Fail		QUARTERLY	COMP-3
LF Pass/Fail Static48Hr Acute D.Pulex TEM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	NODI=C	*****		0	0/91	COMP-3
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	*****	Pass/Fail		QUARTERLY	COMP-3
NOEC Lethal Static48Hr Acute D. Pulex TOM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	NODI=C	*****	%	0	0/91	COMP-3
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	*****			QUARTERLY	COMP-3
Coef Of Var Static48Hr Acute D. Pulex TQM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	NODI=C	*****	%	0	0/91	COMP-3
	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	*****			QUARTERLY	COMP-3
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SARAH HOLCOMB (Affiliate)	Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.07.26 09:10:58 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0666	22	07
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

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

FACILITY: LOS ALAMOS NATIONAL LABORATORY
LOCATION: LOS ALAMOS, NEW MEXICO 87545

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

EXTERNAL OUTFALL
PAGE 5

ATTN: STEVEN L. STORY, EPC-CP

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (high level) (COD) 00340 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<8.95	<8.95	mg/L	0	1/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	125 MONTHLY AV	125 DAILY MX		MONTHLY	GRAB	
pH 00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.2	S.U.	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	<0.0799	<0.0799	lbs/day	*****	<0.570	<0.570	mg/L	0	1/31	GRAB
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	GRAB	
Hardness, Total 00900 1 0	SAMPLE MEASUREMENT	*****	*****	*****	66.9	*****	*****	mg/L	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****		50 MINIMUM	*****	*****		3/Week	GRAB	
Chromium, Total (as Cr) 01034 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00300	<0.00300	mg/L	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.34 MONTHLY AV	2.68 DAILY MX		WEEKLY	GRAB	
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00783	0.0144	mg/L	1	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.014 MONTHLY AV	0.014 DAILY MX		3/Week	GRAB	
Lead, Total (as Pb) 01051 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000500	<0.000500	mg/L	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.076 MONTHLY AV	0.115 DAILY MX		WEEKLY	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SARAH HOLCOMB (Affiliate)	Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.08.25 11:23:20 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY, GROUP LEADER, EPC-CP				505	667-0666	22	08	25
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

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

FACILITY: LOS ALAMOS NATIONAL LABORATORY
LOCATION: LOS ALAMOS, NEW MEXICO 87545

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

EXTERNAL OUTFALL
PAGE 5

ATTN: STEVEN L. STORY, EPC-CP

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn) 01092 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.00775	0.0122	mg/L	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.191 MONTHLY AV	0.191 DAILY MX		3/Week	GRAB	
Radium 226 + Radium 228, total 11503 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.379	0.590	pCi/L	0	3/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MONTHLY AV	30 DAILY MX		WEEKLY	GRAB	
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.016927	0.017056	Mgal/day	*****	*****	*****	*****	0	2/31	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	RCORDR	
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	2/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
Perchlorate (ClO4) 61209 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.000050	<0.000050	mg/L	0	3/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. MONTHLY AV		Req. Mon. DAILY MX	WEEKLY	GRAB
Organics, Total Toxic (TTO) 78141 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.00437	0.00437	mg/L	0	86/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	1.0 MONTHLY AV		1.0 DAILY MX	MONTHLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.	SARAH HOLCOMB (Affiliate)	Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.08.25 11:23:41 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY, GROUP LEADER, EPC-CP				505	667-0666	22	08	25
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

DMR Copy of Record

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

Report Dates & Status

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

Considerations for Form Completion

THE LIMITS AND MONITORING FOR TOTAL TOXIC ORGANICS DO NOT INCLUDE 2,3,7,8-TETRACHLORODIBENZO-P-DIOXIN(TCDD), PESTICIDES, OR POLYCHLORINATED BIPHENYLS.

Principal Executive Officer

First Name:		Title:		Telephone:	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type		
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Units	
00340	Oxygen demand, chem. [high level] [COD]	1 - Effluent Gross	0	--	Sample						<	30.1			<	28.3	19 - mg/L	0	01/30 - Monthly	GR - GRAB
					Permit Req.						<=	125.0 MO AVG	<=	125.0 DAILY MX	19 - mg/L	01/30 - Monthly	GR - GRAB			
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample					7.3						12 - SU	0	01/07 - Weekly	GR - GRAB	
					Permit Req.					>=	6.0 MINIMUM		<=	9.0 MAXIMUM	12 - SU	01/07 - Weekly		GR - GRAB		
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample	<	0.0735	<	0.0735	26 - lb/d		<	0.57	<	0.57	19 - mg/L	0	01/30 - Monthly	GR - GRAB	
					Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY MX	26 - lb/d		<=	30.0 MO AVG	<=	45.0 DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB	
					Value NODI															
00900	Hardness, total [as CaCO3]	1 - Effluent Gross	0	--	Sample					70.6						19 - mg/L	0	03/07 - Three Per Week	GR - GRAB	
					Permit Req.					>=	50.0 MO AV MN				19 - mg/L	03/07 - Three Per Week		GR - GRAB		
					Value NODI															
01034	Chromium, total [as Cr]	1 - Effluent Gross	0	--	Sample						<	0.003	<	0.003		19 - mg/L	0	01/07 - Weekly	GR - GRAB	
					Permit Req.						<=	1.34 MO AVG	<=	2.68 DAILY MX	19 - mg/L	01/07 - Weekly		GR - GRAB		
					Value NODI															
01042	Copper, total [as Cu]	1 - Effluent Gross	0	--	Sample							0.000884		0.00146		19 - mg/L	0	03/07 - Three Per Week	GR - GRAB	
					Permit Req.						<=	0.014 MO AVG	<=	0.014 DAILY MX	19 - mg/L	03/07 - Three Per Week		GR - GRAB		
					Value NODI															
01051	Lead, total [as Pb]	1 - Effluent Gross	0	--	Sample						<	0.0005	<	0.0005		19 - mg/L	0	01/07 - Weekly	GR - GRAB	
					Permit Req.						<=	0.076 MO AVG	<=	0.115 DAILY MX	19 - mg/L	01/07 - Weekly		GR - GRAB		
					Value NODI															
01092	Zinc, total [as Zn]	1 - Effluent Gross	0	--	Sample						<	0.0033	<	0.0033		19 - mg/L	0	03/07 - Three Per Week	GR - GRAB	
					Permit Req.						<=	0.191 MO AVG	<=	0.191 DAILY MX	19 - mg/L	03/07 - Three Per Week		GR - GRAB		
					Value NODI															
11503	Radium 226 + radium 228, total	1 - Effluent Gross	0	--	Sample						<	0.447		0.656		17 - pCi/L	0	01/07 - Weekly	GR - GRAB	
					Permit Req.						<=	30.0 MO AVG	<=	30.0 DAILY MX	17 - pCi/L	01/07 - Weekly		GR - GRAB		
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	0.01635		0.01709		03 - MGD							0	01/01 - Daily	ES - ESTIMA	
					Permit Req.	Req Mon MO AVG		Req Mon DAILY MX		03 - MGD						01/01 - Daily		ES - ESTIMA		
					Value NODI															
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample										0.0	19 - mg/L	0	01/07 - Weekly	GR - GRAB	
					Permit Req.									<=	0.011 INST MAX	19 - mg/L		01/07 - Weekly	GR - GRAB	
					Value NODI															
61209	Perchlorate [ClO4]	1 - Effluent Gross	0	--	Sample						<	0.00005	<	0.00005		19 - mg/L	0	01/07 - Weekly	GR - GRAB	
					Permit Req.							Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L	01/07 - Weekly		GR - GRAB		
					Value NODI															
78141	Organics, total toxic [TTO]	1 - Effluent Gross	0	--	Sample							0.00227		0.00227		19 - mg/L	0	01/30 - Monthly	GR - GRAB	
					Permit Req.						<=	1.0 MO AVG	<=	1.0 DAILY MX	19 - mg/L	01/30 - Monthly		GR - GRAB		
					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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

LA-UR-22-29946

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

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

Report Last Signed By

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

DMR Copy of Record

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

Report Dates & Status

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

Considerations for Form Completion

THE LIMITS AND MONITORING FOR TOTAL TOXIC ORGANICS DO NOT INCLUDE 2,3,7,8-TETRACHLORODIBENZO-P-DIOXIN(TCDD), PESTICIDES, OR POLYCHLORINATED BIPHENYLS.

Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type		
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Units	
00340	Oxygen demand, chem. [high level] [COD]	1 - Effluent Gross	0	--	Sample						<	8.95	<	8.95	19 - mg/L	0	01/30 - Monthly	GR - GRAB		
					Permit Req.						<=	125.0 MO AVG	<=	125.0 DAILY MX	19 - mg/L					
					Value NODI															
00400	pH	1 - Effluent Gross	0	--	Sample					7.1				7.2	12 - SU	0	01/07 - Weekly	GR - GRAB		
					Permit Req.					>=	6.0 MINIMUM			<=	9.0 MAXIMUM				12 - SU	
					Value NODI															
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample	0.0813		0.0813	26 - lb/d				0.638	0.638	19 - mg/L	0	01/30 - Monthly	GR - GRAB		
					Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY MX	26 - lb/d			<=	30.0 MO AVG	<=				45.0 DAILY MX	19 - mg/L
					Value NODI															
00900	Hardness, total [as CaCO3]	1 - Effluent Gross	0	--	Sample					79.1					19 - mg/L	0	03/07 - Three Per Week	GR - GRAB		
					Permit Req.					>=	50.0 MO AV MN								19 - mg/L	
					Value NODI															
01034	Chromium, total [as Cr]	1 - Effluent Gross	0	--	Sample						<	0.003	<	0.003	19 - mg/L	0	01/07 - Weekly	GR - GRAB		
					Permit Req.						<=	1.34 MO AVG	<=	2.68 DAILY MX	19 - mg/L					
					Value NODI															
01042	Copper, total [as Cu]	1 - Effluent Gross	0	--	Sample							0.000448		0.000483	19 - mg/L	0	03/07 - Three Per Week	GR - GRAB		
					Permit Req.						<=	0.014 MO AVG	<=	0.014 DAILY MX	19 - mg/L					
					Value NODI															
01051	Lead, total [as Pb]	1 - Effluent Gross	0	--	Sample						<	0.0005	<	0.0005	19 - mg/L	0	01/07 - Weekly	GR - GRAB		
					Permit Req.						<=	0.076 MO AVG	<=	0.115 DAILY MX	19 - mg/L					
					Value NODI															
01092	Zinc, total [as Zn]	1 - Effluent Gross	0	--	Sample						<	0.0033	<	0.0033	19 - mg/L	0	03/07 - Three Per Week	GR - GRAB		
					Permit Req.						<=	0.191 MO AVG	<=	0.191 DAILY MX	19 - mg/L					
					Value NODI															
11503	Radium 226 + radium 228, total	1 - Effluent Gross	0	--	Sample						<	0.912	<	1.27	17 - pCi/L	0	01/07 - Weekly	GR - GRAB		
					Permit Req.						<=	30.0 MO AVG	<=	30.0 DAILY MX	17 - pCi/L					
					Value NODI															
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	0.015904		0.016522	03 - MGD							0	01/01 - Daily	ES - ESTIMA		
					Permit Req.	Req Mon MO AVG		Req Mon DAILY MX	03 - MGD											
					Value NODI															
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample									0.0	19 - mg/L	0	01/07 - Weekly	GR - GRAB		
					Permit Req.									<=	0.011 INST MAX				19 - mg/L	
					Value NODI															
61209	Perchlorate [ClO4]	1 - Effluent Gross	0	--	Sample						<	0.00005	<	0.00005	19 - mg/L	0	01/07 - Weekly	GR - GRAB		
					Permit Req.							Req Mon MO AVG		Req Mon DAILY MX	19 - mg/L					
					Value NODI															
78141	Organics, total toxic [TTO]	1 - Effluent Gross	0	--	Sample					2				0.00596	19 - mg/L	0	01/30 - Monthly	GR - GRAB		
					Permit Req.						<=	1.0 MO AVG	<=	1.0 DAILY MX	19 - mg/L					
					Value NODI															

EPC-DO: 22-323
EPC-DO: 23-121

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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

LA-UR-22-31291

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

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

Report Last Signed By

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

DMR Copy of Record

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

Report Dates & Status

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

Considerations for Form Completion

THE LIMITS AND MONITORING FOR TOTAL TOXIC ORGANICS DO NOT INCLUDE 2,3,7,8-TETRACHLORODIBENZO-P-DIOXIN(TCDD), PESTICIDES, OR POLYCHLORINATED BIPHENYLS.

Principal Executive Officer

First Name:		Title:		Telephone:	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type				
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Units			
00340	Oxygen demand, chem. [high level] [COD]	1 - Effluent Gross	0	--	Sample								<	11.8	<	14.7	19 - mg/L	0	01/30 - Monthly	GR - GRAB		
					Permit Req.									<=	125.0 MO AVG	<=	125.0 DAILY MX		19 - mg/L	01/30 - Monthly	GR - GRAB	
					Value NODI																	
00400	pH	1 - Effluent Gross	0	--	Sample									7.4		7.4	12 - SU	0	01/07 - Weekly	GR - GRAB		
					Permit Req.																01/07 - Weekly	GR - GRAB
					Value NODI																	
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample	<	0.101		0.101	26 - lb/d			<	0.654		0.737	19 - mg/L	0	01/30 - Monthly	GR - GRAB		
					Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY MX	26 - lb/d			<=	30.0 MO AVG	<=	45.0 DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB		
					Value NODI																	
00900	Hardness, total [as CaCO3]	1 - Effluent Gross	0	--	Sample									84.9			19 - mg/L	0	03/07 - Three Per Week	GR - GRAB		
					Permit Req.																03/07 - Three Per Week	GR - GRAB
					Value NODI																	
01034	Chromium, total [as Cr]	1 - Effluent Gross	0	--	Sample								<	0.003	<	0.003	19 - mg/L	0	01/07 - Weekly	GR - GRAB		
					Permit Req.																01/07 - Weekly	GR - GRAB
					Value NODI																	
01042	Copper, total [as Cu]	1 - Effluent Gross	0	--	Sample									0.00196		0.00196	19 - mg/L	0	03/07 - Three Per Week	GR - GRAB		
					Permit Req.																03/07 - Three Per Week	GR - GRAB
					Value NODI																	
01051	Lead, total [as Pb]	1 - Effluent Gross	0	--	Sample								<	0.0005	<	0.0005	19 - mg/L	0	01/07 - Weekly	GR - GRAB		
					Permit Req.																01/07 - Weekly	GR - GRAB
					Value NODI																	
01092	Zinc, total [as Zn]	1 - Effluent Gross	0	--	Sample								<	0.0033	<	0.0033	19 - mg/L	0	03/07 - Three Per Week	GR - GRAB		
					Permit Req.																03/07 - Three Per Week	GR - GRAB
					Value NODI																	
11503	Radium 226 + radium 228, total	1 - Effluent Gross	0	--	Sample									0.95		1.27	17 - pCi/L	0	01/07 - Weekly	GR - GRAB		
					Permit Req.																01/07 - Weekly	GR - GRAB
					Value NODI																	
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample		0.016492		0.016492	03 - MGD								0	01/01 - Daily	ES - ESTIMA		
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD										01/01 - Daily	ES - ESTIMA	
					Value NODI																	
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample											0.0	19 - mg/L	0	01/07 - Weekly	GR - GRAB		
					Permit Req.																01/07 - Weekly	GR - GRAB
					Value NODI																	
61209	Perchlorate [ClO4]	1 - Effluent Gross	0	--	Sample								<	0.00005	<	0.00005	19 - mg/L	0	01/07 - Weekly	GR - GRAB		
					Permit Req.																01/07 - Weekly	GR - GRAB
					Value NODI																	
78141	Organics, total toxic [TTO]	1 - Effluent Gross	0	--	Sample											0.00533	19 - mg/L	0	01/30 - Monthly	GR - GRAB		
					Permit Req.																01/30 - Monthly	GR - GRAB
					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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

LA-UR-22-32091

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

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

Report Last Signed By

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

DMR Copy of Record

Permit		Permittee: LOS ALAMOS NATIONAL LABORATORY		Facility: UNIVERSITY OF CALIFORNIA	
Permit #: NM0028355	Major: Yes	Permittee Address: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544	Facility Location: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544		
Permitted Feature: T051 External Outfall	Discharge: T051-Q QUARTERLY 48-HR ACUTE TOXICITY-OUTFALL 051				

Report Dates & Status

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

Considerations for Form Completion

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

Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type								
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3				Value 3	Units						
22414	Whole effluent toxicity	1 - Effluent Gross	0	--	Sample						100.0					100.0				23 - %	0	01/90 - Quarterly	03 - COMP-3		
					Permit Req.						>=	100.0 48HR MIN					>=	100.0 MO AV MN					23 - %	01/90 - Quarterly	03 - COMP-3
					Value NODI																				
22415	Whole effluent toxicity - retest #1	1 - Effluent Gross	0	--	Sample															9A - pass=0;fail=1	0	09/99 - See Permit	03 - COMP-3		
					Permit Req.							Opt Mon 48HR MIN						Opt Mon MO AV MN							
					Value NODI							9 - Conditional Monitoring - Not Required This Period						9 - Conditional Monitoring - Not Required This Period							
22416	Whole effluent toxicity - retest #2	1 - Effluent Gross	0	--	Sample															9A - pass=0;fail=1	0	09/99 - See Permit	03 - COMP-3		
					Permit Req.							Opt Mon 48HR MIN						Opt Mon MO AV MN							
					Value NODI							9 - Conditional Monitoring - Not Required This Period						9 - Conditional Monitoring - Not Required This Period							
TEM3D	Low Flow Pass/Fail Static Renewal 48Hr Acute Daphnia pulex	1 - Effluent Gross	0	--	Sample						0.0					0.0				9A - pass=0;fail=1	0	01/90 - Quarterly	03 - COMP-3		
					Permit Req.							Req Mon 48HR MIN						Req Mon MO AV MN					9A - pass=0;fail=1	01/90 - Quarterly	03 - COMP-3
					Value NODI																				
TOM3D	NOEC Lethal Static Renewal 48HR Acute Daphnia pulex	1 - Effluent Gross	0	--	Sample						100.0					100.0				23 - %	0	01/90 - Quarterly	03 - COMP-3		
					Permit Req.							Req Mon 48HR MIN						Req Mon MO AV MN					23 - %	01/90 - Quarterly	03 - COMP-3
					Value NODI																				
TQM3D	Coef Of Var Statre 48Hr Acute D. Pulex	1 - Effluent Gross	0	--	Sample						0.0					0.0				23 - %	0	01/90 - Quarterly	03 - COMP-3		
					Permit Req.							Req Mon 48HR MIN						Req Mon MO AV MN					23 - %	01/90 - Quarterly	03 - COMP-3
					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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

LA-UR-22-32091

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

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

Report Last Signed By

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

DMR Copy of Record

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

Report Dates & Status

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

Considerations for Form Completion

THE LIMITS AND MONITORING FOR TOTAL TOXIC ORGANICS DO NOT INCLUDE 2,3,7,8-TETRACHLORODIBENZO-P-DIOXIN(TCDD), PESTICIDES, OR POLYCHLORINATED BIPHENYLS.

Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type						
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3				Value 3	Units				
00340	Oxygen demand, chem. [high level] [COD]	1 - Effluent Gross	0	--	Sample									21.7		21.7	19 - mg/L	0	01/30 - Monthly	GR - GRAB			
					Permit Req.									<=	125.0 MO AVG	<=	125.0 DAILY MX				19 - mg/L		
					Value NODI																		
00400	pH	1 - Effluent Gross	0	--	Sample					7.5						7.5	12 - SU	0	01/07 - Weekly	GR - GRAB			
					Permit Req.					>=	6.0 MINIMUM				<=	9.0 MAXIMUM	12 - SU						
					Value NODI																		
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample	<	0.0729	<	0.0729	26 - lb/d				<	0.588	<	0.588	19 - mg/L	0	01/30 - Monthly	GR - GRAB		
					Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY MX	26 - lb/d				<=	30.0 MO AVG	<=	45.0 DAILY MX	19 - mg/L					
					Value NODI																		
00900	Hardness, total [as CaCO3]	1 - Effluent Gross	0	--	Sample					82.7							19 - mg/L	0	03/07 - Three Per Week	GR - GRAB			
					Permit Req.					>=	50.0 MO AV MN										19 - mg/L		
					Value NODI																		
01034	Chromium, total [as Cr]	1 - Effluent Gross	0	--	Sample									<	0.003	<	0.003	19 - mg/L	0	01/07 - Weekly	GR - GRAB		
					Permit Req.									<=	1.34 MO AVG	<=	2.68 DAILY MX	19 - mg/L					
					Value NODI																		
01042	Copper, total [as Cu]	1 - Effluent Gross	0	--	Sample											0.000767	19 - mg/L	0	03/07 - Three Per Week	GR - GRAB			
					Permit Req.									<=	0.014 MO AVG	<=	0.014 DAILY MX				19 - mg/L		
					Value NODI																		
01051	Lead, total [as Pb]	1 - Effluent Gross	0	--	Sample									<	0.0005	<	0.0005	19 - mg/L	0	01/07 - Weekly	GR - GRAB		
					Permit Req.									<=	0.076 MO AVG	<=	0.115 DAILY MX	19 - mg/L					
					Value NODI																		
01092	Zinc, total [as Zn]	1 - Effluent Gross	0	--	Sample									<	0.0033	<	0.0033	19 - mg/L	0	03/07 - Three Per Week	GR - GRAB		
					Permit Req.									<=	0.191 MO AVG	<=	0.191 DAILY MX	19 - mg/L					
					Value NODI																		
11503	Radium 226 + radium 228, total	1 - Effluent Gross	0	--	Sample											0.556	17 - pCi/L	0	01/07 - Weekly	GR - GRAB			
					Permit Req.									<=	30.0 MO AVG	<=	30.0 DAILY MX				17 - pCi/L		
					Value NODI																		
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample		0.014859		0.014859	03 - MGD								0	01/01 - Daily	ES - ESTIMA			
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD													
					Value NODI																		
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample											0.0	19 - mg/L	0	01/07 - Weekly	GR - GRAB			
					Permit Req.												<=				0.011 INST MAX	19 - mg/L	
					Value NODI																		
61209	Perchlorate [ClO4]	1 - Effluent Gross	0	--	Sample									<	0.00005	<	0.00005	19 - mg/L	0	01/07 - Weekly	GR - GRAB		
					Permit Req.													Req Mon MO AVG				Req Mon DAILY MX	19 - mg/L
					Value NODI																		
78141	Organics, total toxic [TTO]	1 - Effluent Gross	0	--	Sample											0.00335	19 - mg/L	0	01/30 - Monthly	GR - GRAB			
					Permit Req.									<=	1.0 MO AVG	<=	1.0 DAILY MX				19 - mg/L		
					Value NODI																		

EPC-DO: 23-121
EPC-DO: 23-024

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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

LA-UR-22-33028

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

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

Report Last Signed By

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

DMR Copy of Record

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

Report Dates & Status			
Monitoring Period:	From 12/01/22 to 12/31/22	DMR Due Date:	01/28/23
Status:	NetDMR Validated		

Considerations for Form Completion
 THE LIMITS AND MONITORING FOR TOTAL TOXIC ORGANICS DO NOT INCLUDE 2,3,7,8-TETRACHLORODIBENZO-P-DIOXIN(TCDD), PESTICIDES, OR POLYCHLORINATED BIPHENYLS.

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

No Data Indicator (NODI)
 Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type					
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Units				
00340	Oxygen demand, chem. [high level] [COD]	1 - Effluent Gross	0	--	Sample								<	8.95	<	8.95	19 - mg/L	0	01/30 - Monthly	GR - GRAB			
					Permit Req.									<=	125.0 MO AVG	<=	125.0 DAILY MX		19 - mg/L	01/30 - Monthly	GR - GRAB		
					Value NODI																		
00400	pH	1 - Effluent Gross	0	--	Sample												19 - SU	0	01/07 - Weekly	GR - GRAB			
					Permit Req.																19 - SU	01/07 - Weekly	GR - GRAB
					Value NODI																		
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample	<	0.0817	<	0.0817	26 - lb/d			<	0.583	<	0.597	19 - mg/L	0	01/30 - Monthly	GR - GRAB			
					Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY MX	26 - lb/d			<=	30.0 MO AVG	<=	45.0 DAILY MX	19 - mg/L		01/30 - Monthly	GR - GRAB			
					Value NODI																		
00900	Hardness, total [as CaCO3]	1 - Effluent Gross	0	--	Sample												19 - mg/L	0	03/07 - Three Per Week	GR - GRAB			
					Permit Req.																19 - mg/L	03/07 - Three Per Week	GR - GRAB
					Value NODI																		
01034	Chromium, total [as Cr]	1 - Effluent Gross	0	--	Sample								<	0.003	<	0.003	19 - mg/L	0	01/07 - Weekly	GR - GRAB			
					Permit Req.																19 - mg/L	01/07 - Weekly	GR - GRAB
					Value NODI																		
01042	Copper, total [as Cu]	1 - Effluent Gross	0	--	Sample								<	0.000515	<	0.000945	19 - mg/L	0	03/07 - Three Per Week	GR - GRAB			
					Permit Req.																19 - mg/L	03/07 - Three Per Week	GR - GRAB
					Value NODI																		
01051	Lead, total [as Pb]	1 - Effluent Gross	0	--	Sample								<	0.0005	<	0.0005	19 - mg/L	0	01/07 - Weekly	GR - GRAB			
					Permit Req.																19 - mg/L	01/07 - Weekly	GR - GRAB
					Value NODI																		
01092	Zinc, total [as Zn]	1 - Effluent Gross	0	--	Sample								<	0.00546	<	0.00977	19 - mg/L	0	03/07 - Three Per Week	GR - GRAB			
					Permit Req.																19 - mg/L	03/07 - Three Per Week	GR - GRAB
					Value NODI																		
11503	Radium 226 + radium 228, total	1 - Effluent Gross	0	--	Sample								<	0.635	<	0.79	17 - pCi/L	0	01/07 - Weekly	GR - GRAB			
					Permit Req.																17 - pCi/L	01/07 - Weekly	GR - GRAB
					Value NODI																		
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	0.016391		0.016416		03 - MGD								0	01/01 - Daily	ES - ESTIMA			
					Permit Req.	Req Mon MO AVG		Req Mon DAILY MX		03 - MGD											01/01 - Daily	ES - ESTIMA	
					Value NODI																		
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample												19 - mg/L	0	01/07 - Weekly	GR - GRAB			
					Permit Req.																19 - mg/L	01/07 - Weekly	GR - GRAB
					Value NODI																		
61209	Perchlorate [ClO4]	1 - Effluent Gross	0	--	Sample								<	0.00005	<	0.00005	19 - mg/L	0	01/07 - Weekly	GR - GRAB			
					Permit Req.																19 - mg/L	01/07 - Weekly	GR - GRAB
					Value NODI																		
78141	Organics, total toxic [TTO]	1 - Effluent Gross	0	--	Sample												19 - mg/L	0	01/30 - Monthly	GR - GRAB			
					Permit Req.																19 - mg/L	01/30 - Monthly	GR - GRAB
					Value NODI																		

EPC-DO: 23-121
 EPC-DO: 23-054

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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

LA-UR-23-20664

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

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

Report Last Signed By

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

ATTACHMENT C

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

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

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

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5 Day, 20 Deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/31	COMP24
	PERMIT REQUIREMENT	*****	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/31	COMP24
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	99/99	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		CONTINUOUS	RCORDR	
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	#/100ml	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX		2/Month	GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TAUNIA VAN VALKENBURG (Affiliate)		TELEPHONE		DATE		
TYPED OR PRINTED					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505	665-9827	21	02	25

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

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

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

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5 Day, 20 Deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/28	COMP24
	PERMIT REQUIREMENT	*****	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/28	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/28	COMP24
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	99/99	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		CONTINUOUS	RCORDR	
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/28	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/28	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX		2/Month	GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.03.25 09:17:35 -06'00'	TELEPHONE		DATE		
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-9827	2021	03
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

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

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
BOD, 5 Day, 20 Deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/31	COMP24	
	PERMIT REQUIREMENT	*****	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24		
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB		
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT			lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/31	COMP24	
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24		
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR	
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		CONTINUOUS	RCORDR		
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB		
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX		2/Month	GRAB		
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TAUNIA VAN VALKENBURG (Affiliate)		Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.04.26 15:01:50 -06'00'		TELEPHONE		DATE	
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505	665-9827	21	04	26	
TYPED OR PRINTED							AREA CODE	NUMBER	YEAR	MO	DAY	

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

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

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

OMB No. 2040-004

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

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

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

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

FROM

TO

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5 Day, 20 Deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT			lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/30	COMP24
	PERMIT REQUIREMENT	*****	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX				
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/30	COMP24
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX				
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	99/99	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****				
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX				
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TAUNIA VAN VALKENBURG (Affiliate)		TELEPHONE		DATE		
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505	665-9827	21	05	24
TYPED OR PRINTED							AREA CODE	NUMBER	YEAR	MO	DAY

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 BUAY.

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

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

OMB No. 2040-004

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

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

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

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545

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

ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5 Day, 20 Deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/31	COMP24
	PERMIT REQUIREMENT	*****	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/31	COMP24
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	99/99	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		CONTINUOUS	RCORDR	
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	#/100ml	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX		2/Month	GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					TELEPHONE		DATE			
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	TAUNIA VAN VALKENBURG (Affiliate) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					505 665-9827		21	06	25	
TYPED OR PRINTED						AREA CODE	NUMBER	YEAR	MO	DAY	

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

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

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5 Day, 20 Deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/30	COMP24
	PERMIT REQUIREMENT	*****	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/30	COMP24
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	99/99	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		CONTINUOUS	RCORDR	
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	#/100ml	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX		2/Month	GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TAUNIA VAN VALKENBURG (Affiliate)		TELEPHONE		DATE		
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP					Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.07.26 16:34:45 -06'00'		505 665-9827		21	07	26
TYPED OR PRINTED					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

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

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5 Day, 20 Deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/31	COMP24
	PERMIT REQUIREMENT	*****	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/31	COMP24
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	99/99	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		CONTINUOUS	RCORDR	
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	#/100ml	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX		2/Month	GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	Taunia Sandquist Digitally signed by Taunia Sandquist Date: 2021.08.25 10:52:54 -06'00'	TELEPHONE		DATE		
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP			505	665-9827	21	08	25
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355			13S-A		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
21	08	01	21	08	31

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

No Discharge X

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5 Day, 20 Deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	****	NODI=C	NODI=C	mg/L	0	0/31	COMP24
	PERMIT REQUIREMENT	****	109 DAILY MX		****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	NODI=C	****	NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM		WEEKLY	GRAB	
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	****	NODI=C	NODI=C	mg/L	0	0/31	COMP24
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	****	****	****	****	0	99/99	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		****	****	****		CONTINUOUS	RCORDR	
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	****	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	****	****		****	****	0.011 INST MAX		WEEKLY	GRAB	
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	NODI=C	NODI=C	#/100ml	0	0/31	GRAB
	PERMIT REQUIREMENT	****	****		****	548 MOAVG GEO	2507 DAILY MX		2/Month	GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				Taunia Sandquist		TELEPHONE		DATE		
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP					Digitally signed by Taunia Sandquist Date: 2021.09.28 09:18:09 -06'00'		505 665-9827		21	09	28
TYPED OR PRINTED					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER


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

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA JEAN SANDQUIST, EPC-CP

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5 Day, 20 Deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/30	COMP24
	PERMIT REQUIREMENT	*****	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/30	COMP24
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	99/99	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		CONTINUOUS	RCORDR	
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	#/100ml	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX		2/Month	GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.	 Digitally signed by Taunia Sandquist Date: 2021.10.27 16:09:26 -06'00'	TELEPHONE		DATE			
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-9827	21	10	27
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

13S-Y
DISCHARGE NUMBER

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

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

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Aluminum, Total Recoverable* 01104 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	**NODI=C	mg/L	0	0/365	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	3.514 DAILY MX			1/Year	GRAB
Polychlorinated biphenyls (PCBs) 39516 1 0	SAMPLE MEASUREMENT	**NODI=C	**NODI=C	lbs/day	*****	**NODI=C	**NODI=C	ug/L	0	0/365	COMP24
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	0.00064 MONTHLY AV	0.000642 DAILY MX			1/Year	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.	Digitally signed by Taunia Sandquist Date: 2021.10.27 16:09:54 -06'00'	TELEPHONE		DATE		
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP			505	665-9827	21	10	27
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *ALUMINUM EFFLUENT LIMITATIONS BECAME EFFECTIVE SEPTEMBER 1, 2017. **NO DISCHARGE DURING MONITORING PERIOD.

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

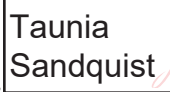
T13S-Y
DISCHARGE NUMBER

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

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

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole Effluent Toxicity - Retest #1 22415 1 0	SAMPLE MEASUREMENT	*****	*****	*****	**NODI=C	**NODI=C	*****		0	0/365	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Opt. Mon. 7-DAY MIN	Opt. Mon. MONTHLY AV	*****	Pass/Fail		SEE PERMIT	COMP24
Whole Effluent Toxicity - Retest #2 22416 1 0	SAMPLE MEASUREMENT	*****	*****	*****	**NODI=C	**NODI=C	*****		0	0/365	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Opt. Mon. MINIMUM	Opt. Mon. MONTHLY AV	*****	Pass/Fail		SEE PERMIT	COMP24
LF Pass/Fail Static48Hr Acute D. Pulex TEM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	**NODI=C	**NODI=C	*****		0	0/365	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	Req. Mon. MONTHLY AV	*****	Pass/Fail		once every two years	COMP24
NOEC Lethal Static48Hr Acute D. Pulex TOM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	**NODI=C	**NODI=C	*****	%	0	0/365	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	Req. Mon. MONTHLY AV	*****	%		once every two years	COMP24
Coef Of Var Static48Hr Acute D. Pulex TQM3D 1 0	SAMPLE MEASUREMENT	*****	*****	*****	**NODI=C	**NODI=C	*****	%	0	0/365	COMP24
Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	Req. Mon. MONTHLY AV	*****	%		once every two years	COMP24
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	 Digitally signed by Taunia Sandquist Date: 2021.10.27 16:14:17 -06'00'	TELEPHONE		DATE		
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP			505	665-9827	21	10	27
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 (PASS = 0 FAIL =1) REPORT PASS AS '0' OR REPORT FAIL AS '1' IN CONCENTRATION MIN. & AVG ABOVE.*RETEST REQUIRED WHEN PARAMETER EXCEEDED. **NO DISCHARGE TO OUTFALL DURING MONITORING PERIOD.

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

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

OMB No. 2040-004

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

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

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

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
BOD, 5 Day, 20 Deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/31	COMP24	
	PERMIT REQUIREMENT	*****	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24		
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB		
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/31	COMP24	
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24		
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	99/99	RCORDR	
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		CONTINUOUS	RCORDR		
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB		
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX		2/Month	GRAB		
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				STEVEN STORY (Affiliate)	Digitally signed by STEVEN STORY (Affiliate) Date: 2021.11.17 12:53:28 -07'00'	TELEPHONE	DATE				
STEVEN L. STORY GROUP LEADER EPC-CP					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505 665-2169	11 17 21	AREA CODE	NUMBER	YEAR	MO	DAY
TYPED OR PRINTED												

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

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

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

OMB No. 2040-004

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

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

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

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS					
BOD, 5 Day, 20 Deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	****	*NODI=C	*NODI=C	mg/L	0	0/30	COMP24		
	PERMIT REQUIREMENT	****	109 DAILY MX		****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	*NODI=C	****	*NODI=C	S.U.	0	0/30	GRAB		
	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM		WEEKLY	GRAB			
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	****	*NODI=C	*NODI=C	mg/L	0	0/30	COMP24		
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24			
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	****	****	****	****	0	99/99	RCORDR		
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		****	****	****		CONTINUOUS	RCORDR			
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	****	*NODI=C	mg/L	0	0/30	GRAB		
	PERMIT REQUIREMENT	****	****		****	****	0.011 INST MAX		WEEKLY	GRAB			
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	#/100ml	0	0/30	GRAB		
	PERMIT REQUIREMENT	****	****		****	548 MOAVG GEO	2507 DAILY MX		2/Month	GRAB			
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					TELEPHONE		DATE				
STEVEN L. STORY GROUP LEADER EPC-CP							STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2021.12.17 07:23:09 -07'00'		505 665-2169		21 12 16		
TYPED OR PRINTED							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER		YEAR MO DAY		

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

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

OMB No. 2040-004

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

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

NM0028355			13S-A		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
21	12	01	21	12	31

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5 Day, 20 Deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/31	COMP24
	PERMIT REQUIREMENT	*****	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/31	COMP24
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	99/99	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		CONTINUOUS	RCORDR	
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX		2/Month	GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2022.01.25 11:18:59 -07'00' SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE	
STEVEN L. STORY GROUP LEADER EPC-CP						505	665-2169	22	01	25	
TYPED OR PRINTED						AREA CODE	NUMBER	YEAR	MO	DAY	

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

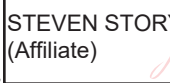
DMR MAILING ZIP CODE: 87545
MAJOR
TREATED SANITARY WASTEWATER
EXTERNAL OUTFALL
PAGE 8

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5 Day, 20 Deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/31	COMP24
	PERMIT REQUIREMENT	*****	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/31	COMP24
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	99/99	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		CONTINUOUS	RCORDR	
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX		2/Month	GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	 STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2022.02.28 09:51:23 -07'00'	TELEPHONE		DATE			
STEVEN L. STORY GROUP LEADER EPC-CP			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-2169	22	02	28
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

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

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5 Day, 20 Deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/28	COMP24
	PERMIT REQUIREMENT	*****	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/28	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/28	COMP24
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	99/99	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		CONTINUOUS	RCORDR	
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/28	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/28	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX		2/Month	GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	STEVEN STORY (Affiliate)	Digitally signed by STEVEN STORY (Affiliate) Date: 2022.03.24 10:10:48 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-2169	22	03
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

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

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5 Day, 20 Deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/31	COMP24
	PERMIT REQUIREMENT	*****	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/31	COMP24
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	99/99	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		CONTINUOUS	RCORDR	
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX		2/Month	GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2022.04.27 13:47:04 -06'00' SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP			505	665-2169	22	04	27
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

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

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5 Day, 20 Deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/30	COMP24
	PERMIT REQUIREMENT	*****	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	*****	*NODI=C	*NODI=C	mg/L	0	0/30	COMP24
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	99/99	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		CONTINUOUS	RCORDR	
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX		2/Month	GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				STEVEN STORY (Affiliate)	Digitally signed by STEVEN STORY (Affiliate) Date: 2022.05.23 12:43:39 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY, GROUP LEADER, EPC-CP					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-2169	22	05	23	
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY					

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

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

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

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5 Day, 20 Deg. C 00310 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/31	COMP24
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
pH 00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/31	COMP24
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX		MONTHLY	COMP24	
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		CONTINUOUS	RCORDR	
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
E. Coli 51040 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	#/100ml	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX		2/Month	GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.	SARAH HOLCOMB (Affiliate)	Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.07.26 09:28:04 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	667-0666	22	07
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

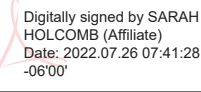
DMR MAILING ZIP CODE: 87545
MAJOR
TREATED SANITARY WASTEWATER
EXTERNAL OUTFALL

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

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5 Day, 20 Deg. C 00310 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/30	COMP24
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX			MONTHLY	COMP24
pH 00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/30	COMP24
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX			MONTHLY	COMP24
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	99/99	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			CONTINUOUS	RCORDR
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX			WEEKLY	GRAB
E. Coli 51040 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	#/100ml	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX			2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.	 Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.07.26 07:41:28 -06'00'	TELEPHONE		DATE			
STEVEN L. STORY GROUP LEADER EPC-CP			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	667-0666	22	07	26
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

NM0028355
PERMIT NUMBER

13S-A
DISCHARGE NUMBER

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

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5 Day, 20 Deg. C 00310 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/31	COMP24
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX				
pH 00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	*****	NODI=C	NODI=C	mg/L	0	0/31	COMP24
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		*****	30 MONTHLY AV	45 DAILY MX				
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	99/99	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****				
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX				
E. Coli 51040 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	#/100ml	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	548 MOAVG GEO	2507 DAILY MX				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SARAH HOLCOMB (Affiliate)	Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.08.25 11:24:43 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY, GROUP LEADER, EPC-CP				505	667-0666	22	08	25
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

DMR Copy of Record

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

Report Dates & Status			
Monitoring Period:	From 08/01/22 to 08/31/22	DMR Due Date:	09/28/22
Status:	NetDMR Validated		

Considerations for Form Completion

Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type			
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3				Value 3	Units	
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0	--	Sample															
					Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY MX	26 - lb/d		<=	30.0 MO AVG	<=	45.0 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24	
					Value NODI		C - No Discharge		C - No Discharge						C - No Discharge		C - No Discharge			
00400	pH	1 - Effluent Gross	0	--	Sample															
					Permit Req.					>=	6.0 MINIMUM			<=	9.0 MAXIMUM	12 - SU		01/07 - Weekly	GR - GRAB	
					Value NODI										C - No Discharge		C - No Discharge			
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample															
					Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY MX	26 - lb/d		<=	30.0 MO AVG	<=	45.0 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24	
					Value NODI		C - No Discharge		C - No Discharge						C - No Discharge		C - No Discharge			
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample															
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD								99/99 - Continuous	RE - Record (manual)	
					Value NODI		C - No Discharge		C - No Discharge											
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample															
					Permit Req.								<=	0.011 INST MAX	19 - mg/L		01/07 - Weekly	GR - GRAB		
					Value NODI										C - No Discharge		C - No Discharge			
51040	E. coli	1 - Effluent Gross	0	--	Sample															
					Permit Req.								<=	548.0 MOAV GEO	<=	2507.0 DAILY MX	3Z - CFU/100mL		02/30 - Twice Per Month	GR - GRAB
					Value NODI										C - No Discharge		C - No Discharge			

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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

LA-UR-22-29946

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

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

Report Last Signed By

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

DMR Copy of Record

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

Report Dates & Status			
Monitoring Period: From 09/01/22 to 09/30/22	DMR Due Date: 10/28/22	Status: NetDMR Validated	

Considerations for Form Completion

Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type			
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3				Value 3	Units	
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0	--	Sample															
					Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY MX	26 - lb/d		<=	30.0 MO AVG	<=	45.0 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24	
					Value NODI		C - No Discharge		C - No Discharge				C - No Discharge		C - No Discharge					
00400	pH	1 - Effluent Gross	0	--	Sample															
					Permit Req.					>=	6.0 MINIMUM			<=	9.0 MAXIMUM	12 - SU		01/07 - Weekly	GR - GRAB	
					Value NODI						C - No Discharge				C - No Discharge					
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample															
					Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY MX	26 - lb/d			<=	30.0 MO AVG	<=	45.0 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24
					Value NODI		C - No Discharge		C - No Discharge				C - No Discharge		C - No Discharge					
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample															
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD								99/99 - Continuous	RE - Record (manual)	
					Value NODI		C - No Discharge		C - No Discharge											
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample															
					Permit Req.								<=	0.011 INST MAX	19 - mg/L		01/07 - Weekly	GR - GRAB		
					Value NODI										C - No Discharge					
51040	E. coli	1 - Effluent Gross	0	--	Sample															
					Permit Req.								<=	548.0 MOAV GEO	<=	2507.0 DAILY MX	3Z - CFU/100mL		02/30 - Twice Per Month	GR - GRAB
					Value NODI									C - No Discharge		C - No Discharge				

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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

LA-UR-22-31291

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

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

Report Last Signed By

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

DMR Copy of Record

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

Report Dates & Status			
Monitoring Period:	From 10/01/22 to 10/31/22	DMR Due Date:	11/28/22
Status:	NetDMR Validated		

Considerations for Form Completion

Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type			
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3				Value 3	Units	
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0	--	Sample															
					Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY MX	26 - lb/d		<=	30.0 MO AVG	<=	45.0 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24	
					Value NODI		C - No Discharge		C - No Discharge						C - No Discharge		C - No Discharge			
00400	pH	1 - Effluent Gross	0	--	Sample															
					Permit Req.					>=	6.0 MINIMUM			<=	9.0 MAXIMUM	12 - SU		01/07 - Weekly	GR - GRAB	
					Value NODI										C - No Discharge		C - No Discharge			
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample															
					Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY MX	26 - lb/d		<=	30.0 MO AVG	<=	45.0 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24	
					Value NODI		C - No Discharge		C - No Discharge						C - No Discharge		C - No Discharge			
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample															
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD								99/99 - Continuous	RE - Record (manual)	
					Value NODI		C - No Discharge		C - No Discharge											
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample															
					Permit Req.								<=	0.011 INST MAX	19 - mg/L		01/07 - Weekly	GR - GRAB		
					Value NODI										C - No Discharge		C - No Discharge			
51040	E. coli	1 - Effluent Gross	0	--	Sample															
					Permit Req.								<=	548.0 MOAV GEO	<=	2507.0 DAILY MX	3Z - CFU/100mL		02/30 - Twice Per Month	GR - GRAB
					Value NODI										C - No Discharge		C - No Discharge			

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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

LA-UR-22-32091

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

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

Report Last Signed By

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

DMR Copy of Record

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

Report Dates & Status			
Monitoring Period: From 11/01/22 to 11/30/22	DMR Due Date: 12/28/22	Status: NetDMR Validated	

Considerations for Form Completion

Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type			
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3				Value 3	Units	
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0	--	Sample															
					Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY MX	26 - lb/d		<=	30.0 MO AVG	<=	45.0 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24	
					Value NODI		C - No Discharge		C - No Discharge						C - No Discharge	C - No Discharge				
00400	pH	1 - Effluent Gross	0	--	Sample															
					Permit Req.					>=	6.0 MINIMUM			<=	9.0 MAXIMUM	12 - SU		01/07 - Weekly	GR - GRAB	
					Value NODI										C - No Discharge	C - No Discharge				
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample															
					Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY MX	26 - lb/d		<=	30.0 MO AVG	<=	45.0 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24	
					Value NODI		C - No Discharge		C - No Discharge						C - No Discharge	C - No Discharge				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample															
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD								99/99 - Continuous	RE - Record (manual)	
					Value NODI		C - No Discharge		C - No Discharge											
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample															
					Permit Req.								<=	0.011 INST MAX	19 - mg/L		01/07 - Weekly	GR - GRAB		
					Value NODI										C - No Discharge					
51040	E. coli	1 - Effluent Gross	0	--	Sample															
					Permit Req.								<=	548.0 MOAV GEO	<=	2507.0 DAILY MX	3Z - CFU/100mL		02/30 - Twice Per Month	GR - GRAB
					Value NODI										C - No Discharge	C - No Discharge				

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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

LA-UR-22-33028

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

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

Report Last Signed By

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

DMR Copy of Record

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

Report Dates & Status			
Monitoring Period:	From 12/01/22 to 12/31/22	DMR Due Date:	01/28/23
Status:	NetDMR Validated		

Considerations for Form Completion

Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type			
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3				Value 3	Units	
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0	--	Sample															
					Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY MX	26 - lb/d		<=	30.0 MO AVG	<=	45.0 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24	
					Value NODI		C - No Discharge		C - No Discharge						C - No Discharge					
00400	pH	1 - Effluent Gross	0	--	Sample															
					Permit Req.					>=	6.0 MINIMUM			<=	9.0 MAXIMUM	12 - SU		01/07 - Weekly	GR - GRAB	
					Value NODI										C - No Discharge					
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample															
					Permit Req.	<=	73.0 MO AVG	<=	109.0 DAILY MX	26 - lb/d		<=	30.0 MO AVG	<=	45.0 DAILY MX	19 - mg/L		01/30 - Monthly	24 - COMP24	
					Value NODI		C - No Discharge		C - No Discharge						C - No Discharge					
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample															
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD								99/99 - Continuous	RE - Record (manual)	
					Value NODI		C - No Discharge		C - No Discharge											
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample															
					Permit Req.								<=	0.011 INST MAX	19 - mg/L		01/07 - Weekly	GR - GRAB		
					Value NODI										C - No Discharge					
51040	E. coli	1 - Effluent Gross	0	--	Sample															
					Permit Req.								<=	548.0 MOAV GEO	<=	2507.0 DAILY MX	3Z - CFU/100mL		02/30 - Twice Per Month	GR - GRAB
					Value NODI										C - No Discharge		C - No Discharge			

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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

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

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

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

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM			WEEKLY	GRAB	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR	
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****			DAILY	RCORDR	
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 DAILY MX			WEEKLY	GRAB	
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	#/100ml	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	548 MONTHLY AV	2507 DAILY MX			2/Month	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.02.25 13:23:23 -07'00'	TELEPHONE		DATE		
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-9827	21	02
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

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

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

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/28	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM			WEEKLY	GRAB	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/28	RCORDR	
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****			DAILY	RCORDR	
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/28	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 DAILY MX			WEEKLY	GRAB	
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/28	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	548 MONTHLY AV	2507 DAILY MX			2/Month	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.03.25 09:16 0 -06'00'	TELEPHONE		DATE		
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505	665-9827	2021	03	25
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

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

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

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM			WEEKLY	GRAB	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR	
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	RCORDR	
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 DAILY MX			WEEKLY	GRAB	
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	548 MONTHLY AV	2507 DAILY MX			2/Month	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TAUNIA VAN VALKENBURG (Affiliate)		Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.04.26 14:59:20 -06'00'		TELEPHONE		DATE	
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505 665-9827		21 04 26			
TYPED OR PRINTED							AREA CODE NUMBER		YEAR MO DAY			

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

027-Q
DISCHARGE NUMBER

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

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

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS					
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/90	GRAB		
	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX			QUARTERLY	GRAB		
Phosphorus, Total (as P) 00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/90	GRAB		
	PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX			QUARTERLY	GRAB		
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TAUNIA VAN VALKENBURG (Affiliate)		Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.04.26 14:59:36 -06'00'		TELEPHONE		DATE	
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505	665-9827	21	04	26	
TYPED OR PRINTED		AREA CODE		NUMBER		YEAR	MO	DAY					

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.

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

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

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

FROM

TO

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/30	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	6.6 MINIMUM	*****	8.8 MAXIMUM		WEEKLY	GRAB		
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	RCORDR	
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****		DAILY	RCORDR		
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/30	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 DAILY MX		WEEKLY	GRAB		
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/30	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	548 MONTHLY AV	2507 DAILY MX		2/Month	GRAB		
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					TAUNIA VAN VALKENBURG (Affiliate)		TELEPHONE		DATE		
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP						Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.05.24 17:07:46 -05'00'		505 665-9827		21	05	24
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

OMB No. 2040-004

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

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

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

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

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

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM			WEEKLY	GRAB	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR	
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****			DAILY	RCORDR	
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 DAILY MX			WEEKLY	GRAB	
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	#/100ml	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	548 MONTHLY AV	2507 DAILY MX			2/Month	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					TAUNIA VAN VALKENBURG (Affiliate) Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.06.25 09:50:47 -06'00'		TELEPHONE		DATE		
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505	665-9827	21	06	25
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

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

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

No Discharge

PARAMETER		QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/30	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM				WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	RCORDR	
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****				DAILY	RCORDR
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/30	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 DAILY MX				WEEKLY	GRAB
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/30	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	548 MONTHLY AV	2507 DAILY MX				2/Month	GRAB
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TAUNIA VAN VALKENBURG (Affiliate)		Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.07.26 16:31:04 -0500		TELEPHONE		DATE	
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505 665-9827		21 07 26			
TYPED OR PRINTED							AREA CODE NUMBER		YEAR MO DAY			

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

027-Q
DISCHARGE NUMBER

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

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

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/91	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX				
Phosphorus, Total (as P) 00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/91	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					TELEPHONE		DATE			
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	TAUNIA VAN VALKENBURG (Affiliate) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					505 665-9827		21	07	26	
TYPED OR PRINTED						AREA CODE	NUMBER	YEAR	MO	DAY	

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.

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

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

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA JEAN SANDQUIST, EPC-CP

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

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM				WEEKLY
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****				DAILY
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 DAILY MX				WEEKLY
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	548 MONTHLY AV		2507 DAILY MX		2/Month
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					Taunia Sandquist Digitally signed by Taunia Sandquist Date: 2021.08.25 10:51:17 -06'00'		TELEPHONE		DATE	
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505	665-9827	21	08
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY				

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

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

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE		
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS					
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB		
	PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM		WEEKLY	GRAB			
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR		
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	RCORDR			
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB		
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 DAILY MX		WEEKLY	GRAB			
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/31	GRAB		
	PERMIT REQUIREMENT	*****	*****		*****	*****	548 MONTHLY AV		2507 DAILY MX	2/Month	GRAB		
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					Taunia Sandquist		Digitally signed by Taunia Sandquist Date: 2021.09.28 09:16:33 -06'00'		TELEPHONE		DATE	
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505	665-9827	21	09	28	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY						

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

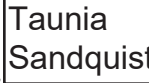
DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 5

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA JEAN SANDQUIST, EPC-CP

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

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM				WEEKLY
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****				DAILY
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 DAILY MX				WEEKLY
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	548 MONTHLY AV	2507 DAILY MX				2/Month
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	 Digitally signed by Taunia Sandquist Date: 2021.10.27 16:04:33 -06'00'	TELEPHONE		DATE			
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-9827	21	10	27
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

027-Q
DISCHARGE NUMBER

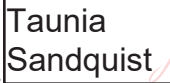
DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 027
EXTERNAL OUTFALL
PAGE 6

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA JEAN SANDQUIST, EPC-CP

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

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/92	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX				QUARTERLY
Phosphorus, Total (as P) 00665 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/92	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX				QUARTERLY
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.	 Digitally signed by Taunia Sandquist Date: 2021.10.27 16:04:55 -06'00'	TELEPHONE		DATE		
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP			505	665-9827	21	10	27
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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.

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

027-Y
DISCHARGE NUMBER

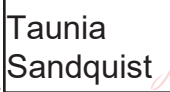
DMR MAILING ZIP CODE: 87545
MAJOR
YEARLY REPORTING - OUTFALL 027
EXTERNAL OUTFALL
PAGE 7

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA JEAN SANDQUIST, EPC-CP

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

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, Dissolved (as Cu)* 01040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	***NODI=C	mg/L	0	0/365	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.0073 DAILY MX		1/Year	GRAB	
Aluminum, Total Recoverable* 01104 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	***NODI=C	mg/L	0	0/365	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.9889 DAILY MX		1/Year	GRAB	
Polychlorinated biphenyls (PCBs) 39516 1 0 Effluent Gross	SAMPLE MEASUREMENT	***NODI=C	***NODI=C	lbs/day	*****	***NODI=C	***NODI=C	ug/L	0	0/365	GRAB
	PERMIT REQUIREMENT	Reg. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	0.00064 MONTHLY AV	0.000642 DAILY MX		1/Year	GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.	 Digitally signed by Taunia Sandquist Date: 2021.10.27 16:05:17 -06'00'	TELEPHONE		DATE			
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-9827	21	10	27
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *AL & CU EFFLUENT LIMITATIONS BECAME EFFECTIVE ON SEPTEMBER 30, 2017. **AL, CU AND PCBs REPORTED ON OCTOBER 27, 2016 (DOC#-EPC-DO-16-323). ***NO DISCHARGE TO OUTFALL 027 THIS MONITORING PERIOD.

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

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

OMB No. 2040-004

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

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

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

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6.6 MINIMUM	*****	8.8 MAXIMUM			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****			DAILY	RCORDR
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 DAILY MX			WEEKLY	GRAB
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	548 MONTHLY AV	2507 DAILY MX			2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2021.11.17 12:52:11 -07'00'	TELEPHONE		DATE		
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-2169	11	17
			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

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

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

FROM

TO

PAGE 3

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/30	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM		WEEKLY	GRAB		
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	RCORDR	
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****		DAILY	RCORDR		
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/30	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 DAILY MX		WEEKLY	GRAB		
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/30	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	548 MONTHLY AV	2507 DAILY MX		2/Month	GRAB		
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2021.12.17 07:19:12 -07'00'		TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505	665-2169	21	12	16
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

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

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****			DAILY	RCORDR
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 DAILY MX			WEEKLY	GRAB
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	548 MONTHLY AV	2507 DAILY MX			2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.						TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP	STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2022.01.25 11:13:47 -07'00'						505 665-2169		22	01	25
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT						AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

OMB No. 2040-004

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

NM0028355
PERMIT NUMBER

027-Q
DISCHARGE NUMBER

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

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

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

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/92	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX			QUARTERLY	GRAB
Phosphorus, Total (as P) 00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/92	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX			QUARTERLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TELEPHONE		DATE			
STEVEN L. STORY GROUP LEADER EPC-CP						STEVEN STORY (Affiliate) <small>Digitally signed by STEVEN STORY (Affiliate) Date: 2022.01.25 11:14:07 -07'00'</small>		505	665-2169	22	01
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY	

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

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

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

OMB No. 2040-004

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

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER


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

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM				WEEKLY
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****				DAILY
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 DAILY MX				WEEKLY
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	548 MONTHLY AV	2507 DAILY MX				2/Month
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	 STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2022.02.28 09:49:40 -07'00'	TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP			505	665-2169	22	02	28
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

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

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

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

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/28	GRAB
	PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM				WEEKLY
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/28	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****				DAILY
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/28	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 DAILY MX				WEEKLY
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/28	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	548 MONTHLY AV	2507 DAILY MX				2/Month
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	STEVEN STORY (Affiliate)	Digitally signed by STEVEN STORY (Affiliate) Date: 2022.03.24 10:08:42 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP				505	665-2169	22	03	24
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

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

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM				WEEKLY
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****				DAILY
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 DAILY MX				WEEKLY
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	548 MONTHLY AV	2507 DAILY MX				2/Month
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2022.04.27 13:44:29 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-2169	22	04
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

027-Q
DISCHARGE NUMBER

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

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

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

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/90	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX			QUARTERLY	GRAB
Phosphorus, Total (as P) 00665 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/90	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX			QUARTERLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2022.04.27 13:44:43 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-2169	22	04
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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.

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO SANDIA CANYON

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

EXTERNAL OUTFALL
PAGE 3

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/30	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	6.6 MINIMUM	*****	8.8 MAXIMUM	S.U.		WEEKLY	GRAB	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	RCORDR	
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	Mgal/day	*****	*****	*****	*****		DAILY	RCORDR	
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/30	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 DAILY MX	mg/L		WEEKLY	GRAB	
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	#/100ml	0	0/30	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	548 MONTHLY AV	2507 DAILY MX	#/100ml		2/Month	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				STEVEN STORY (Affiliate)		Digitally signed by STEVEN STORY (Affiliate) Date: 2022.05.23 12:41:02 -06'00'		TELEPHONE		DATE	
STEVEN L. STORY, GROUP LEADER, EPC-CP					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505	665-2169	22	05	23	
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY					

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER


DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO SANDIA CANYON
EXTERNAL OUTFALL

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

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

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM				WEEKLY
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****				DAILY
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 DAILY MX				WEEKLY
E. Coli 51040 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	#/100ml	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	548 MONTHLY AV	2507 DAILY MX				2/Month
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN L. STORY GROUP LEADER EPC-CP	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	 Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.07.26 09:18:58 -06'00'	TELEPHONE		DATE		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	667-0666	22	07
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545

MAJOR
COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO SANDIA CANYON

FACILITY: LOS ALAMOS NATIONAL LABORATORY

LOCATION: LOS ALAMOS, NEW MEXICO 87545

ATTN: STEVEN L. STORY, EPC-CP

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

EXTERNAL OUTFALL

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM				WEEKLY
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****				DAILY
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 DAILY MX				WEEKLY
E. Coli 51040 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	#/100ml	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	548 MONTHLY AV	2507 DAILY MX				2/Month
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SARAH HOLCOMB (Affiliate)	Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.07.26 07:12:06 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	667-0666	22	07
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

027-Q
DISCHARGE NUMBER

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

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

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

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/91	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX			QUARTERLY	GRAB
Phosphorus, Total (as P) 00665 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/91	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX			QUARTERLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.	SARAH HOLCOMB (Affiliate)	Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.07.26 08:49:25 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-0666	22	07
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

027-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545

MAJOR
COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO SANDIA CANYON

FACILITY: LOS ALAMOS NATIONAL LABORATORY

LOCATION: LOS ALAMOS, NEW MEXICO 87545

ATTN: STEVEN L. STORY, EPC-CP

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

EXTERNAL OUTFALL
PAGE 3

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.6 MINIMUM	*****	8.8 MAXIMUM			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****			DAILY	RCORDR
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 DAILY MX			WEEKLY	GRAB
E. Coli 51040 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	#/100ml	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	548 MONTHLY AV	2507 DAILY MX			2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.	SARAH HOLCOMB (Affiliate)	Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.08.25 11:22:32 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY, GROUP LEADER, EPC-CP				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	667-0666	22	08
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

DMR Copy of Record

Permit		Permittee: LOS ALAMOS NATIONAL LABORATORY		Facility: UNIVERSITY OF CALIFORNIA	
Permit #: NM0028355	Major: Yes	Permittee Address: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544	Facility Location: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544		
Permitted Feature: 027 External Outfall	Discharge: 027-A COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO SANDIA CANYON				

Report Dates & Status		Monitoring Period: From 08/01/22 to 08/31/22		DMR Due Date: 09/28/22		Status: NetDMR Validated	
----------------------------------	--	---	--	-------------------------------	--	---------------------------------	--

Considerations for Form Completion
 E. COLI EFFLUENT LIMITATIONS & MONITORING REQUIREMENTS ONLY APPLY AT OUTFALL 03A027 WHEN EFFLUENT FROM OUTFALL 13S IS REROUTED & DISCHARGED AT OUTFALL 03A027. TOTAL PCB EFFLUENT LIMITATIONS ESTABLISHED AT OUTFALL 13S APPLIES WHEN EFFLUENT FROM OUTFALL 13S IS REROUTED & DISCHARGED AT OUTFALL 03A027.

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

No Data Indicator (NODI)
 Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type						
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3				Value 3	Units				
00400	pH	1 - Effluent Gross	0	--	Sample																		
					Permit Req.						>=	6.6 MINIMUM					<=	8.8 MAXIMUM	12 - SU	01/07 - Weekly	GR - GRAB		
					Value NODI							C - No Discharge						C - No Discharge					
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample																		
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD									01/01 - Daily	RE - Record (manual)			
					Value NODI		C - No Discharge		C - No Discharge														
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample																		
					Permit Req.												<=	0.011 INST MAX	19 - mg/L	01/07 - Weekly	GR - GRAB		
					Value NODI													C - No Discharge					
51040	E. coli	1 - Effluent Gross	0	--	Sample																		
					Permit Req.												<=	548.0 MOAV GEO	<=	2507.0 DAILY MX	3Z - CFU/100mL	02/30 - Twice Per Month	GR - GRAB
					Value NODI													C - No Discharge		C - No Discharge			

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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 LA-UR-22-29946

Attachments
 No attachments.

Report Last Saved By
 LOS ALAMOS NATIONAL LABORATORY

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

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

DMR Copy of Record

Permit

Permit #: NM0028355	Permittee: LOS ALAMOS NATIONAL LABORATORY	Facility: UNIVERSITY OF CALIFORNIA
Major: Yes	Permittee Address: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544	Facility Location: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature: 027 External Outfall	Discharge: 027-A COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO SANDIA CANYON	

Report Dates & Status

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

Considerations for Form Completion

E. COLI EFFLUENT LIMITATIONS & MONITORING REQUIREMENTS ONLY APPLY AT OUTFALL 03A027 WHEN EFFLUENT FROM OUTFALL 13S IS REROUTED & DISCHARGED AT OUTFALL 03A027. TOTAL PCB EFFLUENT LIMITATIONS ESTABLISHED AT OUTFALL 13S APPLIES WHEN EFFLUENT FROM OUTFALL 13S IS REROUTED & DISCHARGED AT OUTFALL 03A027.

Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type						
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3				Value 3	Units				
00400	pH	1 - Effluent Gross	0	--	Sample																		
					Permit Req.						>=	6.6 MINIMUM					<=	8.8 MAXIMUM	12 - SU	01/07 - Weekly	GR - GRAB		
					Value NODI							C - No Discharge						C - No Discharge					
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample																		
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD									01/01 - Daily	RE - Record (manual)			
					Value NODI		C - No Discharge		C - No Discharge														
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample																		
					Permit Req.												<=	0.011 INST MAX	19 - mg/L	01/07 - Weekly	GR - GRAB		
					Value NODI												C - No Discharge						
51040	E. coli	1 - Effluent Gross	0	--	Sample																		
					Permit Req.												<=	548.0 MOAV GEO	<=	2507.0 DAILY MX	3Z - CFU/100mL	02/30 - Twice Per Month	GR - GRAB
					Value NODI												C - No Discharge		C - No Discharge				

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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

LA-UR-22-31291

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

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

Report Last Signed By

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

DMR Copy of Record

Permit		Permittee: LOS ALAMOS NATIONAL LABORATORY		Facility: UNIVERSITY OF CALIFORNIA	
Permit #: NM0028355	Major: Yes	Permittee Address: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544		Facility Location: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544	
Permitted Feature: 027 External Outfall		Discharge: 027-A COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO SANDIA CANYON			

Report Dates & Status		Monitoring Period: From 10/01/22 to 10/31/22		DMR Due Date: 11/28/22		Status: NetDMR Validated	
----------------------------------	--	---	--	-------------------------------	--	---------------------------------	--

Considerations for Form Completion
 E. COLI EFFLUENT LIMITATIONS & MONITORING REQUIREMENTS ONLY APPLY AT OUTFALL 03A027 WHEN EFFLUENT FROM OUTFALL 13S IS REROUTED & DISCHARGED AT OUTFALL 03A027. TOTAL PCB EFFLUENT LIMITATIONS ESTABLISHED AT OUTFALL 13S APPLIES WHEN EFFLUENT FROM OUTFALL 13S IS REROUTED & DISCHARGED AT OUTFALL 03A027.

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

No Data Indicator (NODI)
 Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type				
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3				Value 3	Units		
00400	pH	1 - Effluent Gross	0	--	Sample													01/07 - Weekly	GR - GRAB		
					Permit Req.						>=	6.6 MINIMUM			<=	8.8 MAXIMUM	12 - SU				
					Value NODI							C - No Discharge				C - No Discharge					
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample												01/01 - Daily	RE - Record (manual)			
					Permit Req.						Req Mon MO AVG		Req Mon DAILY MX	03 - MGD							
					Value NODI						C - No Discharge		C - No Discharge								
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample												01/07 - Weekly	GR - GRAB			
					Permit Req.										<=	0.011 INST MAX			19 - mg/L		
					Value NODI											C - No Discharge					
51040	E. coli	1 - Effluent Gross	0	--	Sample												02/30 - Twice Per Month	GR - GRAB			
					Permit Req.										<=	548.0 MOAV GEO			<=	2507.0 DAILY MX	3Z - CFU/100mL
					Value NODI											C - No Discharge				C - No Discharge	

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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 LA-UR-22-32091

Attachments
 No attachments.

Report Last Saved By
 LOS ALAMOS NATIONAL LABORATORY
 User: ICADIENTE
 Name: Isaac Cadiente
 E-Mail: icadiente@lanl.gov
 Date/Time: 2022-11-16 12:10 (Time Zone: -06:00)

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

DMR Copy of Record

Permit		Permittee: LOS ALAMOS NATIONAL LABORATORY		Facility: UNIVERSITY OF CALIFORNIA	
Permit #: NM0028355	Major: Yes	Permittee Address: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544	Facility Location: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544		
Permitted Feature: 027 External Outfall	Discharge: 027-Q QUARTERLY REPORTING - OUTFALL 027				

Report Dates & Status

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

Considerations for Form Completion

Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type							
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3				Value 3	Units					
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample																			
					Permit Req.							<=	30.0 MO AVG	<=	100.0 DAILY MX	19 - mg/L		01/90 - Quarterly	GR - GRAB					
					Value NODI										C - No Discharge		C - No Discharge							
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample																			
					Permit Req.												<=	20.0 MO AVG	<=	40.0 DAILY MX	19 - mg/L		01/90 - Quarterly	GR - GRAB
					Value NODI											C - No Discharge		C - No Discharge						

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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

LA-UR-22-32091

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

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

Report Last Signed By

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

DMR Copy of Record

Permit		Permittee: LOS ALAMOS NATIONAL LABORATORY		Facility: UNIVERSITY OF CALIFORNIA	
Permit #: NM0028355	Major: Yes	Permittee Address: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544		Facility Location: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544	
Permitted Feature: 027 External Outfall		Discharge: 027-A COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO SANDIA CANYON			

Report Dates & Status		Monitoring Period: From 11/01/22 to 11/30/22		DMR Due Date: 12/28/22		Status: NetDMR Validated	
----------------------------------	--	---	--	-------------------------------	--	---------------------------------	--

Considerations for Form Completion
 E. COLI EFFLUENT LIMITATIONS & MONITORING REQUIREMENTS ONLY APPLY AT OUTFALL 03A027 WHEN EFFLUENT FROM OUTFALL 13S IS REROUTED & DISCHARGED AT OUTFALL 03A027. TOTAL PCB EFFLUENT LIMITATIONS ESTABLISHED AT OUTFALL 13S APPLIES WHEN EFFLUENT FROM OUTFALL 13S IS REROUTED & DISCHARGED AT OUTFALL 03A027.

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

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type						
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3				Value 3	Units				
00400	pH	1 - Effluent Gross	0	--	Sample																		
					Permit Req.						>=	6.6 MINIMUM					<=	8.8 MAXIMUM	12 - SU	01/07 - Weekly	GR - GRAB		
					Value NODI							C - No Discharge						C - No Discharge					
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample																		
					Permit Req.			Req Mon MO AVG			Req Mon DAILY MX	03 - MGD								01/01 - Daily	RE - Record (manual)		
					Value NODI			C - No Discharge			C - No Discharge												
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample																		
					Permit Req.												<=	0.011 INST MAX	19 - mg/L	01/07 - Weekly	GR - GRAB		
					Value NODI													C - No Discharge					
51040	E. coli	1 - Effluent Gross	0	--	Sample																		
					Permit Req.												<=	548.0 MOAV GEO	<=	2507.0 DAILY MX	3Z - CFU/100mL	02/30 - Twice Per Month	GR - GRAB
					Value NODI													C - No Discharge		C - No Discharge			

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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 LA-UR-22-33028

Attachments
 No attachments.

Report Last Saved By
 LOS ALAMOS NATIONAL LABORATORY

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

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

DMR Copy of Record

Permit

Permit #: NM0028355	Permittee: LOS ALAMOS NATIONAL LABORATORY	Facility: UNIVERSITY OF CALIFORNIA
Major: Yes	Permittee Address: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544	Facility Location: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature: 027 External Outfall	Discharge: 027-A COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO SANDIA CANYON	

Report Dates & Status

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

Considerations for Form Completion

E. COLI EFFLUENT LIMITATIONS & MONITORING REQUIREMENTS ONLY APPLY AT OUTFALL 03A027 WHEN EFFLUENT FROM OUTFALL 13S IS REROUTED & DISCHARGED AT OUTFALL 03A027. TOTAL PCB EFFLUENT LIMITATIONS ESTABLISHED AT OUTFALL 13S APPLIES WHEN EFFLUENT FROM OUTFALL 13S IS REROUTED & DISCHARGED AT OUTFALL 03A027.

Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type							
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3				Value 3	Units					
00400	pH	1 - Effluent Gross	0	--	Sample																			
					Permit Req.					>=	6.6 MINIMUM				<=	8.8 MAXIMUM	12 - SU		01/07 - Weekly	GR - GRAB				
					Value NODI						C - No Discharge					C - No Discharge								
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample																			
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD									01/01 - Daily	RE - Record (manual)				
					Value NODI		C - No Discharge		C - No Discharge															
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample																			
					Permit Req.												<=	0.011 INST MAX	19 - mg/L		01/07 - Weekly	GR - GRAB		
					Value NODI												C - No Discharge							
51040	E. coli	1 - Effluent Gross	0	--	Sample																			
					Permit Req.												<=	548.0 MOAV GEO	<=	2507.0 DAILY MX	3Z - CFU/100mL		02/30 - Twice Per Month	GR - GRAB
					Value NODI												C - No Discharge		C - No Discharge					

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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

LA-UR-23-20664

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

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

Report Last Signed By

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 7

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

No Discharge

PARAMETER		QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.4	S.U.	0	4/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.0000445	0.001300	Mgal/day	*****	*****	*****	*****	0	16/31	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****			DAILY	RCORDR
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	4/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX			WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.			TAUNIA VAN VALKENBURG (Affiliate) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
TYPED OR PRINTED							505	665-9827	21	02	25

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

(Reference all attachments here)

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
 MAJOR
 COOLING TOWER BLOWDOWN & OTHER
 EXTERNAL OUTFALL
 PAGE 7

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.2	S.U.	0	4/28	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.000338	0.000790	Mgal/day	*****	*****	*****	*****	0	12/28	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	RCORDR	
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	4/28	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.03.25 09:17:22 -06'00'	TELEPHONE		DATE		
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-9827	2021	03
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

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

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
 MAJOR
 COOLING TOWER BLOWDOWN & OTHER
 EXTERNAL OUTFALL
 PAGE 11

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

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	7.2	****	7.4	S.U.	0	4/31	GRAB
	PERMIT REQUIREMENT	****	****	****	6.0 MINIMUM	****	9.0 MAXIMUM				WEEKLY
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.000744	0.001400	Mgal/day	****	****	****	****	0	29/31	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		****	****	****				DAILY
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	****	0	mg/L	0	4/31	GRAB
	PERMIT REQUIREMENT	****	****	****	****	****	0.011 INST MAX				WEEKLY
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.04.26 15:01:24 -08'00'	TELEPHONE	DATE			
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505 665-9827	21	04	26	
TYPED OR PRINTED							AREA CODE NUMBER	YEAR	MO	DAY	

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

(Reference all attachments here)

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

OMB No. 2040-004

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

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

NM0028355
PERMIT NUMBER

113-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 113
EFFLUENT GROSS
PAGE 12

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

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

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.900	0.900	mg/L	0	1/90	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX			QUARTERLY	GRAB	
Phosphorus, Total (as P) 00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.23	2.23	mg/L	0	1/90	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX			QUARTERLY	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.			TAUNIA VAN VALKENBURG (Affiliate)		Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.04.26 15:01:40 -06'00'		TELEPHONE		DATE	
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP									505	665-9827	21	04
TYPED OR PRINTED					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY	

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

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

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

OMB No. 2040-004

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

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 7

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

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

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	7.2	S.U.	0	5/30	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM				
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.000969	0.001800	Mgal/day	*****	*****	*****	*****	0	29/30	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****				
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	5/30	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.05.24 17:12:39 -05'00'	TELEPHONE		DATE		
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-9827	21	05
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 7

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	05	01		21	05	31

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.6	S.U.	0	4/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.000253	0.001050	Mgal/day	*****	*****	*****	*****	0	12/31	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****			DAILY	RCORDR
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	4/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX			WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					TELEPHONE		DATE			
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	TAUNIA VAN VALKENBURG (Affiliate) Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.06.25 09:53:39 -06'00'					505 665-9827		21	06	25	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
 MAJOR
 COOLING TOWER BLOWDOWN & OTHER
 EXTERNAL OUTFALL
 PAGE 11

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	21	06	01		21	06	30

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.5	*****	7.9	S.U.	0	5/30	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.001345	0.003530	Mgal/day	*****	*****	*****	*****	0	26/30	RCORDR	
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****			DAILY	RCORDR	
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	5/30	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX			WEEKLY	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TAUNIA VAN VALKENBURG (Affiliate) Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.07.26 16:33:55 -06'00'			TELEPHONE		DATE		
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			505	665-9827	21	07	26
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014.

(Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355		113-Q				
PERMIT NUMBER		DISCHARGE NUMBER				
MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	04	01		21	06	30

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 113
EFFLUENT GROSS
PAGE 12

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.30	1.30	mg/L	0	1/91	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX				
Phosphorus, Total (as P) 00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.03	2.03	mg/L	0	1/91	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TELEPHONE		DATE			
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP						TAUNIA VAN VALKENBURG (Affiliate)		505 665-9827		21 07 26	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA JEAN SANDQUIST, EPC-CP

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 7

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	07	01		21	07	31

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.6	*****	7.8	S.U.	0	4/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				WEEKLY
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.001617	0.002400	Mgal/day	*****	*****	*****	*****	0	26/31	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****				DAILY
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	4/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX				WEEKLY
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				Taunia Sandquist Digitally signed by Taunia Sandquist Date: 2021.08.25 10:52:38 -06'00'		TELEPHONE		DATE		
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP							505	665-9827	21	08	25
TYPED OR PRINTED					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014.

(Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA JEAN SANDQUIST, EPC-CP

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 7

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	08	01		21	08	31

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	7.2	****	7.6	S.U.	0	4/31	GRAB
	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM		0	WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.001692	0.004820	Mgal/day	****	****	****	****	0	24/31	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		****	****	****		0	DAILY	RCORDR
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	****	0	mg/L	0	4/31	GRAB
	PERMIT REQUIREMENT	****	****		****	****	0.011 INST MAX		0	WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				Taunia Sandquist Digitally signed by Taunia Sandquist Date: 2021.09.28 09:17:54 -06'00'		TELEPHONE		DATE		
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505	665-9827	21	09	28
TYPED OR PRINTED							AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

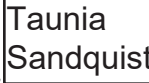
DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 15

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA JEAN SANDQUIST, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	09	01		21	09	30

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	7.3	S.U.	0	5/30	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				WEEKLY
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.001817	0.008100	Mgal/day	*****	*****	*****	*****	0	30/30	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****				DAILY
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	5/30	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX				WEEKLY
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.	 Digitally signed by Taunia Sandquist Date: 2021.10.27 16:08:16 -06'00'	TELEPHONE		DATE		
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP			505	665-9827	21	10	27
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

113-Q
DISCHARGE NUMBER

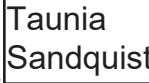
DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 113
EFFLUENT GROSS
PAGE 16

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA JEAN SANDQUIST, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	07	01		21	09	30

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.570	<0.570	mg/L	0	1/92	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX				QUARTERLY
Phosphorus, Total (as P) 00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.51	1.51	mg/L	0	1/92	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX				QUARTERLY
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.	 Digitally signed by Taunia Sandquist Date: 2021.10.27 16:08:39 -06'00'	TELEPHONE		DATE		
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP			505	665-9827	21	10	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

113-Y
DISCHARGE NUMBER

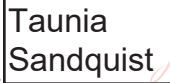
DMR MAILING ZIP CODE: 87545
MAJOR
YEARLY REPORTING - OUTFALL 113
EXTERNAL OUTFALL
PAGE 17

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA JEAN SANDQUIST, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
20	10	01		21	09	30

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, Dissolved (as Cu) 01040 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0144	mg/L	0	1/365	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	0.0218 DAILY MX			1/Year	GRAB
Aluminum, Total Recoverable 01104 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<0.0193	mg/L	0	1/365	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	6.904 DAILY MX			1/Year	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.	 Digitally signed by Taunia Sandquist Date: 2021.10.27 16:09:04 -06'00'	TELEPHONE		DATE		
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP			505	665-9827	21	10	27
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *CU AND AL EFFLUENT LIMITATIONS BECAME EFFECTIVE ON SEPTEMBER 30, 2017.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 7

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L.STORY, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	10	01		21	10	31

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.6	S.U.	0	4/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				WEEKLY
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.000268	0.000860	Mgal/day	*****	*****	*****	*****	0	8/31	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX			*****	*****		*****		
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	4/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX				WEEKLY
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2021.11.17 12:53:02 -07'00'	TELEPHONE		DATE		
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-2169	11	17
			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *(Reference all attachments here)*

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 7

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L.STORY, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	11	01		21	11	30

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.4	S.U.	0	4/30	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				WEEKLY
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.001481	0.005400	Mgal/day	*****	*****	*****	*****	0	28/30	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX			*****	*****		*****		
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	4/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX				WEEKLY
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	STEVEN STORY (Affiliate) <small>Digitally signed by STEVEN STORY (Affiliate) Date: 2021.12.17 07:21:24 -07'00'</small>	TELEPHONE		DATE		
STEVEN L.STORY GROUP LEADER EPC-CP			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-2169	21	12
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *(Reference all attachments here)*

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L.STORY, EPC-CP

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
 MAJOR
 COOLING TOWER BLOWDOWN & OTHER
 EXTERNAL OUTFALL
 PAGE 11

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	12	01		21	12	31

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	6.7	****	7.6	S.U.	0	5/31	GRAB
	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.000278	0.001280	Mgal/day	****	****	****	****	0	16/31	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		****	****	****			DAILY	RCORDR
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	****	0	mg/L	0	5/31	GRAB
	PERMIT REQUIREMENT	****	****	****	****	****	0.011 INST MAX			WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TELEPHONE		DATE			
STEVEN L.STORY GROUP LEADER EPC-CP						STEVEN STORY (Affiliate)		505	665-2169	22	01
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

NM0028355
PERMIT NUMBER

113-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 113
EFFLUENT GROSS
 PAGE 12

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	21	10	01		21	12	31

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.30	2.30	mg/L	0	1/92	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX			QUARTERLY	GRAB
Phosphorus, Total (as P) 00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.35	1.35	mg/L	0	1/92	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX			QUARTERLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	STEVEN STORY (Affiliate) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
TYPED OR PRINTED			505	665-2169	22	01	25

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

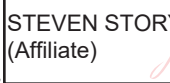
DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 7

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L.STORY, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	01	01		22	01	31

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.0	*****	7.3	S.U.	0	4/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				WEEKLY
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.000105	0.000180	Mgal/day	*****	*****	*****	*****	0	11/31	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****				DAILY
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	4/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX				WEEKLY
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.	 Digitally signed by STEVEN STORY (Affiliate) Date: 2022.02.28 09:51:07 -07'00'	TELEPHONE		DATE			
STEVEN L.STORY GROUP LEADER EPC-CP			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-2169	22	02	28
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 7

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	02	01		22	02	28

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	8.9	S.U.	0	5/28	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				WEEKLY
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.002412	0.012770	Mgal/day	*****	*****	*****	*****	0	17/28	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****				DAILY
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.030	mg/L	1	5/28	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX				WEEKLY
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	STEVEN STORY (Affiliate)	Digitally signed by STEVEN STORY (Affiliate) Date: 2022.03.24 10:10:27 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP				505	665-2169	22	03	24
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 11

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	03	01		22	03	31

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.2	S.U.	0	5/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				WEEKLY
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.001094	0.016080	Mgal/day	*****	*****	*****	*****	0	20/31	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****				DAILY
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	5/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX				WEEKLY
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	STEVEN STORY (Affiliate)	Digitally signed by STEVEN STORY (Affiliate) Date: 2022.04.27 13:46:35 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-2169	22	04
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

113-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 113
EFFLUENT GROSS
PAGE 12

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	01	01		22	03	31

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.80	4.80	mg/L	0	1/90	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX				QUARTERLY
Phosphorus, Total (as P) 00665 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.925	0.925	mg/L	0	1/90	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX				QUARTERLY
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2022.04.27 13:46:50 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-2169	22	04
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER WASTEWATER
EXTERNAL OUTFALL
PAGE 7

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY		YEAR	MO	DAY
22	04	01	FROM	22	04	30
			TO			

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.4	S.U.	0	4/30	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.000246	0.000510	Mgal/day	*****	*****	*****	*****	0	15/30	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****			DAILY	RCORDR
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	4/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX			WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.			STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2022.05.23 12:43:25 -06'00'		TELEPHONE		DATE		
STEVEN L. STORY, GROUP LEADER, EPC-CP							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505	665-2169	22
TYPED OR PRINTED						AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER WASTEWATER
EXTERNAL OUTFALL

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	05	01		22	05	31

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.8	S.U.	0	4/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				WEEKLY
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.0026837	0.013870	Mgal/day	*****	*****	*****	*****	0	30/31	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****				DAILY
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	4/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX				WEEKLY
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.	SARAH HOLCOMB (Affiliate)	Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.07.26 09:27:23 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	667-0666	22	07
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER WASTEWATER
EXTERNAL OUTFALL

FACILITY: LOS ALAMOS NATIONAL LABORATORY
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	06	01		22	06	30

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	7.1	*****	7.2	S.U.	0	5/30	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				WEEKLY
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.001219	0.002560	Mgal/day	*****	*****	*****	*****	0	30/30	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****				DAILY
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	5/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX				WEEKLY
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.	SARAH HOLCOMB (Affiliate) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.07.26 07:38:11 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP				505	667-0666	22	07	26
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

113-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 113
EFFLUENT GROSS

FACILITY: LOS ALAMOS NATIONAL LABORATORY
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	04	01		22	06	30

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.570	<0.570	mg/L	0	1/91	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX				
Phosphorus, Total (as P) 00665 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.37	1.37	mg/L	0	1/91	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER STEVEN L. STORY GROUP LEADER EPC-CP	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SARAH HOLCOMB (Affiliate) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.07.26 08:32:13 -06'00'	TELEPHONE		DATE		
				505	665-0666	22	07	26
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

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: LOS ALAMOS NATIONAL LABORATORY
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
 MAJOR
 COOLING TOWER BLOWDOWN & OTHER WASTEWATER
 EXTERNAL OUTFALL
 PAGE 7

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	07	01		22	07	31

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	7.3	*****	7.4	S.U.	0	4/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.001212	0.004210	Mgal/day	*****	*****	*****	*****	0	30/31	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX		*****	*****	*****				
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	mg/L	0	4/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	SARAH HOLCOMB (Affiliate)	Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.08.25 11:24:24 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY, GROUP LEADER, EPC-CP				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	667-0666	22	08
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DMR Copy of Record

Permit

Permit #: NM0028355	Permittee: LOS ALAMOS NATIONAL LABORATORY	Facility: UNIVERSITY OF CALIFORNIA
Major: Yes	Permittee Address: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544	Facility Location: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature: 113 External Outfall	Discharge: 113-A COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO SANDIA CANYON	

Report Dates & Status

Monitoring Period: From 08/01/22 to 08/31/22	DMR Due Date: 09/28/22	Status: NetDMR Validated
---	-------------------------------	---------------------------------

Considerations for Form Completion

Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type		
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3				Value 3	Units
00400	pH	1 - Effluent Gross	0	--	Sample						7.1				7.4	12 - SU	0	01/07 - Weekly	GR - GRAB
					Permit Req.					>=	6.0 MINIMUM			<=	9.0 MAXIMUM	12 - SU		01/07 - Weekly	GR - GRAB
					Value NODI														
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	0.0009777		0.00336	03 - MGD								0	01/01 - Daily	ES - ESTIMA
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD								01/01 - Daily	RE - Record (manual)
					Value NODI														
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample									0.0	19 - mg/L	0	01/07 - Weekly	GR - GRAB	
					Permit Req.								<=	0.011 INST MAX	19 - mg/L		01/07 - Weekly	GR - GRAB	
					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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments
LA-UR-22-29946

Attachments
No attachments.

Report Last Saved By
LOS ALAMOS NATIONAL LABORATORY

User: ICADIENTE
Name: Isaac Cadiente
E-Mail: icadiente@lanl.gov
Date/Time: 2022-09-26 17:00 (Time Zone: -05:00)

Report Last Signed By

User: SARAHHOLCOMB
Name: Sarah Holcomb
E-Mail: sholcomb@lanl.gov
Date/Time: 2022-09-27 16:58 (Time Zone: -05:00)

DMR Copy of Record

Permit	
Permit #: NM0028355	Permittee: LOS ALAMOS NATIONAL LABORATORY
Major: Yes	Permittee Address: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature: 113 External Outfall	Discharge: 113-A COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO SANDIA CANYON
Facility: UNIVERSITY OF CALIFORNIA	Facility Location: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544

Report Dates & Status	
Monitoring Period: From 09/01/22 to 09/30/22	DMR Due Date: 10/28/22
Status: NetDMR Validated	

Considerations for Form Completion

Principal Executive Officer	
First Name:	Title:
Last Name:	Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type		
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3				Value 3	Units
00400	pH	1 - Effluent Gross	0	--	Sample						7.1				7.5	12 - SU	0	01/07 - Weekly	GR - GRAB
					Permit Req.					>=	6.0 MINIMUM			<=	9.0 MAXIMUM	12 - SU		01/07 - Weekly	GR - GRAB
					Value NODI														
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	0.001028		0.00234		03 - MGD							0	01/01 - Daily	ES - ESTIMA
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD								01/01 - Daily	RE - Record (manual)
					Value NODI														
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample									0.0	19 - mg/L	0	01/07 - Weekly	GR - GRAB	
					Permit Req.								<=	0.011 INST MAX	19 - mg/L		01/07 - Weekly	GR - GRAB	
					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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments
LA-UR-22-31291

Attachments
No attachments.

Report Last Saved By
LOS ALAMOS NATIONAL LABORATORY

User: ICADIENTE
Name: Isaac Cadiente
E-Mail: icadiente@lanl.gov
Date/Time: 2022-10-25 10:10 (Time Zone: -05:00)

Report Last Signed By
User: SARAHHOLCOMB
Name: Sarah Holcomb
E-Mail: sholcomb@lanl.gov
Date/Time: 2022-10-25 10:26 (Time Zone: -05:00)

DMR Copy of Record

Permit			
Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	113 External Outfall	Discharge:	113-A COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO SANDIA CANYON
Facility:	UNIVERSITY OF CALIFORNIA		
Facility Location:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544		

Report Dates & Status			
Monitoring Period:	From 10/01/22 to 10/31/22	DMR Due Date:	11/28/22
Status:	NetDMR Validated		

Considerations for Form Completion

Principal Executive Officer			
First Name:	Title:	Telephone:	
Last Name:			

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type		
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3				Value 3	Units
00400	pH	1 - Effluent Gross	0	--	Sample						7.2				7.3	12 - SU	0	01/07 - Weekly	GR - GRAB
					Permit Req.					>=	6.0 MINIMUM			<=	9.0 MAXIMUM	12 - SU		01/07 - Weekly	GR - GRAB
					Value NODI														
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	0.0002		0.00071	03 - MGD								0	01/01 - Daily	ES - ESTIMA
					Permit Req.	Req Mon MO AVG		Req Mon DAILY MX	03 - MGD									01/01 - Daily	RE - Record (manual)
					Value NODI														
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample									0.0	19 - mg/L	0	01/07 - Weekly	GR - GRAB	
					Permit Req.								<=	0.011 INST MAX	19 - mg/L		01/07 - Weekly	GR - GRAB	
					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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments
LA-UR-22-32091

Attachments
No attachments.

Report Last Saved By
LOS ALAMOS NATIONAL LABORATORY

User: ICADIENTE
Name: Isaac Cadiente
E-Mail: icadiente@lanl.gov
Date/Time: 2022-11-16 12:10 (Time Zone: -06:00)

Report Last Signed By
User: SARAHHOLCOMB
Name: Sarah Holcomb
E-Mail: sholcomb@lanl.gov
Date/Time: 2022-11-21 09:17 (Time Zone: -06:00)

DMR Copy of Record

Permit

Permit #: NM0028355	Permittee: LOS ALAMOS NATIONAL LABORATORY	Facility: UNIVERSITY OF CALIFORNIA
Major: Yes	Permittee Address: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544	Facility Location: 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	Status: NetDMR Validated
---	-------------------------------	---------------------------------

Considerations for Form Completion

Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading			Quality or Concentration				# of Ex.	Frequency of Analysis	Sample Type					
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1				Qualifier 2	Value 2	Qualifier 3	Value 3	Units
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample														
					Permit Req.														
					Value NODI														
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample														
					Permit Req.														
					Value NODI														

Submission Note

If a parameter row does not contain any values for the Sample nor Effluent Trading, then none of the following fields will be submitted for that row: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

LA-UR-22-32091

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: ICADIENTE
 Name: Isaac Cadiente
 E-Mail: icadiente@lanl.gov
 Date/Time: 2022-11-16 12:10 (Time Zone: -06:00)

Report Last Signed By

User: SARAHHOLCOMB
 Name: Sarah Holcomb
 E-Mail: sholcomb@lanl.gov
 Date/Time: 2022-11-21 09:17 (Time Zone: -06:00)

DMR Copy of Record

Permit			
Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	113 External Outfall	Discharge:	113-A COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO SANDIA CANYON
Facility:			UNIVERSITY OF CALIFORNIA
			Facility Location: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544

Report Dates & Status			
Monitoring Period:	From 11/01/22 to 11/30/22	DMR Due Date:	12/28/22
		Status:	NetDMR Validated

Considerations for Form Completion

Principal Executive Officer			
First Name:			Title:
Last Name:			Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type		
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3				Value 3	Units
00400	pH	1 - Effluent Gross	0	--	Sample						7.1				7.3	12 - SU	0	01/07 - Weekly	GR - GRAB
					Permit Req.					>=	6.0 MINIMUM			<=	9.0 MAXIMUM	12 - SU		01/07 - Weekly	GR - GRAB
					Value NODI														
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	0.0005157		0.00115	03 - MGD								0	01/01 - Daily	ES - ESTIMA
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD								01/01 - Daily	RE - Record (manual)
					Value NODI														
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample									0.0	19 - mg/L	0	01/07 - Weekly	GR - GRAB	
					Permit Req.								<=	0.011 INST MAX	19 - mg/L		01/07 - Weekly	GR - GRAB	
					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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments
LA-UR-22-33028

Attachments
No attachments.

Report Last Saved By
LOS ALAMOS NATIONAL LABORATORY

User: ICADIENTE
Name: Isaac Cadiente
E-Mail: icadiente@lanl.gov
Date/Time: 2022-12-19 17:00 (Time Zone: -06:00)

Report Last Signed By
User: SARAHHOLCOMB
Name: Sarah Holcomb
E-Mail: sholcomb@lanl.gov
Date/Time: 2022-12-20 09:21 (Time Zone: -06:00)

DMR Copy of Record

Permit	
Permit #: NM0028355	Permittee: LOS ALAMOS NATIONAL LABORATORY
Major: Yes	Permittee Address: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature: 113 External Outfall	Discharge: 113-A COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO SANDIA CANYON
Facility: UNIVERSITY OF CALIFORNIA	Facility Location: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544

Report Dates & Status	
Monitoring Period: From 12/01/22 to 12/31/22	DMR Due Date: 01/28/23
Status: NetDMR Validated	

Considerations for Form Completion

Principal Executive Officer	
First Name:	Title:
Last Name:	Telephone:

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type				
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3				Value 3	Units		
00400	pH	1 - Effluent Gross	0	--	Sample						7.0				7.2	12 - SU	0	01/07 - Weekly	GR - GRAB		
					Permit Req.						>=	6.0 MINIMUM				<=		9.0 MAXIMUM	12 - SU	01/07 - Weekly	GR - GRAB
					Value NODI																
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample	0.0005646		0.00114		03 - MGD							0	01/01 - Daily	ES - ESTIMA		
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX	03 - MGD										01/01 - Daily	RE - Record (manual)
					Value NODI																
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample										0.0	19 - mg/L	0	01/07 - Weekly	GR - GRAB		
					Permit Req.											<=		0.011 INST MAX	19 - mg/L	01/07 - Weekly	GR - GRAB
					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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments
LA-UR-23-20664

Attachments
No attachments.

Report Last Saved By
LOS ALAMOS NATIONAL LABORATORY

User: ICADIENTE
Name: Isaac Cadiente
E-Mail: icadiente@lanl.gov
Date/Time: 2023-01-25 16:40 (Time Zone: -06:00)

Report Last Signed By
User: SARAHHOLCOMB
Name: Sarah Holcomb
E-Mail: sholcomb@lanl.gov
Date/Time: 2023-01-25 17:30 (Time Zone: -06:00)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 9

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	01	01		21	01	31

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	*NODI=C	****	*NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM				WEEKLY
Cyanide, Total 00720 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	ug/L	0	0/31	GRAB
	PERMIT REQUIREMENT	****	****		****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX				MONTHLY
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	****	****		****	0.021 MONTHLY AV	0.032 DAILY MX				3/Week
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	****	****	****	****	0	0/31	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		****	****	****				DAILY
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	****	*NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	****	****		****	****	0.011 INST MAX				WEEKLY
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.02.25 13:25:17 -07'00'	TELEPHONE		DATE		
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-9827	21	02
TYPED OR PRINTED							AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 9

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	21	02	01		21	02	28

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/28	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM				
Cyanide, Total 00720 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	ug/L	0	0/28	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX				
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.021 MONTHLY AV	0.032 DAILY MX				
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/28	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****				
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/28	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.03.25 09:17:52 -06'00'	TELEPHONE		DATE		
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-9827	2021	03
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 14

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	03	01		21	03	31

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB		
Cyanide, Total 00720 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	ug/L	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		MONTHLY	GRAB		
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	0.021 MONTHLY AV	0.032 DAILY MX		3Week	GRAB		
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCODR	
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	RCODR		
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB		
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TAUNIA VAN VALKENBURG (Affiliate)		Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.04.26 15:02:13 -06'00'		TELEPHONE		DATE	
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505	665-9827	21	04	26	
TYPED OR PRINTED							AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

160-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 160
EXTERNAL OUTFALL
PAGE 15

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	01	01		21	03	31

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/90	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX				
Phosphorus, Total (as P) 00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/90	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.04.26 15:02:33 -06'00'	TELEPHONE		DATE		
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-9827	21	04
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014.*NO DISCHARGE DURING MONITORING PERIOD

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 9

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	04	01		21	04	30

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/30	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM					
Cyanide, Total 00720 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	ug/L	0	0/30	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX					
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/30	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.021 MONTHLY AV	0.032 DAILY MX					
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	RCORDR	
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****					
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/30	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX					
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					TAUNIA VAN VALKENBURG (Affiliate) Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.05.24 17:13:19 -06'00'		TELEPHONE		DATE		
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505	665-9827	21	05	24
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355	160-A
PERMIT NUMBER	DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
 MAJOR
 COOLING TOWER BLOWDOWN & OTHER
 EXTERNAL OUTFALL
 PAGE 9

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	05	01		21	05	31

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Cyanide, Total 00720 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	ug/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX			MONTHLY	GRAB
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.021 MONTHLY AV	0.032 DAILY MX			3/Week	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	RCORDR
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX			WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TELEPHONE		DATE			
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP						TAUNIA VAN VALKENBURG (Affiliate)		505 665-9827		21	06
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 14

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	21	06	01		21	06	30

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
Cyanide, Total 00720 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	ug/L	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		MONTHLY	GRAB	
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.021 MONTHLY AV	0.032 DAILY MX		3/Week	GRAB	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	RCORDR	
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					TELEPHONE		DATE			
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP						505 665-9827		21	07	26	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

160-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 160
EXTERNAL OUTFALL
PAGE 15

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	21	04	01		21	06	30

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/91	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX				
Phosphorus, Total (as P) 00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/91	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TELEPHONE		DATE			
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP						TAUNIA VAN VALKENBURG (Affiliate)		505 665-9827		21 07 26	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014.*NO DISCHARGE DURING MONITORING PERIOD

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA JEAN SANDQUIST, EPC-CP

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 9

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	07	01		21	07	31

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
Cyanide, Total 00720 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	ug/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		MONTHLY	GRAB	
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.021 MONTHLY AV	0.032 DAILY MX		3/Week	GRAB	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	RCORDR	
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX		WEEKLY	GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	Taunia Sandquist Digitally signed by Taunia Sandquist Date: 2021.08.25 10:53:12 -06'00'	TELEPHONE		DATE		
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-9827	21	08
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA JEAN SANDQUIST, EPC-CP

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 9

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	08	01		21	08	31

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Cyanide, Total 00720 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	ug/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX			MONTHLY	GRAB
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.021 MONTHLY AV	0.032 DAILY MX			3/Week	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	RCORDR
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX			WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					TELEPHONE		DATE			
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP						Tautia Sandquist Digitally signed by Tautia Sandquist Date: 2021.09.28 09:18:33 -06'00'		505	665-9827	21	09
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

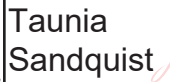
DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 20

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA JEAN SANDQUIST, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	09	01		21	09	30

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				WEEKLY
Cyanide, Total 00720 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	ug/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX				MONTHLY
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.021 MONTHLY AV	0.032 DAILY MX				3/Week
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****				DAILY
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX				WEEKLY
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	 Digitally signed by Taunia Sandquist Date: 2021.10.27 16:10:19 -06'00'	TELEPHONE		DATE		
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-9827	21	10
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

160-Q
DISCHARGE NUMBER

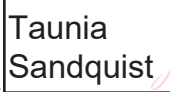
DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 160
EXTERNAL OUTFALL
PAGE 21

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA JEAN SANDQUIST, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	07	01		21	09	30

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/92	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX			QUARTERLY	GRAB
Phosphorus, Total (as P) 00665 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/92	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX			QUARTERLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.	 Digitally signed by Taunia Sandquist Date: 2021.10.27 16:10:42 -06'00'	TELEPHONE		DATE		
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP			505	665-9827	21	10	27
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

160-Y
DISCHARGE NUMBER

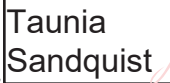
DMR MAILING ZIP CODE: 87545
MAJOR
YEARLY REPORTING - OUTFALL 160
EXTERNAL OUTFALL
PAGE 22

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA JEAN SANDQUIST, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
20	10	01		21	09	30

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Arsenic, Total (as As) 01002 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/365	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0.013 MONTHLY AV	0.018 DAILY MX			1/Year	GRAB
Aluminum, Total Recoverable* 01104 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/365	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	4.290 DAILY MX			1/Year	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.	 Digitally signed by Taunia Sandquist Date: 2021.10.27 16:11:07 -06'00'	TELEPHONE		DATE		
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP			505	665-9827	21	10	27
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS *(Reference all attachments here)*
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *ALUMINUM EFFLUENT LIMITATIONS TAKE EFFECT ON SEPTEMBER 30, 2017. * NO DISCHARGE DURING MONITORING PERIOD.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 9

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	10	01		21	10	31

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB	
Cyanide, Total 00720 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	ug/L	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX			MONTHLY	GRAB	
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.021 MONTHLY AV	0.032 DAILY MX			3/Week	GRAB	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR	
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	RCORDR	
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX			WEEKLY	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TELEPHONE		DATE				
STEVEN L. STORY GROUP LEADER EPC-CP						STEVEN STORY (Affiliate)		505 665-2169		11	17	21
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 9

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	11	01	FROM	21	11	30

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/30	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM					
Cyanide, Total 00720 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	ug/L	0	0/30	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX					
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/30	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	0.021 MONTHLY AV	0.032 DAILY MX					
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	RCORDR	
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****					
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/30	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX					
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2021.12.17 07:21:48 -07'00' SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP								505 665-2169		21	12	16
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 14

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	21	12	01		21	12	31

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE				
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS							
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB				
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM								
Cyanide, Total 00720 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	ug/L	0	0/31	GRAB				
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX					MONTHLY			
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB				
	PERMIT REQUIREMENT	*****	*****		*****	0.021 MONTHLY AV	0.032 DAILY MX					3/Week			
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR				
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****					DAILY			
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB				
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX					WEEKLY			
	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT														
	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT														
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TELEPHONE		DATE							
STEVEN L. STORY GROUP LEADER EPC-CP						STEVEN STORY (Affiliate)		Digitally signed by STEVEN STORY (Affiliate) Date: 2022.01.25 11:17:23 -07'00'							
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505	665-2169	22	01	25			
COMMENT AND EXPLANATION OF ANY VIOLATIONS		(Reference all attachments here)				AREA CODE		NUMBER		YEAR		MO		DAY	

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

NM0028355
PERMIT NUMBER

160-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
 MAJOR
 QUARTERLY REPORTING - OUTFALL 160
 EXTERNAL OUTFALL
 PAGE 15

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	10	01		21	12	31

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/92	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX			QUARTERLY	GRAB	
Phosphorus, Total (as P) 00665 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/92	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX			QUARTERLY	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION; THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2022.01.25 11:17:41 -07'00'		TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505	665-2169	22	01	25
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 9

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	01	01		22	01	31

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS						
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB			
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB			
Cyanide, Total 00720 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	ug/L	0	0/31	GRAB			
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX			MONTHLY	GRAB			
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB			
	PERMIT REQUIREMENT	*****	*****		*****	0.021 MONTHLY AV	0.032 DAILY MX			3/Week	GRAB			
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR			
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	RCORDR			
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB			
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX			WEEKLY	GRAB			
	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT													
	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT													
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					TELEPHONE		DATE						
STEVEN L. STORY GROUP LEADER EPC-CP						STEVEN STORY (Affiliate)	Digitally signed by STEVEN STORY (Affiliate) Date: 2022.02.28 09:51:39 -07'00'							
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-2169	22	02	28			
		AREA CODE	NUMBER	YEAR	MO	DAY								

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 9

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	02	01		22	02	28

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/28	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				WEEKLY	GRAB
Cyanide, Total 00720 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	ug/L	0	0/28	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX				MONTHLY	GRAB
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	0.021 MONTHLY AV	0.032 DAILY MX				3/Week	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/28	RCORDR	
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****				DAILY	RCORDR
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/28	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX				WEEKLY	GRAB
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					STEVEN STORY (Affiliate)	Digitally signed by STEVEN STORY (Affiliate) Date: 2022.03.24 10:11:13 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-2169	22	03
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY						

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER
EXTERNAL OUTFALL
PAGE 14

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	03	01		22	03	31

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				WEEKLY	GRAB
Cyanide, Total 00720 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	ug/L	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX				MONTHLY	GRAB
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	0.021 MONTHLY AV	0.032 DAILY MX				3/Week	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR	
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****				DAILY	RCORDR
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/31	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX				WEEKLY	GRAB
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					STEVEN STORY (Affiliate)	Digitally signed by STEVEN STORY (Affiliate) Date: 2022.04.27 13:47:19 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-2169	22	04
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY						

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

160-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 160
EXTERNAL OUTFALL
PAGE 15

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	22	01	01		22	03	31

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/90	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX				QUARTERLY
Phosphorus, Total (as P) 00665 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/90	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX				QUARTERLY
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2022.04.27 13:47:35 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-2169	22	04
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER WASTEWATER
EXTERNAL OUTFALL
PAGE 9

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	04	01		22	04	30

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Cyanide, Total 00720 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	ug/L	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX			MONTHLY	GRAB
Copper, Total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.021 MONTHLY AV	0.032 DAILY MX			3/Week	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	RCORDR
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*NODI=C	mg/L	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.011 INST MAX			WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				STEVEN STORY (Affiliate)	Digitally signed by STEVEN STORY (Affiliate) Date: 2022.05.23 12:43:53 -08'00'	TELEPHONE	DATE			
STEVEN L. STORY, GROUP LEADER, EPC-CP					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505 665-2169	22	05	23	
TYPED OR PRINTED							AREA CODE NUMBER	YEAR	MO	DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER WASTEWATER
EXTERNAL OUTFALL

FACILITY: LOS ALAMOS NATIONAL LABORATORY
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	05	01		22	05	31

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
pH 00400 1 0	X	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
		PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Cyanide, Total 00720 1 0	X	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	ug/L	0	0/31	GRAB
		PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX			MONTHLY	GRAB
Copper, Total (as Cu) 01042 1 0	X	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
		PERMIT REQUIREMENT	*****	*****		*****	0.021 MONTHLY AV	0.032 DAILY MX			3/Week	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	X	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
		PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	RCORDR
Chlorine, Total Residual 50060 1 0	X	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB
		PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX			WEEKLY	GRAB
	X	SAMPLE MEASUREMENT										
	X	PERMIT REQUIREMENT										
	X	SAMPLE MEASUREMENT										
	X	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					SARAH HOLCOMB (Affiliate)	Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.07.26 09:28:46 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP								SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	667-0666	22	07
TYPED OR PRINTED							AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER WASTEWATER
EXTERNAL OUTFALL

FACILITY: LOS ALAMOS NATIONAL LABORATORY
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	06	01		22	06	30

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
Cyanide, Total 00720 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	ug/L	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		MONTHLY	GRAB	
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.021 MONTHLY AV	0.032 DAILY MX		3/Week	GRAB	
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	RCORDR	
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX		WEEKLY	GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.	SARAH HOLCOMB (Affiliate)	Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.07.26 07:48:25 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	667-0666	22	07
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

160-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 160
EXTERNAL OUTFALL

FACILITY: LOS ALAMOS NATIONAL LABORATORY
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	04	01		22	06	30

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/91	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	100 DAILY MX			QUARTERLY	GRAB
Phosphorus, Total (as P) 00665 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/91	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	20 MO AVG	40 DAILY MX			QUARTERLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.	SARAH HOLCOMB (Affiliate)	Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.07.26 09:02:30 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP				505	665-0666	22	07	26
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

160-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
COOLING TOWER BLOWDOWN & OTHER WASTEWATER
EXTERNAL OUTFALL
PAGE 9

FACILITY: LOS ALAMOS NATIONAL LABORATORY
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	07	01		22	07	31

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				WEEKLY
Cyanide, Total 00720 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	ug/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX				MONTHLY
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.021 MONTHLY AV	0.032 DAILY MX				3/Week
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****				DAILY
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.011 INST MAX				WEEKLY
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					SARAH HOLCOMB (Affiliate)		TELEPHONE		DATE	
STEVEN L. STORY, GROUP LEADER, EPC-CP						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505	667-0666	22	08
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY				

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY	Facility:	UNIVERSITY OF CALIFORNIA
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544	Facility Location:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	160 External Outfall	Discharge:	160-A COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO TEN SITE CANYON		

Report Dates & Status

Monitoring Period:	From 08/01/22 to 08/31/22	DMR Due Date:	09/28/22	Status:	NetDMR Validated
---------------------------	----------------------------------	----------------------	-----------------	----------------	-------------------------

Considerations for Form Completion

Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type		
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Units	
00400	pH	1 - Effluent Gross	0	--	Sample													12 - SU	01/07 - Weekly	GR - GRAB
					Permit Req.					>=	6.0 MINIMUM					<=	9.0 MAXIMUM			
					Value NODI						C - No Discharge						C - No Discharge			
00720	Cyanide, total [as CN]	1 - Effluent Gross	0	--	Sample												28 - ug/L	01/30 - Monthly	GR - GRAB	
					Permit Req.							Req Mon MO AVG				Req Mon DAILY MX				
					Value NODI							C - No Discharge				C - No Discharge				
01042	Copper, total [as Cu]	1 - Effluent Gross	0	--	Sample												19 - mg/L	03/07 - Three Per Week	GR - GRAB	
					Permit Req.								<=	0.021 MO AVG	<=	0.032 DAILY MX				
					Value NODI							C - No Discharge				C - No Discharge				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample												03 - MGD	01/01 - Daily	RE - Record (manual)	
					Permit Req.							Req Mon MO AVG				Req Mon DAILY MX				
					Value NODI							C - No Discharge				C - No Discharge				
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample												19 - mg/L	01/07 - Weekly	GR - GRAB	
					Permit Req.											<=				0.011 INST MAX
					Value NODI							C - No Discharge				C - No Discharge				

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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

LA-UR-22-29946

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: ICADIENTE
 Name: Isaac Cadiente
 E-Mail: icadiente@lanl.gov
 Date/Time: 2022-09-27 16:30 (Time Zone: -05:00)

Report Last Signed By

User: SARAHHOLCOMB
 Name: Sarah Holcomb
 E-Mail: sholcomb@lanl.gov
 Date/Time: 2022-09-27 16:58 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY	Facility:	UNIVERSITY OF CALIFORNIA
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544	Facility Location:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	160 External Outfall	Discharge:	160-A COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO TEN SITE CANYON		

Report Dates & Status

Monitoring Period:	From 09/01/22 to 09/30/22	DMR Due Date:	10/28/22	Status:	NetDMR Validated
---------------------------	----------------------------------	----------------------	-----------------	----------------	-------------------------

Considerations for Form Completion

Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type		
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Units	
00400	pH	1 - Effluent Gross	0	--	Sample													12 - SU	01/07 - Weekly	GR - GRAB
					Permit Req.					>=	6.0 MINIMUM					<=	9.0 MAXIMUM			
					Value NODI						C - No Discharge						C - No Discharge			
00720	Cyanide, total [as CN]	1 - Effluent Gross	0	--	Sample												28 - ug/L	01/30 - Monthly	GR - GRAB	
					Permit Req.						Req Mon MO AVG					Req Mon DAILY MX				
					Value NODI						C - No Discharge					C - No Discharge				
01042	Copper, total [as Cu]	1 - Effluent Gross	0	--	Sample												19 - mg/L	03/07 - Three Per Week	GR - GRAB	
					Permit Req.								<=	0.021 MO AVG	<=	0.032 DAILY MX				
					Value NODI						C - No Discharge					C - No Discharge				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample												03 - MGD	01/01 - Daily	RE - Record (manual)	
					Permit Req.						Req Mon MO AVG					Req Mon DAILY MX				
					Value NODI						C - No Discharge					C - No Discharge				
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample												19 - mg/L	01/07 - Weekly	GR - GRAB	
					Permit Req.											<=				0.011 INST MAX
					Value NODI						C - No Discharge					C - No Discharge				

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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

LA-UR-22-31291

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: ICADIENTE
 Name: Isaac Cadiente
 E-Mail: icadiente@lanl.gov
 Date/Time: 2022-10-25 10:10 (Time Zone: -05:00)

Report Last Signed By

User: SARAHHOLCOMB
 Name: Sarah Holcomb
 E-Mail: sholcomb@lanl.gov
 Date/Time: 2022-10-25 10:26 (Time Zone: -05:00)

DMR Copy of Record

Permit

Permit #: NM0028355	Permittee: LOS ALAMOS NATIONAL LABORATORY	Facility: UNIVERSITY OF CALIFORNIA
Major: Yes	Permittee Address: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544	Facility Location: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature: 160 External Outfall	Discharge: 160-A COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO TEN SITE CANYON	

Report Dates & Status

Monitoring Period: From 10/01/22 to 10/31/22	DMR Due Date: 11/28/22	Status: NetDMR Validated
---	-------------------------------	---------------------------------

Considerations for Form Completion

Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type		
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Units	
00400	pH	1 - Effluent Gross	0	--	Sample													12 - SU	01/07 - Weekly	GR - GRAB
					Permit Req.					>=	6.0 MINIMUM					<=	9.0 MAXIMUM			
					Value NODI						C - No Discharge						C - No Discharge			
00720	Cyanide, total [as CN]	1 - Effluent Gross	0	--	Sample												28 - ug/L	01/30 - Monthly	GR - GRAB	
					Permit Req.						Req Mon MO AVG					Req Mon DAILY MX				
					Value NODI						C - No Discharge					C - No Discharge				
01042	Copper, total [as Cu]	1 - Effluent Gross	0	--	Sample												19 - mg/L	03/07 - Three Per Week	GR - GRAB	
					Permit Req.						<=	0.021 MO AVG	<=	0.032 DAILY MX						
					Value NODI						C - No Discharge					C - No Discharge				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample												03 - MGD	01/01 - Daily	RE - Record (manual)	
					Permit Req.						Req Mon MO AVG					Req Mon DAILY MX				
					Value NODI						C - No Discharge					C - No Discharge				
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample												19 - mg/L	01/07 - Weekly	GR - GRAB	
					Permit Req.							<=	0.011 INST MAX							
					Value NODI								C - No Discharge							

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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

LA-UR-22-32091

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: ICADIENTE
 Name: Isaac Cadiente
 E-Mail: icadiente@lanl.gov
 Date/Time: 2022-11-16 12:10 (Time Zone: -06:00)

Report Last Signed By

User: SARAHHOLCOMB
 Name: Sarah Holcomb
 E-Mail: sholcomb@lanl.gov
 Date/Time: 2022-11-21 09:17 (Time Zone: -06:00)

DMR Copy of Record

Permit		Permittee: LOS ALAMOS NATIONAL LABORATORY		Facility: UNIVERSITY OF CALIFORNIA	
Permit #: NM0028355	Major: Yes	Permittee Address: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544	Facility Location: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544		
Permitted Feature: 160 External Outfall	Discharge: 160-Q QUARTERLY REPORTING - OUTFALL 160				

Report Dates & Status

Monitoring Period: From 08/01/22 to 10/31/22	DMR Due Date: 11/28/22	Status: NetDMR Validated
---	-------------------------------	---------------------------------

Considerations for Form Completion

Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type							
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3				Value 3	Units					
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample																			
					Permit Req.								<=	30.0 MO AVG	<=	100.0 DAILY MX	19 - mg/L		01/90 - Quarterly	GR - GRAB				
					Value NODI										C - No Discharge		C - No Discharge							
00665	Phosphorus, total [as P]	1 - Effluent Gross	0	--	Sample																			
					Permit Req.												<=	20.0 MO AVG	<=	40.0 DAILY MX	19 - mg/L		01/90 - Quarterly	GR - GRAB
					Value NODI											C - No Discharge		C - No Discharge						

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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

LA-UR-22-32091

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: ICADIENTE
 Name: Isaac Cadiente
 E-Mail: icadiente@lanl.gov
 Date/Time: 2022-11-16 12:10 (Time Zone: -06:00)

Report Last Signed By

User: SARAHHOLCOMB
 Name: Sarah Holcomb
 E-Mail: sholcomb@lanl.gov
 Date/Time: 2022-11-21 09:17 (Time Zone: -06:00)

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY	Facility:	UNIVERSITY OF CALIFORNIA
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544	Facility Location:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	160 External Outfall	Discharge:	160-A COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO TEN SITE CANYON		

Report Dates & Status

Monitoring Period:	From 11/01/22 to 11/30/22	DMR Due Date:	12/28/22	Status:	NetDMR Validated
---------------------------	----------------------------------	----------------------	-----------------	----------------	-------------------------

Considerations for Form Completion

Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type		
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Units	
00400	pH	1 - Effluent Gross	0	--	Sample													12 - SU	01/07 - Weekly	GR - GRAB
					Permit Req.						>=	6.0 MINIMUM			<=	9.0 MAXIMUM				
					Value NODI							C - No Discharge				C - No Discharge				
00720	Cyanide, total [as CN]	1 - Effluent Gross	0	--	Sample												28 - ug/L	01/30 - Monthly	GR - GRAB	
					Permit Req.							Req Mon MO AVG			Req Mon DAILY MX					
					Value NODI							C - No Discharge			C - No Discharge					
01042	Copper, total [as Cu]	1 - Effluent Gross	0	--	Sample												19 - mg/L	03/07 - Three Per Week	GR - GRAB	
					Permit Req.							<=	0.021 MO AVG	<=	0.032 DAILY MX					
					Value NODI							C - No Discharge			C - No Discharge					
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample												03 - MGD	01/01 - Daily	RE - Record (manual)	
					Permit Req.							Req Mon MO AVG			Req Mon DAILY MX					
					Value NODI							C - No Discharge			C - No Discharge					
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample												19 - mg/L	01/07 - Weekly	GR - GRAB	
					Permit Req.							<=	0.011 INST MAX							
					Value NODI							C - No Discharge			C - No Discharge					

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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

LA-UR-22-33028

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: ICADIENTE
 Name: Isaac Cadiente
 E-Mail: icadiente@lanl.gov
 Date/Time: 2022-12-19 17:00 (Time Zone: -06:00)

Report Last Signed By

User: SARAHHOLCOMB
 Name: Sarah Holcomb
 E-Mail: sholcomb@lanl.gov
 Date/Time: 2022-12-20 09:21 (Time Zone: -06:00)

DMR Copy of Record

Permit

Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY	Facility:	UNIVERSITY OF CALIFORNIA
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544	Facility Location:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	160 External Outfall	Discharge:	160-A COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO TEN SITE CANYON		

Report Dates & Status

Monitoring Period:	From 12/01/22 to 12/31/22	DMR Due Date:	01/28/23	Status:	NetDMR Validated
---------------------------	----------------------------------	----------------------	-----------------	----------------	-------------------------

Considerations for Form Completion

Principal Executive Officer

First Name:		Title:		Telephone:	
Last Name:					

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type		
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Units	
00400	pH	1 - Effluent Gross	0	--	Sample													12 - SU	01/07 - Weekly	GR - GRAB
					Permit Req.					>=	6.0 MINIMUM					<=	9.0 MAXIMUM			
					Value NODI						C - No Discharge						C - No Discharge			
00720	Cyanide, total [as CN]	1 - Effluent Gross	0	--	Sample												28 - ug/L	01/30 - Monthly	GR - GRAB	
					Permit Req.						Req Mon MO AVG					Req Mon DAILY MX				
					Value NODI						C - No Discharge					C - No Discharge				
01042	Copper, total [as Cu]	1 - Effluent Gross	0	--	Sample												19 - mg/L	03/07 - Three Per Week	GR - GRAB	
					Permit Req.								<=	0.021 MO AVG	<=	0.032 DAILY MX				
					Value NODI						C - No Discharge					C - No Discharge				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample												03 - MGD	01/01 - Daily	RE - Record (manual)	
					Permit Req.						Req Mon MO AVG					Req Mon DAILY MX				
					Value NODI						C - No Discharge					C - No Discharge				
50060	Chlorine, total residual	1 - Effluent Gross	0	--	Sample												19 - mg/L	01/07 - Weekly	GR - GRAB	
					Permit Req.											<=				0.011 INST MAX
					Value NODI						C - No Discharge					C - No Discharge				

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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

LA-UR-23-20664

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: ICADIENTE
 Name: Isaac Cadiente
 E-Mail: icadiente@lanl.gov
 Date/Time: 2023-01-25 14:20 (Time Zone: -06:00)

Report Last Signed By

User: SARAHHOLCOMB
 Name: Sarah Holcomb
 E-Mail: sholcomb@lanl.gov
 Date/Time: 2023-01-25 17:30 (Time Zone: -06:00)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED HE WASTEWATER
EXTERNAL OUTFALL
PAGE 6

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	01	01		21	01	31

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	ESTIMA
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	ESTIMA
RDX, Total 81364 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.20 MONTHLY AV	0.66 DAILY MX			2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TAUNIA VAN VALKENBURG (Affiliate)		TELEPHONE		DATE		
TYPED OR PRINTED					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505	665-9827	21	02	25
COMMENT AND EXPLANATION OF ANY VIOLATIONS					AREA CODE	NUMBER	YEAR	MO	DAY		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED HE WASTEWATER
EXTERNAL OUTFALL
PAGE 6

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	02	01		21	02	28

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/28	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/28	ESTIMA
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	ESTIMA	
RDX, Total 81364 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.20 MONTHLY AV	0.66 DAILY MX		2/Month	GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	TAUNIA VAN VALKENBURG (Affiliate)	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.03.25 09:17:07 -06'00'	TELEPHONE		DATE		
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-9827	2021	03
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED HE WASTEWATER
EXTERNAL OUTFALL
PAGE 9

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	03	01	FROM	21	03	31

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	ESTIMA
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	ESTIMA
RDX, Total 81364 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.20 MONTHLY AV	0.66 DAILY MX			2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TAUNIA VAN VALKENBURG (Affiliate)		TELEPHONE		DATE		
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP					Digitally signed by TAUNIA S. VAN VALKENBURG (Affiliate) Date: 2021.04.26 15:00:52 -06'00'		505 665-9827		21	04	26
TYPED OR PRINTED					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

055-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 055
EXTERNAL OUTFALL
PAGE 10

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
21	01	01	21	03	31

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Oxygen demand, chem. (high level) 00340 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/90	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	125 MO AVG	125 DAILY MX			QUARTERLY	GRAB	
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/90	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	45 DAILY MX			QUARTERLY	GRAB	
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/90	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	15 DAILY MX			QUARTERLY	GRAB	
Organics, Total Toxic (TTO)* 78141 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/90	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	1.0 MO AVG	1.0 DAILY MX			QUARTERLY	GRAB	
Trinitrotoluene [TNT], Total 81360 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/90	GRAB	
	PERMIT REQUIREMENT	*****	*****		*****	0.02 MO AVG	Req. Mon. DAILY MX			QUARTERLY	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					TAUNIA VAN VALKENBURG (Affiliate)		TELEPHONE		DATE		
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP						Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.04.26 15:01:09 -06'00'		505 665-9827		21	04	26
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *THE LIMITS AND MONITORING FOR TOTAL TOXIC ORGANICS DO NOT INCLUDE 2,3,7,8 - TETRACHLORODIBENZO-P-DIXOIN, PESTICIDES, OR POLYCHLORINATED BIPHENYLS. **NO DISCHARGE DURING MONITORING PERIOD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545

MAJOR
TREATED HE WASTEWATER
EXTERNAL OUTFALL
PAGE 6

FACILITY: TRIAD NATIONAL SECURITY, LLC

LOCATION: LOS ALAMOS, NEW MEXICO 87545

ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
21	04	01	21	04	30

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	ESTIMA
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	ESTIMA
RDX, Total 81364 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.20 MONTHLY AV	0.66 DAILY MX			2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	TAUNIA VAN VALKENBURG (Affiliate) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.05.24 17:12:11 -05'00'	TELEPHONE		DATE		
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP TYPED OR PRINTED				505	665-9827	21	05	24
				AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR TREATED HE WASTEWATER
EXTERNAL OUTFALL
PAGE 6

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	05	01		21	05	31

ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	NODI=C	****	NODI=C	S.U.	0	0/31	GRAB	
	PERMIT REQUIREMENT	****	****	****	6.0 MINIMUM	****	9.0 MAXIMUM			WEEKLY	GRAB	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	****	****	****	****	0	0/31	ESTIMA	
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		****	****	****			DAILY	ESTIMA	
RDX, Total 81364 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	NODI=C	NODI=C	mg/L	0	0/31	GRAB	
	PERMIT REQUIREMENT	****	****	****	****	0.20 MONTHLY AV	0.66 DAILY MX			2/Month	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TAUNIA VAN VALKENBURG (Affiliate)		TELEPHONE		DATE		
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP						Digitally signed by TAUNIA VAN VALKENBURG (Affiliate) Date: 2021.06.25 09:52:49 -05'00'		505 665-9827		21	06	25
TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
 PO BOX 1663; MAIL STOP K490
 LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
 MAJOR
 TREATED HE WASTEWATER
 EXTERNAL OUTFALL
 PAGE 9

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	21	06	01		21	06	30

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	ESTIMA
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	ESTIMA
RDX, Total 81364 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.20 MONTHLY AV	0.66 DAILY MX			2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					TELEPHONE		DATE			
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP						TAUNIA VAN VALKENBURG (Affiliate)	505	665-9827	21	07	26
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY					

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

055-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 055
EXTERNAL OUTFALL
PAGE 10

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	04	01		21	06	30

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (high level) 00340 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/91	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	125 MO AVG	125 DAILY MX			QUARTERLY	GRAB
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/91	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	45 DAILY MX			QUARTERLY	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/91	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 MO AVG	15 DAILY MX			QUARTERLY	GRAB
Organics, Total Toxic (TTO) 78141 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/91	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	1.0 MO AVG	1.0 DAILY MX			QUARTERLY	GRAB
Trinitrotoluene [TNT], Total 81360 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/91	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.02 MO AVG	Req. Mon. DAILY MX			QUARTERLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					TELEPHONE		DATE			
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP						TAUNIA VAN VALKENBURG (Affiliate)	505 665-9827		21	07	26
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *THE LIMITS AND MONITORING FOR TOTAL TOXIC ORGANICS DO NOT INCLUDE 2,3,7,8 - TETRACHLORODIBENZO-P-DIXOIN, PESTICIDES, OR POLYCHLORINATED BIPHENYLS. **NO DISCHARGE DURING MONITORING PERIOD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA JEAN SANDQUIST, EPC-CP

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED HE WASTEWATER
EXTERNAL OUTFALL
PAGE 6

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	07	01		21	07	31

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	NODI=C	****	NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	****	****	****	****	0	0/31	ESTIMA
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		****	****	****			DAILY	ESTIMA
RDX, Total 81364 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	****	****		****	0.20 MONTHLY AV	0.66 DAILY MX			2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					Taunia Sandquist		TELEPHONE		DATE	
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP						Digitally signed by Taunia Sandquist Date: 2021.08.25 10:52:21 -06'00'		505	665-9827	21	08
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA JEAN SANDQUIST, EPC-CP

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED HE WASTEWATER
EXTERNAL OUTFALL
PAGE 6

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	08	01		21	08	31

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	ESTIMA
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	ESTIMA
RDX, Total 81364 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.20 MONTHLY AV	0.66 DAILY MX			2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	Taunia Sandquist Digitally signed by Taunia Sandquist Date: 2021.09.28 09:17:40 -06'00' SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE		DATE		
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP			505	665-9827	21	09	28
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

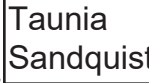
DMR MAILING ZIP CODE: 87545
MAJOR
TREATED HE WASTEWATER
EXTERNAL OUTFALL
PAGE 12

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA JEAN SANDQUIST, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	09	01		21	09	30

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				WEEKLY
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	ESTIMA
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****				DAILY
RDX, Total 81364 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.20 MONTHLY AV	0.66 DAILY MX				2/Month
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.	 Digitally signed by Taunia Sandquist Date: 2021.10.27 16:07:11 -06'00'	TELEPHONE		DATE		
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-9827	21	10
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

055-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 055
EXTERNAL OUTFALL
PAGE 13

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA JEAN SANDQUIST, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	07	01		21	09	30

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (high level) 00340 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/92	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	125 MO AVG	125 DAILY MX			QUARTERLY	GRAB
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/92	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	45 DAILY MX			QUARTERLY	GRAB
Oil & Grease 00556 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/92	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	15 DAILY MX			QUARTERLY	GRAB
Organics, Total Toxic (TTO) 78141 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/92	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	1.0 MO AVG	1.0 DAILY MX			QUARTERLY	GRAB
Trinitrotoluene [TNT], Total 81360 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/92	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0.02 MO AVG	Req. Mon. DAILY MX			QUARTERLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					TELEPHONE		DATE			
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP						505 665-9827		21	10	27	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *THE LIMITS AND MONITORING FOR TOTAL TOXIC ORGANICS DO NOT INCLUDE 2,3,7,8 - TETRACHLORODIBENZO-P-DIXOIN, PESTICIDES, OR POLYCHLORINATED BIPHENYLS. **NO DISCHARGE DURING MONITORING PERIOD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545
FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: TAUNIA JEAN SANDQUIST

NM0028355
PERMIT NUMBER

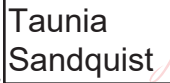
055-Y
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
YEARLY REPORTING - OUTFALL 055
EXTERNAL OUTFALL
PAGE 14

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
20	10	01		21	09	30

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Perchlorate (ClO4) 61209 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/365	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX			1/Year	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.	 Digitally signed by Taunia Sandquist Date: 2021.10.27 16:07:51 -06'00'	TELEPHONE		DATE		
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-9827	21	10
			AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED HE WASTEWATER
EXTERNAL OUTFALL
PAGE 6

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
21	10	01	TO	21	10	31

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	ESTIMA
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	ESTIMA
RDX, Total 81364 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.20 MONTHLY AV	0.66 DAILY MX			2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.				TELEPHONE		DATE			
STEVEN L. STORY GROUP LEADER EPC-CP						STEVEN STORY (Affiliate)		505 665-2169		11 17 21	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER		YEAR MO DAY			

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED HE WASTEWATER
EXTERNAL OUTFALL
PAGE 6

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	11	01	FROM	21	11	30

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	ESTIMA
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****				
RDX, Total 81364 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.20 MONTHLY AV	0.66 DAILY MX				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP							STEVEN STORY (Affiliate)		505 665-2169		21
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR TREATED HE WASTEWATER
EXTERNAL OUTFALL
PAGE 9

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	12	01		21	12	31

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM		WEEKLY	GRAB	
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	ESTIMA
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****		DAILY	ESTIMA	
RDX, Total 81364 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.20 MONTHLY AV	0.66 DAILY MX		2/Month	GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					TELEPHONE		DATE			
STEVEN L. STORY GROUP LEADER EPC-CP						STEVEN STORY (Affiliate) Digitally signed by STEVEN STORY (Affiliate) Date: 2022.01.25 11:15:37 -0700	505	665-2169	22	01	25
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY					

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

OMB No. 2040-004

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

055-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 055
EXTERNAL OUTFALL
PAGE 10

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
21	10	01		21	12	31

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (high level) 00340 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	**NODI=C	**NODI=C	mg/L	0	0/92	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	125 MO AVG	125 DAILY MX			QUARTERLY	GRAB
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	**NODI=C	**NODI=C	mg/L	0	0/92	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	45 DAILY MX			QUARTERLY	GRAB
Oil & Grease 00556 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	**NODI=C	**NODI=C	mg/L	0	0/92	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	15 DAILY MX			QUARTERLY	GRAB
Organics, Total Toxic (TTO)* 78141 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	**NODI=C	**NODI=C	mg/L	0	0/92	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	1.0 MO AVG	1.0 DAILY MX			QUARTERLY	GRAB
Trinitrotoluene [TNT], Total 81360 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	**NODI=C	**NODI=C	mg/L	0	0/92	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0.02 MO AVG	Req. Mon. DAILY MX			QUARTERLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					STEVEN STORY (Affiliate) <small>Digitally signed by STEVEN STORY (Affiliate) Date: 2022.01.25 11:15:58 -07'00'</small>		TELEPHONE		DATE	
STEVEN L. STORY GROUP LEADER EPC-CP						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505	665-2169	22	01
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY				

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *THE LIMITS AND MONITORING FOR TOTAL TOXIC ORGANICS DO NOT INCLUDE 2,3,7,8 - TETRACHLORODIBENZO-P-DIXOIN, PESTICIDES, OR POLYCHLORINATED BIPHENYLS. **NO DISCHARGE DURING MONITORING PERIOD.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER


DMR MAILING ZIP CODE: 87545
MAJOR TREATED HE WASTEWATER
EXTERNAL OUTFALL
PAGE 6

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD							
YEAR	MO	DAY	FROM	TO	YEAR	MO	DAY
22	01	01			22	01	31

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				WEEKLY
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	ESTIMA
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****				DAILY
RDX, Total 81364 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.20 MONTHLY AV	0.66 DAILY MX				2/Month
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.	 Digitally signed by STEVEN STORY (Affiliate) Date: 2022.02.28 09:50:49 -07'00'	TELEPHONE		DATE			
STEVEN L. STORY GROUP LEADER EPC-CP			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-2169	22	02	28
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR TREATED HE WASTEWATER
EXTERNAL OUTFALL
PAGE 6

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD							
YEAR	MO	DAY	FROM	TO	YEAR	MO	DAY
22	02	01			22	02	28

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/28	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				WEEKLY
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/28	ESTIMA
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****				DAILY
RDX, Total 81364 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.20 MONTHLY AV	0.66 DAILY MX				2/Month
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	STEVEN STORY (Affiliate)	Digitally signed by STEVEN STORY (Affiliate) Date: 2022.03.24 10:10:09 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP				505	665-2169	22	03	24
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED HE WASTEWATER
EXTERNAL OUTFALL
PAGE 9

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	03	01		22	03	31

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				WEEKLY
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	ESTIMA
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****				DAILY
RDX, Total 81364 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.20 MONTHLY AV	0.66 DAILY MX				2/Month
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.	STEVEN STORY (Affiliate)	Digitally signed by STEVEN STORY (Affiliate) Date: 2022.04.27 13:46:03 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-2169	22	04
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

055-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 055
EXTERNAL OUTFALL
PAGE 10

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	01	01		22	03	31

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Oxygen demand, chem. (high level) 00340 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	**NODI=C	**NODI=C	mg/L	0	0/90	GRAB	
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	125 MO AVG	125 DAILY MX			QUARTERLY	GRAB	
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	**NODI=C	**NODI=C	mg/L	0	0/90	GRAB	
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	45 DAILY MX			QUARTERLY	GRAB	
Oil & Grease 00556 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	**NODI=C	**NODI=C	mg/L	0	0/90	GRAB	
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	15 DAILY MX			QUARTERLY	GRAB	
Organics, Total Toxic (TTO)* 78141 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	**NODI=C	**NODI=C	mg/L	0	0/90	GRAB	
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	1.0 MO AVG	1.0 DAILY MX			QUARTERLY	GRAB	
Trinitrotoluene [TNT], Total 81360 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	**NODI=C	**NODI=C	mg/L	0	0/90	GRAB	
Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	0.02 MO AVG	Req. Mon. DAILY MX			QUARTERLY	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					STEVEN STORY (Affiliate)		TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505	665-2169	22	04	27
TYPED OR PRINTED						AREA CODE	NUMBER	YEAR	MO	DAY		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *THE LIMITS AND MONITORING FOR TOTAL TOXIC ORGANICS DO NOT INCLUDE 2,3,7,8 - TETRACHLORODIBENZO-P-DIXOIN, PESTICIDES, OR POLYCHLORINATED BIPHENYLS. **NO DISCHARGE DURING MONITORING PERIOD.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR TREATED HE WASTEWATER
EXTERNAL OUTFALL
PAGE 6

FACILITY: TRIAD NATIONAL SECURITY, LLC
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	04	01		22	04	30

No Discharge

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*NODI=C	*****	*NODI=C	S.U.	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	ESTIMA
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	ESTIMA
RDX, Total 81364 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*NODI=C	*NODI=C	mg/L	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.20 MONTHLY AV	0.66 DAILY MX			2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					STEVEN STORY (Affiliate)	Digitally signed by STEVEN STORY (Affiliate) Date: 2022.05.23 12:43:09 -08'00'	TELEPHONE		DATE	
STEVEN L. STORY, GROUP LEADER, EPC-CP,						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	665-2169	22	05	23
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DAY					

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD.

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED WASTEWATER
EXTERNAL OUTFALL

FACILITY: LOS ALAMOS NATIONAL LABORATORY
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	05	01		22	05	31

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	ESTIMA
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	ESTIMA
RDX, Total 81364 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.20 MONTHLY AV	0.66 DAILY MX			2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.	SARAH HOLCOMB (Affiliate)	Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.07.26 09:26:38 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	667-0666	22	07
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED WASTEWATER
EXTERNAL OUTFALL

FACILITY: LOS ALAMOS NATIONAL LABORATORY
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	06	01		22	06	30

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM				WEEKLY
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/30	ESTIMA
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****				DAILY
RDX, Total 81364 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/30	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.20 MONTHLY AV	0.66 DAILY MX				2/Month
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.	SARAH HOLCOMB (Affiliate)	Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.07.26 07:27:53 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY GROUP LEADER EPC-CP				505	667-0666	22	07	26
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY		

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

055-Q
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
QUARTERLY REPORTING - OUTFALL 055
EXTERNAL OUTFALL

FACILITY: LOS ALAMOS NATIONAL LABORATORY
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
22	04	01		22	06	30

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (high level) (COD) 00340 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/91	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	125 MO AVG	125 DAILY MX			QUARTERLY	GRAB
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/91	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	30 MO AVG	45 DAILY MX			QUARTERLY	GRAB
Oil & Grease 00556 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/91	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	15 MO AVG	15 DAILY MX			QUARTERLY	GRAB
Organics, Total Toxic (TTO) 78141 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/91	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	1.0 MO AVG	1.0 DAILY MX			QUARTERLY	GRAB
Trinitrotoluene [TNT], Total 81360 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/91	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.02 MO AVG	Req. Mon. DAILY MX			QUARTERLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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.					SARAH HOLCOMB (Affiliate)		TELEPHONE		DATE	
STEVEN L. STORY GROUP LEADER EPC-CP						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		505 665-0666		22	07
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY				

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**

OMB No. 2040-004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC
ADDRESS: LOS ALAMOS NATIONAL LABORATORY
PO BOX 1663; MAIL STOP K490
LOS ALAMOS, NEW MEXICO 87545

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 87545
MAJOR
TREATED WASTEWATER
EXTERNAL OUTFALL
PAGE 6

FACILITY: LOS ALAMOS NATIONAL LABORATORY
LOCATION: LOS ALAMOS, NEW MEXICO 87545
ATTN: STEVEN L. STORY, EPC-CP

MONITORING PERIOD							
YEAR	MO	DAY	FROM	TO	YEAR	MO	DAY
22	07	01			22	07	31

No Discharge

PARAMETER	X	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	*****	*****	*****	NODI=C	*****	NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		6.0 MINIMUM	*****	9.0 MAXIMUM			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	*****	*****	*****	*****	0	0/31	ESTIMA
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		*****	*****	*****			DAILY	ESTIMA
RDX, Total 81364 1 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	0.20 MONTHLY AV	0.66 DAILY MX			2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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.	SARAH HOLCOMB (Affiliate)	Digitally signed by SARAH HOLCOMB (Affiliate) Date: 2022.08.25 11:24:01 -06'00'	TELEPHONE		DATE		
STEVEN L. STORY, GROUP LEADER, EPC-CP				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	505	667-0666	22	08
TYPED OR PRINTED				AREA CODE	NUMBER	YEAR	MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DMR Copy of Record

Permit	
Permit #: NM0028355	Permittee: LOS ALAMOS NATIONAL LABORATORY
Major: Yes	Permittee Address: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature: 055 External Outfall	Discharge: 055-A TREATED WASTEWATER
Facility: UNIVERSITY OF CALIFORNIA	Facility Location: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544

Report Dates & Status	
Monitoring Period: From 08/01/22 to 08/31/22	DMR Due Date: 09/28/22
Status: NetDMR Validated	

Considerations for Form Completion
TOTAL RDX - ONE SAMPLE SHOULD BE TAKEN BEFORE THE 15TH OF THE MONTH AND ANOTHER TAKEN AFTER THE 15TH OF THE MONTH.

Principal Executive Officer	
First Name:	Title:
Last Name:	Telephone:

No Data Indicator (NODI)
Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type		
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Units	
00400	pH	1 - Effluent Gross	0	--	Sample													12 - SU	01/07 - Weekly	GR - GRAB
					Permit Req.					>=	6.0 MINIMUM					<=	9.0 MAXIMUM			
					Value NODI						C - No Discharge						C - No Discharge			
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample												03 - MGD	01/01 - Daily	ES - ESTIMA	
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX											
					Value NODI		C - No Discharge		C - No Discharge											
81364	RDX, total	1 - Effluent Gross	0	--	Sample												19 - mg/L	02/30 - Twice Per Month	GR - GRAB	
					Permit Req.								<=	0.2 MO AVG		<=				0.66 DAILY MX
					Value NODI									C - No Discharge						C - No Discharge

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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments
LA-UR-22-29946

Attachments
No attachments.

Report Last Saved By
LOS ALAMOS NATIONAL LABORATORY

User: ICADIENTE
Name: Isaac Cadiente
E-Mail: icadiente@lanl.gov
Date/Time: 2022-09-27 16:30 (Time Zone: -05:00)

Report Last Signed By

User: SARAHHOLCOMB
Name: Sarah Holcomb
E-Mail: sholcomb@lanl.gov
Date/Time: 2022-09-27 16:58 (Time Zone: -05:00)

DMR Copy of Record

Permit		Permittee: LOS ALAMOS NATIONAL LABORATORY		Facility: UNIVERSITY OF CALIFORNIA	
Permit #: NM0028355	Major: Yes	Permittee Address: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544	Facility Location: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544		
Permitted Feature: 055 External Outfall	Discharge: 055-A TREATED WASTEWATER				

Report Dates & Status

Monitoring Period: From 09/01/22 to 09/30/22	DMR Due Date: 10/28/22	Status: NetDMR Validated
---	-------------------------------	---------------------------------

Considerations for Form Completion
TOTAL RDX - ONE SAMPLE SHOULD BE TAKEN BEFORE THE 15TH OF THE MONTH AND ANOTHER TAKEN AFTER THE 15TH OF THE MONTH.

Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NODI)
Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type			
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Units		
00400	pH	1 - Effluent Gross	0	--	Sample													12 - SU	01/07 - Weekly	GR - GRAB	
					Permit Req.					>=	6.0 MINIMUM					<=	9.0 MAXIMUM				
					Value NODI						C - No Discharge					C - No Discharge					
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample												03 - MGD	01/01 - Daily	ES - ESTIMA		
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX												
					Value NODI		C - No Discharge		C - No Discharge												
81364	RDX, total	1 - Effluent Gross	0	--	Sample												19 - mg/L	02/30 - Twice Per Month	GR - GRAB		
					Permit Req.							<=	0.2 MO AVG	<=	0.66 DAILY MX						
					Value NODI						C - No Discharge			C - No Discharge							

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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments
LA-UR-22-31291

Attachments
No attachments.

Report Last Saved By
LOS ALAMOS NATIONAL LABORATORY

User: ICADIENTE
Name: Isaac Cadiente
E-Mail: icadiente@lanl.gov
Date/Time: 2022-10-25 10:10 (Time Zone: -05:00)

Report Last Signed By
User: SARAHHOLCOMB
Name: Sarah Holcomb
E-Mail: sholcomb@lanl.gov
Date/Time: 2022-10-25 10:26 (Time Zone: -05:00)

DMR Copy of Record

Permit		Permittee: LOS ALAMOS NATIONAL LABORATORY		Facility: UNIVERSITY OF CALIFORNIA	
Permit #: NM0028355	Major: Yes	Permittee Address: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544	Facility Location: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544		
Permitted Feature: 055 External Outfall	Discharge: 055-A TREATED WASTEWATER				

Report Dates & Status

Monitoring Period: From 10/01/22 to 10/31/22	DMR Due Date: 11/28/22	Status: NetDMR Validated
---	-------------------------------	---------------------------------

Considerations for Form Completion

TOTAL RDX - ONE SAMPLE SHOULD BE TAKEN BEFORE THE 15TH OF THE MONTH AND ANOTHER TAKEN AFTER THE 15TH OF THE MONTH.

Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NODI)

Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type		
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Units	
00400	pH	1 - Effluent Gross	0	--	Sample													12 - SU	01/07 - Weekly	GR - GRAB
					Permit Req.					>=	6.0 MINIMUM					<=	9.0 MAXIMUM			
					Value NODI						C - No Discharge					C - No Discharge				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample												03 - MGD	01/01 - Daily	ES - ESTIMA	
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX											
					Value NODI		C - No Discharge		C - No Discharge											
81364	RDX, total	1 - Effluent Gross	0	--	Sample												19 - mg/L	02/30 - Twice Per Month	GR - GRAB	
					Permit Req.								<=	0.2 MO AVG		<=				0.66 DAILY MX
					Value NODI									C - No Discharge						C - No Discharge

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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors

No errors.

Comments

LA-UR-22-32091

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

User: ICADIENTE
 Name: Isaac Cadiente
 E-Mail: icadiente@lanl.gov
 Date/Time: 2022-11-16 12:10 (Time Zone: -06:00)

Report Last Signed By

User: SARAHHOLCOMB
 Name: Sarah Holcomb
 E-Mail: sholcomb@lanl.gov
 Date/Time: 2022-11-21 09:17 (Time Zone: -06:00)

DMR Copy of Record

Permit			
Permit #:	NM0028355	Permittee:	LOS ALAMOS NATIONAL LABORATORY
Major:	Yes	Permittee Address:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544
Permitted Feature:	055 External Outfall	Discharge:	055-Q QUARTERLY REPORTING - OUTFALL 055
Facility:	UNIVERSITY OF CALIFORNIA		
Facility Location:	LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544		

Report Dates & Status			
Monitoring Period:	From 08/01/22 to 10/31/22	DMR Due Date:	11/28/22
Status:	NetDMR Validated		

Considerations for Form Completion
 THE LIMITS AND MONITORING FOR TOTAL TOXIC ORGANICS DO NOT INCLUDE 2,3,7,8-TETRACHLORODIBENZO-P-DIOXIN(TCDD), PESTICIDES, OR POLYCHLORINATED BIPHENYLS.

Principal Executive Officer			
First Name:	Title:	Telephone:	
Last Name:			

No Data Indicator (NODI)
 Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration					# of Ex.	Frequency of Analysis	Sample Type
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3			
00340	Oxygen demand, chem. [high level] [COD]	1 - Effluent Gross	0	--	Sample												
					Permit Req.						<=	125.0 MO AVG	<=	125.0 DAILY MX	19 - mg/L	01/90 - Quarterly	GR - GRAB
					Value NODI							C - No Discharge		C - No Discharge			
00530	Solids, total suspended	1 - Effluent Gross	0	--	Sample												
					Permit Req.						<=	30.0 MO AVG	<=	45.0 DAILY MX	19 - mg/L	01/90 - Quarterly	GR - GRAB
					Value NODI							C - No Discharge		C - No Discharge			
00556	Oil & Grease	1 - Effluent Gross	0	--	Sample												
					Permit Req.						<=	15.0 MO AVG	<=	15.0 DAILY MX	19 - mg/L	01/90 - Quarterly	GR - GRAB
					Value NODI							C - No Discharge		C - No Discharge			
78141	Organics, total toxic [TTO]	1 - Effluent Gross	0	--	Sample												
					Permit Req.						<=	1.0 MO AVG	<=	1.0 DAILY MX	19 - mg/L	01/90 - Quarterly	GR - GRAB
					Value NODI							C - No Discharge		C - No Discharge			
81360	Trinitrotoluene [TNT], total	1 - Effluent Gross	0	--	Sample												
					Permit Req.						<=	0.02 MO AVG		Req Mon DAILY MX	19 - mg/L	01/90 - Quarterly	GR - GRAB
					Value NODI							C - No Discharge		C - No Discharge			

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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
 No errors.

Comments
 LA-UR-22-32091

Attachments
 No attachments.

Report Last Saved By
LOS ALAMOS NATIONAL LABORATORY
 User: ICADIEN
 Name: Isaac Cadiente
 E-Mail: icadiente@lanl.gov
 Date/Time: 2022-11-16 12:10 (Time Zone: -06:00)

Report Last Signed By
 User: SARAHHOLCOMB
 Name: Sarah Holcomb
 E-Mail: sholcomb@lanl.gov
 Date/Time: 2022-11-21 09:17 (Time Zone: -06:00)

DMR Copy of Record

Permit		Permittee: LOS ALAMOS NATIONAL LABORATORY		Facility: UNIVERSITY OF CALIFORNIA	
Permit #: NM0028355	Major: Yes	Permittee Address: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544	Facility Location: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544		
Permitted Feature: 055 External Outfall	Discharge: 055-A TREATED WASTEWATER				

Report Dates & Status					
Monitoring Period: From 11/01/22 to 11/30/22	DMR Due Date: 12/28/22	Status: NetDMR Validated			

Considerations for Form Completion
TOTAL RDX - ONE SAMPLE SHOULD BE TAKEN BEFORE THE 15TH OF THE MONTH AND ANOTHER TAKEN AFTER THE 15TH OF THE MONTH.

Principal Executive Officer		Title:	Telephone:
First Name:			
Last Name:			

No Data Indicator (NODI)
Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type		
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Units	
00400	pH	1 - Effluent Gross	0	--	Sample													12 - SU	01/07 - Weekly	GR - GRAB
					Permit Req.					>=	6.0 MINIMUM					<=	9.0 MAXIMUM			
					Value NODI						C - No Discharge					C - No Discharge				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample												03 - MGD	01/01 - Daily	ES - ESTIMA	
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX											
					Value NODI		C - No Discharge		C - No Discharge											
81364	RDX, total	1 - Effluent Gross	0	--	Sample												19 - mg/L	02/30 - Twice Per Month	GR - GRAB	
					Permit Req.							<=	0.2 MO AVG	<=	0.66 DAILY MX					
					Value NODI						C - No Discharge			C - No Discharge						

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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments
LA-UR-22-33028

Attachments
No attachments.

Report Last Saved By
LOS ALAMOS NATIONAL LABORATORY

User: ICADIENTE
Name: Isaac Cadiente
E-Mail: icadiente@lanl.gov
Date/Time: 2022-12-19 17:00 (Time Zone: -06:00)

Report Last Signed By
User: SARAHHOLCOMB
Name: Sarah Holcomb
E-Mail: sholcomb@lanl.gov
Date/Time: 2022-12-20 09:21 (Time Zone: -06:00)

DMR Copy of Record

Permit		Permittee: LOS ALAMOS NATIONAL LABORATORY		Facility: UNIVERSITY OF CALIFORNIA	
Permit #: NM0028355	Major: Yes	Permittee Address: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544	Facility Location: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544		
Permitted Feature: 055 External Outfall	Discharge: 055-A TREATED WASTEWATER				

Report Dates & Status

Monitoring Period: From 12/01/22 to 12/31/22	DMR Due Date: 01/28/23	Status: NetDMR Validated
---	-------------------------------	---------------------------------

Considerations for Form Completion
TOTAL RDX - ONE SAMPLE SHOULD BE TAKEN BEFORE THE 15TH OF THE MONTH AND ANOTHER TAKEN AFTER THE 15TH OF THE MONTH.

Principal Executive Officer

First Name:	Title:	Telephone:
Last Name:		

No Data Indicator (NODI)
Form NODI: --

Code	Parameter Name	Monitoring Location	Season #	Param. NODI	Quantity or Loading					Quality or Concentration						# of Ex.	Frequency of Analysis	Sample Type			
					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier 3	Value 3				Units		
00400	pH	1 - Effluent Gross	0	--	Sample													12 - SU	01/07 - Weekly	GR - GRAB	
					Permit Req.					>=	6.0 MINIMUM					<=	9.0 MAXIMUM				
					Value NODI						C - No Discharge					C - No Discharge					
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0	--	Sample												03 - MGD	01/01 - Daily	ES - ESTIMA		
					Permit Req.		Req Mon MO AVG		Req Mon DAILY MX												
					Value NODI		C - No Discharge		C - No Discharge												
81364	RDX, total	1 - Effluent Gross	0	--	Sample												19 - mg/L	02/30 - Twice Per Month	GR - GRAB		
					Permit Req.								<=	0.2 MO AVG		<=				0.66 DAILY MX	
					Value NODI																C - No Discharge

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: Units, Number of Excursions, Frequency of Analysis, and Sample Type.

Edit Check Errors
No errors.

Comments
LA-UR-23-20664

Attachments
No attachments.

Report Last Saved By
LOS ALAMOS NATIONAL LABORATORY

User: ICADIENTE
Name: Isaac Cadiente
E-Mail: icadiente@lanl.gov
Date/Time: 2023-01-25 14:20 (Time Zone: -06:00)

Report Last Signed By
User: SARAHHOLCOMB
Name: Sarah Holcomb
E-Mail: sholcomb@lanl.gov
Date/Time: 2023-01-25 17:30 (Time Zone: -06:00)