

Environmental Protection & Compliance Division Compliance Programs Group

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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

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ENCLOSURE 1

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

EPC-DO: 23-121

LA-UR: 23-23348

Date: 04/05/2023

PERMITTEES' COMMENTS AND DATA

In Support of

REISSUANCE OF NPDES PERMIT NO. NM0028355

April 6, 2023

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

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

Permittees' comments on these issues are provided below.

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

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

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

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

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

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

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

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

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

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

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

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

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

Table 2 Discharge Rates and Frequencies for Outfall 051							
Frequency Flow Rates and Volumes				ımes			
Source ^a 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) MGPD Flow (Daily) GPD						
NPDES Outfall 051051	4/27/2021	0.018629	18629			
NPDES Outfall 051051	4/29/2021	0.017579	17579			
NPDES Outfall 051051	5/18/2021	0.015926	15926			
NPDES Outfall 051051	6/22/2021	0.017392	17392			
NPDES Outfall 051051	7/20/2021	0.014827	14827			
NPDES Outfall 051051	7/28/2021	0.017543	17543			
NPDES Outfall 051051	8/10/2021	0.006248	6248			
NPDES Outfall 051051	8/24/2021	0.017109	17109			
NPDES Outfall 051051	8/26/2021	0.017388	17388			
NPDES Outfall 051051	8/31/2021	0.017331	17331			
NPDES Outfall 051051	9/14/2021	0.016865	16865			
NPDES Outfall 051051	9/21/2021	0.017221	17221			
NPDES Outfall 051051	10/26/2021	0.017435	17435			
NPDES Outfall 051051	11/9/2021	0.017374	17374			
NPDES Outfall 051051	11/29/2021	0.007062	7062			
NPDES Outfall 051051	01/11/2022	0.016726	16726			
NPDES Outfall 051051	01/13/2022	0.007596	7596			
NPDES Outfall 051051	03/02/2022	0.017389	17389			
NPDES Outfall 051051	07/06/2022	0.017056	17056			
NPDES Outfall 051051	07/14/2022	0.016798	16798			
NPDES Outfall 051051	08/11/2022	0.015461	15461			
NPDES Outfall 051051	08/18/2022	0.017090	17090			
NPDES Outfall 051051	08/30/2022	0.016499	16499			
NPDES Outfall 051051	09/08/2022	0.015286	15286			
NPDES Outfall 051051	09/20/2022	0.016522	16522			
NPDES Outfall 051051	10/19/2022	0.016492	16492			
NPDES Outfall 051051	11/08/2022	0.014859	14859			
NPDES Outfall 051051	12/08/2022	0.016416	16416			
NPDES Outfall 051051	12/15/2022	0.016366	16366			
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:

Loading Calculation Using Average Discharge Data from 2019 - 2021:

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 Mexicol," available at https://cpo.noaa.gov/News/ArtMID/7875/ArticleID/2488/Theperiod-from-2000-2021-was-the-driest-since-the-year-800-in-the-Southwest#:~:text=The%20study%20reveals%20that%202000,during%20the%20lat e%2D1500s%20megadrought (last visited Mar. 13, 2023). Thus, influent loading, operational status of other equipment, and the ability to reuse/recycle water dictate the need to use Outfall 03A027.

C. Outfall 03A113

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

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

D. Outfall 03A160

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

E. Outfall O5A055

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

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

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

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

V. Conclusion

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

ATTACHMENT A

Permittees' Markup of DMR Summary

Permit NM0028355

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

Version # 0

Outfall 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 Rase	MINIMALIMA	MAXIMIM	

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	

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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	Mill	igrams per Liter	
Statistical Base	MO AVG	DA	ILY MX	
Limit Value	20	40		
DMR Values				
10/31/22	1.65	1.6	8	

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	

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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

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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

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

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

Version # 0

Outfall 051A

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

Limit Start Date	Limit End Date	Sample Type	Frequency of 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				

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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	<mark>75.9</mark>

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

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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

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Version # 0

Outfall 051A

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

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

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

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

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

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

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

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

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

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

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

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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	

Limit End Date

Version #3

Outfall 051A

Limit Start Date

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

Sample Type

Frequency of Analysis

Limit Limit Unit Desc	9/30/19 Milligrams per Liter MO AVG	Grab Milligrams per Liter	Monthly
Limit Unit Desc M	· ·	Milligrams per Liter	
Limit Unit Desc M	· ·	Milligrams per Liter	
	· ·	Milligrams per Liter	
Statistical Base M	IO AVG		
Otatiotical Baco		DAILY MX	
Limit Value 1	25	125	
DMR Values			
1/31/21 N	IODI=C	NODI=C	
2/28/21 N	IODI=C	NODI=C	
3/31/21 N	IODI=C	NODI=C	
4/30/21 1	6.5	16.5	
5/31/21 <	8.95	<8.95	
6/30/21 <	8.95	<8.95	
7/31/21 3	4.2	34.2	
8/31/21 <	8.95	<8.95	
9/30/21 1	55	155	
10/31/21 2	25.3	25.3	
11/30/21 4	.5	45	
12/31/21 N	NODI=C	NODI=C	
1/31/22 <	8.95	<8.95	
2/28/22 N	NODI=C	NODI=C	
3/31/22 3	1.8	31.8	
4/30/22 N	NODI=C	NODI=C	
5/31/22 N	NODI=C	NODI=C	
6/30/22 N	IODI=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

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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

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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	30
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

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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	2<.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

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Outfall 051A

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

DMD W I		
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

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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

3/3/23 10:27 AM Page 10 of 12

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 [CIO4] / 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

3/3/23 10:27 AM Page 11 of 12

Permit NM0028355

Version #3

Outfall 051A

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

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

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

Limit Start Date	Limit End Date	Sample Type	Frequency of 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

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ATTACHMENT B

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

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

OMB No. 2040-004

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

NM0028355
PERMIT NUMBER

FROM

051-A

DISCHARGE NUMBER

		MONIT	ORING P	ERIOD		
YEAR	МО	DAY		YEAR	MO	DAY
21	01	01	то	21	01	31

DMR MAILING ZIP CODE:

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO

EXTERNAL OUTFALL

PAGE 5

No Discharge X

PARAMETER		QUANTI	TY OF LOADING		(QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PAVAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (high level)	SAMPLE MEASUREMENT	****	***		****	NODI=C	NODI=C		0	0/31	GRAB
00340 1 0 Effluent Gross	PERMIT REQUIREMENT	****	女士女女会会	****	****	125 MONTHLY AV	125 DAILY MX	mg/L		MONTHLY	GRAB
pH	SAMPLE MEASUREMENT	****	****	****	NODI=C	****	NODI=C	0.11	0	0/31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	坐資秀金會	*****	6.0 MINIMUM	****	9.0 MAXIMUM	S,U,		WEEKLY	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	NODI=C	NODI=C		****	NODI=C	NODI=C	,	0	0/31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	lbs/day	在中央市	30 MONTHLY AV	45 DAILY MX	mg/L		MONTHLY	GRAB
Hardness, Total	SAMPLE MEASUREMENT	秀岩士宗女	****	****	NODI=C	****	****		0	0/31	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	蒙古意故意	*****	50 MINIMUM	****	****	mg/L		3/Week	GRAB
Chromium, Total (as Cr)	SAMPLE MEASUREMENT	****	***	****	专业大学术	NODI=C	NODI=C		0	0/31	GRAB
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	1.34 MONTHLY AV	2.68 DAILY MX	mg/L		WEEKLY	GRAB
Copper, Total (as Cu)	SAMPLE MEASUREMENT	****	****		****	NODI=C	NODI=C		0	0/31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	在由有大台	0.014 MONTHLY AV	0.014 DAILY MX	mg/L		3/Week	GRAB
Lead, Total (as Pb)	SAMPLE MEASUREMENT	****	***		***	NODI=C	NODI=C		0	0/31	GRAB
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	北市市大 集	女女女女女	****	****	0.076 MONTHLY AV	0.115 DAILY MX	mg/L		WEEKLY	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFF	ICER I CERTIFY L	INDER PENALTY OF LAW THAT UNDER MY DIRECTION OR SU	THIS DOCUMENT AND	ALL ATTACHMENTS	SWERE TAUN	A VAN Digitally signed VAN VALKENB		TELEPHON	E	DA	TE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED INFORMATI THE SYSTE INFORMATI TRUE. ACC	TO ASSURE THAT QUALIFIED ON SUBMITTED BASED ON MIM, OR THOSE PERSONS DIRE ON, THE INFORMATION SUBMURATE AND COMPLETE I AM A	PERSONNEL PROPERLY Y INQUIRY OF THE PERS CTLY RESPONSIBLE FOR ITTED IS, TO THE BEST O AWARE THAT THERE ARI	GATHER AND EVA ON OR PERSONS \ CGATHERING THE OF MY KNOWLEDGI E SIGNIFICANT PER	LUATE THE NHO MANAGE E AND BELIEF, NALTIES FOR	ENBURG (Affiliate)	25 13 23 59	665-	9827	21 02	2 25
TYPED OR PRINTED		G FALSE INFORMATION, INCLU ING VIOLATIONS	JUING THE POSSIBILITY	OF FINE AND IMPR	OF	FICER OR AUTHORIZED A	GENT AREA CO	DDE NUM	BER	YEAR M	O DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

EPC-DO-21-072

PAGE 1 OF 2

Attachment 1

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

NM0028355
PERMIT NUMBER

FROM

051-A

DISCHARGE NUMBER

		MONIT	ORING P	ERIOD		
YEAR	МО	DAY		YEAR	MO	DAY
21	01	01	то	21	01	31

DMR MAILING ZIP CODE:

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO

EXTERNAL OUTFALL

PAGE 5

No Discharge X

PARAMETER	\ <u>/</u>	QUANTI	TY OF LOADING	9		Q	UALITY OF CONCE	NIRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1 AUGUSETEK		VALUE	VALUE	UNITS	VALU	E	VALUE	VALU	JE l	JNITS			
Zinc, Total (as Zn) 01092 1 0	SAMPLE MEASUREMENT	****	****	****	****		NODI=C	NODI	_	mg/L	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	教教会教育		****		0.191 MONTHLY AV	0.19 DAILY)1	mg/L		3/Week	GRAB
Radium 226 + Radium 228, total 11503 1 0	SAMPLE MEASUREMENT	****	****	****	****	•	NODI=C	NODI		pCi/L	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****		30 MONTHLY AV	30 DAILY		POWE		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	Masilday	****	k	****	***	*	****	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	I=C	mg/L	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	食者大食會	****		****	*	****	0.01 INST I		IIIg/L		WEEKLY	GRAB
Perchlorate (CIO4) 61209 1 0	SAMPLE MEASUREMENT	者状故宗宗	****	****	****	*	NODI=C	NOD	_	mg/L	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	*	Req. Mon. MONTHLY AV	Req. M DAILY	vion.	mg/L		WEEKLY	GRAB
Organics, Total Toxic (TTO) 78141 1 0	SAMPLE MEASUREMENT	****	****	****	***	*	NODI=C	NOD	I=C	mg/L	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	****		***	•	1.0 MONTHLY AV	1.0 DAILY		Iligit		MONTHLY	GRAB
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	ER I CERTIFY U	NDER PENALTY OF LAW THAT	THIS DOCUMENT AND	ALL ATTACHMENT	TEM I	TAUNIA		y TAUNIA VAN	TELI	EPHONE		DA	TE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED INFORMATION THE SYSTEM INFORMATION TO THE SYSTEM INFORMATION	O ASSURE THAT QUALIFIED IN SUBMITTED, BASED ON M' A, OR THOSE PERSONS DIRE TON, THE INFORMATION SUBMIRATE AND COMPLETE, I AM J	PERSONNEL PROPERLY Y INQUIRY OF THE PERS CTLY RESPONSIBLE FOI ITTED IS: TO THE BEST (GATHER AND EVA SON OR PERSONS R GATHERING THE OF MY KNOWLEDG	WHO MANAGE	(Affiliate		3 13:24 16	'		.007	21 02	2 25
TYPED OR PRINTED	SUBMITTING	FALSE INFORMATION, INCLU NG VIOLATIONS	JOING THE POSSIBILITY	OF FINE AND IMPE	RISONMENT		TURE OF PRINCIPAL EXE FICER OR AUTHORIZED A	GENT F	505 AREA CODE	665-9 NUME		YEAR M	O DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

EPC-DO-21-072

PAGE 2 OF 2

Attachment 1

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: TALINIA S. VAN VAL KENBLING, EPC-CP.

NM0028355
PERMIT NUMBER

051-A
DISCHARGE NUMBER

			MONIT	ORING P	ERIOD		
	YEAR	МО	DAY		YEAR	МО	DAY
FROM	21	02	01	то	21	02	28

DMR MAILING ZIP CODE:

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO

EXTERNAL OUTFALL

PAGE 5

No Discharge X

PARAMETER		QUANTI	TY OF LOADING		C	QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (high level) 00340 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	ma/l	0	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	水水油水 膏	****		安安安治会	125 MONTHLY AV	125 DAILY MX	mg/L		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	3.0.		WEEKLY	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	*NODI=C	*NODI=C		****	*NODI=C	*NODI=C		0	0/28	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	lbs/day	****	30 MONTHLY AV	45 DAILY MX	mg/L		MONTHLY	GRAB
Hardness, Total	SAMPLE MEASUREMENT	***	****	****	*NODI=C	****	****		0	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		50 MINIMUM	****	参加和特殊	mg/L		3/Week	GRAB
Chromium, Total (as Cr)	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	mg/L	0	0/28	GRAB
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		食物水香油	1.34 MONTHLY AV	2.68 DAILY MX	llig/L		WEEKLY	GRAB
Copper, Total (as Cu)	SAMPLE MEASUREMENT	****	****	****	***	*NODI=C	*NODI=C		0	0/28	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	自有力力力		作为 未为为	0.014 MONTHLY AV	0.014 DAILY MX	mg/L		3/Week	GRAB
Lead, Total (as Pb)	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	ma/l	0	0/28	GRAB
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	0.076 MONTHLY AV	0.115 DAILY MX	mg/L		WEEKLY	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFF	ICER I CERTIFY U	NDER PENALTY OF LAW THA	T THIS DOCUMENT AND	ALL ATTACHMENTS	S WERE TAUNIA	A VAN Digitally sig	ned by TAUNIA T	ELEPHON	E	DA	TE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED INFORMATION THE SYSTEM INFORMATION TRUE ACCURATION TRUE ACCURATION TRUE ACCURATE ACC	UNDER MY DIRECTION OR SU TO ASSURE THAT QUALIFIED DN SUBMITTED, BASED ON M' M, OR THOSE PERSONS DIRE DN, THE INFORMATION SUBM IRATE AND COMPLETE. I AM A B FALSE INFORMATION, INCLU	PERSONNEL PROPERLY Y INQUIRY OF THE PERS CTLY RESPONSIBLE FOR ITTED IS, TO THE BEST OF AWARE THAT THERE ARE	GATHER AND EVA ON OR PERSONS I GATHERING THE OF MY KNOWLEDGE E SIGNIFICANT PEN	LUATE THE WHO MANAGE (Affiliate AND BELIEF, NALTIES FOR	NBURG VAN VALK Date: 2021.	ENBURG (Affiliate) .03.25 09:16.31	l 665-9	9827	2021 03	3 25
TYPED OR PRINTED		NG VIOLATIONS	JUNG THE POSSIBILITY	OI TINE AND IMPR		FICER OR AUTHORIZED A		E NUM	BER	YEAR M	O DA

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 1 OF 2

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: TALINIA S. VAN VAL KENBURG, EDC. (

NM0028355
PERMIT NUMBER

FROM

051-A

DISCHARGE NUMBER

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

DMR MAILING ZIP CODE:

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO

EXTERNAL OUTFALL

PAGE 5

No Discharge X

PARAMETER		QUANTI	TY OF LOADING	6		QUALITY OF CONCE	NTRATION		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		0	0/28	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	-C://	0	0/28	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	Maakklass	****	****	****	****	0	0/28	RCORDF
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day -	****	****	****			DAILY	RCORDF
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	*NODI=C		0	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	专业专业业	****		****	****	0.011 INST MAX	mg/L		WEEKLY	GRAB
Perchlorate (CIO4) 61209 1 0	SAMPLE MEASUREMENT	***	****	****	****	*NODI=C	*NODI=C		0	0/28	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		0	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	音音大字音		****	1.0 MONTHLY AV	1.0 DAILY MX	mg/L		MONTHLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	ER I CERTIFY UN	DER PENALTY OF LAW THAT				A VAN Digitally sign	ed by TAUNIA	ELEPHON		DA ⁻	ΤE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED TO INFORMATIO THE SYSTEM INFORMATIO TRUE, ACCU	O ASSURE THAT QUALIFIED F N SUBMITTED, BASED ON MY I, OR THOSE PERSONS DIREC N, THE INFORMATION SUBMI RATE AND COMPLETE, I AM A FALSE INFORMATION, INCLU	PERSONNEL PROPERLY INQUIRY OF THE PERSON TILY RESPONSIBLE FOR TIED IS, TO THE BEST O WARE THAT THERE ARE	GATHER AND EVAL ON OR PERSONS W GATHERING THE OF MY KNOWLEDGE E SIGNIFICANT PEN	UATE THE VALKE HO MANAGE (Affiliat ALTIES FOR	NBURG VAN VALKE	NBURG (Affiliate) 03.25 09:16:47	l 665-9	827	2021 03	25
TYPED OR PRINTED		IG VIOLATIONS				FICER OR AUTHORIZED AC	GENT AREA COL	DE NUME		YEAR M	DA'

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 2 OF 2

EPC-DO: 21-111 EPC-DO: 23-121

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

NM0028355 PERMIT NUMBER

051-A DISCHARGE NUMBER

			MONITO	DRING P	ERIOD		1000
	YEAR	МО	DAY		YEAR	MO	DAY
FROM	21	03	01	то	21	03	31

DMR MAILING ZIP CODE:

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO

EXTERNAL OUTFALL

PAGE 8

No Discharge X

TAUNIA S. VAN VALKENI PARAMETER		QUANTI	TY OF LOADING		2	QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (high level)	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
00340 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	125 MONTHLY AV	125 DAILY MX	IIIg/L		MONTHLY	GRAB
pH	SAMPLE MEASUREMENT	****	****	****	*NODI=C	*****	*NODI=C	S.U.	0	0/31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	*****	9.0 MAXIMUM	0.0.		WEEKLY	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT				****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	lbs/day	****	30 MONTHLY AV	45 DAILY MX	IIIg/L		MONTHLY	GRAB
Hardness, Total	SAMPLE MEASUREMENT	****	****	****	*NODI=C	****	****	mg/L	0	0/31	GRAB
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		50 MINIMUM	*****	****	mgrL		3/Week	GRAB
Chromium, Total (as Cr)	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	1.34 MONTHLY AV	2.68 DAILY MX	Illg/L		WEEKLY	GRAB
Copper, Total (as Cu)	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	0.014 MONTHLY AV	0.014 DAILY MX	ingr		3/Week	GRAB
Lead, Total (as Pb)	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	0.076 MONTHLY AV	0.115 DAILY MX	mg/L		WEEKLY	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFF	ICER I CERTIFY U	NDER PENALTY OF LAW THAT UNDER MY DIRECTION OR SU	THIS DOCUMENT AND A	ALL ATTACHMENTS	WERE TAUNI	A VAN Digitally sig	ned by TAUNIA	ELEPHON	Ē	DA	TE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED T INFORMATIO THE SYSTEM INFORMATIO	O ASSURE THAT QUALIFIED IN SUBMITTED BASED ON MY AND THOSE PERSONS DIREIDN, THE INFORMATION SUBMINATE AND COMPLETE LAMARATE AND COMP	PERSONNEL PROPERLY Y INQUIRY OF THE PERS CTLY RESPONSIBLE FOR ITTED IS, TO THE BEST C WARE THAT THERE ARE	GATHER AND EVAL ON OR PERSONS V GATHERING THE OF MY KNOWLEDGE E SIGNIFICANT PEN	WHO MANAGE (Affilial AND BELIEF, IALTIES FOR	Date: 2021	ENBURG (Affilate) .04.26 15:00:23 CUTIVE 505	I 665-9	827	21 04	26
TYPED OR PRINTED	SUBMITTING	FALSE INFORMATION, INCLU NG VIOLATIONS.	JDING THE POSSIBILITY	OF FINE AND IMPR	SONMENT	FICER OR AUTHORIZED A			SELECTION SHEET	YEAR M	O DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

EPC-DO: 21-143

PAGE 1 OF 2

Attachment 1

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 TALINIA C MANIMALIZENDUDO EDO OD

FROM

NM0028355 PERMIT NUMBER

051-A DISCHARGE NUMBER

		MONITO	DRING P	ERIOD		
YEAR	МО	DAY		YEAR	MO	DAY
21	03	01	то	21	03	31

DMR MAILING ZIP CODE:

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO

EXTERNAL OUTFALL

PAGE 8

No Discharge X

PARAMETER		QUANTI	TY OF LOADING	3		QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
, , , , , , , , , , , , , , , , , , , ,	$/ \setminus$	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	IIIg/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	*****	****	10000000	****	30 MONTHLY AV	30 DAILY MX	poire		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	lvigai/day	****	*****	****			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	High		WEEKLY	GRAB
Perchlorate (CIO4) 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	IIIg/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	Hig/L		MONTHLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	ER I CERTIFY UN	NDER PENALTY OF LAW THAT	THIS DOCUMENT AND A	ALL ATTACHMENTS	WERE TAUNI	A VAN Digitally sig	ned by TAUNIA	ELEPHON	=	DA	re
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED T INFORMATIC THE SYSTEM INFORMATIC TRUE ACCU	O ASSURE THAT QUALIFIED F IN SUBMITTED, BASED ON MY II, OR THOSE PERSONS DIREC IN, THE INFORMATION SUBMI RATE AND COMPLETE. I AM A	PERSONNEL PROPERLY INQUIRY OF THE PERSO CTLY RESPONSIBLE FOR TTED IS, TO THE BEST C WARE THAT THERE ARE	GATHER AND EVAL ON OR PERSONS W GATHERING THE OF MY KNOWLEDGE E SIGNIFICANT PEN	UATE THE VALKE VALKE AND BELIEF, (Affiliation of the control of th	NBURG VAN VALKI	ENBURG (Affilate) .04,26 15:00:38	l 665-9	1827	21 04	26
TYPED OR PRINTED		FALSE INFORMATION, INCLU NG VIOLATIONS.	DING THE PUSSIBILITY	OF FINE AND IMPRI	SCHWENT	FICER OR AUTHORIZED A	(AND COMPANY)		W-1210/0	YEAR MO	YAD C

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 2 OF 2

EPC-DO: 21-143

Attachment 1

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
TALINIA S. VAN VALKENBURG EPC-CP.

NM0028355
PERMIT NUMBER

FROM

T051-Q DISCHARGE NUMBER

	7	MONITO	ORING PI	ERIOD		
YEAR	МО	DAY		YEAR	MO	DAY
21	01	01	то	21	03	31

DMR MAILING ZIP CODE: 87545

MAJOR

QUARTERLY 48-HR ACUTE TOXICITY

EXTERNAL OUTFALL

PAGE 21

No Discharge X

PARAMETER		QUANT	TTY OF LOADING	3	QL	JALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PAVAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole Effluent Toxicity 22414 1 0	SAMPLE MEASUREMENT	****	****	****	*NODI=C	*NODI=C	****	Pass/Fail	0	0/90	COMP-3
Effluent Gross	PERMIT REQUIREMENT	****	****		100 48-HR MINIMUM	100 MO AV MIN	****	l doon di		QUARTERLY	COMP-3
Whole Effluent Toxicity - Retest #1 22415 1 0	SAMPLE MEASUREMENT	****	****	****	*NODI=9	*NODI=9	****	Pass/Fail	0	0/90	COMP-3
Effluent Gross	PERMIT REQUIREMENT	****	****		Opt. Mon. 48-HR MINIMUM	Opt. Mon. MO AV MIN	****	1 433/1 411		QUARTERLY	COMP-3
Whole Effluent Toxicity - Retest #2 22416 1 0	SAMPLE MEASUREMENT	大大大大大	****	****	*NODI=9	*NODI=9	****	Pass/Fail	0	0/90	COMP-3
2241010	PERMIT REQUIREMENT	****	****		Opt. Mon. 48-HR MINIMUM	Opt. Mon. MO AV MIN	****	l doon di		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	****	l assn all		QUARTERLY	COMP-3
NOEC Lethal Static48Hr Acute D. Pulex TOM3D 1 0	SAMPLE MEASUREMENT	****	****	****	*NODI=C	*NODI=C	****	%	0	0/90	COMP-3
Effluent Gross	PERMIT REQUIREMENT	****	****		Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	****	70		QUARTERLY	COMP-3
Coef Of Var Static48Hr Acute D. Pulex TQM3D 1 0	SAMPLE MEASUREMENT	****	****	****	*NODI=C	*NODI=C	****	%	0	0/90	COMP-3
Effluent Gross	PERMIT REQUIREMENT	****	****		Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	****	76		QUARTERLY	COMP-3
	SAMPLE MEASUREMENT					- V					
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	PREPARED UN	DER MY DIRECTION OR S	AT THIS DOCUMENT AND SUPERVISION IN ACCORD	ANCE WITH A SYS	STEM	TAIINIA VAN	ed by	TELEPHON	<u> </u>	DAT	E
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED TO INFORMATION THE SYSTEM, INFORMATION TRUE ACCURA	ASSURE THAT QUALIFIED SUBMITTED. BASED ON I OR THOSE PERSONS DIR THE INFORMATION SUBJETE AND COMPLETE I AM	D PERSONNEL PROPERLY MY INQUIRY OF THE PERS ECTLY RESPONSIBLE FOI MITTED IS, TO THE BEST (I AWARE THAT THERE AR LUDING THE POSSIBILITY	GATHER AND EV ON OR PERSONS R GATHERING TH OF MY KNOWLED E SIGNIFICANT PE	SWHO MANAGE E GE AND BELIEF ENALTIES FOR	Data: 2021 0	4.26 00'	l 665-9	827	21 04	26
TYPED OR PRINTED	FOR KNOWING		LODING THE POSSIBILITY	OF THE AND IMP	INCOMMENT	CER OR AUTHORIZED AC	22 CONTRACT	- CTV/S AC	BER	YEAR MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

PAGE 1 OF 1

LA-UR-21-23997

EPC-DO: 21-143

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

FROM

051-A DISCHARGE NUMBER

, , , , , ,		MONITO	ORING P	ERIOD		
YEAR	MO	DAY		YEAR	МО	DAY
21	04	01	то	21	04	30

DMR MAILING ZIP CODE:

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO

EXTERNAL OUTFALL

PAGE 5

No Discharge

OMB No. 2040-004

PARAMETER		QUANTI	ITY OF LOADING	9		QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
S SALL STATE OF THE SALL STATE		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			Society MA
Oxygen demand, chem. (high level)	SAMPLE MEASUREMENT	****	****	****	****	16.5	16.5		0	1/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	125 MONTHLY AV	125 DAILY MX	mg/L		MONTHLY	GRAB
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	7.40	****	7.40	0.11	0	1/30	GRAB
	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	*****	9.0 MAXIMUM	S.U.		WEEKLY	GRAB
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	<0.0886	<0.0886		****	<0.570	<0.570		0	1/30	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 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	66.9	****	****		0	2/30	GRAB
	PERMIT REQUIREMENT	****	****		50 MINIMUM	****	****	mg/L	- V	3/Week	GRAB
Chromium, Total (as Cr) 01034 1 0	SAMPLE MEASUREMENT	****	****	****	****	<0.00300	<0.00300		0	1/30	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	****	****	****	****	0.00250	0.00409		0	2/30	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		0	1/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	0.076 MONTHLY AV	0.115 DAILY MX	mg/L		WEEKLY	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	CER I CERTIFY UN	DER PENALTY OF LAW THAT NDER MY DIRECTION OR SUF	THIS DOCUMENT AND A	LL ATTACHMENTS	VERE TAUNIA	VAN Digitally signed to	TAUNIA TI	LEPHONE		DAT	E
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED TO INFORMATION THE SYSTEM, INFORMATION	DASSURE THAT QUALIFIED P N SUBMITTED. BASED ON MY OR THOSE PERSONS DIREC N, THE INFORMATION SUBMIT MATE AND COMPLETE. I AM A	ERSONNEL PROPERLY OF INQUIRY OF THE PERSO TLY RESPONSIBLE FOR ITED IS, TO THE BEST OF	BATHER AND EVALU IN OR PERSONS WI GATHERING THE MY KNOWLEDGE A	NATE THE HO MANAGE AND BELIEF, LITIES FOR	NBURG VAN VALKENBU Date: 2021.05.24 -06'00'	JRG (Affiliate) 4 17 10 30	900	HES WILLIAM	21 05	24
TYPED OR PRINTED	SUBMITTING	FALSE INFORMATION, INCLUI G VIOLATIONS.			ONMENT SIGNA	ATURE OF PRINCIPAL EXEC FICER OR AUTHORIZED AG	000	665-98 NUMB		YEAR MO	DAY

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

(Reference all attachments here)

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

Attachment 1

LA-UR-21-24966

PAGE 1 OF 2

EPC-DO: 21-162

5

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**

FROM

051-A DISCHARGE NUMBER

		MONITO	ORING P	ERIOD		
YEAR	МО	DAY		YEAR	МО	DAY
21	04	01	то	21	04	30

DMR MAILING ZIP CODE:

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO

EXTERNAL OUTFALL

PAGE 5

No Discharge

OMB No. 2040-004

PARAMETER	\searrow	QUANT	ITY OF LOADING	3		QUALITY OF CONCE	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn) 01092 1 0	SAMPLE MEASUREMENT	****	****	****	****	<0.00574	0.00817		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	****	****	****	****	<0.450	<0.505	2232	0	2/30	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	0.018104	0.018629		****	****	****		0	2/30	RCORDF
iffluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	****	****	****		DAILY	RCORDF
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	0		0	1/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	*****	0.011 INST MAX	mg/L		WEEKLY	GRAB
Perchlorate (CIO4) 61209 1 0	SAMPLE MEASUREMENT	****	****	****	****	<0.000050	<0.000050		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	****	****	****	****	0.00305	0.00305		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 OFFICE	R I CERTIFY UN	DER PENALTY OF LAWTHAT NDER MY DIRECTION OR SUF	THIS DOCUMENT AND A	LL ATTACHMENTS	WERE TAUNIA	A VAN Digitally signed	DI TOUNIA. TI	ELEPHONE		DAT	E
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED TO INFORMATION THE SYSTEM INFORMATION TRUE, ACCUP	D ASSURE THAT QUALIFIED P N SUBMITTED. BASED ON MY , OR THOSE PERSONS DIREC N, THE INFORMATION SUBMIT RATE AND COMPLETE. IAM A	PERSONNEL PROPERLY (INQUIRY OF THE PERSO TLY RESPONSIBLE FOR ITED IS, TO THE BEST OF WARE THAT THERE ARE	BATHER AND EVALUATION OR PERSONS WIS GATHERING THE MY KNOWLEDGE A SIGNIFICANT PENA	JATE THE HO MANAGE VALKE AND BELIEF, (Affiliate	NBURG VAN VALKENBI Date 2021.05.2	JRG (Affillate) 4 17 11 04			21 05	24
TYPED OR PRINTED	SUBMITTING	FALSE INFORMATION, INCLUI G VIOLATIONS.	DING THE POSSIBILITY C	F FINE AND IMPRIS	ONMENT SIGN	ATURE OF PRINCIPAL EXEC FICER OR AUTHORIZED AG	100000	665-98 E NUMB	1300 E.O.	YEAR MC	DAY

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

(Reference all attachments here)

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

EPC-DO: 21-162

Attachment 1

6

LA-UR-21-24966

PAGE 2 OF 2

OMB No. 2040-004

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

NAME:

ATTN:

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

TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355 PERMIT NUMBER

FROM

051-A	
DISCHARGE NUMBER	

		MONITO	ORING P	ERIOD		
YEAR	МО	DAY		YEAR	МО	DAY
21	05	01	то	21	05	31

DMR MAILING ZIP CODE:

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO

EXTERNAL OUTFALL

PAGE 5

No Discharge

PARAMETER		QUANTI	TY OF LOADING	i	(QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (high level)	SAMPLE MEASUREMENT	****	****	****	****	<8.95	<8.95		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	****	7.4	S.U.	0	1/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	*****	9.0 MAXIMUM	5.0.		WEEKLY	GRAB
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	<0.0757	<0.0757	lb a /d a v	****	<0.570	<0.570		0	1/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	lbs/day	奇术秀女士	30 MONTHLY AV	45 DAILY MX	mg/L		MONTHLY	GRAB
Hardness, Total 00900 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	85.0	****	****		0	1/31	GRAB
	PERMIT REQUIREMENT	****	专业大会会		50 MINIMUM	****	****	mg/L		3/Week	GRAB
Chromium, Total (as Cr) 01034 1 0	SAMPLE MEASUREMENT	****	****	****	****	<0.00300	<0.00300		0	1/31	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	****	****	****	****	0.00112	0.00112		0	1/31	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		0	1/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	0.076 MONTHLY AV	0.115 DAILY MX	mg/L		WEEKLY	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFI	CER I CERTIFY	INDER PENALTY OF LAW THAT UNDER MY DIRECTION OR SU				VAN Digitally signed	by TAUNIA T	ELEPHON	Ê	DA	ΓE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED INFORMAT THE SYSTE INFORMAT TRUE, ACC	ONDER MIT DIRECTION OR SO TO ASSURE THAT QUALIFIED F ON SUBMITTED, BASED ON MY M, OR THOSE PERSONS DIREC ON, THE INFORMATION SUBMI URATE AND COMPLETE, I AM A G FALSE INFORMATION, INCLU	PERSONNEL PROPERLY INQUIRY OF THE PERSONNEL FOR THE PERSONNEL FOR THE BEST ON WARE THAT THERE ARE	GATHER AND EVA ON OR PERSONS I GATHERING THE F MY KNOWLEDGI SIGNIFICANT PER	LUATE THE VALKE VALKE (Affiliate AND BELIEF, VALTIES FOR	NBURG VAN VALKENE Date: 2021,06.	BURG (Affiliate) 25 09 51:31	665-9	9827	21 06	5 25
TYPED OR PRINTED		ING VIOLATIONS	New March 1997 Control of the State of the S			OCCICED OR ALITHORIZED ACENT		AREA CODE NUMBER		YEAR MO	O DAY

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

(Reference all attachments here)

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

PAGE 1 OF 2

EPC-DO: 21-195

Attachment 1

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

FROM

051-A	
DISCHARGE NUMBER	

		MONITO	ORING P	ERIOD		
YEAR	MO	DAY		YEAR	МО	DAY
21	05	01	то	21	05	31

DMR MAILING ZIP CODE:

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO

EXTERNAL OUTFALL

PAGE 5

No Discharge

PARAMETER	\searrow	QUANTI	TY OF LOADING	3		QUALITY OF CONCE	NTRATION		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	ma/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	****	****	****	****	<0.652	<0.908	-0:4	0	2/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	专业协会		****	30 MONTHLY AV	30 DAILY MX	pCi/L		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.015926	0.015926	NA 1/41	****	****	****	****	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		0	1/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	****	0.011 INST MAX	mg/L		WEEKLY	GRAB
Perchlorate (CIO4) 61209 1 0	SAMPLE MEASUREMENT	****	****	****	****	<0.000050	<0.000050		0	3/31	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	****	****	****	****	0.00303	0.00303		0	85/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	卡佐大学会		****	1.0 MONTHLY AV	1.0 DAILY MX	mg/L		MONTHLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT								I RS		
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC		NDER PENALTY OF LAW THAT UNDER MY DIRECTION OR SU			EM [IAUNI		by IAUNIA	ELEPHONI		DA ⁻	ΓE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED TO INFORMATIO THE SYSTEM INFORMATIO TRUE, ACCU	O ASSURE THAT QUALIFIED F IN SUBMITTED, BASED ON MY I, OR THOSE PERSONS DIREC IN, THE INFORMATION SUBMI RATE AND COMPLETE, I AM A FALSE INFORMATION, INCLU FALSE INFORMATION, INCLU	PERSONNEL PROPERLY INQUIRY OF THE PERSONNIBLE FOR TITED IS, TO THE BEST OF WARE THAT THERE ARE	GATHER AND EVAI ON OR PERSONS V GATHERING THE DF MY KNOWLEDGE E SIGNIFICANT PEN	UATE THE VALKE VALKE (Affiliat AND BELIEF, IALTIES FOR	NBURG VAN VALKENB Date: 2021.06.2 e) VAN VALKENB Date: 2021.06.2	25 09 52 22	l 665-9	827	21 06	5 25
TYPED OR PRINTED	NG VIOLATIONS				FICER OR AUTHORIZED A	GENT AREA COL	DE NUME	BER	YEAR M	O DAY	

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

(Reference all attachments here)

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

PAGE 2 OF 2

EPC-DO: 21-195

Attachment 1

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

FROM

051-A

DISCHARGE NUMBER

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

DMR MAILING ZIP CODE:

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO

EXTERNAL OUTFALL

PAGE 8

No Discharge

PARAMETER		QUANTI	TY OF LOADING		(QUALITY OF CONCE	NTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1,000002121		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNIT	3		
Oxygen demand, chem. (high level)	SAMPLE MEASUREMENT	****	****	****	****	<8.95	<8.95	mg/L	0	1/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	125 MONTHLY AV	125 DAILY M			MONTHLY	GRAB
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	7.4	***	7.4	s.u.	0	1/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	有为业业者	****		6.0 MINIMUM	****	9.0 MAXIMU	100		WEEKLY	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	0.160	0.160	lha fela u	****	1.10	1,10	mg/l	0	1/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	lbs/day	****	30 MONTHLY AV	45 DAILY N			MONTHLY	GRAB
Hardness, Total 00900 1 0	SAMPLE MEASUREMENT	****	***	****	82.8	****	****	mg/l	0	1/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	专方社会法	****	**************************************	50 MINIMUM	*****	****	ling/L		3/Week	GRAB
Chromium, Total (as Cr)	SAMPLE MEASUREMENT	****	***	****	****	<0.00300	<0.0030	00 mg/l	0	1/30	GRAB
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	1.34 MONTHLY AV	2.68 DAILY M			WEEKLY	GRAB
Copper, Total (as Cu)	SAMPLE MEASUREMENT	****	***	****	****	0.000760	0.00076		0	1/30	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	0.014 MONTHLY AV	0.014 DAILY N			3/Week	GRAB
Lead, Total (as Pb)	SAMPLE MEASUREMENT	***	****	****	****	<0.000500	<0.0005		0	1/30	GRAB
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*4***	****	****	de de spe de de	0.076 MONTHLY AV	0.115 DAILY N			WEEKLY	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFF	CER I CERTIFY	UNDER PENALTY OF LAW THA	THIS DOCUMENT AND	ALL ATTACHMENT	S WERE TAUNIA	A VAN Digitally signed	by TAUNIA	TELEPHO	NE	D/	ATE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNEI INFORMA THE SYST INFORMA TRUE, AC	D UNDER MY DIRECTION OR SLO TION ASSURE THAT QUALIFIED TION SUBMITTED. BASED ON MI EM. OR THOSE PERSONS DIRE TION. THE INFORMATION SUBM CURATE AND COMPLETE. I AM NG FALSE INFORMATION, INCLI	PERSONNEL PROPERLY Y INQUIRY OF THE PERS CTLY RESPONSIBLE FOF ITTED IS, TO THE BEST (AWARE THAT THERE ARI	GATHER AND EVA ON OR PERSONS I GATHERING THE OF MY KNOWLEDG E SIGNIFICANT PEI	LUATE THE VALKE WHO MANAGE (Affiliate AND BELIEF, NALTIES FOR	NBURG VAN VALKENE Date: 2021.07	3URG (Affiliale) 26 16 32 33	505 66	5-9827	21	07 26
TYPED OR PRINTED		WING VIOLATIONS				FFICER OR AUTHORIZED A	GENT ARI	EA CODE N	UMBER	YEAR M	NO DAY

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

EPC-DO: 21-239

(Reference all attachments here)

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

PAGE 1 OF 2

Attachment 1

OMB No. 2040-004

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

TRIAD NATIONAL SECURITY, LLC NAME:

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

NM0028355 PERMIT NUMBER

FROM

051-A DISCHARGE NUMBER

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

DMR MAILING ZIP CODE:

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO **EXTERNAL OUTFALL**

PAGE 8

No Discharge

PARAMETER		QUANTI	TY OF LOADING	6	(QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
17d WILLER	/	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	IIIg/L		3/Week	GRAB
Radium 226 + Radium 228, total	SAMPLE MEASUREMENT	****	***	****	***	<0.6264	<0.9950	pCi/L	0	2/30	GRAE
11503 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	30 MONTHLY AV	30 DAILY MX	POIL		WEEKLY	GRAE
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.017392	0.017392	NA - al/d - u	****	***	***	****	0	1/30	RCORD
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	业大大方向	****			DAILY	RCORD
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	0	mg/L	0	1/30	GRAE
Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	0.011 INST MAX			WEEKLY	GRAE
Perchlorate (ClO4) 61209 1 0	SAMPLE MEASUREMENT	****	****	****	****	<0.000050	<0.000050	mg/L	0	3/30	GRAE
Effluent Gross	PERMIT REQUIREMENT	****	****		古水才水中	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	llig/L		WEEKLY	GRAE
Organics, Total Toxic (TTO) 78141 1 0	SAMPLE MEASUREMENT	****	****	****	****	*** 0.00419	0.00419	mg/L	0	85/30	GRAE
Effluent Gross	PERMIT REQUIREMENT	****	****		****	1.0 MONTHLY AV	1.0 DAILY MX	ling/L		MONTHLY	GRAE
	SAMPLE MEASUREMENT							4			
	PERMIT REQUIREMENT										1
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	ER I CERTIFY U	NDER PENALTY OF LAW THAT	THIS DOCUMENT AND	ALL ATTACHMENT	S WERE TAUNI	A VAN Digitally signed	DY TAUNIA	relephon	E	DA	<u>re</u>
PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SY BUNIA S. VAN VALKENBURG ROUP LEADER PC-CP PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SY DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERTY GATHER NAD E INFORMATION SUBMITTED, BASED ON MY INQUIRY OF THE PERSON OR PERSON THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBILE FOR CATHERING TI INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLED TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT F SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IM SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IM SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IM SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IM SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IM SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IM SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IM SUBMITTING FALSE INFORMATION.					WHO MANAGE E AND BELIEF, NALTIES FOR	Date: 2021 07		665-	9827	21 0	7 26
TYPED OR PRINTED		NG VIOLATIONS			OF	OFFICER OR AUTHORIZED ACENT			BER	YEAR M	O DA

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

EPC-DO: 21-239

(Reference all attachments here)

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

PAGE 2 OF 2

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

TAUNIA S VAN VALKENBURG

NM0028355 PERMIT NUMBER

FROM

T051-Q DISCHARGE NUMBER

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

DMR MAILING ZIP CODE:

87545

MAJOR

QUARTERLY 48-HR ACUTE TOXICITY

EXTERNAL OUTFALL

PAGE 21

No Discharge X

PARAMETER		QUANT	TITY OF LOADING	3	QL	JALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole Effluent Toxicity 22414 1 0	SAMPLE MEASUREMENT	****	***	****	0	0	***	Pass/Fail	0	1/91	COMP-
Effluent Gross	PERMIT REQUIREMENT	****	****	v)	100 48-HR MINIMUM	100 MO AV MIN	****	i doon dii		QUARTERLY	COMP-
Whole Effluent Toxicity - Retest #1 22415 1 0	SAMPLE MEASUREMENT	****	****		NODI=9	NODI=9	****	Pass/Fail	0	0/91	COMP-
Effluent Gross	PERMIT REQUIREMENT	业务分余分	****	396300	Opt. Mon. 48-HR MINIMUM	Opt. Mon. MO AV MIN	****	1 43371 411		QUARTERLY	COMP-
Whole Effluent Toxicity - Retest #2 22416 1 0	SAMPLE MEASUREMENT	****	****	****	NODI=9	NODI=9	****	Pass/Fail	0	0/91	COMP-
22410 1 0	PERMIT REQUIREMENT	****	****		Opt. Mon. 48-HR MINIMUM	Opt, Mon. MO AV MIN	****	r ass/r all		QUARTERLY	COMP-
LF Pass/Fail Static48Hr Acute D.Pulex TEM3D 1 0	SAMPLE MEASUREMENT	****	****	****	0	0	****	Pass/Fail	0	1/91	COMP-
	PERMIT REQUIREMENT	大大大大大	****		Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	****	r dss/r dii		QUARTERLY	COMP-
NOEC Lethal Static48Hr Acute D. Pulex TOM3D 1 0	SAMPLE MEASUREMENT	***	****		100	100	****	%	0	1/91	COMP-
Effluent Gross	PERMIT REQUIREMENT	****	****		Req. Mon. Req. Mon. 48-HR MINIMUM MO AV MIN	****			QUARTERLY	COMP-	
Coef Of Var Static48Hr Acute D. Pulex TOM3D 1 0	SAMPLE MEASUREMENT	****	****	****	0	0	****	%	0	1/91	СОМР-
Effluent Gross	PERMIT REQUIREMENT	老爷	****		Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	***	70		QUARTERLY	COMP-
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		11/1/1								
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	ER I CERTIFY UND	ER PENALTY OF LAW TH.	AT THIS DOCUMENT AND	ALL ATTACHMEN	TS WERE TAUNIA	VAN Digitally signed	by TAUNIA	TELEPHON		DA	TE
TAUNIA S VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED TO INFORMATION THE SYSTEM, INFORMATION TRUE, ACCUR	ASSURE THAT QUALIFIED SUBMITTED BASED ON I OR THOSE PERSONS DIR , THE INFORMATION SUB ATE AND COMPLETE I AM	D PERSONNEL PROPERL' MY INQUIRY OF THE PER: ECTLY RESPONSIBLE FO MITTED IS, TO THE BEST MAWARE THAT THERE AR	Y GATHER AND EN SON OR PERSONS IR GATHERING TH OF MY KNOWLED RE SIGNIFICANT PI	VALUATE THE S WHO MANAGE VALKENING S WHO MANAGE (Affiliate) ER AND BELIEF, ENALTIES FOR SIGNAL		BURG (Affiliate) 26 16:40 35	05 665-9	1827	21 0	7 26
TYPED OR PRINTED	SUBMITTING F FOR KNOWING	ALSE INFORMATION, INC VIOLATIONS	FORING THE SOSSIBILITY	OF FINE AND IMP	KISOMMENT	CER OR AUTHORIZED A	CENT	CODE NUMI	RER	YEAR MO	0 0

COMMENT AND EXPLANATION OF ANY VIOLATIONS (PASS=0, FAIL=1)

EPC-DO: 21-239

(Reference all attachments here)

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

PAGE 1 OF 1

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 SANDOUIST, EPC-CP

NM0028355
PERMIT NUMBER

FROM

051-A	
DISCHARGE NUMBER	

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

DMR MAILING ZIP CODE:

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO

EXTERNAL OUTFALL

PAGE 5

No Discharge

PARAMETER		QUANTI	TY OF LOADING		C	UALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
174 VIVILITIES		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem, (high level) 00340 1 0	SAMPLE MEASUREMENT	****	****	****	****	34.2	34.2	mg/L	0	1/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	4. 水油 4.	****		****	125 MONTHLY AV	125 DAILY MX	mg/L		MONTHLY	GRAB
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	7.5	****	7.7	S.U.	0	2/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM	3.3		WEEKLY	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	<0.0705	<0.0705	lla a fel a co	****	<0.570	<0,570	mg/L	0	1/31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	lbs/day	****	30 MONTHLY AV	45 DAILY MX	ľ		MONTHLY	GRAB
Hardness, Total	SAMPLE MEASUREMENT	****	****	****	80.7	****	****	mg/L	0	2/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	音音光音音	7 [50 MINIMUM	****	****	IIIg/L		3/Week	GRAB
Chromium, Total (as Cr)	SAMPLE MEASUREMENT	****	***	****	****	<0.00300	<0.00300	mg/L	0	2/31	GRAB
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		申请表审者	1.34 MONTHLY AV	2.68 DAILY MX			WEEKLY	GRAB
Copper, Total (as Cu)	SAMPLE MEASUREMENT	****	****	****	****	0.00147	0.00223	mg/L	0	2/31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	0.014 MONTHLY AV	0.014 DAILY MX			3/Week	GRAB
Lead, Total (as Pb)	SAMPLE MEASUREMENT	****	****	****	****	<0.000500	<0.000500		0	2/31	GRAB
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	如如吹水物	0.076 MONTHLY AV	0.115 DAILY MX	mg/L		WEEKLY	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFF	ICER I CERTIFY	JNDER PENALTY OF LAW THA UNDER MY DIRECTION OR SI	T THIS DOCUMENT AND	ALL ATTACHMENT	S WERE THE TAUR	Digitally sig		TELEPHON	1E	DA	TE
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP	DESIGNED INFORMAT THE SYSTE INFORMAT TRUE ACC	TO ASSURE THAT QUALIFIED TO ASSURE THAT QUALIFIED ON SUBMITTED. BASED ON MEM, OR THOSE PERSONS DIRECTORY THE INFORMATION SUBMURATE AND COMPLETE IAM OF FALSE INFORMATION, INCL.	PERSONNEL PROPERLY Y INQUIRY OF THE PERS CTLY RESPONSIBLE FO IITTED IS, TO THE BEST AWARE THAT THERE AR	GATHER AND EVA SON OR PERSONS ' R GATHERING THE OF MY KNOWLEDG SE SIGNIFICANT PE	E AND BELIEF,	Taunia Sar Date: 2021 10:51:43 -0 ATURE OF PRINCIPAL EXI	.08.25 16'00')5 665-	9827	21 0	8 25
TYPED OR PRINTED	FOR KNOW	ING VIOLATIONS			OF	FICER OR AUTHORIZED A	GENT AREA	CODE NUM	1BER	YEAR M	O DAY

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

EPC-DO: 21-264

(Reference all attachments here)

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

PAGE 1 OF 2

Attachment 1

5

EPC-DO: 23-121

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
TALINIA JEAN SANDOLIIST EPC-CP

NM00283	355
PERMIT NU	MBER

FROM

051-A
DISCHARGE NUMBER

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

DMR MAILING ZIP CODE:

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO

EXTERNAL OUTFALL

PAGE 5

No Discharge

TTN: TAUNIA JEAN SANDQUIST		QUANTI	TY OF LOADING			QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn)	SAMPLE MEASUREMENT	****	****	****	****	<0.00330	<0.00330	mg/L	0	2/31	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		青女女女女	0.191 MONTHLY AV	0.191 DAILY MX			3/Week	GRAB
Radium 226 + Radium 228, total	SAMPLE MEASUREMENT	****	***	****	****	1,16	1.60	pCi/L	0	2/31	GRAB
11503 1 0 Effluent Gross	PERMIT REQUIREMENT	****	非治疗治療	*****	****	30 MONTHLY AV	30 DAILY MX	1 '		WEEKLY	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.016185	0.017543		****	****	****	****	0	2/31	RCORDE
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Reg. Mon. MONTHLY AV	Req. Mon. DAILY MX		****	****	****			DAILY	RCORD
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	***	****	****	****	0	mg/L	0	2/31	GRAB
	PERMIT REQUIREMENT	****	****		****	安徽大学	0.011 INST MA			WEEKLY	GRAB
Perchlorate (CIO4)	SAMPLE MEASUREMENT	****	****	****	****	<0.000050	<0.00005	00050 mg/L	0	2/31	GRAB
61209 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	Req. Mon. MONTHLY AV	Req. Mor DAILY M	٦.		WEEKLY	GRAB
Organics, Total Toxic (TTO)	SAMPLE MEASUREMENT	****	****	****	****	0.00136	0.00136	mg/L	0	85/31	GRAE
78141 1 0 Effluent Gross	PERMIT REQUIREMENT	****	***		***	1.0 MONTHLY AV	1.0 DAILY M			MONTHLY	GRAE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					N. S.					
NAME/TITLE PRINCIPAL EXECUTIVE OFFI	CER I CERTIFY U	INDER PENALTY OF LAW THA UNDER MY DIRECTION OR SI	T THIS DOCUMENT AND	ALL ATTACHMENT	Tau	Digitally sig		TELEPHO	VE	DA	TE
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP	DESIGNED INFORMATION THE SYSTE INFORMATION	TO ASSURE THAT QUALIFIED ON SUBMITTED, BASED ON M M, OR THOSE PERSONS DIRE ON, THE INFORMATION SUBM	PERSONNEL PROPERLY Y INQUIRY OF THE PERS CTLY RESPONSIBLE FO ITTED IS, TO THE BEST AWARE THAT THERE AS	Y GATHER AND EV SON OR PERSONS IR GATHERING THE OF MY KNOWLEDO SE SIGNIFICANT PE	WHO MANAGE SE AND BELIEF, SNALTIES FOR	Taunia Sar dquist Date: 2021 10:51:59 -C	.08.25 06'00'	505 l 665	-9827	21 0	08 2
TYPED OR PRINTED		G FALSE INFORMATION, INCL ING VIOLATIONS	UDING THE POSSIBILITY	OFFICER OR AUTHORIZED AGEN		ACENT -		MBER	YEAR N	O DA	

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

(Reference all attachments here)

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

PAGE 2 OF 2

Attachment 1 6

EPC-DO: 21-264

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	

FROM

051-A
DISCHARGE NUMBER

MONITORING PERIOD											
YEAR	МО	DAY		YEAR	MO	DAY					
21	08	01	то	21	80	31					

DMR MAILING ZIP CODE:

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO

EXTERNAL OUTFALL

PAGE 5

No Discharge

TAUNIA JEAN SANDQUIS PARAMETER		QUANTI	TY OF LOADING		Q	UALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (high level)	SAMPLE MEASUREMENT	*#**	****	****	☆☆☆☆	<8.95	<8.95	mg/L	0	1/31	GRAB
00340 1 0 Effluent Gross	PERMIT REQUIREMENT	****	安务业协会		***	125 MONTHLY AV	125 DAILY MX	llig/L		MONTHLY	GRAB
рН	SAMPLE MEASUREMENT	****	****	****	7.4	*****	7.6	s.u.	0	4/31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	养女生食物	***		6.0 MINIMUM	****	9.0 MAXIMUM	3.0		WEEKLY	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	<0.0297	<0.0297		****	<0.570	<0.570	mg/L	0	1/31	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	/IX lbs/day	****	30 MONTHLY AV	45 DAILY MX	liig/L		MONTHLY	GRAB
Hardness, Total 00900 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	全生女为女	74.6	****	****	mg/L	0	4/31	GRAB
	PERMIT REQUIREMENT	****	***		50 MINIMUM	****	****	IIIg/L		3/Week	GRAB
Chromium, Total (as Cr)	SAMPLE MEASUREMENT	****	****	****	***	<0.00300	<0.00300	mall	0	3/31	GRAB
01034 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	1.34 MONTHLY AV	2.68 DAILY MX	mg/L		WEEKLY	GRAB
Copper, Total (as Cu)	SAMPLE MEASUREMENT	****	****		****	0.000579	0.000690	mat!	0	4/31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	***	****	****	****	0.014 MONTHLY AV	0.014 DAILY MX	mg/L		3/Week	GRAB
Lead, Total (as Pb)	SAMPLE MEASUREMENT	****	****	7-0000000	****	<0.000500	<0.000500	- ma#	0	3/31	GRAB
01051 1 0 Effluent Gross	PERMIT **** *****		- *****	****	0.076 MONTHLY AV	0.115 DAILY MX	mg/L		WEEKLY	GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE OFFI	CED LICERTIEV	NDER PENALTY OF LAW THA	THIS DOCUMENT AND A	LL ATTACHMENT	s WERE Tauni	Digitally sign	ica by	TELEPHON	E	DA	TE
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP	PREPARED DESIGNED INFORMATI THE SYSTE INFORMATI	UNDER MY DIRECTION OR SU TO ASSURE THAT QUALIFIED ON SUBMITTED. BASED ON M M, OR THOSE PERSONS DIRE ON, THE INFORMATION SUBM JRATE AND COMPLETE. I AM A	PERSONNEL PROPERLY INQUIRY OF THE PERSO CTLY RESPONSIBLE FOR ITTEO IS, TO THE BEST O	GATHER AND EV. ON OR PERSONS GATHERING THE F MY KNOWLEDO SIGNIFICANT PE	WHO MANAGE SE AND BELIEF, NALTIES FOR	Taunia Sand Quist Date: 2021, 09:16:57 -06	09.28 6'00'	l 665-	9827	21 09	9 28
TYPED OR PRINTED	SUBMITTING FOR KNOW	FALSE INFORMATION, INCLU NG VIOLATIONS	JOING THE POSSIBILITY C	DE FINE AND IMP	RISONMENT	FICER OR AUTHORIZED A			BER	YEAR M	O DAY

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

EPC-DO: 21-316

(Reference all attachments here)

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

PAGE 1 OF 2

Attachment 1

5

EPC-DO: 23-121

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

TALINIA JEAN SANDOUIST EPC-CP

NM0028355	
PERMIT NUMBER	
PERMIT NUMBER	

FROM

051-A	
DISCHARGE NUMBER	

MONITORING PERIOD											
YEAR	MO	MO DAY		YEAR	МО	DAY					
21	08	01	то	21	08	31					

DMR MAILING ZIP CODE:

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO

EXTERNAL OUTFALL

PAGE 5

No Discharge

TTN: TAUNIA JEAN SANDQUIST		QUANTI	TY OF LOADING			QUALITY OF CONCE	ENTRATIO	N		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VAL	UE	UNITS			
Zinc, Total (as Zn)	SAMPLE MEASUREMENT	****	****		***	<0.00330	<0.00	330	ma/l	0	4/31	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	化妆妆件	0.191 MONTHLY AV	0.19 DAILY		mg/L		3/Week	GRAB
Radium 226 + Radium 228, total	SAMPLE MEASUREMENT	****	****		****	0.571	0,98	82	pCi/L	0	4/31	GRAB
11503 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	被由水水水	30 MONTHLY AV	30 DAILY		роис		WEEKLY	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.014519	0.017388		大士的女女	***	业有 有	**	****	0	4/31	RCORDE
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		****	***	***	**			DAILY	RCORDE
Chlorine, Total Residual	SAMPLE MEASUREMENT	****	****	****	****	****	0.0		mg/L	1	4/31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		女治士女会	****	0.0 INST		mg/L		WEEKLY	GRAB
Perchlorate (CIO4)	SAMPLE MEASUREMENT	大卡长大	****		***	<0.000050	<0.00	0050	mg/L	0	3/31	GRAB
61209 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MONTHLY AV	Req.		IIIg/L		WEEKLY	GRAB
Organics, Total Toxic (TTO)	SAMPLE MEASUREMENT	****	****	****	****	0.00831	0.00831		mg/L	0	84/31	GRAB
78141 1 0 Effluent Gross	PERMIT REQUIREMENT	**************************************			****	1.0 MONTHLY AV	1.0 DAILY MX		mg/L		MONTHLY	THLY GRAB
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	PDCDAGEDI	NDER PENALTY OF LAW THA JNDER MY DIRECTION OR SU	IPERVISION IN ACCORDA	INCE WITH A SYS	IEM III 20	unia Digitally sig		TEL	EPHON	E	DA	IE T
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP	DESIGNED T INFORMATIO THE SYSTEM INFORMATIO	O ASSURE THAT QUALIFIED IN SUBMITTED, BASED ON M'	PERSONNEL PROPERLY Y INQUIRY OF THE PERS CTLY RESPONSIBLE FOR ITTED IS, TO THE BEST C	GATHER AND EV. ON OR PERSONS GATHERING THE OF MY KNOWLEDO SIGNIFICANT PE	WHO MANAGE E AND BELIEF NALTIES FOR	indquist Taunia Sal Date: 2021 09:17:12 - G	09.28 06'00'	505 	665-9	9827	21 0	9 28
TYPED OR PRINTED	SUBMITTING	FALSE INFORMATION, INCLU	JDING THE POSSIBILITY	IRATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENA S FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRIS NG VIOLATIONS.		OFFICER OR AUTHORIZED AGENT		AREA CODE	NUM		YEAR M	O DAY

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

EPC-DO: 21-316

(Reference all attachments here)

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

PAGE 2 OF 2

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: TALINIA JEAN SANDOLIIST EPC-CP

NM0028355	
PERMIT NUMBER	

051-A						
DISCHARGE NUMBER						

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

DMR MAILING ZIP CODE: MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO EXTERNAL OUTFALL

PAGE 11

No Discharge

PARAMETER		<	QUANT	ITY OF LOADING			QUALITY OF CONCENTRATION					NO. EX	FREQU OF ANA		SAMPLE TYPE
			VALUE	VALUE	UNITS	VAL	.UE	VALUE	VA	LUE	UNITS				
Oxygen demand, chem. (high level) 00340 1 0		IPLE REMENT	****	****	****	***	**	155	1	55	mg/L	2	1/3	30	GRAB
Effluent Gross		RMIT REMENT	****	****		***	**	125 MONTHLY AV		25 .Y MX	mg/L		MONT	HLY	GRAB
pH 00400 1 0		MPLE REMENT	****	****	****	7.	1	****	7	'.1	S.U.	0	2/3	30	GRAB
Effluent Gross		RMIT REMENT	****	****		6. MININ		****		0.0 IMUM	5.0.		WEE	KLY	GRAB
Solids, Total Suspended 00530 1 0		MPLE REMENT	<0.0802	<0.0802	lbs/day	***	**	<0.570	<0	.570	ma/l	0	1/3	30	GRAB
Effluent Gross		RMIT REMENT	73 MONTHLY AV	109 DAILY MX	ibs/day	***	**	30 MONTHLY AV		15 -Y MX	mg/L		MONT	HLY	GRAB
Hardness, Total 00900 1 0		MPLE REMENT	****	****	****	72	.6	****	**	***	m a/l	0	2/3	30	GRAB
Effluent Gross		RMIT REMENT	****	****		50 MININ		****	*:	***	mg/L		3/W	eek	GRAB
Chromium, Total (as Cr) 01034 1 0		MPLE REMENT	****	****	****	***	**	<0.00300	<0.0	0300	m/l	0	2/3	30	GRAB
Effluent Gross		RMIT REMENT	****	****		***	**	1.34 MONTHLY AV	2.68 DAILY MX				WEE	KLY	GRAB
Copper, Total (as Cu) 01042 1 0		MPLE REMENT	****	****	****	***	**	0.000762	0.00	0778	m/l	0	2/3	30	GRAB
Effluent Gross		RMIT REMENT	****	****		***	**	0.014 MONTHLY AV		014 Y MX	mg/L		3/W	eek	GRAB
Lead, Total (as Pb) 01051 1 0		MPLE REMENT	****	****	****	***	**	<0.000500	<0.0	00500	m/l	0	2/3	30	GRAB
Effluent Gross		RMIT REMENT	****	****		***	**	0.076 MONTHLY AV	_	115 -Y MX	mg/L		WEE	KLY	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	CER		IDER PENALTY OF LAW THA INDER MY DIRECTION OR SU				Tauri	Digitally sign	ned bv	TEI	EPHONE			DATI	Ξ
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP		DESIGNED TO INFORMATIO THE SYSTEM INFORMATIO TRUE, ACCUI	O ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M' NOT THOSE PERSONS DIRE N, THE INFORMATION SUBM RATE AND COMPLETE. I AM	PERSONNEL PROPERLY GAY INQUIRY OF THE PERSON CTLY RESPONSIBLE FOR GITTED IS, TO THE BEST OF AWARE THAT THERE ARE S	ATHER AND EVA I OR PERSONS ' IATHERING THE MY KNOWLEDG IGNIFICANT PEI	ALUATE THE WHO MANAGE E E AND BELIEF, NALTIES FOR	Tauni Sando	Taunia San Date: 2021. 16:06:30 -0	dquist 10.27 6'00'	505	225.2	007	21	10	27
TYPED OR PRINTED			FALSE INFORMATION, INCLU IG VIOLATIONS.	JDING THE POSSIBILITY OF	FINE AND IMPR	RISONMENT		TURE OF PRINCIPAL EXE CER OR AUTHORIZED A		505	665-9 NUMB		YEAR	MO	
TIFED ON FINITED										AREA CODE	NUMB	PEK		IVIO	ואטן

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

(Reference all attachments here)

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

PAGE 1 OF 2

EPC-DO: 21-349

Attachment 1

LA-UR-21-30675

EPC-DO: 23-121

DISCHARGE MONITORING REPORT (DMR)

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

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

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

NM0028355	
PERMIT NUMBER	

FROM

051-A						
DISCHARGE NUMBER						

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

DMR MAILING ZIP CODE:MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO EXTERNAL OUTFALL

PAGE 11

No Discharge

PARAMETER	\searrow		QUANT	ITY OF LOADING			Q	UALITY OF CONCE	NTRATIO	DN		NO. EX	FREQUE OF ANAL		SAMPLE TYPE
			VALUE	VALUE	UNITS	VAI	_UE	VALUE	VA	LUE	UNITS				
Zinc, Total (as Zn) 01092 1 0	SAMPL MEASURE		****	****	****	**:	***	<0.00493	<0.0	0656	mg/L	0	2/3	0	GRAB
Effluent Gross	PERMI REQUIREM		****	****		**:	***	0.191 MONTHLY AV		191 Y MX	IIIg/L		3/We	ek	GRAB
Radium 226 + Radium 228, total 11503 1 0	SAMPL MEASURE		****	****	****	**:	***	<0.320	<0.	406	pCi/L	0	3/3	0	GRAB
Effluent Gross	PERMI REQUIREM		****	****		**:	***	30 MONTHLY AV		0 Y MX	pCi/L		WEE	ίLΥ	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPL MEASURE		0.017043	0.017221	Mgal/day	**:	***	****	**	***	****	0	2/3	0	RCORDR
Effluent Gross	PERMI REQUIREM		Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	lvigai/day	**:	***	****	**	***			DAII	Υ	RCORDR
Chlorine, Total Residual 50060 1 0	SAMPL MEASURE		****	****	****	**:	***	****		0	mg/L	0	2/3	0	GRAB
Effluent Gross	PERMI REQUIREN		****	****		**:	***	****	_	011 Γ MAX			WEE	(LY	GRAB
Perchlorate (CIO4) 61209 1 0	SAMPL MEASURE		****	****	****	**:	***	<0.000050	<0.00	0050	/I	0	4/3	0	GRAB
Effluent Gross	PERMI REQUIREM		****	****		****		Req. Mon. MONTHLY AV		ng/L Mon. LY MX			WEEK	ίLΥ	GRAB
Organics, Total Toxic (TTO) 78141 1 0	SAMPL MEASURE		****	****	****	****		0.00579 0.0		00579	/I	0	86/3	80	GRAB
Effluent Gross	PERMI REQUIREN		****	****		**:	***	1.0 MONTHLY AV		.0 Y MX	mg/L		MONT	HLY	GRAB
	SAMPL MEASURE														
	PERMI REQUIREM														
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	ER I CE	ERTIFY UNI	DER PENALTY OF LAW THAT NDER MY DIRECTION OR SU	T THIS DOCUMENT AND ALL	ATTACHMENT	S WERE	<u> </u>	Digitally sign	and by	TEL	EPHONE			DAT	Ē
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP	PREPAR AUNIA JEAN SANDQUIST ROUP LEADER PC-CP PREPAR DESIGNE THE SYS THE SYS TRUE, AG TRUE, A			PERSONNEL PROPERLY GAY INQUIRY OF THE PERSON CTLY RESPONSIBLE FOR GITTED IS, TO THE BEST OF AWARE THAT THERE ARE SUDING THE POSSIBILITY OF	ATHER AND EVA I OR PERSONS ' ATHERING THE MY KNOWLEDG IGNIFICANT PEI	ALUATE THE WHO MANAGE : E AND BELIEF, NALTIES FOR	Taunia Sando SIGNAT	Taunia San	dquist 10.27 5'00'	505 l	665-9	827	21	10	27
TYPED OR PRINTED			G VIOLATIONS.	DELICE THE FOODBETT OF	CARD IMIT		OFFI	CER OR AUTHORIZED A	GENT	AREA CODE	NUMB	_	YEAR	МО	DAY

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

EPC-DO: 21-349

(Reference all attachments here)

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

PAGE 2 OF 2

Attachment 1 LA-UR-21-30675

12

EPC-DO: 23-121 EPC-DO: 21-368

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: TALINIA JEAN SANDOLUST

NM0028355
PERMIT NUMBER

T051-Q **DISCHARGE NUMBER**

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

DMR MAILING ZIP CODE: 87545

MAJOR

QUARTERLY 48-HR ACUTE TOXICITY

EXTERNAL OUTFALL

PAGE 29

No Discharge

ATTN: TAUNIA JEAN SANDQUIST			!				_				No Disc	narge
PARAMETER		QUANT	TITY OF LOADING			QUALITY OF CONC	ENTRATIO	N		NO. EX	FREQUENC OF ANALYS	
		VALUE	VALUE	UNITS	VALUE	VALUE	VAI	LUE	UNITS			
Whole Effluent Toxicity 22414 1 0	SAMPLE MEASUREMEN	т *****	****	****	0	0	**	***	Pass/Fail	0	1/92	COMP-3
Effluent Gross	PERMIT REQUIREMENT	****	****		100 48-HR MINIM	UM MO AV MIN	**	***	r a55/1 all		QUARTER	LY COMP-3
Whole Effluent Toxicity - Retest #1 22415 1 0	SAMPLE MEASUREMEN	т *****	****	****	NODI=9	NODI=9	**	***	Pass/Fail	0	0/92	COMP-3
Effluent Gross	PERMIT REQUIREMENT	****	****		Opt. Mon. 48-HR MINIM	Opt. Mon. UM MO AV MIN	NOI	DI=9	Pass/Faii		QUARTER	LY COMP-3
Whole Effluent Toxicity - Retest #2 22416 1 0	SAMPLE MEASUREMEN	т *****	****	****	NODI=9	NODI=9	**	***	D/F-:I	0	0/92	COMP-3
22410 1 0	PERMIT REQUIREMENT	****	****		Opt. Mon. 48-HR MINIM	Opt. Mon. UM MO AV MIN	**	***	Pass/Fail		QUARTER	LY COMP-3
LF Pass/Fail Static48Hr Acute D.Pulex TEM3D 1 0	SAMPLE MEASUREMEN	т ****	****	****	0	0	**	***	D /F - :!	0	1/92	COMP-3
TEMOS 10	PERMIT REQUIREMENT	****	****		Req. Mon. 48-HR MINIM	Req. Mon. UM MO AV MIN	**	***	Pass/Fail		QUARTER	LY COMP-3
NOEC Lethal Static48Hr Acute D. Pulex TOM3D 1 0	SAMPLE MEASUREMEN	г ****	****	****	100	100	**	***	%	0	1/92	COMP-3
Effluent Gross	PERMIT REQUIREMENT	****	****		Req. Mon. 48-HR MINIM	Req. Mon. UM MO AV MIN	****				QUARTER	LY COMP-3
Coef Of Var Static48Hr Acute D. Pulex TQM3D 1 0	SAMPLE MEASUREMEN	т *****	****	****	7.21	7.21	7.21 ***		****	0	1/92	COMP-3
Effluent Gross	PERMIT REQUIREMENT	****	****		Req. Mon. 48-HR MINIM	Req. Mon. UM MO AV MIN	**	***	%		QUARTER	LY COMP-3
	SAMPLE MEASUREMEN	г										
	PERMIT REQUIREMENT	-		1								
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	XECUTIVE OFFICER I CERTIFY UNI		T THIS DOCUMENT AND AL	L ATTACHMENT					EPHON	Ė	D	ATE
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP	ED TO ASSURE THAT QUALIFIED ATION SUBMITTED. BASED ON NOTE OF THE TOWN THE THAT QUALIFIED ATION SUBMITTED, THE INFORMATION SUBMITTED AT THE THAT THE THAT THE THAT THE THAT THE THAT THE THAT THAT	PERSONNEL PROPERLY G IY INQUIRY OF THE PERSO! SEEPONSIBLE FOR C SITTED IS, TO THE BEST OF AWARE THAT THERE ARE S	ATHER AND EVAN OR PERSONS BATHERING THE MY KNOWLEDGE SIGNIFICANT PE	ALUATE THE WHO MANAGE E BE AND BELIEF, ENALTIES FOR	unia Taunia Sa ndquist Date: 202 16:13:53 - GNATURE OF PRINCIPAL EX	ndquist 1.10.27 06'00'	505 l	665-9	0827	21 1	0 27	
TYPED OR PRINTED		WING VIOLATIONS.	SSG THE FOODBLEFF OF	AL AND INF		OFFICER OR AUTHORIZED AGENT AREA CO			NUME		YEAR	MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

PAGE 1 OF 1

EPC-DO: 21-349

Attachment 1

LA-UR-21-30675

EPC-DO: 23-121 EPC-DO: 21-368

Attachment 2

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, FPC-CP

NM0028355 PERMIT NUMBER

FROM

051-A DISCHARGE NUMBER

		MONITO	DRING P	ERIOD		
YEAR	MO	DAY		YEAR	МО	DAY
21	10	01	то	21	10	31

DMR MAILING ZIP CODE:

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO

EXTERNAL OUTFALL

PAGE 5

No Discharge

OMB No. 2040-004

PARAMETER		QUANT	ITY OF LOADING	3		QUALITY OF CONCE		NO. EX	FREQUENCY OF ANALYSIS	SAMPLI	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			100000000000000000000000000000000000000
Oxygen demand, chem. (high level) 00340 1 0	SAMPLE MEASUREMENT	****	****	****	****	25.3	25.3		0	1/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****	****	125 MONTHLY AV	125 DAILY MX	mg/L		MONTHLY	GRAB	
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	7.2	****	7.2		0	1/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM	S.U.		WEEKLY	GRAB
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	<0.0829	<0.0829		****	<0.570	<0.570		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	****	****	****	72.8	****	****		0	1/31	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		0	1/31	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	****	****	****	****	0.000549	0.000549		0	1/31	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		0	1/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	0.076 MONTHLY AV	0.115 DAILY MX	mg/L		WEEKLY	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	CER I CERTIFY UNI	DER PENALTY OF LAW THAT NDER MY DIRECTION OR SUR	THIS DOCUMENT AND A	LL ATTACHMENTS	WERE		TE	LEPHONE		DAT	E
STEVEN L. STORY GROUP LEADER EPC-CP	DESIGNED TO INFORMATION THE SYSTEM, INFORMATION TRUE, ACCUR	ASSURE THAT QUALIFIED P I SUBMITTED. BASED ON MY OR THOSE PERSONS DIREC I, THE INFORMATION SUBMIT ATE AND COMPLETE. I AM AV FALSE INFORMATION, INCLUI	ERSONNEL PROPERLY OF THE PERSONNEL FOR THE PERSONNEL FOR THE DEST OF WARE THAT THERE ARE	BATHER AND EVALUATION OR PERSONS WIS GATHERING THE MY KNOWLEDGE . SIGNIFICANT PENA	JATE THE STEVE HO MANAGE AND BELIEF, LITIES FOR	Digitally signed STORY (Affilia Date: 2021.1107'00'	te) 17 12:53:55	665-2	160	11 17	
TYPED OR PRINTED OMMENT AND EXPLANATION OF ANY VIC	FOR KNOWING	S VIOLATIONS.		ETHIR HIT INC	OTTIME IT	FICER OR AUTHORIZED AG	000	1000		YEAR MO	DAY

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

(Reference all attachments here)

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

PAGE 1 OF 2

EPC-DO: 21-373

Attachment 1

Attachment 2

LA-UR-21-31410

EPC-DO: 23-121

EPC-DO: 21-385

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 I STORY FPC-CP

NM0028355 PERMIT NUMBER

FROM

051-A DISCHARGE NUMBER

		MONITO	DRING P	ERIOD		
YEAR	MO	DAY		YEAR	МО	DAY
21	10	01	то	21	10	31

DMR MAILING ZIP CODE:

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO

EXTERNAL OUTFALL

PAGE 5

No Discharge

OMB No. 2040-004

PARAMETER		QUANT	ITY OF LOADING	3		QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPL
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn) 01092 1 0	SAMPLE MEASUREMENT	****	****	****	****	<0.00330	<0.00330	- // · // · // · // · // · // · // · //	0	1/31	GRAE
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	1000000	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	Marallalani	****	****	****		0	1/31	RCORD
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	****	****	****		DAILY	RCORDI
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****		****	****	0		0	1/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	0.011 INST MAX	mg/L		WEEKLY	GRAB
Perchlorate (CIO4) 61209 1 0	SAMPLE MEASUREMENT	****	****	****	****	<0.000050	<0.000050		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		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 OFFICE	PREPARED U	DER PENALTY OF LAW THAT NDER MY DIRECTION OR SUF	PERVISION IN ACCORDA	NCE WITH A SYSTEM		Diatielli, ele-ad	Т	ELEPHONE		DAT	TE .
ETEVEN L. STORY BROUP LEADER PC-CP	DESIGNED TO INFORMATION THE SYSTEM, INFORMATION TRUE, ACCUR	DASSURE THAT QUALIFIED P. IN SUBMITTED. BASED ON MY OR THOSE PERSONS DIREC IN, THE INFORMATION SUBMIT INTERNATION SUBMIT INTERNATION, INCLUE FALSE INFORMATION, INCLUE	ERSONNEL PROPERLY (INQUIRY OF THE PERSO TLY RESPONSIBLE FOR TED IS, TO THE BEST OF	GATHER AND EVALU ON OR PERSONS WH GATHERING THE F MY KNOWLEDGE A SIGNIFICANT PENA	INTE THE STEVE	EN STORY Digitally signed STORY (Affiliat Date; 2021.1107'00'	e) 17 12:54:25	l 665-2	160	11 1	7 21
TYPED OR PRINTED OMMENT AND EXPLANATION OF ANY VIOL	FOR KNOWIN	3 VIOLATIONS.		I THE AND IMPRIS		FICER OR AUTHORIZED AG			NO.	YEAR MO	DAY

PERMIT EFFECTIVE DATE OCTOBER 1, 2014.

(Reference all attachments here)

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

PAGE 2 OF 2

EPC-DO: 21-373

EPC-DO: 21-385

EPC-DO: 23-121

Attachment 1 Attachment 2

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

ATTN:

FACILITY: TRIAD NATIONAL SECURITY, LLC

LOCATION: LOS ALAMOS, NEW MEXICO 87545

STEVEN I STORY EPC-CP

NM0028355 PERMIT NUMBER

FROM

051-A DISCHARGE NUMBER

		MONITO	ORING P	ERIOD		
YEAR	MO	DAY		YEAR	МО	DAY
21	11	01	то	21	11	30

DMR MAILING ZIP CODE:

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO

EXTERNAL OUTFALL

PAGE 5

No Discharge

OMB No. 2040-004

PARAMETER		QUANT	ITY OF LOADING	3		QUALITY OF CONCE	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLI
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (high level) 00340 1 0	SAMPLE MEASUREMENT	****	****	****	****	45.0	45.0	ma/l	0	1/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	125 MONTHLY AV	125 DAILY MX	mg/L		MONTHLY	GRAB
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	7.3	****	7.3		0	2/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM	S.U.		WEEKLY	GRAB
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	<0.0826	<0.0826	The following	****	<0.570	<0.570		0	1/30	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	****	****		75.7	****	****		0	2/30	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		0	2/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****	T **** [****	1.34 MONTHLY AV	2.68 DAILY MX	mg/L		WEEKLY	GRAB
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMENT	****	****	****	****	0.000578	0.000647		0	2/30	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		0	2/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	0.076 MONTHLY AV	0.115 DAILY MX	mg/L		WEEKLY	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	CER I CERTIFY UN	DER PENALTY OF LAW THAT NDER MY DIRECTION OR SUI	THIS DOCUMENT AND A	LL ATTACHMENTS I	VERE		т	ELEPHONE		DAT	E
STEVEN L. STORY GROUP LEADER EPC-CP	DESIGNED TO INFORMATION THE SYSTEM, INFORMATION TRUE, ACCUP SUBMITTING	DASSURE THAT QUALIFIED F IN SUBMITTED, BASED ON MY OR THOSE PERSONS DIREC N, THE INFORMATION SUBMITA TATE AND COMPLETE. I AM A FALSE INFORMATION, INCLU	PERSONNEL PROPERLY OF THE PERSONNEL PROPERSON THE PERSONNEL FOR THE BEST OF TH	GATHER AND EVALUED OF PERSONS WE GATHERING THE MY KNOWLEDGE A SIGNIFICANT PENA	JATE THE STEVE HO MANAGE AND BELIEF, (Affiliat	EN STORY Digitally signed STORY (Affilia Date: 2021.1207'00'	te) 17 07:20:01	l 665-2	169	21 12	2 16
TYPED OR PRINTED		G VIOLATIONS.			OF	FICER OR AUTHORIZED AC	SENT AREA COD			YEAR MC	DAY

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

(Reference all attachments here)

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

PAGE 1 OF 2

EPC-DO: 21-408

EPC-DO: 22-014

EPC-DO: 23-121

Attachment 1 Attachment 2

OMB No. 2040-004

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

NAME:

ATTN:

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 STEVEN L. STORY, EPC-CP

NM0028355 PERMIT NUMBER

FROM

051-A DISCHARGE NUMBER

		MONITO	DRING P	ERIOD		
YEAR	MO	DAY		YEAR	МО	DAY
21	11	01	то	21	11	30

DMR MAILING ZIP CODE:

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO

EXTERNAL OUTFALL

PAGE 5

No Discharge

PARAMETER		QUANTI	ITY OF LOADING	3		QUALITY OF CONCE	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, Total (as Zn) 01092 1 0	SAMPLE MEASUREMENT	****	****	****	****	<0.00330	<0.0033		0	2/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	0.191 MONTHLY AV	0.191 DAILY N			3/Week	GRAB
Radium 226 + Radium 228, total 11503 1 0	SAMPLE MEASUREMENT	****	****	****	****	<0.225	<0.364		0	3/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	30 MONTHLY AV	30 DAILY N	pCi/L		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.012218	0.017374	NA 1/-1	****	大会长为长	****	****	0	2/30	RCORDF
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	****	****			DAILY	RCORDF
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	0		0	2/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	****	0.011 INST M/			WEEKLY	GRAB
Perchlorate (CIO4) 61209 1 0	SAMPLE MEASUREMENT	****	****	****	****	<0.000050	<0.0000	50	0	3/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****	T ****	****	Req. Mon. MONTHLY AV	Req. Mo			WEEKLY	GRAB
Organics, Total Toxic (TTO) 78141 1 0	SAMPLE MEASUREMENT	****	****	****	****	0.000590	0.00059	90	0	86/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	1.0 MONTHLY AV	1.0 DAILY N	mg/L		MONTHLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	PREPARED U	IDER PENALTY OF LAW THAT	PERVISION IN ACCORDA	NCE WITH A SYSTE	NA .	N CTODY Digitally signed	i by STEVEN	TELEPHON	١Ē	DA ⁻	ΓE
STEVEN L. STORY GROUP LEADER EPC-CP	DESIGNED TO INFORMATION THE SYSTEM INFORMATION TRUE, ACCU	O ASSURE THAT QUALIFIED P N SUBMITTED. BASED ON MY I, OR THOSE PERSONS DIREC N, THE INFORMATION SUBMIT RATE AND COMPLETE. I AM A'	ERSONNEL PROPERLY INQUIRY OF THE PERSONNEL FOR TLY RESPONSIBLE FOR ITED IS, TO THE BEST OWARE THAT THERE ARE	GATHER AND EVAL ON OR PERSONS W GATHERING THE F MY KNOWLEDGE SIGNIFICANT PENA	HO MANAGE (Affiliated AND BELIEF, NATIES FOR	EN STORY (Affilia	te) 17 07:20:24	505 l 665	2169	21 1	2 16
TYPED OR PRINTED	FOR KNOWIN	SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONME FOR KNOWING VIOLATIONS.				OFFICER OR AUTHORIZED AGENT			/BER	YEAR MO	DAY

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

(Reference all attachments here)

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

PAGE 2 OF 2

EPC-DO: 21-408

EPC-DO: 22-014

EPC-DO: 23-121

Attachment 1 Attachment 2

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 STEVEN L. STORY, EPC-CP.

NM0028355 PERMIT NUMBER

051-A DISCHARGE NUMBER

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

DMR MAILING ZIP CODE:

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO **EXTERNAL OUTFALL**

PAGE 8

No Discharge X

PARAMETER	\sim	QUANTI	TY OF LOADING	'		QUALITY OF CONCE	MINATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (high level)	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	共產黨 共產		****	125 MONTHLY AV	125 DAILY MX	mg/L		MONTHLY	GRAB
DH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	*NODI=C	****	*NODI=C	S.U.	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM	3.0,		WEEKLY	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lb o /d ou	****	*NODI=C	*NODI=C		0	0/31	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	****	****		*NODI=C	****	****		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****	50 MINIMUM	****	****	mg/L		3/Week	GRAB	
Chromium, Total (as Cr) 01034 1 0	SAMPLE MEASUREMENT	****	****	*****	****	*NODI=C	*NODI=C	- ma/l	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	表式大电台	****		****	1.34 MONTHLY AV	2.68 DAILY MX	mg/L		WEEKLY	GRAB
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMENT	****	****	****	***	*NODI=C	*NODI=C		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	由我的主命	****		***	0.014 MONTHLY AV	0.014 DAILY MX	mg/L		3/Week	GRAB
Lead, Total (as Pb) 01051 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	老子有大力	音音的音乐	*****	南大金女子	0.076 MONTHLY AV	0.115 DAILY MX	mg/L		WEEKLY	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFF	PREPARED I DESIGNED T	NDER PENALTY OF LAW THAT UNDER MY DIRECTION OR SUI O ASSURE THAT QUALIFIED F	PERVISION IN ACCORDA PERSONNEL PROPERLY	NCE WITH A SYST GATHER AND EVA	EM STEVE	N STORY Digitally signed		ELEPHON	Ē	DA	TE
STEVEN L. STORY GROUP LEADER EPC-CP	INFORMATIO THE SYSTEM INFORMATIO TRUE ACCU	N SUBMITTED BASED ON MY I, OR THOSE PERSONS DIREC IN, THE INFORMATION SUBMI RATE AND COMPLETE I AM A FALSE INFORMATION, INCLU	INQUIRY OF THE PERSO TLY RESPONSIBLE FOR ITED IS, TO THE BEST O WARE THAT THERE ARE	ON OR PERSONS I GATHERING THE F MY KNOWLEDG SIGNIFICANT PEI	MHO MANAGE (Affiliat E AND BELIEF, VALTIES FOR		25 11:15 01	665-2	2169	22 0)1 25

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 1 OF 2

EPC-DO: 22-037

Attachment 1 8

Attachment 2

LA-UR-22-20594

EPC-DO: 23-121 EPC-DO: 22-051

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: STEVENI STORY EPC-CP

NM0028355 PERMIT NUMBER

FROM

051-A **DISCHARGE NUMBER**

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

DMR MAILING ZIP CODE:

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO

EXTERNAL OUTFALL

PAGE 8

No Discharge X

OMB No. 2040-004

PARAMETER		QUANTI	TY OF LOADING	3		QUALITY OF CONCE	ENTRATIO	N		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VAL	UE	UNITS			
Zinc, Total (as Zn) 01092 1 0	SAMPLE MEASUREMENT	****	州 南南南南		***	*NODI=C	*NO[DI=C	ma/l	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	****		会大大会会	0.191 MONTHLY AV	0.1 DAIL		mg/L		3/Week	GRAB
Radium 226 + Radium 228, total 11503 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NOI	DI=C	-0:#	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	非依实业	****		****	30 MONTHLY AV	DAIL'		pCi/L		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Macliday	****	****	***	**	****	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	****	****	****	****	****	*NOE	DI=C		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	****	0.0 INST		mg/L		WEEKLY	GRAB
Perchlorate (CIO4) 61209 1 0	SAMPLE MEASUREMENT	*****	****	****	****	*NODI=C	*NOE)I=C		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	的政治政治	****	T	de de de de de	Req. Mon. MONTHLY AV	Req. I		mg/L		WEEKLY	GRAB
Organics, Total Toxic (TTO) 78141 1 0	SAMPLE MEASUREMENT	****	***	****	****	*NODI=C	*NOE)I=C		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	1.0 MONTHLY AV	1.0 DAILY		mg/L		MONTHLY	GRAB
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT					S. LAWAR	3.00	-				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	PREPARED U	DER PENALTY OF LAW THAT NDER MY DIRECTION OR SUF	PERVISION IN ACCORDA	NCE WITH A SYSTEI		VEN STORY Digitally signed	by STEVEN	TE	LEPHONE		DAT	E
STEVEN L. STORY GROUP LEADER EPC-CP	INFORMATION THE SYSTEM INFORMATION	D ASSURE THAT QUALIFIED P N SUBMITTED, BASED ON MY OR THOSE PERSONS DIREC N, THE INFORMATION SUBMIT NATE AND COMPLETE: I AM AI	INQUIRY OF THE PERSO TLY RESPONSIBLE FOR TED IS, TO THE BEST O	ON OR PERSONS WI GATHERING THE F MY KNOWLEDGE /	AND BELIEF,	liate) STORY STORY (Affilia Date: 2022.01 -07'00'	le) 25 11:15:20					
TYPED OR PRINTED	TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES F SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMEN FOR KNOWING VIOLATIONS.				ONMENT S	GNATURE OF PRINCIPAL EXE OFFICER OR AUTHORIZED AC	SENIT -	505 AREA CODE	665-21 NUMBI		22 01 YEAR MC	

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 2 OF 2

EPC-DO: 22-037 EPC-DO: 22-051

EPC-DO: 23-121

Attachment 1 Attachment 2 LA-UR-22-20594

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

NM0028355
PERMIT NUMBER

FROM

T051-Q DISCHARGE NUMBER

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

DMR MAILING ZIP CODE:

87545

MAJOR

QUARTERLY 48-HR ACUTE TOXICITY

EXTERNAL OUTFALL

PAGE 21

No Discharge

PARAMETER		QUANT	ITY OF LOADING	3	QU	JALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	$/ \setminus$	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Whole Effluent Toxicity 22414 1 0	SAMPLE MEASUREMENT	****	****	****	0	0	****	Pass/Fail	0	1/92	COMP-3
Effluent Gross	PERMIT REQUIREMENT	****	****		100 48-HR MINIMUM	100 MO AV MIN	****	d33/1 di		QUARTERLY	COMP-3
Whole Effluent Toxicity - Retest #1 22415 1 0	SAMPLE MEASUREMENT	妆衣业妆妆	****	****	*NODI=9	*NODI=9	****	Pass/Fail	0	0/92	COMP-3
Effluent Gross	PERMIT REQUIREMENT	****	****	2000	Opt. Mon. 48-HR MINIMUM	Opt. Mon. MO AV MIN	NODI=9	Fass/Fall		QUARTERLY	COMP-3
Whole Effluent Toxicity - Retest #2 22416 1 0	SAMPLE MEASUREMENT	****	****	表表表表	*NODI=9	*NODI=9	****	Pass/Fail	0	0/92	COMP-3
22410 1 0	PERMIT REQUIREMENT	*****	维加长光 素		Opt. Mon. 48-HR MINIMUM	Opt. Mon. MO AV MIN	****	l assir all		QUARTERLY	COMP-3
LF Pass/Fail Static48Hr Acute D.Pulex	SAMPLE MEASUREMENT	****	***	****	0	0	****	Pass/Fail	0	1/92	COMP-3
TEM3D 1 0	PERMIT REQUIREMENT	****	****		Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	****	033/1 01		QUARTERLY	COMP-3
NOEC Lethal Static48Hr Acute D. Pulex TOM3D 1 0	SAMPLE MEASUREMENT	****	****	****	100	100	****		0	1/92	COMP-3
Effluent Gross	PERMIT REQUIREMENT	卡雷大力会	****		Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	音音大大字	76		QUARTERLY	COMP-3
Coef Of Var Static48Hr Acute D. Pulex TQM3D 1 0	SAMPLE MEASUREMENT	****	****	***	5.73	5.73	***		0	1/92	COMP-3
Effluent Gross	PERMIT REQUIREMENT	****	fr skrakt skrak		Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	****	70		QUARTERLY	COMP-3
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE STEVEN L. STORY GROUP LEADER EPC-CP	PREPARE DESIGNE INFORMA THE SYSI INFORMA TRUE AC	UNDER PENALTY OF LAW THO D UNDER MY DIRECTION OR S D TO ASSURE THAT QUALIFIED TION SUBMITTED. BASED ON N IEM, OR THOSE PERSONS DIR TION, THE INFORMATION SUBI CURATE AND COMPLETE. I AM	EUPERVISION IN ACCORD D PERSONNEL PROPERLY MY INQUIRY OF THE PERS ECTLY RESPONSIBLE FO MITTED IS, TO THE BEST I AWARE THAT THERE AR	ANCE WITH A SYS OF GATHER AND ENSON OR PERSONS OF GATHERING TH OF MY KNOWLED OF SIGNIFICANT P	STEVEN VALUATE THE S WHO MANAGE E GE AND BELIEF, ENALTIES FOR	91911	d by STEVEN ale) 25 11:21:02	TELEPHON		22 0	
TYPED OR PRINTED		NG FALSE INFORMATION, INCI WING VIOLATIONS.	UDING THE POSSIBILITY	OF FINE AND IM	MISOMMENT	CER OR AUTHORIZED A		-		YEAR M	O DA

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

(PASS=0, FAIL=1)*TESTING AND REPORT NOT REQUIRED AT THIS TIME.

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

PAGE 1 OF 1

EPC-DO: 22-037 EPC-DO: 22-051

EPC-DO: 23-121

Attachment 1 24

Attachment 2

LA-UR-22-20594

3

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

NAME: TRIAD NATIONAL SECURITY, LLC

ADDRESS: LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490 LOS ALAMOS, NEW MEXICO 87545

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

NM0028355
PERMIT NUMBER

051-A

DISCHARGE NUMBER

		MONITORING PERIOD											
	YEAR	МО	DAY		YEAR	МО	DAY						
FROM	22	01	01	то	22	01	31						

DMR MAILING ZIP CODE:

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO EXTERNAL OUTFALL

PAGE 5

No Discharge

PARAMETER	\searrow	QUA	NTITY OF LOADING			Q	UALITY OF CONCE	ENTRATIC	N		NO. EX	FREQU OF ANA		SAMPLE TYPE
		VALUE	VALUE	UNITS	VAL	UE.	VALUE	VAL	.UE	UNITS				
Oxygen demand, chem. (high level) 00340 1 0	SAMPLE MEASUREM		****	****	***	**	<8.95	<8	.95	ma/l	0	1/3	31	GRAB
Effluent Gross	PERMIT REQUIREME	*****	****		***	**	125 MONTHLY AV	125 DAILY MX		mg/L		MONT	HLY	GRAB
pH 00400 1 0	SAMPLE MEASUREM		****	****	7.	5	****	7.	.8	S.U.	0	2/3	31	GRAB
Effluent Gross	PERMIT REQUIREME	*****	****		6. MININ		****	9 MAXI	-	5.0.		WEE	KLY	GRAB
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREM		<0.0795	lba/day	***	**	<0.570	<0.	570	ma/l	0	1/3	31	GRAB
Effluent Gross	PERMIT REQUIREME	73 MONTHLY A\	109 / DAILY MX	lbs/day	***	**	30 MONTHLY AV	4 DAIL	~	mg/L		MONT	HLY	GRAB
Hardness, Total 00900 1 0	SAMPLE MEASUREM		****	****	75	.6	****	**:	***		0	2/3	31	GRAB
Effluent Gross	PERMIT REQUIREME	*****	****		50 MININ		****	**:	***	mg/L		3/We	eek	GRAB
Chromium, Total (as Cr) 01034 1 0	SAMPLE MEASUREM		****	****	***	**	<0.00300	<0.0	0300		0	1/3	31	GRAB
Effluent Gross	PERMIT REQUIREME	*****	****		***	**	1.34 MONTHLY AV	2.0 DAIL		mg/L		WEE	KLY	GRAB
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREM		****	****	***	**	0.00141	0.00	238	m a/l	0	2/3	31	GRAB
Effluent Gross	PERMIT REQUIREME	*****	****		***	**	0.014 MONTHLY AV	0.0 DAIL		mg/L		3/Week		GRAB
Lead, Total (as Pb) 01051 1 0	SAMPLE MEASUREM		****	****	***	**	<0.000500	<0.00	<0.000500		0	1/3	31	GRAB
Effluent Gross	PERMIT REQUIREME	*****	****		**	0.076 MONTHLY AV	0.115 DAILY MX		mg/L		WEE	KLY	GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	TIFY UNDER PENALTY OF LAW			S WERE				EPHON			DAT	E		
STEVEN L. STORY GROUP LEADER EPC-CP	GNED TO ASSURE THAT QUALIF RMATION SUBMITTED. BASED O SYSTEM, OR THOSE PERSONS I RMATION, THE INFORMATION S ;, ACCURATE AND COMPLETE. I	FIED PERSONNEL PROPERLY G IN MY INQUIRY OF THE PERSOI DIRECTLY RESPONSIBLE FOR C UBMITTED IS, TO THE BEST OF AM AWARE THAT THERE ARE:	SATHER AND EVAN OR PERSONS GATHERING THE MY KNOWLEDG SIGNIFICANT PE	WHO MANAGE E SE AND BELIEF, NALTIES FOR	(Affiliate		2.28 09:50:16	505 	665-2	169	22	02	2 28	
TYPED OR PRINTED		TTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT NOWING VIOLATIONS.				OFFICER OR AUTHORIZED AGENT AREA CODE			NUME	BER	YEAR	МО	DAY	

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

(Reference all attachments here)

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

PAGE 1 OF 2

EPC-DO: 22-070 EPC-DO: 23-121

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 I STORY EPC-CP

NM0028355
PERMIT NUMBER

051-A

DISCHARGE NUMBER

			MONIT	ORING P	ERIOD		
	YEAR	МО	DAY		YEAR	МО	DAY
FROM	22	01	01	то	22	01	31

DMR MAILING ZIP CODE:

MAJOR
TREATED RADIOACTIVE LIQUID WASTE TO
EXTERNAL OUTFALL

PAGE 5

No Discharge

ATTN: STEVEN L. STORY, EPC-C	CP .													
PARAMETER			QUANT	TTY OF LOADING			Q	UALITY OF CONCE	ENTRATIO	ON		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			VALUE	VALUE	UNITS	VAL	.UE	VALUE	VA	LUE	UNITS			
Zinc, Total (as Zn) 01092 1 0	SAMI MEASUR		****	****	****	***	**	<0.00330	<0.0	0330	ma/l	0	2/31	GRAB
Effluent Gross	PERI REQUIRI		****	****		***	**	0.191 MONTHLY AV		191 .Y MX	mg/L		3/Week	GRAB
Radium 226 + Radium 228, total 11503 1 0	SAMI MEASUR		****	****	****	***	**	0.605	0.8	322	pCi/L	0	2/31	GRAB
Effluent Gross	PERI REQUIRI		****	****		***	**	30 MONTHLY AV		80 .Y MX	pCI/L		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMI MEASUR		0.012161	0.016726	Maal/day	***	**	****	**	***	****	0	2/31	RCORDF
Effluent Gross	PERI REQUIRI		Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	***	**	****	**	***			DAILY	RCORDF
Chlorine, Total Residual 50060 1 0	SAMI MEASUR		****	****	****	***	**	****		0	/I	0	2/31	GRAB
Effluent Gross	PERI REQUIRI		****	****			**	****		D11 MAX	mg/L		WEEKLY	GRAB
Perchlorate (CIO4) 61209 1 0	SAMI MEASUR		****	****	****	***	**	<0.000050	<0.00	00050		0	2/31	GRAB
Effluent Gross	PERI REQUIRI		****	****		****		Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		mg/L		WEEKLY	GRAB
Organics, Total Toxic (TTO) 78141 1 0	SAMI MEASUR		****	****	****	****		0	0		m a/l	0	86/31	GRAB
Effluent Gross	PERI REQUIRI		****	****		***	**	1.0 MONTHLY AV	1.0 DAILY MX		mg/L		MONTHLY	GRAB
	SAMI MEASUR													
	PERI REQUIRI													
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PE			IDER PENALTY OF LAW THA	DER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE NDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM OTEN AND DIGITALLY SIGNED BY STEVEN OTEN AND DIGITALLY SIGNED BY STEVEN						LEPHONE		DA	TE	
STEVEN L. STORY GROUP LEADER EPC-CP DESIGNED TO ASSURE THAT OF INFORMATION SUBMITTED. BASE INFORMATION, THE INFORMATION, THE INFORMATION, THE INFORMATION, THE INFORMATION, THE INFORMATION THE INFORMATION.				PERSONNEL PROPERLY GA Y INQUIRY OF THE PERSON CTLY RESPONSIBLE FOR G ITTED IS, TO THE BEST OF	ATHER AND EVAN N OR PERSONS BATHERING THE MY KNOWLEDG BIGNIFICANT PE	ALUATE THE WHO MANAGE E SE AND BELIEF, NALTIES FOR	(Affiliate	N STORY (Affili	ate) 2.28 09:50:34	505	l 665-2	169	22 0	2 28
TYPED OR PRINTED			IG VIOLATIONS.			<u>-</u>	OFFICER OR ALITHORIZED AGENT			-		YEAR M	O DAY	

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

(Reference all attachments here)

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

PAGE 2 OF 2

EPC-DO: 22-070 EPC-DO: 23-121

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

NAME: TRIAD NATIONAL SECURITY, LLC

ADDRESS: LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490 LOS ALAMOS, NEW MEXICO 87545

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

NM0028355
PERMIT NUMBER

051-A

DISCHARGE NUMBER

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

DMR MAILING ZIP CODE:

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO EXTERNAL OUTFALL

PAGE 5

No Discharge X

PARAMETER		QUANT	ITY OF LOADING			QUALITY OF CONCI	ENTRATION		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	ma/l	0	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	125 MONTHLY AV	125 DAILY MX	mg/L		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	3.0.		WEEKLY	GRAB
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbo/dov	****	*NODI=C	*NODI=C	m a/l	0	0/28	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	****	****	****	*NODI=C	****	****	m a/l	0	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		50 MINIMUM	****	****	mg/L		3/Week	GRAB
Chromium, Total (as Cr) 01034 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C		0	0/28	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	****	****	****	****	*NODI=C	*NODI=C		0	0/28	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	****	****	****	****	*NODI=C	*NODI=C		0	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	0.076 MONTHLY AV	0.115 DAILY MX	mg/L		WEEKLY	GRAB
PREPARED		IDER PENALTY OF LAW THA INDER MY DIRECTION OR SU	IPERVISION IN ACCORDANCE	CE WITH A SYS	TEM DILVI		ou by	LEPHONI		DAT	ΪE
STEVEN L. STORY GROUP LEADER EPC-CP	O ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M' , OR THOSE PERSONS DIRE N, THE INFORMATION SUBM RATE AND COMPLETE. I AM /	PERSONNEL PROPERLY GAY Y INQUIRY OF THE PERSON CTLY RESPONSIBLE FOR G. ITTED IS, TO THE BEST OF I AWARE THAT THERE ARE S	THER AND EVA OR PERSONS ATHERING THE MY KNOWLEDG IGNIFICANT PE	LUATE THE WHO MANAGE (Affilial AND BELIEF, NALTIES FOR	Date: 2022.0 te) -06'00'	DRY (Affiliate) 3.24 10:09:25		400	22 03	3 24	
TYPED OR PRINTED		FALSE INFORMATION, INCLU IG VIOLATIONS.	JDING THE POSSIBILITY OF	FINE AND IMPE	(ISOINIVIEIVI	ATURE OF PRINCIPAL EXE FICER OR AUTHORIZED A	000	665-2 NUME		YEAR MO	

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

(Reference all attachments here)

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

PAGE 1 OF 2

EPC-DO: 22-101 EPC-DO: 23-121 EPC-DO: 22-112 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

NM0028355	
PERMIT NUMBER	

051-A
DISCHARGE NUMBER

	MONITORING PERIOD											
	YEAR	МО	DAY		YEAR	МО	DAY					
FROM	22	02	01	то	22	02	28					

DMR MAILING ZIP CODE:

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO EXTERNAL OUTFALL

PAGE 5

No Discharge X

\times	QUANT	ITY OF LOADING			01111117770700110	CALTRATION		NO.	i	
	QUANTITY OF LOADING				QUALITY OF CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	ma/l	0	0/28	GRAB
PERMIT REQUIREMENT	****	****		****	0.191 MONTHLY AV	0.191 DAILY MX	IIIg/L		3/Week	GRAB
SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	~C://	0	0/28	GRAB
PERMIT REQUIREMENT	****	****		****	30 MONTHLY AV	30 DAILY MX	pCI/L		WEEKLY	GRAB
SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Maal/day	****	****	****	****	0	0/28	RCORDR
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	ivigai/day	****	****	****			DAILY	RCORDR
SAMPLE MEASUREMENT	****	****	****	****	****	*NODI=C		0	0/28	GRAB
PERMIT REQUIREMENT	****	****		****	****	0.011 INST MAX	mg/L		WEEKLY	GRAB
SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C		0	0/28	GRAB
PERMIT REQUIREMENT	****	****		****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	mg/L		WEEKLY	GRAB
SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	m a/l	0	0/28	GRAB
PERMIT REQUIREMENT	****	****		****	1.0 MONTHLY AV	1.0 DAILY MX	mig/L		MONTHLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
					EVEN Digitally sig	ned by STEVEN	TELEPHONI		DAT	E
STEVEN L. STORY DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED BASED ON MY INQUIENY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION, THE INFORMATION, THE INFORMATION, THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR						filiate) 03.24 10:09:46	665-2	169	22 03	3 24
FOR KNOWIN					OFFICER OR ALITHORIZED AGENT				YEAR MO	D DAY
	MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT REQUIREMENT PERMIT REQUIREMENT REQUIREMENT PERMIT REQUIREMENT REQUIREMENT	SAMPLE MEASUREMENT PERMIT REQUIREMENT REQUI	SAMPLE MEASUREMENT ***** PERMIT REQUIREMENT ***** SAMPLE MEASUREMENT ***** PERMIT REQUIREMENT ***** SAMPLE MEASUREMENT ***** PERMIT REQUIREMENT ***** SAMPLE MEASUREMENT ***** PERMIT REQ. MON. MONTHLY AV DAILY MX SAMPLE MEASUREMENT ***** PERMIT REQUIREMENT ***** PERMIT REQUIREMENT ***** PERMIT REQUIREMENT ***** SAMPLE MEASUREMENT ***** PERMIT REQUIREMENT ***** PERMIT REQUIREMENT ***** SAMPLE MEASUREMENT ***** PERMIT REQUIREMENT ***** PERMIT REQUIREMENT ***** SAMPLE MEASUREMENT ****** PERMIT REQUIREMENT ****** SAMPLE MEASUREMENT ****** SAMPLE MEASUREMENT ****** PERMIT REQUIREMENT ****** SAMPLE MEASUREMENT ****** PERMIT REQUIREMENT ****** SAMPLE MEASUREMENT ****** SAMPLE MEASUREMENT ****** SAMPLE MEASUREMENT ******* PERMIT REQUIREMENT ****** SAMPLE MEASUREMENT ****** PERMIT REQUIREMENT ****** SAMPLE MEASUREMENT ****** PERMIT REQUIREMENT ****** SAMPLE MEASUREMENT ****** PERMIT REQUIREMENT ******** PERMIT REQUIREMENT ******* SAMPLE MEASUREMENT ****** PERMIT REQUIREMENT ******* ********** ******** ******* ****	SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT ***** ****** ***** ***** ***** ****	SAMPLE MEASUREMENT PERMIT REQUIREMENT ***** ***** ***** ***** ***** ****	SAMPLE MEASUREMENT ***** ***** ****** ****** ****** ******	SAMPLE MEASUREMENT PERMIT REQUIREMENT ***********************************	SAMPLE MEASUREMENT	SAMPLE MEASUREMENT	SAMPLE

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

(Reference all attachments here)

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

PAGE 2 OF 2

EPC-DO: 22-101

Attachment 1 6 Attachment 2 LA-UR-22-22694

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 I STORY EPC-CP

NM0028355
PERMIT NUMBER

051-A

DISCHARGE NUMBER

	MONITORING PERIOD											
	YEAR	МО	DAY		YEAR	МО	DAY					
FROM	22	03	01	то	22	03	31					

DMR MAILING ZIP CODE:

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO EXTERNAL OUTFALL

PAGE 8

No Discharge

PARAMETER		QUANT	TITY OF LOADING			Q	UALITY OF CONCE	ENTRATIO	ON		NO. EX	FREQU OF ANA		SAMPLE TYPE
		VALUE	VALUE	UNITS	VALU	JE	VALUE	VA	LUE	UNITS				
Oxygen demand, chem. (high level) 00340 1 0	SAMPLE MEASUREMEN	т *****	****	****	****	*	31.8	3	1.8	mg/L	0	1/3	31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	*	125 MONTHLY AV		25 Y MX	IIIg/L		MONT	ГНLҮ	GRAB
pH 00400 1 0	SAMPLE MEASUREMEN	т *****	****	****	7.3	3	****	7	7.3	S.U.	0	1/3	31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MININ		****		0.0 IMUM	3.0.		WEE	KLY	GRAB
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMEN	г 0.145	0.145	lbs/day	****	**	1.00	1.	.00	mg/L	0	1/3	31	GRAB
Effluent Gross	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	ibs/day	****	*	30 MONTHLY AV		15 -Y MX	IIIg/L		MONT	ГНLҮ	GRAB
Hardness, Total 00900 1 0	SAMPLE MEASUREMEN	т *****	****	****	75.	7	****	**	***	ma/l	0	1/3	31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		50 MINIM		****	**	***	mg/L		3/W	eek	GRAB
Chromium, Total (as Cr)	SAMPLE MEASUREMEN	****	****	****	****	*	<0.00300	<0.0	00300		0	1/3	31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	*	1.34 MONTHLY AV	2.68 DAILY MX		mg/L		WEE	KLY	GRAB
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMEN	****	****	****	***	*	0.00114	0.0	0114		0	1/3	31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		***	*	0.014 MONTHLY AV		014 Y MX	mg/L		3/W	eek	GRAB
Lead, Total (as Pb) 01051 1 0	SAMPLE MEASUREMEN	****	****	****	****	*	<0.000500	<0.0	00500		0	1/31		GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		***	*	0.076 MONTHLY AV	_	115 Y MX	mg/L		WEEKLY		GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	ERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE					Digitally signe		TEL	.EPHONI	Ē		DAT	E	
STEVEN L. STORY GROUP LEADER EPC-CP	ED TO ASSURE THAT QUALIFIED ATION SUBMITTED. BASED ON M TEM, OR THOSE PERSONS DIRE ATION, THE INFORMATION SUBM CURATE AND COMPLETE. I AM.	PERSONNEL PROPERLY GA Y INQUIRY OF THE PERSON CITY RESPONSIBLE FOR GA INTTED IS, TO THE BEST OF AWARE THAT THERE ARE S	ATHER AND EVA I OR PERSONS ' IATHERING THE MY KNOWLEDG IGNIFICANT PEI	ALUATE THE WHO MANAGE E AND BELIEF, NALTIES FOR	Affiliate	STEVEN STO Date: 2022.04 -06'00'	4.27 13:45:26	505 I	665-2	2169	22	04	27	
TYPED OR PRINTED		SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					OFFICER OR AUTHORIZED AGENT AREA COD			NUME		YEAR	МО	DAY

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

(Reference all attachments here)

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

PAGE 1 OF 2

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

NAME: TRIAD NATIONAL SECURITY, LLC

ADDRESS: LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490 LOS ALAMOS, NEW MEXICO 87545

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

NM0028355
PERMIT NUMBER

051-A

DISCHARGE NUMBER

	MONITORING PERIOD										
	YEAR	МО	DAY		YEAR	МО	DAY				
FROM	22	03	01	то	22	03	31				

DMR MAILING ZIP CODE:

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO EXTERNAL OUTFALL

PAGE 8

No Discharge

PARAMETER		QUANT	ITY OF LOADING		QUALITY OF CONCENTRATION						NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE		VALUE	VAL	.UE	UNITS			
Zinc, Total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****		<0.00330	<0.00	00330	0	1/31	GRAB	
	PERMIT REQUIREMENT	****	****		****		0.191 MONTHLY AV	0.1 DAIL		mg/L		3/Week	GRAB
Radium 226 + Radium 228, total 11503 1 0	SAMPLE MEASUREMENT	****	****	****	****		0.871	0.8	89	pCi/L	0	2/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****		30 MONTHLY AV	DAIL`	~			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	0.017389	0.017389	Mgal/day	****		****	***	**	****	0	1/31	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		****		****	***	**			DAILY	RCORDR
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****		****	C)	mg/L	0	1/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****		****	0.0 INST				WEEKLY	GRAB
Perchlorate (ClO4) 61209 1 0	SAMPLE MEASUREMENT	****	****	****	****		<0.000050	<0.00	00050	/!	0	2/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****]	****		Req. Mon. MONTHLY AV	Req. DAIL`		mg/L	0	WEEKLY	GRAB
Organics, Total Toxic (TTO) 78141 1 0	SAMPLE MEASUREMENT	****	****	****	****		0	C)	/I	0	86/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****		1.0 MONTHLY AV	1. DAIL`	-	mg/L		MONTHLY	GRAB
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT]									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTAC PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH				ATTACHMENT	S WERE ST	ΓEVE	Digitally signed by STEVEN STORY		TELEPHONE			DA	TE .
STEVEN L. STORY GROUP LEADER EPC-CP	DESIGNED TO INFORMATIO THE SYSTEM INFORMATIO TRUE, ACCUI	TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE ON ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE ON SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO M. M, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE ON, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND E WATER AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES			ALUATE THE WHO MANAGE E BE AND BELIEF, NALTIES FOR	HE STORY (Affiliate) Date: 2022.04. 13:45:43-06'0		04.27		I 665.0	160	22 0	4 27
TYPED OR PRINTED		FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT NG VIOLATIONS.				OFFICER OR AUTHORIZED AGENT		GENT	AREA CODE	665-2169 DE NUMBER		YEAR M	

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

(Reference all attachments here)

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

PAGE 2 OF 2

9 Attachment 1 Attachment 2

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

NM0028355
PERMIT NUMBER

T051-Q **DISCHARGE NUMBER**

	MONITORING PERIOD										
	YEAR	МО	DAY		YEAR	МО	DAY				
FROM	22	01	01	то	22	03	31				

DMR MAILING ZIP CODE: 87545

MAJOR

QUARTERLY 48-HR ACUTE TOXICITY

EXTERNAL OUTFALL

PAGE 21

No Discharge

									No Discha	90
	QUANTITY OF LOADING			C	QUALITY OF CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	****	****	****	0	0	****	Pacc/Fail	0	1/90	COMP-3
PERMIT REQUIREMENT	****	****		100 48-HR MINIMUM	100 MO AV MIN	****	Fass/Fall		QUARTERLY	COMP-3
SAMPLE MEASUREMENT	****	****	****	*NODI=9	*NODI=9	****	Doog/Foil	0	0/90	COMP-3
PERMIT REQUIREMENT	****	****		Opt. Mon. 48-HR MINIMUM	Opt. Mon. MO AV MIN	****	Pass/Faii		QUARTERLY	COMP-3
SAMPLE MEASUREMENT	****	****	****	*NODI=9	*NODI=9	****	D/F-:I	0	0/90	COMP-3
PERMIT REQUIREMENT	****	****		Opt. Mon. 48-HR MINIMUM	Opt. Mon. MO AV MIN	****	Pass/Fail		QUARTERLY	COMP-3
SAMPLE MEASUREMENT	****	****	****	0	0	****	D /F - ::	0	1/90	COMP-3
PERMIT REQUIREMENT	****	****		Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	****	Pass/Fail		QUARTERLY	COMP-3
SAMPLE MEASUREMENT	MEASUREMENT	****	100	100	****	0/	0	1/90	COMP-3	
PERMIT REQUIREMENT	****	****		Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	****	70		QUARTERLY	COMP-3
SAMPLE MEASUREMENT	****	****	****	5.73	5.73	****	0/	0	1/90	COMP-3
PERMIT REQUIREMENT	****	****		Req. Mon. 48-HR MINIMUM	Req. Mon. MO AV MIN	****	70		QUARTERLY	COMP-3
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
			S WERE STEVE		Su by	TELEPHONE		DAT	E	
DESIGNED TO INFORMATIO THE SYSTEM INFORMATIO TRUE, ACCUI	O ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M I, OR THOSE PERSONS DIRE N, THE INFORMATION SUBM RATE AND COMPLETE. I AM	PERSONNEL PROPERLY GAY INQUIRY OF THE PERSON CITLY RESPONSIBLE FOR GITTED IS, TO THE BEST OF INWARE THAT THERE ARE S	ATHER AND EVAN I OR PERSONS IATHERING THE MY KNOWLEDG IGNIFICANT PE	ALUATE THE WHO MANAGE E AND BELIEF NALTIES FOR	Date: 2022.0 e) -06'00'	4.27 Ì3:49:52	1 005.0	100	22 04	1 27
					OFFICER OR ALITHORIZED AGENT					D DAY
	PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT REQU	SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT R	VALUE VALUE SAMPLE MEASUREMENT PERMIT REQUIREMENT ***** ***** ***** ***** ***** ****	VALUE VALUE UNITS SAMPLE MEASUREMENT ***** ***** PERMIT REQUIREMENT ***** ***** SAMPLE MEASUREMENT ***** ***** PERMIT REQUIREMENT ***** ***** PERMIT REQUIREMENT ***** ***** PERMIT REQUIREMENT ***** ***** PERMIT REQUIREMENT ***** ***** SAMPLE MEASUREMENT ***** ***** PERMIT REQUIREMENT ***** ***** PERMIT REQUIREMENT ***** ***** PERMIT REQUIREMENT ***** ***** PERMIT REQUIREMENT ***** ***** SAMPLE MEASUREMENT ***** ***** PERMIT REQUIREMENT ***** ***** SAMPLE MEASUREMENT ***** ***** PERMIT REQUIREMENT ***** ***** PERMIT REQUIREMENT ***** ***** SAMPLE MEASUREMENT ***** ***** PERMIT REQUIREMENT ***** ***** PERMIT REQUIREMENT ***** ***** I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENT PERBASUREMENT ****** PERMIT REQUIREMENT ***** ****** I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENT PERBASUREMENT ****** PERMIT REQUIREMENT ****** I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENT PERBASUREMENT ****** PERMIT REQUIREMENT ****** SAMPLE MEASUREMENT ************************************	SAMPLE MEASUREMENT ***** ***** ***** ***** ***** ***** ****	VALUE VALUE UNITS VALUE VALUE SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PER	SAMPLE MEASUREMENT	VALUE VALUE UNITS VALUE VALUE UNITS SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE ME	PABPLE WALUE VALUE UNITS VALUE VALUE UNITS SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT REQUIREMENT SAMPLE MEASUREMENT REQUIREMENT REQUIREMENT REQUIREMENT SAMPLE MEASUREMENT REQUIREMENT SAMPLE MEASUREMENT REQUIREMENT SAMPLE MEASUREMENT REQUIREMENT SAMPLE MEASUREMENT REQUIREMENT SAMPLE MEASUREMENT SAMPLE	VALUE VALU

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

(PASS=0, FAIL=1)*TESTING AND REPORT NOT REQUIRED AT THIS TIME.

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

PAGE 1 OF 1

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

NM0028355 PERMIT NUMBER 051-A
DISCHARGE NUMBER

	MONITORING PERIOD											
	YEAR MO DAY YEAR MO DA											
FROM	22	04	01	то	22	04	30					

DMR MAILING ZIP CODE:

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO MORTANDAD CANYON

EXTERNAL OUTFALL

PAGE 5

No Discharge X

OMB No. 2040-004

PARAMETER	\searrow	QUANTITY OF LOADING			QUALITY OF CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (high level) (COD)	SAMPLE MEASUREMENT	NT *****	****		****	*NODI=C	*NODI=C	mg/L	0	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****		****	125 MONTHLY AV	125 DAILY MX	1 mg/L		MONTHLY	GRAB	
pH	SAMPLE MEASUREMENT	****	安务会会	****	*NODI=C	****	*NODI=C	S.U.	0	0/30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	46269	****		6.0 MINIMUM	****	9.0 MAXIMUM			WEEKLY	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	****	*NODI=C	*NODI=C	mg/L	0	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		****	30 MONTHLY AV	45 DAILY MX		. 11	MONTHLY	GRAB
Hardness, Total 00900 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	*NODI=C	****	***	mg/L	0	0/30	GRAB
	PERMIT REQUIREMENT	水生妆水膏	****		50 MINIMUM	****	****			3/Week	GRAB
Chromium, Total (as Cr) 01034 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	mg/L	0	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	1.34 MONTHLY AV	2.68 DAILY MX		13	WEEKLY	GRAB
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	mg/L	0	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	ak skrakrak sk	****		****	0.014 MONTHLY AV	0.014 DAILY MX	l mg/L		3/Week	GRAB
Lead, Total (as Pb)	SAMPLE MEASUREMENT	****	***	****	****	*NODI=C	*NODI=C		0	0/30	GRAB
01051 1 0 Effluent Gross	PERMIT		****		***	0.076 MONTHLY AV	0.115 DAILY MX			WEEKLY	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	CER I CERTIFY U	NDER PENALTY OF LAW THAT UNDER MY DIRECTION OR SU	THIS DOCUMENT AND A	ALL ATTACHMENTS	WERE STEV	EN Digitally sign		ELEPHON	E	DA	TE
STEVEN L. STORY, GROUP LEADER, EPC-CP	DESIGNED T INFORMATION THE SYSTEM INFORMATION TRUE. ACCU	DINDER MY DIRECTION OR SU O ASSURE THAT QUALIFIED I ON SUBMITTED. BASED ON MY M, OR THOSE PERSONS DIREC DN, THE INFORMATION SUBMI IRATE AND COMPLETE. I AM A IF FALSE INFORMATION, INCLU-	PERSONNEL PROPERLY I INQUIRY OF THE PERSO TILY RESPONSIBLE FOR TTED IS, TO THE BEST C WARE THAT THERE ARE	GATHER AND EVA ON OR PERSONS \ CGATHERING THE OF MY KNOWLEDGI ESIGNIFICANT PEN	E AND BELIEF, NALTIES FOR	(Affiliate)	05.23 6'00'	665-2	2169	22 0	5 23
TYPED OR PRINTED		NG VIOLATIONS.				GENT AREA COI	DE NUM	BER	YEAR M	O DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

PERMIT EFFECTIVE DATE OCTOBER 1, 2014.

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

EPC-DO: 22-142

PAGE 1 OF 2

Attachment 1

5

Attachment 2

E

LA-UR-22-24660

EPC-DO: 22-166 EPC-DO: 23-121

1

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

NM0028355 PERMIT NUMBER

FROM

051-A					
DISCHARGE NUMBER					

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

DMR MAILING ZIP CODE:

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO MORTANDAD CANYON

EXTERNAL OUTFALL

PAGE 5

No Discharge X

PARAMETER	\searrow	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	IIIg/L		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	48000	非 老者 也	LI .	****	30 MONTHLY AV	30 DAILY MX	рсис		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mackday	****	****	索拍索索索	****	0	0/30	RCORDR
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	****	***		30	DAILY	RCORDR
Chlorine, Total Residual	SAMPLE MEASUREMENT	****	****	****	****	****	*NODI=C	ma/l	0	0/30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	****	0.011 INST MAX	mg/L		WEEKLY	GRAB
Perchlorate (CIO4) 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	IIIg/L		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	Iligit		MONTHLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT									1 100	
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	ER I CERTIFY U	NDER PENALTY OF LAW THAT	THIS DOCUMENT AND A	ALL ATTACHMENTS	EM C	STEVENSI	ed by ORY	ELEPHON	E	DA	TE ,
	DESIGNED TINFORMATION THE SYSTEM INFORMATION TRUE. ACCU	TO ASSURE THAT QUALIFIED ON SUBMITTED BASED ON MY M, OR THOSE PERSONS DIRE- TON, THE INFORMATION SUBMITED BASED ON THE INFORMATION SUBMITED BASED ON THE BASED COMPLETE. I AM	PERSONNEL PROPERLY / INQUIRY OF THE PERS CTLY RESPONSIBLE FOR TTED IS, TO THE BEST OF WARE THAT THERE AR	GATHER AND EVA SON OR PERSONS I R GATHERING THE OF MY KNOWLEDG E SIGNIFICANT PE	LUATE THE MHO MANAGE STOF	(Affiliate)	95,23 '00'	665-	2169	22 05	23
STEVEN L. STORY, GROUP LEADER, EPC-CP TYPED OR PRINTED	PREPARED I DESIGNED I INFORMATION THE SYSTE INFORMATION TRUE, ACCU SUBMITTING FOR KNOWN	ON SUBMITTED, BASED ON MIM, OR THOSE PERSONS DIRE DN, THE INFORMATION SUBMINATE AND COMPLETE. I AM A B FALSE INFORMATION, INCLU NG VIOLATIONS.	PERSONNEL PROPERLY / INQUIRY OF THE PERS CTLY RESPONSIBLE FOR TTED IS, TO THE BEST OF WARE THAT THERE AR	GATHER AND EVA SON OR PERSONS I R GATHERING THE OF MY KNOWLEDG E SIGNIFICANT PE	EM LUATE THE AHO MANAGE E AND BELIEF, NALTIES FOR ISONMENT SIGN	(Affiliate) Date: 2022.0 12:42:53 -06	15,23 100' ECUTIVE 505			22 OS	

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

PERMIT EFFECTIVE DATE OCTOBER 1, 2014.

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

EPC-DO: 22-142

PAGE 2 OF 2

Attachment 1

6

Attachment 2

LA-UR-22-24660

MONITORING

DAY

01

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	

MO

05

YEAR

FROM

051-A				
DISCHARGE NUMBER				

NG P	ERIOD			
	YEAR	МО	DAY	
TO	22	05	31	ı

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO MORTANDAD CANYON

EXTERNAL OUTFALL

No Discharge

PARAMETER		QUANTITY OF LOADING				QUALITY OF CONCENTRATION				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	Illy/L		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	3.0.		WEEKLY	GRAB
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	lbo/dov	****	NODI=C	NODI=C	ma/l	0	0/31	GRAB
	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	****	****	****	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		0	0/31	GRAB
0100410	PERMIT REQUIREMENT	****	****		****	1.34 MONTHLY AV	2.68 DAILY MX	mg/L		WEEKLY	GRAB
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMENT	****	****	****	****	NODI=C	NODI=C	m a/l	0	0/31	GRAB
	PERMIT REQUIREMENT	****	****		****	0.014 MONTHLY AV	0.014 DAILY MX	mg/L		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	T HIG/L		WEEKLY	GRAB
		NDER PENALTY OF LAW THA JNDER MY DIRECTION OR SU					cu by onithii	LEPHONE		DAT	E
STEVEN L. STORY GROUP LEADER EPC-CP	DESIGNED T INFORMATIO THE SYSTEM INFORMATIO TRUE, ACCU	O ASSURE THAT QUALIFIED ON SUBMITTED. BASED ON M' M, OR THOSE PERSONS DIRE DN, THE INFORMATION SUBM RATE AND COMPLETE. I AM	PERSONNEL PROPERLY GAY Y INQUIRY OF THE PERSON CTLY RESPONSIBLE FOR G ITTED IS, TO THE BEST OF I WARE THAT THERE ARE S	THER AND EVA OR PERSONS ATHERING THE MY KNOWLEDG IGNIFICANT PE	LUATE THE WHO MANAGE AND BELIEF, AND BELIEF, NALTIES FOR	HÖLCÓMB (Date: 2022.0 09:23:22 -06	7.26	l 667-0	666	22 07	, 26
TYPED OR PRINTED		FALSE INFORMATION, INCL NG VIOLATIONS.	JUING THE POSSIBILITY OF	FINE AND IMPR	(ISOINIVIEIVI	OFFICER OR ALITHORIZED ACENT				YEAR MO	

COMMENT AND EXPLANATION OF ANY VIOLATIONS

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

(Reference all attachments here)

EPC-DQ: 22-204

Attachment 2

5

Attachment 3

PAGE 1 OF 2

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	

FROM

051-A					
DISCHARGE NUMBER]				

MONITORING PERIOD										
YEAR	МО	DAY		YEAR	МО	DAY				
22	05	01	то	22	05	31				

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO MORTANDAD CANYON

EXTERNAL OUTFALL

No Discharge X

ATTN: STEVEN L. STORY, EPC-C	:P										
PARAMETER		QUANTITY OF LOADING				QUALITY OF CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		0/31 3/Week 0/31 WEEKLY 0/31	
Zinc, Total (as Zn) 01092 1 0	SAMPLE MEASUREMENT	****	****	****	****	NODI=C	NODI=C	mg/L	0	0/31	GRAB
01092 1 0	PERMIT REQUIREMENT	****	****		****	0.191 MONTHLY AV	0.191 DAILY MX	IIIg/L		3/Week	GRAB
Radium 226 + Radium 228, total 11503 1 0	SAMPLE MEASUREMENT	****	****	****	****	NODI=C	NODI=C	~Ci/l	0	0/31	GRAB
11000 1 0	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	Maal/day	****	****	****	****	0	0/31	RCORDF
55555 7 5	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	****	****			DAILY	RCORDF
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	NODI=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	****	****		****	****	0.011 INST MAX	IIIg/L		WEEKLY	GRAB
Perchlorate (ClO4) 61209 1 0	SAMPLE MEASUREMENT	****	****	****	****	NODI=C	NODI=C		0	0/31	GRAB
01200 1 0	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	m a/l	0	0/31	GRAB
	PERMIT REQUIREMENT	****	****	****	****	1.0 MONTHLY AV	1.0 DAILY MX	mg/L		MONTHLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT]							
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	ER I CERTIFY UN PREPARED U	IDER PENALTY OF LAW THA INDER MY DIRECTION OR SU			TEM JOAIN		eu by SARAII	LEPHON		DA	ΓE
STEVEN L. STORY GROUP LEADER EPC-CP	DESIGNED TO INFORMATION THE SYSTEM INFORMATION TRUE, ACCU	O ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M' I, OR THOSE PERSONS DIRE N, THE INFORMATION SUBM RATE AND COMPLETE. I AM /	PERSONNEL PROPERLY GAY Y INQUIRY OF THE PERSON CTLY RESPONSIBLE FOR G ITTED IS, TO THE BEST OF I WARE THAT THERE ARE S	ATHER AND EVA OR PERSONS ATHERING THE MY KNOWLEDG IGNIFICANT PE	ALUATE THE WHO MANAGE E AND BELIEF, NALTIES FOR		7.26 09:25:55	l 667-0	ecc	22 07	7 26
TYPED OR PRINTED		FALSE INFORMATION, INCLU IG VIOLATIONS.	JDING THE POSSIBILITY OF	FINE AND IMPE	KISOINIVIEIVI	OFFICER OR AUTHORIZED A	000			YEAR MO	

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

PAGE 2 OF 2

EPC-DO: 22-227 EPC-DO: 23-121 Attachment 2 6 Attachment 3

3

LA-UR-27275

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	

YEAR

FROM

051-A					
DISCHARGE NUMBER]				

MONITORING PERIOD									
МО	DAY		YEAR	МО	DAY				
06	01	то	22	06	30				

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO MORTANDAD CANYON

EXTERNAL OUTFALL

No Discharge X

ATTN: STEVEN L. STORY, EPC-0	;P										· · · · · · · · · · · · · · · · · · ·
PARAMETER		QUANT	QUANTITY OF LOADING			QUALITY OF CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1	OF ANALYSIS O/30 MONTHLY O/30 WEEKLY O/30 MONTHLY O/30 3/Week O/30 WEEKLY O/30	
Oxygen demand, chem. (high level) (COD) 00340 1 0	SAMPLE MEASUREMEI	*****	****	****	****	NODI=C	NODI=C	mg/L	0	0/30	GRAB
	PERMIT REQUIREMEN	****	****		****	125 MONTHLY AV	125 DAILY MX	IIIg/L		MONTHLY	GRAB
pH 00400 1 0	SAMPLE MEASUREMEI	*****	****	****	NODI=C	****	NODI=C	S.U.	0	0/30	GRAB
30130 10	PERMIT REQUIREMEN	*****	****		6.0 MINIMUM	****	9.0 MAXIMUM	3.0.		WEEKLY	GRAB
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREME	NODI=C	NODI=C	lbs/dav	****	NODI=C	NODI=C	m a/l	0	0/30	GRAB
	PERMIT REQUIREMEN	73 MONTHLY AV	109 DAILY MX	ibs/day	****	30 MONTHLY AV	45 DAILY MX	mg/L		MONTHLY	GRAB
Hardness, Total 00900 1 0	SAMPLE MEASUREME	*****	****	****	NODI=C	****	****	ma/l	0	0/30	GRAB
	PERMIT REQUIREMEN	****	****		50 MINIMUM	****	****	mg/L		3/Week	GRAB
Chromium, Total (as Cr) 01034 1 0	SAMPLE MEASUREME	*****	****	****	****	NODI=C	NODI=C		0	0/30	GRAB
01007 10	PERMIT REQUIREMEN	*****	****		****	1.34 MONTHLY AV	2.68 DAILY MX	mg/L		WEEKLY	GRAB
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMEI	*****	****	****	****	NODI=C	NODI=C	m a/l	0	0/30	GRAB
	PERMIT REQUIREMEN	ж***			****	0.014 MONTHLY AV	0.014 DAILY MX	mg/L		3/Week	GRAB
Lead, Total (as Pb) 01051 1 0	Pb) SAMPLE MEASUREMENT		****	****	****	NODI=C	NODI=C	ma/l	0	0/30	GRAB
	PERMIT REQUIREMEN	ж***	****		****	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						eu by SANAIT	LEPHONI		DAT	E	
STEVEN L. STORY GROUP LEADER	NED TO ASSURE THAT QUALIFIED MATION SUBMITTED. BASED ON MISTEM, OR THOSE PERSONS DIREMATION, THE INFORMATION SUBM	PERSONNEL PROPERLY GA IY INQUIRY OF THE PERSON ECTLY RESPONSIBLE FOR G MITTED IS, TO THE BEST OF	ATHER AND EVA I OR PERSONS ATHERING THE MY KNOWLEDG	LUATE THE WHO MANAGE AND BELIEF, (Affilia	Date. 2022.0	Affiliate) 7.26 07:20:42					
EPC-CP	SUBMI	ACCURATE AND COMPLETE. I AM TTING FALSE INFORMATION, INCL			RISONMENT SIGN				666	22 07	
TYPED OR PRINTED	FOR KI	IOWING VIOLATIONS.	VING VIOLATIONS.			OFFICER OR AUTHORIZED AGENT AREA CODE NUM			BER	YEAR MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

PAGE 1 OF 2

LA-UR-27275

EPC-DO: 22-204 EPC-DO: 22-227 EPC-DO: 23-121

Attachment 1 5 Attachment 2

TO |

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 ΔΤΤΝ-STEVEN L STORY EPC-CP

NM0028355	
PERMIT NUMBER	

MO

06

YEAR

FROM

051-A					
DISCHARGE NUMBER					

MONITORING PERIOD									
DAY		YEAR	МО	DAY					
01	то	22	06	30					

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO MORTANDAD CANYON

EXTERNAL OUTFALL

No Discharge Х

ATTN: STEVEN L. STORY, EPC-0	P															
PARAMETER		QUANT	QUANTITY OF LOADING		QUALITY OF CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS		SAMPLE TYPE				
		VALUE	VALUE	UNITS	VALU	JE	VALUE	VA	LUE	UNITS	1	0/30 3/Week 0/30 WEEKLY 0/30				
Zinc, Total (as Zn) 01092 1 0	SAMPLE MEASUREMENT	****	****	****	***	*	NODI=C	NO	DI=C		0	0/30		GRAB		
	PERMIT REQUIREMENT	****	****		***	*	0.191 MONTHLY AV		191 _Y MX	mg/L		3/Wee	k (GRAB		
Radium 226 + Radium 228, total 11503 1 0	SAMPLE MEASUREMENT	****	****	****	***	*	NODI=C	NO	DI=C	pCi/L	0	0/30	(GRAB		
11000 1 0	PERMIT REQUIREMENT	****	****		***	*	30 MONTHLY AV		30 _Y MX	рСі/L		WEEKL	Υ (GRAB		
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	Maal/day	***	*	****	*	****	****	0	0/30	R	CORDR		
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	***	*	****	*	****			DAIL'	/ R	CORDR		
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	***	*	****	NO	NODI=C		0	0/30		GRAB		
	PERMIT REQUIREMENT	****	****		***	*	****		011 Γ MAX	mg/L		WEEKL	.Υ (GRAB		
Perchlorate (CIO4) 61209 1 0	SAMPLE MEASUREMENT	****	****	****	***	*	NODI=C	NO	DI=C		0	0/30	1	GRAB		
01203 1 0	PERMIT REQUIREMENT	****	****		***	*			Req. Mon. DAILY MX					WEEKL	Υ (GRAB
Organics, Total Toxic (TTO) 78141 1 0	SAMPLE MEASUREMENT	****	****	****	****	*	NODI=C NO		NODI=C		0	0/30	(GRAB		
1014110	PERMIT REQUIREMENT	MIT ****		1.0 MONTHLY AV	1.0 DAILY MX		mg/L		MONTH	LY (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				S WERE	SARAH Digitally signed by SARAH HOLCOMB			LEPHONE			DATE					
STEVEN L. STORY GROUP LEADER DESIGNE INFORMATION THE SYSTEM STORMATION OF THE SYSTEM INFORMATION OF THE SYSTEM INFORMATI		O TO ASSURE THAT QUALIFIED FION SUBMITTED. BASED ON MEM, OR THOSE PERSONS DIRE FION, THE INFORMATION SUBMICURATE AND COMPLETE. I AM	PERSONNEL PROPERLY GA IY INQUIRY OF THE PERSON ECTLY RESPONSIBLE FOR G IITTED IS, TO THE BEST OF	ATHER AND EVAN N OR PERSONS GATHERING THE MY KNOWLEDG	ALUATE THE WHO MANAGE E GE AND BELIEF,	HOLCO (Affiliat	OMB (Affiliate) Date: 2022 07:23:59 -(.07.26 06'00'				22	07	26		
TYPED OR PRINTED	SUBMITTI	NG FALSE INFORMATION, INCL WING VIOLATIONS.				SIGNATURE OF PRINCIPAL EXECUTIVE 508		505 AREA CODE	667-0 NUMB		YEAR	MO	DAY			
I TPED OR PRINTED									AREA CODE	NUME	SEK	LEAR	IVIO	DAT		

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

PAGE 2 OF 2

EPC-DO: 22-204 EPC-DO: 22-227 EPC-DO: 23-121

Attachment 1 6 Attachment 2 LA-UR-27275

MONITORING

DAY

01

OMB No. 2040-004

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

NAME: TRIAD NATIONAL SECURITY, LLC

LOCATION: LOS ALAMOS, NEW MEXICO 87545

ADDRESS: LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490 LOS ALAMOS, NEW MEXICO 87545

FACILITY: LOS ALAMOS NATIONAL LABORATORY

ATTN: STEVEN L. STORY, EPC-CP

NM0028355	
PERMIT NUMBER	

MO

04

YEAR

FROM

T051-Q
DISCHARGE NUMBER

NG P	ERIOD			
	YEAR	MO	DAY	

DMR MAILING ZIP CODE: 87545

MAJOR

QUARTERLY 48-HR ACUTE TOXICITY

EXTERNAL OUTFALL

No Discharge

PARAMETER		QUANT	QUANTITY OF LOADING QUALITY OF CONCENTRATION			QUALITY OF CONCENTRATION		CONCENTRATION					SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VAI	LUE	UNITS		0/91 QUARTERLY 0/91 QUARTERLY 0/91 QUARTERLY 0/91 QUARTERLY 0/91 QUARTERLY 0/91 QUARTERLY 0/91		
Whole Effluent Toxicity 22414 1 0	SAMPLE MEASUREMEN	*****	****	****	NODI=C	NODI=C	**	***	Pass/Fail	0	0/91	(COMP-3
	PERMIT REQUIREMEN	***** T	****		100 48-HR MINIMU	MO AV MIN	**	***	Fass/Fall		QUARTE	RLY (COMP-
Whole Effluent Toxicity - Retest #1 22415 1 0	SAMPLE MEASUREMEN	*****	****	****	NODI=C	NODI=C	**	***	D/F-il	0	0/91	(COMP-3
22415 1 0	PERMIT REQUIREMEN	*****	****		Opt. Mon. 48-HR MINIMU	Opt. Mon. M MO AV MIN	**	***	Pass/Fail		QUARTE	RLY (COMP-
Whole Effluent Toxicity - Retest #2 22416 1 0	SAMPLE MEASUREMEN	*****	****	****	NODI=C	NODI=C	**		D /F - :I	0	0/91	(COMP-3
22410 1 0	PERMIT REQUIREMEN	***** T	****		Opt. Mon. 48-HR MINIMU	Opt. Mon. M MO AV MIN	**		Pass/Fail		QUARTE	RLY (COMP-3
LF Pass/Fail Static48Hr Acute D.Pulex TEM3D 1 0	SAMPLE MEASUREMEN	*****	****	****	NODI=C	NODI=C	**		D/5-:i	0	0/91	(COMP-3
I LIVIOD I 0	PERMIT REQUIREMEN	*****	****		Req. Mon. 48-HR MINIMU	Req. Mon. M MO AV MIN	**		Pass/Fail		QUARTE	RLY (COMP-
NOEC Lethal Static48Hr Acute D. Pulex TOM3D 1 0	SAMPLE MEASUREMEN	*****	****	****	NODI=C	NODI=C	**	***	0/	0	0/91	(COMP-3
TOMOD TO	PERMIT REQUIREMEN	*****	****		Req. Mon. 48-HR MINIMU	Req. Mon. M MO AV MIN	**	***	%		QUARTE	RLY (COMP-3
Coef Of Var Static48Hr Acute D. Pulex TQM3D 1 0	SAMPLE MEASUREMEN	*****	****	****	NODI=C	NODI=C	**	***	0/	0	0/91	(COMP-3
Tallios To	PERMIT REQUIREMEN	***** T	****		Req. Mon. 48-HR MINIMU	Req. Mon. M MO AV MIN	**	***	%		QUARTE	RLY (COMP-3
	SAMPLE MEASUREMEN	іт											
	PERMIT REQUIREMEN	т											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUME! PREPARED UNDER MY DIRECTION OR SUPERVISION IN A			AT THIS DOCUMENT AND AL	L ATTACHMENT	S WERE SARA		ned by SARAH	TEI	EPHONE			DATE	
STEVEN L. STORY GROUP LEADER EPC-CP	DESIGN INFORM THE SYS INFORM TRUE, A	ED TO ASSURE THAT QUALIFIED IATION SUBMITTED. BASED ON M STEM, OR THOSE PERSONS DIRE IATION, THE INFORMATION SUBM ICCURATE AND COMPLETE. I AM	PERSONNEL PROPERLY G IY INQUIRY OF THE PERSOI ECTLY RESPONSIBLE FOR C MITTED IS, TO THE BEST OF AWARE THAT THERE ARE S	ATHER AND EVAN OR PERSONS BATHERING THE MY KNOWLEDG SIGNIFICANT PE	ALUATE THE WHO MANAGE E AND BELIEF, NALTIES FOR	COMB HOLCOMB Date: 2022.0	(Affiliate) 07.26 09:10:58	505 l	665-0	666	22	07	26
TYPED OR PRINTED		UBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT OR KNOWING VIOLATIONS.				OFFICER OR AUTHORIZED AGENT					YEAR	MO	DA'

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

PAGE 1 OF 1

EPC-DO: 22-204 EPC-DO: 22-227 EPC-DO: 23-121 Attachment 1 24 Attachment 2 LA-UR-27275

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	

FROM

051-A
DISCHARGE NUMBER

		MONIT	ORING P	ERIOD		
YEAR	МО	DAY		YEAR	МО	DAY
22	07	01	то	22	07	31

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO MORTANDAD CANYON

EXTERNAL OUTFALL

PAGE 5

No Discharge

PARAMETER		QUANT	TITY OF LOADING			QUALITY OF CONC	ENTRATION		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	IIIg/L		MONTHLY	GRAB
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	7.1	****	7.2	S.U.	0	2/31	GRAB
33.100 1.0	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM	3.0.		WEEKLY	GRAB
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	<0.0799	<0.0799	lbs/day	****	<0.570	<0.570	m a/l	0	1/31	GRAB
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	ibs/day	****	30 MONTHLY AV	45 DAILY MX	mg/L		MONTHLY	GRAB
Hardness, Total 00900 1 0	SAMPLE MEASUREMENT	****	****	****	66.9	****	****	ma/l	0	2/31	GRAB
	PERMIT REQUIREMENT	****	****		50 MINIMUM	****	****	mg/L		3/Week	GRAB
Chromium, Total (as Cr) 01034 1 0	SAMPLE MEASUREMENT	****	****	****	****	<0.00300	<0.00300		0	2/31	GRAB
01004 1 0	PERMIT REQUIREMENT	****	****		****	1.34 MONTHLY AV	2.68 DAILY MX	mg/L		WEEKLY	GRAB
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMENT	****	****	****	****	0.00783	0.0144		1	2/31	GRAB
0101210	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	m a/l	0	2/31	GRAB
	PERMIT REQUIREMENT	****	****]	****	0.076 MONTHLY AV	0.115 DAILY MX	mg/L		WEEKLY	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	ER I CERTIFY UN	NDER PENALTY OF LAW THA JNDER MY DIRECTION OR SU				Digitally signe	d by SARAH TE	LEPHONI		D/	TE
STEVEN L. STORY, GROUP LEADER, EPC-CP	DESIGNED TO INFORMATIO THE SYSTEM INFORMATIO	O ASSURE THAT QUALIFIED IN SUBMITTED. BASED ON M I, OR THOSE PERSONS DIRE IN, THE INFORMATION SUBM	PERSONNEL PROPERLY GA Y INQUIRY OF THE PERSON CTLY RESPONSIBLE FOR G ITTED IS, TO THE BEST OF I	ATHER AND EVA I OR PERSONS ATHERING THE MY KNOWLEDG	ALUATE THE HOLCO (Affiliate E AND BELIEF,	MB HOLCOMB (A	ffiliate)				
	SUBMITTING	RATE AND COMPLETE. I AM A FALSE INFORMATION, INCLU IG VIOLATIONS.			RISONMENT SIGN	ATURE OF PRINCIPAL EXE	000	667-0	666	22 0	
TYPED OR PRINTED	N ATIONS	(Deference all atta			OF	FICER OR AUTHORIZED A	GEN I AREA CODE	NUME	BER	YEAR N	IO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

PAGE 1 OF 2

EPC-DO: 22-238 EPC-DO: 22-249 EPC-DO: 23-121 Attachment 1 5 Attachment 2 LA-UR-22-28914

1

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	

FROM

051-A	
DISCHARGE NUMBER]

		MONIT	ORING P	ERIOD		
YEAR	МО	DAY		YEAR	МО	DAY
22	07	01	то	22	07	31

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED RADIOACTIVE LIQUID WASTE TO MORTANDAD CANYON

EXTERNAL OUTFALL

PAGE 5

No Discharge

ATTN: STEVEN L. STORY, EPC-C	P:											•
PARAMETER		QUANT	TITY OF LOADING			QUAL	LITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	/	VALUE	VALUE	UNITS	VALUE		VALUE	VALUE	UNITS	1		
Zinc, Total (as Zn) 01092 1 0	SAMPLE MEASUREMENT	****	****	****	****		<0.00775	0.0122	mg/L	0	2/31	GRAB
V. 1882	PERMIT REQUIREMENT	****	****		****	N	0.191 MONTHLY AV	0.191 DAILY MX	Ilig/L		3/Week	GRAB
Radium 226 + Radium 228, total 11503 1 0	SAMPLE MEASUREMENT	****	****	****	****		<0.379	0.590	~Ci/l	0	3/31	GRAB
11000 10	PERMIT REQUIREMENT	****	****		****	N	30 MONTHLY AV	30 DAILY MX	pCi/L		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.016927	0.017056	Maalday	****		****	****	****	0	2/31	RCORDR
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****		****	****			DAILY	RCORDR
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****		****	0	m a/l	0	2/31	GRAB
PERMIT REQUIREMEN		****	****		****		****	0.011 INST MAX	mg/L		WEEKLY	GRAB
Perchlorate (CIO4) 61209 1 0	****	****	****	****		<0.000050	<0.000050		0	3/31	GRAB	
0.1200 1.0	PERMIT REQUIREMENT	****	****		****	N	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	mg/L		WEEKLY	GRAB
Organics, Total Toxic (TTO) 78141 1 0	SAMPLE MEASUREMENT	****	****	****	****		0.00437	0.00437	m a/l	0	86/31	GRAB
	PERMIT REQUIREMENT	****	****		****	N	1.0 MONTHLY AV	1.0 DAILY MX	mg/L		MONTHLY	GRAB
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	ER I CERTIFY UN	NDER PENALTY OF LAW THA JNDER MY DIRECTION OR SU				AH	Digitally signe	d by Ontonii	ELEPHON		DA	ΓE
STEVEN L. STORY, GROUP LEADER, EPC-CP	DESIGNED T INFORMATIO THE SYSTEM INFORMATIO TRUE, ACCU	O ASSURE THAT QUALIFIED IN SUBMITTED. BASED ON M M, OR THOSE PERSONS DIRE IN, THE INFORMATION SUBMIRATE AND COMPLETE. I AM A FALSE INFORMATION, INCL.	PERSONNEL PROPERLY GAY INQUIRY OF THE PERSON ICTLY RESPONSIBLE FOR GITTED IS, TO THE BEST OF AWARE THAT THERE ARE S	ATHER AND EVA I OR PERSONS I ATHERING THE MY KNOWLEDG I I GNIFICANT PE	ALUATE THE WHO MANAGE ES AND BELIEF, NALTIES FOR	.COMB liate)	HÖLCOMB (A Date: 2022.08 11:23:41 -06'9	3.25 00'	l 667-0	1666	22 08	3 25
TYPED OR PRINTED		NG VIOLATIONS.	ODING THE FOODBETT OF	I IIAE VIAD IMEL	VIOCIAINIEIA I	OFFICER	OR AUTHORIZED AC				YEAR M	O DAY
	1.4710110											

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

LA-UR-22-28914

EPC-DO: 22-238 EPC-DO: 22-249 EPC-DO: 23-121 Attachment 1 6 Attachment 2

2

PAGE 2 OF 2

DMR Copy of Record

Permit Permit #:

Major:

NM0028355

External Outfall

Yes

051

Permittee:

LOS ALAMOS NATIONAL LABORATORY

Permittee Address:

Discharge:

LOS ALAMO NATIONAL LABORATORY

528 35TH STREET LOS ALAMO, NM 87544

051-A TREATED RADIOACTIVE LIQUID WASTE TO MORTANDAD CANYON

Report Dates & Status

Permitted Feature:

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

Status: **NetDMR Validated**

UNIVERSITY OF CALIFORNIA

528 35TH STREET LOS ALAMO, NM 87544

LOS ALAMO NATIONAL LABORATORY

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:

Last Name:

Title:

Telephone:

Facility:

Facility Location:

No Data Indicator (NODI)

Form NODI:

0400 pH 0530 Solids 0900 Hardn		1 - Effluent Gross1 - Effluent Gross1 - Effluent Gross1 - Effluent Gross	0	Pe	Sample ermit Req. alue NODI Sample ermit Req. alue NODI Sample ermit Req.	<	Value 1	Qualifier 2	Value 2			7.3	Qualifier 2	Value 2 30.1 125.0 MO AVG	Qualifier <=	28.3	Units 19 - mg/L 19 - mg/L 0	01/30 - Monthly 01/30 - Monthly 01/07 - Weekly	GR - GRAB GR - GRAB GR - GRAB
0400 pH 0530 Solids 0900 Hardn	ls, total suspended ness, total [as CaCO3]	1 - Effluent Gross 1 - Effluent Gross	0	Pe	ermit Req. alue NODI Sample ermit Req. alue NODI Sample	<	0.0725								<=	125.0 DAILY MX	19 - mg/L 0	01/30 - Monthly 01/07 - Weekly	GR - GRAB
0400 pH 0530 Solids 0900 Hardn	ls, total suspended ness, total [as CaCO3]	1 - Effluent Gross 1 - Effluent Gross	0	Pe	Sample ermit Req. alue NODI	<	0.0725						<=	125.0 MO AVG	<=		12 - SU	01/07 - Weekly	
9900 Hardn 1034 Chrom	ness, total [as CaCO3]	1 - Effluent Gross	0	Pe	Sample ermit Req. alue NODI Sample		0.0725									7.4			GR - GRAE
9900 Hardn 1034 Chrom	ness, total [as CaCO3]	1 - Effluent Gross	0	Pe	ermit Req. alue NODI Sample		0.0725									7.4			GR - GRAE
9900 Hardn 1034 Chrom	ness, total [as CaCO3]	1 - Effluent Gross	0	Pe	ermit Req. alue NODI Sample		0.0725												
9900 Hardn 1034 Chrom	ness, total [as CaCO3]	1 - Effluent Gross	0	Va	alue NODI Sample		0.0725				>=	6.0 MINIMUM			<=	9.0 MAXIMUM	12 - SU 0	01/07 - Weekly	GR - GRAB
0900 Hardn	ness, total [as CaCO3]			Pe	Sample		0.0725										0	, , ,	
0900 Hardn	ness, total [as CaCO3]			Pe			0.0725												
0900 Hardn	ness, total [as CaCO3]				ermit Req.				0.0735	26 - lb/d			<	0.57	<	0.57	19 - mg/L	01/30 - Monthly	GR - GRAE
1034 Chron		1 - Effluent Gross	0	Va		<=	73.0 MO AVG	<=	109.0 DAILY MX	26 - Ib/d			<=	30.0 MO AVG	<=	45.0 DAILY MX	19 - mg/L 0	01/30 - Monthly	GR - GRAE
1034 Chron		1 - Effluent Gross	0		alue NODI														
1034 Chron		1 - Effluent Gross	0		Sample							70.6					19 - mg/L	03/07 - Three Per Weel	k GR - GRAF
1034 Chron		1 - Effluent Gross	()		ermit Req.							50.0 MO AV MN	J				19 - mg/L ₀	03/07 - Three Per Weel	
	mium. total [as Cr]		U								_	00.0 10.0 700 10.0	,				10 mg/L 0	00/07 111100 1 01 11001	K OIK OIGE
	mium, total [as Cr]			Va	alue NODI														
	mium, total [as Cr]				Sample								<	0.003	<	0.003	19 - mg/L	01/07 - Weekly	GR - GRAB
		1 - Effluent Gross	0	Pe	ermit Req.								<=	1.34 MO AVG	<=	2.68 DAILY MX	19 - mg/L	01/07 - Weekly	GR - GRAB
042 Coppe				Va	alue NODI														
042 Coppe														0.000884		0.00146	10	03/07 - Three Per Weel	L CD CDAD
1042 Coppe					Sample ermit Req.									0.014 MO AVG			19 - mg/L	03/07 - Three Per Weel	
0 ·= 00pp	per, total [as Cu]	1 - Effluent Gross	0										<=	0.014 WO AVG	<=	0.014 DAILT WIX	19 - mg/L 0	05/07 - Tillee Pel Week	K GR - GRAD
				Va	alue NODI														
					Sample								<	0.0005	<	0.0005	19 - mg/L	01/07 - Weekly	GR - GRAB
1051 Lead ,	, total [as Pb]	1 - Effluent Gross	0	Pe	ermit Req.								<=	0.076 MO AVG	<=	0.115 DAILY MX	19 - mg/L	01/07 - Weekly	GR - GRAB
201.	, total [40 : 5]	1 Emdont Grood		Va	alue NODI														
														0.0000		0.0000	40	00/07 Thurs Den Me el	L OD ODAD
					Sample								<	0.0033 0.191 MO AVG	<	0.0033 0.191 DAILY MX	19 - mg/L	03/07 - Three Per Weel 03/07 - Three Per Weel	
1092 Zinc, t	total [as Zn]	1 - Effluent Gross	0		ermit Req.								<=	0.191 WO AVG	<=	U. 191 DAILT WIX	19 - mg/L 0	05/07 - Tillee Pel Week	K GK - GKAB
				Va	alue NODI														
					Sample								<	0.447		0.656	17 - pCi/L	01/07 - Weekly	GR - GRAB
1503 Radiui	um 226 + radium 228, total	1 - Effluent Gross	0	Pe	ermit Req.								<=	30.0 MO AVG	<=	30.0 DAILY MX	17 - pCi/L 0	01/07 - Weekly	GR - GRAB
303 Radiu	diii 220 + radidiii 220, totai	1 - Lilidelit Oloss	O	V	alue NODI														
					Sample		0.01635		0.01709	03 - MGD								01/01 - Daily	ES - ESTIM
)050 Flow ,	, in conduit or thru treatment plant	1 - Effluent Gross	0	Pe	ermit Req.		Req Mon MO AVG	3	Req Mon DAILY MX	03 - MGD)						0	01/01 - Daily	ES - ESTIM
				Va	alue NODI														
					Sample											0.0	19 - mg/L	01/07 - Weekly	GR - GRAB
Occ Chlori	rine, total residual	1 Effluent Cross	0		ermit Req.										<=	0.011 INST MAX	19 - mg/L ₀	01/07 - Weekly	GR - GRAB
0060 Chlori	ine, total residual	1 - Effluent Gross	U		alue NODI												0	•	
					Sample								<	0.00005	<	0.00005	19 - mg/L	01/07 - Weekly	GR - GRAB
209 Perch	nlorate [CIO4]	1 - Effluent Gross	0	Pe	ermit Req.									Req Mon MO AVO		Req Mon DAILY MX	(19 - mg/L 0	01/07 - Weekly	GR - GRAB
	-			Va	alue NODI														
					Sample									0.00227		0.00227	19 - mg/L	01/30 - Monthly	GR - GRAB
					ermit Req.												.o mg/L	5 1/50 Working	
3141 Organ	·	1 - Effluent Gross	0	1 0									<=	1.0 MO AVG	<=	1.0 DAILY MX	19 - mg/L 0	01/30 - Monthly	GR - GRAB

Name:

E-Mail:

Date/Time:

Sarah Holcomb

sholcomb@lanl.gov

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 **Facility Location:** LOS ALAMO NATIONAL LABORATORY 528 35TH STREET 528 35TH STREET LOS ALAMO. NM 87544 LOS ALAMO, NM 87544 051 Discharge: Permitted Feature: 051-A **External Outfall** 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** Title: Telephone: First Name: Last Name: No Data Indicator (NODI) Form NODI: Parameter Monitoring Location Season # Param. NODI **Quantity or Loading Quality or Concentration** # of Ex. Frequency of Analysis Sample Type Qualifier 2 Units Qualifier 1 Value 1 Qualifier 3 Value 3 Code Qualifier 1 Value 1 Value 2 Qualifier 2 Value 2 Units Sample 8.95 19 - mg/L 01/30 - Monthly GR - GRAB 8.95 19 - mg/L ₀ 125.0 MO AVG 125.0 DAILY MX 01/30 - Monthly GR - GRAB Permit Rea. 00340 Oxygen demand, chem. [high level] [COD] 1 - Effluent Gross 0 Value NODI GR - GRAB Sample 7.1 7.2 12 - SU 01/07 - Weekly Permit Req 6.0 MINIMUM 9.0 MAXIMUM 12 - SU 01/07 - Weekly GR - GRAB 00400 **pH** 1 - Effluent Gross 0 Value NODI Sample 0.0813 0.0813 26 - lb/d 0.638 0.638 19 - mg/L 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 0 01/30 - Monthly GR - GRAB <= 00530 Solids, total suspended 1 - Effluent Gross 0 Value NODI Sample 79.1 19 - mg/L 03/07 - Three Per Week GR - GRAB Permit Req. 50.0 MO AV MN 19 - mg/L 0 03/07 - Three Per Week GR - GRAB 00900 Hardness, total [as CaCO3] 1 - Effluent Gross 0 Value NODI 19 - mg/L 01/07 - Weekly GR - GRAB Sample 0.003 0.003 Permit Req. 1.34 MO AVG <= 2.68 DAILY MX 19 - mg/L ₀ 01/07 - Weekly GR - GRAB <= 01034 Chromium, total [as Cr] 1 - Effluent Gross 0 Value NODI Sample 0.000448 0.000483 19 - mg/L 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 01042 Copper, total [as Cu] 1 - Effluent Gross 0 Value NODI 0.0005 19 - mg/L 01/07 - Weekly GR - GRAB Sample 0.0005 19 - mg/L 0 0.076 MO AVG 0.115 DAILY MX 01/07 - Weekly GR - GRAB Permit Rea <= 01051 Lead, total [as Pb] 1 - Effluent Gross 0 Value NODI Sample 0.0033 0.0033 19 - mg/L 03/07 - Three Per Week GR - GRAB 03/07 - Three Per Week GR - GRAB Permit Req. 0.191 MO AVG <= 0.191 DAILY MX 19 - mg/L 01092 Zinc, total [as Zn] 1 - Effluent Gross 0 Value NODI Sample 0.912 1.27 17 - pCi/L 01/07 - Weekly GR - GRAB 17 - pCi/L 0 Permit Rea. 30.0 MO AVG 30.0 DAILY MX 01/07 - Weekly GR - GRAB 11503 Radium 226 + radium 228, total 1 - Effluent Gross 0 Value NODI Sample 0.015904 0.016522 03 - MGD 01/01 - Daily ES - ESTIMA Permit Req. Req Mon MO AVG Req Mon DAILY MX 03 - MGD 01/01 - Daily ES - ESTIMA 50050 Flow, in conduit or thru treatment plant 1 - Effluent Gross 0 Value NODI 0.0 01/07 - Weekly GR - GRAB Sample 19 - mg/L Permit Reg. 0.011 INST MAX 19 - mg/L ₀ 01/07 - Weekly GR - GRAB <= 50060 Chlorine, total residual 1 - Effluent Gross 0 Value NODI Sample 0.00005 0.00005 19 - mg/L 01/07 - Weekly GR - GRAB Req Mon DAILY MX 19 - mg/L 0 Permit Req Req Mon MO AVG 01/07 - Weekly GR - GRAB 61209 Perchlorate [CIO4] 1 - Effluent Gross 0 Value NODI Sample 0.00596 0.00596 19 - mg/L 01/30 - Monthly GR - GRAB 1.0 MO AVG 1.0 DAILY MX GR - GRAB Permit Rea. 19 - mg/L 01/30 - Monthly

78141 Organics, total toxic [TTO] EPC-DO: 22-323 EPC-DO: 23-121

1 - Effluent Gross 0

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 Permittee: Permit #: NM0028355 LOS ALAMOS NATIONAL LABORATORY Facility: UNIVERSITY OF CALIFORNIA Major: Yes **Permittee Address:** LOS ALAMO NATIONAL LABORATORY **Facility Location:** LOS ALAMO NATIONAL LABORATORY 528 35TH STREET 528 35TH STREET LOS ALAMO. NM 87544 LOS ALAMO, NM 87544 Permitted Feature: 051 Discharge: 051-A **External Outfall** TREATED RADIOACTIVE LIQUID WASTE TO MORTANDAD 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** 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** Title: Telephone: First Name: **Last Name:** No Data Indicator (NODI) Form NODI: Parameter Monitoring Location Season # Param. NODI **Quantity or Loading Quality or Concentration** # of Ex. Frequency of Analysis Sample Type Qualifier 2 Units Qualifier 1 Value 1 Code Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Units Sample 14.7 19 - mg/L 01/30 - Monthly GR - GRAB 11.8 19 - mg/L ₀ Permit Req. 125.0 MO AVG 125.0 DAILY MX 01/30 - Monthly GR - GRAB 00340 Oxygen demand, chem. [high level] [COD] 1 - Effluent Gross 0 Value NODI GR - GRAB Sample 7.4 7.4 12 - SU 01/07 - Weekly Permit Req 6.0 MINIMUM 9.0 MAXIMUM 12 - SU 01/07 - Weekly GR - GRAB 00400 **pH** 1 - Effluent Gross 0 Value NODI Sample 0.101 0.101 26 - lb/d 0.654 0.737 19 - mg/L 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 0 01/30 - Monthly GR - GRAB <= 00530 Solids, total suspended 1 - Effluent Gross 0 Value NODI Sample 84.9 19 - mg/L 03/07 - Three Per Week GR - GRAB Permit Req. 50.0 MO AV MN 19 - mg/L 0 03/07 - Three Per Week GR - GRAB 00900 Hardness, total [as CaCO3] 1 - Effluent Gross 0 Value NODI 19 - mg/L 01/07 - Weekly GR - GRAB Sample 0.003 0.003 19 - mg/L ₀ Permit Req. 1.34 MO AVG <= 2.68 DAILY MX 01/07 - Weekly GR - GRAB <= 01034 Chromium, total [as Cr] 1 - Effluent Gross 0 Value NODI Sample 0.00196 0.00196 19 - mg/L 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 01042 Copper, total [as Cu] 1 - Effluent Gross 0 Value NODI 0.0005 19 - mg/L 01/07 - Weekly GR - GRAB Sample 0.0005 19 - mg/L 0 0.076 MO AVG 0.115 DAILY MX 01/07 - Weekly GR - GRAB Permit Rea <= 01051 Lead, total [as Pb] 1 - Effluent Gross 0 Value NODI Sample 0.0033 0.0033 19 - mg/L 03/07 - Three Per Week GR - GRAB 03/07 - Three Per Week GR - GRAB Permit Req. 0.191 MO AVG <= 0.191 DAILY MX 19 - mg/L 01092 Zinc, total [as Zn] 1 - Effluent Gross 0 Value NODI Sample 0.95 1.27 17 - pCi/L 01/07 - Weekly GR - GRAB 17 - pCi/L 0 Permit Rea. 30.0 MO AVG 30.0 DAILY MX 01/07 - Weekly GR - GRAB 11503 Radium 226 + radium 228, total 1 - Effluent Gross 0 Value NODI 0.016492 Sample 0.016492 03 - MGD 01/01 - Daily ES - ESTIMA Permit Req. Req Mon MO AVG Req Mon DAILY MX 03 - MGD 01/01 - Daily ES - ESTIMA 50050 Flow, in conduit or thru treatment plant 1 - Effluent Gross 0 Value NODI 0.0 19 - mg/L 01/07 - Weekly GR - GRAB Sample Permit Reg. 0.011 INST MAX 19 - mg/L ₀ 01/07 - Weekly GR - GRAB <= 50060 Chlorine, total residual 1 - Effluent Gross 0 Value NODI GR - GRAB Sample 0.00005 0.00005 19 - mg/L 01/07 - Weekly Req Mon DAILY MX 19 - mg/L 0 Permit Req Req Mon MO AVG 01/07 - Weekly GR - GRAB 61209 Perchlorate [CIO4] 1 - Effluent Gross 0 Value NODI Sample 0.00533 0.00533 19 - mg/L 01/30 - Monthly GR - GRAB

Attachment 2

Permit Rea.

1 - Effluent Gross 0

78141 Organics, total toxic [TTO]

EPC-DO: 22-358 EPC-DO: 23-121 1.0 MO AVG

1.0 DAILY MX

19 - mg/L

01/30 - Monthly

GR - GRAB

alue 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

NM0028355 Permit #:

Yes Major:

Permittee: LOS ALAMOS NATIONAL LABORATORY

LOS ALAMO NATIONAL LABORATORY **Permittee Address:**

528 35TH STREET

LOS ALAMO, NM 87544

T051-Q QUARTERLY 48-HR ACUTE TOXICITY-OUTFALL 051

Report Dates & Status

Permitted Feature:

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

Considerations for Form Completion

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

Discharge:

Principal Executive Officer

First Name:

Title:

T051

External Outfall

Telephone:

Facility:

Facility Location:

UNIVERSITY OF CALIFORNIA

528 35TH STREET

LOS ALAMO, NM 87544

LOS ALAMO NATIONAL LABORATORY

No Data Indicator (NODI)

Last Name:

Form NODI:

	Parameter	Monitoring	Seaso			Quant	ity or Loa	ading			Qual	ity or Concentration				# of	Frequency of	Sample
Code	Name	Location	#	NODI		Qualifier Value		r Value 2	Units Qualifier	r Value 1	Qualifie 2	r Value 2	Qualifier 3	r Value 3	Units	Ex.	Analysis	Туре
					Sample					100.0		100.0		23	3 - %		01/90 - Quarterly	03 - COMP-3
22414	Whole effluent toxicity	1 - Effluent Gross	0		Permit Req.				>=	100.0 48HR MIN	>=	100.0 MO AV MN		23	3 - %	0	01/90 - Quarterly	03 - COMP-3
					Value NODI													
					Sample													
22415	Whole effluent toxicity - retest #1	1 - Effluent	0		Permit Req.					Opt Mon 48HR MIN		Opt Mon MO AV MN			A - ass=0;fail=1		09/99 - See Permit	03 - COMP-3
22413	Whole emident toxicity - retest #1	Gross			Value NODI					9 - Conditional Monitoring - Not Required This Period		9 - Conditional Monitoring - Not Required This Period						
					Sample													
22416	Whole effluent toxicity - retest #2	1 - Effluent	0		Permit Req.					Opt Mon 48HR MIN		Opt Mon MO AV MN			A - ass=0;fail=1		09/99 - See Permit	03 - COMP-3
	,	Gross			Value NODI					9 - Conditional Monitoring - Not Required This Period		9 - Conditional Monitoring - Not Required This Period						
					Sample					0.0		0.0			A - ass=0;fail=1		01/90 - Quarterly	03 - COMP-3
TEM3D	Low Flow Pass/Fail Static Renewal 48Hr Acute Daphnia pulex	1 - Effluent Gross	0		Permit Req.					Req Mon 48HR MIN		Req Mon MO AV MN			A - ass=0;fail=1	0	01/90 - Quarterly	03 - COMP-3
					Value NODI													
					Sample					100.0		100.0		23	3 - %		01/90 - Quarterly	03 - COMP-3
TOM3D	NOEC Lethal Static Renewal 48HR Acute Daphnia pulex	1 - Effluent Gross	0		Permit Req.					Req Mon 48HR MIN		Req Mon MO AV MN		23	3 - %	0	01/90 - Quarterly	03 - COMP-3
	·				Value NODI													
					Sample					0.0		0.0		23	3 - %		01/90 - Quarterly	03 - COMP-3
TQM3D	Coef Of Var Statre 48Hr Acute D. Pulex	1 - Effluent Gross	0		Permit Req.					Req Mon 48HR MIN		Req Mon MO AV MN		23	3 - %	0	01/90 - Quarterly	03 - COMP-3
					Value													

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

EP6-D0: 22-358

User: ICADIENTE
Name: Isaac Cadiente
E-Mail: icadiente@lanl.gov

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

Report Last Signed By

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

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

DMR Copy of Record Permit Permit #: NM0028355 Permittee: LOS ALAMOS NATIONAL LABORATORY Facility: UNIVERSITY OF CALIFORNIA Major: Yes **Permittee Address:** LOS ALAMO NATIONAL LABORATORY **Facility Location:** LOS ALAMO NATIONAL LABORATORY 528 35TH STREET 528 35TH STREET LOS ALAMO. NM 87544 LOS ALAMO, NM 87544 Permitted Feature: 051 Discharge: 051-A **External Outfall** 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** Title: Telephone: First Name: Last Name: No Data Indicator (NODI) Form NODI: Parameter Monitoring Location Season # Param. NODI **Quantity or Loading Quality or Concentration** # of Ex. Frequency of Analysis Sample Type Qualifier 2 Code Qualifier 1 Value 1 Value 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Units Sample 21.7 21.7 19 - mg/L 01/30 - Monthly GR - GRAB 19 - mg/L ₀ 125.0 MO AVG 125.0 DAILY MX 01/30 - Monthly GR - GRAB Permit Rea. 00340 Oxygen demand, chem. [high level] [COD] 1 - Effluent Gross 0 Value NODI GR - GRAB Sample 7.5 7.5 12 - SU 01/07 - Weekly Permit Req 6.0 MINIMUM 9.0 MAXIMUM 12 - SU 01/07 - Weekly GR - GRAB 00400 **pH** 1 - Effluent Gross 0 Value NODI Sample 0.0729 0.0729 26 - lb/d 0.588 0.588 19 - mg/L 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 0 01/30 - Monthly GR - GRAB <= 00530 Solids, total suspended 1 - Effluent Gross 0 Value NODI Sample 82.7 19 - mg/L 03/07 - Three Per Week GR - GRAB Permit Req. 50.0 MO AV MN 19 - mg/L 0 03/07 - Three Per Week GR - GRAB 00900 Hardness, total [as CaCO3] 1 - Effluent Gross 0 Value NODI 19 - mg/L 01/07 - Weekly GR - GRAB Sample 0.003 0.003 Permit Req. 1.34 MO AVG <= 2.68 DAILY MX 19 - mg/L ₀ 01/07 - Weekly GR - GRAB <= 01034 Chromium, total [as Cr] 1 - Effluent Gross 0 Value NODI Sample 0.000767 0.000767 19 - mg/L 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 01042 Copper, total [as Cu] 1 - Effluent Gross 0 Value NODI 0.0005 19 - mg/L 01/07 - Weekly GR - GRAB Sample 0.0005 19 - mg/L 0 0.076 MO AVG 0.115 DAILY MX 01/07 - Weekly GR - GRAB Permit Rea <= 01051 Lead, total [as Pb] 1 - Effluent Gross 0 Value NODI Sample 0.0033 0.0033 19 - mg/L 03/07 - Three Per Week GR - GRAB 03/07 - Three Per Week GR - GRAB Permit Req. 0.191 MO AVG <= 0.191 DAILY MX 19 - mg/L 01092 Zinc, total [as Zn] 1 - Effluent Gross 0 Value NODI Sample 0.556 0.638 17 - pCi/L 01/07 - Weekly GR - GRAB 17 - pCi/L 0 Permit Rea. 30.0 MO AVG 30.0 DAILY MX 01/07 - Weekly GR - GRAB 11503 Radium 226 + radium 228, total 1 - Effluent Gross 0 Value NODI Sample 0.014859 0.014859 03 - MGD 01/01 - Daily ES - ESTIMA Permit Req. Req Mon MO AVG Req Mon DAILY MX 03 - MGD 01/01 - Daily ES - ESTIMA 50050 Flow, in conduit or thru treatment plant 1 - Effluent Gross 0 Value NODI 0.0 19 - mg/L 01/07 - Weekly GR - GRAB Sample Permit Reg. 0.011 INST MAX 19 - mg/L ₀ 01/07 - Weekly GR - GRAB <= 50060 Chlorine, total residual 1 - Effluent Gross 0 Value NODI Sample 0.00005 0.00005 19 - mg/L 01/07 - Weekly GR - GRAB Req Mon DAILY MX 19 - mg/L 0 Permit Req Req Mon MO AVG 01/07 - Weekly GR - GRAB 61209 Perchlorate [CIO4] 1 - Effluent Gross 0 Value NODI Sample 0.00335 0.00335 19 - mg/L 01/30 - Monthly GR - GRAB

Permit Rea.

1 - Effluent Gross 0

78141 Organics, total toxic [TTO]

EPC-DO: 23-024

1.0 MO AVG

1.0 DAILY MX

19 - mg/L

01/30 - Monthly

GR - GRAB

alue 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 Permittee: Permit #: NM0028355 LOS ALAMOS NATIONAL LABORATORY Facility: UNIVERSITY OF CALIFORNIA Major: Yes **Permittee Address:** LOS ALAMO NATIONAL LABORATORY **Facility Location:** LOS ALAMO NATIONAL LABORATORY 528 35TH STREET 528 35TH STREET LOS ALAMO. NM 87544 LOS ALAMO, NM 87544 Permitted Feature: 051 Discharge: 051-A **External Outfall** TREATED RADIOACTIVE LIQUID WASTE TO MORTANDAD 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** 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** Title: Telephone: First Name: Last Name: No Data Indicator (NODI) Form NODI: Parameter Monitoring Location Season # Param. NODI **Quantity or Loading Quality or Concentration** # of Ex. Frequency of Analysis Sample Type Qualifier 2 Units Qualifier 1 Value 1 Qualifier 3 Value 3 Code Qualifier 1 Value 1 Value 2 Qualifier 2 Value 2 Units Sample 8.95 19 - mg/L 01/30 - Monthly GR - GRAB 8.95 19 - mg/L ₀ Permit Req. 125.0 MO AVG 125.0 DAILY MX 01/30 - Monthly GR - GRAB 00340 Oxygen demand, chem. [high level] [COD] 1 - Effluent Gross 0 Value NODI GR - GRAB Sample 7.2 7.2 12 - SU 01/07 - Weekly Permit Req 6.0 MINIMUM 9.0 MAXIMUM 12 - SU 01/07 - Weekly GR - GRAB 00400 **pH** 1 - Effluent Gross 0 Value NODI Sample 0.0817 0.0817 26 - lb/d 0.583 0.597 19 - mg/L 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 0 01/30 - Monthly GR - GRAB <= 00530 Solids, total suspended 1 - Effluent Gross 0 Value NODI Sample 75.9 19 - mg/L 03/07 - Three Per Week GR - GRAB Permit Req. 50.0 MO AV MN 19 - mg/L 0 03/07 - Three Per Week GR - GRAB 00900 Hardness, total [as CaCO3] 1 - Effluent Gross 0 Value NODI 19 - mg/L 01/07 - Weekly GR - GRAB Sample 0.003 0.003 Permit Req. 1.34 MO AVG <= 2.68 DAILY MX 19 - mg/L ₀ 01/07 - Weekly GR - GRAB <= 01034 Chromium, total [as Cr] 1 - Effluent Gross 0 Value NODI Sample 0.000515 0.000945 19 - mg/L 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 01042 Copper, total [as Cu] 1 - Effluent Gross 0 Value NODI 0.0005 19 - mg/L 01/07 - Weekly GR - GRAB Sample 0.0005 19 - mg/L 0 0.076 MO AVG 0.115 DAILY MX 01/07 - Weekly GR - GRAB Permit Rea <= 01051 Lead, total [as Pb] 1 - Effluent Gross 0 Value NODI Sample 0.00546 0.00977 19 - mg/L 03/07 - Three Per Week GR - GRAB 03/07 - Three Per Week GR - GRAB Permit Req. 0.191 MO AVG 0.191 DAILY MX 19 - mg/L 01092 Zinc, total [as Zn] 1 - Effluent Gross 0 Value NODI Sample 0.635 0.79 17 - pCi/L 01/07 - Weekly GR - GRAB 17 - pCi/L 0 Permit Rea. 30.0 MO AVG 30.0 DAILY MX 01/07 - Weekly GR - GRAB 11503 Radium 226 + radium 228, total 1 - Effluent Gross 0 Value NODI Sample 0.016391 0.016416 03 - MGD 01/01 - Daily ES - ESTIMA Permit Req. Req Mon MO AVG Req Mon DAILY MX 03 - MGD 01/01 - Daily ES - ESTIMA 50050 Flow, in conduit or thru treatment plant 1 - Effluent Gross 0 Value NODI 0.0 19 - mg/L 01/07 - Weekly GR - GRAB Sample Permit Reg. 0.011 INST MAX 19 - mg/L ₀ 01/07 - Weekly GR - GRAB <= 50060 Chlorine, total residual 1 - Effluent Gross 0 Value NODI Sample 0.00005 0.00005 19 - mg/L 01/07 - Weekly GR - GRAB Req Mon DAILY MX 19 - mg/L 0 Permit Req Req Mon MO AVG 01/07 - Weekly GR - GRAB 61209 Perchlorate [CIO4] 1 - Effluent Gross 0 Value NODI Sample 0.00518 0.00518 19 - mg/L 01/30 - Monthly GR - GRAB

Permit Rea.

1 - Effluent Gross 0

78141 Organics, total toxic [TTO]

EPC-DO: 23-054

1.0 MO AVG

1.0 DAILY MX

19 - mg/L

01/30 - Monthly

GR - GRAB

alue 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)

ATTACHMENT C

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

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

NM0028355
PERMIT NUMBER

FROM

13S-A
DISCHARGE NUMBER

		MONIT	ORING P	ERIOD		
YEAR	МО	DAY		YEAR	МО	DAY
21	01	01	то	21	01	31

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED SANITARY WASTEWATER

EXTERNAL OUTFALL

PAGE 8

No Discharge X

PARAMETER		QUANTI	TY OF LOADING		(QUALITY OF CONCE	NTRATION	1122	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PAVAILLEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5 Day, 20 Deg. C	SAMPLE MEASUREMENT	NODI=C	NODI=C		****	NODI=C	NODI=C	mar .	0	0/31	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	表文生命中	109 DAILY MX	lbs/day	****	30 MONTHLY AV	45 DAILY M	mg/L.		MONTHLY	COMP24
pH	SAMPLE MEASUREMENT	***	****	****	NODI=C	****	NODI=C	s.u.	0	0/31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	含安徽安安	***	*****	6.0 MINIMUM	****	9.0 MAXIMUI	- 1		WEEKLY	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	NODI=C	NODI=C		****	NODI=C	NODI=C		0	0/31	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	lbs/day	****	30 MONTHLY AV	45 DAILY M	mg/L.		MONTHLY	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI=C	NODI=C		****	****	***	*****	0	99/99	RCORDE
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	-Mgal/day	****	****	****			CONTINUOUS	RCORDE
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	NODI=C	mg/L	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		火火吹音 有	****	0.011 INST MA			WEEKLY	GRAB
E. Coli	SAMPLE MEASUREMENT	****	ale ale ale ale	*****	****	NODI=C	NODI=0	#/100ml	0	0/31	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	69224	****		****	548 MOAVG GEO	2507 DAILY M			2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	ER ICERTIFY U	NDER PENALTY OF LAW THA UNDER MY DIRECTION OR SU	T THIS DOCUMENT AND	ALL ATTACHMENTS	EM IIII	Digitally digitals	y TAUNIA VAN	TELEPHON	E	DA	TE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED TINFORMATION THE SYSTEM INFORMATION TRUE ACCU	O ASSURE THAT QUALIFIED ON SUBMITTED BASED ON M M, OR THOSE PERSONS DIRE DIR THE INFORMATION SUBMITERATE AND COMPLETE IAM B FALSE INFORMATION, INCL.	PERSONNEL PROPERLY Y INQUIRY OF THE PERS CTLY RESPONSIBLE FOR ITTED IS, TO THE BEST OF AWARE THAT THERE ARI	GATHER AND EVA ON OR PERSONS I R GATHERING THE OF MY KNOWLEDG E SIGNIFICANT PEI	LUATE THE NHO MANAGE (Affiliate AND BELIEF. NALTIES FOR	NBURG VALKÉNBÜRG I Dete: 2021.02.25 e) VALKÉNBÜRG I Dete: 2021.02.25 -07'00' ATURE OF PRINCIPAL EXI	5 13:25.02	505 665-	9827	21 02	2 25
TYPED OR PRINTED		NG VIOLATIONS	SUITO THE POSSISIETT	O. I INE CITO IMIE	OF	FICER OR AUTHORIZED A	GENT ARE	A CODE NUM	IBER	YEAR M	O DA

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

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

PAGE 1 OF 1

Attachment 1

LA-UR-21-21889

EPC-DO-21-072

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**

TALINIA S MANIMALKENBURG EPC-CP

NM0028355 **PERMIT NUMBER**

13S-A
DISCHARGE NUMBER

			MONIT	ORING P	ERIOD		
	YEAR	МО	DAY		YEAR	МО	DAY
FROM	21	02	01	то	21	02	28

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED SANITARY WASTEWATER

EXTERNAL OUTFALL

PAGE 8

No Discharge X

PARAMETER	$\overline{}$	QUANTI	TY OF LOADING		(QUALITY OF CONCE	NTRATION		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	lha (da)	****	*NODI=C	*NODI=C	mg/L	0	0/28	COMP2
Effluent Gross	PERMIT REQUIREMENT	#****	109 DAILY MX	lbs/day	****	30 MONTHLY AV	45 DAILY MX	IIIg/L		MONTHLY	COMP2
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	*NODI=C	****	*NODI=C	S.U.	0	0/28	GRAE
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM	3,0.		WEEKLY	GRAE
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	the a fed according	****	*NODI=C	*NODI=C		0	0/28	COMP2
Effluent Gross	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	lbs/day	****	30 MONTHLY AV	45 DAILY MX	mg/L		MONTHLY	COMP2
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	N/a al/day	****	****	****	****	0	99/99	RCORE
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	****	水水物油			CONTINUOUS	RCORE
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	*NODI=C	mg/L	0	0/28	GRA
Effluent Gross	PERMIT REQUIREMENT	****	由青生安大		****	****	0.011 INST MAX	IIIg/L		WEEKLY	GRA
E. Coli 51040 1 0	SAMPLE MEASUREMENT	****	安安安安	****	****	*NODI=C	*NODI=C	#/100ml	0	0/28	GRA
Effluent Gross	PERMIT REQUIREMENT	化水物中油	金岩水水		****	548 MOAVG GEO	2507 DAILY MX	#/ 1001111		2/Month	GRAI
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		11	21			A			178	
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	PREPARED	NDER PENALTY OF LAW THAT UNDER MY DIRECTION OR SU	PERVISION IN ACCORDA	ANCE WITH A SYST	EM IIAUNIA		ned by TAUNIA T ENBURG (Affiliate)	ELEPHON	E	DA	TE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED T INFORMATIC THE SYSTEM INFORMATIC TRUE ACCU	O ASSURE THAT QUALIFIED IN SUBMITTED, BASED ON MY ALONG THOSE PERSONS DIRECTLY, THE INFORMATION SUBMITE AND COMPLETE, I AM ALONG THE INFORMATION, INCLUSIFALSE INFORMATION, IN	PERSONNEL PROPERLY INQUIRY OF THE PERS CTLY RESPONSIBLE FOR TTED IS, TO THE BEST C WARE THAT THERE ARE	GATHER AND EVA ON OR PERSONS N R GATHERING THE DF MY KNOWLEDGI E SIGNIFICANT PEN	LUATE THE VALKE VHO MANAGE (Affiliate AND BELIEF, JALTIES FOR	NBURG Date: 2021.	03,25 09:17:38	665-9	9827	2021 0	3 2
TYPED OR PRINTED		NG VIOLATIONS.	DING THE POGGIDIETT	S. THE AND IMPLY		FICER OR AUTHORIZED A	GENT AREA COL	DE NUM	BER	YEAR M	O D.

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

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

PAGE 1 OF 1

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

TALINIA & MANAMALIZENDI DO EDO OD

NM0028355 PERMIT NUMBER

13S-A DISCHARGE NUMBER

			MONITO	ORING P	ERIOD		
	YEAR	МО	DAY		YEAR	МО	DAY
FROM	21	03	01	то	21	03	31

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED SANITARY WASTEWATER

EXTERNAL OUTFALL

PAGE 13

No Discharge X

PARAMETER		QUANTI	TY OF LOADING	9	(QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	/	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		OANIE SINIE A	
BOD, 5 Day, 20 Deg. C 00310 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lb o /dov	****	*NODI=C	*NODI=C	mall	0	0/31	COMP24
Effluent Gross	PERMIT REQUIREMENT	****	109 DAILY MX	lbs/day	****	30 MONTHLY AV	45 DAILY MX	mg/L		MONTHLY	COMP24
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	*NODI=C	****	*NODI=C	S.U.	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****	MALKOPIN)	6.0 MINIMUM	****	9.0 MAXIMUM	3.0.		WEEKLY	GRAB
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT			10 10	****	*NODI=C	*NODI=C	n	0	0/31	COMP24
Effluent Gross	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	lbs/day	****	30 MONTHLY AV	45 DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Maral/day	****	****	****	****	0	0/31	RCORDF
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	****	****			CONTINUOUS	RCORDF
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	*NODI=C		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	****	20000	****	*****	0.011 INST MAX	mg/L		WEEKLY	GRAB
E. Coli 51040 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	#/100ml	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	548 MOAVG GEO	2507 DAILY MX	#/ TOURN		2/Month	GRAB
	SAMPLE MEASUREMENT		1000				41.2				1 1 2 2 2
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	ER I CERTIFY UN	IDER PENALTY OF LAW THAT	THIS DOCUMENT AND A	ALL ATTACHMENTS	WERE TAUNIA	A VAN Digitally sig		ELEPHONE		DAT	ΤE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED TO INFORMATIO THE SYSTEM INFORMATIO	D ASSURE THAT QUALIFIED F N SUBMITTED. BASED ON MY , OR THOSE PERSONS DIRE N, THE INFORMATION SUBMI RATE AND COMPLETE. I AM A	PERSONNEL PROPERLY 'INQUIRY OF THE PERSO CTLY RESPONSIBLE FOR TTED IS, TO THE BEST O	GATHER AND EVAL ON OR PERSONS W GATHERING THE OF MY KNOWLEDGE	UATE THE VALKE (Affiliate	e) -06,00,	ENBURG (Affiliate) 04.26 15:01:56	1		21 04	26
TYPED OR PRINTED	SUBMITTING	FALSE INFORMATION, INCLU IG VIOLATIONS.			SONMENT SIGNA	ATURE OF PRINCIPAL EXE FICER OR AUTHORIZED AC		665-9		YEAR MO	D 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.

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

PAGE 1 OF 1

EPC-DO: 21-143

Attachment 1

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

ATTN:

LOCATION: LOS ALAMOS, NEW MEXICO 87545 TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355 PERMIT NUMBER

FROM

13S-A DISCHARGE NUMBER

		MONITO	DRING P	ERIOD		
YEAR	MO	DAY		YEAR	МО	DAY
21	04	01	то	21	04	30

DMR MAILING ZIP CODE:

87545

MAJOR

TREATED SANITARY WASTEWATER

EXTERNAL OUTFALL

PAGE 8

No Discharge X

PARAMETER	\searrow	QUANT	ITY OF LOADING	3		QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5 Day, 20 Deg. C 00310 1 0	SAMPLE MEASUREMENT			lbs/day	****	*NODI=C	*NODI=C		0	0/30	COMP2
Effluent Gross	PERMIT REQUIREMENT	****	109 DAILY MX	ibs/day	****	30 MONTHLY AV	45 DAILY MX	mg/L		MONTHLY	COMP24
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	*NODI=C	****	*NODI=C		0	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM	S.U.		WEEKLY	GRAB
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	1000 707-00	****	*NODI=C	*NODI=C		0	0/30	COMP24
Effluent Gross	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	lbs/day	****	30 MONTHLY AV	45 DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	K4 - 171	****	****	****	****	0	99/99	RCORDE
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	- Mgal/day	****	****	****	*****		CONTINUOUS	RCORDE
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	*NODI=C		0	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	****	0.011 INST MAX	mg/L		WEEKLY	GRAB
E. Coli 51040 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C		0	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****	09.000	****	548 MOAVG GEO	2507 DAILY MX	#/100ml		2/Month	GRAB
	SAMPLE MEASUREMENT			34 (-34) -34							
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	R I CERTIFY UN	DER PENALTY OF LAW THAT NDER MY DIRECTION OR SU				VAN BOND	TE	LEPHONE		DAT	E
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED TO INFORMATION THE SYSTEM INFORMATION TRUE, ACCUP	D ASSURE THAT QUALIFIED F N SUBMITTED. BASED ON MY, OR THOSE PERSONS DIREC N, THE INFORMATION SUBMI' RATE AND COMPLETE. I AM A	PERSONNEL PROPERLY (INQUIRY OF THE PERSO TLY RESPONSIBLE FOR TTED IS, TO THE BEST O WARE THAT THERE ARE	GATHER AND EVAL ON OR PERSONS W GATHERING THE F MY KNOWLEDGE SIGNIFICANT PEN	UATE THE HO MANAGE AND BELIEF, ALTIES FOR	VAN VALKENBI Date 2021.05.2 -06'00'	URG (Affiliate) 4 17 12 59			21 05	24
TYPED OR PRINTED		FALSE INFORMATION, INCLU G VIOLATIONS.	DING THE POSSIBILITY O	OF FINE AND IMPRI	JOININE IN I	TURE OF PRINCIPAL EXEC ICER OR AUTHORIZED AG	000	665-9 NUMB	ALUM I	YEAR MC	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.

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

PAGE 1 OF 1

EPC-DO: 21-162

Attachment 1 9

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

LOCATION: LOS ALAMOS, NEW MEXICO 87545

FACILITY: TRIAD NATIONAL SECURITY, LLC

NM0028355 PERMIT NUMBER

FROM

13S-A **DISCHARGE NUMBER**

		MONITO	ORING P	ERIOD		
YEAR	MO	DAY		YEAR	МО	DAY
21	05	01	то	21	05	31

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED SANITARY WASTEWATER

EXTERNAL OUTFALL

PAGE 8

No Discharge

OMB No. 2040-004

PARAMETER	\mathbf{X}	QUANTI	TY OF LOADING	6		QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5 Day, 20 Deg. C 00310 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	lb = /de.	***	NODI=C	NODI=C		0	0/31	COMP2
Effluent Gross	PERMIT REQUIREMENT	****	109 DAILY MX	lbs/day	****	30 MONTHLY AV	45 DAILY MX	mg/L		MONTHLY	COMP2
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	NODI=C	方法女女女	NODI=C		0	0/31	GRA
Effluent Gross	PERMIT REQUIREMENT	****	黄油油黄油		6.0 MINIMUM	****	9.0 MAXIMUM	S.U.		WEEKLY	GRA
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C		****	NODI=C	NODI=C		0	0/31	COMP2
Effluent Gross	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	lbs/day	****	30 MONTHLY AV	45 DAILY MX	mg/L		MONTHLY	COMP2
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C		****	****	****	****	0	99/99	RCORD
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	****	****	****		CONTINUOUS	RCORE
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	NODI=C		0	0/31	GRA
Effluent Gross	PERMIT REQUIREMENT	传输水水油	****		****	****	0.011 INST MAX	mg/L		WEEKLY	GRAE
E. Coli 51040 1 0	SAMPLE MEASUREMENT	****	****	****	****	NODI=C	NODI=C	#44001	0	0/31	GRA
Effluent Gross	PERMIT REQUIREMENT	*****	****		****	548 MOAVG GEO	2507 DAILY MX	#/100ml		2/Month	GRAI
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	PREPARED L	IDER PENALTY OF LAW THAT	PERVISION IN ACCORDA	NCE WITH A SYST	EM TAUNIA	A VAN Digitally signed	ov TAUNIA	TELEPHON	Ξ	DA	ſΕ
TAUNIA S. VAN VALKENBURG BROUP LEADER EPC-CP	DESIGNED T INFORMATIO THE SYSTEN INFORMATIO TRUE, ACCU	O ASSURE THAT QUALIFIED F N SUBMITTED, BASED ON MY I, OR THOSE PERSONS DIREC N, THE INFORMATION SUBMI RATE AND COMPLETE: I AM A	ERSONNEL PROPERLY INQUIRY OF THE PERSONNEL FOR THE RESPONSIBLE FOR ITED IS, TO THE BEST OWARE THAT THERE ARE	GATHER AND EVA ON OR PERSONS V GATHERING THE F MY KNOWLEDGE SIGNIFICANT PEN	VALKE WHO MANAGE AND BELIEF MALTIES FOR	NBURG VAN VALKENBI	JRG (Affiliate) 5 09 54:17	os I 665-9	1927	21 06	5 25
TYPED OR PRINTED	FOR KNOWING	FALSE INFORMATION, INCLU IG VIOLATIONS.	DING THE POSSIBILITY O	OF FINE AND IMPR	SOMMEM	FICER OR AUTHORIZED AC	ENT	CODE NUME		YEAR MO	0 D.

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

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

PAGE 1 OF 1

EPC-DO: 21-195

Attachment 1

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
TAUNIA S. VAN VAI KENBURG, EPC-CP

NM0028355
PERMIT NUMBER

FROM

13S-A

DISCHARGE NUMBER

		MONIT	ORING P	ERIOD		
YEAR	МО	DAY		YEAR	MO	DAY
21	06	01	то	21	06	30

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED SANITARY WASTEWATER

EXTERNAL OUTFALL

PAGE 13

No Discharge X

PARAMETER	$\overline{}$	QUANTI	TY OF LOADING		(QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PAIGNETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUI	E UNITS	1		
BOD, 5 Day, 20 Deg. C 00310 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	lha (day)	****	NODI=C	NODI=	=C mg/L	0	0/30	COMP24
Effluent Gross	PERMIT REQUIREMENT	****	109 DAILY MX	lbs/day	***	30 MONTHLY AV	45 DAILY		1	MONTHLY	COMP24
pH	SAMPLE MEASUREMENT	***	****	****	NODI=C	****	NODI=	=C S.U.	0	0/30	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	大物管有象		6.0 MINIMUM	****	9.0 MAXIMI			WEEKLY	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	NODI=C	NODI=C		****	NODI=C	NODI=		0	0/30	COMP24
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	lbs/day	****	30 MONTHLY AV	45 DAILY I	mg/L MX		MONTHLY	COMP24
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	M = 21/d=11	****	****	****	****	0	99/99	RCORDR
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	****	****	· In its		CONTINUOUS	RCORDE
Chlorine, Total Residual	SAMPLE MEASUREMENT	****	****	*****	****	***	NODI=		0	0/30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	衣衣衣食食		****	****	0.01 ¹ INST M			WEEKLY	GRAB
E. Coli	SAMPLE MEASUREMENT	***	****	****	****	NODI=C	NODI=	=C #/100m	0	0/30	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	548 MOAVG GEO	2507 DAILY	7		2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT			Ti.							
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	ER I CERTIFY U	NDER PENALTY OF LAW THA UNDER MY DIRECTION OR SI	T THIS DOCUMENT AND	ALL ATTACHMENTS	WERE TAUNI	A VAN Digitally signed	by TAUNIA	TELEPHOI	ΝE	DA	TE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED INFORMATION THE SYSTEI INFORMATION TRUE ACCU	O ASSURE THAT QUALIFIED ON SUBMITTED. BASED ON M. M. OR THOSE PERSONS DIRE ON, THE INFORMATION SUBMIRATE AND COMPLETE. I AM. S FALSE INFORMATION, INCL.	PERSONNEL PROPERLY Y INQUIRY OF THE PERS CTLY RESPONSIBLE FOR ITTED IS, TO THE BEST OF AWARE THAT THERE AR	GATHER AND EVAI ON OR PERSONS V R GATHERING THE OF MY KNOWLEDGE E SIGNIFICANT PEN	UATE THE VALKE VALKE AND BELIEF, ALTIES FOR	NBURG VAN VALKEN	BURG (Affiliate) 26 16 34 45	505 665	-9827	21 0	7 26
TYPED OR PRINTED		NG VIOLATIONS	June the resolding	SI THE CHE INCO		FICER OR AUTHORIZED A	GENT A	REA CODE NU	MBER	YEAR M	O DA

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014, *NO DISCHARGE DURING MONITORING PERIOD, NO DISCHARGE TO CANADA DEL BUEY,

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

EPC-DO: 21-239

PAGE 1 OF 1

Attachment 1

14

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

TAUNIA JEAN SANDOUIST EPC.CP

NM0028355
PERMIT NUMBER

FROM

13S-A
DISCHARGE NUMBER

MONITORING PERIOD											
YEAR	МО	DAY		YEAR	MO	DAY					
21	07	01	то	21	07	31					

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED SANITARY WASTEWATER

EXTERNAL OUTFALL

PAGE 8

No Discharge X

PARAMETER		QUANTI	TY OF LOADING		Q	UALITY OF CONCE	NTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PAIVAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALU	E U	NITS			
BOD, 5 Day, 20 Deg. C	SAMPLE MEASUREMENT	NODI=C	NODI=C		****	NODI=C	NODI=		ma/l	0	0/31	COMP24
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	****	109 DAILY MX	lbs/day	****	30 MONTHLY AV	45 DAILY		ng/L		MONTHLY	COMP24
oH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	NODI=C	****	NODI=		S.U.	0	0/31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	有有力力	*****	6.0 MINIMUM	****	9.0 MAXIM		3.0,		WEEKLY	GRAB
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	****	NODI=C	NODI=		mg/L	0	0/31	COMP24
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	lbs/day	****	30 MONTHLY AV	45 DAILY		mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	****	****	****		****	0	99/99	RCORDE
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	- Mgal/day	****	****	***	*			CONTINUOUS	RCORDF
Chlorine, Total Residual	SAMPLE MEASUREMENT	****	***	****	****	****		=C	mg/L	0	0/31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		治大食物物	****	0.01 INST N	7	mgr		WEEKLY	GRAB
E, Coli	SAMPLE MEASUREMENT	****	****	****	****	NODI=C	NODI		/100ml	0	0/31	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	548 MOAVG GEO	250 DAILY	7	71001111		2/Month	GRAB
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	DREDARED	NDER PENALTY OF LAW THA UNDER MY DIRECTION OR S	UPERVISION IN ACCORDA	ANCE WITH A SYS	TEM LIQUID	Digitally sig		TELE	PHON	E	DA	TE
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP	DESIGNED TINFORMATION THE SYSTEM INFORMATION TRUE ACCU	TO ASSURE THAT QUALIFIED ON SUBMITTED, BASED ON M M, OR THOSE PERSONS DIRE DIN, THE INFORMATION SUBM JIRATE AND COMPLETE. I AM	PERSONNEL PROPERLY Y INQUIRY OF THE PERS ECTLY RESPONSIBLE FOR MITTED IS, TO THE BEST OF AWARE THAT THERE AR	GATHER AND EV. ON OR PERSONS R GATHERING THI OF MY KNOWLEDO E SIGNIFICANT PE	SE AND BELIEF,	Taunia Sar Date: 2021 10:52:54 -0 ATURE OF PRINCIPAL EX	.08.25 06'00'	505 	665-9	9827	21 0	18 25
TYPED OR PRINTED	OF FINE AND IMP	RISONMENT	FICER OR AUTHORIZED AGENT		AREA CODE			YEAR M	O DA			

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

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

EPC-DO: 21-264

PAGE 1 OF 1

OMB No. 2040-004

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

TRIAD NATIONAL SECURITY, LLC NAME:

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 TAHNIA JEAN SANDOUIST EPC-CP ΔΤΤΝΙ-

NM0028355
PERMIT NUMBER

FROM

13S-A
DISCHARGE NUMBER

MONITORING PERIOD											
YEAR	MO	DAY		YEAR	MO	DAY					
21	08	01	то	21	80	31					

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED SANITARY WASTEWATER

EXTERNAL OUTFALL

PAGE 8

No Discharge

TAUNIA JEAN SANDQUIST PARAMETER		QUANTI	TY OF LOADING		C	QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			ļ
BOD, 5 Day, 20 Deg. C	SAMPLE MEASUREMENT	NODI=C	NODI=C		****	NODI=C	NODI=C	mg/L	0	0/31	COMP2
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	****	109 DAILY MX	lbs/day	****	30 MONTHLY AV	45 DAILY MX	1 *		MONTHLY	COMP24
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	***	****	****	NODI=C	****	NODI=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	****	青妆女女女	****	6.0 MINIMUM	****	9.0 MAXIMUM			WEEKLY	GRAB
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C		****	NODI=C	NODI=C	mg/L	0	0/31	COMP24
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX		****	30 MONTHLY AV	45 DAILY MX	1 "		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	RCORDE
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		****	****	会包含安全			CONTINUOUS	RCORD
Chlorine, Total Residual	SAMPLE MEASUREMENT	****	****	****	****	****	NODI=C	DDI=C mg/L		0/31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	1	****	大金衣室有 金衣衣室内		illig/L		WEEKLY	GRAB
E. Coli	SAMPLE MEASUREMENT	****	***	****	****	NODI=C	NODI=C	#/100m	0	0/31	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	由青水青油	非法法法律		****	548 MOAVG GEO	2507 DAILY MX			2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC		NDER PENALTY OF LAW THA UNDER MY DIRECTION OR SU				Digitally sig		TELEPHON	E	DA	1 =
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP	DESIGNED T INFORMATIO THE SYSTEM INFORMATIO	O ASSURE THAT QUALIFIED IN SUBMITTED. BASED ON M A, OR THOSE PERSONS DIRE DN, THE INFORMATION SUBM	PERSONNEL PROPERLY Y INQUIRY OF THE PERSO CTLY RESPONSIBLE FOR ITTED IS, TO THE BEST O AWARE THAT THERE ARE	ON OR PERSONS GATHERING THE F MY KNOWLEDG SIGNIFICANT PE	WHO MANAGE SE AND BELIEF SNALTIES FOR	Taunia San Iquist Date: 2021 09:18.09-0	09.28 6'00')5 665-	9827	21 0	9 28
TYPED OR PRINTED	SUBMITTING	FALSE INFORMATION, INCL. NG VIOLATIONS	UDING THE POSSIBILITY (OF FINE AND IMPI	OFFICER OR AUTHORIZED AGENT		CENT		IBER	YEAR M	O 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.

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

EPC-DO: 21-316

PAGE 1 OF 1

Attachment 1 9

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: TALINIA JEAN SANDOLIIST EPC-CP

NM0028355
PERMIT NUMBER

13S-A **DISCHARGE NUMBER**

		MONITORING PERIOD										
	YEAR	МО	DAY		YEAR	МО	DAY					
FROM	21	09	01	то	21	09	30					

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED SANITARY WASTEWATER EXTERNAL OUTFALL

PAGE 18

No Discharge

ATTN: TAUNIA JEAN SANDQUIS [*]	Γ, EPC-CP											
PARAMETER		QUANT	TITY OF LOADING			QUALITY OF C	ONCENTRATI	ON		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	/ \	VALUE	VALUE	UNITS	VALUE	VALUE	VA	ALUE	UNITS			
BOD, 5 Day, 20 Deg. C 00310 1 0	SAMPLE MEASUREME	NODI=C	NODI=C	lbs/day	****	NODI=0) NC	DI=C	mg/L	0	0/30	COMP24
Effluent Gross	PERMIT REQUIREME	*****	109 DAILY MX	ibs/day	****	30 MONTHLY		45 LY MX	Hig/L		MONTHLY	COMP24
pH 00400 1 0	SAMPLE MEASUREME	*****	****	****	NODI=C	****	NC	DI=C	S.U.	0	0/30	GRAB
Effluent Gross	PERMIT REQUIREME	***** NT	****		6.0 MINIMUN	***** Л		9.0 XIMUM			WEEKLY	GRAB
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREME	NODI=C	NODI=C	lbs/day	****	NODI=0) NC	DI=C	ma/l	0	0/30	COMP24
	PERMIT REQUIREME	73 MONTHLY AV	109 DAILY MX	ibs/day	****	30 MONTHLY		45 LY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREME	NODI=C	NODI=C	Maral/alass	****	****	*	***	****	0	99/99	RCORDF
Effluent Gross	PERMIT REQUIREME	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	****	*	****			CONTINUOUS	RCORDF
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREME	*****	****	****	****	****	NC	DI=C	,,,,,,,,(I	0	0/30	GRAB
Effluent Gross	PERMIT REQUIREME	***** NT	****		****	****		.011 T MAX			WEEKLY	GRAB
E. Coli 51040 1 0	SAMPLE MEASUREME	*****	****	****	****	NODI=0	NODI=C NOD		#/100ml	0	0/30	GRAB
Effluent Gross	PERMIT REQUIREME	*****	****		****	548 MOAVG G		507 LY MX	#/ 1001111		2/Month	GRAB
	SAMPLE MEASUREME	:NT										
	PERMIT REQUIREME	NT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	ER I CERT	TIFY UNDER PENALTY OF LAW THA ARED UNDER MY DIRECTION OR SI	T THIS DOCUMENT AND AL	L ATTACHMENT		, Diai	tally signed by	TE	LEPHONE		DA ⁻	ГЕ
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP	NED TO ASSURE THAT QUALIFIED MATION SUBMITTED. BASED ON M YSTEM, OR THOSE PERSONS DIRE MATION, THE INFORMATION SUBM	IHAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATI ED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO I PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE PRMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEGGE AND JOMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTII			NATE THE HO MANAGE SAND BELIEF, LTIES FOR LITES FOR LITES FOR LTIES FOR LITES FOR LTIES FOR LTIE			l 665-9	827	21 10	27	
TYPED OR PRINTED		NOWING VIOLATIONS.	ODING THE POSSIBILITY OF	I INC AND IMP	MOUNIMENT	OFFICER OR AUTHOR		505 AREA CODE			YEAR M	D 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.

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

PAGE 1 OF 1

EPC-DO: 21-349 EPC-DO: 23-121

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: TALINIA JEAN SANDOLIIST EDC. CD

NM0028355	
PERMIT NUMBER	

FROM

13S-Y
DISCHARGE NUMBER

MONITORING PERIOD										
YEAR	МО	DAY		YEAR	МО	DAY				
20	10	01	то	21	09	30				

DMR MAILING ZIP CODE: 87545

MAJOR

YEARLY REPORTING - OUTFALL 13S

EXTERNAL OUTFALL

PAGE 19

No Discharge X

ATTN: TAUNIA JEAN SANDQUIS	ST EPC-CP		-					<u> </u>	1				NO DISCHA	irge <u>X</u>
PARAMETER			QUANT	ITY OF LOADING	3		Q	UALITY OF CONCE	NTRATIO	N		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			VALUE	VALUE	UNITS	VAL	UE	VALUE	VAL	UE	UNITS			
Aluminum, Total Recoverable* 01104 1 0	SAMP MEASURE		****	****	****	***	***	****	**NO[DI=C	ma/l	0	0/365	GRAB
Effluent Gross	PERM REQUIRE		****	****		***	***	****	3.5° DAILY		mg/L		1/Year	GRAB
Polychlorinated biphenyls (PCBs) 39516 1 0	SAMP MEASURE		**NODI=C	**NODI=C	lha/day	***	***	**NODI=C	**NO[DI=C	/1	0	0/365	COMP24
Effluent Gross	PERM REQUIRE		Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	lbs/day	***	***	0.00064 MONTHLY AV	0.000 DAILY		ug/L		1/Year	COMP24
	SAMP MEASURE													
	PERM REQUIRE													
	SAMP MEASURE													
	PERM REQUIRE													
	SAMP MEASURE													
	PERM REQUIRE													
	SAMP MEASURE													
	PERM REQUIRE													
	SAMP MEASURE													
	PERM REQUIRE													
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP PREPARED U INFORMATIO THE SYSTEM INFORMATIO TRUE, ACCUIT		REPARED UN ESIGNED TO IFORMATION HE SYSTEM, IFORMATION RUE, ACCUR JBMITTING F	DER PENALTY OF LAW THAT NDER MY DIRECTION OR SU ASSURE THAT QUALIFIED I I SUBMITTED. BASED ON OR THOSE PERSONS DIRE II, THE INFORMATION SUBMI ATE AND COMPLETE. I AM A FALSE INFORMATION, INCLU	IPERVISION IN ACCORDAI PERSONNEL PROPERLY (Y INQUIRY OF THE PERSO CTLY RESPONSIBLE FOR ITTED IS, TO THE BEST OF AWARE THAT THERE ARE	NCE WITH A SYSTEATHER AND EVANT OR PERSONSTEATHERING THE MY KNOWLEDG SIGNIFICANT PER	TEM ALUATE THE WHO MANAGE E E AND BELIEF, NALTIES FOR	Taunia Sando SIGNAT	/	dquist 10.27 5'00'	TE 505	LEPHONE		21 10	
			G VIOLATIONS.			OFFICER OR ALITHORIZED AGENT			AREA CODE NUMBER		ER	YEAR MO	D DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *ALUMINUM EFFLUENT LIMITATIONS BECOME EFFECTIVE SEPTEMBER 1, 2017. **NO DISCHARGE DURING MONITORING PERIOD.

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

PAGE 1 OF 1

EPC-DO: 21-349 EPC-DO: 23-121

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 JEAN SANDOUIST EPC-CP

NM0028355
PERMIT NUMBER

T13S-Y **DISCHARGE NUMBER**

		MONITORING PERIOD										
	YEAR	МО	DAY		YEAR	МО	DAY					
FROM	20	10	01	то	21	09	30					

DMR MAILING ZIP CODE: 87545

MAJOR

1/2 YEARS 48-HR ACUTE TOXICITY -

EXTERNAL OUTFALL

PAGE 30

No Discharge X

ATTN: TAUNIA JEAN SANDQUIST	, EPC-CP												90
PARAMETER		QUANT	TITY OF LOADING			Ql	UALITY OF CONCE	ENTRATIO	ON		NO. EX	FREQUENCY OF ANALYSIS	SAMPLI TYPE
		VALUE	VALUE	UNITS	VALUE	Ε	VALUE	VA	LUE	UNITS			
Whole Effluent Toxicity - Retest #1 22415 1 0	SAMPLE MEASUREMENT	****	****	****	**NODI=	=C	**NODI=C	**	***	Pass/Fail	0	0/365	COMP2
Effluent Gross	PERMIT REQUIREMENT	****	****		Opt. Mo 7-DAY M		Opt. Mon. MONTHLY AV	**	***	rass/raii		SEE PERMIT	COMP2
Whole Effluent Toxicity - Retest #2 22416 1 0	SAMPLE MEASUREMENT	****	****	****	**NODI=	=C	**NODI=C	**	***	D/C-:I	0	0/365	COMP24
Effluent Gross	PERMIT REQUIREMENT	****	****	MIN			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	**	***	Pass/Fail	0	0/365	COMP24
Effluent Gross	PERMIT REQUIREMENT	****	****		Req. Mo MINIMU		Req. Mon. MONTHLY AV	**	***	Pass/Fall		once every two years	COMP24
NOEC Lethal Static48Hr Acute D. Pulex TOM3D 1 0	SAMPLE MEASUREMENT	****	****	****	**NODI=	=C	**NODI=C	**	***	0/	0	0/365	COMP24
Effluent Gross	PERMIT REQUIREMENT	****	****			on. JM	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	0/365	COMP24
Effluent Gross	PERMIT REQUIREMENT	****	****		Req. Mo MINIMU		Req. Mon. MONTHLY AV	****		%		once every two years	COMP24
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE		NDER PENALTY OF LAW THA INDER MY DIRECTION OR SU			S WERE	· ouni	Digitally sig	ned by	TE	EPHONE		DA	ΤΈ
AUNIA JEAN SANDQUIST BROUP LEADER THE SYSTEM, OR THOSE PERSONNEL PROPERLY GATHER AND EVALUATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHAT THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE A TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENAL.					WHO MANAGE E SE AND BELIEF,	aunia Sando	Taunia San Date: 2021. 16:14:17 -0	dquist 10.27 6'00'				21 10	27
	TYPED OR PRINTED TYPED OR PRINTED TYPED OR PRINTED					SIGNATURE OF PRINCIPAL EXECUTIVE 505 665-98				YEAR M			
	TYPED OR PRINTED						AREA CODE NUMBER						<u> </u>

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.

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

PAGE 1 OF 1

EPC-DO: 21-349 EPC-DO: 23-121

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

NAME:

ATTN:

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

STEVEN L. STORY, EPC-CP

NM0028355 PERMIT NUMBER

FROM

13S-A DISCHARGE NUMBER

		MONITO	DRING P	ERIOD		
YEAR	MO	DAY		YEAR	МО	DAY
21	10	01	то	21	10	31

DMR MAILING ZIP CODE:

87545

MAJOR

TREATED SANITARY WASTEWATER

EXTERNAL OUTFALL

PAGE 8

No Discharge X

OMB No. 2040-004

PARAMETER		QUANT	ITY OF LOADING	G		QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
2522		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		0	0/31	COMP2
Effluent Gross	PERMIT REQUIREMENT	****	109 DAILY MX	ibs/day	****	30 MONTHLY AV	45 DAILY MX	mg/L		MONTHLY	COMP24
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	*NODI=C	****	*NODI=C		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM	S.U.		WEEKLY	GRAB
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C		****	*NODI=C	*NODI=C		0	0/31	COMP24
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	lbs/day	****	30 MONTHLY AV	45 DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C		****	****	****		0	99/99	RCORDF
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		****	****	****	****		CONTINUOUS	RCORDE
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****		****	****	*NODI=C		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	0.011 INST MAX	mg/L		WEEKLY	GRAB
E. Coli 51040 1 0	SAMPLE MEASUREMENT	****	****		****	*NODI=C	*NODI=C		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	548 MOAVG GEO	2507 DAILY MX	#/100ml		2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	PREPARED UI	DER PENALTY OF LAW THAT NDER MY DIRECTION OR SUI	PERVISION IN ACCORDA	NOE WITH A SYSTE		Digitally signed	DAQIEAEM	LEPHONE	80	DAT	E
TEVEN L. STORY BROUP LEADER PC-CP	THE SYSTEM, INFORMATION TRUE, ACCUR	ASSURE THAT QUALIFIED P I SUBMITTED. BASED ON MY OR THOSE PERSONS DIREC I, THE INFORMATION SUBMIT ATE AND COMPLETE. I AM A FALSE INFORMATION, INCLUI	INQUIRY OF THE PERSO TLY RESPONSIBLE FOR TED IS, TO THE BEST OF WARE THAT THERE ARE	ON OR PERSONS WI GATHERING THE F MY KNOWLEDGE.	AND BELIEF,		e) 17 12:53:28	l 665-21	60	11 13	7 21
TYPED OR PRINTED OMMENT AND EXPLANATION OF ANY VIOL	FOR KNOWING	VIOLATIONS.	Sing the roombert C	TIME AND IMPRIS	VIIII III	ICER OR AUTHORIZED AG	000	2543 (5) (17)		YEAR MC) 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.

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

PAGE 1 OF 1

EPC-DO: 21-373

Attachment 1 6

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

ATTN:

FACILITY: TRIAD NATIONAL SECURITY, LLC

LOCATION: LOS ALAMOS, NEW MEXICO 87545

STEVEN L. STORY, FPC-CP

NM0028355 PERMIT NUMBER

FROM

13S-A DISCHARGE NUMBER

		MONITO	DRING P	ERIOD		
YEAR	МО	DAY		YEAR	МО	DAY
21	11	01	то	21	11	30

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED SANITARY WASTEWATER

EXTERNAL OUTFALL

PAGE 8

No Discharge X

OMB No. 2040-004

VALUE	ATTN: STEVEN L. STORY, EPC-	OF .										large^
BOD, 5 Day, 20 Deg. C	PARAMETER		QUANT	TITY OF LOADIN	G		QUALITY OF CONCE	ENTRATION	10.000			
MASUREMENT TOUDIEC T	32 2 2 3 1 3 3 4 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Effluent Gross			*NODI=C	*NODI=C	lbs/day	****	*NODI=C	*NODI=C	Note of the	0	0/30	СОМР
MAKE/UREMENT MEASUREMENT MODI=C MODI=C MINIMUM MAXIMUM			****		ibs/day	****			mg/L		MONTHLY	COMP
Effluent Gross PERMIT REQUIREMENT "NODI=C NODI=C Ibs/day NODI=C Ibs/day NODI=C Ibs/day NODI=C Ibs/day NODI=C Ibs/day Ibs/day			****	****	*****	*NODI=C	****	*NODI=C		0	0/30	GRA
MADE			****	****			****		S.U.		WEEKLY	GRAE
Effluent Gross Fermit REQUIREMENT MONTHLY AV DAILY MX DAILY MX MONTHLY AV DAILY MX DA	Solids, Total Suspended 00530 1 0		*NODI=C	*NODI=C	11-7-1	****	*NODI=C			0	0/30	COMP2
Flow, in conduit or thru treatment plant 50050 1 0	Flow, in conduit or thru treatment plant			And the second s	lbs/day	****		10000	mg/L		MONTHLY	COMP2
Effluent Gross Feedurement Req. Mon. Req. Mon. NonTHLY AV DAILY MX NonTHLY MX NonT			*NODI=C	Mgal/day	****				0	99/99	RCORD	
######################################	Effluent Gross		Req. Mon. MONTHLY AV		n. J '	****	****	****	****		CONTINUOUS	RCORD
Effluent Gross PERMIT REQUIREMENT ***** ***** ***** ***** ***** ****			****	****		****	****	*NODI=C		0	0/30	GRAE
E. Coli 51040 1 0 Effluent Gross PERMIT REQUIREMENT ***** ***** ***** ***** ***** ****	Effluent Gross		****	****		****	****		mg/L		WEEKLY	GRAE
Effluent Gross PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE SYSTEM OBSIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE SYSTEM OBSIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE SYSTEM OBSIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE SYSTEM OBSIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE STORY OF THE PERSON OR PERSONS WHO MANAGE THE INFORMATION. IN INFORMATION SUBMITTED, ASSED ON MY INCURRY OF THE PERSON OR PERSONS WHO MANAGE THE INFORMATION. THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF OF THE PERSON OF PERSONS WHO MANAGE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWNG VIOLATIONS. TYPED OR PRINTED. TYPED OR PRINTED. 2/Month 2/Month 2/Month 2/Month 2/Month 2/Month 2/Month			****	****		****	*NODI=C			0	0/30	GRAE
SAMPLE MEASUREMENT PERMIT REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER NAME/TITLE PRINCIPAL EXECUTIVE OFFICER PERPAREO UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSON OR PERSONS WHO MANAGE INFORMATION SUBMITTED BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELLEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. SIGNATURE OF PRINCIPAL EXECUTIVE TYPED OR PRINTED. SAMPLE TELEPHONE TELEPHONE DATE STEVEN STORY SIGNATURE OF PRINCIPAL EXECUTIVE 505 665-2169 21 12	Effluent Gross		****	****		****			#/100ml		2/Month	GRAE
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER NAME/TITLE PRINCIPAL EXECUTIVE OFFICER PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWNEDGE AND BELIEF 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. TYPED OR PRINTED. TYPED OR PRINTED. I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WERE PREPARED UNDER MY DIRECTLY OR SUPERVISION IN A CCORDANCE WITH A SYSTEM DESIGNED TO A SURFECTIVE OF PRINCIPAL EXECUTIVE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWNG VIOLATIONS. TYPED OR PRINTED. STEVEN STORY DIGITAL BY STORY (Affiliate) (Affiliate) DATE THE PHONE TELEPHONE DATE THE PHONE TELEPHONE DATE (Affiliate) Affiliate) STEVEN STORY (Affiliate) (Affiliate) STEVEN STORY (Affiliate)								D/ ((L) (10)				
PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. TYPED OR PRINTED PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED THE PROPERTY OF THE INFORMATION THE PROPERTY OF THE PROPER												
DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INDURY OF THE PERSON OR PERSONS WHO MANAGE THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION. THE INFORMATION, THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF. TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. TYPED OR PRINTED. STEVEN STORY STORY (Affiliate) (Affiliate) Date: 2021.12.17 07:23:09 -07:00 SIGNATURE OF PRINCIPAL EXECUTIVE 505 665-2169		PREPARED U	NUER MY DIRECTION OR SH	PERVISION IN ACCORDA	MCE MITH A SVETER	V4		Т	ELEPHONE		DA	TE
TYPED OR PRINTED FOR KNOWING VIOLATIONS. SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SIGNATURE OF PRINTED TO A UTFLICIT ACCESS. TO A UTFLICATION OF THE POSSIBILITY OF THE AND IMPRISONMENT SIGNATURE OF PRINTED TO A UTFLICATION OF THE POSSIBILITY OF THE AND IMPRISONMENT SIGNATURE OF PRINTED TO A UTFLICATION OF THE POSSIBILITY OF THE AND IMPRISONMENT SIGNATURE OF PRINTED TO A UTFLICATION OF THE POSSIBILITY OF THE AND IMPRISONMENT SIGNATURE OF PRINTED TO A UTFLICATION OF THE POSSIBILITY OF THE AND IMPRISONMENT SIGNATURE OF THE POSSIBILITY OF THE POSSIBILITY OF THE AND IMPRISONMENT SIGNATURE OF THE POSSIBILITY OF	ROUP LEADER	DESIGNED TO INFORMATION THE SYSTEM INFORMATION TRUE, ACCUP	D ASSURE THAT QUALIFIED F N SUBMITTED. BASED ON MY , OR THOSE PERSONS DIREC N, THE INFORMATION SUBMIT RATE AND COMPLETE. I AM A	PERSONNEL PROPERLY (INQUIRY OF THE PERSONNEL FOR THE BEST OF THE	GATHER AND EVALU ON OR PERSONS WE GATHERING THE F MY KNOWLEDGE A SIGNIFICANT DENA	DATE THE STEVE AND BELIEF,	e) STORY STORY (Affilia Date: 2021.12.	by STEVEN le) 17 07:23:09				
OMMENT AND EXPLANATION OF ANY VIOLATION	TYPED OR PRINTED	TYPED OR PRINTED SOBMITTING FALSE INFO					MENT SIGNATURE OF PRINCIPAL EXECUTIVE 505				YEAR M	O DA

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

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

PAGE 1 OF 1

EPC-DO: 21-408

Attachment 1 9

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

NM0028355
PERMIT NUMBER

FROM

13S-A DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED SANITARY WASTEWATER

EXTERNAL OUTFALL

PAGE 13

No Discharge X

PARAMETER		QUANTI'	TY OF LOADING		(QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
. 7 4 4 4 1 2 1 2 1	$/ \setminus$	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5 Day, 20 Deg. C 00310 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C		****	*NODI=C	*NODI=C		0	0/31	COMP24
Effluent Gross	PERMIT REQUIREMENT	****	109 DAILY MX	lbs/day -	****	30 MONTHLY AV	45 DAILY MX	mg/L		MONTHLY	COMP24
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	*NODI=C	****	*NODI=C	S.U.	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	物学生分介		6.0 MINIMUM	****	9.0 MAXIMUM	3.0.		WEEKLY	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	*NODI=C	*NODI=C		***	*NODI=C	*NODI=C		0	0/31	COMP24
0530 1 0 ffluent Gross	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	lbs/day	- 中大会会会	30 MONTHLY AV	45 DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Na - 21/d - 1	****	****	***	****	0	99/99	RCORD
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	****	****	5		CONTINUOUS	RCORD
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	*NODI=C	mg/L	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	****	****	有种政治市	****	0.011 INST MAX	IIIg/L		WEEKLY	GRAB
E. Coli	SAMPLE MEASUREMENT	****	****	****	***	*NOD!=C	*NODI=C	#/100ml	0	0/31	GRAE
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		***	548 MOAVG GEO	2507 DAILY MX	#7 1001111	N	2/Month	GRAE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT							1			1 1
PREPARE		NDER PENALTY OF LAW THAT	IPERVISION IN ACCORDA	ANCE WITH A SYST	EM LOTEL /	TN CTODY Digitally signe	d by STEVEN	TELEPHON	IE	DA	TE
STEVEN L. STORY GROUP LEADER EPC-CP	DESIGNED INFORMATION THE SYSTE INFORMATION TRUE ACCURATE	TO ASSURE THAT QUALIFIED ON SUBMITTED. BASED ON MY M, OR THOSE PERSONS DIRE ON, THE INFORMATION SUBM JRATE AND COMPLETE. I AM	PERSONNEL PROPERLY Y INQUIRY OF THE PERS CTLY RESPONSIBLE FOR ITTED IS, TO THE BEST OF RWARE THAT THERE ARI	GATHER AND EVA ON OR PERSONS V R GATHERING THE OF MY KNOWLEDGE E SIGNIFICANT PEN	AND BELIEF. AND SELIEF. ALTIES FOR	te) Date: 2022.01 -07'00' MATURE OF PRINCIPAL EXE	1.25 11:18:59	5 I 665-	2169	22 0	1 25
TYPED OR PRINTED	FOR KNOW	TTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT NOWING VIOLATIONS.				OFFICER OR AUTHORIZED AGENT AREA CODE NUM				YEAR M	O DA

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

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

PAGE 1 OF 1

EPC-DO: 22-037 Attachment 1

14

LA-UR-22-20594

DISCHARGE MONITORING REPORT (DMR)

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

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

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

NM0028355	
PERMIT NUMBER	

13S-A
DISCHARGE NUMBER

			MONIT	ORING P	ERIOD									
	YEAR	YEAR MO DAY YEAR MO DAY												
FROM	22	01	01	то	22	01	31							

DMR MAILING ZIP CODE: 87545 MAJOR

TREATED SANITARY WASTEWATER EXTERNAL OUTFALL

PAGE 8

No Discharge

ATTN: STEVEN L. STORY, EPC-0	P											
PARAMETER		QUAN	TITY OF LOADING			QUALITY OF CONCI	ENTRATIO	ON		NO. EX	FREQUENCY OF ANALYSIS	
.,		VALUE	VALUE	UNITS	VALUE	VALUE	VA	LUE	UNITS			
BOD, 5 Day, 20 Deg. C 00310 1 0	SAMPLE MEASUREM		*NODI=C	lbs/day	****	*NODI=C	*NO	DI=C	ma/l	0	0/31	COMP24
Effluent Gross	PERMIT REQUIREME		109 DAILY MX	ibs/day	****	30 MONTHLY AV		5 Y MX	mg/L		MONTHLY	COMP24
pH 00400 1 0	SAMPLE MEASUREM		****	****	*NODI=C	****	*NO	NODI=C		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREME		****		6.0 MINIMUM	****		.0 IMUM	S.U.		WEEKLY	GRAB
Solids, Total Suspended 00530 1 0	MEASUREMENT		*NODI=C	lbs/dav	****	*NODI=C	*NODI=C		ma/l	. 0	0/31	COMP24
Effluent Gross	PERMIT REQUIREME		109 DAILY MX	ib3/day	****	30 MONTHLY AV		5 Y MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREM		*NODI=C	Mgal/day	****	****	**	***	****		99/99	RCORDE
Effluent Gross	PERMIT REQUIREME		Req. Mon. DAILY MX	·		****	**	****			CONTINUOUS	RCORDE
Chlorine, Total Residual	SAMPLE MEASUREM		****	****	****	****	*NO	DI=C		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREME		****		****	****	0.011 INST MAX				WEEKLY	GRAB
E. Coli 51040 1 0	SAMPLE MEASUREM		****	****	****	*NODI=C	*NODI=C 2507 DAILY MX		//// 00····l	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREME		****		****	548 MOAVG GEO			#/100ml		2/Month	GRAB
	SAMPLE MEASUREM											
	PERMIT REQUIREME]			
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNIT		IAT THIS DOCUMENT AND AL SUPERVISION IN ACCORDAN	L ATTACHMENT	T/T 1 4	Digitally signe	ed by STEVEN	TE	LEPHONE		D/	TE
TEVEN L. STORY ROUP LEADER PC-CP ROUP LEADER ROUP LEADER ROUP LEADER ROUP LEADER		GNED TO ASSURE THAT QUALIFIE RMATION SUBMITTED. BASED ON SYSTEM, OR THOSE PERSONS DIF RMATION, THE INFORMATION SUB E, ACCURATE AND COMPLETE. I AM	D PERSONNEL PROPERLY G MY INQUIRY OF THE PERSOI RECTLY RESPONSIBLE FOR C MITTED IS, TO THE BEST OF M AWARE THAT THERE ARE S	ATHER AND EVAN OR PERSONS GATHERING THE MY KNOWLEDG SIGNIFICANT PE	WHO MANAGE (Affiliant And Belief, NALTIES FOR		iate) 2.28 09:51:23	505	l 665-2	169	22 (2 28
TYPED OR PRINTED	EOB KNOWING		G FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT ING VIOLATIONS.			OFFICER OR ALITHORIZED AGENT					YEAR N	IO DAY
				AREA CODE NUM				•				

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

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

PAGE 1 OF 1

EPC-DO: 22-070 EPC-DO: 23-121

DISCHARGE MONITORING REPORT (DMR)

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

NAME: TRIAD NATIONAL SECURITY, LLC

ADDRESS: LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490 LOS ALAMOS, NEW MEXICO 87545

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

NM0028355
PERMIT NUMBER

13S-A **DISCHARGE NUMBER**

			MONIT	ORING P	ERIOD		
	YEAR	МО	DAY		YEAR	МО	DAY
FROM	22	02	01	то	22	02	28

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED SANITARY WASTEWATER

EXTERNAL OUTFALL

PAGE 8

No Discharge X

OMB No. 2040-004

ATTN: STEVEN L. STORY, EPC-C	:P										
PARAMETER		QUANT	ITY OF LOADING		(QUALITY OF CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLI TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	<u> </u>		
BOD, 5 Day, 20 Deg. C 00310 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	****	*NODI=C	*NODI=C		0	0/28	COMP24
Effluent Gross	PERMIT REQUIREMENT	****	109 DAILY MX	ibs/uay	****	30 MONTHLY AV	45 DAILY MX	mg/L		MONTHLY	COMP24
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	3.0.		WEEKLY	GRAB
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lbs/day	****	*NODI=C	*NODI=C		0	0/28	COMP24
Effluent Gross	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	ibs/day	****	30 MONTHLY AV	45 DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Maral/alass	****	****	****	****	0	99/99	RCORDE
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	****	****			CONTINUOUS	RCORDF
Chlorine, Total Residual	SAMPLE MEASUREMENT	****	****	****	****	****	*NODI=C		0	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	****	0.011 INST MAX	mg/L		WEEKLY	GRAB
E. Coli 51040 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	#/100ml	0	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	548 MOAVG GEO	2507 DAILY MX	#/ TOOM		2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC		IDER PENALTY OF LAW THA INDER MY DIRECTION OR SU				EN Digitally signe	ed by STEVEN TE	LEPHONI	=	DAT	Ē
STEVEN L. STORY GROUP LEADER EPC-CP	DESIGNED T INFORMATIO THE SYSTEM INFORMATIO TRUE, ACCU	O ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M' I, OR THOSE PERSONS DIRE N, THE INFORMATION SUBM RATE AND COMPLETE. I AM /	PERSONNEL PROPERLY GAY Y INQUIRY OF THE PERSON CTLY RESPONSIBLE FOR G ITTED IS, TO THE BEST OF AWARE THAT THERE ARE S	ATHER AND EVAN OR PERSONS GATHERING THE MY KNOWLEDG GIGNIFICANT PE	ALUATE THE WHO MANAGE STOR (Affilia NALTIES FOR SIGNAL	Y STORY (Affili	ate) 3.24 10:10:48	l 665-2	160	22 03	3 24
TYPED OR PRINTED		FALSE INFORMATION, INCLU IG VIOLATIONS.	JDING THE POSSIBILITY OF	FINE AND IMPE	KISOINIVIENT	FICER OR AUTHORIZED A	000	+		YEAR MO	
	1 4710110						AREA CODI	INUME	アニベ	1/	, 5/1

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

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

PAGE 1 OF 1

EPC-DO: 22-101 EPC-DO: 23-121

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

NM0028355
PERMIT NUMBER

13S-A **DISCHARGE NUMBER**

			MONIT	ORING P	ERIOD		
	YEAR	МО	DAY		YEAR	МО	DAY
FROM	22	03	01	то	22	03	31

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED SANITARY WASTEWATER

EXTERNAL OUTFALL

PAGE 13

No Discharge X

ATTN: STEVEN L. STORY, EPC-C	P		!			!	1			No Discha	arge <u> X</u>
PARAMETER		QUANT	ITY OF LOADING			QUALITY OF CONC	ENTRATION		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		0	0/31	COMP24
Effluent Gross	PERMIT REQUIREMENT	****	109 DAILY MX	ibs/uay	****	30 MONTHLY AV	45 DAILY MX	mg/L		MONTHLY	COMP24
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	*NODI=C	****	*NODI=C	S.U.	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM	5.0.		WEEKLY	GRAB
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	lle e /el es c	****	*NODI=C	*NODI=C		0	0/31	COMP24
Effluent Gross	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	lbs/day	****	30 MONTHLY AV	45 DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Maral/alass	****	****	****	****	0	99/99	RCORDR
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	****	****			CONTINUOUS	RCORDR
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	*NODI=C		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	****	0.011 INST MAX	mg/L		WEEKLY	GRAB
E. Coli 51040 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	#/4.00;;;;	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	548 MOAVG GEO	2507 DAILY MX	#/100ml		2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	ER I CERTIFY UI	NDER PENALTY OF LAW THA JNDER MY DIRECTION OR SU	T THIS DOCUMENT AND ALL	L ATTACHMENT	S WERE STE	/EN Digitally sign	ed by	TELEPHON	Ė	DA	ΓE
STEVEN L. STORY GROUP LEADER EPC-CP	DESIGNED T INFORMATIO THE SYSTEM INFORMATIO	O ASSURE THAT QUALIFIED IN SUBMITTED. BASED ON M' M, OR THOSE PERSONS DIRE IN, THE INFORMATION SUBMITTED AND COMPLETE. I AM A	PERSONNEL PROPERLY GA Y INQUIRY OF THE PERSON CTLY RESPONSIBLE FOR G ITTED IS, TO THE BEST OF	ATHER AND EVA I OR PERSONS ATHERING THE MY KNOWLEDG	ALUATE THE WHO MANAGE ESTOR	ate) Date: 2022.0	ORY (Affiliate) 04.27 13:47:04				
TYPED OR PRINTED	SUBMITTING	FALSE INFORMATION, INCLU NG VIOLATIONS.			RISONMENT SIG	NATURE OF PRINCIPAL EXI DFFICER OR AUTHORIZED A	000			22 0 ² YEAR MO	
COMMENT AND EVEL ANATION OF ANY VIO		(D. f									

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

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

PAGE 1 OF 1

EPC-DO: 22-126 EPC-DO: 23-121

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

STEVENI STORY EDG CD

NM0028355 PERMIT NUMBER

FROM

13S-A DISCHARGE NUMBER

		MONIT	ORING P	ERIOD		
YEAR	MO	DAY	- 4	YEAR	MO	DAY
22	04	01	то	22	04	30

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED SANITARY WASTEWATER

EXTERNAL OUTFALL

PAGE 8

No Discharge X

OMB No. 2040-004

PARAMETER	\searrow	QUANTI	TY OF LOADING	9	C	QUALITY OF CONCE	NTRATION	122	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		0	0/30	COMP24
Effluent Gross	PERMIT REQUIREMENT	****	109 DAILY MX] ibs/day	****	30 MONTHLY AV	45 DAILY MX	mg/L		MONTHLY	COMP24
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	*NODI=C	****	*NODI=C	S.U.	0	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM	5.0.		WEEKLY	GRAB
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	15 - 14	****	*NODI=C	*NODI=C		0	0/30	COMP24
Effluent Gross	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	lbs/day	****	30 MONTHLY AV	45 DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	D. 4 1/4	****	****	****	***	0	99/99	RCORDE
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	- Mgal/day	****	****	****			CONTINUOUS	RCORDE
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	*NODI=C		0	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	****	0.011 INST MAX	mg/L		WEEKLY	GRAB
E. Coli 51040 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	#/100ml	0	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	548 MOAVG GEO	2507 DAILY MX	#/ 1001111		2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				20					V314	
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC		NDER PENALTY OF LAW THAT UNDER MY DIRECTION OR SU			EM 0	SIEVENSI		ELEPHON		DA.	TE
STEVEN L. STORY, GROUP LEADER, EPC-CP	DESIGNED T INFORMATIO THE SYSTEM INFORMATIO TRUE, ACCU	O ASSURE THAT QUALIFIED ON SUBMITTED, BASED ON MY ALOR THOSE PERSONS DIRE DIN, THE INFORMATION SUBMI IN, THE INFORMATION SUBMI IN, TALSE INFORMATION, INCLUSION, INCL	PERSONNEL PROPERLY I INQUIRY OF THE PERS CTLY RESPONSIBLE FOR TTED IS, TO THE BEST O WARE THAT THERE ARE	GATHER AND EVAL ON OR PERSONS W R GATHERING THE DF MY KNOWLEDGE E SIGNIFICANT PEN	LUATE THE STOR AND BELIEF ALTIES FOR	Y (Affiliate)	5.23 00'	665-2	169	22 05	23
TYPED OR PRINTED		NG VIOLATIONS.				FICER OR AUTHORIZED A	GENT AREA CO	DE NUM	BER	YEAR M	O DA

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *NO DISCHARGE DURING MONITORING PERIOD. NO DISCHARGE TO CANADA DEL BUEY.

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

PAGE 1 OF 1

Attachment 1

LA-UR-22-24660

OMB No. 2040-004

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

NAME: TRIAD NATIONAL SECURITY, LLC

LOCATION: LOS ALAMOS, NEW MEXICO 87545

ADDRESS: LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490 LOS ALAMOS, NEW MEXICO 87545

FACILITY: LOS ALAMOS NATIONAL LABORATORY

ATTN: STEVEN L. STORY, EPC-CP

NM0028355
PERMIT NUMBER

FROM

13S-A
DISCHARGE NUMBER

			MONIT	ORING P	ERIOD		
	YEAR	МО	DAY		YEAR	МО	DAY
ı	22	05	01	то	22	05	31

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED SANITARY WASTEWATER

EXTERNAL OUTFALL

No Discharge

PARAMETER	\times	QUAN	NTITY OF LOADING			QUALITY OF CONCI	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	/ `	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
BOD, 5 Day, 20 Deg. C 00310 1 0	SAMPLE MEASUREM		NODI=C	lbs/day	****	NODI=C	NODI=C	mg/L	0	0/31	COMP24
	PERMIT REQUIREME		109 DAILY MX	ibs/day	****	30 MONTHLY AV	45 DAILY MX	IIIg/L		MONTHLY	COMP24
pH 00400 1 0	SAMPLE MEASUREM		****	****	NODI=C	****	NODI=C	S.U.	0	0/31	GRAB
0010010	PERMIT REQUIREME	****	****		6.0 MINIMUM	****	9.0 MAXIMUM	3.0.		WEEKLY	GRAB
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREM		NODI=C	lha/day	****	NODI=C	NODI=C	ma/l	0	0/31	COMP24
00000 1 0	PERMIT REQUIREME	73 MONTHLY AV	109 DAILY MX	lbs/day	****	30 MONTHLY AV	45 DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREM		NODI=C	Maal/day	****	****	****	****	0	0/31	RCORDR
	PERMIT REQUIREME	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	****	****			CONTINUOUS	RCORDR
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREM		****	****	****	****	NODI=C		0	0/31	GRAB
00000 1 0	PERMIT REQUIREME	****	****		****	****	0.011 INST MAX	mg/L		WEEKLY	GRAB
E. Coli 51040 1 0	SAMPLE MEASUREM		****	****	****	NODI=C	NODI=C	//// 00:1	0	0/31	GRAB
0104010	PERMIT REQUIREME	*****	****	1	****	548 MOAVG GEO	2507 DAILY MX	#/100ml		2/Month	GRAB
	SAMPLE MEASUREM										
	PERMIT REQUIREME	ENT]							
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	ER I CER	TIFY UNDER PENALTY OF LAW T	HAT THIS DOCUMENT AND ALL	ATTACHMENT	S WERE SAF	RAH Digitally sign	ed by	TELEPHON	Ē	DAT	E
STEVEN L. STORY GROUP LEADER EPC-CP	DESI INFO THE S INFO TRUE	GNED TO ASSURE THAT QUALIFI RMATION SUBMITTED. BASED ON SYSTEM, OR THOSE PERSONS DI RMATION, THE INFORMATION SU C, ACCURATE AND COMPLETE. I A MITTING FALSE INFORMATION, IN	ED PERSONNEL PROPERLY GANNY INQUIRY OF THE PERSON IRECTLY RESPONSIBLE FOR GIBMITTED IS, TO THE BEST OF AM AWARE THAT THERE ARE S	ATHER AND EVA I OR PERSONS FATHERING THE MY KNOWLEDG FIGNIFICANT PE	ALUATE THE WHO MANAGE ES AND BELIEF, NALTIES FOR	_COMB (Affiliate)	07.26 '00'	5 667-0	0666	22 07	26
TYPED OR PRINTED		KNOWING VIOLATIONS.				OFFICER OR AUTHORIZED A	GENT AREA	ODE NUM	BER	YEAR MO	

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

PAGE 1 OF 1

EPC-DO: 22-204 EPC-DO: 23-121

OMB No. 2040-004

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

NAME: TRIAD NATIONAL SECURITY, LLC

LOCATION: LOS ALAMOS, NEW MEXICO 87545

ADDRESS: LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490 LOS ALAMOS, NEW MEXICO 87545

FACILITY: LOS ALAMOS NATIONAL LABORATORY

ATTN: STEVEN L. STORY, EPC-CP

NM0028355
PERMIT NUMBER

FROM

13S-A
DISCHARGE NUMBER

		MONIT	ORING P	ERIOD		
YEAR	МО	DAY		YEAR	МО	DAY
22	06	01	то	22	06	30

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED SANITARY WASTEWATER

EXTERNAL OUTFALL

No Discharge X

PARAMETER		QUANT	ITY OF LOADING		(QUALITY OF CONCE	ENTRATION		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	ma/l	0	0/30	COMP24
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	ibs/day	****	30 MONTHLY AV	45 DAILY MX	mg/L		MONTHLY	COMP24
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	NODI=C	****	NODI=C	611	0	0/30	GRAB
00-100 1 0	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM	S.U.		WEEKLY	GRAB
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	lbs/day	****	NODI=C	NODI=C	m a/l	0	0/30	COMP24
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	ibs/day	****	30 MONTHLY AV	45 DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	****	****	****	****	0	99/99	RCORDF
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	lvigai/uay	****	****	****			CONTINUOUS	RCORDF
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	NODI=C		0	0/30	GRAB
	PERMIT REQUIREMENT	****	****		****	****	0.011 INST MAX	mg/L		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	#/ 1001111		2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	PREPARED I	IDER PENALTY OF LAW THA INDER MY DIRECTION OR SU	JPERVISION IN ACCORDANG	CE WITH A SYS			eu by SARAIT	LEPHONI		DAT	ΓE
STEVEN L. STORY GROUP LEADER EPC-CP	DESIGNED TO INFORMATIO THE SYSTEM INFORMATIO TRUE, ACCUI	O ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M' I, OR THOSE PERSONS DIRE N, THE INFORMATION SUBM RATE AND COMPLETE. I AM / FALSE INFORMATION, INCL	PERSONNEL PROPERLY GAY Y INQUIRY OF THE PERSON CTLY RESPONSIBLE FOR G ITTED IS, TO THE BEST OF AWARE THAT THERE ARE S	ATHER AND EVAN N OR PERSONS BATHERING THE MY KNOWLEDG BIGNIFICANT PE	LUATE THE WHO MANAGE AND BELIEF, NALTIES FOR	OMB HOLCOMB (Date: 2022.0 -06'00' ATURE OF PRINCIPAL EXE	7.26 07:41:28	 667-0	1666	22 07	7 26
TYPED OR PRINTED		IG VIOLATIONS.				FICER OR AUTHORIZED A		NUME	BER	YEAR MO	D DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

PAGE 1 OF 1

EPC-DO: 22-204 EPC-DO: 23-121

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	

FROM

13S-A
DISCHARGE NUMBER

		MONIT	ORING P	ERIOD		
YEAR	МО	DAY		YEAR	МО	DAY
22	07	01	то	22	07	31

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED SANITARY WASTEWATER

EXTERNAL OUTFALL

PAGE 8

No Discharge

PARAMETER		QUANT	ITY OF LOADING			QUALITY OF CONC	ENTRATION		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/dav	****	NODI=C	NODI=C	mg/L	0	0/31	COMP24
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	ib3/day	****	30 MONTHLY AV	45 DAILY MX	IIIg/L		MONTHLY	COMP24
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	NODI=C	****	NODI=C	S.U.	0	0/31	GRAB
0010010	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM	3.0.		WEEKLY	GRAB
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	lbo/da::	****	NODI=C	NODI=C	m a/!	0	0/31	COMP24
	PERMIT REQUIREMENT	73 MONTHLY AV	109 DAILY MX	lbs/day	****	30 MONTHLY AV	45 DAILY MX	mg/L		MONTHLY	COMP24
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	Maal/day	****	****	****	****	0	99/99	RCORDR
00000 1 0	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	****	****			CONTINUOUS	RCORDR
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	NODI=C		0	0/31	GRAB
30000 1 0	PERMIT REQUIREMENT	****	****		****	****	0.011 INST MAX	mg/L		WEEKLY	GRAB
E. Coli 51040 1 0	SAMPLE MEASUREMENT	****	****	****	****	NODI=C	NODI=C	///4 0 0 · · · · · · ·	0	0/31	GRAB
	PERMIT REQUIREMENT	****	****		****	548 MOAVG GEO	2507 DAILY MX	#/100ml		2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT]							
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	ER I CERTIFY UN	IDER PENALTY OF LAW THA INDER MY DIRECTION OR SU	T THIS DOCUMENT AND ALL	ATTACHMENT	S WERE SARAH	Digitally signe	u by SANAH	ΓΕLΕΡΗΟΝ	Ė	DAT	rE
STEVEN L. STORY, GROUP LEADER, EPC-CP	DESIGNED TO INFORMATIO THE SYSTEM INFORMATIO TRUE, ACCU	O ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M' I, OR THOSE PERSONS DIRE N, THE INFORMATION SUBM RATE AND COMPLETE. I AM / FALSE INFORMATION, INCL	PERSONNEL PROPERLY GAY Y INQUIRY OF THE PERSON CTLY RESPONSIBLE FOR G. ITTED IS, TO THE BEST OF I WARE THAT THERE ARE S	THER AND EVA OR PERSONS ATHERING THE MY KNOWLEDG IGNIFICANT PE	ALUATE THE WHO MANAGE (Affiliate AND BELIEF, NALTIES FOR	Date. 2022.00	.25 11:24:43	l 667-0)666	22 08	3 25
TYPED OR PRINTED		IG VIOLATIONS.				FICER OR AUTHORIZED A	GENT AREA CO	DE NUM	BER	YEAR MO	O DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

PAGE 1 OF 1

Permit

NM0028355 Permit #:

Permittee: LOS ALAMOS NATIONAL LABORATORY

Permittee Address:

Yes Major:

LOS ALAMO NATIONAL LABORATORY

528 35TH STREET

LOS ALAMO, NM 87544

Permitted Feature: 13S Discharge: 13S-A External Outfall

TREATED SANITARY WASTEWATER TO SANDIA CANYON

Facility:

Facility Location:

UNIVERSITY OF CALIFORNIA

528 35TH STREET

LOS ALAMO, NM 87544

LOS ALAMO NATIONAL LABORATORY

Report Dates & Status

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

Considerations for Form Completion

Principal Executive Officer

First Name: Title: Telephone:

Last Name:

No Data Indicator (NODI) Form NODI:

	Parameter	Monitoring Location	Season #	Param. NODI			Qı	uantity or Load	ding					Quality or Concent	tration			# of Ex	. Frequency of Analysis	Sample Type
Code	Name				Q	ualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier	3 Value 3	Units			
					Sample															
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0		Permit Req. <=	= 7	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 Discharg	е	C - No Discharge					C - No Discharge		C - No Discharge				
					Sample															
0400	pH	1 - Effluent Gross	0		Permit Req.						>=	6.0 MINIMUM			<=	9.0 MAXIMUM	12 - SU		01/07 - Weekly	GR - GRAB
					Value NODI							C - No Discharge				C - No Discharge				
					Sample															
0530	Solids, total suspended	1 - Effluent Gross	0		Permit Req. <=	= 7	3.0 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 Discharg	е	C - No Discharge					C - No Discharge		C - No Discharge				
					Sample															
0050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0		Permit Req.	F	Req Mon MO AVG		Req Mon DAILY MX	03 - MGD)								99/99 - Continuous	RE - Record (man
					Value NODI		C - No Discharg	е	C - No Discharge											
					Sample															
50060	Chlorine, total residual	1 - Effluent Gross	0		Permit Req.										<=	0.011 INST MAX	19 - mg/L		01/07 - Weekly	GR - GRAB
					Value NODI											C - No Discharge				
					Sample															
51040	E. coli	1 - Effluent Gross	0		Permit Req.								<=	548.0 MOAV GEO	<=	2507.0 DAILY MX	3Z - CFU/100mL	4	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** Isaac Cadiente Name: E-Mail: icadiente@lanl.gov

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

Report Last Signed By

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

Permit

NM0028355

Yes

Permittee: LOS ALAMOS NATIONAL LABORATORY

Permittee Address: LOS ALAMO NATIONAL LABORATORY 528 35TH STREET

LOS ALAMO, NM 87544

13S Discharge: 13S-A External Outfall

TREATED SANITARY WASTEWATER TO SANDIA CANYON

Report Dates & Status

Permitted Feature:

Permit #:

Major:

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

UNIVERSITY OF CALIFORNIA

528 35TH STREET

LOS ALAMO, NM 87544

LOS ALAMO NATIONAL LABORATORY

Considerations for Form Completion

Principal Executive Officer

First Name:

Title:

Telephone:

Facility:

Facility Location:

No Data Indicator (NODI)

Last Name:

Form NODI:

	Parameter	Monitoring Location	Season #	Param. NODI			Qu	antity or Loadi	ling					Quality or Concent	ration			# of Ex	x. Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	2 Value 2	Qualifie	r 3 Value 3	Units			
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0		Sample Permit Req.	<= 7	73.0 MO AVG	<= 1	109.0 DAILY MX	26 - Ib/d			<=	30.0 MO AVG	<=	45.0 DAILY MX	19 - mg/L		01/30 - Monthly 2	24 - COMP24
00010	202, 0 day, 20 dog. 0	1 Emachic Groot			Value NODI		C - No Discharge	э	C - No Discharge					C - No Discharge		C - No Discharge				
00400	рН	1 - Effluent Gross	0		Sample Permit Req.						>=	6.0 MINIMUM			<=		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			26 - lb/d			<=	30.0 MO AVG	<=		19 - mg/L		01/30 - Monthly 2	24 - COMP24
					Value NODI		C - No Discharge	3	C - No Discharge					C - No Discharge		C - No Discharge				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0		Sample Permit Req.	Ī	Req Mon MO AVG	F	Req Mon DAILY MX	03 - MGD									99/99 - Continuous F	RE - Record (manual)
					Value NODI		C - No Discharge	a	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				
				_	Sample Permit Req.								<=	548.0 MOAV GEO		2507.0 DAILY MX	3Z - CFU/100m		02/30 - Twice Per Month 0	GP - GPAR
51040	E. coli	1 - Effluent Gross	0		Value NODI									C - No Discharge		C - No Discharge			02/00 I WIGG I GI WORKIT C	SIC OIVID

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** Isaac Cadiente Name: E-Mail: icadiente@lanl.gov

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

Report Last Signed By

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

EPC-DO: 23-121

Attachment 2 EPC-DO: 22-324

Permit

NM0028355 Permit #:

Permittee: LOS ALAMOS NATIONAL LABORATORY **Permittee Address:**

Yes Major:

LOS ALAMO NATIONAL LABORATORY

528 35TH STREET

LOS ALAMO, NM 87544

Permitted Feature: 13S Discharge: 13S-A External Outfall

TREATED SANITARY WASTEWATER TO SANDIA CANYON

Facility:

Facility Location:

UNIVERSITY OF CALIFORNIA

528 35TH STREET

LOS ALAMO, NM 87544

LOS ALAMO NATIONAL LABORATORY

Report Dates & Status

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

Considerations for Form Completion

Principal Executive Officer

First Name: Title: Telephone:

No Data Indicator (NODI)

Last Name:

Form NODI:

	Parameter	Monitoring Location	Season #	Param. NODI			Qı	uantity or Load	ding					Quality or Concent	tration			# of Ex	c. Frequency of Analysis	Sample Type
Code	Name				Qı	ualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier	3 Value 3	Units			
					Sample Permit Reg. <=	- 7	3.0 MO AVG	<=	109.0 DAILY MX	26 - lb/d			<=	30.0 MO AVG	<=	45.0 DAILY MX	19 - mg/L		01/30 - Monthly 2	24 - COMP24
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0		Value NODI		C - No Discharg		C - No Discharge					C - No Discharge		C - No Discharge			o 1/30 Worlding	ET OOM ET
00400		1 - Effluent Gross			Sample Permit Req.						>=	6.0 MINIMUM			<=	9.0 MAXIMUM	12 - SU		01/07 - Weekly 0	GR - GRAB
00400	рп	i - Eiliuent Gross	U		Value NODI							C - No Discharge				C - No Discharge			,	-
00530	Solids, total suspended	1 - Effluent Gross	0		Sample Permit Req. <=	= 73	3.0 MO AVG	<=	109.0 DAILY MX	26 - lb/d			<=	30.0 MO AVG	<=	45.0 DAILY MX	19 - mg/L		01/30 - Monthly 2	24 - COMP24
					Value NODI	(C - No Discharg	е	C - No Discharge					C - No Discharge		C - No Discharge				
50050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0		Sample Permit Req. Value NODI		eq Mon MO AVG C - No Discharg		Req Mon DAILY MX C - No Discharge)								99/99 - Continuous F	RE - Record (manua
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 Sample											C - No Discharge				
51040	E. coli	1 - Effluent Gross	0		Permit Req.								<=	548.0 MOAV GEO	<=	2507.0 DAILY MX	3Z - CFU/100mL		02/30 - Twice Per Month 0	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** Isaac Cadiente Name: 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

Permit

NM0028355 Permit #:

Permittee: LOS ALAMOS NATIONAL LABORATORY

Yes Major:

Considerations for Form Completion

LOS ALAMO NATIONAL LABORATORY

528 35TH STREET

LOS ALAMO, NM 87544

13S **Permitted Feature:** External Outfall 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

Permittee Address:

Discharge:

Status:

NetDMR Validated

2507.0 DAILY MX 3Z - CFU/100mL

C - No Discharge

02/30 - Twice Per Month GR - GRAB

528 35TH STREET

LOS ALAMO, NM 87544

UNIVERSITY OF CALIFORNIA

LOS ALAMO NATIONAL LABORATORY

Principal Executive Officer

First Name:

Last Name:

Title:

Telephone:

548.0 MOAV GEO <=

C - No Discharge

Facility:

Facility Location:

No Data Indicator (NODI)

Form NODI:

	Parameter	Monitoring Location	Season #	Param. NOD			Qua	antity or Load	ling					Quality or Concent	tration			# of Ex	Frequency of Analysis	Sample Type
Code	Name					Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier	3 Value 3	Units			
					Sample															
310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0		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	С	- No Discharge		C - No Discharge					C - No Discharge		C - No Discharge				
					Sample															
400	pH	1 - Effluent Gross	0		Permit Req.						>=	6.0 MINIMUM			<=	9.0 MAXIMUM	12 - SU		01/07 - Weekly	GR - GRAB
					Value NODI							C - No Discharge				C - No Discharge				
					Sample															
530	Solids, total suspended	1 - Effluent Gross	0		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	С	- No Discharge		C - No Discharge					C - No Discharge		C - No Discharge				
					Sample															
0050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0		Permit Req.	Re	q Mon MO AVG		Req Mon DAILY MX	03 - MGE)								99/99 - Continuous	RE - Record (man
	,				Value NODI	С	: No Discharge		C - No Discharge											
					Sample															
0060	Chlorine, total residual	1 - Effluent Gross	0		Permit Req.										<=	0.011 INST MAX	19 - mg/L		01/07 - Weekly	GR - GRAB
					Value NODI											C - No Discharge				
					Sample															

Submission Note

51040 **E. coli**

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.

Permit Req.

Value NODI

Edit Check Errors

No errors.

Comments

LA-UR-22-33028

Attachments

No attachments.

Report Last Saved By

LOS ALAMOS NATIONAL LABORATORY

ICADIENTE User: Name: Isaac Cadiente E-Mail: icadiente@lanl.gov

Date/Time: 2022-12-19 17:00 (Time Zone: -06:00)

1 - Effluent Gross 0

Report Last Signed By

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

Permit

Permit #: NM0028355

Permittee: LOS ALAMOS NATIONAL LABORATORY

Permittee Address:

Major: Yes

LOS ALAMO NATIONAL LABORATORY

528 35TH STREET

LOS ALAMO, NM 87544

LOS ALAIVIO, INIVI

Permitted Feature: 13S Discharge: 13S-A External Outfall TREAT

TREATED SANITARY WASTEWATER TO SANDIA CANYON

Facility:

Facility Location:

UNIVERSITY OF CALIFORNIA

528 35TH STREET

LOS ALAMO, NM 87544

LOS ALAMO NATIONAL LABORATORY

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: --

	Parameter	Monitoring Location	Season #	Param. NODI			Qı	uantity or Load	ding					Quality or Concent	tration			# of Ex	. Frequency of Analysis	Sample Type
Code	Name				Q	ualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier 1	Value 1	Qualifier 2	Value 2	Qualifier	3 Value 3	Units			
					Sample															
00310	BOD, 5-day, 20 deg. C	1 - Effluent Gross	0		Permit Req. <=	= 7	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 Discharg	е	C - No Discharge					C - No Discharge		C - No Discharge				
					Sample															
0400	pH	1 - Effluent Gross	0		Permit Req.						>=	6.0 MINIMUM			<=	9.0 MAXIMUM	12 - SU		01/07 - Weekly	GR - GRAB
					Value NODI							C - No Discharge				C - No Discharge				
					Sample															
0530	Solids, total suspended	1 - Effluent Gross	0		Permit Req. <=	= 7	3.0 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 Discharg	е	C - No Discharge					C - No Discharge		C - No Discharge				
					Sample															
0050	Flow, in conduit or thru treatment plant	1 - Effluent Gross	0		Permit Req.	F	Req Mon MO AVG		Req Mon DAILY MX	03 - MGD)								99/99 - Continuous	RE - Record (man
					Value NODI		C - No Discharg	е	C - No Discharge											
					Sample															
50060	Chlorine, total residual	1 - Effluent Gross	0		Permit Req.										<=	0.011 INST MAX	19 - mg/L		01/07 - Weekly	GR - GRAB
					Value NODI											C - No Discharge				
					Sample															
51040	E. coli	1 - Effluent Gross	0		Permit Req.								<=	548.0 MOAV GEO	<=	2507.0 DAILY MX	3Z - CFU/100mL	4	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

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

NM0028355
PERMIT NUMBER

FROM

027-A

DISCHARGE NUMBER

		MONIT	ORING P	ERIOD		
YEAR	МО	DAY		YEAR	MO	DAY
21	01	01	то	21	01	31

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 3

No Discharge X

PARAMETER	\searrow	QUANTI	TY OF LOADING		C	QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1700001=1	/	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	NODI=C	****	NODI=C	S.U.	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.6 MINIMUM	会会会会	8.8 MAXIMUM	0.0.		WEEKLY	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI=C	NODI=C	N4 1/el 1	****	****	****	****	0	0/31	RCORD
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	Mgal/day	****	****	***			DAILY	RCORDE
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	NODI=C	mg/L	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	我会妆夫生	****		****	****	0.011 DAILY MX	IIIg/L		WEEKLY	GRAB
E. Coli 51040 1 0	SAMPLE MEASUREMENT	****	***	****	****	NODI=C	NODI=C	#/100ml	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	548 MONTHLY AV	2507 DAILY MX	#/ 1001111		2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT									T V	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	PREPARED	INDER PENALTY OF LAW THAT UNDER MY DIRECTION OR SI	JPERVISION IN ACCORDA	ANCE WITH A SYST	EM I LAUNIA		by TAUNIA	TELEPHON	E	DA	.TE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED INFORMATION THE SYSTEM	TO ASSURE THAT QUALIFIED ON SUBMITTED, BASED ON M M, OR THOSE PERSONS DIRE ON, THE INFORMATION SUBM URATE AND COMPLETE I AM	PERSONNEL PROPERLY Y INQUIRY OF THE PERS CTLY RESPONSIBLE FOR ITTED IS TO THE BEST OF	GATHER AND EVA SON OR PERSONS OR REGATHERING THE OF MY KNOWLEDG	LUATE THE WHO MANAGE E AND BELIEF, (Affiliat	NBURG VAN VALKENE Date: 2021.02.2 e) -07'00'	25 13:23 23	l 665-9	1007	21 02	2 25
TYPED OR PRINTED	SUBMITTING	G FALSE INFORMATION, INCLI ING VIOLATIONS.	UDING THE POSSIBILITY	OF FINE AND IMPR	ISONMENT SIGN	FICER OF PRINCIPAL EXE		_		YEAR M	10 DA

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014, *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

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

EPC-DO-21-072

PAGE 1 OF 1

Attachment 1

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**

NM0028355 **PERMIT NUMBER**

FROM

027-A **DISCHARGE NUMBER**

		MONIT	ORING P	ERIOD		
YEAR	MO	DAY		YEAR	MO	DAY
21	02	01	то	21	02	28

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 3

No Discharge X

PARAMETER pH 00400 1 0									EX	OF ANALYSIS	TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
00400 1 0	SAMPLE MEASUREMENT	****	****	****	*NODI=C	****	*NODI=C	S.U.	0	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.6 MINIMUM	****	8.8 MAXIMUM	3.0.		WEEKLY	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*NODI=C	*NODI=C		****	****	****	****	0	0/28	RCORD
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	Mgal/day	****	****	市本本本本			DAILY	RCORD
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	*NODI=C	ma/l	0	0/28	GRAE
Effluent Gross	PERMIT REQUIREMENT	安方安允许	由农州东省		****	安长食文章	0.011 DAILY MX	mg/L		WEEKLY	GRAB
E. Coli 51040 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	#/100ml	0	0/28	GRAE
Effluent Gross	PERMIT REQUIREMENT	****	****		****	548 MONTHLY AV	2507 DAILY MX	#/ 100111		2/Month	GRAE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										-
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	4.6									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	PREPARED IN DESIGNED TO INFORMATION THE SYSTEM INFORMATION TRUE, ACCUSUMITTING	IDER PENALTY OF LAW THA' INDER MY DIRECTION OR SL O ASSURE THAT QUALIFIED IN SUBMITTED. BASED ON M' I, OR THOSE PERSONS DIRE' IN, THE INFORMATION SUR IFALE INFORMATION SIDE IFALES INFORMATION, INCLU- IS VIOLATIONS.	IPERVISION IN ACCORD, PERSONNEL PROPERLY Y INQUIRY OF THE PERS CTLY RESPONSIBLE FOI ITTED IS, TO THE BEST (AWARE THAT THERE AR	ANCE WITH A SYST CATHER AND EVAIN SON OR PERSONS VI R GATHERING THE OF MY KNOWLEDGE E SIGNIFICANT PEN	EM. UATE THE UHO MANAGE AND BELIEF SONMENT LAND BELIEF SONMENT LAND BELIEF SONMENT LAND BELIEF SONMENT	NBURG VAN VALKE	O3.25 09.16 01	ELEPHON		2021 03 YEAR M	3 25

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

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

PAGE 1 OF 1

EPC-DO: 21-111 EPC-DO: 23-121

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

NM0028355 PERMIT NUMBER

027-A DISCHARGE NUMBER

34			MONITO	DRING P	ERIOD		
	YEAR	МО	DAY		YEAR	МО	DAY
FROM	21	03	01	то	21	03	31

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 4

No Discharge X

PARAMETER		QUANTI	TY OF LOADING	3		QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1740 WETER	$/ \setminus$	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	*NODI=C	****	*NODI=C	S.U.	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.6 MINIMUM	****	8.8 MAXIMUM	0.0.		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Manufala	****	****	****	****	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 DAILY MX	mg/L		WEEKLY	GRAB
E. Coli 51040 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	#/100ml	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	548 MONTHLY AV	2507 DAILY MX	#/ 100/11		2/Month	GRAB
	SAMPLE MEASUREMENT										
à	PERMIT REQUIREMENT										
-	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		THREE						See Control Control		
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	ER I CERTIFY U	NDER PENALTY OF LAW THAT UNDER MY DIRECTION OR SU	THIS DOCUMENT AND	ALL ATTACHMENTS	WERE TAUNI	A VAN Digitally sign	ned by IAUNIA	relephoni		DA [*]	TE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP DESIGNED TO ASSURE THAT QUALIFIED PERSO. INFORMATION SUBMITTED PERSONS DIRECTLY F INFORMATION, THE INFORMATION SUBMITTED TRUE. ACCURATE AND COMPLETE. IAM AVVARE		PERSONNEL PROPERLY Y INQUIRY OF THE PERS CTLY RESPONSIBLE FOR ITTED IS, TO THE BEST OF AWARE THAT THERE AR	GATHER AND EVAL ON OR PERSONS W R GATHERING THE OF MY KNOWLEDGE E SIGNIFICANT PEN	UATE THE VALKE IND MANAGE (Affiliat ALTIES FOR	NBURG VAN VALKE	NBURG (Affilate) 04.26 14:59:20	l 665-9	1827	21 04	4 26	
SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONM TYPED OR PRINTED SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONM FOR KNOWING VIOLATIONS.				SOMMEM	OFFICER OR AUTHORIZED AGENT AREA CODE			BER	YEAR MO	O 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.

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

EPC-DO: 21-143

PAGE 1 OF 1

Attachment 1

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

NM0028355 PERMIT NUMBER

027-Q DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 87545

MAJOR

QUARTERLY REPORTING - OUTFALL 027

EXTERNAL OUTFALL

PAGE 5

No Discharge X

PARAMETER	X		QUANT	ITY OF LOADING	3		QUA	LITY OF CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1,740 4112.12.1			VALUE	VALUE	UNITS	VALUE		VALUE	VALUE	UNITS			
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREM		****	****	****	****		*NODI=C	*NODI=C	mg/L	0	0/90	GRAB
Effluent Gross	PERMIT REQUIREM		****	****		****		30 MO AVG	100 DAILY MX	IIIg/L		QUARTERLY	GRAB
Phosphorus, Total (as P) 00665 1 0	SAMPLE MEASUREM		****	****	****	****		*NODI=C	*NODI=C	mg/L	0	0/90	GRAB
Effluent Gross	PERMIT REQUIREM	T IENT	****	****		****		20 MO AVG	40 DAILY MX	IIIg/L		QUARTERLY	GRAB
	SAMPLE MEASUREM		3272-311								Land 100-10		
REQUI SA MEASL PE	PERMIT REQUIREM												
	SAMPLE MEASUREM											Uma A a	
	PERMIT REQUIREM												
	SAMPLE MEASUREM												
	PERMIT REQUIREM												
	SAMPLE MEASUREM												
	PERMIT REQUIREM												
	SAMPLE MEASUREM												
	PERMIT REQUIREM												
NAME/TITLE PRINCIPAL EXECUTIVE OF	FICER I CE	RTIFY UNDER P	ENALTY OF LAWTHA	T THIS DOCUMENT AND A	ALL ATTACHMENTS	WERE TA	UNIA VA	N Digitally si	med by FAUIVIA	TELEPHON	E	DAT	ſĔ
AUNIA S. VAN VALKENBURG ROUP LEADER PC-CP DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OF PERSONS WHO THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION, SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AN TRUE. ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALT				LUATE THE NHO MANAGE (Af	LKENBU filiate)	PRG VAN VALK Date: 2021 -06'00'	ENBURG (Affiliate) .04.26 14:59:36 ECUTIVE 505	i 665-9	1827	21 04	26		
TYPED OR PRINTED	SUB FOR	SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					OFFICER OR AUTHORIZED AGENT AREA CODE NUM			9,09,241.0311	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.

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

PAGE 1 OF 1

EPC-DO: 21-143

Attachment 1

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

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

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 3

No Discharge X

OMB No. 2040-004

PARAMETER		QUANT	ITY OF LOADING	G		QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			7 83 33
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	*NODI=C	****	*NODI=C	0.11	0	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.6 MINIMUM	*****	8.8 MAXIMUM	S.U.		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C		****	****	****	****	0	0/30	RCORD
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	Mgal/day	****	*****	****	****		DAILY	RCORDE
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	*NODI=C		0	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	*****	0.011 DAILY MX	mg/L		WEEKLY	GRAB
E. Coli 51040 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C		0	0/30	GRAB
	PERMIT REQUIREMENT	****	****	SPARKE	****	548 MONTHLY AV	2507 DAILY MX	#/100ml		2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT			11-							
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	R I CERTIFY UN	IDER PENALTY OF LAW THAT	THIS DOCUMENT AND A	ALL ATTACHMENTS	WERE TAUNIA	A VAN Digitally signed	by TALINIA	TELEPHONI		DAT	E
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO IN THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND TRUE, ACCURATE AND COMPLETE. IAM AWARE THAT THERE ARE SIGNIFICANT PENALTIE				JATE THE HO MANAGE AND BELIEF LITIES FOR	NBURG VAN VALKENB Date: 2021.05.2 -06'00'	URG (Affiliate) 4 17 07 46	- I 325-		21 05	24
TYPED OR PRINTED	SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONME FOR KNOWING VIOLATIONS.					OFFICER OR ALITHORIZED AGENT			827	VEAR MC	DAY
TYPED OR PRINTED FOR KNOWING VIOLATIONS.					OFF	FICER OR AUTHORIZED AC	SENT AREA C	ODE NUME	ER	YEAR MC)

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

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

PAGE 1 OF 1

EPC-DO: 21-162

Attachment 1 3

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 VAL KENRURG, ERC CR.

NMO	028355
PERMIT	NUMBER

FROM

027-A
DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 3

No Discharge X

PARAMETER		QUANTI	TY OF LOADING	3	C	QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLI TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	NODI=C	****	NODI=C	S.U.	0	0/31	GRAE
Effluent Gross	PERMIT REQUIREMENT	****	****		6.6 MINIMUM	****	8.8 MAXIMUM	5.0.		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	Maralida	****	***	****	****	0	0/31	RCORDI
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	Mgal/day	****	****	****			DAILY	RCORDI
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	NODI=C		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	R24W4	****		****	*****	0.011 DAILY MX	mg/L		WEEKLY	GRAB
E. Coli 51040 1 0	SAMPLE MEASUREMENT	****	****	****	****	NODI=C	NODI=C	#44001	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	****		****	548 MONTHLY AV	2507 DAILY MX	#/100ml		2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	Egal are.							77		
	SAMPLE MEASUREMENT),								
	PERMIT REQUIREMENT							14			
	SAMPLE MEASUREMENT						10.				
	PERMIT REQUIREMENT								A		
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	PREPARED OF DESIGNED TO INFORMATION THE SYSTEM INFORMATION TRUE, ACCU	NDER PENALTY OF LAW THAN UNDER MY DIRECTION OR SU O ASSURE THAT QUALIFIED I IN SUBMITTED. BASED ON MY M. OR THOSE PERSONS DIREC IN, THE INFORMATION SUBMI RATE AND COMPLETE. I AM / I FALSE INFORMATION, INCLU	PERVISION IN ACCORDA PERSONNEL PROPERLY I INQUIRY OF THE PERS STLY RESPONSIBLE FOR TITED IS, TO THE BEST C WARE THAT THERE ARI	ANCE WITH A SYSTE GATHER AND EVAL ON OR PERSONS W GATHERING THE OF MY KNOWLEDGE SIGNIFICANT PEN	UATE THE HO MANAGE (Affiliate AND BELIEF, ALTIES FOR	VAN VALKENB Date: 2021.06.2	BY FAUNIA BURG (Affiliate) 25 09 50 47	TELEPHONI		21 (TE 06 25
					OFF	FICER OR AUTHORIZED A	GENT AREA CO	DE NUME	3ER	YEAR M	O DA

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014, *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

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

PAGE 1 OF 1

EPC-DO: 21-195

Attachment 1

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
TALINIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

FROM

027-A

DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 4

No Discharge X

PARAMETER		QUANTI	TY OF LOADING	3	C	QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TANNETEN		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
DH	SAMPLE MEASUREMENT	业者表妆章	****	****	*NODI=C	****	*NODI=C	S.U.	0	0/30	GRAI
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	6.6 MINIMUM	****	8.8 MAXIMUM	3.0.		WEEKLY	GRAI
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Na sal/day	****	****	****	****	0	0/30	RCORE
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	Mgal/day	***	表法专业者	***			DAILY	RCORE
Chlorine, Total Residual	SAMPLE MEASUREMENT	****	***	****	****	****	*NODI=C	mall	0	0/30	GRA
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	****	0.011 DAILY MX	mg/L		WEEKLY	GRAI
E. Coli	SAMPLE MEASUREMENT	****	***	****	****	*NODI=C	*NODI=C	#/100ml	0	0/30	GRA
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	548 MONTHLY AV	2507 DAILY MX	#/ [00]		2/Month	GRA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT								10		
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	PREPARED	INDER PENALTY OF LAW THA UNDER MY DIRECTION OR SU	JPERVISION IN ACCORDA	ANCE WITH A SYST	EM INCINIZ		by IAUNIA	ELEPHON	E	DA	TE
AUNIA S. VAN VALKENBURG ROUP LEADER PC-CP DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVA INFORMATION SUBMITTED. BASED ON MY INQUIRTY OF THE PERSON OF PERSONS OF PE				LUATE THE VALKE NHO MANAGE (Affiliate AND BELIEF NALTIES FOR	NBURG Date: 2021_07		665-	9827	21 0	7 20	
TYPED OR PRINTED		ING VIOLATIONS	ODING THE POSSISIETT	OF PINEARO INFR		OFFICER OR AUTHORIZED AGENT			BER	YEAR M	10 D

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

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

EPC-DO: 21-239

PAGE 1 OF 1

Attachment 1

4

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: TALINIA S. VAN VAI KENBURG, EPC-CP

NM0028355
PERMIT NUMBER

FROM

027-Q

DISCHARGE NUMBER

		MONIT	ORING P	ERIOD		
YEAR	МО	DAY		YEAR	MO	DAY
21	04	01	то	21	06	30

DMR MAILING ZIP CODE: 87545

MAJOR

QUARTERLY REPORTING - OUTFALL 027

EXTERNAL OUTFALL

PAGE 5

No Discharge X

PARAMETER		QUANT	ITY OF LOADING	3	C	QUALITY OF CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Productor		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
Effluent Gross	PERMIT REQUIREMENT	****	****		****	30 MO AVG	100 DAILY MX	IIIg/L		QUARTERLY	GRAB
Phosphorus, Total (as P) 00665 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	mg/L	0	0/91	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	***		****	20 MO AVG	40 DAILY MX	IIIg/L		QUARTERLY	GRAB
	SAMPLE MEASUREMENT										
N	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	** 1.4		1							
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENT PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYS DESIGNED TO A DASJURE THAT QUALIFIED PERSONNEL PROPERTY GATHER AND EV. INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PRESONS PRESON OR					VALKE WHO MANAGE E AND BELIEF, NALTIES FOR	ENBURG VĂN VÂLKE Date: 2021,0 -06'00'	ed by TAUNIA NBURG (Affiliate) 17,26 16 31 24 KECUTIVE 50	TELEPHO	NE -9827	21 0	7 26
TYPED OR PRINTED	SUBMITTING F	FALSE INFORMATION, INC. 3 VIOLATIONS.	LUDING THE POSSIBILITY	OF FINE AND IMPE	RISONMENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			MBER	YEAR M	O DA'

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014 *OUTFALL PIPE CAPPED ON 9/9/16. NO DISCHARGE DURING MONITORING PERIOD.

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

EPC-DO: 21-239

PAGE 1 OF 1

Attachment 1

5

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

TALINIA JEAN SANDOLLIST EPC.CP

NM0028355
PERMIT NUMBER

FROM

027-A
DISCHARGE NUMBER

MONITORING PERIOD											
YEAR	МО	DAY		YEAR	MO	DAY					
21	07	01	то	21	07	31					

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 3

No Discharge X

PARAMETER		QUANTI	TY OF LOADING	3	C	QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAWETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	****	***		*NODI=C	****	*NODI=C	S.U.	0	0/31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	非法的书籍		6.6 MINIMUM	****	8.8 MUMIXAM			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Na - al/day	****	****	****	****	0	0/31	RCORDI
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	- Mgal/day	女士作女女	****	****			DAILY	RCORD
Chlorine, Total Residual 50060 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	***	****	****	****	*NODl=C	mg/L	0	0/31	GRAB
	PERMIT REQUIREMENT	****	金齿状状态		****	****	0.011 DAILY MX			WEEKLY	GRAB
E. Coli	SAMPLE MEASUREMENT	****	古书女女女	****	方方宗宗宋	*NODI=C	*NODI=C	#/100m	0	0/31	GRAE
51040 1 0 Effluent Gross	PERMIT ***** REQUIREMENT		****	V	****	548 MONTHLY AV	2507 DAILY MX	507		2/Month	GRAE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										1
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFI	DDEDARED	INDER PENALTY OF LAW THA	LIPERVISION IN ACCORD	DANCE WITH A SYS	TEM IT OLUM	Digitally sig		TELEPHON	1E	D/	ATE
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP	DESIGNED INFORMATI THE SYSTE INFORMATI	TO ASSURE THAT QUALIFIED ON SUBMITTED, BASED ON N M, OR THOSE PERSONS DIRE ON, THE INFORMATION SUBM	PERSONNEL PROPERL' IY INQUIRY OF THE PER- ECTLY RESPONSIBLE FO MITTED IS, TO THE BEST AWARE THAT THERE AR	Y GATHER AND EV SON OR PERSONS OR GATHERING THI OF MY KNOWLED RE SIGNIFICANT PE	WHO MANAGE SE AND BELIEF.	Taunia Sai Dale: 2021 10:51:17 -	.08.25 06'00'	505 665-		21 0	08 2
TYPED OR PRINTED	SUBMITTING	G FALSE INFORMATION, INCL ING VIOLATIONS.	UDING THE POSSIBILITY	OF FINE AND IMP	RISONMENT	FFICER OR AUTHORIZED	A CENT		MBER	YEAR N	MO DA

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

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

EPC-DO: 21-264

PAGE 1 OF 1

Attachment 1

OMB No. 2040-004

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

TRIAD NATIONAL SECURITY, LLC NAME:

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** ΔΤΤΝ-TALINIA JEAN SANDQUIST, EPC-CP

NM0028355	
PERMIT NUMBER	

FROM

027-A
DISCHARGE NUMBER

MONITORING PERIOD											
YEAR	МО	DAY		YEAR	MO	DAY					
21	08	01	то	21	80	31					

87545 DMR MAILING ZIP CODE:

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 3

No Discharge

ATTN: TAUNIA JEAN SANDQUIST		QUANTI	TY OF LOADING	3	Q	UALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
рН	SAMPLE MEASUREMENT	****	****	****	*NODI=C	****	*NODI=C	S.U.	0	0/31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	***		6.6 MINIMUM	***	8.8 MAXIMUM	3.0		WEEKLY	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mara Malays	****	****	****	****	0	0/31	RCORD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon MONTHLY AV	Req. Mon DAILY MX	Mgal/day -	****	看食效素表	****			DAILY	RCORD
Chlorine, Total Residual	SAMPLE MEASUREMENT	****	****		****	****	*NODI=C	mg/L	0	0/31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	青衣安安古	****	0.011 DAILY MX	IIIg/L		WEEKLY	GRAB
E. Coli	SAMPLE MEASUREMENT	****	***	****	****	*NODI=C	*NODI=C	#/100m	0	0/31	GRAB
51040 1 0 Effluent Gross	PERMIT REQUIREMENT	并未未未	****	*****	****	548 MONTHLY AV	2507 DAILY MX	#/ 100111		2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				III.						
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT									DA	TE.
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP	NDER PENALTY OF LAW THA UNDER MY DIRECTION OR SI O ASSURE THAT QUALIFIED ON SUBMITTED BASED ON M M, OR THOSE PERSONS DIRE ON, THE INFORMATION SUBM IRATE AND COMPLETE I AM S FALSE INFORMATION, INCL	UPERVISION IN ACCORD. PERSONNEL PROPERLY IY INQUIRY OF THE PERS CTLY RESPONSIBLE FOR HITTED IS, TO THE BEST OF	ANCE WITH A SYS FOR THE AND EVA SON OR PERSONS R GATHERING THE OF MY KNOWLEDG E SIGNIFICANT PE	LUATE THE WHO MANAGE SAND BELIEF, NALTIES FOR RISONMENT SIGNA	quist Date: 2021 09:16:33 -C	adquist .09.28 .6'00' ECUTIVE 50	TELEPHON 5 665-	9827	21 0	9 28	
TYPED OR PRINTED	FOR KNOW	NG VIOLATIONS			OFF	FICER OR AUTHORIZED A	GENT AREA C	ODE NUM	ABER	YEAR M	O DA

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014, *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

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

PAGE 1 OF 1

DISCHARGE MONITORING REPORT (DMR)
PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

NAME: TRIAD NATIONAL SECURITY, LLC

ADDRESS: LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490 LOS ALAMOS, NEW MEXICO 87545

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

NM0028355
PERMIT NUMBER

027-A

DISCHARGE NUMBER

			MONIT	ORING P	ERIOD		
	YEAR	МО	DAY		YEAR	МО	DAY
FROM	21	09	01	то	21	09	30

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 5

No Discharge

OMB No. 2040-004

ATTN: TAUNIA JEAN SANDQUIST	Γ, EPC-C	Р												
PARAMETER			QUANT	ITY OF LOADING			QI	UALITY OF CONC	ENTRATIO	ON		NO. EX	FREQUENC' OF ANALYSI	
			VALUE	VALUE	UNITS	VALUE		VALUE	VA	LUE	UNITS			
pH 00400 1 0	SAM MEASUF		****	****	****	*NODI=	:C	****	*NO	DI=C	0.11	0	0/30	GRAB
Effluent Gross	PER REQUIR		****	****		6.6 MINIMU	IM	****	_	.8 IMUM	S.U.		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAM MEASUF		*NODI=C	*NODI=C	Maral/alass	****		****	**	***		0	0/30	RCORDE
Effluent Gross	PER REQUIR		Req. Mon. Req. Mon		Mgal/day	****		****	**	***			DAILY	RCORDE
Chlorine, Total Residual 50060 1 0	SAM MEASUF		****	****	****	****		****	*NO	DI=C	ma/l	0	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT		****	****		****		****		011 .Y MX	mg/L		WEEKLY	GRAB
E. Coli 51040 1 0	SAMPLE MEASUREMENT		****	****	****	****		*NODI=C *NO		DDI=C #/100ml		0	0/30	GRAB
Effluent Gross	PER REQUIR		****	****		****		548 MONTHLY AV		507 Y MX	#/ TOOTH		2/Month	GRAB
	SAM MEASUF													
	PER REQUIR													
	SAM MEASUF													
	PER REQUIR													
	SAM MEASUF													
	PER REQUIR]			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER			IDER PENALTY OF LAW THA'	T THIS DOCUMENT AND AL	L ATTACHMENT	S WERE	ou ni	Digitally sig	ned by	TE	LEPHONE		D.	ATE
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP BESIGNE INFORMA THE SYS EPC-CP			O ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M' I, OR THOSE PERSONS DIRE N, THE INFORMATION SUBM RATE AND COMPLETE. I AM / FALSE INFORMATION, INCL	PERSONNEL PROPERLY G. Y INQUIRY OF THE PERSON CTLY RESPONSIBLE FOR G ITTED IS, TO THE BEST OF AWARE THAT THERE ARE S	ATHER AND EVAN OR PERSONS GATHERING THE MY KNOWLEDG SIGNIFICANT PE	ALUATE THE WHO MANAGE E SE AND BELIEF, NALTIES FOR		Taunia San Date: 2021. 16:04:33 -0	dquist 10.27 6'00'	505	l 665-9	827	21 1	0 27
TYPED OR PRINTED			IG VIOLATIONS.	UDING THE PUSSIBILITY OF	FINE AND IMP	ZIOUNIVIENT		CER OR AUTHORIZED A		AREA CODE			YEAR 1	//O 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.

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

PAGE 1 OF 1

EPC-DO: 21-349 EPC-DO: 23-121

DISCHARGE MONITORING REPORT (DMR)
PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

FROM

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 SANDOUIST EPC-CP

NM0028355
PERMIT NUMBER

027-Q
DISCHARGE NUMBER

	MONITORING PERIOD										
YEAR	МО	DAY		YEAR	МО	DAY					
21	07	01	то	21	09	30					

DMR MAILING ZIP CODE: 87545

MAJOR

QUARTERLY REPORTING - OUTFALL 027

EXTERNAL OUTFALL

PAGE 6

No Discharge

OMB No. 2040-004

PARAMETER			QUANT	TITY OF LOADING	6		Q	UALITY OF CONCI	ENTRATIO	ON		NO. EX	FREQUEN OF ANALY		MPLE YPE
			VALUE	VALUE	UNITS	VAL	_UE	VALUE	VA	LUE	UNITS				
Solids, Total Suspended 00530 1 0	SAMP MEASURE		****	****	****	***	***	*NODI=C	*NO	DI=C	ma/l	0	0/92	GF	RAB
Effluent Gross	PERA REQUIRE		****		***	***			00 .Y MX	mg/L		QUARTE	RLY GF	RAE	
Phosphorus, Total (as P) 00665 1 0	SAMP MEASURE		****	****	****	***	***	*NODI=C	*NO	DI=C	ma/l	0	0/92	GF	RAE
Effluent Gross	PERA REQUIRE		****	****	***	***	20 MO AVG		10 .Y MX	mg/L		QUARTE	RLY GF	RAE	
	SAMP MEASURE														
	PERA REQUIRE														
	SAMP MEASURE														
	PERA REQUIRE														
	SAMP MEASURE														
	PERA REQUIRE														
	SAMP MEASURE														
	PERA REQUIRE														
	SAMP MEASURE														
	PERA REQUIRE														
NAME/TITLE PRINCIPAL EXECUTIVE OF TAUNIA JEAN SANDQUIST GROUP LEADER			DER PENALTY OF LAW THA IDER MY DIRECTION OR SU ASSURE THAT QUALIFIED SUBMITTED. BASED ON M OR THOSE PERSONS DIRE				Taunia Digitally signed by Taunia Sandquist Date: 2021.10.27 16:04:55-06'00'			TELEPHONE				DATE	
EPC-CP	TF St	RUE, ACCURA UBMITTING F	ATE AND COMPLETE. I AM A FALSE INFORMATION, INCL	AWARE THAT THERE ARE	SIGNIFICANT PEI	NALTIES FOR				505	665-9827		21	10	2
TYPED OR PRINTED	F	OR KNOWING VIOLATIONS.					OFFICER OR AUTHORIZED AGENT			AREA CODE NUMB		BER	YEAR	MO	DA

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014 *OUTFALL PIPE CAPPED ON 9/9/16. NO DISCHARGE DURING MONITORING PERIOD.

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

PAGE 1 OF 1

EPC-DO: 21-349 EPC-DO: 23-121

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

TAUNIA JEAN SANDOLUST, EDG CR

NM0028355
PERMIT NUMBER

027-Y
DISCHARGE NUMBER

			MONIT	ORING P	ERIOD						
	YEAR MO DAY YEAR MO DAY										
FROM	20	10	01	то	21	09	30				

DMR MAILING ZIP CODE: 87545

MAJOR

YEARLY REPORTING - OUTFALL 027

EXTERNAL OUTFALL

PAGE 7

No Discharge X

OMB No. 2040-004

ATTN: TAUNIA JEAN SANDQUI	ST, EPC-CF	•	_	-				-					NO DISC	ilaige^
PARAMETER			QUANT	ITY OF LOADING	;		Q	UALITY OF CONCE	NTRATIO	ON NO.			FREQUENC OF ANALYS	
			VALUE	VALUE	UNITS	VAL	_UE	VALUE	VA	LUE	UNITS			
Copper, Dissolved (as Cu)* 01040 1 0	SAMP MEASURE		****	****	****	***	***	****	***NC	DI=C	m a/l	0	0/365	GRAI
Effluent Gross	PERM REQUIRE		****	****		***	***	****		073 Y MX	mg/L		1/Year	GRAI
Aluminum, Total Recoverable*	SAMP MEASURE		****	****	****	***	***	****	***NC	DI=C		0	0/365	GRAI
Effluent Gross	PERM REQUIRE		****	****		***	***	****		889 Y MX	mg/L		1/Year	GRAI
Polychlorinated biphenyls (PCBs) 39516 1 0	SAMP MEASURE		***NODI=C	***NODI=C	Un a /al a v	***	***	***NODI=C	***NC	DI=C	/1	0	0/365	GRAI
Effluent Gross	PERM REQUIRE		Reg. Mon. MONTHLY AV	Req. Mon. DAILY MX	lbs/day	***	***	0.00064 MONTHLY AV		0642 Y MX	ug/L		1/Year	GRAI
	SAMP MEASURE													
	PERM REQUIRE													
	SAMP MEASURE													
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NAME/TITLE PRINCIPAL EXECUTIVE OFF TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP	PF DE IN TH IN TF	REPARED UN ESIGNED TO IFORMATION HE SYSTEM, IFORMATION RUE, ACCUR	DER PENALTY OF LAW THA IDER MY DIRECTION OR SU ASSURE THAT QUALIFIED I SUBMITTED. BASED ON MY OR THOSE PERSONS DIRE I, THE INFORMATION SUBM ATE AND COMPLETE. I AM	JPERVISION IN ACCORDAI PERSONNEL PROPERLY (Y INQUIRY OF THE PERSO CTLY RESPONSIBLE FOR ITTED IS, TO THE BEST OF AWARE THAT THERE ARE	NCE WITH A SYS BATHER AND EVA ON OR PERSONS GATHERING THE MY KNOWLEDG SIGNIFICANT PE	TEM ALUATE THE WHO MANAGE E E AND BELIEF, NALTIES FOR		Digitally signaturia Sant Date: 2021. 16:05:17 - 00	dquist 10.27 5'00'	TEI	EPHONE 665-9			0 27
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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.

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

PAGE 1 OF 1

EPC-DO: 21-349 EPC-DO: 23-121

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

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

NAME:

NM0028355 PERMIT NUMBER

FROM

027-A DISCHARGE NUMBER

		MONITO	DRING P	ERIOD		
YEAR	MO	DAY		YEAR	МО	DAY
21	10	01	TO	21	10	31

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 3

No Discharge X

OMB No. 2040-004

PARAMETER	$\overline{}$	A CONTRACTOR OF THE CONTRACTOR	ITY OF LOADING	3		QUALITY	OF CONCE	ENTRATION			O. FREG	QUENCY	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	V	'ALUE	VALU	E UN	IITS			
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Effluent Gross	PERMIT REQUIREMENT	****	****		6.6 MINIMUM		****	8.8 MAXIM		.U.	WE	EKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C		****		****	****		33	o C)/31	RCORD
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	Mgal/day	****		****	****		***	Di	AILY	RCORDE
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****		****	*NODI:	10.40		0 0)/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****		****	0.011 DAILY		g/L	WE	EKLY	GRAB
E. Coli 51040 1 0	SAMPLE MEASUREMENT	****	****	****	****	*N	ODI=C	*NODI:	=C		0)/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****		548 THLY AV	2507 DAILY I		00ml	2/1	Vonth	GRAB
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	PERMIT REQUIREMENT			1									
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COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

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

PAGE 1 OF 1

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

NM0028355 PERMIT NUMBER

FROM

027-A DISCHARGE NUMBER

		MONITO	ORING P	ERIOD		
YEAR	МО	DAY		YEAR	МО	DAY
21	11	01	то	21	11	30

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 3

No Discharge X

PARAMETER		QUANTI	TY OF LOADING	G		QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
170000	/	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	*NODI=C	****	*NODI=C	S.U.	0	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	****		6.6 MINIMUM	****	8.8 MAXIMUM	3.0.		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Maral/day	****	****	****	****	0	0/30	RCORDE
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	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	****	0.011 DAILY MX	IIIg/L		WEEKLY	GRAB
E. Coli 51040 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	#/100ml	0	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	548 MONTHLY AV	2507 DAILY MX	#/ 1001111		2/Month	GRAB
	SAMPLE MEASUREMENT										
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	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	PREPARED (NDER PENALTY OF LAW THAT UNDER MY DIRECTION OR SU	PERVISION IN ACCORDA	ANCE WITH A SYSTI	-M	Digitally signed	by STEVEN	ELEPHONE	Ē	DA	TE
STEVEN L. STORY GROUP LEADER EPC-CP	DESIGNED T INFORMATIO THE SYSTEM INFORMATIO TRUE, ACCU	O ASSURE THAT QUALIFIED IN SUBMITTED. BASED ON MY M, OR THOSE PERSONS DIREC M, THE INFORMATION SUBMI WRATE AND COMPLETE. I AM A	PERSONNEL PROPERLY Y INQUIRY OF THE PERS CTLY RESPONSIBLE FOR TTED IS, TO THE BEST O WARE THAT THERE ARI	GATHER AND EVAL SON OR PERSONS W R GATHERING THE DF MY KNOWLEDGE E SIGNIFICANT PEN	UATE THE STEVE (Affiliate AND BELIEF, ALTIES FOR	N STORY STORY (Affilia	te) 17 07:19:12	665-2	169	21 1	2 16
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COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

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

PAGE 1 OF 1

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 STEVEN L. STORY, EPC-CP

NM0028355 PERMIT NUMBER

FROM

027-A DISCHARGE NUMBER

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

DMR MAILING ZIP CODE:

87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 4

No Discharge X

OMB No. 2040-004

PARAMETER		QUANTI	TY OF LOADING		C	QUALITY OF CONCE	NIKATION			FREQUENCY OF ANALYSIS	SAMPLE TYPE
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
oH 00400 1 0	SAMPLE MEASUREMENT	****	***	****	*NODI=C	****	*NODI=C	S.U.	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.6 MINIMUM	****	8.8 MAXIMUM	3.0,		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Mankalan	****	****	****	****	0	0/31	RCORD
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	Mgal/day	在安州大市	****	新水安长市			DAILY	RCORDI
Chlorine, Total Residual	SAMPLE MEASUREMENT	****	****	*****	****	****	*NODI=C	mg/L	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	在安全市		业务大业业	政治会会	0.011 DAILY MX	IIIg/L		WEEKLY	GRAB
E. Coli 51040 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	#/100ml	0	0/31	GRAE
Effluent Gross	PERMIT REQUIREMENT	****	****		*****	548 MONTHLY AV	2507 DAILY MX	#/ TOO!!!!		2/Month	GRAE
	SAMPLE MEASUREMENT										
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICE STEVEN L. STORY GROUP LEADER EPC-CP	PREPARED I DESIGNED T INFORMATIO THE SYSTEM INFORMATIO TRUE ACCU	NDER PENALTY OF LAW THA' JINDER MY DIRECTION OR SI, O ASSURE THAT QUALIFIED NI SUBMITTED, BASED ON MI M, OR THOSE PERSONS DIRE N, THE INFORMATION SUBMIRATE AND COMPLETE I AM. FALSE INFORMATION, INCLI	JPERVISION IN ACCORD, PERSONNEL PROPERLY Y INQUIRY OF THE PERS CTLY RESPONSIBLE FOI ITTED IS, TO THE BEST ON AWARE THAT THERE AR	ANCE WITH A SYST GATHER AND EVA ON OR PERSONS V R GATHERING THE OF MY KNOWLEDGI E SIGNIFICANT PER	E AND BELIEF, VALTIES FOR	EN STORY Digitally signed STORY (Affilia Date: 2022.01-07'00'	d by STEVEN	ELEPHON		22 0	

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

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

EPC-DO: 22-037

PAGE 1 OF 1

Attachment 1

LA-UR-22-20594

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

21

FROM

027-Q **DISCHARGE NUMBER**

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

DMR MAILING ZIP CODE:

87545

MAJOR

QUARTERLY REPORTING - OUTFALL 027

EXTERNAL OUTFALL

PAGE 5

No Discharge X

OMB No. 2040-004

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	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	***	****	****	****	*NODI=C	*NODI=C		0	0/92	GRAB
PERMIT REQUIREMENT	****	****		****	30 MO AVG	100 DAILY MX	mg/L	Į,	QUARTERLY	GRAB
SAMPLE MEASUREMENT	****	****		****	*NODI=C	*NODI=C		0	0/92	GRAB
PERMIT REQUIREMENT	安治安安金	****		物水土的水	20 MO AVG	40 DAILY MX	mg/L		QUARTERLY	GRAB
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT						1.000	6			
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COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014 *OUTFALL PIPE CAPPED ON 9/9/16. NO DISCHARGE DURING MONITORING PERIOD.

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

PAGE 1 OF 1

EPC-DO: 22-037

Attachment 1 5

LA-UR-22-20594

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

NM0028355
PERMIT NUMBER

027-A

DISCHARGE NUMBER

		MONITORING PERIOD												
	YEAR	МО	DAY		YEAR	МО	DAY							
FROM	22	01	01	то	22	01	31							

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 3

No Discharge X

ATTN: STEVEN L. STORY, EPC-0	CP	•	-	-	_							140 DK	oriary	
PARAMETER		QUANT	TITY OF LOADING	i		Q	UALITY OF CONCE	NTRATIO	N		NO. EX	FREQUEN OF ANALY	ICY SIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALI	UE	VALUE	VAI	_UE	UNITS				
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	*NOD	I=C	****	*NO	DI=C	S.U.	0	0/31		GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.6 MINIM		****	8 MAX	.8 MUM	5.0.		WEEKI	Υ	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Maal/day	****	**	****	**	***	****	0	0/31	F	RCORDR
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	Mgal/day	***	**	****	**	***			DAIL	Y F	RCORDR
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	***	**	****	*NO	DI=C	m a /I	0	0/31		GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		***	**	****	0.0 DAIL)11 Y MX	mg/L		WEEKI	Υ	GRAB
E. Coli 51040 1 0	SAMPLE MEASUREMENT	****	****	****	***	**	*NODI=C	*NO	-	#/4.00 mal	0	0/31		GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		***	**	548 MONTHLY AV	25 DAIL	07 Y MX	#/100ml		2/Mont	h	GRAB
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NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	PREPARE	UNDER PENALTY OF LAW THA D UNDER MY DIRECTION OR SU D TO ASSURE THAT QUALIFIED	JPERVISION IN ACCORDAN	ICE WITH A SYST		STEVE	N STORY Digitally signe	d by STEVEN	TEL	EPHONE			DATE	$\overline{}$
STEVEN L. STORY GROUP LEADER EPC-CP	INFORMA THE SYST INFORMA TRUE, AC	TION SUBMITTED. BASED ON M TEM, OR THOSE PERSONS DIRE TION, THE INFORMATION SUBM CURATE AND COMPLETE. I AM. NG FALSE INFORMATION, INCL	Y INQUIRY OF THE PERSO CTLY RESPONSIBLE FOR (IITTED IS, TO THE BEST OF AWARE THAT THERE ARE:	N OR PERSONS GATHERING THE MY KNOWLEDG SIGNIFICANT PEI	WHO MANAGE E GE AND BELIEF, NALTIES FOR	(Affiliate		2.28 09:49:40	505 I	665-2	169	22	02	28
TYPED OR PRINTED		WING VIOLATIONS.				OFFI	ICER OR AUTHORIZED A	GENT	AREA CODE	NUMB	ER	YEAR	МО	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.

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

PAGE 1 OF 1

EPC-DO: 22-070 EPC-DO: 23-121

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

NM0028355
PERMIT NUMBER

027-A

DISCHARGE NUMBER

			MONIT	ORING P	ERIOD			
	YEAR	MO DAY YEAR MO						
FROM	22	02	01	то	22	02	28	

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 3

No Discharge X

ATTN: STEVEN L. STORY, EPC-0	CP			-	_	-		-					140 L) 301 Iai	ge <u> </u>
PARAMETER	\searrow	QUAI	QUANTITY OF LOADING			QUALITY OF CONCENTRATION						NO. EX	FREQUENCY OF ANALYSIS		SAMPLE TYPE
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Effluent Gross	PERMIT REQUIREME	****	****		***	**	**	***)11 Y MX	mg/L	ig/L	WEE	KLY	GRAB
E. Coli 51040 1 0	SAMPLE MEASUREMI		****	****	***	**	*NO	DI=C	*NO	DI=C	#/100ml	0	0/2	.8	GRAB
Effluent Gross	PERMIT REQUIREME	****	****		***	**		48 HLY AV		07 Y MX	#/ TOOM!		2/Mo	nth	GRAB
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	PERMIT REQUIREME	ENT													
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	PERMIT REQUIREME	:NT													
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NAME/TITLE PRINCIPAL EXECUTIVE OFFIC		DDER PENALTY OF LAW THAT THIS DOCUMENT AND ALL ATTACHMENTS WEF UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM			Digitally signed by				TELEPHONE				DATI	E	
STEVEN L. STORY GROUP LEADER THE SYSTE INFORMATI		SMED TO ASSURE THAT QUALIF RMATION SUBMITTED. BASED OF SYSTEM, OR THOSE PERSONS DE RMATION, THE INFORMATION SU , ACCURATE AND COMPLETE. I.	IED PERSONNEL PROPERLY G N MY INQUIRY OF THE PERSO DIRECTLY RESPONSIBLE FOR DIBMITTED IS, TO THE BEST OF	GATHER AND EVA IN OR PERSONS GATHERING THE MY KNOWLEDG	ALUATE THE WHO MANAGE E E AND BELIEF,	STORY (Affiliate	e) /	STEVEN STO Date: 2022.0 -06'00'	ORY (Affiliate) 3.24 10:08:42				22	03	24
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TYPED OR PRINTED							S IOER GRANDING MEETING IN				NUMBER		ILEAK	IVIO	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.

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

PAGE 1 OF 1

EPC-DO: 22-101 EPC-DO: 23-121

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

NM0028355
PERMIT NUMBER

027-A

DISCHARGE NUMBER

	MONITORING PERIOD												
	YEAR	МО	DAY		YEAR	МО	DAY						
FROM	22	03	01	то	22	03	31						

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 4

No Discharge X

ATTN: STEVEN L. STORY, EPC-0	CP		_	•		•	-							NOL	iscriar	ge
PARAMETER			QUANTITY OF LOADING				QUALITY OF CONCENTRATION						NO. EX	FREQUE OF ANAL	NCY YSIS	SAMPLE TYPE
			VALUE VALUE UNITS		VAL	LUE	VALUE		VAI	.UE	UNITS					
pH 00400 1 0	SAMPL MEASUREN		****	****	****	*NOI	DI=C	**	***	*NO	DI=C S.U.		0	0/3	1	GRAB
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Effluent Gross	PERMI REQUIREM		Req. Mon. MONTHLY AV	Req. Mon DAILY MX	Mgal/day		***	**	***	**:	***			DAII	Υ	RCORDR
Chlorine, Total Residual 50060 1 0	SAMPL MEASUREN		****	****	****	***	***	**	***	*NO	DI=C			0/3	1	GRAB
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E. Coli 51040 1 0	SAMPL MEASUREN		****	****	****	***	***	*NO	DI=C	*NO	DI=C	#/100ml	0	0/3	1	GRAB
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		SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS.					SIGNATURE OF PRINCIPAL EXECUTIVE 505 OFFICER OR AUTHORIZED AGENT				665-2		YEAR	MO	DAY	
I THED ON PRINTED							ARE				AREA CODE	NUMB	NUMBER		IVIO	ואט

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

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

PAGE 1 OF 1

EPC-DO: 22-126 EPC-DO: 23-121

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 I STORY EPC-CP

NM0028355
PERMIT NUMBER

027-Q **DISCHARGE NUMBER**

	MONITORING PERIOD									
	YEAR	МО	DAY		YEAR	МО	DAY			
FROM	22	01	01	то	22	03	31			

DMR MAILING ZIP CODE: 87545

MAJOR

QUARTERLY REPORTING - OUTFALL 027

EXTERNAL OUTFALL

PAGE 5

No Discharge

PARAMETER VALUE VALUE UNITS VALUE VALUE UNITS VALUE U	ATTN: STEVEN L. STORY, EPC-C	P													
SAMPLE MEASUREMENT MODIFIC M	PARAMETER		$\overline{}$	QUANT	TTY OF LOADING	3		QI	UALITY OF CON	CENTRATIO	NC				SAMPLE TYPE
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COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014 *OUTFALL PIPE CAPPED ON 9/9/16. NO DISCHARGE DURING MONITORING PERIOD.

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

PAGE 1 OF 1

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

NM0028355
PERMIT NUMBER

FROM

027-A
DISCHARGE NUMBER

		MONIT	ORING P	ERIOD		
YEAR	MO	DAY		YEAR	MO	DAY
22	04	01	то	· 22	04	30

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & DTHER WASTEWATER TO SANDIA CANYON

EXTERNAL OUTFALL

PAGE 3

No Discharge X

PARAMETER		QUANTI	TY OF LOADING	6	C	QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAGGETER	$/ \setminus$	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	*NODI=C	****	*NODI=C	S.U.	0	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.6 MINIMUM	****	8.8 MAXIMUM	5.0.		WEEKLY	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*NODI=C	*NODI=C		****	****	****	****	0	0/30	RCORDR
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	Mgal/day	者有有大章	****	****			DAILY	RCORDR
Chlorine, Total Residual	SAMPLE MEASUREMENT	****	****	****	****	****	*NODI=C	ma/l	0	0/30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	***	****	7 ****	****	****	0.011 DAILY MX	mg/L		WEEKLY	GRAB
E. Coli	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	#/100ml	0	0/30	GRAB
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NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	PREPARED	INDER PENALTY OF LAW THA UNDER MY DIRECTION OR SI	JPERVISION IN ACCORD	ANCE WITH A SYST	EM EME	SIEVENSI	ned by ORY	relephon	E	DA	TE
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COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014. *OUTFALL PIPE CAPPED ON 9/9/2016. NO DISCHARGE DURING MONITORING PERIOD.

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

PAGE 1 OF 1

Attachment 1

LA-UR-22-24660

EPC-DO: 23-121

DAY

01

MONITORING PERIOD

TO

YEAR

22

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	

MO

05

YEAR

FROM

027-A	
DISCHARGE NUMBER]

MO

05

BER	

DAY

31

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO SANDIA CANYON

EXTERNAL OUTFALL

No Discharge X

ATTN: STEVEN L. STORY, EPC-C	P										2.00.	
PARAMETER		QUANT	TITY OF LOADING			QUALITY OF CONCE	ENTRATION	١		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	/	VALUE	VALUE	UNITS	VALUE	VALUE	VALU	JE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	NODI=C	****	NODI	=C	S.U.	0	0/31	GRAB
VV 100 1 0	PERMIT REQUIREMENT	****	****		6.6 MINIMUM	****	8.8 MAXIM		3.0.		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	Maal/day	****	****	***	*	****	0	0/31	RCORDF
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	Mgal/day	****	****	***	*			DAILY	RCORDR
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	NODI	=C	m a /l	0	0/31	GRAB
	PERMIT REQUIREMENT	****	****		****	****	0.01 DAILY		mg/L		WEEKLY	GRAB
E. Coli 51040 1 0	SAMPLE MEASUREMENT	****	****	****	****	NODI=C	NODI	-	#/100ml	0	0/31	GRAB
	PERMIT REQUIREMENT	****	****		****	548 MONTHLY AV	250 DAILY	7	#/ 1001111		2/Month	GRAB
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT]								
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	ER I CERTIFY UN	NDER PENALTY OF LAW THA INDER MY DIRECTION OR SU				H Digitally sign		TEL	EPHONE		DA	TE
STEVEN L. STORY GROUP LEADER	DESIGNED TO INFORMATIO THE SYSTEM	O ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M I, OR THOSE PERSONS DIRE N, THE INFORMATION SUBM	PERSONNEL PROPERLY G Y INQUIRY OF THE PERSON CTLY RESPONSIBLE FOR (ATHER AND EVA N OR PERSONS BATHERING THE	HOLC	Data: 2022 0	7.26					
EPC-CP	TRUE, ACCUI SUBMITTING	RATE AND COMPLETE. I AM A FALSE INFORMATION, INCLU	AWARE THAT THERE ARE S	SIGNIFICANT PE	NALTIES FOR SIGNA	ATURE OF PRINCIPAL EXE		505	667-0	666	22 0	7 26
TYPED OR PRINTED	FOR KNOWIN	IG VIOLATIONS.			OF	FICER OR AUTHORIZED A	GENT	REA CODE	NUMB	ER	YEAR M	O DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

PAGE 1 OF 1

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

ΔΤΤΝ-STEVEN L STORY EPC-CP

NM0028355	_
PERMIT NUMBER	

MO

06

YEAR

FROM

027-A
DISCHARGE NUMBER

	_
DISCHARGE NUMBER	
DISCHARGE NUMBER	

MONITORING PERIOD											
DAY		YEAR	МО	DAY							
01	то	22	06	30							

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO SANDIA CANYON

EXTERNAL OUTFALL

No Discharge

OMB No. 2040-004

ATTN: STEVEN L. STORY, EPC-C	/I										
PARAMETER		QUAN	TITY OF LOADING			QUALITY OF CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	/ \	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREME	****	****	****	NODI=C	****	NODI=C	S.U.	0	0/30	GRAB
00.000 1.0	PERMIT REQUIREME	*****	****		6.6 MINIMUM	****	8.8 MAXIMUM	3.0.		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREME	NODI=C	NODI=C	N4 1/-1	****	****	****	****	0	0/30	RCORDR
00000 10	PERMIT REQUIREME	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	Mgal/day	****	****	****			DAILY	RCORDR
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREME	*****	****	****	****	****	NODI=C		0	0/30	GRAB
	PERMIT REQUIREME	NT ****	****		****	****	0.011 DAILY MX	mg/L		WEEKLY	GRAB
E. Coli 51040 1 0	SAMPLE MEASUREME		****	****	****	NODI=C	NODI=C	#/100ml	0	0/30	GRAB
	PERMIT REQUIREME	*****	****		****	548 MONTHLY AV	2507 DAILY MX	#/1001111		2/Month	GRAB
	SAMPLE MEASUREME	ENT									
	PERMIT REQUIREME	NT									
	SAMPLE MEASUREME	ENT									
	PERMIT REQUIREME	NT									
	SAMPLE MEASUREME	ENT									
	PERMIT REQUIREME	NT									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	PREP. DESIG	TIFY UNDER PENALTY OF LAW THA ARED UNDER MY DIRECTION OR S SINED TO ASSURE THAT QUALIFIED RMATION SUBMITTED. BASED ON M LYSTEM, OR THOSE PERSONS DIR	SUPERVISION IN ACCORDAN O PERSONNEL PROPERLY G MY INQUIRY OF THE PERSOI	ICE WITH A SYS' ATHER AND EVA N OR PERSONS	ALUATE THE WHO MANAGE	COMB HÖLCÓMB Date: 2022.0	led by SARAIT	TELEPHONE		DA	TE
GROUP LEADER EPC-CP	INFOR TRUE SUBM	RMATION, THE INFORMATION SUB , ACCURATE AND COMPLETE. I AM ITTING FALSE INFORMATION, INCL	MITTED IS, TO THE BEST OF AWARE THAT THERE ARE	MY KNOWLEDG SIGNIFICANT PE	E AND BELIEF, ALTIES FOR	NATURE OF PRINCIPAL EXI	ECUTIVE 505	667-0666		22 07	7 26
TYPED OR PRINTED	FOR K	FOR KNOWING VIOLATIONS. OFFICER OR AUTHORIZED AGENT AREA CODE NUMBER					BER	YEAR MO	DAY		

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

PAGE 1 OF 1

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

FROM

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	

027-Q								
DISCHARGE NUMBER								

MONITORING PERIOD														
YEAR	МО	DAY		YEAR	МО	DAY								
22	04	06	30											

DMR MAILING ZIP CODE: 87545

MAJOR

QUARTERLY REPORTING - OUTFALL 027

EXTERNAL OUTFALL

No Discharge

OMB No. 2040-004

PARAMETER	\searrow		QUANT	ITY OF LOADING			Q	UALITY OF CO	NCENTRAT	ION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	/ `		VALUE	VALUE	UNITS	VAL	UE	VALUE	V	ALUE	UNITS			
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREM		****	****	****	***	**	NODI=C	NO	DDI=C	mg/L	0	0/91	GRAB
	PERMIT REQUIREM		****	****		***	**	30 MO AVG		100 ILY MX	IIIg/L		QUARTERLY	GRAB
Phosphorus, Total (as P) 00665 1 0	SAMPLE MEASUREM		****	****	****	***	**	NODI=C	NO	DDI=C	m a /l	0	0/91	GRAB
00000 1 0	PERMIT REQUIREM		****	****		***	**	20 MO AVG		40 ILY MX	mg/L		QUARTERLY	GRAB
	SAMPLE MEASUREM													
	PERMIT REQUIREM													
	SAMPLE MEASUREM													
	PERMIT REQUIREM													
	SAMPLE MEASUREM													
	PERMIT REQUIREM													
	SAMPLE MEASUREM													
	PERMIT REQUIREM													
	SAMPLE MEASUREM													
	PERMIT REQUIREM													
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	ER I CEF	RTIFY UN PARED U	DER PENALTY OF LAW THAT NDER MY DIRECTION OR SU	T THIS DOCUMENT AND ALL	L ATTACHMENT CE WITH A SYS		SARAH		signed by SARA	H TE	LEPHONE	Ε	DA ⁻	ſΕ
STEVEN L. STORY GROUP LEADER EPC-CP	DESI INFO THE INFO TRUE	IGNED TO PRMATION SYSTEM, PRMATION E, ACCUP	D ASSURE THAT QUALIFIED IN SUBMITTED, BASED ON MY, OR THOSE PERSONS DIREIN, THE INFORMATION SUBMIRATE AND COMPLETE. I AM A	PERSONNEL PROPERLY GAY Y INQUIRY OF THE PERSON CTLY RESPONSIBLE FOR G ITTED IS, TO THE BEST OF WARE THAT THERE ARE S	ALUATE THE WHO MANAGE E E AND BELIEF, NALTIES FOR	HOLCC (Affiliate	Date: 2 08:49:2	OMB (Affiliate) 022.07.26 5-06'00'	505	l 665-0	1666	22 07	7 26	
TYPED OR PRINTED			FALSE INFORMATION, INCLU G VIOLATIONS.	JDING THE POSSIBILITY OF	RISONMENT	SIGNATURE OF PRINCIPAL EXECUTIVE 505 665					BER	YEAR MO		

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

PAGE 1 OF 1

OMB No. 2040-004

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

NAME: TRIAD NATIONAL SECURITY, LLC

LOCATION: LOS ALAMOS, NEW MEXICO 87545

ADDRESS: LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490 LOS ALAMOS, NEW MEXICO 87545

FACILITY: LOS ALAMOS NATIONAL LABORATORY

ATTN: STEVEN I STORY EPC-CP

NM0028355	
PERMIT NUMBER	

FROM

027-A								
DISCHARGE NUMBER]							

	MONITORING PERIOD														
	YEAR	МО	DAY		YEAR	МО	DAY								
ı	22	07	01	то	22	07	31								

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO SANDIA CANYON

EXTERNAL OUTFALL

PAGE 3

No Discharge

ATTN: STEVEN L. STORY, EPC-C	P													
PARAMETER	\searrow		QUANT	ITY OF LOADING			Q	UALITY OF CONC	ENTRATIO	N		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			VALUE	VALUE	UNITS	VALU	JE	VALUE	VAL	UE	UNITS			
pH 00400 1 0	SAMP MEASURE		****	****	****	NODI	=C	****	NOD	I=C	611	0	0/31	GRAB
00.00 1 0	PERM REQUIRE		****	****	1	6.6 MINIM		****	8.8 MAXIN		S.U.		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMP MEASURE		NODI=C	NODI=C	NA 1/-1	***	*	****	***:	**	****	0	0/31	RCORDE
30030 1 0	PERM REQUIRE		Req. Mon. MONTHLY AV	Req. Mon DAILY MX	Mgal/day	****	*	****	***	**			DAILY	RCORDE
Chlorine, Total Residual 50060 1 0	SAMP MEASURE		****	****	****	****	:*	****	NOD	I=C	m a/l	0	0/31	GRAB
	PERM REQUIRE		****	****		****	*	****	0.0 ² DAILY		mg/L		WEEKLY	GRAB
E. Coli 51040 1 0	SAMP MEASURE			****	****	****	*	NODI=C	NOD		#/100ml	0	0/31	GRAB
	PERMIT REQUIREM		****	****		****	*	548 MONTHLY AV	250 DAILY)7	#/1001111		2/Month	GRAB
	SAMP MEASURE													
	PERM REQUIRE													
	SAMP MEASURE													
	PERM REQUIRE													
	SAMP MEASURE													
	PERM REQUIRE													
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	ER I C	CERTIFY UN	IDER PENALTY OF LAW THA'	T THIS DOCUMENT AND AL	L ATTACHMENT	S WERE TEM	SARAH	Digitally sign	ed by SARAH	TELEPHONE			DA	ГЕ
STEVEN L. STORY, GROUP LEADER, EPC-CP	DE IN TH IN TE	ESIGNED TO IFORMATION HE SYSTEM IFORMATION RUE, ACCUR	O ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M'I, OR THOSE PERSONS DIRE N, THE INFORMATION SUBM RATE AND COMPLETE. I AM / FALSE INFORMATION, INCL	PERSONNEL PROPERLY G Y INQUIRY OF THE PERSOI CTLY RESPONSIBLE FOR (ITTED IS, TO THE BEST OF AWARE THAT THERE ARE:	ALUATE THE WHO MANAGE E GE AND BELIEF, NALTIES FOR	HOLCOM (Affiliate)	1101 00110	(Affiliate) 08.25 '00'	505 667-0		666	22 08	3 25	
TYPED OR PRINTED		FOR KNOWING VIOLATIONS. OFFICER OR AUTHORIZED A							GENT /	AREA CODE	NUMB		YEAR M	
	_													

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

PAGE 1 OF 1

EPC-DO: 22-238

Permi	<i>t</i>																			
Permit		NM0028355		Perm	ittec:		108 4	LAMOS NATIONAL LABOF	RATORY						Faci	lity:	I INII\/EDQIT	TY OF (CALIFORNIA	
		Yes			iittee: iittee Addro	0001		LAMOS NATIONAL LABORA											CALIFORNIA ONAL LABORATOF	ov.
Major:		res		Perm	iittee Addre	ess:	528 35	ILAMO NATIONAL LABORA STH STREET LAMO, NM 87544	ATORY						Faci	lity Location:	528 35TH S LOS ALAM	STREET	Γ	ζ1
Permit	tted Feature:	027 External Outfall		Discl	narge:		027-A COOL	ING TOWER BLOWDOWN	& OTHER WASTE	WATE	R TO SAN	DIA CANYON								
Repor	t Dates & Status			•																
Monito	oring Period:	From 08/01/22 to	08/31/22	DMR	Due Date:		09/28/	22							Statu	us:	NetDMR Va	alidated	d	
Consid	derations for Form (Completion													ļ					
	LI EFFLUENT LIMITA JENT FROM OUTFAI						LL 03A02	27 WHEN EFFLUENT FROI	M OUTFALL 13S I	S RERO	OUTED & [DISCHARGED A	T OUTFAL	L 03A027. TOTAL	. PCB EF	FFLUENT LIMITATIO	ONS ESTABLIS	SHED A	AT OUTFALL 13S AI	PPLIES WHEN
Princip	pal Executive Office	r																		
First N	lame:			Title:											Tele	phone:				
Last N	lame:																			
No Da	ta Indicator (NODI)																			
Form I																				
	Paramete	r	Monitoring Location	n Season i	Param. NOD	DI .		Quantity or Loa	ading					Quality or Concen	tration			# of Ex.	Frequency of Analysis	s Sample Type
Code	Na	me					Qualifier 1	1 Value 1 Qualifier	2 Value 2	Units	Qualifier '	1 Value 1	Qualifier	2 Value 2	Qualifie	er 3 Value 3	Units			
			. =			Sample Permit Req.					>=	6.6 MINIMUM			<=	8.8 MAXIMUM	12 - SU		01/07 - Weekly	GR - GRAB
00400	рН		1 - Effluent Gross	0		Value NODI						C - No Discharge	۵ .			C - No Discharge	12 00		o inor Trockly	OI OI OI OI
						Sample						O No Bloomarge				O 110 Blochaige				
50050	Flow in conduit or	thru treatment plant	1 - Effluent Gross	0		Permit Req.		Req Mon MO AVG	Req Mon DAILY MX	03 - MG	GD								01/01 - Daily	RE - Record (manual)
30030	r low, iii conduit or	una treatment plant	1 - Lindent Gloss	U		Value NODI		C - No Discharge	C - No Discharge											
						Sample														
50060	Chlorine, total resid	ual	1 - Effluent Gross	0		Permit Req.									<=	0.011 INST MAX	19 - mg/L		01/07 - Weekly	GR - GRAB
						Value NODI										C - No Discharge				
						Sample														
51040	E. coli		1 - Effluent Gross	0		Permit Req.							<=	548.0 MOAV GEO		2507.0 DAILY MX	3Z - CFU/100mL		02/30 - Twice Per Month	n GR - GRAB
						Value NODI								C - No Discharge		C - No Discharge				
Submi	ission Note																			
If a par	rameter row does not	contain any values f	for the Sample nor	Effluent	Trading, the	en none of th	ne follow	ing fields will be submitted f	or that row: Units,	Numbe	r of Excurs	ions, Frequency	of Analysis	, and Sample Type	e.					
Edit C	heck Errors																			
No erro	ors.																			
Comm	nents																			
LA-UR	-22-29946																			
Attach	nments																			
No attacl	hments.																			
Repor	t Last Saved By																			
LOS A	LAMOS NATIONAL	LABORATORY																		
User:				ICADIE	NTE															
Name:				Isaac	Cadiente															
E-Mail:	:			icadien	te@lanl.gov	/														
Date/T	ime:			2022-09	9-27 16:30	(Time Zon	e: -05:00)												
Repor	t Last Signed By																			
User:				SARAH	IHOLCOME	3														
Name:				Sarah	Holcomb															
E-Mail:	:				nb@lanl.go	V														
Date/T					_	(Time Zon	e: -05:00)												

Permit UNIVERSITY OF CALIFORNIA Permit #: NM0028355 Permittee: LOS ALAMOS NATIONAL LABORATORY Facility: Yes **Permittee Address:** LOS ALAMO NATIONAL LABORATORY **Facility Location:** LOS ALAMO NATIONAL LABORATORY Major: 528 35TH STREET 528 35TH STREET LOS ALAMO, NM 87544 LOS ALAMO, NM 87544 027 Discharge: 027-A **Permitted Feature:** External Outfall 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** Title: Telephone: First Name: **Last Name:** No Data Indicator (NODI) Form NODI: Parameter 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 3 Value 3 Units Code Value 2 Sample Permit Req. 6.6 MINIMUM 8.8 MAXIMUM 12 - SU 01/07 - Weekly GR - GRAB 00400 **pH** 1 - Effluent Gross 0 Value NODI C - No Discharge C - No Discharge Sample Permit Reg. Req Mon MO AVG Req Mon DAILY MX 03 - MGD 01/01 - Daily RE - Record (manual) 50050 Flow, in conduit or thru treatment plant 1 - Effluent Gross 0 C - No Discharge C - No Discharge Value NOD Sample Permit Req 0.011 INST MAX 19 - mg/L 01/07 - Weekly GR - GRAB 50060 Chlorine, total residual 1 - Effluent Gross 0 Value NODI C - No Discharge Sample 548.0 MOAV GEO <= 2507.0 DAILY MX 3Z - CFU/100mL 02/30 - Twice Per Month GR - GRAB Permit Req. 51040 E. coli 1 - Effluent Gross 0 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 SARAHHOLCOMB User: Name: Sarah Holcomb E-Mail: sholcomb@lanl.gov Date/Time: 2022-10-25 10:26 (Time Zone: -05:00)

Par	rmit																			
	mit #:	NM0028355		Perm	ittee:		108 4	LAMOS NATIONAL LABOR	RATORY						Facil	lity:	UNIVERSIT	Y OF C	CALIFORNIA	
		Yes			ittee:	2001		LAMOS NATIONAL LABORA LAMO NATIONAL LABORA								· •			JALIFORNIA ONAL LABORATOF	ov.
Maj	jor:	res		Perm	ittee Addre	ess:	528 35	STH STREET SLAMO, NM 87544	ATORY						Facil	lity Location:	528 35TH ST LOS ALAMO	TREET	Ī	X T
Per	mitted Feature:	027 External Outfall		Disch	narge:		027-A COOL	ING TOWER BLOWDOWN	& OTHER WASTE	WATE	R TO SAN	DIA CANYON								
Rej	port Dates & Status	;																		
Мо	nitoring Period:	From 10/01/22 to	10/31/22	DMR	Due Date:		11/28/	22							Statu	us:	NetDMR Val	lidated	I	
Col	nsiderations for Fo	rm Completion		ı																
		MITATIONS & MONITOR					LL 03A02	27 WHEN EFFLUENT FROM	M OUTFALL 13S IS	S RERC	OUTED & [DISCHARGED AT	T OUTFAL	L 03A027. TOTAL	PCB EF	FFLUENT LIMITATIO	NS ESTABLIS	HED A	T OUTFALL 13S AI	PPLIES WHEN
Pri	ncipal Executive Of	fficer																		
Firs	st Name:			Title:											Tele	phone:				
Las	st Name:														•					
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	m NODI:																			
		meter	Monitoring Location	Season #	Param. NOD)I		Quantity or Loa	ading					Quality or Concent	ration		;	# of Ex.	Frequency of Analysis	Sample Type
Co	de	Name					Qualifier 1	1 Value 1 Qualifier 2	2 Value 2	Units	Qualifier 1	Value 1	Qualifier	2 Value 2	Qualifie	r 3 Value 3	Units			
			. =			Sample Permit Req.					>=	6.6 MINIMUM			<=	8.8 MAXIMUM	12 - SU		01/07 - Weekly	GR - GRAB
004	100 pH		1 - Effluent Gross	0		Value NODI						C - No Discharge	۵ .		,-	C - No Discharge	12 00		o i, o i voolily	OIT OITE
						Sample						O 110 Diodilarge				o no biodiaigo				
500)50 Flow in conduit	t or thru treatment plant	1 - Effluent Gross	0		Permit Req.		Req Mon MO AVG	Req Mon DAILY MX	03 - MG	SD								01/01 - Daily	RE - Record (manual)
300	750 Tiow, in condu	t or till a treatment plant	1 - Lindent Gross	J		Value NODI		C - No Discharge	C - No Discharge											
						Sample														
500	060 Chlorine, total r	esidual	1 - Effluent Gross	0		Permit Req.									<=	0.011 INST MAX	19 - mg/L		01/07 - Weekly	GR - GRAB
						Value NODI										C - No Discharge				
						Sample														
510	040 E. coli		1 - Effluent Gross	0		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				
Sul	bmission Note																			
If a	parameter row does	not contain any values t	for the Sample nor	Effluent 7	Trading, the	en none of th	ne follow	ing fields will be submitted for	or that row: Units, I	Number	r of Excursi	ons, Frequency o	of Analysis	, and Sample Type	e.					
Edi	it Check Errors																			
No	errors.																			
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Nar	me:			Isaac	Cadiente															
E-M	fail:			icadient	e@lanl.gov	1														
Dat	e/Time:					(Time Zone	e: -06:00))												
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Use				SARAH	HOLCOMB	3														
Nar					Holcomb															
E-M					nb@lanl.gov	V														
	e/Time:				_	(Time Zone	e: -06:00))												

Permit																			
Permit:	#:	NM002	28355		Perm	nittee:	LO	S ALAMC	S NATIC	NAL	L LABORATOR	RY	Facil	ty:	UNIVER	SITY O	F CALII	FORNIA	
Major:		Yes			Perm	nittee Addro	528	S ALAMO 3 35TH S ⁻ S ALAMO	TREET		LABORATORY	,	Facil	ty Locatio	n: LOS AL 528 35T LOS AL	H STRE	ET	L LABORATORY 4	
Permitt	ed Feature:	027 Externa	al Outfall		Disc	harge:	02 1 QL		Y REPOF	RTIN	IG - OUTFALL	027							
Report	Dates & Status				•														
Monitor	ing Period:	From 0	08/01/22 to 10/31/	22	DMR	Due Date:	11/	28/22					Statu	s:	NetDMF	R Valida	ted		
Consid	erations for Form (Complet	tion																
Princip	al Executive Office	r																	
First Na	ıme:				Title								Telep	hone:					
Last Na	me:																		
No Data	Indicator (NODI)				•														
Form N	ODI:																		
	Parameter	N	Monitoring Location	Season #	Param. NOD			ty or Loadi					Quality or Con				# of Ex	. Frequency of Analysis	Sample Type
Code	Name					Sample	Qualifier 1 Value 1	Qualifier 2	Value 2 U	nits C	Qualifier 1 Value	1 Qualifier 2	2 Value 2	Qualifier 3	Value 3	Units			
00530	Solids, total suspen	nded '	1 - Effluent Gross	0		Permit Req.						<=	30.0 MO AVG	<=	100.0 DAILY MX	19 - mg/l	_	01/90 - Quarterly	GR - GRAB
00000	oonae, total ouepon		do 0.000			Value NODI							C - No Discharge		C - No Discharge				
						Sample													
00665	Phosphorus, total [a	as P]	1 - Effluent Gross	0		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				
Submis	sion Note																		
	meter row does not	contain	any values for the	Sample	nor Effluer	nt Trading, t	hen none of the	following	fields will	be s	submitted for th	at row: Ur	nits, Number of E	cursions, F	requency of Analy	sis, and	Sampl	е Туре.	
Edit Ch	eck Errors																		
No erro	rs.																		
Comme	ents																		
LA-UR-	22-32091																		
Attachr																			
No attachi Report	nents. Last Saved By																		
LOS AL	AMOS NATIONAL	LABOR																	
User:				ICADIEN															
Name:				Isaac (
E-Mail:					@lanl.gov														
Date/Tir				2022-11-	16 12:10	(Time Zon	e: -06:00)												
	Last Signed By																		
User:					HOLCOMB														
Name:				Sarah															
E-Mail:					o@lanl.gov														
Date/Tir	ne:			2-11-21 09:17 (Time Zone: -06:00)															

Permit UNIVERSITY OF CALIFORNIA Permit #: NM0028355 Permittee: LOS ALAMOS NATIONAL LABORATORY Facility: Yes **Permittee Address:** LOS ALAMO NATIONAL LABORATORY **Facility Location:** LOS ALAMO NATIONAL LABORATORY Major: 528 35TH STREET 528 35TH STREET LOS ALAMO, NM 87544 LOS ALAMO, NM 87544 027 027-A **Permitted Feature:** Discharge: External Outfall 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: Parameter 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 3 Value 3 Units Code Value 2 Sample Permit Req. 6.6 MINIMUM 8.8 MAXIMUM 12 - SU 01/07 - Weekly GR - GRAB 00400 **pH** 1 - Effluent Gross 0 Value NODI C - No Discharge C - No Discharge Sample Permit Reg. Req Mon MO AVG Req Mon DAILY MX 03 - MGD 01/01 - Daily RE - Record (manual) 50050 Flow, in conduit or thru treatment plant 1 - Effluent Gross 0 C - No Discharge C - No Discharge Value NOD Sample Permit Req 0.011 INST MAX 01/07 - Weekly GR - GRAB 50060 Chlorine, total residual 1 - Effluent Gross 0 Value NOD C - No Discharge Sample 548.0 MOAV GEO <= 2507.0 DAILY MX 3Z - CFU/100mL 02/30 - Twice Per Month GR - GRAB Permit Req. 51040 E. coli 1 - Effluent Gross 0 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 SARAHHOLCOMB User: Name: Sarah Holcomb E-Mail: sholcomb@lanl.gov Date/Time: 2022-12-20 09:21 (Time Zone: -06:00)

EPC-DO: 23-021

Permit	•																				
Permit	#:	NM0028355		Perm	ittee:		LOS AL	AMOS NATIONAL LABO	RATOR	Υ						Fac	ility:	UNIVERS	ITY OF (CALIFORNIA	
Major:		Yes		Perm	ittee Addre	ess:	528 35T	AMO NATIONAL LABOR 'H STREET AMO, NM 87544	ATORY	•						Fac	ility Location:	LOS ALAN 528 35TH LOS ALAN	STREE		RY
Permit	ted Feature:	027 External Outfall		Disch	narge:		027-A COOLIN	NG TOWER BLOWDOWN	N & OTH	IER WASTE	WATER	R TO SAN	DIA CANYON								
Report	t Dates & Status																				
Monito	ring Period:	From 12/01/22 to 1	12/31/22	DMR	Due Date:		01/28/2	3								Stat	us:	NetDMR \	/alidate	d	
Consid	derations for Form (Completion														•					
	-	ATIONS & MONITOR LL 13S IS REROUTE					L 03A027	WHEN EFFLUENT FRO	OM OUT	FALL 13S IS	S RERO	UTED & [DISCHARGED A	T OUTFAL	L 03A027. TOTA	L PCB E	FFLUENT LIMITATION	ONS ESTABL	ISHED /	AT OUTFALL 13S A	PPLIES WHEN
Princip	oal Executive Office	er																			
First N	ame:			Title:												Tele	ephone:				
Last N	ame:															·					
No Dat	ta Indicator (NODI)			,																	
Form N	NODI:																				
	Paramete		Monitoring Location	Season #	# Param. NOD			Quantity or Lo							Quality or Conce				# of Ex	. Frequency of Analysis	s Sample Type
Code	Na	ıme				Sample	Qualifier 1	Value 1 Qualifier	r 2	Value 2	Units	Qualifier 1	Value 1	Qualifier	2 Value 2	Qualific	er 3 Value 3	Units			
00400	рН		1 - Effluent Gross	0		Permit Req.						>=	6.6 MINIMUM			<=	8.8 MAXIMUM	12 - SU		01/07 - Weekly	GR - GRAB
00400	pii		1 - Lindent Gross	0		Value NODI							C - No Discharge	е			C - No Discharge				
						Sample															
50050	Flow, in conduit or	thru treatment plant	1 - Effluent Gross	0		Permit Req.	F	Req Mon MO AVG	Req M	on DAILY MX	03 - MGI	D								01/01 - Daily	RE - Record (manual)
						Value NODI		C - No Discharge	C - N	lo Discharge											
						Sample															
50060	Chlorine, total resid	lual	1 - Effluent Gross	0		Permit Req.										<=	0.011 INST MAX	19 - mg/L		01/07 - Weekly	GR - GRAB
						Value NODI											C - No Discharge				
						Sample Permit Req.								<=	548.0 MOAV GEO		2507.0 DAILY MX	27 CELI/100m	ol.	02/30 - Twice Per Mont	h CP CPAR
51040	E. coli		1 - Effluent Gross	0		Value NODI								\=	C - No Discharg		C - No Discharge	32 - CF 0/ 10011	IL	02/30 - I WICE FEI WORLD	II GK - GKAB
0.1.						value NODI									C - No Discharg	je	C - No Discharge				
	ssion Note			F.(1)	.	£ (1)		e 11 - 20 1 - 20 1		11.2			_								
		contain any values to	or the Sample nor	Effluent	I rading, the	en none of th	ne followin	g fields will be submitted	for that	row: Units, I	Number	of Excursi	ons, Frequency	of Analysis	s, and Sample Ty	pe.					
	heck Errors																				
No erro																					
Comm																					
	-23-20664																				
Attach																					
No attach	t Last Saved By																				
	LAMOS NATIONAL	LAROPATORY																			
User:	LAMOS NATIONAL	LABORATORT		ICADIE	NITE																
Name:					Cadiente																
E-Mail:					te@lanl.gov	,															
Date/Ti							o. 06:00\														
				2023-0	1-25 14.20	(Time Zone	e00.00)														
	t Last Signed By			CADALI		,															
User:					IHOLCOMB																
Name:					Holcomb																
E-Mail:					nb@lanl.go 1-25 17:30	V (Time Zone	a: -06:00)														

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

TAUNIA S. VAN VALKENBURG, EPC-CP

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

ATTN:

NM0028355
PERMIT NUMBER

FROM

113-A

DISCHARGE NUMBER

1	MONITORING PERIOD												
	YEAR	МО	DAY		YEAR	MO	DAY						
	21	01	01	то	21	01	31						

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 7

No Discharge

PARAMETER		QUANTI	TY OF LOADING		Q	UALITY OF CONCI	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
T A GATE I ELL		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
oH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	7.2	****	7.4	S.U.	0	4/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM	0.0.		WEEKLY	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.0000445	0.001300	Maal/day	****	****	****	****	0	16/31	RCORD
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	Mgal/day	****	****	****			DAILY	RCORD
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****		****	****	0	mg/L	0	4/31	GRAE
Effluent Gross	PERMIT REQUIREMENT	****	****	23.500	****	****	0.011 INST MAX	IIIg/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	y skinte				45 7-1					
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										100
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	PREPARED DESIGNED INFORMATI THE SYSTE INFORMATI TRUE, ACCU SUBMITTIN	NDER PENALTY OF LAW THA UNDER MY DIRECTION OR SI O ASSURE THAT QUALIFIED ON SUBMITTED. BASED ON M, OR THOSE PERSONS DIRECT ON THE INFORMATION SUBMITTED IAM OF THE INFORMATION INCLUSION, INCUS	JPERVISION IN ACCORDA PERSONNEL PROPERLY Y INQUIRY OF THE PERSI CTLY RESPONSIBLE FOR ITTED IS, TO THE BEST C AWARE THAT THERE ARE	ANCE WITH A SYS' GATHER AND EVA ON OR PERSONS GATHERING THE OF MY KNOWLEDGE SIGNIFICANT PE	LUATE THE WALKEI (Affiliate E AND BELIEF NALTIES FOR RISONMENT SIGNA	NBURG Digitally signed VALKERBURG Outs 2021.02.2	toy TAUNIA VAN (Affiliate) (S13:24 48-0700 (ECUTIVE 505	TELEPHON		21 02	2 25
TYPED OR PRINTED	FOR KNOW	ING VIOLATIONS			OFF	ICER OR AUTHORIZED	AGENT AREA CO	DE NUM	BER	YEAR M	O DA

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

EPC-DO-21-072

(Reference all attachments here)

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

PAGE 1 OF 1

Attachment 1

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: TALINIA S. VAN VALKENBURG, EPC-CP.

NM0028355
PERMIT NUMBER

FROM

113-A DISCHARGE NUMBER

MONITORING PERIOD												
YEAR	МО	DAY		YEAR	МО	DAY						
21	02	01	то	21	02	28						

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 7

No Discharge

PARAMETER	\setminus	QUANTI	TY OF LOADING	•	(QUALITY OF CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
, , d o dile :	/	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	7.1	****	7.2	S.U.	0	4/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	教育宗宗育	9.0 MAXIMUM	0.0.		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.000338	0.000790	Maal/day	****	****	****	****	0	12/28	RCORDR
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	Mgal/day	****	****	青衣木士士			DAILY	RCORDR
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	0		0	4/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	业为表本本	****		庆 六六六亩	大大大 安省市	0.011 INST MAX	mg/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	S2 8 (* 7.									
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT							Ü			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	PREPARED DESIGNED TO INFORMATIC THE SYSTEM INFORMATIC TRUE, ACIC SUBMITTING	NDER PENALTY OF LAW THAY UNDER MY DIRECTION OR SL O ASSURE THAT QUALIFIED ON SUBMITTED. BASED ON MY M, OR THOSE PERSONS DIRE IN, THE INFORMATION SUBM IRATE AND COMPLETE. I AM M FALSE INFORMATION, INCLU	IPERVISION IN ACCORD, PERSONNEL PROPERLY Y INQUIRY OF THE PERS CTLY RESPONSIBLE FOR ITTED IS, TO THE BEST (AWARE THAT THERE AR	ANCE WITH A SYST GATHER AND EVA SON OR PERSONS I R GATHERING THE DF MY KNOWLEDG E SIGNIFICANT PER	LUATE THE VALKE (Affiliate AND BELIEF, NALTIES FOR ISONMENT SIGN	NBURG VAN VAL Date: 202 -06'00' ATURE OF PRINCIPAL EX	KENBURG (Affiliate) 1.03.25 09:17:22 (ECUTIVE 505	ELEPHON		2021 03	3 25
TYPED OR PRINTED	FOR KNOW	NG VIOLATIONS.			OF	FICER OR AUTHORIZED	AGENT AREA CO	DE NUMI	BER	YEAR M	O DAY

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

(Reference all attachments here)

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

PAGE 1 OF 1

EPC-DO: 21-111 EPC-DO: 23-121

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

FROM

113-A DISCHARGE NUMBER

		MONITO	DRING P	ERIOD		
YEAR	МО	DAY		YEAR	МО	DAY
21	03	01	то	21	03	31

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 11

No Discharge

PARAMETER		QUANTI	TY OF LOADING	3		QUALITY OF CONC	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	7.2	****	7.4	S.U.	0	4/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM	5.0.		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.000744	0.001400	Maral/day	****	****	****	****	0	29/31	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	ma/l	0	4/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	****	0.011 INST MAX	mg/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	ER I CERTIFY UN	NDER PENALTY OF LAW THAT JNDER MY DIRECTION OR SU	THIS DOCUMENT AND A	ALL ATTACHMENTS	WERE TALINI	A VAN Digitally s	signed by TAUNIA	ELEPHONE	=	DAT	E
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED T INFORMATIO THE SYSTEM INFORMATIO TRUE, ACCU	O ASSURE THAT QUALIFIED F N SUBMITTED. BASED ON MY I, OR THOSE PERSONS DIREC N, THE INFORMATION SUBMI RATE AND COMPLETE. I AM A	PERSONNEL PROPERLY INQUIRY OF THE PERSONTELY RESPONSIBLE FOR TITED IS, TO THE BEST O WARE THAT THERE ARE	GATHER AND EVAL ON OR PERSONS W GATHERING THE F MY KNOWLEDGE SIGNIFICANT PEN	UATE THE VALKE (Affiliat AND BELIEF, ALTIES FOR	ENBURG VAN VAL	KENBURG (Affilate) 21,04.26 15:01:24	l 665-9	997	21 04	26
TYPED OR PRINTED		FALSE INFORMATION, INCLU IG VIOLATIONS.	DING THE POSSIBILITY	OF FINE AND IMPRI	SOMMENT	FFICER OR AUTHORIZED	000			YEAR MO	D DAY

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

(Reference all attachments here)

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

PAGE 1 OF 1

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

ATTN:

LOCATION: LOS ALAMOS, NEW MEXICO 87545

NM0028355 PERMIT NUMBER

FROM

113-Q DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 87545

MAJOR

QUARTERLY REPORTING - OUTFALL 113

EFFLUENT GROSS

PAGE 12

No Discharge

TTN: TAUNIA S. VAN VALKENI	BURG, EPC-CP	QUANT	ITY OF LOADING	3		QUALITY OF CON	CENTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE
PARAMETER	$ $ \times $ $	VALUE	VALUE	LUNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, Total Suspended	SAMPLE MEASUREMENT	*****	****		****	0.900	0.900		0	1/90	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	30 MO AVG	100 DAILY MX	mg/L		QUARTERLY	GRAB
Phosphorus, Total (as P) 00665 1 0	SAMPLE MEASUREMENT	****	****	****	****	2.23	2.23	mall	0	1/90	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	****		****	20 MO AVG	40 DAILY MX	mg/L		QUARTERLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				7						
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT	3									
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFF	PREPARED U	DER PENALTY OF LAWTHANDER MY DIRECTION OR S	UPERVISION IN ACCORDA	ANCE WITH A SYST	EM TAUL	TAIDLIDO VAN VA	ALKENBURG (Affiliate)	TELEPHON	Ε	DA	TE
AUNIA S. VAN VALKENBURG BROUP LEADER IPC-CP	INFORMATIO THE SYSTEM INFORMATIO TRUE ACCUS	N SUBMITTED. BASED ON M , OR THOSE PERSONS DIRE N, THE INFORMATION SUBM RATE AND COMPLETE. I AM FALSE INFORMATION, INCL	IY INQUIRY OF THE PERS CTLY RESPONSIBLE FOR NITTED IS, TO THE BEST OF AWARE THAT THERE AR	ON OR PERSONS V R GATHERING THE DF MY KNOWLEDGI E SIGNIFICANT PEN	AND BELIEF, IALTIES FOR	ENBURG Date: 2	021,04.26 15:01:40	l 665-9	9827	21 04	26
TYPED OR PRINTED	FOR KNOWIN	IG VIOLATIONS.	ODING THE POGGBEN	OI I INC AND IMPI	(OFFICER OR AUTHORIZED			BER	YEAR MO	DAY

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

(Reference all attachments here)

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

PAGE 1 OF 1

EPC-DO: 21-143

Attachment 1

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

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

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 7

No Discharge

OMB No. 2040-004

PARAMETER		QUANTI	ITY OF LOADING	i i	(QUALITY OF CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	7.0	****	7.2	S.U.	0	5/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM	5.0.		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.000969	0.001800	Maral/day	****	****	*****	****	0	29/30	RCORDF
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	Mgal/day	****	****	****			DAILY	RCORDF
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	0		0	5/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	****	0.011 INST MAX	mg/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT								CS		
=	PERMIT REQUIREMENT								OME II		
	SAMPLE MEASUREMENT									CONTRACTOR OF THE PROPERTY OF	
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT								1, 100		
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	ER I CERTIFY UN	DER PENALTY OF LAW THAT NDER MY DIRECTION OR SUI	THIS DOCUMENT AND A	LL ATTACHMENTS	WERE TAUNIA	VAN Digitally signe	d by TALIBUA	ELEPHONE		DAT	E
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED TO INFORMATIO THE SYSTEM INFORMATIO TRUE, ACCUR	O ASSURE THAT QUALIFIED P N SUBMITTED, BASED ON MY , OR THOSE PERSONS DIREC N, THE INFORMATION SUBMIT RATE AND COMPLETE. IAM A'	PERSONNEL PROPERLY OF INQUIRY OF THE PERSO TLY RESPONSIBLE FOR ITED IS, TO THE BEST OF WARE THAT THERE ARE	GATHER AND EVAL ON OR PERSONS W GATHERING THE MY KNOWLEDGE SIGNIFICANT PENA	UATE THE HO MANAGE AND BELIEF, ALTIES FOR	VAN VALKEN Date 2021.05 -06'00'	BURG (Affiliate) .24 17 12 39	1		21 05	24
TYPED OR PRINTED		FALSE INFORMATION, INCLU G VIOLATIONS.	DING THE POSSIBILITY O	F FINE AND IMPRIS	ONNELLA	TURE OF PRINCIPAL EX ICER OR AUTHORIZED A	000	665-9 DE NUMB		YEAR MC	DAY

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

(Reference all attachments here)

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

EPC-DO: 21-162

PAGE 1 OF 1

Attachment 1

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 VAL KENBURG, EBC CB

NM0028355
PERMIT NUMBER

FROM

113-A
DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 7

No Discharge

OMB No. 2040-004

PARAMETER		QUANTI	TY OF LOADING	9	(QUALITY OF CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	<u> </u>		
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	7.2	****	7.6	S.U.	0	4/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMU	1300000		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.000253	0.001050	Manalida	****	****	****	****	0	12/31	RCORDR
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	Mgal/day	食物料食物	****	****			DAILY	RCORDR
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	0		0	4/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	****	0.011 INST MA	mg/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	(E2 (0, -)	7-2								T.
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				Marie I						
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	EIRE LAN									
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	CER I CERTIFY UI	NDER PENALTY OF LAW THAT JNDER MY DIRECTION OR SU				A VAN Digitally signs	ed by TAUNIA	TELEPHO	NÉ	DA.	TE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED T INFORMATIO THE SYSTEM INFORMATIO TRUE, ACCU	O ASSURE THAT QUALIFIED IN SUBMITTED. BASED ON MY N, OR THOSE PERSONS DIREC N, THE INFORMATION SUBMI RATE AND COMPLETE I AM A	PERSONNEL PROPERLY / INQUIRY OF THE PERSI CTLY RESPONSIBLE FOR TTED IS, TO THE BEST O WARE THAT THERE ARE	GATHER AND EVAI ON OR PERSONS V GATHERING THE DF MY KNOWLEDGE E SIGNIFICANT PEN	VALKE VHO MANAGE VALKE	NBURG VAN VALKEN Date: 2021 08	NBURG (Affiliate) 5 25 09:53 39	505 665	-9827	21	06 25
TYPED OR PRINTED		FALSE INFORMATION, INCLU NG VIOLATIONS.	IDING THE POSSIBILITY	OF FINE AND IMPR	SOMMER	FICER OR AUTHORIZED	ACENT -		MBER	YEAR M	O DAY

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

(Reference all attachments here)

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

PAGE 1 OF 1

EPC-DO: 21-195

Attachment 1

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

FROM

113-A

DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 11

No Discharge

PARAMETER		QUANTI	TY OF LOADING	ì	Q	UALITY OF CONCE	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
7,40 4/12121	$/ \setminus$	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
pH 00400 1 0	SAMPLE MEASUREMENT	****	***	***	7.5	****	7.9	S.U.	0	5/30	GRAB	
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM	0,0,		WEEKLY	GRAB	
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.001345	0.003530	Mgal/day	****	****	****	****	0	26/30	RCORDR	
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	Ivigaliday	****	***	****			DAILY	RCORDR	
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	***	***	0	mg/L	0	5/30	GRAB	
Effluent Gross	PERMIT REQUIREMENT	****	****		★☆★☆	****	0.011 INST MAX	IIIg/L		WEEKLY	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT		Part No.	TETT FIRE	91				×,			
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC		INDER PENALTY OF LAW THA UNDER MY DIRECTION OR SI	IDEDVICION IN ACCORDA	ANCE WITH A SVS	TEM II ALINIA	VAN Digitally signe	d by TAUNIA	TELEPHON	IE	DA	TE.	
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED INFORMATION THE SYSTE INFORMATION TRUE ACC	UNDER MY DIRECTION OR SET TO ASSURE THAT QUALIFIED ON SUBMITTED. BASED ON M M. OR THOSE PERSONS DIRE ON, THE INFORMATION SUBM URATE AND COMPLETE. I AM S FALSE INFORMATION, INCL.	PERSONNEL PROPERLY Y INQUIRY OF THE PERS CTLY RESPONSIBLE FOR ITTED IS, TO THE BEST OF AWARE THAT THERE AR	GATHER AND EVEN ON OR PERSONS RESEARCH THE CONTROL OF MY KNOWLEDGE SIGNIFICANT PERSONS AND THE CONTROL OF MY KNOWLEDGE SIGNIFICANT PERSONS AND THE CONTROL OF MY KNOWLEDGE SIGNIFICANT PERSONS AND THE CONTROL OF MY AND THE	ALUATE THE WHO MANAGE VALKEN (Affiliate NALTIES FOR SIGNAL	BURG VAN VALKEN Date: 2021 07	BURG (Affiliate) 26 16 33 55	5 665-	9827	21 0	7 26	
TYPED OR PRINTED		ING VIOLATIONS	क्षा करता है न करते हैं है है जो ने साथ है है क्षा कर कर है	e-zneliko-posta (Utbi		OFFICER OR AUTHORIZED AGENT			1BER	YEAR M	O DAY	

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

EPC-DO: 21-239

(Reference all attachments here)

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

PAGE 1 OF 1

Attachment 1

12

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

YEAR

21

FROM

113-Q DISCHARGE NUMBER

 MONITORING PERIOD

 MO
 DAY
 YEAR
 MO
 DAY

 04
 01
 TO
 21
 06
 30

DMR MAILING ZIP CODE: 87545

MAJOR

QUARTERLY REPORTING - OUTFALL 113

EFFLUENT GROSS

PAGE 12

No Discharge

PARAMETER		QUANT	ITY OF LOADING	9	Q	UALITY OF CONC	ENTRATION		NO EX		SAMPLE TYPE
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		VALUE	VALUE	UNITS	VALUE	VALUE	VALU	E UN	ITS .		
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	****	****	****	****	1,30	1.30		g/L 0	1/91	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	30 MO AVG	100 DAILY I		3/-	QUARTERLY	GRAB
Phosphorus, Total (as P) 00665 1 0	SAMPLE MEASUREMENT	****	****	****	****	2.03	2.03		g/L 0	1/91	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	20 MO AVG	40 DAILY I		g/ L	QUARTERLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		113.11								
NAME/TITLE PRINCIPAL EXECUTIVE OF	FICER I CERTIFY UN	DER PENALTY OF LAW THAT	AT THIS DOCUMENT AND	ALL ATTACHMENT	S WERE TAUNIA	A VAN Digitally sign	ed by TAUNIA	TELEP	HONE	DA	TE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED TO INFORMATION THE SYSTEM, INFORMATION TRUE ACCUE	DASSURE THAT QUALIFIED IN SUBMITTED BASED ON MORE THOSE PERSONS DIR NOTHE INFORMATION SUBJECTED AND COMPLETE. I AM	D PERSONNEL PROPERLY MY INQUIRY OF THE PERS ECTLY RESPONSIBLE FO MITTED IS, TO THE BEST I AWARE THAT THERE AR	Y GATHER AND EVA SON OR PERSONS IR GATHERING THE OF MY KNOWLEDG RE SIGNIFICANT PE	LUATE THE WHO MANAGE E AND BELIEF NALTIES FOR	ATE THE O MANAGE VALKENBURG (Affiliate) VALKENBURG (Affiliate) VALKENBURG (Affiliate) VAN VALKENBURG (505 I	665-9827	21 0	7 26
TYPED OR PRINTED	SUBMITTING	FALSE INFORMATION, INCI G VIOLATIONS	LUDING THE POSSIBILITY	OF FINE AND IMPR	ISONMENT SIGNA	SFOR SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			NUMBER	YEAR M	O DAY

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

EPC-DO: 21-239

(Reference all attachments here)

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

PAGE 1 OF 1

OMB No. 2040-004

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

TRIAD NATIONAL SECURITY, LLC NAME:

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 TAUNIA JEAN SANDOUIST EPC-CP

NM0028355
PERMIT NUMBER

FROM

113-A	
DISCHARGE NUMBER	

		MONIT	ORING P	ERIOD		
YEAR	МО	DAY		YEAR	MO	DAY
21	07	01	то	21	07	31

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 7

No Discharge

PARAMETER	$\overline{}$	QUANTI	TY OF LOADING	9	(QUALITY OF CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1700 WILLER	$/ \setminus$	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	7,6	****	7.8	S,U,	0	4/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	青灾当农务		6.0 MINIMUM	****	9.0 MAXIMUN			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0,001617	0.002400	Mediday	***	****	****	为长衣女女	0	26/31	RCORD
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon	- Mgal/day	专业大大会	****	****			DAILY	RCORD
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	***	****	0	mg/L	0	4/31	GRAE
Effluent Gross	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 OFFIC TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP	PREPARED DESIGNED INFORMATI THE SYSTE INFORMATI TRUE, ACCI SUBMITTIN	NDER PENALTY OF LAW THA UNDER MY DIRECTION OR SI TO ASSURE THAT QUALIFIED ON SUBMITTED, BASED ON M, M, OR THOSE PERSONS DIRECTION, THE INFORMATION SUBM JRATE AND COMPLETE. I AM IS FALSE INFORMATION, INCL. ING VIOLATIONS.	JPERVISION IN ACCORD. PERSONNEL PROPERLY Y INQUIRY OF THE PERS CTLY RESPONSIBLE FO INTED IS, TO THE BEST AWARE THAT THERE AR	ANCE WITH A SYST GATHER AND EVA SON OR PERSONS R GATHERING THE OF MY KNOWLEDG SE SIGNIFICANT PE	LEM THE WHO MANAGE E AND BELIEF, NALTIES FOR RISONMENT SIGN	Digitally standard Samuel Samu	andquist 1,08,25 -06'00' (ECUTIVE	TELEPHOI	NE -9827	21 0	

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

EPC-DO: 21-264

(Reference all attachments here)

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

PAGE 1 OF 1

Attachment 1

8

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

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

NM0028355
PERMIT NUMBER

FROM

113-A

DISCHARGE NUMBER

		MONIT	FORING P	ERIOD		
YEAR	МО	DAY		YEAR	MO	DAY
21	08	01	то	21	08	31

DMR MAILING ZIP CODE: 8

87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 7

No Discharge

TTN: TAUNIA JEAN SANDQUIST	, EPC-CP	QUANTI	TY OF LOADING			QUALITY OF CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			.
рН	SAMPLE MEASUREMENT	****	****	****	7.2	****	7.6	S.U.	0	4/31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	安全企业市	9.0 MAXIMUM			WEEKLY	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	0.001692	0.004820	100	****	***	****	****	0	24/31	RCORD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	- Mgal/day	女者宗治女	****	****			DAILY	RCORD
Chlorine, Total Residual	SAMPLE MEASUREMENT	****	****	****	****	****	0	mg/L	0	4/31	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	***	0.011 INST MA			WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										-
	SAMPLE MEASUREMENT			_					_		-
	PERMIT REQUIREMENT								-		
	SAMPLE MEASUREMENT								-		
	PERMIT REQUIREMENT								-		
	SAMPLE MEASUREMENT								-	-	
	PERMIT REQUIREMENT							TELEPHON	J.F.	DA	ATE
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP	PREPARED I DESIGNED T INFORMATIO THE SYSTEM INFORMATIO	NDER PENALTY OF LAW THA UNDER MY DIRECTION OR S O ASSURE THAT QUALIFIED IN SUBMITTED, BASED ON IA, I, OR THOSE PERSONS DIR. IN, THE INFORMATION SUBI IRATE AND COMPLETE. I AM IS FALSE INFORMATION, INCL INC. YICLATIONS.	PERSONNEL PROPERLY AY INQUIRY OF THE PERS ECTLY RESPONSIBLE FOI MITTED IS, TO THE BEST	GATHER AND EVA ON OR PERSONS OR GATHERING THE OF MY KNOWLEDG E SIGNIFICANT PE	WHO MANAGE SANGE AND BELIEF, NALTIES FOR SIGN	nia Digitally s Taunia Sa Date: 202 09:17:54 IATURE OF PRINCIPAL E	andquist 1.09.28 -06'00' XECUTIVE 5	665	-9827 MBER	21 0	9 28

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

(Reference all attachments here)

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

PAGE 1 OF 1

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: TALINIA JEAN SANDOUIST EDC CD

NM0028355
PERMIT NUMBER

FROM

113-A

DISCHARGE NUMBER

			MONIT	ORING P	ERIOD		
	YEAR	МО	DAY		YEAR	МО	DAY
ı	21	09	01	то	21	09	30

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 15

No Discharge

ATTN: TAUNIA JEAN SANDQUIS	Γ, EPC-CP												
PARAMETER		QUANT	ITY OF LOADING			QUALI	TY OF CONCE	NTRATIO	N		NO. EX	FREQUENCY OF ANALYSIS	SAMPLI TYPE
	/	VALUE	VALUE	UNITS	VALUE		VALUE	VAL	UE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	7.0		****	7.	3	S.U.	0	5/30	GRAE
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUN	М	****	9. MAXII		3.0.		WEEKLY	GRAE
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.001817	0.008100	Maal/day	****		****	***	**	****	0	30/30	RCORD
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	- Mgal/day	****		****	***	**			DAILY	RCORD
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****		****	0	١	ma/l	0	5/30	GRAE
Effluent Gross	PERMIT REQUIREMENT	****	****		****		****	0.0 INST		mg/L		WEEKLY	GRAE
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP	PREPARED UNDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUA INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AN TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENAL' SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISO							ned by dquist 10.27 6'00'	TE 505	LEPHONE		21 10	
TYPED OR PRINTED	TYPED OR PRINTED FOR KNOWING VIOLATIONS.							GENT	AREA CODE	NUMB	ER	YEAR MO	D DA

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

(Reference all attachments here)

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

PAGE 1 OF 1

EPC-DO: 21-349 EPC-DO: 23-121

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 JEAN SANDOUIST EDC CD

NM0028355
PERMIT NUMBER

FROM

113-Q DISCHARGE NUMBER

		MONIT	ORING P	ERIOD		
YEAR	MO	DAY		YEAR	МО	DAY
21	07	01	то	21	09	30

DMR MAILING ZIP CODE: 87545

MAJOR

QUARTERLY REPORTING - OUTFALL 113

EFFLUENT GROSS

PAGE 16

No Discharge

ATTN: TAUNIA JEAN SANDQUI	ST, EPC-CP										
PARAMETER		QUANT	TITY OF LOADING	3		QUALITY OF CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPL TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1		
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	****	****	****	****	<0.570	<0.570	m a/l	0	1/92	GRAI
Effluent Gross	PERMIT REQUIREMENT	****	****		****	30 MO AVG	100 DAILY MX	mg/L		QUARTERLY	GRA
Phosphorus, Total (as P) 00665 1 0	SAMPLE MEASUREMENT	****	****	****	****	1.51	1.51		0	1/92	GRA
Effluent Gross	PERMIT REQUIREMENT	****	****		****	20 MO AVG	40 DAILY MX	mg/L		QUARTERLY	GRAI
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFF TAUNIA JEAN SANDQUIST GROUP LEADER	PREPARED U DESIGNED TO INFORMATION THE SYSTEM	DIER PENALTY OF LAW THA NDER MY DIRECTION OR SI O ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M , OR THOSE PERSONS DIRE N. THE INFORMATION SUBM	JPERVISION IN ACCORDA PERSONNEL PROPERLY Y INQUIRY OF THE PERSO CTLY RESPONSIBLE FOR	Tau NLUATE THE WHO MANAGE San	nia Digitally signaturia Sar Date: 2021 16:08:39 -C	indquist .10.27	TELEPHON	Ē	DAT		
EPC-CP	TRUE, ACCUR SUBMITTING	N, THE INFORMATION SUBM RATE AND COMPLETE. I AM. FALSE INFORMATION, INCL IG VIOLATIONS.	AWARE THAT THERE ARE	SIGNIFICANT PE	NALTIES FOR SIG	NATURE OF PRINCIPAL EX	ECUTIVE 505	665-9	827	21 10	2
TYPED OR PRINTED			STRIBER OR AUTHORIZED F	AREA CO	DDE NUMI	BER	YEAR MO) D/			

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

(Reference all attachments here)

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

PAGE 1 OF 1

EPC-DO: 21-349 EPC-DO: 23-121 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: TALINIA JEAN SANDOLIIST EPC-CP

NM0028355
PERMIT NUMBER

113-Y
DISCHARGE NUMBER

		MONITORING PERIOD												
	YEAR	МО	DAY		YEAR	МО	DAY							
FROM	20	10	01	то	21	09	30							

DMR MAILING ZIP CODE: 87545

MAJOR

YEARLY REPORTING - OUTFALL 113

EXTERNAL OUTFALL

PAGE 17

No Discharge

OMB No. 2040-004

ATTN: TAUNIA JEAN SANDQUI	ST, EPC-0	CP												
PARAMETER			QUANT	TTY OF LOADING	}		Q	UALITY OF CONCE	ENTRATIC	N		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			VALUE	VALUE	UNITS	VALU	JE	VALUE	VAL	UE	UNITS			
Copper, Dissolved (as Cu) 01040 1 0		MPLE REMENT	****	****	****	****	*	****	0.0	144	m a/l	0	1/365	GRAB
Effluent Gross		RMIT REMENT	****	****		****	*	****	0.02 DAIL		mg/L		1/Year	GRAB
Aluminum, Total Recoverable 01104 1 0		MPLE REMENT	****	****	****	****	*	****	<0.0	193	m a/l	0	1/365	GRAB
Effluent Gross		RMIT REMENT	****	****		****	*	****	6.9 DAIL		mg/L		1/Year	GRAB
		MPLE REMENT												
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TYPED OR PRINTED			-				OrFi	OLIN ON AUTHONIZED A	OLIVI	AREA CODE	NUME	BER	YEAR MO) DA'

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.

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

PAGE 1 OF 1

EPC-DO: 21-349 EPC-DO: 23-121

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

NM0028355 PERMIT NUMBER

113-A DISCHARGE NUMBER

			MONITO	DRING P	ERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	21	10	01	то	21	10	31

DMR MAILING ZIP CODE:

87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 7

No Discharge

OMB No. 2040-004

ATTN: STEVEN L.STORY, EPC-C	P										No Discharge		
PARAMETER		QUANT	ITY OF LOADING	G	(QUALITY OF CONC	ENTRATION	1417-11	NO. EX	FREQUENCY OF ANALYSIS	SAMPL		
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Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM	S.U.		WEEKLY	GRAB		
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.000268	0.000860		****	****	****		0	8/31	RCORDI		
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	Mgal/day -	****	****	****	****		DAILY	RCORDE		
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	0		0	4/31	GRAB		
Effluent Gross	PERMIT REQUIREMENT	****	****		****	*****	0.011 INST MAX	mg/L		WEEKLY	GRAB		
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	PREPARED U	DER PENALTY OF LAW THAT NDER MY DIRECTION OR SUF	PERVISION IN ACCORDA	NCE WITH A SYSTEM	M	Digitally since	d by STEVEN	TELEPHON	Ξ	DAT	E		
STEVEN L.STORY BROUP LEADER EPC-CP	DESIGNED TO INFORMATION THE SYSTEM, INFORMATION TRUE, ACCUR SUBMITTING	DASSURE THAT QUALIFIED P IN SUBMITTED, BASED ON MY OR THOSE PERSONS DIREC IN, THE INFORMATION SUBMIT INTE AND COMPLETE. I AM AN FALSE INFORMATION. INCLUE	ERSONNEL PROPERLY (INQUIRY OF THE PERSO TLY RESPONSIBLE FOR TED IS, TO THE BEST OF WARE THAT THERE ARE	SATHER AND EVALU ON OR PERSONS WE GATHERING THE F MY KNOWLEDGE A SIGNIFICANT PENA	JATE THE SIEVE HO MANAGE (Affiliate	N STORY STORY (Affili	ate) 1.17 12:53:02	5 665-2	169	11 1	7 21		
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COMMENT AND EXPLANATION OF ANY VIOLATIONS PERMIT EFFECTIVE DATE: OCTOBER 1, 2014.

(Reference all attachments here)

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

PAGE 1 OF 1

EPC-DO: 21-373

Attachment 1 5

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, FPC-CP

NM0028355 PERMIT NUMBER

FROM

113-A DISCHARGE NUMBER

		MONITO	ORING P	ERIOD		
YEAR	МО	DAY		YEAR	МО	DAY
21	11	01	то	21	11	30

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 7

No Discharge

OMB No. 2040-004

	QUANTITY OF LOADING VALUE VALUE LINITS					ATION		FREQUENCY OF ANALYSIS	SAMPL	
	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
SAMPLE MEASUREMENT	****	****	****	7.1	****	7.4	0.11	0	4/30	GRAE
PERMIT REQUIREMENT	*****	****		6.0 MINIMUM	****	9.0 MAXIMUM	2072		WEEKLY	GRAE
SAMPLE MEASUREMENT	0.001481	0.005400		****	****	****		0	28/30	RCORD
PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	Mgal/day	****	****	****	****		DAILY	RCORDI
SAMPLE MEASUREMENT	****	****		****	****	0		0	4/30	GRAB
PERMIT REQUIREMENT	****	****	****	****	****	0.011	mg/L		WEEKLY	GRAB
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COMMENT AND EXPLANATION OF ANY VIOLATIONS PERMIT EFFECTIVE DATE: OCTOBER 1, 2014.

(Reference all attachments here)

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

PAGE 1 OF 1

EPC-DO: 21-408

Attachment 1 8

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

NM0028355 PERMIT NUMBER

113-A DISCHARGE NUMBER

			MONIT	ORING P	ERIOD		
	YEAR	MO	DAY		YEAR	МО	DAY
FROM	21	12	01	то	21	12	31

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 11

No Discharge

OMB No. 2040-004

TTN: STEVEN L.STORY, EPC-C	P	·			11	· · · · · · · · · · · · · · · · · · ·	• 			NO DISCHE	ge
PARAMETER	\searrow	QUANTI	TY OF LOADING		Q	UALITY OF CONCE	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	$/ \setminus$	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
oH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	6.7	****	7.6	S.U.	0	5/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM	3.0.		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.000278	0.001280	Maakday	****	****	****	****	0	16/31	RCORD
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	Mgal/day	***	****	****	1		DAILY	RCORD
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	***	****	****	****	方元安方女	0		0	5/31	GRAE
Effluent Gross	PERMIT REQUIREMENT	****	****		****	****	0.011 INST MAX	mg/L		WEEKLY	GRAE
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TYPED OR PRINTED	FOR KNOW	NG VIOLATIONS			OFF	ICER OR AUTHORIZED A	AGENT AREA CO	DE NUM	BER	YEAR M	IO DA

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

(Reference all attachments here)

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

PAGE 1 OF 1

EPC-DO: 22-037 Attachment 1

12

LA-UR-22-20594

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

NAME:

TRIAD NATIONAL SECURITY, LLC

ADDRESS: LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490 LOS ALAMOS, NEW MEXICO 87545

FACILITY: TRIAD NATIONAL SECURITY, LLC

ATTN:

LOCATION: LOS ALAMOS, NEW MEXICO 87545 STEVENI STORY EPC-CP

NM0028355 PERMIT NUMBER

YEAR

21

FROM

113-Q DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 87545

MAJOR

QUARTERLY REPORTING - OUTFALL 113

EFFLUENT GROSS

PAGE 12

No Discharge

OMB No. 2040-004

PARAMETER		QUANT	TITY OF LOADING	3		QUALI	TY OF CONC	CENTRATIO	NC		NO. EX	FREQUENCY OF ANALYSIS	SAMPL
		VALUE	VALUE	UNITS	VALUE		VALUE	VA	LUE	UNITS			
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	***	***	****	****		2.30	2	.30	ma/l	0	1/92	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****		30 MO AVG		00 Y MX	mg/L		QUARTERL	GRAB
Phosphorus, Total (as P) 00665 1 0	SAMPLE MEASUREMENT	****	****	****	****		1.35	1	.35		0	1/92	GRAB
Effluent Gross	PERMIT REQUIREMENT	Athin	****		****		20 MO AVG		O Y MX	mg/L	S,	QUARTERL	GRAB
	SAMPLE MEASUREMENT												
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COMMENT AND EXPLANATION OF ANY VIOLATIONS PERMIT EFFECTIVE DATE: OCTOBER 1, 2014.

(Reference all attachments here)

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

PAGE 1 OF 1

EPC-DO: 22-037

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 I STORY EPC-CP

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

			MONIT	ORING P	ERIOD		
	YEAR	МО	DAY		YEAR	МО	DAY
FROM	22	01	01	то	22	01	31

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 7

No Discharge

ATTN: STEVEN L.STORY, EPC-C	P			I								No Discha	rge
PARAMETER			QUANT	ITY OF LOADING	i		QUALITY OF COM	NCENTRATIO	N		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
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pH 00400 1 0	SAMI MEASUR		****	****	****	7.0	****	7.	3	S.U.	0	4/31	GRAB
Effluent Gross	PERI REQUIRI		****	****		6.0 MINIMUM	****	9. MAXI		5.0.		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMI MEASUR		0.000105	0.000180	N 4 1/-1	****	****	***	***	****	0	11/31	RCORDI
Effluent Gross	PERI REQUIRI		Req. Mon. MONTHLY AV	Req. Mon DAILY MX	Mgal/day	****	****	***	***			DAILY	RCORDE
Chlorine, Total Residual 50060 1 0	SAMI MEASUR		****	****	****	****	****	C)	m a/l	0	4/31	GRAB
Effluent Gross	PERI REQUIRI		****	****		****	****	0.0 INST		mg/L		WEEKLY	GRAB
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NAME/TITLE PRINCIPAL EXECUTIVE OFFIC STEVEN L.STORY GROUP LEADER EPC-CP	F C III T T S	PREPARED UP DESIGNED TO NFORMATION THE SYSTEM, NFORMATION TRUE, ACCUR SUBMITTING I	DER PENALTY OF LAW THA' NDER MY DIRECTION OR SL A ASSURE THAT QUALIFIED IN SUBMITTED. BASED ON OR THOSE PERSONS DIRE' I, THE INFORMATION SUBM RATE AND COMPLETE. I AM / FALSE INFORMATION, INCLU	JPERVISION IN ACCORDAN PERSONNEL PROPERLY G Y INQUIRY OF THE PERSO CTLY RESPONSIBLE FOR G ITTED IS, TO THE BEST OF AWARE THAT THERE ARE	NCE WITH A SYST GATHER AND EVA IN OR PERSONS I GATHERING THE F MY KNOWLEDG SIGNIFICANT PEI	STEV NALUATE THE WHO MANAGE E AND BELIEF, NALTIES FOR		22.02.28 09:51:07	TEI 505	EPHONE 665-2		22 02	
TYPED OR PRINTED			G VIOLATIONS.				OFFICER OR AUTHORIZE	D AGENT	AREA CODE	NUME	BER	YEAR MO	DAY

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

(Reference all attachments here)

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

PAGE 1 OF 1

DISCHARGE MONITORING REPORT (DMR)

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

NAME: TRIAD NATIONAL SECURITY, LLC

ADDRESS: LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490 LOS ALAMOS, NEW MEXICO 87545

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

STEVEN I STORY EPC-CP

ATTN:

NM0028355
PERMIT NUMBER

113-A
DISCHARGE NUMBER

			MONIT	ORING P	ERIOD		
	YEAR	МО	DAY		YEAR	МО	DAY
FROM	22	02	01	то	22	02	28

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER EXTERNAL OUTFALL

PAGE 7

No Discharge

OMB No. 2040-004

PARAMETER			QUANT	ITY OF LOADING			Q 	UALITY OF C	ONCENTRATI	ON		NO. EX	FREQUEN OF ANALY		AMPLE TYPE
			VALUE	VALUE	UNITS	VAL	UE	VALUE	. VA	LUE	UNITS				
pH 00400 1 0	SAMF MEASUR		****	****	****	6.	.9	****	8	3.9	S.U.	0	5/28	G	RAB
Effluent Gross	PERI REQUIRE		****	****		6. MINII		****		9.0 (IMUM	5.0.		WEEKL	Y G	RAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMF MEASUR		0.002412	0.012770	Mgal/day	***	***	****	*	****	****	0	17/28	RC	ORDF
Effluent Gross	PERI REQUIRE		Req. Mon. MONTHLY AV	Req. Mon DAILY MX		***	***	****	*	****			DAIL'	Y RC	ORDE
Chlorine, Total Residual 50060 1 0	SAMF MEASUR		****	****	****	***	***	****	0.	030	ma/l	1	5/28	G	RAB
Effluent Gross	PERI REQUIRE		****	****		***	***	****		011 Γ MAX	mg/L		WEEKL	Y G	RAB
	SAMF MEASUR														
	PERI REQUIRE														
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	ER I	CERTIFY UN	DER PENALTY OF LAW THAT NDER MY DIRECTION OR SU	T THIS DOCUMENT AND AL	L ATTACHMENT	S WERE	STEVE	N Diai	tally signed by	TE	LEPHONI	Ē		DATE	
STEVEN L. STORY DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVA INFORMATION SUBMITTED. BASED ON MY NOURLY OF THE PERSON OR PERSONS. THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE							STORY (Affiliate	STE	:VÉN STORY (Affiliate e: 2022.03.24 10:10:27						
EPC-CP	Т	INFORMATION, THE INFORMATION SOBMITTED IS, TO THE BEST OF MY KNOWLEDGE AIM. TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES BUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMI					`	, ,	NCIPAL EXECUTIVE 505 665			2169	22	03	24
TYPED OR PRINTED			G VIOLATIONS.				OFFI	CER OR AUTHOR	RIZED AGENT	AREA CODE	NUME	BER	YEAR	MO	DAY

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

(Reference all attachments here)

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

PAGE 1 OF 1

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

NM0028355
PERMIT NUMBER

113-A

DISCHARGE NUMBER

	YEAR MO DAY YEAR MO DAY												
	YEAR	МО	DAY		YEAR	МО	DAY						
FROM	22	03	01	то	22	03	31						

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 11

No Discharge

ATTN: STEVEN L. STORY, EPC-0	CP C			<u> </u>									No Discha	ırge
PARAMETER	\searrow		QUANT	TY OF LOADING			QI	UALITY OF	CONCENTRATI	ON		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		$\sqrt{\Box}$	VALUE	VALUE	UNITS	VALU	UE	VALU	E VA	ALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREME		****	****	****	6.9	9	****		7.2	S.U.	0	5/31	GRAB
Effluent Gross	PERMIT REQUIREME		****	****		6.0 MININ		****		9.0 KIMUM	5.0.		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREME		0.001094	0.016080	Maral/alass	****	**	****	*	****	****	0	20/31	RCORDR
Effluent Gross	PERMIT REQUIREME		Req. Mon. MONTHLY AV	Req. Mon DAILY MX	Mgal/day	****	**	****	*	****			DAILY	RCORDR
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREME		****	****	****	***	**	****		0		0	5/31	GRAB
Effluent Gross	PERMIT REQUIREME		****	****		***	**	****		.011 T MAX	mg/L		WEEKLY	GRAB
	SAMPLE MEASUREME													
	PERMIT REQUIREME													
	SAMPLE MEASUREME													
	PERMIT REQUIREME													
	SAMPLE MEASUREME													
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	PERMIT REQUIREME													
PREPARED I STEVEN L. STORY GROUP LEADER EPC-CP PREPARED I INFORMATIC THE SYSTER INFORMATIC TRUE, ACCU		PARED UNDE GNED TO ASS RMATION SU SYSTEM, OR RMATION, THE, ACCURATE MITTING FALS	R MY DIRECTION OR SU SURE THAT QUALIFIED BMITTED. BASED ON MY THOSE PERSONS DIRECT HE INFORMATION SUBMI E AND COMPLETE. I AM A SE INFORMATION, INCLU	THIS DOCUMENT AND AL PERVISION IN ACCORDAN PERSONNEL PROPERLY GO INQUIRY OF THE PERSON TITED IS, TO THE BEST OF WARE THAT THERE ARE SOUNG THE POSSIBILITY OF	ICE WITH A SYST FATHER AND EVA IN OR PERSONS IN GATHERING THE IN MY KNOWLEDG SIGNIFICANT PEI	ALUATE THE WHO MANAGE E AND BELIEF, NALTIES FOR	STEVEN STORY (Affiliate	Da -06	gitally signed by EVEN STORY (Affiliate te: 2022.04.27 13:46:35 000) 	LEPHONE		22 04	
TYPED OR PRINTED	FOR F	KNOWING VI	OLATIONS.				OFFI	CER OR AUTHO	ORIZED AGENT	AREA CODE	NUME	BER	YEAR M	DAY
	THE ORTRINED													

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

(Reference all attachments here)

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

PAGE 1 OF 1

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 I STORY EPC-CP

NM0028355
PERMIT NUMBER

113-Q DISCHARGE NUMBER

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 FROM
 22
 01
 01
 TO
 22
 03
 31

DMR MAILING ZIP CODE: 87545

MAJOR

QUARTERLY REPORTING - OUTFALL 113

EFFLUENT GROSS

PAGE 12

No Discharge

OMB No. 2040-004

ATTN: STEVEN L. STORY, EP	C-CP														
PARAMETER			QUANT	ITY OF LOADING)		Q	UALITY C	F CONCE	NTRATIO	N		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
			VALUE	VALUE	UNITS	VAL	UE	VAI	LUE	VAL	.UE	UNITS			
Solids, Total Suspended 00530 1 0		MPLE REMENT	****	****	****	***	***	4.	80	4.8	30		0	1/90	GRAB
Effluent Gross		RMIT REMENT	****	****		***	***	MO.	0 AVG	10 DAIL		mg/L		QUARTERL	GRAB
Phosphorus, Total (as P) 00665 1 0		MPLE REMENT	****	****	****	***	***	0.9	925	0.9	25	ma/l	0	1/90	GRAB
Effluent Gross		RMIT REMENT	****	****		***	***		.0 AVG	4 DAIL`		mg/L		QUARTERL	Y GRAB
		MPLE REMENT													
		RMIT REMENT													
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY U			DER PENALTY OF LAW THA NDER MY DIRECTION OR SU	T THIS DOCUMENT AND A	LL ATTACHMENT	S WERE TEM	STEVE	N (Digitally signe	ed by	TEL	EPHONE		DATE	
STEVEN L. STORY GROUP LEADER EPC-CP	STORY DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUA					ALUATE THE WHO MANAGE E SE AND BELIEF, NALTIES FOR	STORY (Affiliate	e) /	STEVEN STO Date: 2022.04 -06'00'	1.27 13:46:50	505 l	665-2	169	22 0	4 2
TYPED OR PRINTED	G VIOLATIONS.	JUNG THE POSSIBILITY C	I THE AND IMP	AIGOINIVIEN I			THORIZED A	CENT	AREA CODE	NUME		YEAR M	O DA'		
25 5						I				<u></u>					

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

(Reference all attachments here)

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

PAGE 1 OF 1

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

PERMIT NUMBER

FROM

NM0028355

113-A
DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER WASTEWATER

EXTERNAL OUTFALL

PAGE 7

No Discharge

PARAMETER		QUANTI	TY OF LOADING	3		QUALITY OF CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	$/ \setminus$	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	7.1	****	7.4	S.U.	0	4/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	****		6.0 MINIMUM	*****	9.0 MAXIMUM	3.0.		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.000246	0.000510	Mankalan	****	****	****	****	0	15/30	RCORDR
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	Mgal/day	由安全资格	****	****			DAILY	RCORDR
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	0		0	4/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	****		****	****	0.011 INST MAX	mg/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										l West
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		The last of	31				- 2			5 (4)
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		E							
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	PREPARED	INDER PENALTY OF LAW THA' UNDER MY DIRECTION OR SL	IPERVISION IN ACCORD.	ANCE WITH A SYST	FM O'L'	/EN Digitally sig	ned by	TELEPHON	ΙE	DA	TE
STEVEN L. STORY, GROUP LEADER, EPC-CP	DESIGNED INFORMATION THE SYSTE INFORMATION TRUE, ACCURATE	TO ASSURE THAT QUALIFIED ON SUBMITTED, BASED ON M' M, OR THOSE PERSONS DIRE ON, THE INFORMATION SUBM JRATE AND COMPLETE. I AM A	PERSONNEL PROPERLY Y INQUIRY OF THE PERS CTLY RESPONSIBLE FOR ITTED IS, TO THE BEST OF AWARE THAT THERE AR	GATHER AND EVA SON OR PERSONS I R GATHERING THE OF MY KNOWLEDGI E SIGNIFICANT PER	LUATE THE AHO MANAGE STOR	(Affiliate)	05.23 6'00'	l ces	2160	22 05	23
TYPED OR PRINTED		FALSE INFORMATION, INCLUING VIOLATIONS.	JDING THE POSSIBILITY	OF FINE AND IMPR	GOMMENT	FFICER OR AUTHORIZED				YEAR M	O DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

PERMIT EFFECTIVE DATE: OCTOBER 1, 2014.

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

PAGE 1 OF 1

8

DAY

01

TO

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

NM0028355 PERMIT NUMBER

MO

05

YEAR

FROM

113-A DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY 22 05 31

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER WASTEWATER

EXTERNAL OUTFALL

No Discharge

OMB No. 2040-004

TTN: STEVEN L. STORY, EPC-CP			-	•				'					NO DISCH	irge
PARAMETER	\searrow		QUANT	ITY OF LOADING	}		Q	UALITY OF CO	NCENTRATI	ON		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			VALUE	VALUE	UNITS	VAL	.UE	VALUE	VA	LUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREM		****	****	****	7.	1	****	-	7.8	S.U.	0	4/31	GRAB
	PERMIT REQUIREM		****	****		6. MININ		****		9.0 KIMUM	3.0.		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREM		0.0026837	0.013870	Maal/day	***	**	****	*	****	****	0	30/31	RCORDR
	PERMIT REQUIREM		Req. Mon. MONTHLY AV	Req. Mon DAILY MX	Mgal/day	***	**	****	*	***			DAILY	RCORDR
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREM		****	****	****	***	**	****		0	ma/l	0	4/31	GRAB
	PERMIT REQUIREM		****	****		***	**	****		011 Г МАХ	mg/L		WEEKLY	GRAB
	SAMPLE MEASUREM													
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			DER PENALTY OF LAW THAT NDER MY DIRECTION OR SU			S WERE	SARAH		y signed by SARAH	TE	LEPHONE		DA [*]	ГЕ
STEVEN L. STORY GROUP LEADER FPC-CP TRUE, ACC			ASSURE THAT QUALIFIED I SUBMITTED. BASED ON MY OR THOSE PERSONS DIRE: I, THE INFORMATION SUBMI ATE AND COMPLETE. I AM A	PERSONNEL PROPERLY OF THE PERSON OF THE PERSON OF THE PERSON OF THE PEST OF THE BEST OF THE PEST OF TH	GATHER AND EVA ON OR PERSONS GATHERING THE MY KNOWLEDG SIGNIFICANT PE	ALUATE THE WHO MANAGE E SE AND BELIEF, NALTIES FOR	HOLCC (Affiliate	Date: 2		505	l 667-0	666	22 07	26
TYPED OR PRINTED			FALSE INFORMATION, INCLU S VIOLATIONS.	JUING THE PUSSIBILITY O	F FINE AND IMPE	XIOUNIMEN I		CER OR AUTHORIZ		AREA CODE			YEAR M	
TYPED OR PRINTED										1				

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

PAGE 1 OF 1

OMB No. 2040-004

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

NAME: TRIAD NATIONAL SECURITY, LLC

LOCATION: LOS ALAMOS, NEW MEXICO 87545

ADDRESS: LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490 LOS ALAMOS, NEW MEXICO 87545

FACILITY: LOS ALAMOS NATIONAL LABORATORY

ATTN: STEVEN L. STORY, EPC-CP

NM0028355	
PERMIT NUMBER	

FROM

113-A
DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER WASTEWATER

EXTERNAL OUTFALL

No Discharge

ATTN: STEVEN L. STORY, EPC-C	iP													
PARAMETER	\		QUANT	ITY OF LOADING			QU/	ALITY OF CON	CENTRATIO	ON		NO. EX	FREQUENCY OF ANALYSIS	
			VALUE	VALUE	UNITS	VALUE		VALUE	VA	LUE	UNITS			
pH 00400 1 0	SAMP MEASURE		****	****	****	7.1		****	7	.2	S.U.	0	5/30	GRAB
33.133.1.3	PERM REQUIRE		****	****		6.0 MINIMUI	м	****		0.0 IMUM			WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMP MEASURE		0.001219	0.002560	Maral/alass	****		****	**	***	****	0	30/30	RCORDE
00000 1 0	PERM REQUIRE		Req. Mon. MONTHLY AV	Req. Mon DAILY MX	Mgal/day	****		****	**	***			DAILY	RCORDE
Chlorine, Total Residual 50060 1 0	tal Residual SAMPLE MEASUREM PERMIT REQUIREME		****	****	****	****		****	0		m a/l	0	5/30	GRAB
			****	****		****		****		011 MAX	mg/L		WEEKLY	GRAB
	SAMP MEASURE													
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICE STEVEN L. STORY	REPARED U ESIGNED TO FORMATION	IDER PENALTY OF LAW THAT INDER MY DIRECTION OR SU D ASSURE THAT QUALIFIED I N SUBMITTED. BASED ON MY OR THOSE PERSONS DIRE	JPERVISION IN ACCORDAN PERSONNEL PROPERLY G. Y INQUIRY OF THE PERSON	CE WITH A SYST ATHER AND EVA N OR PERSONS	ALUATE THE WHO MANAGE	RAH DLCOM	HÔLCÓMÉ	gned by SARAH 3 (Affiliate) .07.26 07:38:11	TEI	EPHONE		D/	ATE	
GROUP LEADER EPC-CP	IN TR SL	THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONM FOR KNOWING VIOLATIONS.						RE OF PRINCIPAL E	RINCIPAL EXECUTIVE 505 667-0			666	22 0	7 26
			IG VIOLATIONS.				OFFICE	R OR AUTHORIZED	AGENT	AREA CODE	NUMB	BER	YEAR N	10 DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

PAGE 1 OF 1

OMB No. 2040-004

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

NAME: TRIAD NATIONAL SECURITY, LLC

LOCATION: LOS ALAMOS, NEW MEXICO 87545

ADDRESS: LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490 LOS ALAMOS, NEW MEXICO 87545

FACILITY: LOS ALAMOS NATIONAL LABORATORY

ATTN: STEVEN I STORY EPC-CP

NM0028355	
PERMIT NUMBER	

MO

04

YEAR

FROM

113-Q	
DISCHARGE NUMBER	

MONITORING PERIOD											
DAY		YEAR	МО	DAY							
01	то	22	06	30							

DMR MAILING ZIP CODE: 87545

MAJOR

QUARTERLY REPORTING - OUTFALL 113

EFFLUENT GROSS

No Discharge

PARAMETER			QUANT	ITY OF LOADING	3		Q	UALITY OF CONC	ENTRATIO	NC		NO. EX		SAMF
			VALUE	VALUE	UNITS	VAL	.UE	VALUE	VA	LUE	UNITS			
Solids, Total Suspended 00530 1 0		MPLE REMENT	****	****	****	***	***	<0.570	<0	.570	ma/l	0	1/91	GRA
		RMIT REMENT	****	****		***	***	30 MO AVG		00 Y MX	mg/L		QUARTER	LY GRA
Phosphorus, Total (as P) 00665 1 0		MPLE REMENT	****	****	****	***	***	1.37	1.	.37		0	1/91	GRA
		RMIT REMENT	****	****		***	***	20 MO AVG		10 .Y MX	mg/L		QUARTER	LY GRA
		MPLE REMENT												
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NAME/TITLE PRINCIPAL EXECUTIVE OFFI	CER	I CERTIFY UN PREPARED U	IDER PENALTY OF LAW THAT INDER MY DIRECTION OR SU	T THIS DOCUMENT AND A	LL ATTACHMENT	S WERE	SARAL	Digitally sig		TEI	EPHONE			ATE
STEVEN L. STORY GROUP LEADER EPC-CP		DESIGNED TO INFORMATION THE SYSTEM INFORMATION TRUE, ACCUR	D ASSURE THAT QUALIFIED IN SUBMITTED. BASED ON MY, OR THOSE PERSONS DIRE. N, THE INFORMATION SUBMIRATE AND COMPLETE. I AM A	PERSONNEL PROPERLY (Y INQUIRY OF THE PERSO CTLY RESPONSIBLE FOR ITTED IS, TO THE BEST OF	GATHER AND EVA ON OR PERSONS OF GATHERING THE MY KNOWLEDG SIGNIFICANT PEI	LUATE THE WHO MANAGE E AND BELIEF, NALTIES FOR	(Affiliate	OMB (Affiliate) Date: 2022 08:32:13 -0	07.26 6'00'		eee o	0666	22	07 2
TYPED OR PRINTED			CCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR TING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT OWING VIOLATIONS.						505 AREA CODE	665-0		YEAR	MO D	

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

PAGE 1 OF 1

OMB No. 2040-004

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

NAME: TRIAD NATIONAL SECURITY, LLC

LOCATION: LOS ALAMOS, NEW MEXICO 87545

ADDRESS: LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490 LOS ALAMOS, NEW MEXICO 87545

FACILITY: LOS ALAMOS NATIONAL LABORATORY

ATTN: STEVEN L STORY EPC-CP

NM0028355	
PERMIT NUMBER	

FROM

113-A
DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER WASTEWATER

EXTERNAL OUTFALL

PAGE 7

No Discharge

ATTN: STEVEN L. STORY, EPC-C	P											
PARAMETER		QUANTITY OF LOADING QUALITY OF CONCENTRATION					NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
		VALUE	VALUE	UNITS	VALUE	VALUE	VAL	UE I	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	7.3	****	7.4	4	S.U.	0	4/31	GRAB
	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIN		3.0.		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	0.001212	0.004210	Maral/alass	****	****	***	**	****	0	30/31	RCORDF
30030 1 0	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon DAILY MX	- Mgal/day	****	****	***	**			DAILY	RCORDF
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	0		m a /l	0	4/31	GRAB
30000 1 0	PERMIT REQUIREMENT	****	****	*****	****	****	0.0° INST I	11	mg/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT											
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICE STEVEN L. STORY, GROUP LEADER, EPC-CP	PREPARED L DESIGNED T INFORMATIO THE SYSTEM INFORMATIO TRUE, ACCUI SUBMITTING	DER PENALTY OF LAW THA INDER MY DIRECTION OR SL O ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M OR THOSE PERSONS DIRE N, THE INFORMATION SUBM FALSE INFORMATION, INCLU-	JPERVISION IN ACCORDAN PERSONNEL PROPERLY G Y INQUIRY OF THE PERSO ICTLY RESPONSIBLE FOR (ITTED IS, TO THE BEST OF AWARE THAT THERE ARE:	ICE WITH A SYSTATHER AND EVAN OR PERSONS THE THE THE THE THE SIGNIFICANT PERSONS TO THE	TEM ALUATE THE WHO MANAGE E AND BELIEF, NALTIES FOR RISONMENT SARA HOLO (Affilia)	DOMB Date: 2022 ate) -06'00'	08.25 11:24:24 XECUTIVE	TELE	667-0		22 08	25
TYPED OR PRINTED	FOR KNOWIN	IG VIOLATIONS.				OFFICER OR AUTHORIZED AGENT AREA CODE NUM			NUMB	ER	YEAR MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

PAGE 1 OF 1

EPC-DO: 22-238

Permit UNIVERSITY OF CALIFORNIA Permit #: NM0028355 Permittee: LOS ALAMOS NATIONAL LABORATORY Facility: **Permittee Address: Facility Location:** Major: Yes LOS ALAMO NATIONAL LABORATORY LOS ALAMO NATIONAL LABORATORY 528 35TH STREET 528 35TH STREET LOS ALAMO, NM 87544 LOS ALAMO, NM 87544 Discharge: **Permitted Feature:** 113 113-A **External Outfall** COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO SANDIA CANYON Report Dates & Status **DMR Due Date: Monitoring Period:** From 08/01/22 to 08/31/22 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: Parameter Monitoring Location Season # Param. NODI **Quantity or Loading Quality or Concentration** # of Ex. Frequency of Analysis Sample Type Code Qualifier 1 Value 1 Qualifier 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Units Value 2 GR - GRAB Sample 7.4 12 - SU 01/07 - Weekly 7.1 6.0 MINIMUM GR - GRAB Permit Req. 9.0 MAXIMUM 12 - SU 01/07 - Weekly 00400 **pH** 1 - Effluent Gross 0 Value NOD Sample 0.0009777 0.00336 03 - MGD 01/01 - Daily ES - ESTIMA Req Mon MO AVG Req Mon DAILY MX 03 - MGD Permit Req. 01/01 - Daily RE - Record (manual) 50050 Flow, in conduit or thru treatment plant 1 - Effluent Gross 0 Value NODI GR - GRAB Sample 0.0 19 - mg/L 01/07 - Weekly 0.011 INST MAX 19 - mg/L 0 Permit Req. 01/07 - Weekly GR - GRAB 50060 Chlorine, total residual 1 - Effluent Gross 0 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 2022-09-26 17:00 (Time Zone: -05:00) Date/Time: Report Last Signed By User: SARAHHOLCOMB Sarah Holcomb Name: E-Mail: sholcomb@lanl.gov Date/Time: 2022-09-27 16:58 (Time Zone: -05:00)

Permit UNIVERSITY OF CALIFORNIA Permit #: NM0028355 Permittee: LOS ALAMOS NATIONAL LABORATORY Facility: **Permittee Address: Facility Location:** Major: Yes LOS ALAMO NATIONAL LABORATORY LOS ALAMO NATIONAL LABORATORY 528 35TH STREET 528 35TH STREET LOS ALAMO, NM 87544 LOS ALAMO, NM 87544 Discharge: **Permitted Feature:** 113 113-A **External Outfall** COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO SANDIA CANYON Report Dates & Status **DMR Due Date: Monitoring Period:** From 09/01/22 to 09/30/22 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: Parameter Monitoring Location Season # Param. NODI **Quantity or Loading Quality or Concentration** # of Ex. Frequency of Analysis Sample Type Code Qualifier 1 Value 1 Qualifier 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Units Value 2 GR - GRAB Sample 7.5 12 - SU 01/07 - Weekly 7.1 6.0 MINIMUM GR - GRAB Permit Req. 9.0 MAXIMUM 12 - SU 01/07 - Weekly 1 - Effluent Gross 0 00400 **pH** Value NOD Sample 0.001028 0.00234 03 - MGD 01/01 - Daily ES - ESTIMA Req Mon MO AVG Req Mon DAILY MX 03 - MGD Permit Req. 01/01 - Daily RE - Record (manual) 50050 Flow, in conduit or thru treatment plant 1 - Effluent Gross 0 Value NODI GR - GRAB Sample 0.0 19 - mg/L 01/07 - Weekly 0.011 INST MAX 19 - mg/L 0 Permit Req. 01/07 - Weekly GR - GRAB 50060 Chlorine, total residual 1 - Effluent Gross 0 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 2022-10-25 10:10 (Time Zone: -05:00) Date/Time: Report Last Signed By User: SARAHHOLCOMB Sarah Holcomb Name: E-Mail: sholcomb@lanl.gov Date/Time: 2022-10-25 10:26 (Time Zone: -05:00)

Permit UNIVERSITY OF CALIFORNIA Permit #: NM0028355 Permittee: LOS ALAMOS NATIONAL LABORATORY Facility: **Permittee Address: Facility Location:** Major: Yes LOS ALAMO NATIONAL LABORATORY LOS ALAMO NATIONAL LABORATORY 528 35TH STREET 528 35TH STREET LOS ALAMO, NM 87544 LOS ALAMO, NM 87544 Discharge: **Permitted Feature:** 113 113-A **External Outfall** COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO SANDIA CANYON Report Dates & Status **DMR Due Date: Monitoring Period:** From 10/01/22 to 10/31/22 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: Parameter Monitoring Location Season # Param. NODI **Quantity or Loading Quality or Concentration** # of Ex. Frequency of Analysis Sample Type Code Qualifier 1 Value 1 Qualifier 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Units Value 2 GR - GRAB Sample 7.3 12 - SU 01/07 - Weekly 7.2 GR - GRAB Permit Req. 6.0 MINIMUM 9.0 MAXIMUM 12 - SU 01/07 - Weekly 00400 **pH** 1 - Effluent Gross 0 Value NOD Sample 0.0002 03 - MGD 01/01 - Daily ES - ESTIMA 0.00071 Req Mon MO AVG Req Mon DAILY MX 03 - MGD Permit Req. 01/01 - Daily RE - Record (manual) 50050 Flow, in conduit or thru treatment plant 1 - Effluent Gross 0 Value NODI GR - GRAB Sample 0.0 19 - mg/L 01/07 - Weekly 0.011 INST MAX 19 - mg/L 0 Permit Req. 01/07 - Weekly GR - GRAB 50060 Chlorine, total residual 1 - Effluent Gross 0 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 2022-11-16 12:10 (Time Zone: -06:00) Date/Time: Report Last Signed By User: SARAHHOLCOMB Sarah Holcomb Name: E-Mail: sholcomb@lanl.gov Date/Time: 2022-11-21 09:17 (Time Zone: -06:00)

Permit Permittee: Facility: UNIVERSITY OF CALIFORNIA Permit #: NM0028355 LOS ALAMOS NATIONAL LABORATORY Permittee Address: **Facility Location:** Major: Yes LOS ALAMO NATIONAL LABORATORY LOS ALAMO NATIONAL LABORATORY 528 35TH STREET 528 35TH STREET LOS ALAMO, NM 87544 LOS ALAMO, NM 87544 Discharge: **Permitted Feature:** 113 113-Q External Outfall QUARTERLY REPORTING - OUTFALL 113 Report Dates & Status **DMR Due Date:** Status: **Monitoring Period:** From 08/01/22 to 10/31/22 11/28/22 **NetDMR Validated Considerations for Form Completion Principal Executive Officer** First Name: Title: Telephone: **Last Name:** No Data Indicator (NODI) Form NODI: Parameter 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 Code Name GR - GRAB Sample 0.597 0.6 19 - mg/L 01/90 - Quarterly 100.0 DAILY MX 19 - mg/L 0 GR - GRAB Permit Req. 30.0 MO AVG <= 01/90 - Quarterly 00530 Solids, total suspended 1 - Effluent Gross 0 Value NODI GR - GRAB Sample 01/90 - Quarterly 1.65 1.68 19 - mg/L 40.0 DAILY MX 19 - mg/L GR - GRAB Permit Req. 20.0 MO AVG <= 01/90 - Quarterly 00665 **Phosphorus, total [as P]** 1 - Effluent Gross 0 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 **SARAHHOLCOMB** User: Sarah Holcomb Name: E-Mail: sholcomb@lanl.gov Date/Time: 2022-11-21 09:17 (Time Zone: -06:00)

Permit UNIVERSITY OF CALIFORNIA Permit #: NM0028355 Permittee: LOS ALAMOS NATIONAL LABORATORY Facility: **Permittee Address: Facility Location:** Major: Yes LOS ALAMO NATIONAL LABORATORY LOS ALAMO NATIONAL LABORATORY 528 35TH STREET 528 35TH STREET LOS ALAMO, NM 87544 LOS ALAMO, NM 87544 Discharge: **Permitted Feature:** 113 113-A **External Outfall** COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO SANDIA CANYON Report Dates & Status **DMR Due Date: Monitoring Period:** From 11/01/22 to 11/30/22 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: Parameter Monitoring Location Season # Param. NODI **Quantity or Loading Quality or Concentration** # of Ex. Frequency of Analysis Sample Type Code Qualifier 1 Value 1 Qualifier 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Units Value 2 GR - GRAB Sample 7.3 12 - SU 01/07 - Weekly 7.1 6.0 MINIMUM GR - GRAB Permit Req. 9.0 MAXIMUM 12 - SU 01/07 - Weekly 00400 **pH** 1 - Effluent Gross 0 Value NOD Sample 0.0005157 03 - MGD 01/01 - Daily ES - ESTIMA 0.00115 Req Mon MO AVG Req Mon DAILY MX 03 - MGD Permit Req. 01/01 - Daily RE - Record (manual) 50050 Flow, in conduit or thru treatment plant 1 - Effluent Gross 0 Value NODI GR - GRAB Sample 0.0 19 - mg/L 01/07 - Weekly 0.011 INST MAX 19 - mg/L 0 Permit Req. 01/07 - Weekly GR - GRAB 50060 Chlorine, total residual 1 - Effluent Gross 0 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 2022-12-19 17:00 (Time Zone: -06:00) Date/Time: Report Last Signed By User: SARAHHOLCOMB Sarah Holcomb Name: E-Mail: sholcomb@lanl.gov

Date/Time:

2022-12-20 09:21 (Time Zone: -06:00)

Permit UNIVERSITY OF CALIFORNIA Permit #: NM0028355 Permittee: LOS ALAMOS NATIONAL LABORATORY Facility: **Permittee Address: Facility Location:** Major: Yes LOS ALAMO NATIONAL LABORATORY LOS ALAMO NATIONAL LABORATORY 528 35TH STREET 528 35TH STREET LOS ALAMO, NM 87544 LOS ALAMO, NM 87544 Discharge: **Permitted Feature:** 113 113-A **External Outfall** COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO SANDIA CANYON Report Dates & Status **DMR Due Date: Monitoring Period:** From 12/01/22 to 12/31/22 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: Parameter Monitoring Location Season # Param. NODI **Quantity or Loading Quality or Concentration** # of Ex. Frequency of Analysis Sample Type Code Qualifier 1 Value 1 Qualifier 2 Units Qualifier 1 Value 1 Qualifier 2 Value 2 Qualifier 3 Value 3 Units Value 2 GR - GRAB Sample 7.2 12 - SU 01/07 - Weekly 7.0 6.0 MINIMUM GR - GRAB Permit Req. 9.0 MAXIMUM 12 - SU 01/07 - Weekly 00400 **pH** 1 - Effluent Gross 0 Value NOD Sample 0.0005646 03 - MGD 01/01 - Daily ES - ESTIMA 0.00114 Req Mon MO AVG Req Mon DAILY MX 03 - MGD Permit Req. 01/01 - Daily RE - Record (manual) 50050 Flow, in conduit or thru treatment plant 1 - Effluent Gross 0 Value NODI GR - GRAB Sample 0.0 19 - mg/L 01/07 - Weekly 0.011 INST MAX 19 - mg/L 0 Permit Req. 01/07 - Weekly GR - GRAB 50060 Chlorine, total residual 1 - Effluent Gross 0 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 2023-01-25 16:40 (Time Zone: -06:00) Date/Time: Report Last Signed By User: SARAHHOLCOMB Sarah Holcomb Name: E-Mail: sholcomb@lanl.gov

EPC-DO: 23-051

Date/Time:

2023-01-25 17:30 (Time Zone: -06:00)

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

TALINIA S. VAN VAL KENRURG, ERC CR.

NM0028355
PERMIT NUMBER

FROM

160-A

DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 9

No Discharge X

PARAMETER		QUANTI	TY OF LOADING	i		QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1700000	$/ \setminus$	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	****	****	****	*NODI=C	****	*NODI=C		0	0/31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	维克索加维	安全的中		6.0 MINIMUM	****	9.0 MAXIMUM	S.U.		WEEKLY	GRAB
Cyanide, Total	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C		0	0/31	GRAB
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	ug/L	15	MONTHLY	GRAB
Copper, Total (as Cu)	SAMPLE MEASUREMENT	****	***		****	*NODI=C	*NODI=C		0	0/31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	***	****	****	有大竹方冶	0.021 MONTHLY AV	0.032 DAILY MX	mg/L		3/Week	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Manufalan	***	****	****	****	0	0/31	RCORDR
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	****	有余章章			DAILY	RCORDE
Chlorine, Total Residual	SAMPLE MEASUREMENT	****	****	****	****	**	mall	0	0/31	GRAB	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	***	***	*****	****	****	0.011 INST MAX	Ing/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PÉRMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT								7		
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	ER I CERTIFY U	NDER PENALTY OF LAW THA UNDER MY DIRECTION OR SU	T THIS DOCUMENT AND	ALL ATTACHMENT	S WERE TAUN	IA VAN Digitally signed		rELEPHON	E	DA	TE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED T INFORMATION THE SYSTEM INFORMATION	UNDER MY DIRECTION ON SO TO ASSURE THAT QUALIFIED ON SUBMITTED, BASED ON M M, OR THOSE PERSONS DIRE ON, THE INFORMATION SUBM JRATE AND COMPLETE. I AM	PERSONNEL PROPERLY Y INQUIRY OF THE PERS CTLY RESPONSIBLE FOR ITTED IS, TO THE BEST OF	GATHER AND EVA ON OR PERSONS GATHERING THE OF MY KNOWLEDG	WHO MANAGE (Affilia	ENBURG (Affiliate) Date: 2021.02 -07'00'	25 13 25:17	1 005	2027	21 02	2 25
TYPED OR PRINTED	SUBMITTING	FALSE INFORMATION, INCLI ING VIOLATIONS	JDING THE POSSIBILITY	OF FINE AND IMPE	RISONMENT SIGN	ATURE OF PRINCIPAL EXE FICER OR AUTHORIZED A		665-	_	YEAR M	O DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

EPC-DO-21-072

PAGE 1 OF 1

Attachment 1

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

TALINIA S. VAN VAL KENBURG, EDG. (1)

NM0028355
PERMIT NUMBER

160-A	
DISCHARGE NUMBER	

ĺ		MONITORING PERIOD												
	YEAR MO DAY YEAR MO DA													
FROM	21	02	01	то	21	02	28							

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 9

No Discharge X

PARAMETER		QUANTI	TY OF LOADING	i	(QUALITY OF CONCE	NTRATION		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	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM	3.0.		WEEKLY	GRAB
Cyanide, Total 00720 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	/1	0	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	传光长春春	****		****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	ug/L		MONTHLY	GRAB
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C		0	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	南京加州南	****	*****	****	0.021 MONTHLY AV	0.032 DAILY MX	mg/L		3/Week	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	8.6 mal/alau	***	****	****	****	0	0/28	RCORD
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	****	****	1		DAILY	RCORD
Chlorine, Total Residual 50060 1 0	ŞAMPLE MEASUREMENT	****	****	****	****	****	*NODI=C		0	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	水水水水油		****	****	0.011 INST MAX	mg/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		419								
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				1 61 1 3,						
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	ER I CERTIFY UI	NDER PENALTY OF LAW THA INDER MY DIRECTION OR SU	T THIS DOCUMENT AND A	ALL ATTACHMENT	S WERE TAUNIA	A VAN Digitally sign	ned by TAUNIA	TELEPHON	E	DA	TE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED T INFORMATIO THE SYSTEM INFORMATIO TRUE, ACCU	O ASSURE THAT QUALIFIED ON SUBMITTED. BASED ON MI, OR THOSE PERSONS DIRE N, THE INFORMATION SUBMIRATE AND COMPLETE. I AM A FALSE INFORMATION. INCL.	PERSONNEL PROPERLY Y INQUIRY OF THE PERSI CTLY RESPONSIBLE FOR ITTED IS, TO THE BEST C AWARE THAT THERE ARE	GATHER AND EVA ON OR PERSONS GATHERING THE F MY KNOWLEDG SIGNIFICANT PE	LUATE THE WHO MANAGE (Affiliate AND BELIEF, NALTIES FOR	NBURG VAN VALKE Date: 2021.	NBURG (Affiliate) 03,25 09:17:52	665-	9827	2021 0	3 25
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COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 1 OF 1

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

TALINIA S MAN MAI KENRURG EDC.CD

NM0028355 PERMIT NUMBER

160-A DISCHARGE NUMBER

	1110,000,000		MONITO	DRING P	ERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	21	03	01	то	21	03	31

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 14

No Discharge X

OMB No. 2040-004

PARAMETER		QUANT	ITY OF LOADING	9		QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
1700000	/	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	l		
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	*NODI=C	****	*NODI=C	0.11	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	*****	9.0 MAXIMUM	S.U.		WEEKLY	GRAB
Cyanide, Total 00720 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	****		****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	ug/L		MONTHLY	GRAB
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	0.021 MONTHLY AV	0.032 DAILY MX	mg/L		3/Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	M1/4	****	****	****	****	0	0/31	RCORDF
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	- Mgal/day	****	*****	****	75.87.8.20		DAILY	RCORDF
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	*NODI=C		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	****		****	****	0.011 INST MAX	mg/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT								OSSOCIACIO		
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	ER I CERTIFY UN	IDER PENALTY OF LAWTHA	T THIS DOCUMENT AND A	ALL ATTACHMENTS	WERE TAUNI	A VAN Digitally sig	ned by I AUNIA	ELEPHON	3	DA	TE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED TO INFORMATIO THE SYSTEM INFORMATIO	O ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M' I, OR THOSE PERSONS DIRE N, THE INFORMATION SUBM RATE AND COMPLETE. I AM A	PERSONNEL PROPERLY Y INQUIRY OF THE PERSO CTLY RESPONSIBLE FOR ITTED IS, TO THE BEST O	GATHER AND EVA ON OR PERSONS I GATHERING THE IF MY KNOWLEDGI	LUATE THE VALKE WHO MANAGE (Affiliat	NBURG VAN VALKE Date: 2021. e) -06'00'	ENBURG (Affilate) 04.26 15:02:13	1 005.0	2027	21 04	4 26
TYPED OR PRINTED	SUBMITTING		LUDING THE POSSIBILITY OF FINE AND IMPRISONMEN		ISONMENT SIGN			665-9		YEAR MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 1 OF 1

Attachment 1

LA-UR-21-23997

EPC-DO: 21-143

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 TALINIA & MANAMA MENDLIDG EDC CD

NM0028355 PERMIT NUMBER

160-Q DISCHARGE NUMBER

			MONITO	ORING P	ERIOD		
	YEAR	МО	DAY		YEAR	MO	DAY
FROM	21	01	01	то	21	03	31

DMR MAILING ZIP CODE: 87545

MAJOR

QUARTERLY REPORTING - OUTFALL 160

EXTERNAL OUTFALL

PAGE 15

No Discharge X

PARAMETER		QUANT	ITY OF LOADING	3		QUALITY OF CON	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Tradulle Text		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	<u> </u>		
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=0	mg/L	0	0/90	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	30 MO AVG	100 DAILY M			QUARTERLY	GRAB
Phosphorus, Total (as P) 00665 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=0	29	0	0/90	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	20 MO AVG	40 DAILY M	mg/L X		QUARTERLY	GRAB
	SAMPLE MEASUREMENT										The state of the s
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT								Million		
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT									744000000000000000000000000000000000000	
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OF		ER PENALTY OF LAW THA			WERE TALIN	VIA VAN Digitally	signed by TAUNIA	TELEPHON	E	DA	ΓE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED TO INFORMATION THE SYSTEM, O INFORMATION,	ASSURE THAT QUALIFIED SUBMITTED. BASED ON MOR THOSE PERSONS DIRE THE INFORMATION SUBMITE AND COMPLETE. I AM	PERSONNEL PROPERLY Y INQUIRY OF THE PERS CTLY RESPONSIBLE FOI ITTED IS, TO THE BEST (GATHER AND EVAL ON OR PERSONS V R GATHERING THE OF MY KNOWLEDGE	UATE THE VALK WHO MANAGE VALK AND BELIEF, (Affilia	XENBURG VAN VA Date: 20 -06'00'	LKENBURG (Affiliate) 21.04.26 15:02:31			21 04	26
TYPED OR PRINTED	SUBMITTING F/ FOR KNOWING	ALSE INFORMATION, INCL	UDING THE POSSIBILITY	OF FINE AND IMPRI	SONMENT	GNATURE OF PRINCIPAL E OFFICER OR AUTHORIZEE	ACENT	505 665- A CODE NUM		YEAR MO	D DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 1 OF 1

EPC-DO: 21-143

Attachment 1

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

FROM

160-A DISCHARGE NUMBER

		MONITO	ORING P	ERIOD		
YEAR	MO	DAY		YEAR	МО	DAY
21	04	01	то	21	04	30

DMR MAILING ZIP CODE:

87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 9

No Discharge X

OMB No. 2040-004

PARAMETER		QUANT	ITY OF LOADING	3		QUALITY OF CONCE	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	*NODI=C	****	*NODI=C		0	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM	S.U.		WEEKLY	GRAB
Cyanide, Total 00720 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C		0	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	ug/L		MONTHLY	GRAB
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	337	0	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	0.021 MONTHLY AV	0.032 DAILY MX	mg/L		3/Week	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Maral/day	****	****	****	****	0	0/30	RCORDE
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		0	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	*****	0.011 INST MAX	mg/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	ER I CERTIFY UN	DER PENALTY OF LAWTHAT	THIS DOCUMENT AND A	LL ATTACHMENTS	WERE TAUNIA	VVANI -	TI TI	ELEPHONE		DAT	E
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED TO INFORMATIO THE SYSTEM INFORMATIO TRUE, ACCUR	INDER MY DIRECTION OR SU D ASSURE THAT QUALIFIED I N SUBMITTED, BASED ON IM, OR THOSE PERSONS DIREC N, THE INFORMATION SUBMI RATE AND COMPLETE. IAM A FALSE INFORMATION, INCLU	PERSONNEL PROPERLY (INQUIRY OF THE PERSO TLY RESPONSIBLE FOR TTED IS, TO THE BEST O WARE THAT THERE ARE	GATHER AND EVAL ON OR PERSONS V GATHERING THE F MY KNOWLEDGE SIGNIFICANT PEN	LUATE THE VALKEI VALKEI (Affiliate	NBURG VAN VALKENB Date 2021,05,2	by TAUNIA URG (Affiliate) 24 17 13 19	l 665-9		21 05	24
TYPED OR PRINTED		IG VIOLATIONS.	Since the Possibility C	A TIME AND IMPRI		FICER OR AUTHORIZED AC	100 CONTROL 100 CO	70,000,000,000		YEAR MC	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 1 OF 1

EPC-DO: 21-162

Attachment 1 10

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

FROM

160-A
DISCHARGE NUMBER

		MONITO	ORING P	ERIOD		
YEAR	MO	DAY		YEAR	MO	DAY
21	05	01	то	21	05	31

DMR MAILING ZIP CODE: 87545

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 9

MAJOR

No Discharge

PARAMETER	\searrow	QUANTI	TY OF LOADING	6	(QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	NODI=C	****	NODI=C		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM	S.U.		WEEKLY	GRAB
Cyanide, Total 00720 1 0	SAMPLE MEASUREMENT	****	****	****	****	NODI=C	NODI=C		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	青夜安全香		****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	ug/L		MONTHLY	GRAB
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMENT	****	****	*****	****	NODI=C	NODI=C		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	0.021 MONTHLY AV	0.032 DAILY MX	mg/L		3/Week	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	NA = 1/d = 1	****	****	****	****	0	0/31	RCORDE
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	****	****			DAILY	RCORDE
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	NODI=C		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	由妆衣书章		****	****	0.011 INST MAX	mg/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		100								
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	PREPARED I DESIGNED T INFORMATIC THE SYSTEM INFORMATIC TRUE, ACCU SUBMITTING	NDER PENALTY OF LAW THA' JNDER MY DIRECTION OR SL O ASSURE THAT QUALIFIED IN SUBMITTED. BASED ON M' I, OR THOSE PERSONS DIRE IN, THE INFORMATION SIRE IFALSE INFORMATION, INCLU IS VIOLATIONS.	PERVISION IN ACCORDA PERSONNEL PROPERLY I INQUIRY OF THE PERSI TILY RESPONSIBLE FOR TIED IS, TO THE BEST O WARE THAT THERE ARE	NOE WITH A SYST GATHER AND EVA ON OR PERSONS I GATHERING THE OF MY KNOWLEDGE ESIGNIFICANT PER	EM LUATE THE VALKED AND BELIEF, IALTIES FOR	NBURG VAN VALKENE Date 2021,06.3	by TAUNIA URG (Affiliate) 25 09 54 45	TELEPHONI		21 06	

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 1 OF 1

EPC-DO: 21-195

Attachment 1 10

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

NM0028355
PERMIT NUMBER

FROM

160-A

DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 14

No Discharge X

PARAMETER		QUANTITY OF LOADING			(QUALITY OF CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
	$/ \setminus$	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	NODI=C	****	NODI=C	S.U.	0	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM	3.0.		WEEKLY	GRAB
Cyanide, Total	SAMPLE MEASUREMENT	****	****	****	***	NODI=C	NODI=C	ug/l	0	0/30	GRAB
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	放牧物物物	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	ug/L		MONTHLY	GRAB
Copper, Total (as Cu)	SAMPLE MEASUREMENT	****	***		****	NODI=C	NODI=C		0	0/30	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	新食物物食	****	****	0.021 MONTHLY AV	0.032 DAILY MX	mg/L		3/Week	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	****	****	查卡卡安	****	0	0/30	RCORDE
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		****	****	业兴大青女			DAILY	RCORDE
Chlorine, Total Residual	SAMPLE MEASUREMENT	****	****	****	***	****	NODI=C	0	0	0/30	GRAB
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	***	****		****	****	0.011 INST MAX	mg/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						4				
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	ER I CERTIFY U	NDER PENALTY OF LAW THA UNDER MY DIRECTION OR SU	T THIS DOCUMENT AND	ALL ATTACHMENT	S WERE TAUNIA	A VAN Digitally signer		TELEPHON	E	DA	TE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED T INFORMATION THE SYSTEM INFORMATION TRUE ACCU	TO ASSURE THAT QUALIFIED ON SUBMITTED. BASED ON M M, OR THOSE PERSONS DIRE ON THE INFORMATION SUBMITED FOR AN OR THE AND COMPLETE I AM IS FALSE INFORMATION, INCL.	PERSONNEL PROPERLY Y INQUIRY OF THE PERS CTLY RESPONSIBLE FOR ITTED IS, TO THE BEST OF AWARE THAT THERE ARI	GATHER AND EVA ON OR PERSONS GATHERING THE OF MY KNOWLEDG SIGNIFICANT PE	WHO MANAGE VALKE E AND BELIEF, (Affiliate NALTIES FOR	NBURG VAN VALKEN Date: 2021,07	BURG (Affiliate) 26 16 35 10	665-	9827	21 0	7 26
TYPED OR PRINTED		ING VIOLATIONS	executed (1.116-1) section of the fig.	MALE PERSONAL STREET		FICER OR AUTHORIZED #	AGENT AREA CO	DE NUM	BER	YEAR M	O DA'

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

EPC-DO: 21-239

PAGE 1 OF 1

Attachment 1

15

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

FROM

160-Q
DISCHARGE NUMBER

MONITORING PERIOD								
YEAR	МО	DAY		YEAR	МО	DAY		
21	04	01	то	21	06	30		

DMR MAILING ZIP CODE: 87545

MAJOR

QUARTERLY REPORTING - OUTFALL 160

EXTERNAL OUTFALL

PAGE 15

No Discharge X

PARAMETER		QUANTITY OF LOADING			C	QUALITY OF CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAVWETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C		0	0/91	GRAE
Effluent Gross	PERMIT REQUIREMENT	****	****		****	30 MO AVG	100 DAILY MX	mg/L		QUARTERLY	GRAE
Phosphorus, Total (as P) 00665 1 0	SAMPLE MEASUREMENT	****	****	****	***	*NODI=C	*NOD!=C	mg/L	0	0/91	GRAE
Effluent Gross	PERMIT REQUIREMENT	****	****		****	20 MO AVG	40 DAILY MX	111g/L		QUARTERLY	GRAE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT					81					
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	M = 11									
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	CER I CERTIFY UNI	DER PENALTY OF LAW THA NDER MY DIRECTION OR S	T THIS DOCUMENT AND	ALL ATTACHMENT	TEM TIAUNIA		d by TAUNIA	TELEPHON	E	DA	re
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED TO INFORMATION THE SYSTEM, INFORMATION TRUE ACCUR	ASSURE THAT QUALIFIED I SUBMITTED BASED ON MORE THOSE PERSONS DIRE INTO INTO SUBMITTE AND COMPLETE. I AM	PERSONNEL PROPERL' IY INQUIRY OF THE PER: ECTLY RESPONSIBLE FO MITTED IS, TO THE BEST AWARE THAT THERE AF	Y GATHER AND EVA SON OR PERSONS OR GATHERING THE OF MY KNOWLEDG RE SIGNIFICANT PE	E AND BELIEF, NALTIES FOR	NBURG VAN VALKEN Date: 2021.07	BURG (Affiliate) 26 16 35 36	 665-	9827	21 0	7 26
TYPED OR PRINTED		GFALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT ING VIOLATIONS.				FICER OR AUTHORIZED	AGENT AREA CO	DDE NUM	BER	YEAR M	O DA

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

EPC-DO: 21-239

PAGE 1 OF 1

LA-UR-21-27232

Attachment 1 16

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
TALINIA JEAN SANDOLIIST EPC-CP

NM0028355
PERMIT NUMBER

FROM

160-A
DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 9

No Discharge X

PARAMETER		QUANTI	TY OF LOADING			QUALITY OF CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAVARETER.		VALUE	VALUE	UNITS	VALUE	VALUE	VALU	IE UNIT	3		
pH 00400 1 0	SAMPLE MEASUREMENT	****	***	****	NODI=C	****	NODI=	=C S.U.	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	存金价如何	女童女童女		6.0 MINIMUM	****	9.0 MAXIM			WEEKLY	GRAB
Cyanide, Total 00720 1 0	SAMPLE MEASUREMENT	****	****	****	****	NODI=C	NODI:	=C ug/L	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	传统女女论	****		****	Req. Mon. MONTHLY AV	Req. M DAILY	ion.		MONTHLY	GRAB
Copper, Total (as Cu)	SAMPLE MEASUREMENT	****	****	****	****	NODI=C	NODI:	=C mg/L	0	0/31	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	****	***		****	0.021 MONTHLY AV	0.03 DAILY	2		3/Week	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	****	****	****	* ****	0	0/31	RCORDF
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		****	***	士七大夫	w		DAILY	RCORDF
Chlorine, Total Residual	SAMPLE MEASUREMENT	****	****	****	****	****	NODI	=C mg/l	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	****		****	****	0.01 INST N	1 "		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT									1	
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	PREPARED	NDER PENALTY OF LAW THA UNDER MY DIRECTION OR SE	UPERVISION IN ACCORDA	ANCE WITH A SYS	TEM II AL	inia Digitally si Taunia Sa		TELEPHO	ONE	DA	TE T
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP	DESIGNED T INFORMATION THE SYSTEM INFORMATION TRUE ACCU	TO ASSURE THAT QUALIFIED ON SUBMITTED, BASED ON M M, OR THOSE PERSONS DIRE DN, THE INFORMATION SUBM JEATE AND COMPLETE LAM	PERSONNEL PROPERLY Y INQUIRY OF THE PERS CTLY RESPONSIBLE FOR ITTED IS, TO THE BEST (AWARE THAT THERE AR	GATHER AND EV. ON OR PERSONS GATHERING THE OF MY KNOWLEDG SIGNIFICANT PE	WHO MANAGE BE AND BELIEF, NALTIES FOR	adquist Date: 202: 10:53:12 -	1,08,25 06'00'	505 66	5-9827	21 0	8 25
TYPED OR PRINTED	SUBMITTING	FALSE INFORMATION, INCL NG VIOLATIONS.	UDING THE POSSIBILITY	OF FINE AND IMP	RISONMENT	OFFICER OR AUTHORIZED	AGENT -		UMBER	YEAR N	O DA

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

EPC-DO: 21-264

PAGE 1 OF 1

OMB No. 2040-004

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

TRIAD NATIONAL SECURITY, LLC NAME:

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 TAUNIA JEAN SANDQUIST, EPC-CP

NM0028355	
PERMIT NUMBER	

FROM

160-A
DISCHARGE NUMBER

MONITORING PERIOD									
YEAR	МО	DAY		YEAR	MO	DAY			
21	08	01	то	21	08	31			

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 9

No Discharge

TTN: TAUNIA JEAN SANDQUIST		QUANTI	TY OF LOADING		C	UALITY OF CONCE	NTRATION	0.000		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALU	E U	NITS			
рН	SAMPLE MEASUREMENT	****	****	****	NODI=C	****	NODI=		s.u.	0	0/31	GRAE
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	****	由大大大市		6.0 MINIMUM	****	9.0 MAXIM		3.0		WEEKLY	GRAE
Cyanide, Total	SAMPLE MEASUREMENT	****	****	****	****	NODI=C	NODI=		ug/L	0	0/31	GRA
00720 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	在女有女女	Req. Mon. MONTHLY AV	Req M DAILY	ion.	ug/L		MONTHLY	GRAE
Copper, Total (as Cu)	ŞAMPLE MEASUREMENT	****	****	****	****	NODI=C	NODI:		mg/L	0	0/31	GRAE
042 1 0 fluent Gross RE	PERMIT REQUIREMENT	4***	****		****	0.021 MONTHLY AV	0.03 DAILY	2	ng/L		3/Week	GRAE
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	NODI=C	NODI=C		****	****	****		****	0	0/31	RCORD
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	- Mgal/day	****	****	victoria (*			DAILY	RCORD
Chlorine, Total Residual	SAMPLE MEASUREMENT	****	***	****	****	****	NODI		mg/L	0	0/31	GRAE
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****		****	****	0.01 INST N	1			WEEKLY	GRAE
	SAMPLE MEASUREMENT											ļ
	PERMIT REQUIREMENT											-
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							7515	BUONE		DA	TE.
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC		INDER PENALTY OF LAW THA UNDER MY DIRECTION OR S				ia Digitally sig		IELE	PHONE		1 1	
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP	JNIA JEAN SANDQUIST DESIGNED TO ASSURE OUP LEADER THE SYSTEM, OR THO INFORMATION, THE IN		PERSONNEL PROPERTY IY INQUIRY OF THE PERSO CTLY RESPONSIBLE FOR MITTED IS, TO THE BEST OF	ON OR PERSONS GATHERING THE OF MY KNOWLEDGE SIGNIFICANT PE	WHO MANAGE SE AND BELIEF, INALTIES FOR	quist Date: 2021	.09.28 16'00'	505 	665-98	827	21 0	9 28
TYPED OR PRINTED	SUBMITTING	3 FALSE INFORMATION, INCL ING VIOLATIONS	UDING THE POSSIBILITY	OF FINE AND IMP			ACENT -	REA CODE	NUMB		YEAR M	10 DA

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 1 OF 1

EPC-DO: 23-121

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: TALINIA JEAN SANDOLIIST EPC-CP

NM0028355
PERMIT NUMBER

160-A

DISCHARGE NUMBER

			MONIT	ORING P	ERIOD		
	YEAR	МО	DAY		YEAR	МО	DAY
FROM	21	09	01	то	21	09	30

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER EXTERNAL OUTFALL

PAGE 20

No Discharge X

PARAMETER			QUANT	ITY OF LOADING			Q	UALITY OF CONCE	ENTRATIO	1110		NO. EX	FREQUE OF ANAI		SAMPLE TYPE
			VALUE	VALUE	UNITS	VAL	.UE	VALUE	VA	LUE	UNITS				
pH 00400 1 0	SAMP MEASURE		****	****	****	NOD	I=C	****	NO	DI=C	S.U.	0	0/3	1	GRAB
Effluent Gross	PERM REQUIRE		****	****		6.0 MININ		****	-	.0 IMUM	5.0.		WEE	KLY	GRAB
Cyanide, Total 00720 1 0	SAMP MEASURE		****	****	****	***	**	NODI=C	NO	DI=C	ua/l	0	0/3	1	GRAB
Effluent Gross	PERIA REQUIRE		****	****		***	**	Req. Mon. MONTHLY AV		Mon. Y MX	ug/L		MONT	HLY	GRAB
Copper, Total (as Cu) 01042 1 0	SAMP MEASURE		****	****	****	***	**	NODI=C	NO	DI=C	m a/l	0	0/3	1	GRAB
Effluent Gross	PERM REQUIRE		****	****		***	**	0.021 MONTHLY AV		032 .Y MX	mg/L		3/We	eek	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMP MEASURE		NODI=C	NODI=C	Maal/day	***	**	****	**	***	****	0	0/3	1	RCORDR
Effluent Gross	PERM REQUIRE		Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	***	**	****	**	***			DAII	LY	RCORDR
Chlorine, Total Residual 50060 1 0	SAMP MEASURE		****	****	****	***	**	****	NO	DI=C		0	0/3	1	GRAB
Effluent Gross	PERM REQUIRE		****	****		***	**	****		O11 MAX	mg/L		WEE	(LY	GRAB
	SAMP MEASURE														
	PERM REQUIRE				1										
	SAMP MEASURE														
	PERM REQUIRE														
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	ER IC	CERTIFY UN	IDER PENALTY OF LAW THAT	T THIS DOCUMENT AND AL	L ATTACHMENT	S WERE	+	Digitally sign	ned by	TEL	.EPHONE			DATI	
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP	PREPARED UNDER MY DIRECTION OR SUL EAN SANDQUIST EADER PREPARED UNDER MY DIRECTION OR SOLUTION INFORMATION SUBMITTED. BASED ON MY THE SYSTEM, OR THOSE PERSONS DIRECTION INFORMATION, THE INFORMATION SUBMITTED, ACCURATE AND COMPLETE. I AM A TRUE, ACCURATE AND COMPLETE. I AM A			PERSONNEL PROPERLY G Y INQUIRY OF THE PERSON CTLY RESPONSIBLE FOR G ITTED IS, TO THE BEST OF AWARE THAT THERE ARE S	ATHER AND EVAN OR PERSONS GATHERING THE MY KNOWLEDG SIGNIFICANT PE	ALUATE THE WHO MANAGE E SE AND BELIEF, NALTIES FOR	Taunia Sando SIGNAT	Taunia San	dquist 10.27 6'00'	505 I	665-9	827	21	10	27
TYPED OR PRINTED			IG VIOLATIONS.	, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT			OFFICER OR AUTHORIZED AGENT			AREA CODE	NUME	_	YEAR	МО	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 1 OF 1

EPC-DO: 21-349 EPC-DO: 23-121

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: TALINIA JEAN SANDOLIIST EDC CD

NM0028355
PERMIT NUMBER

160-Q

DISCHARGE NUMBER

			MONIT	ORING P	ERIOD		
	YEAR	МО	DAY		YEAR	МО	DAY
FROM	21	07	01	то	21	09	30

DMR MAILING ZIP CODE: 87545

MAJOR

QUARTERLY REPORTING - OUTFALL 160

EXTERNAL OUTFALL

PAGE 21

No Discharge X

ATTN: TAUNIA JEAN SANDQ	UIST, EPC-0	CP							•				NO DISCHA	rge
PARAMETER			QUANT	TTY OF LOADING	3		Q	UALITY OF CONC	ENTRATIO	N		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			VALUE	VALUE	UNITS	VAL	UE	VALUE	VAL	.UE	UNITS			
Solids, Total Suspended 00530 1 0		MPLE REMENT	****	****	****	***	***	*NODI=C	*NOI	DI=C	ma/l	0	0/92	GRAB
Effluent Gross		RMIT REMENT	****	****		***	***	30 MO AVG	10 DAIL		mg/L		QUARTERLY	GRAB
Phosphorus, Total (as P) 00665 1 0		MPLE REMENT	****	****	****	***	***	*NODI=C	*NOI	DI=C		0	0/92	GRAB
Effluent Gross		RMIT REMENT	****	****		***	***	20 MO AVG	4 DAIL`		mg/L		QUARTERLY	GRAB
		MPLE IREMENT												
		RMIT REMENT												
		MPLE PREMENT												
		RMIT REMENT												
		MPLE REMENT												
		RMIT REMENT												
		MPLE REMENT												
		RMIT REMENT												
		MPLE REMENT												
		RMIT REMENT												
NAME/TITLE PRINCIPAL EXECUTIVE O	FFICER	PREPARED UN	DER PENALTY OF LAW THA IDER MY DIRECTION OR SU	JPERVISION IN ACCORDA	ANCE WITH A SYS	TEM	Taunia	Digitally sig	ned by	TE	LEPHONE		DAT	E
FAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP		INFORMATION THE SYSTEM, (INFORMATION, TRUE, ACCURA	NED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE MATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO M STEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE MATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND I ACCURATE AND COMPLETE. IAM AWARE THAT THERE ARE SIGNIFICANT PENALTIE! TIMPS FALS INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONM				HE VAGE Sandquist Date: 2021.10.27 16:10:42 -06'00'			505	l 665-9	827	21 10	27
TYPED OR PRINTED		FOR KNOWING				3 <u>-</u>	OFFICER OR ALITHORIZED ACENT					YEAR MO	DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 1 OF 1

EPC-DO: 21-349 EPC-DO: 23-121

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: TALINIA JEAN SANDOLIIST EDC.CD

NM0028355	
PERMIT NUMBER	

160-Y

DISCHARGE NUMBER

			MONIT	ORING P	ERIOD		
	YEAR	МО	DAY		YEAR	МО	DAY
FROM	20	10	01	то	21	09	30

DMR MAILING ZIP CODE: 87545

MAJOR

YEARLY REPORTING - OUTFALL 160

EXTERNAL OUTFALL

PAGE 22

No Discharge X

ATTN: TAUNIA JEAN SANDQU	IST, EPC-0	CP	•					<u> </u>					No Discha	rge
PARAMETER			QUANT	TITY OF LOADING	G		Q	UALITY OF CONCE	NTRATION	N		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			VALUE	VALUE	UNITS	VAL	UE	VALUE	VALI	JE	UNITS			
Arsenic, Total (as As) 01002 1 0		MPLE JREMENT	****	****	****	***	***	*NODI=C	*NOD	I=C	ma/l	0	0/365	GRAB
Effluent Gross		RMIT REMENT	****	****		***	***	0.013 MONTHLY AV	0.01 DAILY	-	mg/L		1/Year	GRAB
Aluminum, Total Recoverable* 01104 1 0		MPLE JREMENT	****	****	****	***	***	****	*NOD	I=C	m a/l	0	0/365	GRAB
Effluent Gross		RMIT REMENT	****	****		***	***	****	4.29 DAILY		mg/L		1/Year	GRAB
		MPLE JREMENT												
		RMIT REMENT												
		MPLE JREMENT												
		RMIT REMENT												
		MPLE JREMENT												
		RMIT REMENT												
		MPLE JREMENT												
		RMIT REMENT												
		MPLE JREMENT												
		RMIT REMENT												
	DER PENALTY OF LAW THA NDER MY DIRECTION OR SI	JPERVISION IN ACCORDA	ANCE WITH A SYS		Tauni	Digitally sign		TEI	LEPHONE		DAT	E		
FAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP		INFORMATION THE SYSTEM, INFORMATION TRUE, ACCUR	IGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUA RMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE PRMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AN E, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALT MITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISON				Taunia Sandquist MANAGE Sandquist Date: 2021.10.27 16:11:07-06'00' SFOR			505 l	665-9	827	21 10	27
TYPED OR PRINTED		FOR KNOWING		222 333.5/2111		211111	OFFI	CER OR AUTHORIZED A	GENT A	REA CODE	NUMB		YEAR MC	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.

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

PAGE 1 OF 1

EPC-DO: 21-349 EPC-DO: 23-121

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

NM0028355 PERMIT NUMBER

FROM

160-A DISCHARGE NUMBER

		MONITO	ORING P	ERIOD		
YEAR	MO	DAY		YEAR	МО	DAY
21	10	01	то	21	10	31

DMR MAILING ZIP CODE:

87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 9

OMB No. 2040-004

PARAMETER	\sim		TITY OF LOADING	G		QUALITY OF CONCE	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
12		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS		ļ.	
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	*NODI=C	****	*NODI=C		0	0/31	GRAE
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM	S.U.		WEEKLY	GRAB
Cyanide, Total 00720 1 0	SAMPLE MEASUREMENT	****	****		****	*NODI=C	*NODI=C		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	ug/L		MONTHLY	GRAB
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMENT	****	****		****	*NODI=C	*NODI=C		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	0.021 MONTHLY AV	0.032 DAILY MX	mg/L		3/Week	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C		****	*****	****		0	0/31	RCORDE
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	****	****	****		DAILY	RCORDE
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****		****	****	*NODI=C		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	****	0.011 INST MAX	mg/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT						INOT III DO				
	PERMIT REQUIREMENT							1 1			
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE STEVEN L. STORY BROUP LEADER PC-CP	PREPARED UP DESIGNED TO INFORMATION THE SYSTEM, INFORMATION TRUE, ACCUR	DER PENALTY OF LAW THAT NDER MY DIRECTION OR SUI ASSURE THAT QUALIFIED P IS SUBMITTED. BASED ON MY OR THOSE PERSONS DIREC I, THE INFORMATION SUBMIT ATE AND COMPLETE. I AM A	PERVISION IN ACCORDATIVERSONNEL PROPERLY OF INQUIRY OF THE PERSON TELL FOR THE BEST OF THE BEST OF WARE THAT THERE ARE	NCE WITH A SYSTE BATHER AND EVAL IN OR PERSONS W GATHERING THE IN MY KNOWLEDGE SIGNIFICANT DENY	M DATE THE HO MANAGE AND BELIEF, (Affiliate	-07'00'	by STEVEN e) 17 12:55:22	ELEPHONE		11 17	
TYPED OR PRINTED	ALSE INFORMATION, INCLUI VIOLATIONS.	DING THE POSSIBILITY O	F FINE AND IMPRIS	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT ARE			665-21	16260	YEAR MO		

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 1 OF 1

EPC-DO: 21-373

Attachment 1 10

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

NM0028355 PERMIT NUMBER

160-A DISCHARGE NUMBER

			MONITO	DRING P	ERIOD		
	YEAR	МО	DAY		YEAR	МО	DAY
FROM	21	11	01	то	21	11	30

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 9

No Discharge

OMB No. 2040-004

ATTN: STEVEN L. STORY, EPC-0		TIANIT	TTY OF LOADING			QUALITY OF CONCE	NTDATION		T		_
PARAMETER		QUAINT	TITOL LOADING	3		QUALITY OF CONCE	ENTRATION		NO.	OF ANALYSI	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	*NODI=C	****	*NODI=C	0.11	0	0/30	GRAE
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	*****	9.0 MAXIMUM	S.U.		WEEKLY	GRAE
Cyanide, Total 00720 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C		0	0/30	GRAE
Effluent Gross	PERMIT REQUIREMENT	****	****		****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	ug/L		MONTHLY	GRAB
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C		0	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	0.021 MONTHLY AV	0.032 DAILY MX	mg/L		3/Week	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Namelial	****	****	****		0	0/30	RCORD
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	- Mgal/day	*****	*****		DAILY	RCORDI		
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	*NODI=C		0	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	****	0.011 INST MAX	mg/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	ER I CERTIFY UN	DER PENALTY OF LAW THAT NDER MY DIRECTION OR SU	THIS DOCUMENT AND A	LL ATTACHMENTS	WERE			ELEPHONI		DA	TE
STEVEN L. STORY GROUP LEADER EPC-CP	DESIGNED TO INFORMATION THE SYSTEM, INFORMATION TRUE, ACCUR) ASSURE THAT QUALIFIED F N SUBMITTED. BASED ON MY OR THOSE PERSONS DIREC N, THE INFORMATION SUBMI (ATE AND COMPLETE. I AM A	PERSONNEL PROPERLY ('INQUIRY OF THE PERSO TLY RESPONSIBLE FOR TTED IS, TO THE BEST OF WARE THAT THERE ARE	GATHER AND EVAL DN OR PERSONS W GATHERING THE F MY KNOWLEDGE SIGNIFICANT PEN	UATE THE STEV (Affilian AND BELIEF, ALTIES FOR	-0700	te) 17 07:21:48			21 1	
TYPED OR PRINTED	SUBMITTING	CURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR ING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT WING VIOLATIONS.			SONMENT	NATURE OF PRINCIPAL EXE FFICER OR AUTHORIZED AC	SENT	665-2		0	
COMMENT AND EXPLANATION OF AUXULE						AREA CODE NU			BER	YEAR N	O DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 1 OF 1

EPC-DO: 21-408

Attachment 1 10

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

NAME:

ATTN:

TRIAD NATIONAL SECURITY, LLC

ADDRESS: LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490 LOS ALAMOS, NEW MEXICO 87545

LOCATION: LOS ALAMOS, NEW MEXICO 87545

FACILITY: TRIAD NATIONAL SECURITY, LLC

STEVEN I STORY EPC-CP

NM0028355 PERMIT NUMBER

FROM

160-A DISCHARGE NUMBER

		MONIT	ORING P	ERIOD		
YEAR	MO	DAY		YEAR	MO	DAY
21	12	01	то	21	12	31

DMR MAILING ZIP CODE:

87545

OMB No. 2040-004

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 14

No Discharge X

PARAMETER		QUANT	TTY OF LOADING	G		QUALITY OF CONCE	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1		
pH 00400 1 0	SAMPLE MEASUREMENT	****	***	****	*NODI=C	****	*NODI=C	0.11	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	***	****	2	6.0 MINIMUM	****	9.0 MAXIMUM	S.U.		WEEKLY	GRAB
Cyanide, Total 00720 1 0	SAMPLE MEASUREMENT	****	****	***	****	*NODI=C	*NODI=C		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		自有相查查	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	ug/L		MONTHLY	GRAB
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMENT	****	****	*****	****	*NODI=C	*NODI=C		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	查例的查查		****	0.021 MONTHLY AV	0.032 DAILY MX	mg/L		3/Week	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C		****	***	****		0	0/31	RCORDR
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	ninks	****	业务实验会	****		DAILY	RCORDR
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	有有文章者	****	*NODI=C		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	****	0.011 INST MAX	mg/L	1	WEEKLY	GRAB
	SAMPLE MEASUREMENT		,					1			
	PERMIT REQUIREMENT		Tay Start								
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	A About				-9-50 base	يدالورس				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE STEVEN L. STORY GROUP LEADER EPC-CP	PREPARED UI DESIGNED TO INFORMATION THE SYSTEM, INFORMATION TRUE, ACCUR SUBMITTING F	DER PENALTY OF LAW THAT NDER MY DIRECTION OR SUITASSUME THAT QUALIFIED POR SUITASSUME OF THAT QUALIFIED PROPERSONS DIRECTION SUBMITATE AND COMPLETE I AM ALSE INFORMATION, INCLU	PERVISION IN ACCORDAI PERSONNEL PROPERLY OF INQUIRY OF THE PERSO TITLY RESPONSIBLE FOR TIED IS, TO THE BEST OF WARE THAT THERE ARE	NCE WITH A SYSTE GATHER AND EVALI DN OR PERSONS WI GATHERING THE F MY KNOWLEDGE SIGNIFICANT PENS	M STEVEN HO MANAGE AND BELIEF. LITIES FOR	N STORY Digitally signed STORY (Affiliat Date: 2022.01.2 -07'00'	by STEVEN e) 25 11:17:23	ELEPHONE		22 01	
TYPED OR PRINTED	FOR KNOWING	VIOLATIONS.	DING THE POSSIBILITY O	F FINE AND IMPRIS	OHINEHH	CER OR AUTHORIZED AG	000	_		YEAR MC	

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 1 OF 1

EPC-DO: 22-037

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

NAME:

ATTN:

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

STEVEN L. STORY, EPC-CP

NM0028355 PERMIT NUMBER

160-Q DISCHARGE NUMBER

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

DMR MAILING ZIP CODE:

87545

MAJOR

QUARTERLY REPORTING - OUTFALL 160

EXTERNAL OUTFALL

PAGE 15

No Discharge

OMB No. 2040-004

PARAMETER		QUANT	ITY OF LOADING	3	(QUALITY OF CONCI	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
I A VANETER		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	Hig/L		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	IIIg/L		QUARTERLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	J. Brench									
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT							25			
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		100 5 10 5								
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFF STEVEN L. STORY GROUP LEADER EPC-CP TYPED OR PRINTED	PREPARED UP DESIGNED TO INFORMATION THE SYSTEM, INFORMATION TRUE, ACQUR SUBMITTING E	DER PENALTY OF LAW TH. IDER MY DIRECTION OR S. ASSURE THAT QUALIFIE! I SUBMITTED, BASED ON I OR THOSE PERSONS DIR. I, THE INFORMATION SUB- ATE AND COMPLETE. I AN FALSE INFORMATION, INC S VIOLATIONS.	SUPERVISION IN ACCORE D PERSONNEL PROPERLY MY INQUIRY OF THE PERVI ECTLY RESPONSIBLE FO MITTED IS, TO THE BEST I AWARE THAT THERE AF	ANCE WITH A SYS (GATHER AND EVI SON OR PERSONS R GATHERING THE OF MY KNOWLEDG TE SIGNIFICANT PE	TEM ALUATE THE WHO MANAGE E E AND BELIEF NALTIES FOR RISONMENT STEVIE (Affilia SIGN	EN STORY STORY (Aff	ned by STEVEN Rilate) 01,25 11:17:41 SECUTIVE 505			22 0	1 25

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

EPC-DO: 22-037

PAGE 1 OF 1

Attachment 1

16

LA-UR-22-20594

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

NM0028355
PERMIT NUMBER

160-A

DISCHARGE NUMBER

		MONITORING PERIOD YEAR MO DAY YEAR MO DAY 23 04 04 70 33 04 24									
	YEAR	МО	DAY		YEAR	МО	DAY				
FROM	22	01	01	то	22	01	31				

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 9

No Discharge X

ATTN: STEVEN L. STORY, EPC-C	P										
PARAMETER		QUANT	ITY OF LOADING			QUALITY OF CONCE	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1		
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	*NODI=C	****	*NODI=C	S.U.	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUI			WEEKLY	GRAB
Cyanide, Total 00720 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=0		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	Req. Mon. MONTHLY AV	Req. Mor DAILY M			MONTHLY	GRAB
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=0		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	0.021 MONTHLY AV	0.032 DAILY M	mg/L X		3/Week	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Maral/alass	****	****	****	****	0	0/31	RCORDF
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	****	****			DAILY	RCORDF
Chlorine, Total Residual	SAMPLE MEASUREMENT	****	****	****	****	****	*NODI=0		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	****	0.011 INST MA	mg/L X		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT]							
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT			1							
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC		NDER PENALTY OF LAW THA INDER MY DIRECTION OR SU			rem	N OTOD Digitally signe	d by STEVEN	TELEPHON	Ē	DAT	Ē
STEVEN L. STORY GROUP LEADER EPC-CP	DESIGNED T INFORMATIO THE SYSTEM INFORMATIO TRUE, ACCU	O ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M I, OR THOSE PERSONS DIRE N, THE INFORMATION SUBM RATE AND COMPLETE. I AM. FALSE INFORMATION, INCL!	PERSONNEL PROPERLY G Y INQUIRY OF THE PERSOI CTLY RESPONSIBLE FOR (ITTED IS, TO THE BEST OF AWARE THAT THERE ARE (ATHER AND EVAN OR PERSONS THE MY KNOWLEDG SIGNIFICANT PER	WHO MANAGE (Affiliate E AND BELIEF, NALTIES FOR	N STORY STORY (Affilia) Date: 2022.02 -07'00' ATURE OF PRINCIPAL EXE	ate) 1.28 09:51:39	05 665-2	2169	22 02	2 28
TYPED OR PRINTED		IG VIOLATIONS.	SELICE THE FOODBETT OF	AND INIT		FICER OR AUTHORIZED A	GENT	A CODE NUM		YEAR MO	D DAY
<u> </u>	LATIONIO										·

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 1 OF 1

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

NM0028355
PERMIT NUMBER

160-A

DISCHARGE NUMBER

			MONIT	ORING P	ERIOD		
	YEAR	МО	DAY		YEAR	МО	DAY
FROM	22	02	01	то	22	02	28

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 9

No Discharge X

ATTN: STEVEN L. STORY, EPC-C	P	•	•			 					NO DISC	large
PARAMETER		QUANT	TITY OF LOADING			QUALITY OF CO	DNCENTRATI	ON		NO. EX	FREQUENC OF ANALYSI	
		VALUE	VALUE	UNITS	VALUE	VALUE	VA	ALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMEN	****	****	****	*NODI=C	****	*NC	DDI=C	S.U.	0	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****		9.0 KIMUM	3.0.		WEEKLY	GRAB
Cyanide, Total 00720 1 0	SAMPLE MEASUREMEN	****	****	****	****	*NODI=C	*NC	DDI=C	/1	0	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	Req. Mon MONTHLY		ı. Mon. LY MX	ug/L		MONTHL	GRAB
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMEN	****	****	****	****	*NODI=C	*NC	DDI=C	m a/l	0	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	0.021 MONTHLY		.032 LY MX	mg/L		3/Week	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMEN	*NODI=C	*NODI=C	Maral/alass	****	****	*	***	****	0	0/28	RCORDR
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	****	*	***			DAILY	RCORDR
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMEN	****	****	****	****	****	*NC	DDI=C	m a/l	0	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	****		.011 T MAX	mg/L		WEEKLY	GRAB
	SAMPLE MEASUREMEN	г										
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMEN	-										
	PERMIT REQUIREMENT]								
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC		Y UNDER PENALTY OF LAW THA ED UNDER MY DIRECTION OR SI			S WERE STE		lly signed by		LEPHONI	Ē	D	ATE
STEVEN L. STORY GROUP LEADER EPC-CP	DESIGNE INFORMA THE SYS INFORMA TRUE, AG	D TO ASSURE THAT QUALIFIED TO ASSURE THAT QUALIFIED TON SUBMITTED. BASED ON MITEM, OR THOSE PERSONS DIRECTION, THE INFORMATION, SUBMICTURATE AND COMPLETE. I AMING FALSE INFORMATION, INCL	PERSONNEL PROPERLY G. Y INQUIRY OF THE PERSON CTLY RESPONSIBLE FOR G. IITTED IS, TO THE BEST OF AWARE THAT THERE ARE S	ATHER AND EVAN OR PERSONS GATHERING THE MY KNOWLEDG SIGNIFICANT PE	ALUATE THE WHO MANAGE E BE AND BELIEF, NALTIES FOR				l 665-2	2169	22 (03 24
TYPED OR PRINTED		WING VIOLATIONS.	obo The Foodbleff For	AL AND INFI		OFFICER OR AUTHORI	ZED AGENT	AREA CODE			YEAR I	ЛО DAY
	•				•			_				

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 1 OF 1

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

NM0028355
PERMIT NUMBER

160-A

DISCHARGE NUMBER

			MONIT	ORING P	ERIOD		
	YEAR	МО	DAY		YEAR	МО	DAY
FROM	22	03	01	то	22	03	31

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER

EXTERNAL OUTFALL

PAGE 14

No Discharge X

ATTN: STEVEN L. STORY, EPC-0	P	'	•			'	_			NO DISCNA	irge <u>X</u>
PARAMETER		QUANT	TITY OF LOADING			QUALITY OF CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1		
pH 00400 1 0	SAMPLE MEASUREMEN	т ****	****	****	*NODI=C	****	*NODI=	C S.U.	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMU			WEEKLY	GRAB
Cyanide, Total 00720 1 0	SAMPLE MEASUREMEN	т *****	****	****	****	*NODI=C	*NODI=	I	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	Req. Mon. MONTHLY AV	Req. Mo DAILY M			MONTHLY	GRAB
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMEN	*****	****	****	****	*NODI=C	*NODI=		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	0.021 MONTHLY AV	0.032 DAILY M			3/Week	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMEN	T *NODI=C	*NODI=C	NA 1/-1	****	****	****	****	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 MEASUREMEN	т ****	****	****	****	****	*NODI=		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	****	0.011 INST MA			WEEKLY	GRAB
	SAMPLE MEASUREMEN	т									
	PERMIT REQUIREMENT	г									
	SAMPLE MEASUREMEN	т									
	PERMIT REQUIREMENT	г									
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC		Y UNDER PENALTY OF LAW THA ED UNDER MY DIRECTION OR SI			S WERE STI	EVEN Digitally sig		TELEPHON	Ē	DAT	E
STEVEN L. STORY GROUP LEADER EPC-CP	DESIGNE INFORM, THE SYS INFORM, TRUE, A	ED TO ASSURE THAT QUALIFIED ATION SUBMITTED. BASED ON MITEM, OR THOSE PERSONS DIRE ATION, THE INFORMATION SUBMICTURATE AND COMPLETE. I AMITION FALSE INFORMATION, INCL	PERSONNEL PROPERLY G IY INQUIRY OF THE PERSO! IS THE PERSONSIBLE FOR C INTTED IS, TO THE BEST OF AWARE THAT THERE ARE S	ATHER AND EVAN OR PERSONS GATHERING THE MY KNOWLEDG SIGNIFICANT PE	ALUATE THE WHO MANAGE E AND BELIEF, NALTIES FOR	ORY (Affiliate) Filiate) STEVEN S (Affiliate) Date: 2022 13:47:19 -0 IGNATURE OF PRINCIPAL EX	.04.27 6'00'	505 l 665-2	2169	22 04	1 27
TYPED OR PRINTED		DWING VIOLATIONS.	ODING THE POSSIBILITY OF	I INE AND IMP	VIOCIAINIEIA I	OFFICER OR AUTHORIZED	ACENT	A CODE NUM		YEAR MO	
								<u> </u>			

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 1 OF 1

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

NM0028355
PERMIT NUMBER

FROM

160-Q

DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 87545

MAJOR

QUARTERLY REPORTING - OUTFALL 160

EXTERNAL OUTFALL

PAGE 15

No Discharge X

ATTN: STEVEN L. STORY, EPC-	CP												110 210011	alge
PARAMETER			QUANT	ITY OF LOADING	3		QI	JALITY OF CONCE	NTRATIO	N		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			VALUE	VALUE	UNITS	VAL	.UE	VALUE	VAL	.UE	UNITS			
Solids, Total Suspended 00530 1 0	SAM MEASUR		****	****	****	***	***	*NODI=C	*NOE	OI=C	m a/l	0	0/90	GRAB
Effluent Gross	PER REQUIR		****	****		***	***	30 MO AVG	10 DAILY	-	mg/L		QUARTERL	GRAB
Phosphorus, Total (as P) 00665 1 0	SAM MEASUR		****	****	****	***	***	*NODI=C	*NOE	DI=C		0	0/90	GRAB
Effluent Gross	PER REQUIR		****	****		***	***	20 MO AVG	4(DAILY		mg/L		QUARTERL	GRAB
	SAM MEASUR													
	PER REQUIR													
	SAM MEASUR													
	PER REQUIR													
	SAM MEASUR													
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	SAM MEASUR													
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	SAM MEASUR													
	PER REQUIR													
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE STEVEN L. STORY GROUP LEADER EPC-CP	F [PREPARED UN DESIGNED TO INFORMATION THE SYSTEM, INFORMATION	DER PENALTY OF LAW THA' IDER MY DIRECTION OR SU ASSURE THAT QUALIFIED SUBMITTED. BASED ON M' OR THOSE PERSONS DIRE THE INFORMATION SUBMITTE AND COMPLETE. I AM A TE AND COMPLETE. I AM A	IPERVISION IN ACCORDA PERSONNEL PROPERLY Y INQUIRY OF THE PERSI CTLY RESPONSIBLE FOR ITTED IS, TO THE BEST C	NOCE WITH A SYS' GATHER AND EVA ON OR PERSONS GATHERING THE OF MY KNOWLEDG	ALUATE THE WHO MANAGE E E AND BELIEF,	STEVE STORY (Affiliate	(Affiliate) Date: 2022.0 13:47:35 -06	4.27 '00'		EPHONE		22 0	
TYPED OR PRINTED			ALSE INFORMATION, INCLU					URE OF PRINCIPAL EXE CER OR AUTHORIZED A	GENT -	505 AREA CODE	665-2 NUMB		YEAR M	

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 1 OF 1

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

FROM

160-A

DISCHARGE NUMBER

		MONIT	ORING P	ERIOD		
YEAR	МО	DAY		YEAR	MO	DAY
22	04	01	то	22	04	30

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER WASTEWATER

EXTERNAL OUTFALL

PAGE 9

No Discharge X

OMB No. 2040-004

PARAMETER	\searrow	QUANTI	TY OF LOADING			QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	/	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	*NODI=C	****	*NODI=C	0.11	0	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	****		6.0 MINIMUM	*****	9.0 MAXIMUM	S.U.		WEEKLY	GRAB
Cyanide, Total 00720 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C		0	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	*****		****	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	ug/L		MONTHLY	GRAB
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C		0	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	0.021 MONTHLY AV	0.032 DAILY MX	mg/L		3/Week	GRAB
Flow, in conduit or thru treatment plant 50050 1 0 Effluent Gross	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	I	****	****	****	****	0	0/30	RCORDI
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	- Mgal/day	****	****	****			DAILY	RCORDI
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	*NODI=C		0	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		物物物物	****	0.011 INST MAX	mg/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT								+	W-1	
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	PREPARED	NDER PENALTY OF LAW THAT UNDER MY DIRECTION OR SU	PERVISION IN ACCORDA	NCE WITH A SYST	EM PILV		ed by T	ELEPHON	Ē	DA	TE
STEVEN L. STORY, GROUP LEADER, EPC-CP	INFORMATIO THE SYSTEM INFORMATIO TRUE, ACCU	O ASSURE THAT QUALIFIED IN SUBMITTED, BASED ON MY A, OR THOSE PERSONS DIRE DN, THE INFORMATION SUBMI RRATE AND COMPLETE, I AMA I FALSE INFORMATION, INCLU	INQUIRY OF THE PERSI CTLY RESPONSIBLE FOR TTED IS, TO THE BEST O WARE THAT THERE ARE	ON OR PERSONS I GATHERING THE F MY KNOWLEDGI SIGNIFICANT PEN	E AND BELIEF (Affilia	Dele: 2022 0	00'	l 665-2	2169	22 05	5 23
TYPED OR PRINTED		NG VIOLATIONS	DING THE POSSIBILITY (OF FINE AND IMPR	ISOMWEM	OFFICER OR AUTHORIZED AGENT AREA CODE			BER	YEAR M	O DA

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 1 OF 1

EPC-DO: 22-142

Attachment 1

LA-UR-22-24660

01

OMB No. 2040-004

31

NAME: TRIAD NATIONAL SECURITY, LLC

ADDRESS: LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490 LOS ALAMOS, NEW MEXICO 87545

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

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

ATTN: STEVEN I STORY EPC-CP

NM0028355	
PERMIT NUMBER	

MO

05

YEAR

FROM

160-A
DISCHARGE NUMBER

<u>=R</u>		DISCH	ARGE NU	IMBEK	
MONIT	ORING P	ERIOD			
DAY		YEAR	МО	DAY	

05

22

TO

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER WASTEWATER

EXTERNAL OUTFALL

No Discharge X

PARAMETER	\searrow		QUANT	ITY OF LOADING			Q	UALITY OF	CONCE	NTRATIC	N		NO. EX	FREQUI OF ANA		SAMPLE TYPE
			VALUE	VALUE	UNITS	VAL	_UE	VAL	UE	VAL	LUE	UNITS				
pH 00400 1 0	SAMPI MEASURE		****	****	****	NOE	DI=C	****	**	NOE	DI=C	S.U.	0	0/3	1	GRAB
33.100 1.0	PERM REQUIRE		****	****		6. MINII		***	**	9 MAXI	.0 MUM	5.0.		WEE	(LY	GRAB
Cyanide, Total 00720 1 0	SAMPI MEASURE		****	****	****	***	***	NOD	I=C	NOE	DI=C		0	0/3	1	GRAB
00720 1 0	PERM REQUIRE		****	****		***	***	Req. MONTH		Req. DAIL	Mon. Y MX	ug/L		MONT	HLY	GRAB
Copper, Total (as Cu) 01042 1 0	SAMPI MEASURE		****	****	****	***	***	NOD	I=C	NOE	DI=C		0	0/3	1	GRAB
0101210	PERM REQUIRE		****	****		***	***	0.02 MONTH		0.0 DAIL)32 Y MX	mg/L		3/We	ek	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPI MEASURE		NODI=C	NODI=C	Maal/day	***	***	****	**	**:	***	****	0	0/3	1	RCORDR
	PERM REQUIRE		Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	***	***	****	**	**:	***			DAI	LY	RCORDR
Chlorine, Total Residual 50060 1 0	SAMPI MEASURE		****	****	****	***	***	****	**	NOE	DI=C		0	0/3	1	GRAB
	PERM REQUIRE		****	****		***	***				0.011 ST MAX			WEE	(LY	GRAB
	SAMPI MEASURE															
	PERM REQUIRE															
	SAMPI MEASURE															
	PERM REQUIRE															
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	ER IC	ERTIFY UN	IDER PENALTY OF LAW THAT INDER MY DIRECTION OR SU	T THIS DOCUMENT AND AL	L ATTACHMENT	S WERE	SARAH	0	Digitally signe	d by SARAH	TEL	EPHONE			DAT	E
STEVEN L. STORY GROUP LEADER	NODER MY DIRECTION OR SCO O ASSURE THAT QUALIFIED IN N SUBMITTED. BASED ON MY , OR THOSE PERSONS DIRE: N, THE INFORMATION SUBM RATE AND COMPLETE. I AM A	PERSONNEL PROPERLY GAY INQUIRY OF THE PERSON	ATHER AND EVA	ALUATE THE WHO MANAGE	HOLCC (Affiliate	MB 🕌	HÖLCÓMB (A Date: 2022.07 06'00'	ffiliate)								
EPC-CP	TR	RUE, ACCUP	RATE AND COMPLETE. I AM A FALSE INFORMATION, INCLU	AWARE THAT THERE ARE S JDING THE POSSIBILITY OF	SIGNIFICANT PEI	NALTIES FOR RISONMENT	SIGNAT	TURE OF PRIN	CIPAL EXE	CUTIVE	505	667-0	666	22	07	26
TYPED OR PRINTED	FO	R KNOWIN	IG VIOLATIONS.				OFFICER OR AUTHORIZED AGENT			SENT	AREA CODE NUMBE		BER	YEAR	МО	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

PAGE 1 OF 1

01

TO

22

OMB No. 2040-004

30

NAME: TRIAD NATIONAL SECURITY, LLC

ADDRESS: LOS ALAMOS NATIONAL LABORATORY

PO BOX 1663; MAIL STOP K490 LOS ALAMOS, NEW MEXICO 87545

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

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

ATTN: STEVEN L. STORY, EPC-CP

NM0028355	
PERMIT NUMBER	

MO

06

YEAR

FROM

160-A
DISCHARGE NUMBER

<u>=K</u>		DISCH	ARGE NU	MREK	l
MONIT	ORING P	ERIOD			
DAY		YEAR	МО	DAY	l

06

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER WASTEWATER

EXTERNAL OUTFALL

No Discharge X

PARAMETER		QUANT	TITY OF LOADING			QUALITY OF CONCE	ENTRATION		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	/1	0	0/30	GRAB
33723 1 3	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	m a/l	0	0/30	GRAB
	PERMIT REQUIREMENT	****	****		****	0.021 MONTHLY AV	0.032 DAILY MX	mg/L		3/Week	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	Mgal/day	****	****	****	****	0	0/30	RCORDE
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Tivigai/day	****	****	****	****		DAILY	RCORDF
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	NODI=C	m/l	0	0/30	GRAB
0000010	PERMIT REQUIREMENT	****	****		****	****	0.011 INST MAX	mg/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	ER I CERTIFY UN PREPARED I	NDER PENALTY OF LAW THA INDER MY DIRECTION OR SU					ed by SARAH	TELEPHON	Ē	DA [*]	ΓE
STEVEN L. STORY GROUP LEADER EPC-CP	DESIGNED TO INFORMATIO THE SYSTEM INFORMATIO	O ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M I, OR THOSE PERSONS DIRE N, THE INFORMATION SUBM RATE AND COMPLETE. I AM A	PERSONNEL PROPERLY GAY INQUIRY OF THE PERSON CCTLY RESPONSIBLE FOR G ITTED IS, TO THE BEST OF	ATHER AND EVA I OR PERSONS THE MY KNOWLEDG	LUATE THE HOLC WHO MANAGE (Affilia	-06'00'	7.26 07 [:] 48:25			22 07	7 26
TYPED OR PRINTED	SUBMITTING	FALSE INFORMATION, INCLU IG VIOLATIONS.		ISONMENT SIGN	SIGNATURE OF PRINCIPAL EXECUTIVE			505 667-0666 EA CODE NUMBER		0 DAY	

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

PAGE 1 OF 1

DAY

01

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

NM0028355 PERMIT NUMBER

MO

04

YEAR

FROM

160-Q DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY TO 22 06 30

DMR MAILING ZIP CODE: 87545

MAJOR

QUARTERLY REPORTING - OUTFALL 160

EXTERNAL OUTFALL

No Discharge X

ATTN: STEVEN L. STORY, EPC-C	P	-					!	ı				No Discha	arge <u>X</u>
PARAMETER		QUANT	ITY OF LOADING	i		QI	UALITY OF CONCE	NTRATIO	N		NO. EX	FREQUENCY OF ANALYSIS	SAMPLI TYPE
		VALUE	VALUE	UNITS	VALU	JE	VALUE	VAL	UE	UNITS			
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	****	****	****	****	*	NODI=C	NOD	I=C	ma/l	0	0/91	GRAE
	PERMIT REQUIREMENT	****	****		****	*	30 MO AVG	10 DAILY		mg/L		QUARTERL	GRAE
Phosphorus, Total (as P) 00665 1 0	SAMPLE MEASUREMENT	****	****	****	****	*	NODI=C	NOD	I=C	m a/l	0	0/91	GRAE
	PERMIT REQUIREMENT	****	****		****	*	20 MO AVG	40 DAILY		mg/L		QUARTERL	GRAE
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
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	SAMPLE MEASUREMENT												
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	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	PREPARED U	DER PENALTY OF LAW THA' NDER MY DIRECTION OR SU	JPERVISION IN ACCORDAN	NCE WITH A SYS	TEM C	SARAH			TEL	EPHONE		DA	ΤE
STEVEN L. STORY GROUP LEADER EPC-CP	INFORMATION TRUE, ACCUR	D ASSURE THAT QUALIFIED IN SUBMITTED. BASED ON MIN, OR THOSE PERSONS DIRE IN, THE INFORMATION SUBMITTER AND COMPLETE. I AM A	ITTED IS, TO THE BEST OF AWARE THAT THERE ARE	MY KNOWLEDG SIGNIFICANT PE	E AND BELIEF, (/ NALTIES FOR	Ammate	(Affiliate) Date: 2022.0 09:02:30 -06	7.26 '00'	EOE I	ece o	eee	22 0	7 2
TYPED OR PRINTED	FALSE INFORMATION, INCLU G VIOLATIONS.	JDING THE POSSIBILITY O	F FINE AND IMPF	RISONMENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			505 665-0666 AREA CODE NUMBER			YEAR M	DA DA	

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

PAGE 1 OF 1

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

STEVEN L. STORY, EPC-CP

LOCATION: LOS ALAMOS, NEW MEXICO 87545

ATTN:

NM0028355
PERMIT NUMBER

160-A

DISCHARGE NUMBER

	MONITORING PERIOD											
	YEAR	МО	DAY		YEAR	МО	DAY					
FROM	22	07	01	то	22	07	31					

DMR MAILING ZIP CODE: 87545

MAJOR

COOLING TOWER BLOWDOWN & OTHER WASTEWATER

EXTERNAL OUTFALL

PAGE 9

No Discharge X

PARAMETER		QUANT	ITY OF LOADING			QUALITY OF CONC	ENTRATION	N		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALI	JE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	NODI=C	****	NODI	I=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	****			6.0 MINIMUM	****	9.0 MAXIMUM		5.0.		WEEKLY	GRAB
Cyanide, Total 00720 1 0	SAMPLE MEASUREMENT	****	****	****	****	NODI=C	NODI	I=C	/1	0	0/31	GRAB
00.20 1 0	PERMIT REQUIREMENT			****	Req. Mon. MONTHLY AV	Req. N DAILY		ug/L		MONTHLY	GRAB	
Copper, Total (as Cu) 01042 1 0	SAMPLE MEASUREMENT	****	****	****	****	NODI=C	NODI	I=C	m a/l	0	0/31	GRAB
0101210	PERMIT REQUIREMENT	****	****		****	0.021 MONTHLY AV	0.03 DAILY		mg/L		3/Week	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	Tivigai/uay	****	****	***	*			DAILY	RCORDR
Chlorine, Total Residual 50060 1 0	SAMPLE MEASUREMENT	****	****	****	****	****	NODI	ODI=C		0	0/31	GRAB
00000 1 0	PERMIT REQUIREMENT	****	****		****	****	0.011 INST MAX		mg/L		WEEKLY	GRAB
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	ER I CERTIFY UN PREPARED I	NDER PENALTY OF LAW THA JNDER MY DIRECTION OR SU	T THIS DOCUMENT AND ALL	ATTACHMENT	S WERE TEM SARAH	Digitally signe	d by SARAH	ARAH TELEPHONE		Ē	DA	ΓE
STEVEN L. STORY, GROUP LEADER, EPC-CP DESIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE INFORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE HALL THE SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF. AND COUNTY AND COUNTY THE PERSON SERVICE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PERSON OF							Affiliate) 3.25 11:25:03 ECUTIVE	505 	667-0	0666	22 08	3 25
TYPED OR PRINTED	FOR KNOWIN	NG VIOLATIONS.			OF	OFFICER OR AUTHORIZED AGENT		AREA CODE NUME		BER	YEAR M	O DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

PAGE 1 OF 1

EPC-DO: 22-238

Permit UNIVERSITY OF CALIFORNIA Permit #: NM0028355 Permittee: LOS ALAMOS NATIONAL LABORATORY Facility: Major: Yes **Permittee Address:** LOS ALAMO NATIONAL LABORATORY **Facility Location:** LOS ALAMO NATIONAL LABORATORY 528 35TH STREET 528 35TH STREET LOS ALAMO, NM 87544 LOS ALAMO, NM 87544 **Permitted Feature:** 160 Discharge: 160-A **External Outfall** COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO TEN SITE CANYON Report Dates & Status **DMR Due Date: Monitoring Period:** From 08/01/22 to 08/31/22 09/28/22 Status: **NetDMR Validated Considerations for Form Completion Principal Executive Officer** Title: Telephone: First Name: **Last Name:** No Data Indicator (NODI) Form NODI: Parameter Monitoring Location Season # Param. NODI **Quantity or Loading Quality or Concentration** # of Ex. Frequency of Analysis Sample Type Code Qualifier 1 Qualifier 2 Value 2 Value 1 Units Qualifier 1 Value 1 Qualifier 2 Qualifier 3 Value 3 Units Sample 6.0 MINIMUM 9.0 MAXIMUM GR - GRAB Permit Req. 12 - SU 01/07 - Weekly 00400 **pH** 1 - Effluent Gross 0 Value NODI C - No Discharge C - No Discharge Sample Req Mon MO AVG Req Mon DAILY MX 28 - ug/L Permit Req. 01/30 - Monthly GR - GRAB 00720 Cyanide, total [as CN] 1 - Effluent Gross 0 Value NODI C - No Discharge C - No Discharge Sample Permit Req. 0.021 MO AVG 0.032 DAILY MX 03/07 - Three Per Week GR - GRAB 01042 Copper, total [as Cu] 1 - Effluent Gross 0 Value NODI C - No Discharge C - No Discharge Sample Req Mon MO AVG Req Mon DAILY MX 03 - MGD Permit Req. 01/01 - Daily RE - Record (manual) 50050 Flow, in conduit or thru treatment plant 1 - Effluent Gross 0 Value NODI C - No Discharge C - No Discharge Sample Permit Req. 0.011 INST MAX 19 - mg/L 01/07 - Weekly GR - GRAB 50060 Chlorine, total residual 1 - Effluent Gross 0 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-22-29946 **Attachments** No attachments. Report Last Saved By LOS ALAMOS NATIONAL LABORATORY ICADIENTE User: Name: Isaac Cadiente E-Mail: icadiente@lanl.gov 2022-09-27 16:30 (Time Zone: -05:00) Date/Time: Report Last Signed By SARAHHOLCOMB User: Name: Sarah Holcomb E-Mail: sholcomb@lanl.gov Date/Time: 2022-09-27 16:58 (Time Zone: -05:00)

Permit UNIVERSITY OF CALIFORNIA Permit #: NM0028355 Permittee: LOS ALAMOS NATIONAL LABORATORY Facility: Major: Yes **Permittee Address:** LOS ALAMO NATIONAL LABORATORY **Facility Location:** LOS ALAMO NATIONAL LABORATORY 528 35TH STREET 528 35TH STREET LOS ALAMO, NM 87544 LOS ALAMO, NM 87544 **Permitted Feature:** 160 Discharge: 160-A **External Outfall** COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO TEN SITE CANYON Report Dates & Status **DMR Due Date: Monitoring Period:** From 09/01/22 to 09/30/22 10/28/22 Status: **NetDMR Validated Considerations for Form Completion Principal Executive Officer** Title: Telephone: **First Name: Last Name:** No Data Indicator (NODI) Form NODI: Parameter Monitoring Location Season # Param. NODI **Quantity or Loading Quality or Concentration** # of Ex. Frequency of Analysis Sample Type Code Qualifier 1 Qualifier 2 Value 2 Value 1 Units Qualifier 1 Value 1 Qualifier 2 Qualifier 3 Value 3 Units Sample 6.0 MINIMUM 9.0 MAXIMUM GR - GRAB Permit Req. 12 - SU 01/07 - Weekly 00400 **pH** 1 - Effluent Gross 0 Value NODI C - No Discharge C - No Discharge Sample Req Mon MO AVG Req Mon DAILY MX 28 - ug/L Permit Req. 01/30 - Monthly GR - GRAB 00720 Cyanide, total [as CN] 1 - Effluent Gross 0 Value NODI C - No Discharge C - No Discharge Sample Permit Req. 0.021 MO AVG 0.032 DAILY MX 03/07 - Three Per Week GR - GRAB 01042 Copper, total [as Cu] 1 - Effluent Gross 0 Value NODI C - No Discharge C - No Discharge Sample Req Mon MO AVG Req Mon DAILY MX 03 - MGD Permit Req. 01/01 - Daily RE - Record (manual) 50050 Flow, in conduit or thru treatment plant 1 - Effluent Gross 0 Value NODI C - No Discharge C - No Discharge Sample Permit Req. 0.011 INST MAX 19 - mg/L 01/07 - Weekly GR - GRAB 50060 Chlorine, total residual 1 - Effluent Gross 0 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-22-31291 **Attachments** No attachments. Report Last Saved By LOS ALAMOS NATIONAL LABORATORY ICADIENTE User: Name: Isaac Cadiente E-Mail: icadiente@lanl.gov 2022-10-25 10:10 (Time Zone: -05:00) Date/Time: Report Last Signed By SARAHHOLCOMB User: Name: Sarah Holcomb E-Mail: sholcomb@lanl.gov Date/Time: 2022-10-25 10:26 (Time Zone: -05:00)

Permit UNIVERSITY OF CALIFORNIA Permit #: NM0028355 Permittee: LOS ALAMOS NATIONAL LABORATORY Facility: Major: Yes **Permittee Address:** LOS ALAMO NATIONAL LABORATORY **Facility Location:** LOS ALAMO NATIONAL LABORATORY 528 35TH STREET 528 35TH STREET LOS ALAMO, NM 87544 LOS ALAMO, NM 87544 **Permitted Feature:** 160 Discharge: 160-A **External Outfall** COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO TEN SITE CANYON Report Dates & Status **DMR Due Date: Monitoring Period:** From 10/01/22 to 10/31/22 11/28/22 Status: **NetDMR Validated Considerations for Form Completion Principal Executive Officer** Title: Telephone: First Name: **Last Name:** No Data Indicator (NODI) Form NODI: Parameter Monitoring Location Season # Param. NODI **Quantity or Loading Quality or Concentration** # of Ex. Frequency of Analysis Sample Type Code Qualifier 1 Qualifier 2 Value 2 Value 1 Units Qualifier 1 Value 1 Qualifier 2 Qualifier 3 Value 3 Units Sample 6.0 MINIMUM 9.0 MAXIMUM GR - GRAB Permit Req. 12 - SU 01/07 - Weekly 00400 **pH** 1 - Effluent Gross 0 Value NODI C - No Discharge C - No Discharge Sample Req Mon MO AVG Req Mon DAILY MX 28 - ug/L Permit Req. 01/30 - Monthly GR - GRAB 00720 Cyanide, total [as CN] 1 - Effluent Gross 0 Value NODI C - No Discharge C - No Discharge Sample Permit Req. 0.021 MO AVG 0.032 DAILY MX 03/07 - Three Per Week GR - GRAB 01042 Copper, total [as Cu] 1 - Effluent Gross 0 Value NODI C - No Discharge C - No Discharge Sample Req Mon MO AVG Req Mon DAILY MX 03 - MGD Permit Req. 01/01 - Daily RE - Record (manual) 50050 Flow, in conduit or thru treatment plant 1 - Effluent Gross 0 Value NODI C - No Discharge C - No Discharge Sample Permit Req. 0.011 INST MAX 19 - mg/L 01/07 - Weekly GR - GRAB 50060 Chlorine, total residual 1 - Effluent Gross 0 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 ICADIENTE User: Name: Isaac Cadiente E-Mail: icadiente@lanl.gov 2022-11-16 12:10 (Time Zone: -06:00) Date/Time: Report Last Signed By SARAHHOLCOMB User: Name: Sarah Holcomb E-Mail: sholcomb@lanl.gov Date/Time: 2022-11-21 09:17 (Time Zone: -06:00)

Permit																			
Permit :	#:	NM002	28355		Perm	nittee:	LO	S ALAMO	S NATIC	NAL	L LABORATOF	RY	Facil	ty:	UNIVER	SITY O	F CALII	FORNIA	
Major:		Yes			Perm	nittee Addre	528	S ALAMO 3 35TH ST S ALAMO	TREET		LABORATORY	′	Facil	ty Locatio	n: LOS AL 528 35T LOS AL	H STRE	ET	AL LABORATORY 4	
Permitte	ed Feature:	160 Externa	al Outfall		Disc	harge:	16 0 QL		Y REPOF	RTIN	IG - OUTFALL	160							
Report	Dates & Status																		
Monitor	ing Period:	From 0	08/01/22 to 10/31/	22	DMR	Due Date:	11/	28/22					Statu	s:	NetDMF	R Valida	ted		
Conside	erations for Form (Complet	tion																
Principa	al Executive Office	r																	
First Na	ıme:				Title	:							Telep	hone:					
Last Na	me:												,						
No Data	Indicator (NODI)																		
Form N	ODI:																		
	Parameter	N	Monitoring Location	Season #	Param. NOD			ty or Loadii				1	Quality or Con				# of Ex	. Frequency of Analysis	Sample Type
Code	Name					Sample	Qualifier 1 Value 1	Qualifier 2	Value 2 U	nits C	Qualifier 1 Value	1 Qualifier 2	2 Value 2	Qualifier 3	Value 3	Units			
00530	Solids, total suspen	ded	1 - Effluent Gross	0		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				
						Sample													
00665	Phosphorus, total [a	as P]	1 - Effluent Gross	0		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				
	sion Note																		
	meter row does not	contain	any values for the	Sample	nor Effluer	nt Trading, t	hen none of the	following	fields will	be s	submitted for th	nat row: Ur	nits, Number of E	cursions, F	Frequency of Analy	sis, and	Sampl	е Туре.	
Edit Ch	eck Errors																		
No erro	rs.																		
Comme																			
LA-UR-2	22-32091																		
Attachr																			
	Last Saved By																		
	AMOS NATIONAL	LABOR																	
User:				ICADIEN															
Name:				Isaac (
E-Mail:					@lanl.gov														
Date/Tir				2022-11-	-16 12:10	(Time Zon	e: -06:00)												
	Last Signed By																		
User:					HOLCOMB														
					Sarah Holcomb														
				b@lanl.gov															
Date/Time: 20					-21 09:17	(Time Zon	e: -06:00)												

Permit UNIVERSITY OF CALIFORNIA Permit #: NM0028355 Permittee: LOS ALAMOS NATIONAL LABORATORY Facility: **Facility Location:** Major: Yes **Permittee Address:** LOS ALAMO NATIONAL LABORATORY LOS ALAMO NATIONAL LABORATORY 528 35TH STREET 528 35TH STREET LOS ALAMO, NM 87544 LOS ALAMO, NM 87544 **Permitted Feature:** 160 Discharge: 160-A **External Outfall** COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO TEN SITE CANYON Report Dates & Status **DMR Due Date: Monitoring Period:** From 11/01/22 to 11/30/22 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: Parameter Monitoring Location Season # Param. NODI **Quantity or Loading Quality or Concentration** # of Ex. Frequency of Analysis Sample Type Code Qualifier 1 Qualifier 2 Value 2 Value 1 Units Qualifier 1 Value 1 Qualifier 2 Qualifier 3 Value 3 Units Sample 6.0 MINIMUM 9.0 MAXIMUM GR - GRAB Permit Req. 12 - SU 01/07 - Weekly 00400 **pH** 1 - Effluent Gross 0 Value NODI C - No Discharge C - No Discharge Sample Req Mon MO AVG Req Mon DAILY MX 28 - ug/L GR - GRAB Permit Req. 01/30 - Monthly 00720 Cyanide, total [as CN] 1 - Effluent Gross 0 Value NODI C - No Discharge C - No Discharge Sample Permit Req. 0.021 MO AVG 0.032 DAILY MX 03/07 - Three Per Week GR - GRAB 01042 Copper, total [as Cu] 1 - Effluent Gross 0 Value NODI C - No Discharge C - No Discharge Sample Req Mon MO AVG Req Mon DAILY MX 03 - MGD Permit Req. 01/01 - Daily RE - Record (manual) 50050 Flow, in conduit or thru treatment plant 1 - Effluent Gross 0 Value NODI C - No Discharge C - No Discharge Sample Permit Req. 0.011 INST MAX 19 - mg/L 01/07 - Weekly GR - GRAB 50060 Chlorine, total residual 1 - Effluent Gross 0 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-22-33028 **Attachments** No attachments. Report Last Saved By LOS ALAMOS NATIONAL LABORATORY **ICADIENTE** User: Name: Isaac Cadiente E-Mail: icadiente@lanl.gov 2022-12-19 17:00 (Time Zone: -06:00) Date/Time: Report Last Signed By SARAHHOLCOMB User: Name: Sarah Holcomb E-Mail: sholcomb@lanl.gov 2022-12-20 09:21 (Time Zone: -06:00) Date/Time:

EPC-DO: 23-023 EPC-DO: 23-121

Permit UNIVERSITY OF CALIFORNIA Permit #: NM0028355 Permittee: LOS ALAMOS NATIONAL LABORATORY Facility: **Facility Location:** Major: Yes **Permittee Address:** LOS ALAMO NATIONAL LABORATORY LOS ALAMO NATIONAL LABORATORY 528 35TH STREET 528 35TH STREET LOS ALAMO, NM 87544 LOS ALAMO, NM 87544 **Permitted Feature:** 160 Discharge: 160-A **External Outfall** COOLING TOWER BLOWDOWN & OTHER WASTEWATER TO TEN SITE CANYON Report Dates & Status **DMR Due Date: Monitoring Period:** From 12/01/22 to 12/31/22 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: Parameter Monitoring Location Season # Param. NODI **Quantity or Loading Quality or Concentration** # of Ex. Frequency of Analysis Sample Type Code Qualifier 1 Qualifier 2 Value 2 Value 1 Units Qualifier 1 Value 1 Qualifier 2 Qualifier 3 Value 3 Units Sample 6.0 MINIMUM 9.0 MAXIMUM GR - GRAB Permit Req. 12 - SU 01/07 - Weekly 00400 **pH** 1 - Effluent Gross 0 Value NODI C - No Discharge C - No Discharge Sample Req Mon MO AVG Req Mon DAILY MX 28 - ug/L GR - GRAB Permit Req. 01/30 - Monthly 00720 Cyanide, total [as CN] 1 - Effluent Gross 0 Value NODI C - No Discharge C - No Discharge Sample Permit Req. 0.021 MO AVG 0.032 DAILY MX 03/07 - Three Per Week GR - GRAB 01042 Copper, total [as Cu] 1 - Effluent Gross 0 Value NODI C - No Discharge C - No Discharge Sample Req Mon MO AVG Req Mon DAILY MX 03 - MGD Permit Req. 01/01 - Daily RE - Record (manual) 50050 Flow, in conduit or thru treatment plant 1 - Effluent Gross 0 Value NODI C - No Discharge C - No Discharge Sample Permit Req. 0.011 INST MAX 19 - mg/L 01/07 - Weekly GR - GRAB 50060 Chlorine, total residual 1 - Effluent Gross 0 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 ICADIENTE User: Name: Isaac Cadiente E-Mail: icadiente@lanl.gov 2023-01-25 14:20 (Time Zone: -06:00) Date/Time: Report Last Signed By SARAHHOLCOMB User: Name: Sarah Holcomb E-Mail: sholcomb@lanl.gov 2023-01-25 17:30 (Time Zone: -06:00) Date/Time:

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: TALINIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

FROM

055-A

DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED HE WASTEWATER

EXTERNAL OUTFALL

PAGE 6

No Discharge X

PARAMETER		QUANTI	TY OF LOADING	6	C	UALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	****	****		*NODI=C	****	*NOD!=C	S.U.	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	失士者介字	9.0 MAXIMUM	3.0.		WEEKLY	GRAB
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Manifelan	****	****	***	****	0	0/31	ESTIMA
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	业务企业省	在青金青晚			DAILY	ESTIMA
RDX, Total	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	ma//	0	0/31	GRAB
81364 1 0 Effluent Gross	PERMIT REQUIREMENT	传生物水	****		****	0.20 MONTHLY AV	0.66 DAILY MX	mg/L		2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	1-1-5	× 1								
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT								H.		
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	DDEDARE	UNDER PENALTY OF LAW THA UNDER MY DIRECTION OR SI	IPERVISION IN ACCORD.	ANCE WITH A SYS	EM INCOM	A VAN Digitally signed by VALKENBURG	y TAUNIA VAN	TELEPHON	IE	DA	TE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED INFORMA THE SYST INFORMA TRUE AC	TO ASSURE THAT QUALIFIED ION SUBMITTED. BASED ON M EM, OR THOSE PERSONS DIRE ION, THE INFORMATION SUBM SURATE AND COMPLETE! AM	PERSONNEL PROPERLY Y INQUIRY OF THE PERS CTLY RESPONSIBLE FO HITTED IS, TO THE BEST AWARE THAT THERE AR	E AND BELIEF,	(Affiliate) Date: 2021.02 25 13 24 32		l 665-	QR27	21 02	2 25	
TYPED OR PRINTED	SUBMITTI	OF FALSE INFORMATION, INCL VING VIOLATIONS	UDING THE POSSIBILITY	OF FINE AND IMPE	SIGN.		SIGNATURE OF PRINCIPAL EXECUTIVE 505 665 OFFICER OR AUTHORIZED AGENT AREA CODE NUI			YEAR M	O DA

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

EPC-DO-21-072

PAGE 1 OF 1

Attachment 1

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
TALINIA S. VAN VAI KENBURG, EPC-C

NM0028355
PERMIT NUMBER

FROM

055-A

DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED HE WASTEWATER

EXTERNAL OUTFALL

PAGE 6

No Discharge X

OMB No. 2040-004

PARAMETER		QUANTI	TY OF LOADING	3	(QUALITY OF CONCE	NTRATION		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	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM	3.0.		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	B. A. a. IValana	****	****	****	****	0	0/28	ESTIMA
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	*****	南央北大安			DAILY	ESTIMA
RDX, Total 81364 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C mg/L	0	0/28	GRAB	
Effluent Gross	PERMIT REQUIREMENT	****	非 常长代值		****	0.20 MONTHLY AV	0.66 DAILY MX	nig/L		2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT							9			But.
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										145
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	PREPARED I DESIGNED T INFORMATIO THE SYSTEM INFORMATIO TRUE, ACCU	JRATE AND COMPLETE: I AM A	JPERVISION IN ACCORD, PERSONNEL PROPERLY Y INQUIRY OF THE PERS CTLY RESPONSIBLE FOR ITTED IS, TO THE BEST (AWARE THAT THERE AR	ANCE WITH A SYST GATHER AND EVAINED ON OR PERSONS IN R GATHERING THE OF MY KNOWLEDGE E SIGNIFICANT PEN	EM VALKE WHO MANAGE E AND BELIEF, MALTIES FOR	NBURG VAN VALK Date: 2021 -06'00'	ENBURG (Affiliate) 03.25 09:17:0	ELEPHON		2021 03	
TYPED OR PRINTED	ATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BEL CCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES F TING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMEN OWING VIOLATIONS.			ISONMENT SIGN	SIGNATURE OF PRINCIPAL EXECUTIVE 505 665			9827 BER	YEAR M	0	

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 1 OF 1

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

TALINIA C MANAMALIZENDI IDO EDO CD

NM0028355 PERMIT NUMBER

055-A DISCHARGE NUMBER

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

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED HE WASTEWATER

EXTERNAL OUTFALL

PAGE 9

No Discharge X

OMB No. 2040-004

PARAMETER		QUANTI	TY OF LOADING	à		QUALITY OF CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
TAVARETER	$/ \setminus$	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	<u></u>		
pH	SAMPLE MEASUREMENT	****	****	****	*NODI=C	****	*NODI=	c s.u.	0	0/31	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****		6.0 MINIMUM	****	9.0 MAXIMU	100000000		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Macliday	****	****	****	****	0	0/31	ESTIMA
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	*****	****			DAILY	ESTIMA
RDX, Total 81364 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****	20000	****	0.20 MONTHLY AV	0.66 DAILY N	mg/L /IX		2/Month	GRAB
	SAMPLE MEASUREMENT					>>> = H4					
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT								i - amon-		
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	ER I CERTIFY UN	DER PENALTY OF LAW THAT INDER MY DIRECTION OR SU	THIS DOCUMENT AND A	ALL ATTACHMENTS	WERE TAI	UNIA VAN Digitally	signed by TAUNIA	TELEPHON	IE	DA	ſΈ
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED TO INFORMATION THE SYSTEM INFORMATION TRUE, ACCU	INDER MY DIRECTION OR SE O ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M' I, OR THOSE PERSONS DIRE N, THE INFORMATION SUBM RATE AND COMPLETE. I AM A FALSE INFORMATION. INCL	PERSONNEL PROPERLY Y INQUIRY OF THE PERSI CTLY RESPONSIBLE FOR ITTED IS, TO THE BEST C AWARE THAT THERE ARE	GATHER AND EVAL ON OR PERSONS W GATHERING THE OF MY KNOWLEDGE ESIGNIFICANT PEN	LUATE THE VAI VHO MANAGE (Aff	VAN VA	LKENBURG (Affilate) 121.04.26 15:00:52		9827	21 04	26
TYPED OR PRINTED		IG VIOLATIONS.	DENO THE POSSIBLETT	OI THE MID INFO		OFFICER OR AUTHORIZED	AGENT ARI	EA CODE NUM	IBER	YEAR M	O DAY

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

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

PAGE 1 OF 1

EPC-DO: 21-143

EPC-DO: 21-220 EPC-DO: 23-121 Attachment 1

Attachment 1

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 TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355 **PERMIT NUMBER**

055-Q DISCHARGE NUMBER

			MONITO	ORING P	ERIOD		
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	21	01	01	то	21	03	31

DMR MAILING ZIP CODE: 87545

MAJOR

QUARTERLY REPORTING - OUTFALL 055

EXTERNAL OUTFALL

PAGE 10

No Discharge X

TAUNIA S. VAN VALKENE PARAMETER		QUANT	ITY OF LOADING	3		QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALU	JE UNIT	S		
Oxygen demand, chem. (high level)	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NOD	=C mg/l	0	0/90	GRAB
00340 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	125 MO AVG	125 DAILY)		QUARTERL	GRAB
Solids, Total Suspended	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NOD	I=C mg/l	0	0/90	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	30 MO AVG	45 DAILY			QUARTERL	Y GRAB
Oil & Grease	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NOD	11 AK	0	0/90	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	15 MO AVG	15 DAILY	Thomas Man 1		QUARTERL	Y GRAB
Organics, Total Toxic (TTO)*	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NOD	I=C mg/l	0	0/90	GRAB
78141 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	- 2002/200000	****	1.0 MO AVG	1.0 DAILY			QUARTERL	Y GRAB
Trinitrotoluene [TNT], Total	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NOD	3 20	0	0/90	GRAB
81360 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	0.02 MO AVG	Req. N DAILY			QUARTERL	Y GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFF	CER I CERTIFY UND	DER PENALTY OF LAWTH	AT THIS DOCUMENT AND	ALL ATTACHMENTS	M I I	VAN VALKE	ed by TAUNIA	TELEPHO	NE	DA	TE T
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED TO INFORMATION THE SYSTEM, INFORMATION INFORMATION	ASSURE THAT QUALIFIED SUBMITTED. BASED ON MORE THOSE PERSONS DIR THE INFORMATION SUBMITED AND COMPLETE LAW	DERSONNEL PROPERL' MY INQUIRY OF THE PERSECTLY RESPONSIBLE FO MITTED IS, TO THE BEST AWARE THAT THERE AF	Y GATHER AND EVAL SON OR PERSONS W R GATHERING THE OF MY KNOWLEDGE RE SIGNIFICANT PEN	HO MANAGE VA	I KENBURG (Affiliate)	4.26 15:01:09	505 l 66	5-9827	21 0	4 26
TYPED OR PRINTED	SUBMITTING F.	FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT			SONMENT	OFFICER OR AUTHORIZED AGENT			UMBER	YEAR M	O 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.

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

PAGE 1 OF 1

EPC-DO: 21-143 EPC-DO: 21-220

EPC-DO: 23-121

Attachment 1 Attachment 1

LA-UR-21-23997

2

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

FROM

055-A DISCHARGE NUMBER

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

DMR MAILING ZIP CODE:

87545

MAJOR

TREATED HE WASTEWATER

EXTERNAL OUTFALL

PAGE 6

No Discharge X

OMB No. 2040-004

PARAMETER		QUANT	ITY OF LOADING	G .		QUALITY OF CONCE	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	*NODI=C	****	*NODI=C	0.11	0	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM	S.U.		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C		****	****	****		0	0/30	ESTIMA
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	****	****	****		DAILY	ESTIMA
RDX, Total 81364 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C		0	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	0.20 MONTHLY AV	0.66 DAILY MX	mg/L		2/Month	GRAB
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	R I CERTIFY UN	DER PENALTY OF LAWTHAT	THIS DOCUMENT AND A	LL ATTACHMENTS	WERE TALINI	A VAN Digitally signed	57/741004	TELEPHON	=	DAT	F
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED TO INFORMATION THE SYSTEM INFORMATION TRUE, ACCUP	NDER MY DIRECTION OR SUID DASSURE THAT QUALIFIED F N SUBMITTED. BASED ON MY OR THOSE PERSONS DIREC N, THE INFORMATION SUBMIT RATE AND COMPLETE. IAM A	PERSONNEL PROPERLY (INQUIRY OF THE PERSO TLY RESPONSIBLE FOR TTED IS, TO THE BEST OF WARE THAT THERE ARE	BATHER AND EVAL IN OR PERSONS W GATHERING THE F MY KNOWLEDGE SIGNIFICANT PENA	UATE THE HO MANAGE (Affiliat	HE VALKENBURG VÂN VÂLKENBÛRG (Affiliate) VALKENBURG VÂN VÂLKENBÛRG (Affiliate) VÂN VÂLKENBÛRG (Affiliate) VÂN VÂLKENBÛRG (Affiliate)				21 05	24
TYPED OR PRINTED SUBMITTING FAL		ALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT			\$2000000000000000000000000000000000000	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		665-9827 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.

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

PAGE 1 OF 1

EPC-DO: 21-162

Attachment 1 7

DAY

01

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 TALINIA S VAN VALKENBLIDG EDC CD

NM0028355	
PERMIT NUMBER	

MO

05

YEAR

21

FROM

055-A	
DISCHARGE NUMBER	

ER	DISCHARGE NUMBER
MONITOR	RING PERIOD

MO

YEAR

21

TO

DAY

31

DMR MAILING ZIP CODE: 87545 **MAJOR** TREATED HE WASTEWATER EXTERNAL OUTFALL PAGE 6

No Discharge X

PARAMETER		QUANTI	TY OF LOADING	3	(QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	NODI=C	****	NODI=C	611	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 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	0/31	ESTIMA
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		****	安培收余章	****			DAILY	ESTIMA
RDX, Total 81364 1 0	SAMPLE MEASUREMENT	****	****	****	****	NODI=C	NODI=C		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	0.20 MONTHLY AV	0.66 DAILY MX	mg/L		2/Month	GRAB
-	SAMPLE MEASUREMENT						ш				
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	PERMIT REQUIREMENT				14 7 65		O LEVEL S				n fey
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	PREPARED U	NDER PENALTY OF LAW THAT JNDER MY DIRECTION OR SU	PERVISION IN ACCORDA	ANCE WITH A SYSTI	EM TAUNIA		by TAUNIA	ELEPHON	Ė	DA ⁻	ΪE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	INFORMATIO THE SYSTEN INFORMATIO TRUE, ACCU	O ASSURE THAT QUALIFIED IN SUBMITTED BASED ON MY IN, OR THOSE PERSONS DIRECT IN, THE INFORMATION SUBMITED IN THE I	INQUIRY OF THE PERS CTLY RESPONSIBLE FOR TTED IS, TO THE BEST O WARE THAT THERE ARI	ON OR PERSONS VI R GATHERING THE DF MY KNOWLEDGE E SIGNIFICANT PEN	AND BELIEF, ALTIES FOR	Date 2021.06.2	5 09 52 49	1 00-4	2007	21 06	25
TYPED OR PRINTED	SUBMITTING	FALSE INFORMATION, INCLU NG VIOLATIONS			SONMENT SIGNA	ATURE OF PRINCIPAL EXE FICER OR AUTHORIZED AC		665-9		YEAR MO	D DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 1 OF 1

EPC-DO: 21-195

Attachment 1 7

LA-UR-21-25985

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

Attachment 1

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

TAUNALS, MANUAL KENBURG, ERG CR

NM0028355
PERMIT NUMBER

FROM

055-A

DISCHARGE NUMBER

MONITORING PERIOD									
YEAR	МО	DAY		YEAR	МО	DAY			
21	06	01	то	21	06	30			

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED HE WASTEWATER

EXTERNAL OUTFALL

PAGE 9

No Discharge X

VALUE ***** NODI=C Req. Mon. MONTHLY AV *****	VALUE ***** ***** NODI=C Req. Mon. DAILY MX *****	WITS ***** Mgal/day	VALUE NODI=C 6.0 MINIMUM *****	***** ***** *****	VALUE NODI=C 9.0 MAXIMUM *****	UNITS S.U.	0	0/30 WEEKLY 0/30	GRAB GRAB
***** NODI=C Req. Mon. MONTHLY AV *****	NODI=C Req. Mon. DAILY MX	Mgal/day -	6.0 MINIMUM *****	****	9.0 MAXIMUM *****			WEEKLY	GRAE
NODI=C Req. Mon. MONTHLY AV	NODI=C Req. Mon. DAILY MX		MINIMUM *****	***	MAXIMUM ****		0		
Req. Mon. MONTHLY AV	Req. Mon. DAILY MX		****			****	0	0/30	ESTIM/
MONTHLY AV	DAILY MX			****	****				
								DAILY	ESTIMA
失论检查查	****	****	****	NODI=C	NODI=C	ma/l	0	0/30	GRAE
			****	0.20 MONTHLY AV	0.66 DAILY MX	mg/L		2/Month	GRAE
	- 3								
NDER MY DIRECTION OR SUD DIASSURE THAT QUALIFIED IN NISUBMITTED, BASED ON MY OR THOSE PERSONS DIRE NITHE INFORMATION SUBMI RATE AND COMPLETE. I AM A	JPERVISION IN ACCORD, PERSONNEL PROPERLY Y INQUIRY OF THE PERS ICTLY RESPONSIBLE FOR INTTED IS, TO THE BEST ON AWARE THAT THERE AR	ANCE WITH A SYST GATHER AND EVA ON OR PERSONS V R GATHERING THE OF MY KNOWLEDGI E SIGNIFICANT PEN	LUATE THE VALKE (Affiliate AND BELIEF, VALTIES FOR	NBURG VAN VALKENE Date 2021 07 :	by TAUNIA SURG (Affiliate) 26 16 33 16				
TO A PE	NDER MY DIRECTION OR SU ASSURE THAT QUALIFIED I SUBMITTED BASED ON M OR THOSE PERSONS DIRE IN THE INFORMATION SUBM ATE AND COMPLETE IAM	NDER MY DIRECTION OR SUPERVISION IN ACCORD. ASSURE THAT QUALIFIED PERSONNEL PROPERLY I SUBMITTED. BASED ON MY INQUIRY OF THE PERS OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR I, THE INFORMATION SUBMITTED IS, TO THE BEST ATE AND COMPLETE. I AM AWARE THAT THERE AR FALSE INFORMATION, INCLUDING THE POSSIBILITY	NDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYST ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVA I SUBMITTED BASED ON MY INQUIRY OF THE PERSON OR PERSONS OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE I, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGI ATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PER FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPR	ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE ISUBMITTED. BASED ON MY INQUIRY OF THE PERSON OF PERSONS WHO MANAGE OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE I, THE INFORMATION SUBMITTED IS. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR STALES INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT	NOER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE I SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE IN THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INTORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SIGNATURE OF PRINCIPAL EXE SIGNATURE OF PRINCIPAL EXE	NDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM ASSURE THAT QUALIFIED PERSONNEL PROPERTY GATHER AND EVALUATE THE I SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE IN THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INTERNATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ITHE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR ALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT 505	NOER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM ASSURE THAT OUALIFIED PERSONNEL PROPERLY GATHER AND EVALUATE THE I SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE IN THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE I, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGMIFICANT PENALTIES OF ALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SIGNATURE OF PRINCIPAL EXECUTIVE 505 665-	NDER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM ASSURE THAT QUALIFIED PERSONNEL PROPERTY GATHER AND EVALUATE THE I SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE IN THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE IN, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR TALSE INFORMATION, INCUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SIGNATURE OF PRINCIPAL EXECUTIVE 505 665-9827	NOER MY DIRECTION OR SUPERVISION IN ACCORDANCE WITH A SYSTEM ASSURE THAT QUALIFIED PERSONNED IRE PROPERTY GATHER AND EVALUATE THE ISUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE ISUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS WHO MANAGE IN THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE INTERMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES OF SIGNIFICANT PE

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

EPC-DO: 21-239

PAGE 1 OF 1

Attachment 1

10

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
TAUNIA S. VAN VALKENBURG, EPC-CP

NM0028355
PERMIT NUMBER

FROM

055-Q DISCHARGE NUMBER

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

DMR MAILING ZIP CODE:

87545

MAJOR

QUARTERLY REPORTING - OUTFALL 055

EXTERNAL OUTFALL

PAGE 10

No Discharge X

PARAMETER		QUANT	TTY OF LOADING	3	C	QUALITY OF CONCE	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PROMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Oxygen demand, chem. (high level)	SAMPLE MEASUREMENT	****	****		***	*NODI=C	*NODI=C	mg/L	0	0/91	GRAE
Effluent Gross	PERMIT REQUIREMENT	****	食物治療者		****	125 MO AVG	125 DAILY MX			QUARTERLY	GRA
Solids, Total Suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	mg/L	0	0/91	GRA
	PERMIT REQUIREMENT	****	方安安安全		****	30 MO AVG	45 DAILY MX			QUARTERLY	GRA
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	mg/L	0	0/91	GRAI
	PERMIT REQUIREMENT	***	****		****	15 MO AVG	15 DAILY MX			QUARTERLY	GRAE
Organics, Total Toxic (TTO) 78141 1 0 Effluent Gross	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	mg/L	0	0/91	GRAI
	PERMIT REQUIREMENT	***	****		****	1.0 MO AVG	1.0 DAILY MX	"		QUARTERLY	GRAI
Trinitrotoluene [TNT], Total	SAMPLE MEASUREMENT	****	***	****	****	*NODI=C	*NODI=C	mg/L	0	0/91	GRA
81360 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		金布特方象	0.02 MO AVG	Req. Mon DAILY M			QUARTERLY	GRA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT								×		
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	, e e e						1			
NAME/TITLE PRINCIPAL EXECUTIVE OFF	PREPARED UI	DER PENALTY OF LAW TH	SUPERVISION IN ACCORD	DANCE WITH A SYST	EM INOINI		ed by TAUNIA	TELEPHON	E	DA	TE
TAUNIA S. VAN VALKENBURG GROUP LEADER EPC-CP	DESIGNED TO INFORMATION THE SYSTEM, INFORMATION TRUE. ACCUR	ASSURE THAT QUALIFIE I SUBMITTED BASED ON OR THOSE PERSONS DIR I, THE INFORMATION SUB ATE AND COMPLETE I AM FALSE INFORMATION, INC	D PERSONNEL PROPERL' MY INQUIRY OF THE PER RECTLY RESPONSIBLE FO MITTED IS, TO THE BEST MAWARE THAT THERE AF	Y GATHER AND EVA SON OR PERSONS I OR GATHERING THE OF MY KNOWLEDGI RE SIGNIFICANT PEI	UNATE THE VALKE VALKE (Affiliate E AND BELIEF, IALTIES FOR	NBURG Date: 2021.0		05 665-	9827	21 0	7 26
TYPED OR PRINTED		G VIOLATIONS	LODING THE POSSIBILITY	OI TINE AND IMPR	OF	FICER OR AUTHORIZED	AGENT AREA	CODE NUM	BER	YEAR M	0 D

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.

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

EPC-DO: 21-239

PAGE 1 OF 1

Attachment 1

11

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
TALINIA JEAN SANDOUIST EPC-CP

NM0028355	
PERMIT NUMBER	

FROM

055-A	
DISCHARGE NUMBER	

MONITORING PERIOD									
YEAR	МО	DAY		YEAR	MO	DAY			
21	07	01	то	21	07	31			

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED HE WASTEWATER

EXTERNAL OUTFALL

PAGE 6

No Discharge X

PARAMETER		QUANTI	TY OF LOADING		C	UALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLI TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	NODI=C	# ***	NODI=C	S,U.	0	0/31	GRAE
Effluent Gross	PERMIT REQUIREMENT	安全有大会	*****		6.0 MINIMUM	****	9.0 MAXIMUM	0.0.		WEEKLY	GRAE
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI=C	NODI=C		****	****	****	****	0	0/31	ESTIM
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	****	****			DAILY	ESTIM
RDX, Total	SAMPLE MEASUREMENT	****	****	*****	****	NODI=C	NODI=C	mg/L	0	0/31	GRA
81364 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****		****	0.20 MONTHLY AV	0.66 DAILY MX	IIIg/L		2/Month	GRA
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						· · · ·				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT									5.	<u> </u>
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP	PREPARED DESIGNED INFORMATI THE SYSTE INFORMATI TRUE, ACCI SUBMITTIN	NDER PENALTY OF LAW THA UNDER MY DIRECTION OR SI TO ASSURE THAT QUALIFIED ON SUBMITTED, BASED ON M, M, OR THOSE PERSONS DIRECTION, THE INFORMATION SUBJURATE AND COMPLETE I AM G FALSE INFORMATION, INCL. ING VIOLATIONS.	UPERVISION IN ACCORD PERSONNEL PROPERLY IY INQUIRY OF THE PERS CTLY RESPONSIBLE FO INTTED IS, TO THE BEST AWARE THAT THERE AR	ANCE WITH A SYS 'GATHER AND EVI SON OR PERSONS R GATHERING THE OF MY KNOWLEDG E SIGNIFICANT PE	ALUATE THE WHO MANAGE E AND BELIEF, NALTIES FOR RISONMENT SIGN	Digitally sig Taunia San Date: 2021. 10:52:21 -0 ATURE OF PRINCIPAL EXIFICER OR AUTHORIZED A	dquist .08.25 6'00'		9827 JBER	21 0	8 2

COMMENT AND EXPLANATION OF ANY VIOLATIONS

EPC-DO: 21-264

(Reference all attachments here)

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

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

PAGE 1 OF 1

Attachment 1

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Attachment 1

LA-UR-21-28441

EPC-DO: 21-310 EPC-DO: 23-121

1

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: TALINIA JEAN SANDOUIST, EPC-CP

NM0028355	
PERMIT NUMBER	

FROM

055-A	
DISCHARGE NUMBER	

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

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED HE WASTEWATER

EXTERNAL OUTFALL

PAGE 6

No Discharge X

TAUNIA JEAN SANDQUIST		QUANTI	TY OF LOADING		(QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLI TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS]		
pH	SAMPLE MEASUREMENT	****	****	****	NODI=C	****	NODI=C	S.U.	0	0/31	GRA
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	6444	****		6.0 MINIMUM	****	9.0 MAXIMUM	5.0.		WEEKLY	GRA
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI=C	NODI=C	Maal/day	****	有前右背架	****	***	0	0/31	ESTIM
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	非实验政务	经收收金额	****			DAILY	ESTIM
RDX, Total	SAMPLE MEASUREMENT	****	****	****	****	NODI=C	NODI=C	mg/L	0	0/31	GRAI
81364 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****		有表示失为	0.20 MONTHLY AV	0.66 DAILY MX	ilig/ E		2/Month	GRAI
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT									1	-
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										-
	PERMIT REQUIREMENT							TELEBUIO		D.	ATE
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP	PREPARED DESIGNED T INFORMATIC THE SYSTEM	NDER PENALTY OF LAW THA UNDER MY DIRECTION OR O ASSURE THAT QUALIFIED ON SUBMITTED. BASED ON MI, OR THOSE PERSONS DIRE ON, THE INFORMATION SUBMIRATE AND COMPLETE I AM FALSE INFORMATION, INCL!	JPERVISION IN ACCORDA PERSONNEL PROPERLY Y INQUIRY OF THE PERS CTLY RESPONSIBLE FOR ITTED IS, TO THE BEST OF AWARE THAT THERE AR	ANCE WITH A SYS GATHER AND EVA ON OR PERSONS R GATHERING THE DF MY KNOWLEDG E SIGNIFICANT PE	NALUATE THE WHO MANAGE E AND BELIEF, NALTIES FOR	Digitally signature of PRINCIPAL EXE	dquist 09:28 5:00'	TELEPHOI 5 665	-9827	21 0	9 28
TYPED OR PRINTED	FOR KNOW	NG VIOLATIONS	DUNG THE POGRALITY	VI I DANGERING HOUSE	OF	FICER OR AUTHORIZED A	GENT AREA	CODE NU	MBER	YEAR N	10 D

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 1 OF 1

EPC-DO: 21-316

EPC-DO: 21-327 EPC-DO: 23-121 Attachment 1 7 Attachment 1

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: TALINIA JEAN SANDOJUST EDG CR

NM0028355	
PERMIT NUMBER	

FROM

055-A
DISCHARGE NUMBER

		MONIT	ORING P	ERIOD		
YEAR	МО	DAY		YEAR	МО	DAY
21	09	01	то	21	09	30

DMR MAILING ZIP CODE: 87545
MAJOR

TREATED HE WASTEWATER EXTERNAL OUTFALL

PAGE 12

No Discharge X

ATTN: TAUNIA JEAN SANDQUIS	Γ, EPC-CP	·		-		-	-					NO DISORE	
PARAMETER	\times	QUANT	TITY OF LOADING	3		QU	ALITY OF CONCE	NTRATION	I		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	/ \	VALUE	VALUE	UNITS	VALUE		VALUE	VALU	JE	UNITS			
pH 00400 1 0	SAMPLE MEASUREME	***** NT	****	****	NODI=C	;	****	NODI	=C	S.U.	0	0/30	GRAB
Effluent Gross	PERMIT REQUIREME	*****	****		6.0 MINIMUN	И	****	9.0 MAXIM		3.0.		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREME	NODI=C	NODI=C	Maal/day	****		****	****	*	****	0	0/30	ESTIMA
Effluent Gross	PERMIT REQUIREME	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	- Mgal/day	****		****	****	*			DAILY	ESTIMA
RDX, Total 81364 1 0	SAMPLE MEASUREME	***** NT	****	****	****		NODI=C	NODI		m a/l	0	0/30	GRAB
Effluent Gross	PERMIT REQUIREME	*****	****		****		0.20 MONTHLY AV	0.66 DAILY	j	mg/L		2/Month	GRAB
	SAMPLE MEASUREME	NT											
	PERMIT REQUIREME	NT											
	SAMPLE MEASUREME	NT											
	PERMIT REQUIREME	NT											
	SAMPLE MEASUREME	NT											
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NAME/TITLE PRINCIPAL EXECUTIVE OFFIC TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP	PREPA DESIG INFOR THE S INFOR TRUE, SUBM	IFY UNDER PENALTY OF LAW THA RED UNDER MY DIRECTION OR S INED TO ASSURE THAT QUALIFIED MATION SUBMITTED. BASED ON M. YSTEM, OR THOSE PERSONS DIRI MATION, THE INFORMATION SUBMACCURATE AND COMPLETE. INT ITING FALSE INFORMATION, INCL	UPERVISION IN ACCORDAI PERSONNEL PROPERLY (IY INQUIRY OF THE PERSO ECTLY RESPONSIBLE FOR IITTED IS, TO THE BEST OF AWARE THAT THERE ARE	NCE WITH A SYST GATHER AND EVA DN OR PERSONST GATHERING THE F MY KNOWLEDG SIGNIFICANT PEI	TEM ALUATE THE WHO MANAGE E AND BELIEF, NALTIES FOR		RE OF PRINCIPAL EXE	dquist 10.27 5'00' CUTIVE	TELE	665-9		21 10	
TYPED OR PRINTED	FORK	NOWING VIOLATIONS.				OFFICE	ER OR AUTHORIZED AC	GENT AF	REA CODE	NUMB	ER	YEAR MO	DAY

Attachment 1

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 1 OF 1

EPC-DO: 21-349 Attachment 1

13

EPC-DO: 23-121 EPC-DO: 21-369

1

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 SANDOUIST EPC-CP

NM0028355	
PERMIT NUMBER	

FROM

055-Q	
DISCHARGE NUMBER	
	_

		MONIT	ORING P	ERIOD		
YEAR	МО	DAY		YEAR	МО	DAY
21	07	01	то	21	09	30

DMR MAILING ZIP CODE: 87545

MAJOR

QUARTERLY REPORTING - OUTFALL 055

EXTERNAL OUTFALL

PAGE 13

No Discharge

ATTN: TAUNIA JEAN SANDQUIS	ST, EPC-C	P												
PARAMETER			QUANT	TITY OF LOADING	3		C	UALITY OF CONC	ENTRATIO	ON		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			VALUE	VALUE	UNITS	VAL	UE	VALUE	VA	LUE	UNITS			
Oxygen demand, chem. (high level) 00340 1 0		MPLE REMENT	****	****	****	***	**	*NODI=C	*NO	DI=C	mg/L	0	0/92	GRAB
Effluent Gross		RMIT REMENT	****	****		***:	**	125 MO AVG		25 .Y MX	IIIg/L		QUARTERLY	GRAB
Solids, Total Suspended 00530 1 0		MPLE REMENT	****	****	****	***	**	*NODI=C	*NO	DI=C	ma/l	0	0/92	GRAB
Effluent Gross		RMIT REMENT	****	****		***	**	30 MO AVG		15 .Y MX	mg/L		QUARTERLY	GRAB
Oil & Grease 00556 1 0		MPLE REMENT	****	****	****	***	**	*NODI=C	*NO	DI=C	ma/l	0	0/92	GRAB
Effluent Gross		RMIT REMENT	****	****		***	**	15 MO AVG		15 .Y MX	mg/L		QUARTERLY	GRAB
Organics, Total Toxic (TTO) 78141 1 0		MPLE REMENT	****	****	****	***	**	*NODI=C	*NO	DI=C	m a /I	0	0/92	GRAB
Effluent Gross		RMIT REMENT	****	****		***	**	1.0 MO AVG		.0 .Y MX	mg/L		QUARTERLY	GRAB
Trinitrotoluene [TNT], Total 81360 1 0		MPLE REMENT	****	****	****	***	**	*NODI=C	*NO	DI=C		0	0/92	GRAB
Effluent Gross		RMIT REMENT	****	****		***	**	0.02 MO AVG		Mon. Y MX	mg/L		QUARTERLY	GRAB
		MPLE REMENT												
		RMIT REMENT												
		IPLE REMENT												
		RMIT REMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	CER	I CERTIFY UN	IDER PENALTY OF LAW THA INDER MY DIRECTION OR SI	T THIS DOCUMENT AND A	LL ATTACHMENT		T :	Digitally sig	ned by	TE	LEPHONE		DA	E
TAUNIA JEAN SANDQUIST GROUP LEADER EPC-CP		DESIGNED TO INFORMATION THE SYSTEM INFORMATION TRUE, ACCUR	O ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M I, OR THOSE PERSONS DIRE N, THE INFORMATION SUBM RATE AND COMPLETE. I AM FALSE INFORMATION, INCL	PERSONNEL PROPERLY OF THE PERSON OF THE PERS	GATHER AND EVA ON OR PERSONS GATHERING THE MY KNOWLEDG SIGNIFICANT PE	ALUATE THE WHO MANAGE E GE AND BELIEF, NALTIES FOR	Tauni Sando SIGNA	a Taunia San	dquist 10.27 6'00'	505	l 665-9	827	21 10	27
TYPED OR PRINTED			IG VIOLATIONS.	ODING THE POSSIBILITY O	I INC AND IMP	VIOCININEIAI	OFFICER OR AUTHORIZED AGENT			AREA CODE			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.

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

PAGE 1 OF 1

Attachment 1

LA-UR-21-30675

EPC-DO: 23-121 EPC-DO: 21-369

EPC-DO: 21-349

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: TALINIA JEAN SANDOLUST

NM0028355
PERMIT NUMBER

055-Y

DISCHARGE NUMBER

			MONIT	ORING P	ERIOD		
	YEAR	МО	DAY		YEAR	МО	DAY
FROM	20	10	01	то	21	09	30

DMR MAILING ZIP CODE: 87545

MAJOR

YEARLY REPORTING - OUTFALL 055

EXTERNAL OUTFALL

PAGE 14

No Discharge

ATTN: TAUNIA JEAN SANDO	QUIST												No Discha	arge <u>X</u>
PARAMETER			QUANT	TTY OF LOADING	3		QI	UALITY OF CONCE	NTRATIO	N		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			VALUE	VALUE	UNITS	VALI	UE	VALUE	VAL	UE	UNITS			
Perchlorate (CIO4) 61209 1 0		MPLE REMENT	****	****	****	****	**	*NODI=C	*NOD	I=C	ma/l	0	0/365	GRAB
Effluent Gross		RMIT REMENT	****	****		****	**	Req. Mon. MONTHLY AV	Req. N DAILY		mg/L		1/Year	GRAE
		MPLE REMENT												
		RMIT REMENT												
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		RMIT REMENT												
NAME/TITLE PRINCIPAL EXECUTIVE (PREPARED UNI	ER PENALTY OF LAW THA DER MY DIRECTION OR SI	JPERVISION IN ACCORDA	ANCE WITH A SYST	TEM -	Tauri	Digitally sign	ned by	TEL	EPHONE		DA [*]	ΓE
AUNIA JEAN SANDQUIST GROUP LEADER PC-CP		DESIGNED TO A INFORMATION THE SYSTEM, O INFORMATION, TRUE, ACCURA	ASSURE THAT QUALIFIED SUBMITTED. BASED ON M DR THOSE PERSONS DIRE THE INFORMATION SUBMITE AND COMPLETE. I AM ALSE INFORMATION, INCLI	PERSONNEL PROPERLY Y INQUIRY OF THE PERSI CTLY RESPONSIBLE FOR ITTED IS, TO THE BEST C AWARE THAT THERE ARE	GATHER AND EVA ON OR PERSONS I GATHERING THE OF MY KNOWLEDG E SIGNIFICANT PEI	ALUATE THE WHO MANAGE E AND BELIEF, NALTIES FOR	Taunia Sando SIGNAT	Taunia Sand	dquist 10.27 5'00'	505 l	665-9	827	21 10) 2
TYPED OR PRINTED		FOR KNOWING		DDING THE FUSSIBILITY	OI I INE AIND IMPR	CONVIENT		CER OR AUTHORIZED A	SENT -	AREA CODE	NUME		YEAR M	O DA
									<u> </u>			•		

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 1 OF 1

EPC-DO: 21-349 Attachment 1

15

Attachment 1

EPC-DO: 23-121

3

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

NM0028355 PERMIT NUMBER

FROM

055-A DISCHARGE NUMBER

		MONITO	ORING P	ERIOD		
YEAR	MO	DAY		YEAR	МО	DAY
21	10	01	то	21	10	31

DMR MAILING ZIP CODE:

87545

TREATED HE WASTEWATER

EXTERNAL OUTFALL

PAGE 6

MAJOR

OMB No. 2040-004

PARAMETER	\sim	QUANTITY OF LOADING				QUALITY OF CONCE	NTRATION	N		FREQUENCY OF ANALYSIS	SAMPLI
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			1
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	*NODI=C	****	*NODI=C		0	0/31	GRAE
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM	S.U.		WEEKLY	GRAE
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C		****	****	****		0	0/31	ESTIMA
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	- Mgal/day	****	****	****	****		DAILY	ESTIMA
RDX, Total 81364 1 0	SAMPLE MEASUREMENT	****	****	-	****	*NODI=C	*NODI=C		0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****	****	****	0.20 MONTHLY AV	0.66 DAILY MX	mg/L		2/Month	GRAB
	SAMPLE MEASUREMENT						D/ IIE I W/X				
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE STEVEN L. STORY SROUP LEADER PC-CP	PREPARED UI DESIGNED TO INFORMATION THE SYSTEM, INFORMATION	DER PENALTY OF LAW THAT NDER MY DIRECTION OR SUP ASSURE THAT QUALIFIED P I SUBMITTED. BASED ON MY OR THOSE PERSONS DIREC I, THE INFORMATION SUBMIT	ERVISION IN ACCORDA ERSONNEL PROPERLY (INQUIRY OF THE PERSO TLY RESPONSIBLE FOR TED IS TO THE BEST OF	NCE WITH A SYSTEI GATHER AND EVALU ON OR PERSONS WH GATHERING THE	MATE THE STEVE!	N STORY Digitally signed STORY (Affiliat Date: 2021.11.1-07'00'	e)	TELEPHONE		DAT	
TYPED OR PRINTED OMMENT AND EXPLANATION OF ANY VIOL	SUBMITTING F	ATE AND COMPLETE, I AM AN FALSE INFORMATION, INCLUDE S VIOLATIONS.	VARE THAT THERE ARE	SIGNIFICANT DENA	DIGNA SIGNA	TURE OF PRINCIPAL EXEC		22.000	1000	11 17 YEAR MO	

DIMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 1 OF 1

EPC-DO: 21-373

Attachment 1

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

NAME:

ATTN:

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

STEVEN L. STORY, EPC-CP

FROM

NM0028355
PERMIT NUMBER

055-A	
DISCHARGE NUMBER	

		MONITO	DRING P	ERIOD		
YEAR	МО	DAY		YEAR	МО	DAY
21	11	01	то	21	11	30

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED HE WASTEWATER

EXTERNAL OUTFALL

PAGE 6

No Discharge X

OMB No. 2040-004

PARAMETER		QUANT	ITY OF LOADING	3		QUALITY OF CONCENTRATION				FREQUENCY OF ANALYSIS	SAMPL TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNI	TS		
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	*NODI=C	****	*NODI=0		. 0	0/31	GRAE
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMU	S.I	J.	WEEKLY	GRAE
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C		****	****	****	***	0	0/31	ESTIM
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	****	****	***	**	DAILY	ESTIM
RDX, Total 81364 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=0		. 0	0/31	GRA
Effluent Gross	PERMIT REQUIREMENT	****	****		****	0.20 MONTHLY AV	0.66 DAILY M	mg IX	/	2/Month	GRAE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT	10									
	PERMIT REQUIREMENT								188		
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE		DER PENALTY OF LAW THAT NDER MY DIRECTION OR SUI	THIS DOCUMENT AND A	LL ATTACHMENTS	14	Distribution	L OTEVEN	TELEPH	ONE	DAT	Ē
STEVEN L. STORY BROUP LEADER EPC-CP	DESIGNED TO INFORMATION THE SYSTEM INFORMATION TRUE, ACCUF	D ASSURE THAT QUALIFIED P N SUBMITTED. BASED ON MY , OR THOSE PERSONS DIREC N, THE INFORMATION SUBMIT RATE AND COMPLETE. I AM A FALSE INFORMATION, INCLUI	PERSONNEL PROPERLY (INQUIRY OF THE PERSON T	GATHER AND EVAL ON OR PERSONS W GATHERING THE F MY KNOWLEDGE SIGNIFICANT PENA	JATE THE HO MANAGE AND BELIEF, SLITIES FOR	Digitally signer STORY (Affilia Date: 2021.12 -07'00'	te) 17 07:20:53	505 66	35-2169	21 12	2 16
TYPED OR PRINTED	FOR KNOWIN	G VIOLATIONS,				FICER OR AUTHORIZED AC	ENT		NUMBER	YEAR MO	D DA

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 1 OF 1

EPC-DO: 21-408

EPC-DO: 22-016 EPC-DO: 23-121

Attachment 1

Attachment 1

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:

LOS ALAMOS, NEW MEXICO 87545 FROM STEVEN L. STORY, EPC-CP

NM0028355
PERMIT NUMBER

055-A
DISCHARGE NUMBER

I			MONIT	ORING P	ERIOD		
ĺ	YEAR	МО	DAY		YEAR	МО	DAY
ı	21	12	01	то	21	12	31

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED HE WASTEWATER

EXTERNAL OUTFALL

PAGE 9

No Discharge X

OMB No. 2040-004

PARAMETER	\searrow	QUANTI	TY OF LOADING	6	(QUALITY OF CONCE	NTRATION		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
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM	0.0.		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Maal/day	****	****	****	****	0	0/31	ESTIMA
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	****	法依约律律			DAILY	ESTIMA
RDX, Total 81364 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	0.20 MONTHLY AV	0.66 DAILY MX	IIIg/L		2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	E * E E E								11.6	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE STEVEN L. STORY GROUP LEADER EPC-CP TYPED OR PRINTED	PREPARED I DESIGNED T INFORMATIC THE SYSTEM INFORMATIC TRUE, ACCU SUBMITTING	NDER PENALTY OF LAW THA UNDER MY DIRECTION OR SI TO ASSURE THAT QUALIFIED ON SUBMITTED. BASED ON M, OR THOSE PERSONS DIRE MY, THE INFORMATION SUBMIRATE AND COMPLETE. I AM IF PALSE INFORMATION, INCLING VIOLATIONS.	JPERVISION IN ACCORD, PERSONNEL PROPERLY Y INQUIRY OF THE PERS CTLY RESPONSIBLE FOP ITTED IS, TO THE BEST (AWARE THAT THERE AR	ANCE WITH A SYST GATHER AND EVA ON OR PERSONS I R GATHERING THE DF MY KNOWLEDGI E SIGNIFICANT PET	EM LUATE THE NYHO MANAGE VALTIES FOR ISONMENT SIGN	EN STORY (Affili	d by STEVEN ale) 1,25 11:15:37 ECUTIVE 505			22 0	1 25

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 1 OF 1

EPC-DO: 22-037

EPC-DO: 22-050

EPC-DO: 23-121

Attachment 1

10

Attachment 1

LA-UR-22-20594

1

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

NM0028355 PERMIT NUMBER

FROM

055-Q DISCHARGE NUMBER

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

DMR MAILING ZIP CODE:

87545

OMB No. 2040-004

MAJOR

QUARTERLY REPORTING - OUTFALL 055

EXTERNAL OUTFALL

PAGE 10

PARAMETER		QUANTITY OF LOADING				QUALITY OF CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPL
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1		
Oxygen demand, chem. (high level) 00340 1 0	SAMPLE MEASUREMENT	****	****	***	****	**NODI=C	**NODI=C		0	0/92	GRAE
Effluent Gross	PERMIT REQUIREMENT	****	****		****	125 MO AVG	125 DAILY MX	mg/L		QUARTERLY	GRAE
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	****	****	****	****	**NODI=C	**NODI=C		0	0/92	GRAE
Effluent Gross	PERMIT REQUIREMENT	****	有效水土金		****	30 MO AVG	45 DAILY MX	mg/L	7.	QUARTERLY	GRAE
Oil & Grease 00556 1 0	SAMPLE MEASUREMENT	****	****	****	****	**NODI=C	**NODI=C		0	0/92	GRAE
Effluent Gross	PERMIT REQUIREMENT	****	***	2000	****	15 MO AVG	15 DAILY MX	mg/L		QUARTERLY	GRAB
Organics, Total Toxic (TTO)* 78141 1 0	SAMPLE MEASUREMENT	****	****	****	****	**NODI=C	**NODI=C		0	0/92	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****	A	去失大女士	1.0 MO AVG	1.0 DAILY MX	mg/L		QUARTERLY	GRAB
Trinitrotoluene [TNT], Total 81360 1 0	SAMPLE MEASUREMENT	***	***	****	***	**NODI=C	**NODI=C		0	0/92	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	0.02 MO AVG	Req. Mon. DAILY MX	mg/L		QUARTERLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	- Miles					4.400			Hiter I	1
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE STEVEN L. STORY GROUP LEADER EPC-CP	PREPARED UND DESIGNED TO A INFORMATION S THE SYSTEM, OI INFORMATION, TRUE, ACCURAT	R PENALTY OF LAW THAT ER MY DIRECTION OR SU SSURE THAT QUALIFIED I UBMITTED. BASED ON MY R THOSE PERSONS DIREC THE INFORMATION SUBMI E AND COMPLETE. I AM A SE INFORMATION, INCLU	PERVISION IN ACCORDA PERSONNEL PROPERLY I INQUIRY OF THE PERSO TLY RESPONSIBLE FOR THED IS, TO THE BEST OF WARE THAT THERE ARE	NCE WITH A SYSTEM GATHER AND EVALU, ON OR PERSONS WHO GATHERING THE F MY KNOWLEDGE AL SIGNIFICANT PENAL	ATE THE STEVE! O MANAGE (Affiliate ND BELIEF, TIES FOR	N STORY Digitally signer STORY (Affilia Dale: 2022.0107'00'	l by STEVEN le) 25 11:15:58	ELEPHONE		22 01	

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.

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

PAGE 1 OF 1

EPC-DO: 22-037

Attachment 1 11

LA-UR-22-20594

EPC-DO: 22-050 EPC-DO: 23-121 Attachment 1

DISCHARGE MONITORING REPORT (DMR)
PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if different)

FROM

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 I STORY EPC-CP

NM0028355
PERMIT NUMBER

055-A **DISCHARGE NUMBER**

		MONIT	ORING P	ERIOD		
YEAR	МО	DAY		YEAR	МО	DAY
22	01	01	то	22	01	31

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED HE WASTEWATER EXTERNAL OUTFALL

PAGE 6

No Discharge

OMB No. 2040-004

ATTN: STEVEN L. STORY, EPC-0	CP .													
PARAMETER		$\overline{}$	QUANT	TTY OF LOADING	i		Q	UALITY OF CONCE	NTRATIO	N		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
			VALUE	VALUE	UNITS	VALU	JE	VALUE	VAL	.UE	UNITS			
pH 00400 1 0		IPLE REMENT	****	****	****	*NODI	I=C	****	*NOE	DI=C	S.U.	0	0/31	GRAB
Effluent Gross		RMIT REMENT	****	****		6.0 MINIM		****	9. MAXII		5.0.		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0		IPLE REMENT	*NODI=C	*NODI=C	Maral/alass	****	*	****	***	**	****	0	0/31	ESTIMA
Effluent Gross		RMIT REMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	*	****	***	**			DAILY	ESTIMA
RDX, Total 81364 1 0		IPLE REMENT	****	****	****	****	*	*NODI=C	*NOE	DI=C	m a/l	0	0/31	GRAB
Effluent Gross		RMIT REMENT	****	****		****	*	0.20 MONTHLY AV	0.6 DAIL		mg/L		2/Month	GRAB
		IPLE REMENT												
		RMIT REMENT												
		IPLE REMENT												
		RMIT REMENT												
		IPLE REMENT												
		RMIT REMENT												
		IPLE REMENT												
		RMIT REMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	ER		IDER PENALTY OF LAW THA INDER MY DIRECTION OR SU			TENA		Digitally signe	d by STEVEN	TE	LEPHONE		DA	E
STEVEN L. STORY GROUP LEADER EPC-CP		DESIGNED TO INFORMATIO THE SYSTEM INFORMATIO TRUE, ACCUI	O ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M I, OR THOSE PERSONS DIRE N, THE INFORMATION SUBM RATE AND COMPLETE. I AM FALSE INFORMATION, INCL!	PERSONNEL PROPERLY G Y INQUIRY OF THE PERSO CTLY RESPONSIBLE FOR G ITTED IS, TO THE BEST OF AWARE THAT THERE ARE	SATHER AND EVA N OR PERSONS GATHERING THE MY KNOWLEDG SIGNIFICANT PEI	ALUATE THE WHO MANAGE E BE AND BELIEF, NALTIES FOR	Affiliate	N STORY STORY (Affilia	ate) 2.28 09:50:49	505	665-2	169	22 0	2 28
TYPED OR PRINTED			IG VIOLATIONS.				OFFI	CER OR AUTHORIZED A	GENT	AREA CODE	NUMB	ER	YEAR MO	D DAY
													•	

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 1 OF 1

EPC-DO: 22-070 EPC-DO: 23-121 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

NM0028355	
PERMIT NUMBER	

FROM

055-A
DISCHARGE NUMBER

MONITORING PERIOD								
YEAR	МО	DAY		YEAR	МО	DAY		
22	02	01	то	22	02	28		

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED HE WASTEWATER EXTERNAL OUTFALL

PAGE 6

No Discharge

ATTN: STEVEN L. STORY, EPC-C	P										
PARAMETER		QUANT	ITY OF LOADING			QUALITY OF CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	/	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1		
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	3.0.		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Maal/day	****	****	****	****	0	0/28	ESTIMA
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	- Mgal/day	****	****	****			DAILY	ESTIMA
RDX, Total 81364 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	m a/l	0	0/28	GRAB
Effluent Gross	PERMIT REQUIREMENT	****	****		****	0.20 MONTHLY AV	0.66 DAILY MX	mg/L		2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE STEVEN L. STORY GROUP LEADER EPC-CP	PREPARED L DESIGNED T INFORMATIO THE SYSTEM INFORMATIO TRUE, ACCUI SUBMITTING	IDER PENALTY OF LAW THA' NDER MY DIRECTION OR SL) ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M' , OR THOSE PERSONS DIRE N, THE INFORMATION SUBM RATE AND COMPLETE. I AM' FALSE INFORMATION, INCLI	JPERVISION IN ACCORDAN PERSONNEL PROPERLY G Y INQUIRY OF THE PERSO CTLY RESPONSIBLE FOR (ITTED IS, TO THE BEST OF AWARE THAT THERE ARE:	ICE WITH A SYSTATHER AND EVAN OR PERSONST BATHERING THE MY KNOWLEDG BIGNIFICANT PEI	ALUATE THE WHO MANAGE E AND BELIEF, NALTIES FOR	(Affiliate)	O3.24 03.00'	ELEPHONI 665-2		22 03	
TYPED OR PRINTED		IG VIOLATIONS.			(OFFICER OR AUTHORIZED A	AGENT AREA COL	DE NUME	BER	YEAR MO) DA'

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 1 OF 1

EPC-DO: 22-101 EPC-DO: 23-121

Attachment 1

LA-UR-22-22694

Attachment 1

1

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

NM0028355
PERMIT NUMBER

FROM

055-A

DISCHARGE NUMBER

		MONIT	ORING P	ERIOD		
YEAR	МО	DAY		YEAR	МО	DAY
22	03	01	то	22	03	31

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED HE WASTEWATER EXTERNAL OUTFALL

PAGE 9

No Discharge X

ATTN: STEVEN L. STORY, EPC-C	P									140 210011	90
PARAMETER		QUANT	ITY OF LOADING	i	(QUALITY OF CONC	ENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	1		
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	*NODI=C	****	*NODI=C	S.U.	0	0/31	GRAE
Effluent Gross	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM			WEEKLY	GRAE
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C	Maal/dov	****	****	****	****	0	0/31	ESTIMA
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	****	****			DAILY	ESTIMA
RDX, Total 81364 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	mg/L	0	0/31	GRAE
Effluent Gross	PERMIT REQUIREMENT	****	****		****	0.20 MONTHLY AV	0.66 DAILY MX			2/Month	GRAE
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE	ER I CERTIFY UN	NDER PENALTY OF LAW THA INDER MY DIRECTION OR SU	T THIS DOCUMENT AND AL	L ATTACHMENT	S WERE STEVE		ed by	TELEPHON	E	DA	ГЕ
STEVEN L. STORY GROUP LEADER EPC-CP	DESIGNED TO INFORMATIO THE SYSTEM INFORMATIO	O ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M I, OR THOSE PERSONS DIRE N, THE INFORMATION SUBM	PERSONNEL PROPERLY G Y INQUIRY OF THE PERSO CTLY RESPONSIBLE FOR (ITTED IS, TO THE BEST OF	GATHER AND EVA IN OR PERSONS GATHERING THE FMY KNOWLEDG	NLUATE THE WHO MANAGE STOR (Affilia)	Y STEVEN ST Date: 2022.0	ORY (Affiliate) 4.27 13:46:03			22 0	4 7
	SUBMITTING	RATE AND COMPLETE. I AM A FALSE INFORMATION, INCLUMENTIONS.			RISONMENT SIGNA	ATURE OF PRINCIPAL EXE	00	5 665-2	2169	22 0	
TYPED OR PRINTED	FOR KNOWIN	IG VIOLATIONS.			OFI	FICER OR AUTHORIZED A	GENT AREA (ODE NUM	BER	YEAR M	D DA

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 1 OF 1

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

NM0028355
PERMIT NUMBER

055-Q

DISCHARGE NUMBER

			MONIT	ORING P	ERIOD		
	YEAR	МО	DAY		YEAR	МО	DAY
FROM	22	01	01	то	22	03	31

DMR MAILING ZIP CODE: 87545

MAJOR

QUARTERLY REPORTING - OUTFALL 055

EXTERNAL OUTFALL

PAGE 10

No Discharge

ATTN: STEVEN L. STORY, EPC-	CP											
PARAMETER		QUANT	TITY OF LOADING			QUALITY OF CON	ICENTRATIC	ON		NO. EX	FREQUENCY OF ANALYSIS	SAMPL TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VA	LUE	UNITS			
Oxygen demand, chem. (high level) 00340 1 0	SAMPLE MEASUREMENT	****	****	****	****	**NODI=C	**NC	DI=C	mg/L	0	0/90	GRAI
Effluent Gross	PERMIT REQUIREMENT	****	****		****	125 MO AVG		25 Y MX	IIIg/L		QUARTERLY	GRAI
Solids, Total Suspended 00530 1 0	SAMPLE MEASUREMENT	****	****	****	****	**NODI=C	**NC	DI=C	ma/l	0	0/90	GRA
Effluent Gross	PERMIT REQUIREMENT	****	****		****	30 MO AVG		5 Y MX	mg/L		QUARTERLY	GRAI
Oil & Grease 00556 1 0	SAMPLE MEASUREMENT	****	****	****	****	**NODI=C	**NC	DI=C	ma/l	0	0/90	GRAE
Effluent Gross	PERMIT REQUIREMENT	****	****		****	15 MO AVG		5 Y MX	mg/L		QUARTERLY	GRAE
Organics, Total Toxic (TTO)* 78141 1 0	SAMPLE MEASUREMENT	****	****	****	****	**NODI=C	**NC	DI=C	/I	0	0/90	GRAE
Effluent Gross	PERMIT REQUIREMENT	****	****		****	1.0 MO AVG		.0 Y MX	mg/L		QUARTERLY	GRAE
Trinitrotoluene [TNT], Total 81360 1 0	SAMPLE MEASUREMENT	****	****	****	****	**NODI=C	**NC	DI=C	/I	0	0/90	GRAE
Effluent Gross	PERMIT REQUIREMENT	****	****		****	0.02 MO AVG		Mon. Y MX	mg/L		QUARTERLY	GRAE
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT			1								
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC		IDER PENALTY OF LAW THA INDER MY DIRECTION OR SU				VEN Digitally:	signed by	TEI	LEPHONE		DAT	Ē
STEVEN L. STORY GROUP LEADER EPC-CP	DESIGNED TO INFORMATIO THE SYSTEM INFORMATIO	NAMER MY DIRECTION OR SO O ASSURE THAT QUALIFIED N SUBMITTED. BASED ON M I, OR THOSE PERSONS DIRE N, THE INFORMATION SUBM RATE AND COMPLETE. I AM	PERSONNEL PROPERLY G Y INQUIRY OF THE PERSON CCTLY RESPONSIBLE FOR C IITTED IS, TO THE BEST OF	ATHER AND EVAN N OR PERSONS BATHERING THE MY KNOWLEDG	ALUATE THE WHO MANAGE	ORY STEVEN Date: 20:	STORY (Affiliate) 22.04.27 13:46:19				22 04	2
TYPED OR PRINTED	SUBMITTING	FALSE INFORMATION, INCLI IG VIOLATIONS.				GNATURE OF PRINCIPAL OFFICER OR AUTHORIZE		505 AREA CODE	665-2 NUME		YEAR MO	
	21 4710110											

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.

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

PAGE 1 OF 1

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

: STEVEN L. STORY, EPC-CP

NM0028355	
PERMIT NUMBER	

055-A	
DISCHARGE NUMBER	

			MONIT	ORING P	ERIOD		
	YEAR	МО	DAY		YEAR	MO	DAY
FROM	22	04	01	то	22	04	30

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED HE WASTEWATER

EXTERNAL OUTFALL

PAGE 6

No Discharge X

PARAMETER		QUANTI	TY OF LOADING	9	C	QUALITY OF CONCE	NTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	$/ \setminus$	VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	*****	*NODI=C	****	*NODI=C	S.U.	0	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	企业共享	****		6.0 MINIMUM	****	9.0 MAXIMUM	3.0.	3	WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	*NODI=C	*NODI=C		****	****	****	****	0	0/30	ESTIMA
Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	****	****	金岩水大岩			DAILY	ESTIMA
RDX, Total 81364 1 0	SAMPLE MEASUREMENT	****	****	****	****	*NODI=C	*NODI=C	mall	0	0/30	GRAB
Effluent Gross	PERMIT REQUIREMENT	*****	****		****	0.20 MONTHLY AV	0.66 DAILY MX	mg/L		2/Month	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						1.55				
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT			4				,i		KIRCEL,	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	83. 101				in ing			180		
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT									Median.	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICE STEVEN L. STORY, GROUP	PREPARED DESIGNED 1	NDER PENALTY OF LAW THA UNDER MY DIRECTION OR SU TO ASSURE THAT QUALIFIED ON SUBMITTED, BASED ON ME	IPERVISION IN ACCORD. PERSONNEL PROPERLY Y INQUIRY OF THE PERS	ANCE WITH A SYST GATHER AND EVA ON OR PERSONS I	EM LUATE THE WHO MANAGE STOR	Y STORY (Affilia	ate)	TELEPHON	E	DA	TE
LEADER, EPC-CP,	INFORMATION TRUE, ACCU	M, OR THOSE PERSONS DIRE DN, THE INFORMATION SUBM JRATE AND COMPLETE, I AM 3 FALSE INFORMATION, INCLI	ITTED IS, TO THE BEST (AWARE THAT THERE AR	OF MY KNOWLEDGI E SIGNIFICANT PER	ALTIES FOR DION	TE) ATURE OF PRINCIPAL EXE	CUTIVE 505	665-	2169	22 05	5 23
TYPED OR PRINTED		NG VIOLATIONS.			OF	FICER OR AUTHORIZED A	GENT AREA CO	DE NUM	BER	YEAR M	IO DA

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

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

PAGE 1 OF 1

EPC-DO: 22-142

Attachment 1

Attachment 1

LA-UR-22-24660

EPC-DO: 22-168 EPC-DO: 23-121

1

DAY

01

MONITORING PERIOD

TO

YEAR

22

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

NM0028355	
PERMIT NUMBER	

MO

05

YEAR

FROM

055-A
DISCHARGE NUMBER

MO

05

DAY

31

DMR MAILING ZIP CODE:

MAJOR

TREATED WASTEWATER **EXTERNAL OUTFALL**

No Discharge X

87545

OMB No. 2040-004

ATTN: STEVEN L. STORY, EPC-C	P	QUALITY OF CARING										NO DISCIN	arge^_
PARAMETER		QUANT	TITY OF LOADING	i		Q	UALITY OF CONC	ENTRATIO	N		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	/	VALUE	VALUE	UNITS	VALU	JE	VALUE	VAL	.UE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	NODI	=C	****	NOD	I=C	S.U.	0	0/31	GRAB
	PERMIT REQUIREMENT	****	****		6.0 MINIM		****	9. MAXI		5.0.		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	Maal/day	***	*	****	***	**	****	0	0/31	ESTIMA
	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	Mgal/day	***	*	****	***	**			DAILY	ESTIMA
RDX, Total 81364 1 0	SAMPLE MEASUREMENT	****	****	****	***	*	NODI=C	NOE)I=C	ma/l	0	0/31	GRAB
	PERMIT REQUIREMENT	****	****		***	*	0.20 MONTHLY AV	0.6 DAIL		mg/L		2/Month	GRAB
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	ER I CERTIFY	UNDER PENALTY OF LAW THA D UNDER MY DIRECTION OR SI			S WERE	SARAH		TEI	EPHON	Ē	DA [*]	ТЕ	
STEVEN L. STORY GROUP LEADER EPC-CP	DESIGNEI INFORMA THE SYST INFORMA TRUE, AC	SIGNED TO ASSURE THAT QUALIFIED PERSONNEL PROPERLY GATHER AND EVAL ORMATION SUBMITTED. BASED ON MY INQUIRY OF THE PERSON OR PERSONS W E SYSTEM, OR THOSE PERSONS DIRECTLY RESPONSIBLE FOR GATHERING THE ORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE UE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PEN.				ALUATE THE WHO MANAGE HOLCOMB HOLCOMB (Affilia Date: 2022.07.261) E AND BELIEF (Affiliate)				007.0	2000	22 07	7 26
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE R KNOWING VIOLATIONS. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICE OR AUTHORIZED AGENT						A OF NIT	505 AREA CODE	667-0		YEAR M		
THEDONTRINTED									VIVEN CODE	INUIVIE	JLN.	-/ ·· · IVI	5 5/11

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

PAGE 1 OF 1

EPC-DO: 22-204 EPC-DO: 23-121

DAY

01

MONITORING PERIOD

TO

YEAR

22

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

NM0028355	
PERMIT NUMBER	

MO

06

YEAR

FROM

055-A
DISCHARGE NUMBER

MO

06

DAY

30

DMR MAILING ZIP CODE: **MAJOR**

87545

TREATED WASTEWATER **EXTERNAL OUTFALL**

No Discharge X

ATTN: STEVEN L. STORY, EPC-0	P												u.go <u> </u>
PARAMETER		QUANT	TTY OF LOADING			QUALITY	OF CONCE	ENTRATIO	N		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	/	VALUE	VALUE	UNITS	VALUE	V	ALUE	VAL	UE	UNITS			
pH 00400 1 0	SAMPLE MEASUREMENT	****	****	****	NODI=C	,	****	NOD	I=C	S.U.	0	0/30	GRAB
	PERMIT REQUIREMENT	****	****		6.0 MINIMUM		****	9.0 MAXIN		3.0.		WEEKLY	GRAB
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	ivigai/uay	****	,	****	***	**			DAILY	ESTIMA
RDX, Total 81364 1 0	SAMPLE MEASUREMENT	****	****	****	****	NC	DDI=C	NOD	I=C	ma/l	0	0/30	GRAB
	PERMIT REQUIREMENT	****	****		****		0.20 THLY AV	0.6 DAILY	-	mg/L		2/Month	GRAB
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	ER I CERTIFY UN	NDER PENALTY OF LAW THA JNDER MY DIRECTION OR SU	T THIS DOCUMENT AND AL	L ATTACHMENT	I EM	RAH	Digitally sign		TEI	EPHONE		DA	TE
STEVEN L. STORY GROUP LEADER	DESIGNED TO INFORMATIO THE SYSTEM INFORMATIO	O ASSURE THAT QUALIFIED IN SUBMITTED. BASED ON M I, OR THOSE PERSONS DIRE IN, THE INFORMATION SUBM	ALUATE THE WHO MANAGE AND BELIEF, (Aff	LCOMB iliate)	(Affiliate) Date: 2022.0 07:27:53 -06	07.26				22 0	7 26		
EPC-CP	SUBMITTING	OR KNOWING VIOLATIONS						667-0		22 0			
TYPED OR PRINTED		AREA CODE NUMBER						BER	YEAR M	O DA'			

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

PAGE 1 OF 1

EPC-DO: 22-204 EPC-DO: 23-121

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 I STORY EPC-CP

NM0028355	
PERMIT NUMBER	

MO

04

YEAR

FROM

055-Q
DISCHARGE NUMBER

MONIT	ORING P	ERIOD		
DAY		YEAR	МО	DAY
01	то	22	06	30

DMR MAILING ZIP CODE: 87545

MAJOR

QUARTERLY REPORTING - OUTFALL 055

EXTERNAL OUTFALL

No Discharge

PARAMETER			QUANT	ITY OF LOADING			Q	UALITY O	F CONCE	ENTRATIO	ON		NO. EX	FREQUI OF ANA		SAMPLE TYPE
			VALUE	VALUE	UNITS	VAL	_UE	VAL	.UE	VA	LUE	UNITS				
Oxygen demand, chem. (high level) (COD) 00340 1 0	SAM MEASUF	IPLE REMENT	****	****	****	***	***	NOE	OI=C	NOI	DI=C	ma/l	0	0/9)1	GRAB
	PER REQUIR		****	****		***	***	12 MO	25 AVG		25 Y MX	mg/L		QUART	ERLY	GRAB
Solids, Total Suspended 00530 1 0	SAM MEASUF	PLE REMENT	****	****	****	***	***	NOE	OI=C	NOI	DI=C		0	0/9)1	GRAB
00000 1 0	PER REQUIR		****	****		***	***	MO.			5 Y MX	mg/L		QUART	ERLY	GRAB
Oil & Grease 00556 1 0	SAM MEASUF		****	****	****	***	***	NOE	OI=C	NOI	DI=C mg/L		0	0/9)1	GRAB
	PER REQUIR			****	****		***	MO.	-		15 LY MX			QUART	ERLY	GRAB
Organics, Total Toxic (TTO) 78141 1 0	SAM MEASUF		****	****	****	***	***	NOE	OI=C	NOI	DI=C	m a/l	0	0/9)1	GRAB
70141 10	PER REQUIR		****	****		***	***	MO.			.0 Y MX	mg/L		QUART	ERLY	GRAB
Trinitrotoluene [TNT], Total 81360 1 0	SAM MEASUF			****	****	***	***	NOE	NODI=C NO		DI=C	,,	0	0/9)1	GRAB
0100010		ERMIT ***** JIREMENT		****	****	***	***	0. MO.			mg/L I. Mon. LY MX			QUART	ERLY	GRAB
	SAM MEASUF															
	PER REQUIR															
	SAM MEASUF	PLE REMENT														
	PER REQUIR				1											
NAME/TITLE PRINCIPAL EXECUTIVE OFFIC	ER	CERTIFY UN	IDER PENALTY OF LAW THA' INDER MY DIRECTION OR SL	T THIS DOCUMENT AND AL	L ATTACHMENT	S WERE	SARAH		Digitally signe	ed by SARAH	TEI	EPHONE			DAT	Ξ
STEVEN L. STORY GROUP LEADER EPC-CP		DESIGNED TO	O ASSURE THAT QUALIFIED N SUBMITTED, BASED ON M	PERSONNEL PROPERLY G. Y INQUIRY OF THE PERSON	ALUATE THE WHO MANAGE	MANAGE							22	07	26	
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COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

PAGE 1 OF 1

EPC-DO: 22-204 EPC-DO: 23-121 DAY

01

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 ATTNI-STEVENII STORY EDC CD

NM0028355 PERMIT NUMBER

MO

07

YEAR

FROM

055-A DISCHARGE NUMBER

MONITORING PERIOD YEAR MO DAY TO 22 07 31

DMR MAILING ZIP CODE: 87545

MAJOR

TREATED WASTEWATER **EXTERNAL OUTFALL**

PAGE 6

No Discharge X

ATTN: STEVEN L. STORY, EPC-C	P										
PARAMETER		QUANT	TTY OF LOADING			QUALITY OF CONC	ENTRATION		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
33.100 1.0	PERMIT REQUIREMENT	****	****		6.0 MINIMUM	****	9.0 MAXIMUM	3.0.		WEEKLY	GRAB
Flow, in conduit or thru treatment plant 50050 1 0	SAMPLE MEASUREMENT	NODI=C	NODI=C	Maral/alass	****	****	****	****	0	0/31	ESTIMA
00000 10	PERMIT REQUIREMENT	Req. Mon. MONTHLY AV	Req. Mon. DAILY MX	- Mgal/day	****	****	****			DAILY	ESTIMA
RDX, Total 81364 1 0	SAMPLE MEASUREMENT	****	****	****	****	NODI=C	NODI=C	ma/l	0	0/31	GRAB
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NAME/TITLE PRINCIPAL EXECUTIVE OFFIC STEVEN L. STORY, GROUP LEADER, EPC-CP	PREPARED L DESIGNED T INFORMATIO THE SYSTEM INFORMATIO TRUE, ACCUI SUBMITTING	IDER PENALTY OF LAW THAN NDER MY DIRECTION OR SUD ASSURE THAT QUALIFIED ON MOTO THAT OF THE NEW PERSONS DIRENT OF THE NEW PERSONS DIRECTION OF THE NEW PERSONS	JPERVISION IN ACCORDAN PERSONNEL PROPERLY G Y INQUIRY OF THE PERSOI CTLY RESPONSIBLE FOR (ITTED IS, TO THE BEST OF AWARE THAT THERE ARE:	ICE WITH A SYSTATHER AND EVAN OR PERSONST BATHERING THE MY KNOWLEDG BIGNIFICANT PEI	ALUATE THE WHO MANAGE E AND BELIEF, NALTIES FOR	COMB HOLCOMB (8.25 11:24:01	TELEPHON		22 08	
TYPED OR PRINTED		FOR KNOWING VIOLATIONS. OFFICER OR AUTHORIZED AGENT AREA CODE NUMBE							BER	YEAR MO	DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS

(Reference all attachments here)

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

PAGE 1 OF 1

EPC-DO: 22-238

Attachment 1

LA-UR-22-28914

Attachment 1

EPC-DO: 22-283 Attachment 1

DMR Copy of Record

Permit UNIVERSITY OF CALIFORNIA Permit #: NM0028355 Permittee: LOS ALAMOS NATIONAL LABORATORY Facility: Major: Yes **Permittee Address:** LOS ALAMO NATIONAL LABORATORY **Facility Location:** LOS ALAMO NATIONAL LABORATORY 528 35TH STREET 528 35TH STREET LOS ALAMO, NM 87544 LOS ALAMO, NM 87544 **Permitted Feature:** 055 Discharge: 055-A External Outfall TREATED WASTEWATER Report Dates & Status **DMR Due Date: Monitoring Period:** From 08/01/22 to 08/31/22 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** Title: First Name: Telephone: **Last Name:** No Data Indicator (NODI) Form NODI: Parameter 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 Code Units Qualifier 1 Value 1 Qualifier 2 Qualifier 3 Value 3 Sample 6.0 MINIMUM GR - GRAB Permit Req. 9.0 MAXIMUM 12 - SU 01/07 - Weekly 1 - Effluent Gross 0 00400 **pH** Value NODI C - No Discharge C - No Discharge Sample Req Mon MO AVG Req Mon DAILY MX 03 - MGD 01/01 - Daily ES - ESTIMA Permit Req. 50050 Flow, in conduit or thru treatment plant 1 - Effluent Gross 0 Value NODI C - No Discharge C - No Discharge Sample Permit Req. 0.2 MO AVG 0.66 DAILY MX 02/30 - Twice Per Month GR - GRAB 19 - mg/L 81364 RDX, total 1 - Effluent Gross 0 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 **ICADIENTE** User: Name: Isaac Cadiente E-Mail: icadiente@lanl.gov 2022-09-27 16:30 (Time Zone: -05:00) Date/Time: Report Last Signed By User: SARAHHOLCOMB Name: Sarah Holcomb

E-Mail:

Date/Time:

sholcomb@lanl.gov

2022-09-27 16:58 (Time Zone: -05:00)

Permit	t																				
Permit	t #:	NM0028355			Pe	ermittee:		LOS A	LAMOS N	ATIONAL LABOR	ATORY			Facility:		UNI	ERSITY OF CA	LIFORNIA	A		
Major:	:	Yes			Pe	ermittee Add	ress:	528 35	ALAMO NA 5TH STREE ALAMO, NA		TORY			Facility	Location:	528	ALAMO NATION 35TH STREET ALAMO, NM 879		ORATORY		
Permit	tted Feature:	055 External Outl	all		Di	scharge:		055-A TREA	TED WAST	EWATER				'							
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Permitt	ed Feature:	055 External Out	fall		Dis	scharge:		055-A TREA	TED WAS	TEWATER											
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00400	n u		1 - Effluent Gross	0		Permit Req						>=	6.0 MINIMUM			<=	9.0 MAXIMUM	12 - SU	(1/07 - Weekly	GR - GRAB
00400	pri		1 - Lindent Gross			Value NOD							C - No Discharge				C - No Discharge				
						Sample							_				-				
50050	Flow, in conduit or thru tr	reatment plant	1 - Effluent Gross	0		Permit Req		Req Mon MO AVG		Req Mon DAILY MX	03 - MGE)							C	1/01 - Daily	ES - ESTIMA
						Value NOD		C - No Discharge		C - No Discharge											
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81364	RDX, total		1 - Effluent Gross	0		Permit Req								<=	0.2 MO AVG		0.66 DAILY MX	19 - mg/L	(2/30 - Twice Per N	Nonth GR - GRAB
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E-Mail:				Sarah Holcomb sholcomb@lanl.gov																	
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Permit																	
Permit	#:	NM0028355		Perm	nittee:		LOS ALAMOS	S NATION	AL LABOF	RATORY		Facility:		UNIVERSIT	Y OF CAL	JFORNIA	
Major:		Yes		Perm	nittee Addres	ss:	LOS ALAMO 528 35TH ST LOS ALAMO,	REET		ATORY		Facility Loc	ation:	LOS ALAMO 528 35TH S' LOS ALAMO	TREET	IAL LABORATORY 544	
Permitt	ed Feature:	055 External Outfall		Disc	harge:		055-Q QUARTERLY	REPORT	ING - OUT	TFALL 055		·					
Report	Dates & Status			1													
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Code	N	ame					Qualifier 1 Value 1	Qualifier 2	Value 2 Uni	ts Qualifier 1 Value	1 Qualifier 2	2 Value 2	Qualifier 3	Value 3	Units		
00240	Owner demand ab	om think lovell (COD)	1 - Effluent Gross	0		Sample Permit Req.					<=	125.0 MO AVG	<=	125.0 DAILY MX	19 - mg/L	01/90 - Quarterly	GR - GRAB
00340	Oxygen demand, ch	em. [high level] [COD]	1 - Elliuent Gross	0		Value NODI						C - No Discharge		C - No Discharge	, J	,	
						Sample						1 1 1 1 1 1 1 1 1					
00530	Solids, total suspend	ded	1 - Effluent Gross	0		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			
						Sample											
00556	Oil & Grease		1 - Effluent Gross	0		Permit Req.					<=	15.0 MO AVG	<=		19 - mg/L	01/90 - Quarterly	GR - GRAB
						Value NODI						C - No Discharge		C - No Discharge			
						Sample Permit Req.					<=	1.0 MO AVG	<=	1.0 DAILY MX	19 - mg/L	01/90 - Quarterly	GR - GRAB
78141	Organics, total toxic	[тто]	1 - Effluent Gross	0		Value NODI					-	C - No Discharge		C - No Discharge	10 mg/L	o 1700 Quartony	OIT OITE
						Sample						C 110 Blocharge		C 110 Bloomarge			
81360	Trinitrotoluene [TNT	1. total	1 - Effluent Gross	0		Permit Req.					<=	0.02 MO AVG		Req Mon DAILY MX	19 - mg/L	01/90 - Quarterly	GR - GRAB
0.000		,,				Value NODI						C - No Discharge		C - No Discharge			
Submis	ssion Note																
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Name:			Isaac Cadi	ente													
E-Mail:			icadiente@la	nl.gov													
Date/Ti	me:		2022-11-16	12:10	(Time Zone:	-06:00)											
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User:			SARAHHOLO	COMB													
Name:			Sarah Hold	comb													
E-Mail:			sholcomb@la	anl.gov													
Date/Ti	me:		2022-11-21	09:17	(Time Zone:	-06:00)											

EPC-CP: 22-360 EPC-DO: 23-121

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Permit																						
Permit #: NM0028355					Perr	mittee:		LOS A	ALAMOS NA	ATIONAL LABOR	ATORY			Facility:			UNIVERSITY OF CALIFORNIA					
Major:		Yes				Permittee Address:			ALAMO NA ^T 5TH STREE ALAMO, NM		TORY			Facility Location:			LOS ALAMO NATIONAL LABORATORY 528 35TH STREET LOS ALAMO, NM 87544					
Permit	ted Feature:	055 External Outfall				charge:		055-A TREA	TED WAST	EWATER												
Report	Dates & Status							12/28/22														
Monito	ring Period:	From 11/01/2	From 11/01/22 to 11/30/22				DMR Due Date:							Status:			NetDMR Validated					
Considerations for Form Completion																						
TOTAL	RDX - ONE SAMPLE SHO	OULD BE TAKE	EN BEFORE THE 1	5TH OF	THE MON	TH AND AN	IOTHER TAI	KEN AFTER TI	HE 15TH O	F THE MONTH.												
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Code	Name					Sample	Qualifier 1	Value 1	Qualifier 2	Value 2	Units	Qualifier	Value 1	Qualifier 2	Value 2	Qualifier 3	value 3	Units				
00400	pH		1 - Effluent Gross	0		Permit Req.						>= (6.0 MINIMUM			<=	9.0 MAXIMUM	12 - SU	0	01/07 - Weekly	GR - GRAB	
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		reatment plant	1 - Effluent Gross			Sample				5 M 5 M V M V	00 1405									1/04 D "	E0 E071144	
50050	Flow, in conduit or thru tro			0		Permit Req. Value NODI		Req Mon MO AVG C - No Discharge		Req Mon DAILY MX	03 - MGL								01/01 -	1/01 - Daily	ES - ESTIMA	
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81364	RDX, total		1 - Effluent Gross	0		Permit Req.								<=	0.2 MO AVG	<=	0.66 DAILY MX	19 - mg/L	02	2/30 - Twice Per Mont	h GR - GRAB	
01001	NDA, total					Value NODI									C - No Discharge		C - No Discharge					
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