CORRES. CONTROL
OUTGOING LTR NO.

DOE ORDER # 4700.1
95 RF 08030

DIST.	LTR	ENC
Bengal, P.		
Benson, C. A.		
Buddy, M. S.		
Evans, C. S.		
Findley, M.		
Guinn, L.		
Jenkins, K.		
Jierree, C.		
Konwinski, G.		
Law, J. E. 232	✓	✓
Marshall, S. A.	✓	✓
McAnally, J. L.		
McHugh, M. F.		
Parker, A. M.		
Power, A.		
Schubbe, D. L.		
Steffen, D.		
Tyson, A.		
Zelle, H.		
Dunstan, L.	✓	✓
RECORDS CTR (2)	X	X
CORRES.CONTROL	X	X
ADMIN RECORD/080		
ERM TRACKING		
TRAFFIC		
PATS/T130G		

CLASSIFICATION

UCNI		
UNCLASSIFIED	X	X
CONFIDENTIAL		
SECRET		

AUTHORIZED CLASSIFIER SIGNATURE
DOCUMENT CLASSIFICATION
REVIEW WAIVER PER
DATE CLASSIFICATION OFFICE
IN REPLY TO RFP CC NO:
NA
ACTION ITEM STATUS
1 PARTIAL/OPEN
X CLOSED
TR APPROVALS:

ORIG & TYPIST INITIALS
LAD dql

F-46469 (Rev. 6/94)

000060074

1F100

RMRS Rocky Mountain Remediation Services, L.L.C.
. . . protecting the environment

Rocky Flats Environmental Technology Site
P.O. Box Box 464
Golden, Colorado 80402-0464
Phone: (303) 966-2677
Fax: (303) 966-8244

October 16, 1995

95-RF-08030
95-RM-JM-00007-DOE

James K. Hartman
Site Support and Security
DOE, RFFO

Attn: C. L. Row

MONTHLY DISCHARGE MONITORING REPORT - NPDES Permit No. CO-0001333 – JLM-00098-95

Action: Transmit to EPA and CDPHE

The September 1995 Discharge Monitoring Report (DMR), required by the Rocky Flats Plant National Pollutant Discharge Elimination System (NPDES) Permit is attached.

No spray irrigation occurred from Pond B-3 during the month of September 1995. There was continuous discharge from Pond B-3 (Outfall 001) and the Sewage Treatment Plant (Outfall STP). The Reverse Osmosis Pilot Plant (Outfall 003 and 004) did not operate or discharge during this reporting period.

During the month of September 1995, no discharge occurred from Pond A-3 (outfall 002). Pond A-4 (Outfall 005) discharged continuously from September 15, 1995 through September 27, 1995. No discharges occurred from Ponds B-5 (Outfall 006) or C-2 (Outfall 007) during September. Pond B-5 (Outfall 006) did not transfer to Pond A-4 (Outfall 005) during September.

It is necessary that the Principal Executive Officer sign and date the letter and the DMR forms. Per verbal request of the EPA, forms for those discharge points which were not active are included with the notation of "No Discharge." Additional monitoring data as required by the NPDES Federal Facilities Compliance Agreement is attached on a separate sheet.

The NPDES permit requires that the report be postmarked no later than October 28, 1995, and be sent to the following:

Mr. Steve Burkett, Chief
NPDES BRANCH (8 WM-C)
Water Management Division
U.S. E. P.A., Region VIII
999 - 18th Street, Suite 500
Denver, CO 80202-2466

Colorado Department of Public Health and Environment
Attention: Mr. Robert Shukle
Monitoring and Enforcement Section
WQCD - PE - B2
4300 Cherry Creek Drive South
Denver, CO 80222-1530

If you have any questions or desire additional information, please contact S. A. Marshall at extension 2325.

ADMIN RECORD
BZ-A-000334

I certify that, to the best of my knowledge and that of my staff, the information used to fill out the DMR is complete and accurate.

James L. McAnally, President
RMRS, L.L.C.

LAD:dql

Orig. and 1 cc - J. K. Hartman

Attachments:
As Stated

cc:
R. G. Card - Kaiser-HIII
G. H. Setlock - Kaiser-Hill
D. A. Ward - Kaiser-Hill

22.053.F

September 1995

Sewage Treatment Plant Effluent Metals Data

Metal, total	Result, ug/l 09/06/95
Antimony	<19.0
Arsenic	<2.0
Beryllium	<1.0
Cadmium	<0.1
Copper	<3.0
Iron	88.6 B
Lead	<1.0
Manganese	17.7
Mercury	<0.2
Nickel	<10.0
Silver	<0.2
Zinc	18.6 B

B - Absolute value of the analyzed result is less than the Contract Required Detection Limit (CRDL).

Sewage Treatment Plant Effluent Volatile Organic Compound Data

VOC	Result, ug/l 09/06/95
Benzene	<5
Bromoform	<5
Carbon Tetrachloride	<5
Chlorobenzene	<5
Chlorodibromomethane	<5
Chloroethane	<10
Chloroform	10 J
Dichlorobromomethane	<5
1,1-Dichloroethane	<5
1,2-Dichloroethane	<5
1,1-Dichloroethylene	<5
1,2-Dichloropropane	<5
1,3-Dichloropropylene	<5
Ethylbenzene	<5
Methyl bromide	<10
Methyl chloride	<10
Methylene chloride	<5
1,1,2,2-Tetrachloroethane	<5
Tetrachloroethylene	<5
Toluene	<5
1,2-Trans-dichloroethylene	<5
1,1,1-Trichloroethane	<5
1,1,2-Trichloroethane	<5
Trichloroethylene	<5
Vinyl chloride	<10

J - Compound found, but below Practical Quantitation Limit (PQL). Quantitation is estimate.

3

REGION VIII GUIDANCE FOR ACUTE WHOLE EFFLUENT REPORTING

395311

PERMITTEE NAME RF NPDES NO CO-0001333

50% MORTALITY TEST: ✓ pass ___ fail LC50 >100 % OUTFALL NO 995

TEST ANIMAL & AGE Ceriodaphnia <24hrs SAMPLE TYPE, TIME & DATE Grab; 1100, 1300, 1500, 1700; 7/5/95

Analysis Time & Date: Begin 1510 7/6/95 End 1415 7/8/95

Measurements	Dilutions (% Effluent)* 0%	6%	12.5%	25%	50%	75%	100%
No @ Start of Test	20		20	20	20	20	20
No live after 24 hrs	20		20	20	20	20	20
No live after 48 hrs	20		20	20	20	20	20
No live after 72 hrs							
No live after 96 hrs							

Max/Min Values	Dilutions (% Effluent)* 0%	6%	12.5%	25%	50%	75%	100%
Dissolved Oxygen	7.7/7.2		7.7/7.3	7.8/7.4	7.8/7.4	7.7/7.4	7.6/7.4
Temperature °C	21.0/19.2		20.4/19.0	20.3/19.5	20.4/19.3	20.4/19.0	20.9/19.9

Receiving Water Used For Dilution (Y or N)? N

Hardness: Receiving Water NA Effluent 167 Recon. Water (if used) 167

Initial Total Residual Cl_2 in 100% Effluent <0.01

Initial NH_3 (as N) in 100% Effluent: 13.9

pH in 100% Effluent: Initial 6.7 After 24 Hours: 8.1

ANALYST'S NAME Stacie Razim

LABORATORY

SIGNATURE Kelly L. Carr DATE 8/14/95

* normally, a minimum of five plus control (0%)

COMMENTS

1/3/91

395311

REGION VIII GUIDANCE FOR ACUTE WHOLE EFFLUENT REPORTING

PERMITTEE NAME RF NPDES NO CO-0001333

50% MORTALITY TEST: ✓ pass ___ fail LC50 >100 % OUTFALL NO 995

TEST ANIMAL & AGE Ceriodaphnia 5d. SAMPLE TYPE, TIME & DATE Grab; 1100, 1300, 1500 7/8 7/9

Analysis Time & Date: Begin 1100 7/6/95 End 1045 7/10/95

Measurements	Dilutions (% Effluent)* 0%	6%	12.5%	25%	50%	75%	100%
No @ Start of Test	20		20	20	20	20	20
No live after 24 hrs	20		20	20	20	20	20
No live after 48 hrs	20		20	20	20	20	20
No live after 72 hrs	20		20	20	20	19	20
No live after 96 hrs	20	BC	20	20	20	18	20

Max/Min Values	0%	6%	12.5%	25%	50%	75%	100%
Dissolved Oxygen	7.3/6.4		7.2/6.4	7.1/6.2	7.1/6.2	7.1/6.3	7.2/6.4
Temperature °C	21.0/19.0		21.0/19.1	21.0/19.2	21.0/19.3	21.0/19.6	21.0/20.0

Receiving Water Used For Dilution (Y or N)? N

Hardness: Receiving Water NA Effluent 167 Recon. Water (if used) 183

Initial Total Residual Cl_2 in 100% Effluent <0.01

Initial NH_3 (as N) in 100% Effluent: 13.9

pH in 100% Effluent: Initial 7.2 After 24 Hours: 8.0

ANALYST'S NAME Tim Nickels, Mike Hawkins

LABORATORY THE SEACREST GROUP

SIGNATURE [signature] DATE 8/14/95

* normally, a minimum of five plus control (0%)

COMMENTS

1/3/91

5

REGION VIII GUIDANCE FOR ACUTE WHOLE ...

PERMITTEE NAME RF NPDES NO CO-001333

50% MORTALITY TEST: ✓ pass ___ fail LC50 >100% OUTFALL NO A4

TEST ANIMAL & AGE Pimephales promelas 7d. SAMPLE TYPE, TIME & DATE Grab 0915 8/2/95

Analysis Time & Date: Begin 1415 8/3/95 End 1400 8/7/95

Measurements	Dilutions (% Effluent)* 0%	6%	12.5%	25%	50%	75%	100%
No @ Start of Test	20		20	20	20	20	20
No live after 24 hrs	20		20	20	20	20	20
No live after 48 hrs	20		19	20	20	20	20
No live after 72 hrs	20		18	20	20	20	20
No live after 96 hrs	20		18	20	19	19	19

Max/Min Values	Dilutions (% Effluent)* 0%	6%	12.5%	25%	50%	75%	100%
Dissolved Oxygen	7.2/6.4		7.2/6.5	7.4/6.0	7.4/6.2	7.5/6.1	7.8/5.9
Temperature °C	21.0/20.0		21.0/20.2	21.0/20.3	21.0/20.0	21.0/20.0	20.9/20.0

Receiving Water Used For Dilution (Y or N)? N

Hardness: Receiving Water NA Effluent 138 Recon. Water (if used) 148

Initial Total Residual Cl_2 in 100% Effluent <0.01

Initial NH_3 (as N) in 100% Effluent: <1.0

pH in 100% Effluent: Initial 9.0 After 24 Hours: 8.2

ANALYST'S NAME Mike Newkirk, Tim Nickels

LABORATORY

SIGNATURE [signature] DATE 9/6/95

* normally, a minimum of five plus control (0%)

COMMENTS

1/3/91

6

REGION VIII GUIDANCE FOR ACUTE WHOLE EFFLUENT REPORTING

PERMITTEE NAME RF NPDES NO CO-0001337

50% MORTALITY TEST: ✓ pass ___ fail LC50 >100% OUTFALL NO 004

TEST ANIMAL & AGE Ceriodaphnia dubia <24hrs SAMPLE TYPE, TIME & DATE Grab 0915 8/2/95

Analysis Time & Date: Begin 1325 8/3/95 End 1350 8/5/95

Measurements	Dilutions (% Effluent)* 0%	6%	12.5%	25%	50%	75%	100%
No @ Start of Test	20		20	20	20	20	20
No live after 24 hrs	20		20	20	20	20	20
No live after 48 hrs	20		20	20	20	20	20
No live after 72 hrs		KAC					
No live after 96 hrs			KAC				

Max/Min Values	Dilutions (% Effluent)* 0%	6%	12.5%	25%	50%	75%	100%
Dissolved Oxygen	7.5/6.9		7.6/7.1	7.6/7.1	7.6/7.2	7.6/7.2	8.3/7.3
Temperature °C	21.0/20.2		21.0/20.0	21.0/19.9	21.0/19.9	21.0/20.0	20.9/19.9

Receiving Water Used For Dilution (Y or N)? N

Hardness: Receiving Water NA Effluent 138 Recon. Water (if used) 135

Initial Total Residual Cl_2 in 100% Effluent <0.01

Initial NH_3 (as N) in 100% Effluent: <1.0

pH in 100% Effluent: Initial 8.7 After 24 Hours: 7.9

ANALYST'S NAME Selacie Razim

LABORATORY THE SEACREST GROUP

SIGNATURE [signature] DATE 8/6/95

* normally, a minimum of five plus control (0%)

COMMENTS

7

1/3/91

Facility Name/Location if different)
NAME USDOE-ROCKY FLATS PLANT
ADDRESS P O BOX 928
GOLDEN CO 80402

FACILITY
LOCATION
ATTN: JAMES K HARTMAN

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER: C00001333
(17-19) DISCHARGE NUMBER: STP A

MAJOR

95-RF-08030

Form Approved.
OMB No. 2040-0004
Approval Expires 10-31-97

F - FINAL
DISCHARGE FROM SEWAGE TREATMT PT
Continuous discharge 9/1/95 - 9/30/95
*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD

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

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	******	******		******	< 2	< 4	(13) #/100ml	0	2/7	grab
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	200 30DA GEO	400 7 DA GEO	#/ 100ML		TWICE/WEEK	GRAB
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	******	******		******	1.4	4.6	(19) mg/l	0	2/7	comp.
00082 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	10 30DA AVG	25 DAILY MX	MG/L		TWICE/WEEK	COMPOS
OIL AND GREASE VISUAL	SAMPLE MEASUREMENT	******	0	(94)	******	******	******		0	7/7	visual
84066 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	INST MAX	0 YES=1 NO=0	******	******	******	********		DAILY	VISUAL
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
James K. Hartman
Asst. Mgr., DOE/RFFO
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE | NUMBER
DATE: YEAR | MO | DAY

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

IF THERE IS A VISIBLE SHEEN OF OIL AND GREASE REPORTED, A GRAB SAMPLE MUST ALSO BE TAKEN AND REPORTED ON THIS DMR. IF NO VISIBLE SHEEN WAS REPORTED THEN OIL AND GREASE, 00556, SHOULD BE REPORTED AS NO DISCHARGE FOR THE MONTH.

JANETE

RMITTEE NAME/ADDRESS (Include ility Name/Location if different)
ME USDOE-ROCKY FLATS PLANT
DRESS P O BOX 928
GOLDEN CO 80402
CILITY
CATION
TTN: JAMES K HARTMAN

DISCHARGE MONITORING REPORT (DMR)

(2-16) C00001333 — PERMIT NUMBER

(17-19) STP A — DISCHARGE NUMBER

MAJOR

Form Approved.
OMB No. 2040-0004
Approval Expires 10-31-97

F - FINAL
DISCHARGE FROM SEWAGE TREATMT PT
Continuous discharge 9/1/95 - 9/30/95
*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD

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

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
1	SAMPLE MEASUREMENT	******	******		6.8	******	7.5	(12)	0	7/7	grab
0400 1 0 0	PERMIT REQUIREMENT	******	******	*****	6.0 MINIMUM	******	9.0 MAXIMUM	S.U. SU		DAILY	GRAB
OLIDS, TOTAL USPENDED	SAMPLE MEASUREMENT	******	******		******	<6	<14	(19)	0	2/7	comp
0530 1 0 0	PERMIT REQUIREMENT	******	******	*****	******	30 30DA AVG	45 7 DA AVG	mg/l MG/L		TWICE/ WEEK.	COMPOS
IL AND GREASE REON EXTR-GRAV METH	SAMPLE MEASUREMENT	******	******		******	******	no discharge	(19)	N/A	N/A	N/A
0556 1 0 0	PERMIT REQUIREMENT	******	******	*****	******	******	10 DAILY MX	mg/l MG/L		DAILY	GRAB
HOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	******	******		******	4	6	(19)	0	2/7	comp
0665 1 0 0	PERMIT REQUIREMENT	******	******	*****	******	8 30DA AVG	12 DAILY MX	mg/l MG/L		TWICE/ WEEK	COMPOS
HROMIUM, TOTAL (AS CR)	SAMPLE MEASUREMENT	******	******		******	<0.004	<0.004	(19)	0	1/7	comp
1034 1 0 0	PERMIT REQUIREMENT	******	******	*****	******	50 30DA AVG	100 DAILY MX	mg/l MG/L		WEEKLY	COMPOS
LOW, IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.14	0.25	(03) MGD	******	******	******		N/A	continuous rcordr.	
0050 1 0 0	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	******	******	******	*****		CONTIN UOUS	RCORDR
HLORINE, TOTAL ESIDUAL	SAMPLE MEASUREMENT	******	******		******	0.01	0.01	(19) mg/l	N/A	7/7	grab
0060 1 0 0	PERMIT REQUIREMENT	******	******	*****	******	REPORT 30DA AVG	REPORT 7 DA AVG	MG/L		DAILY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

James K. Hartman
Asst. Mgr., DOE, RFFO

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE | NUMBER

DATE: YEAR | MO | DAY

OMMENT AND EXPLANATION OF ANY VIOLATIONS (*Reference all attachments here*)

IF THERE IS A VISIBLE SHEEN OF OIL AND GREASE REPORTED, A GRAB SAMPLE MUST ALSO BE TAKEN AND REPORTED ON THIS DMR. IF NO VISIBLE SHEEN WAS REPORTED THEN OIL AND GREASE, 00556, SHOULD BE REPORTED AS NO DISCHARGE FOR THE MONTH.

JANETE

ERMITTEE NAME/ADDRESS (Include
acility Name/Location if different)
AME USDOE-ROCKY FLATS PLANT
DDRESS P O BOX 928
GOLDEN CO 80402

ACILITY
OCATION
ATTN: JAMES K HARTMAN

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER: C00001333

(17-19) DISCHARGE NUMBER: STP W

MAJOR

Form Approved.
OMB No. 2040-0004
Approval Expires 03-31-94

F - FINAL
WHOLE EFFLUENT TOXICITY
Continuous discharge 7/1/95 - 9/30/95
*** NO DISCHARGE |__| ***

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	07	01	TO	95	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
P/F STATRE 48HR ACU CERIODAPHNIA TGM3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	>100	(9A)	N/A	Qtrly	comp
	PERMIT REQUIREMENT	******	******	*****	******	******	REPORT DAILY MX	PASS=0 FAIL=1		QTRLY	COMPOS
P/F STATRE 96HR ACU PIMEPHALES PROMELAS TGN6C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	>100	(9A)	N/A	Qtrly	comp
	PERMIT REQUIREMENT	******	******	*****	******	******	REPORT DAILY MX	PASS=0 FAIL=1		QTRLY	COMPOS
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

JANETE

ERMITTEE NAME/ADDRESS (Include
acility Name/Location if different)
AME USDOE-ROCKY FLATS PLANT
DDRESS P O BOX 928
GOLDEN CO 80402

ACILITY
OCATION
TTN: JAMES K HARTMAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(2-16) C00001333 — PERMIT NUMBER

(17-19) 001 A — DISCHARGE NUMBER

MAJOR

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

F - FINAL
FROM POND B-7

MONITORING PERIOD

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

Continuous discharge 9/1/95 - 9/30/95
*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
OD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	******	******		******	11.6	16.7	(19) mg/l	N/A	1/7	grab
00310 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*****	******	REPORT 30DA AVG	REPORT DAILY MX	MG/L	WEEKLY		GRAB
OLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	******	******		******	20	69	(19) mg/l	N/A	1/7	grab
00530 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*****	******	REPORT 30DA AVG	REPORT DAILY MX	MG/L	WEEKLY		GRAB
ITROGEN, NITRATE TOTAL (AS N)	SAMPLE MEASUREMENT	******	******		******	3.9	8.1	(19) mg/l	0	1/7	grab
00620 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*****	******	10 30DA AVG	20 MX 7D AV	MG/L	WEEKLY		GRAB
HLORINE, TOTAL RESIDUAL	SAMPLE MEASUREMENT	******	******		******	******	0.09	(19) mg/l	0	1/7	grab
50060 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*****	******	******	0.5 DAILY MX	MG/L	DAILY		GRAB
OD, CARBONACEOUS 5 DAY, 20C	SAMPLE MEASUREMENT	******	******		******	3.0	7.1	(19) mg/l	N/A	1/7	grab
80082 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	*****	******	REPORT 30DA AVG	REPORT DAILY MX	MG/L	WEEKLY		GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME USDOE-ROCKY FLATS PLANT
ADDRESS P O BOX 928
GOLDEN CO 80402

FACILITY
LOCATION
ATTN: JAMES K HARTMAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM

DISCHARGE MONITORING REPORT (DMR)

(2-16) CO0001333 — PERMIT NUMBER

(17-19) 002 A — DISCHARGE NUMBER

MAJOR

F - FINAL
DISCHARGE FROM PONDS

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

MONITORING PERIOD

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

*** NO DISCHARGE |X| ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
PH	SAMPLE MEASUREMENT	******	******			******		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	6.0 MINIMUM	******	9.0 MAXIMUM	SU		DAILY	GRAB
NITROGEN, NITRATE TOTAL (AS N)	SAMPLE MEASUREMENT	******	******		******			(19)			
00620 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	10 30DA AVG	20 DAILY MX	MG/L		DAILY	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT			(03)	******	******	******				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	******	******	******	********		DAILY	INSTAN
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

James K. Hartman
Asst. Mgr., DOE/RFFO

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE | NUMBER

DATE: YEAR | MO | DAY

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

NO CHANGE FROM REQUIREMENTS PRIOR TO EPCA - SEE PAGE 8 OF THE PERMIT. THERE SHALL BE NO DISCHARGE OF FLOATING SOLIDS OTHER THAN TRACE AMOUNTS. COMPOSITE SAMPLING FOR NITRATES IS ALLOWED. SEE PERMIT.

JANETE

Facility Name/Location (if different)
NAME USDOE-ROCKY FLATS PLANT
ADDRESS P O BOX 928
GOLDEN CO 80402

FACILITY
LOCATION
ATTN: JAMES K HARTMAN

DISCHARGE MONITORING REPORT (DMR)

(2-16) C00001333 — PERMIT NUMBER

(17-19) 005 A — DISCHARGE NUMBER

MAJOR

F - FINAL

POND A-4

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

MONITORING PERIOD

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

Continuous discharge 9/15/95 - 9/27/95

*** NO DISCHARGE |__| ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	******	1.6	(03)	******	******	******		N/A	7/7	instan
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD MGD	******	******	****** ****	****		DAILY	INSTAN
CHROMIUM, TOTAL (AS CR)	SAMPLE MEASUREMENT	******	******		******	******	< 4.0	(28) ug/l	0	1/30	grab
01034 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** ****	****	******	******	50 DAILY MX	UG/L		ONCE/ MONTH	GRAB
DURATION OF DISCHARGE	SAMPLE MEASUREMENT	******	******		******	******	13	(84) days/mo	N/A	see permit	
81381 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	****** ****	****	******	******	REPORT DAYS/ MO MAX	MONTH		SEE PERMIT	NOT AP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

James K. Hartman
Asst. Mgr., DOE/RFFO

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE | NUMBER

DATE: YEAR | MO | DAY

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

JANETF

13.

(Facility Name/Location if different)
NAME USDOE-ROCKY FLATS PLANT
ADDRESS P O BOX 928
GOLDEN CO 80402
FACILITY
LOCATION
ATTN: JAMES K HARTMAN

DISCHARGE MONITORING REPORT (DMR)

(2-16)	(17-19)
C00001333	005 W
PERMIT NUMBER	DISCHARGE NUMBER

MAJOR

F - FINAL

WHOLE EFFLUENT TOXICITY

Continuous discharge 8/2/95 - 8/13/95 &
*** NO DISCHARGE |__| ***9/15/95 - 9/27/95

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

NOTE: Read instructions before completing this form.

MONITORING PERIOD	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	07	01	TO	95	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
/F STATRE 48HR ACU ERIODAPHNIA GM3B 1 0 0 FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	>100	(9A)	N/A	Qtrly	grab
	PERMIT REQUIREMENT	******	******	*****	******	******	REPORT DAILY MX	PASS=0 FAIL=1		QTRLY GRAB	
/F STATRE 96HR ACU IMEPHALES PROMELAS GN6C 1 0 0 FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******	>100	(9A)	N/A	Qtrly	grab
	PERMIT REQUIREMENT	******	******	*****	******	******	REPORT DAILY MX	PASS=0 FAIL=1		QTRLY GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

James K. Hartman
Asst. Mgr., DOE/RFFO

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE		DATE		
AREA CODE	NUMBER	YEAR	MO	DAY

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

JANETF

Facility Name/Location if different)
NAME USDOE-ROCKY FLATS PLANT
ADDRESS P O BOX 928
GOLDEN CO 80402
FACILITY
LOCATION
ATTN: JAMES K HARTMAN

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER: C00001333
(17-19) DISCHARGE NUMBER: 006 A

MAJOR
F - FINAL
POND B-5

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

MONITORING PERIOD

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

*** NO DISCHARGE |X| ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	******		(03)	******	******	******				
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	**** ****		DAILY	INSTAN
CHROMIUM, TOTAL (AS CR)	SAMPLE MEASUREMENT	******	******		******	******		(28)			
01034 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	50 DAILY MX	UG/L		ONCE/ MONTH	GRAB
DURATION OF DISCHARGE	SAMPLE MEASUREMENT	******	******		******	******		(84)			
81381 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	**** ****	******	******	REPORT MO MAX	DAYS/ MONTH		SEE PERMIT	NOT AP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

James K. Hartman
Asst. Mgr., DOE/RFFO

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE | NUMBER

DATE: YEAR | MO | DAY

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

JANETE

15

Facility Name/Location (if different)
NAME USDOE-ROCKY FLATS PLANT
ADDRESS P O BOX 928
GOLDEN CO 80402

FACILITY
LOCATION
ATTN: JAMES K HARTMAN

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER: C00001333
(17-19) DISCHARGE NUMBER: 007 A

MAJOR

F - FINAL
POND C-2

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

MONITORING PERIOD

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

*** NO DISCHARGE |X| ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	SAMPLE MEASUREMENT	******		(03)	******	******	******				
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MGD	******	******	******	********		DAILY	GRAB
CHROMIUM, TOTAL (AS CR)	SAMPLE MEASUREMENT	******	******		******	******		(28)			
01034 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	******	50 DAILY MX	UG/L		ONCE/ MONTH	GRAB
DURATION OF DISCHARGE	SAMPLE MEASUREMENT	******	******		********	******		(84)			
81381 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	********	******	******	REPORT DAYS/ MO MAX	MONTH		SEE PERMIT	NOT AP
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
James K. Hartman
Asst. Mgr., DOE/RFFO
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: AREA CODE | NUMBER

DATE: YEAR | MO | DAY

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

116.

Facility Name/Location if different)
NAME USDOE-ROCKY FLATS PLANT
ADDRESS P O BOX 928
GOLDEN CO 80402

FACILITY
LOCATION
ATTN: JAMES K HARTMAN

DISCHARGE MONITORING REPORT (DMR)

(2-16) PERMIT NUMBER: C00001333
(17-19) DISCHARGE NUMBER: 007 W

MAJOR

F - FINAL
WHOLE EFFLUENT TOXICITY

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

MONITORING PERIOD

	YEAR	MO	DAY		YEAR	MO	DAY
FROM	95	07	01	TO	95	09	30
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

*** NO DISCHARGE |X| ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53) AVERAGE	(54-61) MAXIMUM	UNITS	(4 Card Only) QUALITY OR CONCENTRATION (38-45) MINIMUM	(46-53) AVERAGE	(54-61) MAXIMUM	UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
P/F STATRE 48HR ACU CERIODAPHNIA TGM3B 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(9A)			
	PERMIT REQUIREMENT	******	******	***** *****	******	******	REPORT DAILY MX	PASS=0 FAIL=1		QTRLY	GRAB
P/F STATRE 96HR ACU PIMEPHALES PROMELAS TGN6C 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	******	******		******	******		(9A)			
	PERMIT REQUIREMENT	******	******	***** *****	******	******	REPORT DAILY MX	PASS=0 FAIL=1		QTRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

JANETE

17/17