

1F100

ORRES. CONTROL
UTGONG LTR NO.

DE ORDER #
6RF04258

DIST.	TR	ENC
engal, P.		
enson, C. A.		
uddy, M. S.		
urdelik, W. J.		
vans, C. S.		
indley, M.		
uinn, L.		
opkins, J.		
enkins, K.		
erree, C.		
onwinski, G.		
aw, J. E.	X	X
edford, J. A.		
ovseth, T. P.		
lker, R.S.		
last, E. C.		
McAnally, J. L.	X	X
lotyl, K. M.	X	X
sterman, B. D.		
rimrose, A. L.		
ower, A.		
ukavina, F.		
effen, D. E.		
yson, A. M.	X	X
ille, H.		
JNN, R.P.	X	X
JUSTAN, L.A.	X	X
EHUEG, R.E.	X	X
UEFMAN, E.H.	X	X

IRS CC (080)	X	X
ORRES.CONTROL	X	X
IAFFIC		
CLASSIFICATION		
ONI		
NCLASSIFIED	X	X
ONFIDENTIAL		
ECRET		

AUTHORIZED CLASSIFIER SIGNATURE
DOCUMENT CLASSIFICATION
REVIEW WAIVER PER
CLASSIFICATION OFFICE
DATE
REPLY TO RFP CC NO:

CTION ITEM STATUS
 OPEN CLOSED
 PARTIAL
FOR APPROVALS:

RIG & TYPIST INITIALS:
LAD
46469 (Rev. 04/96)



Rocky Flats Environmental Technology Site
P.O. Box 464
Golden, Colorado 80402-0464
Phone: (303) 966-2678
Fax: (303) 966-8244



July 17, 1996

96-RF-04258
96-RM-ER-0089-DOE

James K. Hartman
Acting Deputy Assistant Manager
Environmental Compliance
DOE, RFFO

MONTHLY DISCHARGE MONITORING REPORT - NPDES PERMIT NO. CO-0001333 - JLM-124-96

Action: Transmit to EPA and CDPHE

The June 1996 Discharge Monitoring Report (DMR), required by the Rocky Flats Plant National Pollutant Discharge Elimination System (NPDES) Permit is attached.

During the month of June, 1996, Pond A-3 (Outfall 002) pump discharged from June 1 through June 5 to below Pond A-4 as part of the construction activities for Pond A-4. Pond A-4 (Outfall 005) discharged from June 1 through June 15 and June 18 through June 20 as part of a de-watering operation following recent precipitation. Pond B-5 (Outfall 006) discharged continuously from June 1 through June 15. No discharges occurred from Pond C-2 (Outfall 007), however, there was continuous discharge from Pond B-3 (Outfall 001) and the Sewage Treatment Plant (Outfall STP) during the reporting period.

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 July 28, 1996, and be sent to the following:

Mr. Don Terrell
8-ENF-T
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 on this matter, please contact K. M. Motyl at extension 2172.

1/22

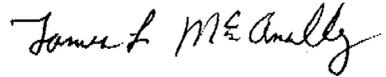
ADMIN RECCRD

BZ-A-000483



James K. Hartman
July 17, 1996
96-RF-04258
Page 2

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:slm

Orig. and 1 cc - James K. Hartman

Attachments:
As Stated

cc:

J.	Dion	-	DOE	
J.	Hill	-	Kaiser-Hill	- w/o Attach.
G. H.	Setlock	-	Kaiser-Hill	- w/o Attach.
D. A.	Ward	-	SSOC	- w/o Attach.

2

June 1999

Sewage Treatment Plant Effluent Metals Data

Metal, total	Result, ug/l
	<u>06/04/96</u>
Antimony	<23.0
Arsenic	<1.0
Beryllium	<1.0
Cadmium	<0.2
Copper	4.3 B
Iron	79.6 B
Lead	<1.0
Manganese	19.2
Mercury	<0.2
Nickel	<20.0
Silver	0.2 B
Zinc	19.4 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
	<u>06/24/96</u>
Benzene	<5
Bromoform	<5
Carbon Tetrachloride	<5
Chlorobenzene	<5
Chlorodibromomethane	<5
Chloroethane	<10
Chloroform	<5
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

3

PERMIT NAME RF NPDES No CO-000/333 OUTFALL NO. 995

50% MORTALITY TEST: PASS FAIL LC50 > 100 %

Test Animal & Age Ceriodaphnia dubia ^{< 24 hrs.} Sample type, Time & Date Grabs: 0830, 1030, 1230, 1430

Analysis Time & Date: Begin 1020 4/10/96 End 1035 4/12/96 ^{4/9/96}

Dilutions (% Effluent) *

NUMBER ALIVE	0%	6.25%	12.5%	25%	50%	75%	100%
Start of test	20		20	20	20	20	20
After 24 hrs	20		20	20	20	20	20
After 48 hrs	20		20	20	20	20	20
After 72 hrs							
After 96 hrs							

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

Dilutions (% Effluent)

MAX/MIN VALUES	0%	6.25%	12.5%	25%	50%	75%	100%
Diss. Oxygen	7.4/6.7	NA	7.4/6.7	7.4/6.6	7.4/6.6	7.3/6.7	7.3/6.6
Temp °C	20.7/19.7	1	20.6/19.7	20.6/19.6	20.6/19.7	20.8/19.8	21.0/20.1

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

Hardness: Receiving Water NA Effluent 215 Recon. Water (if used) 214

Initial Total Residual Cl₂ in 100% Effluent: < 0.01

Initial NH₃ (as N) in 100% Effluent: 18.5

pH in 100% Effluent: Initial 6.9 After 24 Hours: 8.3

pH in 0% Control: Initial 8.2 After 24 Hours: 8.2

COMMENTS _____

THE SEACREST GROUP

ANALYST'S NAME Stacie Duncan, Jim Case

LABORATORY _____ SIGNATURE/DATE Jerry X. Carr 4/16/96

7/2/93

4

PERMIT NAME RF NPDES No CO-000/333 OUTFALL NO. 995

50% MORTALITY TEST: PASS FAIL LC50 >100 %

Test Animal & Age Dinophales promelas 14d. Sample type, Time & Date Grabs: 0830, 1030, 1230, 1430

Analysis Time & Date: Begin 1030 4/10/96 End 1030 4/14/96

Dilutions (% Effluent) *

NUMBER ALIVE	0%	6.25%	12.5%	25%	50%	75%	100%
Start of test	20		20	20	20	20	20
After 24 hrs	20		20	20	20	20	19
After 48 hrs	20		20	20	19	20	18
After 72 hrs	20		20	20	19	20	17
After 96 hrs	20		20	20	19	20	17

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

Dilutions (% Effluent)

MAX/MIN VALUES	0% ^{4/5} _{100%}	6.25%	12.5%	25%	50%	75%	100%
Diss. Oxygen	6.0/7.2		7.0/5.4	6.8/5.5	7.0/5.6	7.9/5.5	7.9/5.5
Temp °C	21.0/20.5		21.0/20.6	21.0/20.6	21.0/20.8	21.0/20.5	21.0/20.5

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

Hardness: Receiving Water NA Effluent 215 Recon. Water (if used) 204

Initial Total Residual Cl₂ in 100% Effluent: <0.01

Initial NH₃ (as N) in 100% Effluent: 18.5

pH in 100% Effluent: Initial 7.4 After 24 Hours: 8.2

pH in 0% Control: Initial 8.2 After 24 Hours: 8.3

COMMENTS _____

LABORATORY ACREST GROUP ANALYST'S NAME John Zastrow, Tim Nickels
 SIGNATURE/DATE [Signature] 4/15/96

7/2/93

5

PERMIT NAME RF NPDES No CO-0001333 OUTFALL NO. A3

50% MORTALITY TEST: PASS FAIL LC50 >100 %

Test Animal & Age Ceriodaphnia dubia ^{<24 hrs.} Sample type, Time & Date Grab; 0945; 4/8/96

Analysis Time & Date: Begin 1600 4/8/96 End 1545 4/10/96

Dilutions (% Effluent) •

NUMBER ALIVE	0%	6.25%	12.5%	25%	50%	75%	100%
Start of test	20		20	20	20	20	20
After 24 hrs	20		20	20	20	20	20
After 48 hrs	20		20	20	19	20	20
After 72 hrs	/						
After 96 hrs	/						

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

Dilutions (% Effluent)

MAX/MIN VALUES	0%	6.25%	12.5%	25%	50%	75%	100%
Diss. Oxygen	7.1/6.5	/	7.2/6.6	7.2/6.7	7.2/6.6	7.2/6.7	7.5/6.8
Temp °C	21.0/19.6	/	20.8/19.6	20.9/19.7	21.0/19.7	20.6/19.9	20.6/19.1

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

Hardness: Receiving Water NA Effluent 208 Recon. Water (if used) 209

Initial Total Residual Cl, in 100% Effluent: <.01

Initial NH₃ (as N) in 100% Effluent: <1.0

pH in 100% Effluent: Initial 7.7 After 24 Hours: 8.0 EG 4/10/96
~~7.7~~

pH in 0% Control: Initial 7.3 After 24 Hours: 8.1

COMMENTS _____

THE SEACRIST GROUP

ANALYST'S NAME Jim Case, Shire Duncan

LABORATORY _____ SIGNATURE/DATE [Signature] 4/10/96

6

PERMIT NAME RF NPDES No 00-000/333 OUTFALL NO. A3

50% MORTALITY TEST: PASS FAIL LC50 >100%

Test Animal & Age Pimephales promelas 13d. Sample type, Time & Date Grab; 0945; 4/8/96

Analysis Time & Date: Begin 0930 4/9/96 End 1015 4/13/96

Dilutions (% Effluent) *

NUMBER ALIVE	0%	6.25%	12.5%	25%	50%	75%	100%
Start of test	20		20	20	20	20	20
After 24 hrs	20	20	20	20	20	20	20
After 48 hrs	20	20	20	20	20	20	20
After 72 hrs	20	20	20	20	20	20	20
After 96 hrs	20	20	20	20	20	20	20

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

Dilutions (% Effluent)

MAX/MIN VALUES	0%	6.25%	12.5%	25%	50%	75%	100%
Diss. Oxygen	7.6/6.1	7.6	7.6/5.5	7.2/5.6	7.2/5.4	7.3/5.7	7.3/5.7
Temp °C	21.0/20.2	1	21.0/20.2	21.0/20.3	21.0/20.0	21.0/19.9	21.0/19.6

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

Hardness: Receiving Water NA Effluent 208 Recon. Water (if used) 204

Initial Total Residual Cl₂ in 100% Effluent: 0.01

Initial NH₃ (as N) in 100% Effluent: <1.0

pH in 100% Effluent: Initial 8.0 After 24 Hours: 7.9

pH in 0% Control: Initial 8.5 After 24 Hours: 8.1

COMMENTS _____

THE SEACREST GROUP

ANALYST'S NAME John Zastraw

LABORATORY _____ SIGNATURE/DATE [Signature] 4/16/96

7/2/93

7

REGION VIII GUIDANCE FOR ACUTE WHOLE EFFLUENT REPORTING

PERMIT NAME RF NPDES No CO-0001333 OUTFALL NO. A4

50% MORTALITY TEST: PASS FAIL LC50 >100 %

Test Animal & Age Ceriodaphnia dubia ^{<24 hrs.} Sample type, Time & Date Grab, 0915, 6/3/96

Analysis Time & Date: Begin 1530 6/3/96 End 1430 6/5/96

Dilutions (% Effluent) *

NUMBER ALIVE	0%	6.25%	12.5%	25%	50%	75%	100%
Start of test	20		20	20	20	20	20
After 24 hrs	20		20	20	20	20	20
After 48 hrs	20		19	20	20	20	20
After 72 hrs							
After 96 hrs							

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

Dilutions (% Effluent)

MAX/MIN VALUES	0%	6.25%	12.5%	25%	50%	75%	100%
Diss. Oxygen	7.3/6.7		7.6/6.8	7.8/6.8	7.8/7.0	7.8/6.7	7.8/7.3
Temp °C	20.6/19.2		21.0/19.3	21.0/19.3	20.9/19.3	20.8/19.5	20.7/19.8

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

Hardness: Receiving Water NA Effluent 172 Recon. Water (if used) 173

Initial Total Residual Cl₂ in 100% Effluent: <0.01

Initial NH₃ (as N) in 100% Effluent: 1.04

pH in 100% Effluent: Initial 8.4 After 24 Hours: 8.2

pH in 0% Control: Initial 8.3 After 24 Hours: 8.1

COMMENTS _____

THE SEACREST GROUP

ANALYST'S NAME Jim Case, Stacie Duncan

LABORATORY _____

SIGNATURE/DATE Jim Case 6/6/96

8

REGION VIII GUIDANCE FOR ACUTE WHOLE EFFLUENT REPORTING

PERMIT NAME PF NPDES No CO-0001333 OUTFALL NO. A4

50% MORTALITY TEST: PASS FAIL LC50 >100 %

Test Animal & Age Pimephales promelas 14d. Sample type, Time & Date Grab, 0915, 6/3/96

Analysis Time & Date: Begin 1100 6/4/96 End 1020 6/8/96

Dilutions (% Effluent) *

NUMBER ALIVE	0%	6.25%	12.5%	25%	50%	75%	100%
Start of test	20		20	20	20	20	20
After 24 hrs	20		20	20	20	20	20
After 48 hrs	20		20	20	20	20	20
After 72 hrs	20		20	20	20	20	20
After 96 hrs	20		20	20	20	20	20

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

Dilutions (% Effluent)

MAX/MIN VALUES	0%	6.25%	12.5%	25%	50%	75%	100%
Diss. Oxygen	7.5/6.6	1	7.4/6.1	7.5/6.2	7.5/6.1	7.6/5.9	7.9/5.8
Temp °C	21.0/20.7	1	21.0/20.8	21.0/20.8	21.0/20.6	21.0/20.6	21.4/19.5

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

Hardness: Receiving Water NA Effluent 172 Recon. Water (if used) 171

Initial Total Residual Cl₂ in 100% Effluent: <0.01

Initial NH₃ (as N) in 100% Effluent: 1.04

pH in 100% Effluent: Initial 8.4 After 24 Hours: 8.0

pH in 0% Control: Initial 8.4 After 24 Hours: 8.4

COMMENTS _____

THE SEACREST GROUP

ANALYST'S NAME Tim ^{Nickels} [Signature] John Zastraw

LABORATORY _____

SIGNATURE/DATE [Signature] 6/10/96

REGION VIII GUIDANCE FOR ACUTE WHOLE EFFLUENT REPORTING

PERMIT NAME RF NPDES No CO-0001333 OUTFALL NO. D5

50% MORTALITY TEST: PASS FAIL LC50 >100%

Test Animal & Age Ceriodaphnia <24hrs Sample type, Time & Date Grab; 0945; 4/28/96

Analysis Time & Date: Begin 1600 4/29/96 End 1540 5/1/96

Dilutions (% Effluent) *

NUMBER ALIVE	0%	6.25%	12.5%	25%	50%	75%	100%
Start of test	20		20	20	20	20	20
After 24 hrs	20		20	20	20	20	20
After 48 hrs	20		20	20	20	20	20
After 72 hrs	/						
After 96 hrs	/						

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

Dilutions (% Effluent)

MAX/MIN VALUES	0%	6.25%	12.5%	25%	50%	75%	100%
Diss. Oxygen	7.5/6.9	1	7.5/7.0	7.6/7.0	7.6/7.0	7.6/7.1	7.6/7.1
Temp °C	20.8/19.6	1	20.7/19.2	20.5/19.2	20.6/19.4	20.9/19.6	21.0/19.9

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

Hardness: Receiving Water NA Effluent 207 Recon. Water (if used) 207

Initial Total Residual Cl₂ in 100% Effluent: 50.01

Initial NH₃ (as N) in 100% Effluent: 4.92

pH in 100% Effluent: Initial 7.9 After 24 Hours: 8.3

pH in 0% Control: Initial 8.1 After 24 Hours: 8.0

COMMENTS _____

THE SEACREST GROUP

ANALYST'S NAME Jim Case, Stacie Durcan

LABORATORY _____

SIGNATURE/DATE Jelly A. Can 5/2/96

REGION VIII GUIDANCE FOR ACUTE WHOLE EFFLUENT REPORTING

PERMIT NAME RF NPDES No CO-000/333 OUTFALL NO. B5

50% MORTALITY TEST: PASS FAIL LC50 >100 %

Test Animal & Age Pimephales promelas Sample type, Time & Date Grab; 0945; 4/28/96

Analysis Time & Date: Begin ^{13 days} 1100 4/29/96 End 1100 5/3/96

Dilutions (% Effluent) *

NUMBER ALIVE	0%	6.25%	12.5%	25%	50%	75%	100%
Start of test	20	/	20	20	20	20	20
After 24 hrs	20	/	20	20	20	20	19
After 48 hrs	20	/KAC	20	20	20	20	19
After 72 hrs	20	/	20	20	20	20	19
After 96 hrs	20	/	20	20	20	20	19

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

Dilutions (% Effluent)

MAX/MIN VALUES	0%	6.25%	12.5%	25%	50%	75%	100%
Diss. Oxygen	7.4/5.3	/	7.4/6.0	7.4/6.0	7.2/6.0	7.4/6.1	7.6/6.2
Temp °C	21.0/20.0	/KAC	21.0/20.5	21.0/20.2	21.0/20.8	21.0/19.8	21.0/20.0

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

Hardness: Receiving Water NA Effluent 207 Recon. Water (if used) 200

Initial Total Residual Cl, in 100% Effluent: <0.01

Initial NH₃ (as N) in 100% Effluent: 4.92

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

pH in 0% Control: Initial 8.3 After 24 Hours: 8.1

COMMENTS _____

THE SEACREST GROUP

ANALYST'S NAME Jim Nickels, John Zastron

LABORATORY _____

SIGNATURE/DATE Jerry A. Carr 5/6/96

11

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME **USDOE-ROCKY FLATS PLANT**
ADDRESS **0 BOX 928**
GOLDEN

PERMIT NUMBER
C00001333

MAJOR
F - FINAL
DISCHARGE FROM **06-01-96** TO **06-30-96**
Continuous discharge 6/1/96 - 6/30/96
*** NO DISCHARGE ***

Form Approved.
OMB No. 2040-0004
SIP A
DISCHARGE NUMBER

ATTN: **JAMES K. HARTMAN**
FACILITY **GOLDEN**
LOCATION **0 BOX 928**

PARAMETER (32-37)	QUANTITY OR LOADING (54-61)			QUALITY OR CONCENTRATION (54-61)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE (46-53)	MAXIMUM (46-53)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (46-53)	MINIMUM (38-45)				
PH	*****	*****	6.7	*****	7.5	*****	(12)	0	7/7	g/b
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	6.0	*****	9.0	*****	SU	0	DAILY	g/b
SOLIDS, TOTAL	*****	*****	*****	*****	MAXIMUM	*****	SU	0	DAILY	g/b
SUSPENDED	*****	*****	*****	*****	<4	*****	(19)	0	2/7	comp
00530 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	45	*****	mg/l	0	TWICE/	comp
OIL AND GREASE	*****	*****	*****	*****	7 DA AVG	*****	MG/L	0	WEEK	comp
FREON EXTR-GRAV METH	*****	*****	*****	*****	no discharge	*****	(19)	N/A	N/A	N/A
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	10	*****	mg/l	0	DAILY	g/b
PHOSPHORUS, TOTAL (AS P)	*****	*****	*****	*****	DAILY MX	*****	MG/L	0	DAILY	g/b
00665 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	4.5	*****	(19)	0	2/7	comp
CHROMIUM, TOTAL (AS CR)	*****	*****	*****	*****	12	*****	mg/l	0	TWICE/	comp
01034 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	DAILY MX	*****	MG/L	0	WEEK	comp
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	*****	*****	<0.005	*****	(19)	0	1/7	comp
50050 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	100	*****	mg/l	0	WEEKLY	comp
CHLORINE, TOTAL RESIDUAL	*****	*****	*****	*****	DAILY MX	*****	MG/L	0	WEEKLY	comp
50060 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	300A AVG	*****	MG/L	0	WEEKLY	comp

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
James K. Hartman
Acting Asst. Mgr.
ENVIRONMENTAL COMPLIANCE DOE/REDO

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
James K. Hartman

TELEPHONE
DATE

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, SHOULD BE REPORTED AS NO DISCHARGE FOR THE MONTH.

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used.

REPLACES EPA FORM T-40 WHICH MAY NOT BE USED!
00263/940107-1736

PAGE 1 OF 1
JAMES K. HARTMAN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)
(17-19)

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

MAJOR

STP A
DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004
F - FINAL DISCHARGE FROM MAG 10-31 1977 MT

MONITORING PERIOD
YEAR 96 MO 06 DAY 01
TO YEAR 96 MO 06 DAY 30

Continuous discharge 6/1/96-6/30/96
*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	(3 Card Only) QUANTITY OR LOADING (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)
	AVERAGE (46-53)	MAXIMUM (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	MINIMUM (38-45)			
COLIFORM, FECAL GENERAL	*****	*****	*****	<1	<1	*****	(13) #/100ml	0	2/7
74055 1 0 0	*****	*****	*****	200	400	*****	#/100ml	0	TWICE/ WEEK
EFFLUENT GROSS VALUE	*****	*****	*****	300A GEO	7 DA GEO	*****	100HML	0	TWICE/ WEEK
BOD, CARBONACEOUS	*****	*****	*****	3.0	4.1	*****	(19) mg/l	0	2/7
05 DAY, 20C	*****	*****	*****	10	25	*****	mg/l	0	TWICE/ WEEK
80082 1 0 0	*****	*****	*****	30DA AVG	DAILY MX	*****	MG/L	0	7/7
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	0	DAILY
OIL AND GREASE VISUAL	*****	*****	*****	*****	*****	*****	*****	0	DAILY
84066 1 0 0	*****	*****	*****	INST MAX	NO=0	*****	*****	0	DAILY
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	0	DAILY

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
James K. Hartman
Acting Asst. Mgr.
Environmental Compliance, DOE/
TYPED OR PRINTED REF ID: A66000

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

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.

EPA Form 3320-1 (Rev. 9-88) Previous editions may be used.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

00264/940107-1736

PAGE 2

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16)

MAJOR

Form Approved
 OMB No. 2040-0004

STP W
 DISCHARGE NUMBER

C00001333
 PERMIT NUMBER

CO 30402

F - FINAL
 WHOLE EFFLUENT TREATMENT EFFLUENT-94
 Continuous discharge 4/1/96 - 6/30/96
 *** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 96 04 01 96 06 30

PARAMETER (32-37)	QUANTITY OR LOADING (54-61)			QUALITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE PERIOD
	AVERAGE (46-53)	MAXIMUM (46-53)	UNITS (46-53)	AVERAGE (46-53)	MAXIMUM (46-53)	UNITS (46-53)			
P/F STATRE 48HR ACU	*****	*****	(9A)	>100	>100	(9A)	0	Qtrly	CC
CERIODAPHNIA	*****	*****	*****	*****	*****	*****	0	QTRLY	CC
TGM3B 1 0 0	*****	*****	*****	*****	*****	*****	0	QTRLY	CC
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	QTRLY	CC
P/F STATRE 96HR ACU	*****	*****	*****	>100	>100	(9A)	0	Qtrly	CC
PIMEPHALES PROMELAS	*****	*****	*****	*****	*****	*****	0	QTRLY	CC
TGN6C 1 0 0	*****	*****	*****	*****	*****	*****	0	QTRLY	CC
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	QTRLY	CC
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
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PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 James K. Hartman
 Acting Asst. Mgr.
 Environmental Compliance, DOE/

TYPED OR PRINTED
 RFF

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
USDOE-ROCKY FLATS PLANT
 ADDRESS **PO BOX 928**
GOLDEN

PERMIT NUMBER **C00001333**
 DISCHARGE NUMBER **001 A**

DATE OF PERMIT **06 01 96** TO **06 30 96**

MONITORING PERIOD

FORM APPROVED
 OMB No. 2040-0004
F - FINAL Approval expires 10-31-94

FROM POND **Approval expires 6/1/96-6/30/96**
Continuous discharge
***** NO DISCHARGE *****

NOTE: Read instructions before completing this form

(3 Card Only) QUANTITY OR LOADING (54-61)

(4 Card Only) QUALITY OR CONCENTRATION (46-53)

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

PARAMETER (32-37)	QUANTITY OR LOADING (54-61)			QUALITY OR CONCENTRATION (46-53)			UNITS	NO EX (52-63)	FREQUENCY OF ANALYSIS (64-68)
	AVERAGE (46-53)	MAXIMUM (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	MINIMUM (38-45)			
BOD, 5-DAY (20 DEG. C)	*****	*****	*****	4.6	7.0	*****	(19)	N/A	1/7
00310 1 0 1 EFFLUENT GROSS VALUE	*****	*****	*****	REPORT	REPORT	*****	mg/l	WEEKLY	WEEKLY
SOLIDS, TOTAL SUSPENDED	*****	*****	*****	<4	4	*****	(19)	N/A	1/7
00530 1 0 1 EFFLUENT GROSS VALUE	*****	*****	*****	REPORT	REPORT	*****	mg/l	WEEKLY	WEEKLY
NITROGEN, NITRATE TOTAL (AS N)	*****	*****	*****	30DA AVG	30DA AVG	*****	MG/L	0	1/7
00620 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	3.5	5.6	*****	(19)	0	1/7
CHLORINE, TOTAL RESIDUAL	*****	*****	*****	30DA AVG	30DA AVG	*****	MG/L	0	7/7
50060 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	0.06	*****	(19)	0	7/7
800 05 DAY, 20C	*****	*****	*****	*****	0.5	*****	mg/l	DAILY	DAILY
80082 1 0 1 EFFLUENT GROSS VALUE	*****	*****	*****	1.8	2.2	*****	(19)	N/A	1/7
	*****	*****	*****	REPORT	REPORT	*****	MG/L	WEEKLY	WEEKLY

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
James K. Hartman
 Acting Asst. Mgr.
 Environmental Compliance, DOE

TYPED OR PRINTED
RFH

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE NUMBER YEAR MO DAY

TELEPHONE

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND I AM 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 18 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.)

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

PERMIT NUMBER
C00001333

DISCHARGE NUMBER
002 A

MAJOR
F - FINAL OMB No. 2040-0004
DISCHARGE **Approved** 10-3-94
Continuous pumped discharge 6/1/96
***** NO DISCHARGE *****

FACILITY **GOLDEN**
LOCATION **ATTN: JAMES K HARTMAN**

FORM APPROVED
Form Approved.

NOTE: Read instructions before completing this form

PARAMETER (32-37)	QUANTITY OR LOADING (54-61)			QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)
	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)		
PH	*****	*****	*****	*****	*****	*****	0	5/5
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	DAILY
NITROGEN, NITRATE	*****	*****	*****	*****	*****	*****	0	DAILY
TOTAL (AS N)	*****	*****	*****	*****	*****	*****	0	DAILY
00620 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	DAILY
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	*****	*****	*****	*****	0	DAILY
50050 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	DAILY
Chromium Total	*****	*****	*****	*****	*****	*****	0	5/5
01034 (as CR) 0 0 Effluent Gross Value	*****	*****	*****	*****	*****	*****	0	1/30
P/F Statre 48 Hr ACU	*****	*****	*****	*****	*****	*****	0	once/month
CERIODAPHNIA	*****	*****	*****	*****	*****	*****	0	Qtrly
TGM3B 1 0 0	*****	*****	*****	*****	*****	*****	0	Qtrly
Effluent Gross Value	*****	*****	*****	*****	*****	*****	0	Qtrly
P/F STATRE 96 HR ACU	*****	*****	*****	*****	*****	*****	0	Qtrly
P/MEPHALES PROMELAS	*****	*****	*****	*****	*****	*****	0	Qtrly
TGN6C 1 0 0	*****	*****	*****	*****	*****	*****	0	Qtrly
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	Qtrly

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
James K. Hartman
Acting Asst. Mgr.
Environmental Compliance, DOE

TYPED OR PRINTED
RTH

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO CHANGE FROM REQUIREMENTS PRIOR TO FFCA - 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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
James K. Hartman

AREA CODE NUMBER YEAR MO DAY
00354/940107-1736

PERMITTEE NAME/ADDRESS (Include Facility Name)
USDOE - ROCKY FLATS PLANT
 ADDRESS **P O BOX 928**
GOLDEN

PERMIT NUMBER
C00001333

DISCHARGE NUMBER
006 W

FORM APPROVED
 OMB No. 2040-0004

FACILITY
ATTN: JAMES K HARTMAN

LOCATION
WHOLE EFFLUENT TREATMENT PLANT-94

MONITORING PERIOD
 FROM **96 06 01** TO **96 06 30**

QUALITY OR CONCENTRATION (46-53)
Continuous discharge 4/25/96-5/6/96 and * NO DISCHARGE 1--15/96-6/1/96**

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	(3 Card Only) QUANTITY OR LOADING (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAFETY (69-71)
	AVERAGE (46-53)	MAXIMUM (54-55)	UNITS (56-57)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
P/F STATRE 48HR ACU	*****	*****	*****	*****	> 100	(9A)	0	Qtrly	g
CERIODAPHNIA	*****	*****	*****	*****	REPORT PASS=0	FAIL=1	0	QTRLY GR	
TGN38 1 0 0	*****	*****	*****	*****	REPORT PASS=0	FAIL=1	0	QTRLY GR	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	REPORT PASS=0	FAIL=1	0	QTRLY GR	
P/F STATRE 96HR ACU	*****	*****	*****	*****	> 100	(9A)	0	Qtrly	g
PINEPHALES PROMELAS	*****	*****	*****	*****	REPORT PASS=0	FAIL=1	0	QTRLY GR	
TGN6C 1 0 0	*****	*****	*****	*****	REPORT PASS=0	FAIL=1	0	QTRLY GR	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	REPORT PASS=0	FAIL=1	0	QTRLY GR	
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
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
 Acting Asst. Mgr.
 Environmental Compliance, DOE

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA CODE

NUMBER

YEAR MO

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

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.)

TYPED OR PRINTED
REFO

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

PERMIT NUMBER
C00001333
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 96 MO 06 DAY 30
TO YEAR 96 MO 06 DAY 30

QUALITY OR CONCENTRATION (4 Card Only) (38-45)
MINIMUM *****
AVERAGE *****
MAXIMUM *****

UNIT QUANTITY OR LOADING (54-61)
UNITS (03)

NO. EX (62-63)
DAILY GR

FREQUENCY OF ANALYSIS (64-68)
DAILY GR

SAMPLE TYPE (69-70)
ONCE/ MONTH

ATTN: JAMES K HARTMAN

PARAMETER (32-37)
FLOW RATE
00056 1 0 0
EFFLUENT GROSS VALUE
CHROMIUM, TOTAL
(AS CR)
01034 1 0 0
EFFLUENT GROSS VALUE
DURATION OF
DISCHARGE
81381 1 0 0
EFFLUENT GROSS VALUE

UNIT QUANTITY OR LOADING (54-61)
UNITS (03)
MAXIMUM REPORT DAILY MX MGD
MINIMUM *****
AVERAGE *****
MAXIMUM *****

NO. EX (62-63)
DAILY GR
ONCE/ MONTH
SEE MO AP
PERMIT

FREQUENCY OF ANALYSIS (64-68)
DAILY GR
ONCE/ MONTH
SEE MO AP
PERMIT

SAMPLE TYPE (69-70)
DAILY GR
ONCE/ MONTH
SEE MO AP
PERMIT

PARAMETER (32-37)	UNIT QUANTITY OR LOADING (54-61)	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
FLOW RATE	(03)	DAILY GR	DAILY GR	ONCE/ MONTH
00056 1 0 0	*****	*****	*****	*****
EFFLUENT GROSS VALUE	*****	*****	*****	*****
CHROMIUM, TOTAL (AS CR)	*****	*****	*****	*****
01034 1 0 0	*****	*****	*****	*****
EFFLUENT GROSS VALUE	*****	*****	*****	*****
DURATION OF DISCHARGE	*****	*****	*****	*****
81381 1 0 0	*****	*****	*****	*****
EFFLUENT GROSS VALUE	*****	*****	*****	*****

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
James K. Hartman
Acting Asst. Mgr.
Environmental Compliance, DOE

TYPED OR PRINTED
REF

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA CODE NUMBER YEAR MO DAY

