

Joseph A. Legare
October 21, 1998
ACC-144-98
Page 2

sheet. The NPDES permit requires that the report be postmarked no later than October 28, 1998, and be sent to the following:

U.S. E.P.A., Region VIII (8ENF-PT)
999 – 18th Street, Suite 500
Denver, CO 80202-2405

Attn: Ms. Brenda Cazier

Colorado Department of Public Health and
Environment
Attention: Mr. Dave Akers, Manager
Water Quality Protection Section
WQCD - PWQPS - B2
4300 Cherry Creek Drive South
Denver, CO 80246-1530

If you have any questions or desire additional information on this matter, please contact K. M. Motyl at extension 2172.

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.

for 
A. Clegg Crawford
President
Rocky Mountain Remediation Services, L.L.C.

LAD:slm

Original and 1 cc - Joseph A. Legare

Attachments:
As Stated

cc:

J. Dion	-	DOE	-	Bldg. 460
J. Hill	-	Kaiser-Hill	-	Bldg. 111
G. H. Setlock	-	Kaiser-Hill	-	Bldg. T130C
D. A. Ward	-	SSOC	-	Bldg. 750

September 1998

Data presented in this table are report only parameters and have no effluent limitation.

Sewage Treatment Plant Effluent Metals Data

Metal, total	Result, ug/l
	<u>09/01/98</u>
Antimony	0.44 B
Arsenic	4.8
Beryllium	0.05 B
Cadmium	0.11 B
Copper	4.6
Iron	228
Lead	0.30 B
Manganese	19.4
Mercury	0.16 B
Nickel	2.7 B
Silver	<0.50
Zinc	37.7

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>09/01/98</u>
Benzene	<10
Bromoform	<10
Carbon Tetrachloride	<10
Chlorobenzene	<10
Chlorodibromomethane	<10
Chloroethane	<10
Chloroform	3 BJ
Dichlorobromomethane	<10
1,1-Dichloroethane	<10
1,2-Dichloroethane	<10
1,1-Dichloroethylene	<10
1,2-Dichloropropane	<10
1,3-Dichloropropylene	<10
Ethylbenzene	<10
Methyl bromide	<10
Methyl chloride	<10
Methylene chloride	<10
1,1,2,2-Tetrachloroethane	<10
Tetrachloroethylene	<10
Toluene	<10
1,2-Trans-dichloroethylene	<10
1,1,1-Trichloroethane	<10
1,1,2-Trichloroethane	<10
Trichloroethylene	<10
Vinyl chloride	<10

B - Compound found in blank.

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

3

RIN # 98D5344

REGION VIII GUIDANCE FOR ACUTE WHOLE EFFLUENT REPORTING

PERMIT NAME RF NPDES No CO-0001333 OUTFALL NO. 995

50% MORTALITY TEST: PASS FAIL LC50 > 100%

Test Animal & Age Pimephales promelas ^{12 d.o.} Sample type, Time & Date Grab; 1500; 8/24/98

Analysis Time & Date: Begin 0900 8/25/98 End 0930 8/29/98

Dilutions (% Effluent) *

NUMBER ALIVE	0%	6.25%	12.5%	25%	50%	75%	100%
Start of test	20	pkc	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	7.4/6.3	pkc	7.2/6.2	7.2/6.3	7.4/6.5	7.4/6.4	7.6/6.2
Temp °C	21.0/20.7	1	21.0/20.3	21.0/20.6	21.0/20.3	21.0/20.3	21.8/19.5

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

Hardness: Receiving Water 11 Effluent 155 Recon. Water (if used) 91

Initial Total Residual Cl₂ in 100% Effluent: 50.01

Initial NH₃ (as N) in 100% Effluent: 4.86

pH in 100% Effluent: Initial 6.9 After 24 Hours: 7.9

pH in 0% Control: Initial 7.8 After 24 Hours: 7.4

COMMENTS _____

THE SEACREST GROUP

ANALYST'S NAME Geoff Henderson

LABORATORY _____ SIGNATURE/DATE [Signature] 8/31/98

LIN # 7800344

37821

REGION VIII GUIDANCE FOR ACUTE WHOLE EFFLUENT REPORTING

PERMIT NAME RF NPDES No CO-0001333 OUTFALL NO. 995

50% MORTALITY TEST: PASS FAIL LC50 >100 %

Test Animal & Age Ceriodaphnia dubia ^{<24 hrs.} Sample type, Time & Date Grab; 1500; 8/24/98

Analysis Time & Date: Begin 1000 8/25/98 End 1000 8/27/98

Dilutions (% Effluent) *

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

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

Dilutions (% Effluent)

MAX/MIN VALUES	0%	6.25%	12.5%	25%	50%	75%	100%
Diss. Oxygen	7.5/7.1	MC	7.7/7.2	7.6/7.3	7.4/7.3	7.6/7.3	7.7/7.2
Temp °C	20.7/19.5		20.5/19.8	20.7/20.2	20.7/20.3	20.8/20.3	20.8/20.4

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

Hardness: Receiving Water NA Effluent 155 Recon. Water (if used) 88

Initial Total Residual Cl, in 100% Effluent: 50.01

Initial NH₃ (as N) in 100% Effluent: 4.86

pH in 100% Effluent: Initial 7.1 After 24 Hours: 8.1

pH in 0% Control: Initial 7.8 After 24 Hours: 7.6

COMMENTS _____

THE SEACREST GROUP
LABORATORY _____

ANALYST'S NAME Chris McCabe Felicia Remington
SIGNATURE/DATE [Signature] 8/31/98

K-4V# 10205TT#00 Unadjusted pH

378281

REGION VIII GUIDANCE FOR ACUTE WHOLE EFFLUENT REPORTING

PERMIT NAME RF NPDES No CO-0001333 OUTFALL NO. 14

50% MORTALITY TEST: PASS FAIL LC50 >100 %

Test Animal & Age Pimephales promelas 3d.o. Sample type, Time & Date Grab; 1115; 8/27/98

Analysis Time & Date: Begin 1000 8/28/98 End 0915 9/1/98

Dilutions (% Effluent) *

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

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

Dilutions (% Effluent)

MAX/MIN VALUES	0%	6.25%	12.5%	25%	50%	75%	100%
Diss. Oxygen	7.5/6.8	14.0	7.5/6.4	7.4/6.9	7.6/5.8	7.8/6.0	8.1/5.8
Temp °C	21.0/20.1	1	21.0/19.8	21.0/19.5	21.0/19.3	21.0/19.5	21.9/19.7

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

Hardness: Receiving Water NA Effluent 200 Recon. Water (if used) 91

Initial Total Residual Cl₂ in 100% Effluent: 10.01

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

pH in 100% Effluent: Initial 9.8 After 24 Hours: 9.0

pH in 0% Control: Initial 8.0 After 24 Hours: 7.9

COMMENTS _____

THE SEACREST GROUP

ANALYST'S NAME Geoff Anderson, Kevin Olmstead

LABORATORY _____ SIGNATURE/DATE Kelly A. Carr 9/14/98

PLN # 7020017

Unadjusted pH

010201

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 Caridaphnia dubia <24 hrs. Sample type, Time & Date Grab; 1115; 8/27/98

Analysis Time & Date: Begin 1140 8/28/98 End 1135 8/30/98

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	PKC	20	20	20	19	20
After 72 hrs	PKC						
After 96 hrs	PKC						

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

Dilutions (% Effluent)

MAX/MIN VALUES	0%	6.25%	12.5%	25%	50%	75%	100%
Diss. Oxygen	20.7/6.6	PKC	7.4/6.6	7.4/6.5	7.4/6.6	7.5/6.8	7.5/6.9
Temp °C	20.6/19.7	PKC	20.8/19.9	20.8/19.7	20.7/19.3	20.7/19.1	20.6/19.2

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

Hardness: Receiving Water NA Effluent 200 Recon. Water (if used) 89

Initial Total Residual Cl₂ in 100% Effluent: <0.01

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

pH in 100% Effluent: Initial 9.7 After 24 Hours: 8.6

pH in 0% Control: Initial 7.9 After 24 Hours: 7.7

COMMENTS _____

THE SEACREST GROUP

ANALYST'S NAME Chris McCabe, Felicia Remington

LABORATORY _____

SIGNATURE/DATE Jilly X. Pan 9/14/98

RW # 1020051 Adjusted pH (7.07) 578281

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 Pimephales promelas ^{<24 hr.} Sample type, Time & Date Grab; 115; 8/27/98

Analysis Time & Date: Begin _____ End _____

Dilutions (% Effluent) *

NUMBER ALIVE	0%	6.25%	12.5%	25%	50%	75%	100%
Start of test	20	pkc	20	20	20	20	20
After 24 hrs	20		20	19	20	20	18
After 48 hrs	20		20	17	20	20	18
After 72 hrs	20		20	17	20	20	18
After 96 hrs	20		19	16	20	20	18

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

Dilutions (% Effluent)

MAX/MIN VALUES	0%	6.25%	12.5%	25%	50%	75%	100%
Diss. Oxygen	7.5/6.8	pkc	7.4/6.9	7.3/6.6	7.4/6.4	7.4/6.0	7.8/5.4
Temp °C	21.0/19.6	1	21.0/19.0	20.9/19.0	21.0/19.0	21.0/19.0	21.0/19.2

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

Hardness: Receiving Water N/A Effluent 200 Recon. Water (if used) 91

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

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

pH in 100% Effluent: Initial 7.1 After 24 Hours: 7.3

pH in 0% Control: Initial 7.9 After 24 Hours: 7.8

COMMENTS _____

THE SEACREST GROUP
 LABORATORY _____

ANALYST'S NAME Geoff Henderson, Terri Amstead
 SIGNATURE/DATE Jelly X. Can 9/14/98

REGION VIII GUIDANCE FOR ACUTE WHOLE EFFLUENT REPORTING

PERMIT NAME PF NPDES No Co-000/333 OUTFALL NO. 14

50% MORTALITY TEST: PASS FAIL LC50 >100 %

Test Animal & Age Ceriodaphnia dubia Sample type, Time & Date Grab; 1115; 8/27/98

Analysis Time & Date: Begin 1005 8/28/98 End 1015 8/30/98

Dilutions (% Effluent) *

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

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

Dilutions (% Effluent)

MAX/MIN VALUES	0%	6.25%	12.5%	25%	50%	75%	100%
Diss. Oxygen	7.3/7.0	NAC	7.4/6.8	7.4/6.8	7.4/6.8	7.4/6.9	7.5/7.0
Temp °C	20.4/19.0	1	20.8/19.4	20.8/19.9	20.8/19.8	20.7/19.7	20.6/19.8

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

Hardness: Receiving Water NA Effluent 200 Recon. Water (if used) 89

Initial Total Residual Cl₂ in 100% Effluent: <0.01

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

pH in 100% Effluent: Initial 7.1 After 24 Hours: 7.9

pH in 0% Control: Initial 7.9 After 24 Hours: 7.7

COMMENTS _____

THE SEACREST GROUP ANALYST'S NAME Chris McCabe, Felicia Remington
 LABORATORY _____ SIGNATURE/DATE Kelly X. Rose 9/14/98

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

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

DISCHARGE FROM SEWERAGE. 10000004PT
 Approved 09/05/98 05-31-98

Form Approved.
 Attachment 3
 98-RF-05212
 Page 1 of 11

CO 80402
 C00001333
 PERMIT NUMBER

SIP A
 DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 FROM 98 09 01 TO 98 09 30

FACILITY
 LOCATION

MAJOR CONTINUOUS Discharge
 9/1/98 - 9/30/98
 *** NO DISCHARGE ***

ATTN: ASSISTANT MANAGER FOR COMPLIANCE
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	*****	*****	*****	6.7	*****	7.5	0	7/7	grab
00400 1 0 0	*****	*****	*****	6.0	*****	9.0	0	DAILY	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	MINIMUM	*****	MAXIMUM			
SOLIDS, TOTAL	*****	*****	*****	*****	*****	*****	0	2/7	comp
SUSPENDED	*****	*****	*****	*****	*****	*****	0	TWICE/ WEEK	COMPOS
00530 1 0 0	*****	*****	*****	*****	30DA AVG	7 DA AVG	N/A	N/A	N/A
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****			
OIL AND GREASE	*****	*****	*****	*****	*****	*****			
FREON EXTR-GRAV METH	*****	*****	*****	*****	*****	*****			
00556 1 0 0	*****	*****	*****	*****	*****	*****	1	2/7	comp
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****			
PHOSPHORUS, TOTAL (AS P)	*****	*****	*****	*****	*****	*****			
00665 1 0 0	*****	*****	*****	*****	*****	*****			
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****			
CHROMIUM, TOTAL (AS CR)	*****	*****	*****	*****	*****	*****			
01034 1 0 0	*****	*****	*****	*****	*****	*****			
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	*****	*****	*****	*****			
50050 1 0 0	*****	*****	*****	*****	*****	*****			
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****			
CHLORINE, TOTAL RESIDUAL	*****	*****	*****	*****	*****	*****			
50060 1 0 0	*****	*****	*****	*****	*****	*****			
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Joseph A. Legare
 Asst. Mgr.
 Environmental Compliance, DOE

TYPED OR PRINTED RFFO

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 303 966-7000
 AREA NUMBER

TELEPHONE DATE

YEAR MO DAY

COMMENTS 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 OIL AND GREASE.

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

00017/971217-1218

PAGE 1 OF 1

PERMITTEE NAME/ADDRESS (Include Facility Name/Location) (D(Rev. 11-85))
 NAME USDOE-ROCKY FLATS PLANT
 ADDRESS P O BOX 928 GOLDEN CO 80402

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

Form Approved. 200001333 PERMIT NUMBER
 DISCHARGE FROM SEWAGE PLANT 05-31-98
 APPROVED BY 12345

F - FINAL
 MAJOR

FACILITY LOCATION
 CONTINUOUS DISCHARGE 9/1/98-9/30/98
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

ATTN: ASSIST. MANAGER FOR COMPLIANCE
 (3 Card Only) QUANTITY OR LOADING (64-67)
 (4 Card Only) QUANTITY OR CONCENTRATION (64-61)

PARAMETER (32-37)	QUANTITY OR LOADING (64-67)			QUANTITY OR CONCENTRATION (64-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
COLIFORM, FECAL GENERAL	*****	*****	*****	*****	*****	*****	0	2/7	grab
74055 1 0 0	*****	*****	*****	*****	*****	*****	0	2/7	grab
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	2/7	grab
800, CARBONACEOUS	*****	*****	*****	*****	*****	*****	0	2/7	grab
05 DAY, 20C	*****	*****	*****	*****	*****	*****	0	2/7	grab
80082 1 0 0	*****	*****	*****	*****	*****	*****	0	2/7	grab
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	2/7	grab
OIL AND GREASE	*****	*****	*****	*****	*****	*****	0	2/7	grab
84066 1 0 0	*****	*****	*****	*****	*****	*****	0	2/7	grab
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	2/7	grab

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 98 09 01 TO 98 09 30

TELEPHONE
 303 866-7000

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 Joseph A. Legare
 Asst. Mgr.
 Environmental Compliance, DOE

DATE

COMMENTS 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 VISIBLE SHEEN ON THIS MONTHLY REPORT.

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

FORM 3320-1 (08-98) PREVIOUS EDITIONS MAY BE USED.

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-79)
 C00001333
 PERMIT NUMBER
 001 A
 DISCHARGE NUMBER

FROM POND B-3
 F - FINAL
 MAJOR

Form Approved.
 OMB No. 2040-0004
 Approved 05-31-98

FACILITY
 LOCATION

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 FROM 98 09 01 TO 98 09 30

Continuous discharge 9/1/98 - 9/30/98
 *** NO DISCHARGE ***

ATTN: ASSISTANT MANAGER FOR COMPLIANCE

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	(3 Card Only) (46-53) QUANTITY OR LOADING			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
BOD, 5-DAY (20 DEG. C)	*****	*****	*****	*****	15	24	(19) mg/l	N/A	1/7	grab
00310 1 0 1	*****	*****	*****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L	*****	*****	*****
EFFLUENT GROSS VALUE	*****	*****	*****	*****	9	13	MG/L	*****	*****	*****
SOLIDS, TOTAL SUSPENDED	*****	*****	*****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L	*****	*****	*****
00530 1 0 1	*****	*****	*****	*****	3	6	MG/L	*****	*****	*****
EFFLUENT GROSS VALUE	*****	*****	*****	*****	10	20	MG/L	*****	*****	*****
NITROGEN, NITRATE TOTAL (AS N)	*****	*****	*****	*****	30DA AVG	MX 7D AV	MG/L	*****	*****	*****
00620 1 0 0	*****	*****	*****	*****	*****	0.06	MG/L	*****	*****	*****
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0.5	MG/L	*****	*****	*****
CHLORINE, TOTAL RESIDUAL	*****	*****	*****	*****	<4	9	MG/L	*****	*****	*****
50060 1 0 0	*****	*****	*****	*****	REPORT 30DA AVG	REPORT DAILY MX	MG/L	*****	*****	*****
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	MG/L	*****	*****	*****
BOD, CARBONACEOUS 05 DAY, 20C	*****	*****	*****	*****	*****	*****	MG/L	*****	*****	*****
80082 1 0 1	*****	*****	*****	*****	*****	*****	MG/L	*****	*****	*****
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	MG/L	*****	*****	*****

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.)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Joseph A. Legare
 Asst. Mgr.
 Environmental Compliance, DOE
 TYPED OR PRINTED RFFC

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 303 966-7000
 AREA CODE NUMBER
 TELEPHONE
 DATE

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16)
 C00001333 PERMIT NUMBER
 005 A DISCHARGE NUMBER

POND A-4
 F - FINAL
 MAJOR

MONITORING PERIOD
 YEAR 98 MO 09 DAY 01
 TO YEAR 98 MO 09 DAY 30

Continuous discharge 9/1/98 - 9/8/98
 *** NO DISCHARGE ***

PARAMETER (32-37)	QUANTITY OR LOADING (54-61)			QUANTITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (46-53)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
FLOW RATE	*****	1.2	(03) MGD	*****	*****	*****	N/A	7/7	instant
00056 1 0 0	*****	REPORT DAILY MAX	*****	*****	*****	*****	0	DAILY	INSTANT
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	ONCE/ MONTH	grab
CHROMIUM, TOTAL (AS CR)	*****	*****	*****	*****	*****	*****	0	ONCE/ MONTH	grab
01034 1 0 0	*****	*****	*****	*****	*****	*****	0	ONCE/ MONTH	grab
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	ONCE/ MONTH	grab
DURATION OF DISCHARGE	*****	*****	*****	*****	*****	*****	0	ONCE/ MONTH	grab
81381 1 0 0	*****	*****	*****	*****	*****	*****	0	ONCE/ MONTH	grab
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	ONCE/ MONTH	grab
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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 16 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties for these offenses may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 6 years.)								
Joseph A. Legare Asst. Mgr. Environmental Compliance, DOE	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								
Environmental Compliance, DOE	TELEPHONE								
Environmental Compliance, DOE	DATE								
Environmental Compliance, DOE	803 966-7000								
Environmental Compliance, DOE	AREA CODE NUMBER								
Environmental Compliance, DOE	803 966-7000								
Environmental Compliance, DOE	YEAR MO DAY								
Environmental Compliance, DOE	YEAR MO DAY								

ATTN: ASSIST MANAGER FOR COMPLIANCE
 COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 USDOE-ROCKY FLATS PLANT
 ADDRESS P O BOX 923
 GOLDEN

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (12-19)
 C00001333
 PERMIT NUMBER

Form Approved.
 WHOLE EFFLUENT TREATMENT ACT 90-40-0004
 Approved 05-05-88

F - FINAL
 MAJOR
 Continuous discharge 8/26/98 - 9/8/98
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

MONITORING PERIOD
 YEAR MO DAY
 98 07 01 TO 98 09 30
 FROM (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

C0 80402
 FACILITY
 LOCATION
 AIN- ASSIST. MANAGER FOR COMPLIANCE

PARAMETER (32-37)	(3 Card Only) QUANTITY OR LOADING (154-61)			(4 Card Only) QUANTITY OR CONCENTRATION (154-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (55-62)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (55-62)				
P/F STATRE 48HR ACU CERIODAPHNIA	*****	*****	*****	*****	> 100	(9A)	0	Qtrly	grab	
TGM3B 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	Unadjusted pH	REPORT PASS=0 DAILY Mx FAIL=1		0	Qtrly	GRAB	
P/F STATRE 96HR ACU PINEPHALES PROMELAS	*****	*****	*****	*****	> 100	(9A)	0	Qtrly	grab	
TGN6C 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	Unadjusted pH	REPORT PASS=0 DAILY Mx FAIL=1		0	Qtrly	GRAB	
P/F STATRE 48HR ACU CERIODAPHNIA	*****	*****	*****	Adjusted pH	> 100	Pass=0	0	Qtrly	grab	
TGM3B 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	Report Daily Mx	Fail=1		Qtrly	grab	
P/F STATRE 96HR ACU PIMEPHALES PROMELAS	*****	*****	*****	Adjusted pH	> 100	Pass=0	0	Qtrly	grab	
TGN6C 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	Report Daily Mx	Fail=1		Qtrly	grab	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) Per Region VIII Guidance for WET Testing, if pH of sample is \geq 9.0, then test is performed on both original or unadjusted sample and on sample with pH adjusted to 7.0.										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Joseph A. Legare Asst. Mgr. Environmental Compliance, DOE TYPED OR PRINTED NAME (SEE INSTRUCTIONS)										
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT								TELEPHONE		DATE
303 966-7000								AREA CODE NUMBER		YEAR MO DAY

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (2-16)
 C.00001333 PERMIT NUMBER
 006 M DISCHARGE NUMBER

Form Approved.
 WHOLE EFFLUENT TONNAGE 7040-0004
 Approved 2/25/95 05-31-98

CO 80402

F - FINAL
 MAJOR

FACILITY
 LOCATION

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 FROM 98 07 01 TO 98 09 30

ATTN: ASSIST MANAGER FOR COMPLIANCE

*** NO DISCHARGE I-XI ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	QUANTITY OR LOADING (54-61)			QUANTITY OR CONCENTRATION (64-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE (46-53)	MAXIMUM (46-53)	UNITS	AVERAGE (46-53)	MAXIMUM (46-53)	UNITS			
P/F STAIRE 48HR ACU	*****	*****		*****	*****	(9A)			
CERIODAPHNIA	*****	*****	*****	*****	*****	REPORT PASS=0			
TGM38 1 0 0	*****	*****	*****	*****	*****	DAILY MX FAIL=			
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	(9A)			DIRTY GRAB
P/F STAIRE 96HR ACU	*****	*****	*****	*****	*****	REPORT PASS=0			
PINEPHALES PROMELAS	*****	*****	*****	*****	*****	DAILY MX FAIL=			
TGN6C 1 0 0	*****	*****	*****	*****	*****	REPORT PASS=0			DIRTY GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX FAIL=			
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
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SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Joseph A. Legare Asst. Mgr. Environmental Compliance, DOE TYPED OR PRINTED RFL SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 303 966-7000 AREA CODE NUMBER TELEPHONE DATE									
COMMENTS 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 6 years.)									

