

**RELEASE / DISCHARGE NOTIFICATION**

Calendar Year

LOS ALAMOS NATIONAL LABORATORY LA-UR-

Permit Number: NM0028355

NPDES or Operational Spill/Release <input checked="" type="checkbox"/> ER Spill/Release <input type="checkbox"/> Other Spill/Release <input type="checkbox"/>	} Indicate with "X" in appropriate box.	Release ID Number: <input type="text" value="533"/>
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Responsible Facility/User Group:

Contact Person:  Pager #:

Phone #:  Cell Phone #:

Release/Discharge Location:

TA:

Building:

If the release/discharge is associated with a NPDES Outfall, Potential Release Site (PRS) or Solid Waste Management Unit (SWMU), indicate the site/unit number and its relationship to the release/discharge:

NPDES Outfall:  PRS:  SWMU:  PRS/SWMU Number:

Indicate with "X" in appropriate box(es).

**Relationship of the Discharge to a SWMU or PRS:**

The release did not impact any SWMUs or PRSs.

Discharge Occurred: <input type="text" value="4/20/2023 12:30 p.m."/> Date & Time	Discharge Discovered: <input type="text" value="4/20/2023 12:30 p.m."/> Date & Time	Discharge Stopped: <input type="text" value="4/20/2023 12:33 pm"/> Date & Time
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Cleanup Started: <input type="text" value="4/20/2023 12:35 pm"/> Date & Time	Cleanup Completed: <input type="text" value="4/24/2023 9:30 am"/> Date & Time
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**Material(s) Released / Discharged:**

Approximately one cup of treated low-level radioactive secondary wastewater onto concrete (impacted area ~6 in. x 6 in.).

**Release/Discharge Mitigation Method:**

A packing nut was tightened on the valve assembly to stop the release.

**Weather Conditions:**

Sunny, 50 degs., windy

Duration of Release/ Discharge, in HOURS:  Est. Volume released, in gallons:  Est. Volume Recovered, in gallons:

**Corrective Actions Taken (ie, type of BMPs, etc):**

The leak was stopped, the area was secured to prevent unauthorized access, and absorbent pads were applied to the impacted area. The spill area was decontaminated until no elevated readings on the concrete were detected.

Nearest Watercourse (Canyon Name)

**If the release/discharge reached a watercourse, describe the estimated surface area affected, presence of release/discharge now in the watercourse, and the media the release/discharge was detected in:**

The release did not leave the site or reach a watercourse.

Depth to Groundwater, in FT, if known:

Distance to Nearest Drinking Water Well, in FT, if known:  Well ID#

**24-HOUR RELEASE / DISCHARGE NOTIFICATIONS**

	Contact Person	Phone	Fax	Date & Time (or Comment)	
EPA:	<input type="text" value="Nancy Williams"/>	<input type="text" value="214-665-7179"/>	<input type="text"/>	<input type="text" value="4/27/2023"/>	<input type="text" value="7-Day Report"/>
NMED/SWQB:	<input type="text" value="Levi Dean"/>	<input type="text" value="365-3337"/>	<input type="text"/>	<input type="text" value="4/21/2023"/>	<input type="text" value="Verbal Notification"/>
NMED/GWQB:	<input type="text" value="Gerald Knutson"/>	<input type="text" value="660-7189"/>	<input type="text" value="NA"/>	<input type="text" value="4/21/2023"/>	<input type="text" value="Verbal Notification"/>
NMED/HRMB:	<input type="text" value="Stephen Connolly"/>	<input type="text" value="470-8495"/>	<input type="text" value="NA"/>	<input type="text" value="4/21/2023"/>	<input type="text" value="Verbal Notification"/>
NMED/DOE-OB:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EPC-CP:	<input type="text" value="S. Pearson"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DOE:	<input type="text" value="Robert Gallegos"/>	<input type="text" value="208-569-0377"/>	<input type="text"/>	<input type="text" value="4/21/2023"/>	<input type="text" value="Verbal Notification"/>
OTHER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments:

Form Completed By:

**7 DAY RELEASE / DISCHARGE ACTIONS**

7 Day Notice

7 Day Notice Date:

7 Day Notice By:

Mark "X" when done.

Comments:

**15 DAY RELEASE / DISCHARGE ACTIONS**

15 day Follow-up Due:

15-day Follow-Up By:

Comments:

**NMED 30 DAY APPROVAL / DISAPPROVAL**

NMED 30 Day Response Date:

Comments:

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