

**BROOKHAVEN**  
NATIONAL LABORATORY

ACCOCED  
Building 535A  
P.O. Box 5000  
Upton, NY 11973-5000  
Phone 631 344-4225  
Fax 631 344-5812  
zimmerman@bnl.gov

managed by Brookhaven Science Associates  
for the U.S. Department of Energy

www.bnl.gov

March 13, 2000

Mr. George J. Malosh  
Brookhaven Group Manager  
U. S. Department of Energy  
Brookhaven Group  
Upton, NY 11973

Dear Mr. Malosh:

**SUBJECT: NPDES - Discharge Monitoring Report (DMR) for February 2000**  
**REFERENCE: Letter from Scott Mallette to K. Brog dated February 29, 2000**

Included as Attachment I, please find the DMR for the month of February 2000. Chemical analyses for the reported parameters are conducted by a NYS Department of Health certified contractor laboratory. Copies of the analytical reports are contained in Attachments II, and III. Field measured parameters (pH, settleable solids, flow) are recorded and/or measured by either the Plant Engineering Division, Sewage Treatment Plant (STP) Operators or Environmental Services Division, Field Sampling Team.

Review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. Please note that for the majority of the Outfalls, flow measurements are conducted either weekly or monthly; consequently, a daily maximum flow rate cannot be reported. All flow values reported for Outfalls 002, 003, 004, 005, 006A, and 006B are, therefore, daily averages.

Collection and analysis of these samples are performed in accordance with the guidelines of the BNL Quality Assurance (QA) program. These guidelines include the routine calibration of instruments, standard operating procedures for collection and analysis of samples, use of standard methods of analysis, and validation of the contractor analytical data by the BNL analytical services laboratory. All samples are collected by BNL personnel. A QA inspection is performed periodically on contractor laboratories. The QA documentation is available from the Environmental Services Division (ESD) and Plant Engineering (PE) Divisions. Based on this information, we believe the values reported on the DMR are representative of the effluent from the BNL during the month of February 2000.

Please sign each page of the DMR where indicated and transmit the DMR and associated attachments to the New York State Department of Environmental Conservation and the Suffolk County Department of Health Services no later than March 28, 2000.

March 13, 2000

If there are any questions regarding the information contained on the DMRs or the analytical data packages, please do not hesitate to contact R. Lee (ESD) at extension 3148 or M. Allocco (ESD) at extension 3166.

Sincerely,



E.A. Zimmerman, CEP, REM, CEA, CESM  
Division Manager

EAF/MA:rt

Attachment I:

Discharge Monitoring Report for February 2000,

Attachment II:

Analytical Results from H2M Labs for samples collected on 2/3/00 and 2/7/00 from Outfall 001,

Attachment III:

Analytical Results from H2M Labs for samples collected from Outfalls 002, 003, 004, 005, 006A, 006B, 008, and 010.

cc: K. Brog w/o attachments  
W. Chaloupka w/attachments  
G. Granzen w/o attachments  
M. Hart w/o attachments  
C. Johnson w/o attachments  
D. Van Duyne w/attachments  
R. Lee w/attachments  
E. Lessard w/o attachments  
D. Lowenstein w/o attachments  
E. Murphy w/attachments  
S. Ozaki w/o attachments  
D. Ports w/attachments  
W. Reeside w/o attachments  
L. Ross w/attachments

EC4220.00

ATTACHMENT I

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR FEBRUARY 2000

FOR OUTFALLS NO. 001 - 010

**Brookhaven National Laboratory**  
**SPDES Permit No. NY0005835**  
**Discharge Monitoring Report for February 2000**  
Discharge Monitoring Report Notes:

1. The reported concentration is estimated at less than the method detection limit but greater than the instrument detection limit.
2. There was no discharge from Outfalls 002B and 007 during this reporting period.
3. Since flow records are maintained on a weekly or monthly basis, the flow rate provided is the daily average.
4. The percent removal of suspended solids can not be accurately determined due to the low concentration of  $< 4$  mg/L measured at Outfall 001 and 8 mg/L measured at the Sewage Treatment Plant Influent on February 3, 2000. If the reading for Outfall 001 is considered as 0 mg/L then the calculated value for percent removal is 100.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME U S D O E  
 ADDRESS BROOKHAVEN NATIONAL LABORATORY  
 53 BELL AVE, BLDG 464  
 UPTON NY 11973  
 FACILITY BROOKHAVEN NATIONAL LABORATORY  
 LOCATION UPTON NY 11973  
 ATTN: GEORGE MALOSH, GROUP MGR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

NY0005835  
 PERMIT NUMBER

001 M  
 DISCHARGE NUMBER

MONITORING PERIOD  
 YEAR MO DAY TO YEAR MO DAY  
 00 02 01 TO 00 02 29

Form Approved.  
 OMB No. 2040-0004

MAJOR (SUBR 01)  
 F - FINAL

PROCESS SANIT & STORMWTR RNOFF

\*\*\* NO DISCHARGE I 1 \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
TEMPERATURE, WATER	*****	*****	*****	*****	*****	*****	( 15 )	0	DAILY	grab	
DEG. FAHRENHEIT	*****	*****	*****	*****	*****	*****	DEG. F	0	DAILY	GRAB	
00011 1 0 0	*****	*****	*****	*****	*****	*****	DEG. F	0	DAILY	GRAB	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	DEG. F	0	DAILY	GRAB	
5-DAY BOD, (20 DEG. C)	*****	*****	*****	*****	*****	*****	MG/L	0	2/mo ONCE/ MONTH	comp24 COMP24	
00310 1 0 0	*****	*****	*****	*****	*****	*****	MG/L	0	2/mo ONCE/ MONTH	comp24 COMP24	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	MG/L	0	2/mo ONCE/ MONTH	comp24 COMP24	
PH	*****	*****	*****	*****	*****	*****	MG/L	0	2/mo ONCE/ MONTH	comp24 COMP24	
00400 1 0 0	*****	*****	*****	*****	*****	*****	MG/L	0	2/mo ONCE/ MONTH	comp24 COMP24	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	MG/L	0	2/mo ONCE/ MONTH	comp24 COMP24	
SOLIDS, TOTAL SUSPENDED	*****	*****	*****	*****	*****	*****	MG/L	0	2/mo ONCE/ MONTH	comp24 COMP24	
00530 1 0 0	*****	*****	*****	*****	*****	*****	MG/L	0	2/mo ONCE/ MONTH	comp24 COMP24	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	MG/L	0	2/mo ONCE/ MONTH	comp24 COMP24	
SOLIDS, SETTLEABLE	*****	*****	*****	*****	*****	*****	MG/L	0	2/mo ONCE/ MONTH	comp24 COMP24	
00545 1 0 0	*****	*****	*****	*****	*****	*****	MG/L	0	2/mo ONCE/ MONTH	comp24 COMP24	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	MG/L	0	2/mo ONCE/ MONTH	comp24 COMP24	
NITROGEN, TOTAL (AS N)	*****	*****	*****	*****	*****	*****	MG/L	0	2/mo ONCE/ MONTH	comp24 COMP24	
00600 1 0 1	*****	*****	*****	*****	*****	*****	MG/L	0	2/mo ONCE/ MONTH	comp24 COMP24	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	MG/L	0	2/mo ONCE/ MONTH	comp24 COMP24	
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	*****	*****	*****	*****	MG/L	0	2/mo ONCE/ MONTH	comp24 COMP24	
00610 1 0 0	*****	*****	*****	*****	*****	*****	MG/L	0	2/mo ONCE/ MONTH	comp24 COMP24	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	MG/L	0	2/mo ONCE/ MONTH	comp24 COMP24	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Mr. George J. Malosh  
 Group Manager

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

631 344-3424  
 AREA CODE NUMBER

TELEPHONE DATE

YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5.

NY0005835  
 PERMIT NUMBER

001 M  
 DISCHARGE NUMBER

MONITORING PERIOD  
 YEAR MO DAY TO YEAR MO DAY  
 00 02 01 00 02 29

\*\*\* NO DISCHARGE I 1 \*\*\*  
 NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMI TYF
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PHOSPHORUS, TOTAL (AS P)	*****	*****	*****	*****	*****	( 19 )	0	2/mo	COM
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	REPORT DAILY MX MG/L	0	ONCE/MONTH	COM
CYANIDE, TOTAL (AS CN)	*****	*****	*****	*****	*****	< 10.0	0	2/mo	gra
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	100 DAILY MX UG/L	0	TWICE/MONTH	PRAI
COPPER, TOTAL (AS CU)	*****	*****	*****	*****	*****	0.051	0	2/mo	COM
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0.15 DAILY MX MG/L	0	ONCE/MONTH	COM
IRON, TOTAL (AS FE)	*****	*****	*****	*****	*****	0.13	0	2/mo	COM
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0.37 DAILY MX MG/L	0	ONCE/MONTH	COM
LEAD, TOTAL (AS PB)	*****	*****	*****	*****	*****	< 0.002	0	2/mo	COM
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0.019 DAILY MX MG/L	0	ONCE/MONTH	COM
NICKEL, TOTAL see (1)	*****	*****	*****	*****	*****	0.0034	0	2/mo	COM
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0.11 DAILY MX MG/L	0	ONCE/MONTH	COM
SILVER, TOTAL see note (1)	*****	*****	*****	*****	*****	0.0017	0	2/mo	COM
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0.015 DAILY MX MG/L	0	ONCE/MONTH	COM

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Mr. George J. Malosh  
 Group Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

631 344-3424  
 AREA CODE NUMBER

TELEPHONE DATE

TYPED OR PRINTED

YEAR MO I

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCI BUT NOT LIMITED TO USDOE ORDER 5400.5.

see attached notes

PERMITTEE NAME/ADDRESS (Include Facility Name & Location if Different)  
 NAME U S D O E  
 ADDRESS BROOKHAVEN NATIONAL LABORATORY  
 53 BELL AVE, BLDG 464  
 UPTON NY 11973  
 FACILITY BROOKHAVEN NATIONAL LABORATORY  
 LOCATION UPTON NY 11973  
 ATTN: GEORGE MALOSH, GROUP MGR

NY0005835 PERMIT NUMBER  
 001 M DISCHARGE NUMBER  
 MONITORING PERIOD  
 YEAR MO DAY YEAR MO DAY  
 FROM 00 02 01 TO 00 02 29

MAJOR (SUBR 01)  
 F - FINAL  
 PROCESS SANIT & STORMWTR RNOFF  
 \*\*\* NO DISCHARGE I 1 \*\*\*  
 NOTE: Read Instructions before completing this form.

Form Approved  
 OMB No. 2040-0004

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
ZINC, TOTAL (AS ZN)	*****	*****	*****	*****	*****	( 19 )	0	2/mo	comp24		
EFFLUENT GROSS VALUE	*****	*****	*****	*****	0.05	DAILY MX MG/L	0	ONCE/ MONTH	COMP24		
TOLUENE	*****	*****	*****	*****	< 1.0	( 28 )	0	2/mo	grab		
EFFLUENT GROSS VALUE	*****	*****	*****	*****	DAILY MX UG/L	( 28 )	0	TWICE/ MONTH	GRAB		
METHYLENE CHLORIDE	*****	*****	*****	*****	< 1.0	( 28 )	0	2/mo	grab		
EFFLUENT GROSS VALUE	*****	*****	*****	*****	DAILY MX UG/L	( 28 )	0	TWICE/ MONTH	GRAB		
1,1-TRICHLOROETHANE	*****	*****	*****	*****	< 1.0	( 28 )	0	2/mo	grab		
EFFLUENT GROSS VALUE	*****	*****	*****	*****	DAILY MX UG/L	( 28 )	0	TWICE/ MONTH	GRAB		
LOW, IN CONDUIT OR THRU TREATMENT PLANT	0.46	1.4	( 03 )	*****	*****	UG/L	0	CONTINUOUS recorder			
EFFLUENT GROSS VALUE	REPORT DAILY AV	DAILY MX MGD	*****	*****	*****	*****	0	CONTINUOUS recorder			
MERCURY, TOTAL (AS HG)	*****	*****	*****	*****	< 0.0001	( 19 )	0	2/mo	comp24		
EFFLUENT GROSS VALUE	*****	*****	*****	*****	0.0008	DAILY MX MG/L	0	ONCE/ MONTH	COMP24		
POLIFORM, FECAL GENERAL	*****	*****	*****	*****	8	( 13 )	0	2/mo	grab		
EFFLUENT GROSS VALUE	*****	*****	*****	*****	DAILY AV 100ML	*****	0	ONCE/ MONTH	GRAB		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Mr. George J. Malosh  
 Group Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER  
 631 344-3424

DATE  
 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

TYPED OR PRINTED

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5.  
 SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS  
 see attached notes

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY  
53 BELL AVE, BLDG 464  
UPTON

FACILITY BROOKHAVEN NATIONAL LABORATORY NY 11973

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

MAJOR

(SUBR 01)

F - FINAL

PROCESS SANIT & STORMWTR RNOFF

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

NY0005835 PERMIT NUMBER  
001 M DISCHARGE NUMBER

MONITORING PERIOD  
YEAR MO DAY TO YEAR MO DAY  
00 02 01 TO 00 02 29

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
2-BUTANONE	*****	*****	*****	*****	*****	( 28)	*****	0	2/mo	grab	
78356 1 0 0	*****	*****	*****	*****	*****	DAILY MX UG/L	*****	0	TWICE/MONTH	GRAB	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	CALCTD	
MOD. 5-DAY PERCENT	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	CALCTD	
REMOVAL	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	CALCTD	
81010 K 0 2	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	CALCTD	
PERCENTREMOVAL	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	CALCTD	
SOLIDS, SUSPENDED	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	CALCTD	
PERCENT REMOVAL	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	CALCTD	
81011 K 0 2	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	CALCTD	
PERCENTREMOVAL	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	CALCTD	
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  
Mr. George J. Malosh  
Group Manager  
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

631 344-3424  
AREA CODE NUMBER

TELEPHONE DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL  
BUT NOT LIMITED TO USDOE ORDER 5400 5



PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY  
53 BELL AVE, BLDG 464  
UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY  
LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

NY0005835  
PERMIT NUMBER

002 A  
DISCHARGE NUMBER

MONITORING PERIOD  
YEAR MO DAY YEAR MO DAY  
FROM 00 02 01 TO 00 02 29

Form Approved.  
OMB No. 2040-0004

MAJOR  
(SUBR 01)  
F - FINAL

BRAHMS(1002) & PHOBOS(1010) CT

\*\*\* NO DISCHARGE I I I \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLI TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM			
PH	*****	*****	*****	*****	*****	*****	*****	*****	0	1/mo	grab
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	7.1 REPORT MINIMUM	*****	7.1	( 12 )	*****	0	ONCE/ MONTH	GRAB
OIL & GREASE	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/ MONTH	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	0	1/mo	grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/ MONTH	GRAB
50050 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	0	1/mo	inst
	*****	*****	*****	0.04 REPORT DAILY MX MGD	*****	*****	*****	*****	0	ONCE/ MONTH	RCORD
	*****	*****	*****	*****	*****	*****	*****	*****			
	*****	*****	*****	*****	*****	*****	*****	*****			
	*****	*****	*****	*****	*****	*****	*****	*****			
	*****	*****	*****	*****	*****	*****	*****	*****			
	*****	*****	*****	*****	*****	*****	*****	*****			
	*****	*****	*****	*****	*****	*****	*****	*****			
	*****	*****	*****	*****	*****	*****	*****	*****			
	*****	*****	*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Mr. George J. Malosh  
Group Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
631 344-3424

DATE  
YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE ROADWAY THAT IS INSIDE RHIC RING. ONCE SW COLLECTION SYS IS EXTENDED TO 1010. THE PHOBOS DETECTOR IS CURRENTLY OFFLINE.

see attached notes

NAME **U S D O E**  
 ADDRESS **BROOKHAVEN NATIONAL LABORATORY**  
**53 BELL AVE, BLDG 464**

FACILITY **UPTON NY 11973**  
 LOCATION **BROOKHAVEN NATIONAL LABORATORY**  
**UPTON NY 11973**  
 ATTN: **GEORGE MALOSH, GROUP MGR**

PERMIT NUMBER  
**NY0005835**

DISCHARGE NUMBER  
**002 B**

MONITORING PERIOD  
 FROM **00 02 01** TO **00 02 29**

MAJOR  
 (SUBR 01)  
 F - FINAL

RF(1004) COOLING TOWER BLOWDN

\*\*\* NO DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMP TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM			
PH	*****	*****	UNITS	*****	*****	( 12 )	*****				
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	REPORT MINIMUM	*****	9.0 MAXIMUM	*****	ONCE / MONTH			
OIL & GREASE	*****	*****	*****	*****	*****	SU ( 19 )	*****				
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	15 DAILY MX	*****	ONCE / MONTH			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	( 03 )	*****	*****	MG/L	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	ONCE / MONTH			
see note (2)			No Discharge REPORT DAILY MX MGD								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Mr. George J. Malosh  
 Group Manager**

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA CODE **631** NUMBER **344-3424**

YEAR **MO** **DA**

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE ROADWAY THAT IS INSIDE RHIC RING. ONCE STORMWATER COLLECTION SYSTEM IS EXTENDED TO BLDG 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED, DISCHARGE

see attached notes

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME U S D O E  
 ADDRESS BROOKHAVEN NATIONAL LABORATORY  
 53 BELL AVE, BLDG 464  
 UPTON NY 11973  
 FACILITY BROOKHAVEN NATIONAL LABORATORY  
 LOCATION UPTON NY 11973  
 ATTN: GEORGE MALOSH, GROUP MGR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 NY0005835 PERMIT NUMBER  
 002 M DISCHARGE NUMBER

MONITORING PERIOD  
 YEAR MO DAY YEAR MO DAY  
 FROM 00 02 01 TO 00 02 29

MAJOR (SUBR 01)  
 F - FINAL  
 AGS NON-C COOLING, PRCP, ETC (HN)  
 \*\*\* NO DISCHARGE I 1 \*\*\*  
 NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM				
PH	*****	*****	*****	*****	*****	*****	*****	*****	0	4/mo	grab	
00400 1 0 1 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	GRAB	
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	0	1/mo	grab	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	0.1	( 03 )	*****	*****	*****	*****	*****	0	ONCE/MONTH	GRAB	
50050 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	RECORD	
see note (3)												
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.											TELEPHONE DATE 631 344-3424 AREA CODE NUMBER YEAR MO DAY	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mr. George J. Malosh Group Manager											SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 631 344-3424 AREA CODE NUMBER YEAR MO DAY	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS. AMPLNG FOR THIS OUTFALL SHALL BE CONDUCTED AT A LOCATION DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH THE COOLING TOWER BLOWDOWN FROM THE STAB DETECTOR												

see attached notes

see attached notes



NAME **U S D O E**

ADDRESS **BROOKHAVEN NATIONAL LABORATORY  
53 BELL AVE, BLDG 464**

FACILITY **UPTON NY 11973**

LOCATION **BROOKHAVEN NATIONAL LABORATORY  
UPTON NY 11973**

ATTN: **GEORGE MALOSH, GROUP MGR**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

NY0005835  
PERMIT NUMBER

004 M  
DISCHARGE NUMBER

MONITORING PERIOD  
YEAR MO DAY TO YEAR MO DAY  
00 02 01 TO 00 02 29

Form Approved.  
OMB No. 2040-0004

MAJOR  
(SUBR 01)  
F - FINAL

MRR NON-CONTACT COOLG WTR (HP)

\*\*\* NO DISCHARGE 1 1 \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
PH	*****	*****	*****	*****	*****	*****	( 12 )	0	1/mo ONCE/ MONTH	grab GRAB	
00400 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	*** *** ( 0.3 )	6.7 REPORT MINIMUM	*****	8.5 MAXIMUM	SU	0	1/mo ONCE/ MONTH	grab GRAB	
50050 1 0 0 EFFLUENT GROSS VALUE	*****	0.11 REPORT DAILY MX		*****	*****	*****	*****	0	1/mo ONCE/ MONTH	recorder RCORDR	
see note (3)											

NAME/TITLE **PRINCIPAL EXECUTIVE OFFICER**  
**Mr. George J. Malosh**  
**Group Manager**

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
631 344-3424

DATE

AREA CODE NUMBER YEAR MO DAY  
631 344-3424

COMMENTS AND EXPLANATION OF ANY VIOLATIONS. (Reference all attachments here)

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

see attached notes



NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY  
53 BELL AVE, BLDG 464  
UPTON

NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY  
LOCATION UPTON

NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

NY0005835  
PERMIT NUMBER

007 M  
DISCHARGE NUMBER

MONITORING PERIOD  
FROM YEAR 00 MO 02 DAY 01 TO YEAR 00 MO 02 DAY 29

MAJOR (SUBR 01)  
F - FINAL

WATER TREATMENT PLT BKWSH (HIX)

\*\*\* NO DISCHARGE IX I \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM			
FLOW RATE	*****	No Discharge	( 07 )	*****	*****	*****	*****	*****			
00056 EFFLUENT GROSS VALUE	*****	REPORT DAILY MX	*****	*****	*****	*****	*****	*****	ONCE / MONTH	INSTAN	
PH	*****	*****	*****	*****	*****	( 12 )	*****	*****	ONCE / MONTH		
00400 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	ONCE / MONTH	GRAB	
IRON, TOTAL (AS FE)	*****	*****	*****	*****	*****	*****	*****	*****	ONCE / MONTH	GRAB	
01045 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	ONCE / MONTH	GRAB	
IRON, DISSOLVED (AS FE)	*****	*****	*****	*****	*****	*****	*****	*****	ONCE / MONTH	GRAB	
01046 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	ONCE / MONTH	GRAB	
see note (2)											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. George J. Malosh  
Group Manager

TYPED OR PRINTED

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

631 344-3424

TELEPHONE

DATE

YEAR MO DAY

NUMBER

AREA CODE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS. (Reference all attachments here)

AMPLES TO BE COLLECTED AT EFFLUENT PIPE TO WHICH EVER BASIN IS IN OPERATION AT THE TIME. STANDING WATER IN EITHER BASIN SHALL NOT BE COLLECTED FOR DMR SAMPLING PURPOSES. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

see attached notes

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY  
53 BELL AVE, BLDG 464  
UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY  
LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

NY0005835  
PERMIT NUMBER

008 M  
DISCHARGE NUMBER

MONITORING PERIOD  
YEAR MO DAY YEAR MO DAY  
FROM 00 02 01 TO 00 02 29

Form Approved.  
OMB No. 2040-0004

MAJOR (SUBR 01)  
F - FINAL

STORMWTR RUNOFF WAREHOUSE (HW)

\*\*\* NO DISCHARGE I 1 \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW RATE	*****	28,700	( 07 )	*****	*****	*****	*****	0	1/mo	Insta	
EFFLUENT GROSS VALUE	*****	REPORT DAILY MX	CPD	*****	*****	*****	*****	0	CNCE/ MONTH	INSTAN	
PH	*****	*****	*****	7.7	*****	( 12 )	*****	0	1/mo	grab	
EFFLUENT GROSS VALUE	*****	*****	*****	REPORT MINIMUM	*****	*****	*****	0	CNCE/ MONTH	GRAB	
OIL & GREASE	*****	*****	*****	*****	*****	SU	*****	0	1/mo	grab	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	( 19 )	*****	0	CNCE/ MONTH	GRAB	
1,1-DICHLOROETHYLENE	*****	*****	*****	*****	*****	MG/L	*****	0	1/mo	grab	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	( 28 )	*****	0	CNCE/ MONTH	GRAB	
1,1,1-TRICHLOROETHANE	*****	*****	*****	*****	*****	UG/L	*****	0	1/mo	grab	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	( 28 )	*****	0	CNCE/ MONTH	GRAB	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	UG/L	*****	0	1/mo	grab	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	UG/L	*****	0	CNCE/ MONTH	GRAB	
MEASUREMENT											
PERMIT REQUIREMENT											
MEASUREMENT											
PERMIT REQUIREMENT											
MEASUREMENT											
PERMIT REQUIREMENT											

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Mr. George J. Malosh  
Group Manager

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
631 344-3424

DATE  
YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
PARAMETERS EXCEPT FOR FLOW TO BE SAMPLED MONTHLY DURING A STORM EVENT. (IF NO DISCHARGE, ENTER AN "X" IN

AREA CORE NUMBER

see attached notes



PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY  
 53 BELL AVE, BLDG 464  
 UPTON NY 11973  
 FACILITY BROOKHAVEN NATIONAL LABORATORY  
 LOCATION UPTON NY 11973  
 ATTN: GEORGE MALOSH, GROUP MGR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

NY0005835  
 PERMIT NUMBER

010 M  
 DISCHARGE NUMBER

MONITORING PERIOD  
 FROM YEAR 00 MO 02 DAY 01 TO YEAR 00 MO 02 DAY 29

Form Approved.  
 OMB No. 2040-0004

MAJOR (SUBR 01)  
 F - FINAL

STORMWTR R 0 CENTRAL STEAM (H)

\*\*\* NO DISCHARGE I 1 \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING						QUANTITY OR CONCENTRATION						NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
	SAMPLE MEASUREMENT			PERMIT REQUIREMENT			SAMPLE MEASUREMENT			PERMIT REQUIREMENT					
FLOW RATE	*****	54,300	( 07 )	*****	*****	*****	*****	*****	*****	*****	*****	*****	0	1/mo	instant
00056 1 0 0 EFFLUENT GROSS VALUE	*****	REPORT DAILY MX	GPD	*****	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	INSTANT
PH	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	INSTANT
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	INSTANT
DIL & GREASE	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	INSTANT
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	INSTANT
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	INSTANT
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	INSTANT
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	INSTANT
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	INSTANT
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	INSTANT
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	INSTANT
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	INSTANT
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	INSTANT
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	INSTANT
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	INSTANT
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	INSTANT
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	INSTANT
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	INSTANT
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	INSTANT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Mr. George J. Malosh  
 Group Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 TELEPHONE  
 631 344-3424

DATE

TYPED OR PRINTED

YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 "NO DISCHARGE" BOX AT THE UPPER RIGHT). SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

NAME **U S D O E**

ADDRESS **BROOKHAVEN NATIONAL LABORATORY**  
**53 BELL AVE, BLDG 464**

UPTON NY 11973

FACILITY **BROOKHAVEN NATIONAL LABORATORY**

LOCATION **UPTON NY 11973**

ATTN: **GEORGE MALOSH, GROUP MGR**

PERMIT NUMBER  
**NY0005835**

DISCHARGE NUMBER  
**06A M**

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
00	02	01	00	02	29

FROM

TO

MAJOR (SUBR 01)  
 F - FINAL  
 LINAC NCCW, FLOOR DNS, ETC (HT1)

\*\*\* NO DISCHARGE I 1 \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	*****	*****	UNITS	7.7	*****	( 12 )	0	4/mo	grab
00400 1 0 1 EFFLUENT GROSS VALUE	*****	*****	*****	REPORT MINIMUM	*****	9.0	ONCE/MONTH	ONCE/MONTH	grab
OIL & GREASE	*****	*****	*****	*****	*****	MAXIMUM SU	0	1/mo	grab
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	5.0	ONCE/MONTH	ONCE/MONTH	grab
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	( 03 )	*****	*****	DAILY MX MG/L	0	4/mo	recorded
50050 1 0 0 EFFLUENT GROSS VALUE	*****	REPORT DAILY MX	MGD	*****	*****	*****	ONCE/MONTH	ONCE/MONTH	recorded
see note (3)	*****	*****	*****	*****	*****	*****	*****	*****	*****

NAME/TITLE **PRINCIPAL EXECUTIVE OFFICER**  
**Mr. George J. Malosh**  
**Group Manager**

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

AREA CODE **631** NUMBER **344-3424**

TYPED OR PRINTED

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

see attached notes

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY  
53 BELL AVE, BLDG 464

UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY  
LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

NY0005835  
PERMIT NUMBER

06B M  
DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 00 MO 02 DAY 01 TO YEAR 00 MO 02 DAY 29

MAJOR (SUBR 01)  
F - FINAL

COOLING TOWR FROM 919 ETC (HT2)

\*\*\* NO DISCHARGE 1 \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM			
PH	*****	*****	*****	7.9	*****	8.1	( 12 )	*****	0	4/mo	grab
EFFLUENT GROSS VALUE	*****	*****	*****	REPORT MINIMUM	*****	9.0	SU	*****	0	ONCE/MONTH	GRAB
OIL & GREASE	*****	*****	*****	*****	*****	5.0	( 19 )	*****	0	1/mo	grab
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	15	MG/L	*****	0	ONCE/MONTH	GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLANT	*****	0.17	( 03 )	*****	*****	DAILY MX	*****	*****	0	4/mo	recorder
EFFLUENT GROSS VALUE	*****	REPORT DAILY MX	MGD	*****	*****	*****	*****	*****	0	ONCE/MONTH	RCORDR
see note (3)	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	*****
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	*****
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	*****
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	*****
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	*****
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	*****
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	*****
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	*****
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	*****
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	*****
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	*****

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Mr. George J. Malosh  
Group Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
631 344-3424

TELEPHONE DATE

AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine, and imprisonment for knowing violations.

see attached notes