

**BROOKHAVEN**  
NATIONAL LABORATORY

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Upton, NY 11973-5000  
Phone 631 344-8370  
Fax 631 344-5812  
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managed by Brookhaven Science Associates  
for the U.S. Department of Energy

www.bnl.gov

March 19, 2001

Mr. Michael Holland  
Brookhaven Group Manager  
U. S. Department of Energy  
Brookhaven Group  
Upton, NY 11973

Dear Mr. Holland:

**SUBJECT: NPDES - Discharge Monitoring Report (DMR) for February 2001**  
**REFERENCE: Letter from Robert Desmarais to Cunniff dated February 27, 2001**

Included as Attachment I, please find the DMR for the month of February 2001. 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 Operators or the Environmental Services Division, Field Sampling Team.

With the exception of one excursion for the total zinc concentration for Outfall 001, review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. With regard to zinc, samples collected on February 8, 2001, exhibited zinc concentrations of 0.136 mg/L. This value exceeded the SPDES permit limit of 0.100 mg/L. A Noncompliance Report has been prepared and included as Attachment IV. Due to the recurring nature of the zinc violation, we are planning a full SPDES compliance audit and investigation. G. Granzen of your staff has been invited to participate. Please note that for the majority of the Outfalls, flow measurements are conducted weekly or monthly; consequently, a daily maximum flow rate cannot be reported. All flow values reported for Outfalls 002, 003, 004, 005, 006A, 006B, and 007 are, therefore, daily averages. Collection and analysis of the SPDES permit samples are performed in accordance with the guidelines of the BNL Quality Assurance 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. Brookhaven National Laboratory personnel collected all samples. A Quality Assurance inspection is performed periodically on contractor laboratories. The Quality Assurance documentation is available from the Environmental Services Division and Plant Engineering 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 2001.

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, 2001. If there are any questions regarding the information contained on the DMR or the analytical data packages, please do not hesitate to contact R. Lee at extension 3148 or M. Allocco at extension 3166.

Sincerely,

*Lou Cunniff*  
L. Cunniff, CEP  
Division Manager



LEC/MA:pvg

- Attachment I: Discharge Monitoring Report for February 2001.
- Attachment II: Analytical Results from H2M Labs for samples collected on 02/05/01, and 02/8/01 from Outfall 001.
- Attachment III: Analytical Results from H2M Labs for samples collected from Outfalls 001A, 001B, 001D, 002, 003, 004, 005, 006A, 006B, 007, 008, and 010.
- Attachment IV: Non-Compliance Report for February SPDES Permit Excursion at Outfall 001.

- |     |              |                 |               |                 |
|-----|--------------|-----------------|---------------|-----------------|
| cc: | M. Allocco   | w/attachments   | W. Chaloupka  | w/attachments   |
|     | L. Cunniff   | w/o attachments | G. Granzen    | w/o attachments |
|     | J. Higbie    | w/attachments   | C. Johnson    | w/o attachments |
|     | S. Krinsky   | w/o attachments | R. Lee        | w/attachments   |
|     | E. Lessard   | w/o attachments | D. Lowenstein | w/o attachments |
|     | E. Murphy    | w/attachments   | A. Queirolo   | w/o attachments |
|     | T. Sheridan  | w/o attachments | R. Travis     | w/attachments   |
|     | D. Van Duyne | w/attachments   |               |                 |

EC62ER.01

**Brookhaven National Laboratory**  
**SPDES Permit No. NY0005835**  
**Discharge Monitoring Report for February 2001**  
**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 002A and 002B 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. Flow is estimated based upon an instantaneous flow measurement and the assumption that flow continued for the entire day (i.e., 1,440 minutes).
5. In early September the flow monitoring equipment sustained electrical damage due to a lightning strike. The estimated flow was obtained using a standard Parshall Flume Discharge Table and weekly measurements of head height. The replacement flow meter was received and was installed on February 23, 2001.
6. The total zinc concentration was above the SPDES limit of 0.1 mg/L for samples collected on 02/8/01. Please see Attachment IV for a description of this excursion.
7. The analyte was also found in the associated laboratory blank.

**ATTACHMENT I**

**BROOKHAVEN NATIONAL LABORATORY**

**SPDES PERMIT NO. NY0005835**

**DISCHARGE MONITORING REPORT FOR FEBRUARY 2001**

**FOR OUTFALLS NO. 001 - 010**

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)  
 (2-16) (17-19)

**NY0005835**  
 PERMIT NUMBER

**001 M**  
 DISCHARGE NUMBER

MAJOR (SUBR 01)  
 F - FINAL  
 PROCESS SANIT & STORMWTR RNOFF

Form Approved.  
 OMB No. 2040-0004  
 Approval expires 05-31-88

MONITORING PERIOD						
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01	02	01	01	02	28	
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)	

\*\*\* NO DISCHARGE [ ] \*\*\*  
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PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0		*****	*****		*****	*****	46	( 15)	0	5/7	GRAB
EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	90			DAILY	GRAB
BOD, 5-DAY (20 DEG. C) 00310 1 0 0		*****	*****	***	*****	*****	22	( 19)	0	2/MO	COMP24
EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	10			ONCE/MONTH	COMP24
PH		*****	*****		5.9	*****	6.7	( 12)	0	DAILY	GRAB
EFFLUENT GROSS VALUE		*****	*****	***	5.8	*****	9.0			DAILY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0		*****	*****	***	*****	*****	24	( 19)	0	2/MO	COMP24
EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	10			ONCE/MONTH	COMP24
SOLIDS, SETTLEABLE 00545 1 0 0		*****	*****	***	*****	*****	0.0	( 25)	0	5/7	GRAB
EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	0.1			DAILY	GRAB
NITROGEN, TOTAL (AS N) 00600 1 0 0		*****	*****	***	*****	*****	6.6	( 19)	0	2/MO	COMP24
EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	10			ONCE/MONTH	COMP24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0		*****	*****	***	*****	*****	1.1	( 19)	0	2/MO	COMP24
EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	2			ONCE/MONTH	COMP24

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 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.)	TELEPHONE	DATE
Mr. Michael Holland Area Office Manager		631 344-3424	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER
			YEAR
			MO
			DAY

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

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (2-16) (17-19)

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MAJOR (SUBR 01)  
 F - FINAL  
 PROCESS SANIT & STORMWTR RNOFF

Form Approved.  
 OMB No. 2040-0004  
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PHOSPHORUS, TOTAL (AS P) 10665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.5	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	MG/L		ONCE/MONTH	COMP24
CYANIDE, TOTAL (AS CN) 10720 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<10	(28)	0	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	100 DAILY MX	UG/L		THICE/MONTH	GRAB
COPPER, TOTAL (AS CJ) 11042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.04	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.15 DAILY MX	MG/L		ONCE/MONTH	COMP24
IRON, TOTAL (AS FE) 11045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.22	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.37 DAILY MX	MG/L		ONCE/MONTH	COMP24
LEAD, TOTAL (AS PB) See Note 1 11051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.002	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.019 DAILY MX	MG/L		ONCE/MONTH	COMP24
NICKEL, TOTAL (AS NI) See Note 1 11067 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.005	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.11 DAILY MX	MG/L		ONCE/MONTH	COMP24
SILVER, TOTAL (AS AG) See Note 1 11077 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.002	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.015 DAILY MX	MG/L		ONCE/MONTH	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Mr. Michael Holland  
 Area Office Manager  
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 631 344-3424  
 DATE  
 AREA CODE NUMBER YEAR MO DAY

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 Form 3320-1 (08-95) Previous editions may not be used

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**UPTON** NY **11973**  
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**NY0005835**  
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Form Approved  
 OMB No. 2040-0004  
 Approval expires 05-31-98

**MAJOR (SUBR 01)**  
**F - FINAL**  
**PROCESS SANIT & STORMWTR RNDFF**

**MONITORING PERIOD**

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

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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
ZINC, TOTAL (AS ZN) 01092 1 0 0	See Note 6	*****	*****		*****	*****	0.14	( 19)	1	2/MO	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.1			ONCE/MONTH	COMP24
TOLUENE 34010 1 0 0		*****	*****		*****	*****	<1	( 28)	0	2/MO	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	5			TWICE/MONTH	GRAB
METHYLENE CHLORIDE See Note 7 34423 1 0 0		*****	*****		*****	*****	2	( 28)	0	2/MO	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	5			TWICE/MONTH	GRAB
1,1,1-TRICHLORO-ETHANE 34506 1 0 0		*****	*****		*****	*****	<1	( 28)	0	2/MO	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	5			TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0		0.4	0.5	( 03)	*****	*****	*****		0	CONTINUOUS	RCORDR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	2.3 DAILY MX	MGD	*****	*****	*****	***		CONTINUOUS	RCORDR
MERCURY, TOTAL (AS HG) 1900 1 0 0		*****	*****		*****	*****	< 0.0001	( 19)	0	2/MO	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.0008			ONCE/MONTH	COMP24
COLIFORM, FECAL GENERAL 4055 1 0 0		*****	*****		*****	19	20	( 13)	0	2/MO	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	200	400			ONCE/MONTH	GRAB
						DAILY AV	DAILY MX	100ML			

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 Area Office Manager

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TELEPHONE  
 631 344-3424

DATE

AREA CODE NUMBER YEAR MO DAY

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SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS



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 (2-16) (17-19)

**NY0005835**  
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**001 M**  
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MAJOR (SUBR 01)  
 F - FINAL  
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		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
2-BUTANONE	78356 1 0 0	*****	*****		*****	*****	<1	( 28)	0	2/MO	GRAB
EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	50			ONCE/	GRAB
BOD, 5-DAY PERCENT REMOVAL	81010 K 0 0	*****	*****	***	>96	*****	*****	( 23)	0	1/MO	CALCTD
PERCENT REMOVAL		*****	*****	***	85	*****	*****			ONCE/	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	81011 K 0 0	*****	*****	***	>97	*****	*****	( 23)	0	1/MO	CALCTD
PERCENT REMOVAL		*****	*****	***	85	*****	*****			ONCE/	CALCTD

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**NY0005835**  
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MAJOR (SUBR 01)  
 F - FINAL  
 BRAHMS(1002) & PHOBOS(1010) CT

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		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS			
P11 00400 1 0 0 EFFLUENT GROSS VALUE	***** *****	*****	*****	*****	*****	*****	*****	*****	(12)	ONCE/GRAB MONTH	
DIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	***** *****	*****	*****	*****	*****	*****	*****	*****	(19)	ONCE/GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	***** *****	*****	NO DISCHARGE REPORT DAILY MX MGD	(03)	*****	*****	*****	*****	15 DAILY MX MG/L	ONCE/GRAB MONTH	
See Note 2	***** *****	*****	*****	*****	*****	*****	*****	*****	*****	ONCE/RECORD MONTH	
	***** *****	*****	*****	*****	*****	*****	*****	*****	*****		
	***** *****	*****	*****	*****	*****	*****	*****	*****	*****		
	***** *****	*****	*****	*****	*****	*****	*****	*****	*****		
	***** *****	*****	*****	*****	*****	*****	*****	*****	*****		

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 AREA CODE NUMBER 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'S C/T B SHOULD BE DIRECTED TO OUTFALL #002 & BRAHMS C/T B SHOULD BE DIRECTED TO NEW RECHARGE BASTIN

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)  
 (2-16)

**NY0005835**  
 PERMIT NUMBER

**002 B**  
 DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	02	01	01	02	28
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

MAJOR (SUBR 01)  
 F - FINAL  
 RF(1004) COOLING TOWER BLOWDN

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

\*\*\* NO DISCHARGE \*\*\*  
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****			*****		( 12 )		
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	REPORT MINIMUM	*****	2.0 MAXIMUM		ONCE / GRAB MONTH	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****		( 19 )		
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	15 DAILY MX	MG/L	ONCE / GRAB MONTH	
FLOW, IN CONDUIT DR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	NO DISCHARGE	( : 03 )	*****	*****	*****			
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	4GD	*****	*****	*****	****	ONCE / RECORD MONTH	
See Note 2	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

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 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.)	TELEPHONE	DATE
Mr. Michael Holland Area Office Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631 344-3424
TYPED OR PRINTED		AREA CODE	NUMBER
		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 RHCIRING. ONCE STORMWATER COLLECTION SYSTEM IS EXTENDED TO BLDG 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED, DISCHARGE SHOULD BE TO NEW BASIN.**

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)  
 (2-16) (17-19)

**NY0005835**  
 PERMIT NUMBER

**002 M**  
 DISCHARGE NUMBER

MAJOR (SUBR 01)  
 F - FINAL  
 ASS NON-C COOLNG, PRCP, ETC (HN)

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	02	01	01	02	28
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

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

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (48-53) (54-61)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		6.7	*****	7.2	( 12 )	0	4/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0			ONCE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	25.0	( 19 )	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15			ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	**** **	0.03	( 03 )	*****	*****	*****		0	4/MO	RECORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/MONTH	RECORDR
See Note 3	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Mr. Michael Holland**  
 Area Office Manager  
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
**631 344-3424**  
 DATE  
 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.  
 SAMPLING FOR THIS OUTFALL SHALL BE CONDUCTED AT A LOCATION DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH THE COOLING TOWER BLOWDOWN FROM THE STAR DETECTOR.

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)  
 (2-16) (17-19)

**NY0005835**  
 PERMIT NUMBER

**003 M**  
 DISCHARGE NUMBER

MAJOR (SUBR 01)  
 F - FINAL  
 HFBR & AGS NON-C COOL, ETC (HO)

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	02	01	01	02	26
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

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

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****		6.4	*****	7.6	(12)	0	4/MO GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*** ***	REPORT MINIMUM	*****	MAXIMUM	SU		ONCE / GRAB MONTH
OIL & GREASE		*****	*****		*****	*****	9.9	(19)	0	1/MO GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*** ***	*****	*****	15 DAILY MX	NG/L		ONCE / GRAB MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	0.4	(03)	*****	*****	*****		0	4/MO RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE		*****	REPORT DAILY MX	MGD	*****	*****	*****	*** ***		ONCE / RCORDR MONTH
See Note 3										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Mr. Michael Holland**  
**Area Office Manager**  
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
**631 344-3424**  
 AREA CODE NUMBER  
 DATE  
 YEAR MO DAY

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



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

NAME **U S O E**  
 ADDRESS **BROOKHAVEN NATIONAL LABORATORY**  
**53 BELL AVE, BLDG 464**  
**UPTON NY 11973**  
 FACILITY **BROOKHAVEN NATIONAL LABORATORY**  
 LOCATION **UPTON NY 11973**

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

**NY0005835**

PERMIT NUMBER

**DD4 M**

DISCHARGE NUMBER

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

MAJOR  
 (SUBR 01)  
 F - FINAL  
 MRR NON-CONTACT COOLG WTR (HP)

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	01	02	01		01	02	28
	(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPL TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.0	*****	6.0	( 12 )	0	1/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*** ****	REPORT MINIMUM	*****	*****	SU		ONCE / MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	0.005	( 03 )	*****	*****	*****		0	2/MO	RCORD.
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE / MONTH	RCORD.
See Note 3	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	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.)	TELEPHONE	DATE
Mr. Michael Holland Area Office Manager		631 344-3424	YEAR MO DAY
TYPED OR PRINTED			

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

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

**005 N**  
 DISCHARGE NUMBER

MAJOR (SUBR 01)  
 F - FINAL  
 NSLS COOLING TOWER BLDN ETC(HS)

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	02	01	01	02	28
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

\*\*\* NO DISCHARGE \*\*\*  
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (46-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.6	( 12 )	0	4/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	5.5	( 19 )	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15	DAILY MX		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	0.2	( 03 )	*****	*****	*****	MG/L	0	4/MO	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	***		ONCE/MONTH	RCORDR
See Note 3	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland  
 Area Office Manager

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE	DATE
631 344-3424	
AREA CODE NUMBER	YEAR MO DAY

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

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

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 MALDSH, GROUP MGR**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (2-18) (17-19)

**NY0005835**  
 PERMIT NUMBER

**007 M**  
 DISCHARGE NUMBER

MAJOR (SUBR 01)  
**F - FINAL**  
**WATER TREATMENT PLT BKNSH (HX)**

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

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
FROM 01	02	01	TO 01	02	28	
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)	

\*\*\* NO DISCHARGE [ ] \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (48-53)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE See Note 3		*****	400,000	( 07 )	*****	*****	*****		0	10/MO	RCORDR
00055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	***		ONCE/MONTH	INSTAN
PH		*****	*****		6.6	*****	6.6	( 12 )	0	1/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
IRON, TOTAL (AS FE)		*****	*****		*****	*****	128,000	( 28 )	0	1/MO	GRAB
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	UG/L		ONCE/MONTH	GRAB
IRON, DISSOLVED (AS FE)		*****	*****		*****	*****	331	( 28 )	0	1/MO	GRAB
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	UG/L		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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 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.)	TELEPHONE	DATE
Mr. Michael Holland Area Office Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631 344-3424
TYPED OR PRINTED		AREA CODE NUMBER	YEAR MO DAY

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

SAMPLES TO BE COLLECTED AT EFFLUENT PIPE TO WHICHEVER BASIN IS IN OPERATION AT THE TIME. STANDING WATER IN EITHER BASIN SHALL NOT BE COLLECTED FOR DMR SAMPLING PURPOSES.



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)  
 (2-16) (17-19)

**NY0005835**  
 PERMIT NUMBER

**008 M**  
 DISCHARGE NUMBER

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

**MAJOR (SUBR 01)**  
**F - FINAL**  
**STORMWTR RUNOFF WAREHOUSE (HW)**

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	02	01		01	02	28
(20-21)	(22-23)	(24-25)		(26-27)	(28-29)	(30-31)

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

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW RATE See Note 4 00056 1 0 0		*****	183,121	( 07 )	*****	*****	*****	0	1/MO	INSTAN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	0	ONCE/MONTH	INSTAN
PH		*****	*****		6.5	*****	*****	0	1/MO	GRAB
00400 1 0 0		*****	*****	****	REPORT MINIMUM	*****	8.5 MAXIMUM	0	ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	6.2	0	1/MO	GRAB
OIL & GREASE		*****	*****		*****	*****	15	0	ONCE/MONTH	GRAB
00556 1 0 0		*****	*****	****	*****	*****	DAILY MX	0	1/MO	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	<1	0	1/MO	GRAB
1,1-DICHLOROETHYLENE		*****	*****		*****	*****	5	0	ONCE/MONTH	GRAB
34501 1 0 0		*****	*****	****	*****	*****	DAILY MX	0	1/MO	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	<1	0	1/MO	GRAB
1,1,1-TRICHLOROETHANE		*****	*****		*****	*****	5	0	ONCE/MONTH	GRAB
34506 1 0 0		*****	*****	****	*****	*****	DAILY MX	0	1/MO	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****		0	1/MO	GRAB
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

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 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.)	TELEPHONE	DATE		
Mr. Michael Holland Area Office Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631 344-3424	YEAR	MO
TYPED OR PRINTED		AREA CODE	NUMBER		

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

PARAMETERS EXCEPT FOR FLOW TO BE SAMPLED MONTHLY DURING A STORM EVENT

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)  
(2-16) (17-19)

**NY0005835**  
PERMIT NUMBER

**010 H**  
DISCHARGE NUMBER

MAJOR  
(SUBR 01)

F - FINAL

STORMWTR R O CENTRAL STEAM (H)

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

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
01	02	01	01	02	28
FROM (20-21) (22-23) (24-25)			TO (26-27) (28-29) (30-31)		

\*\*\* NO DISCHARGE [ ] \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	X	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE See Note 4 00056 1 0 0	SAMPLE MEASUREMENT	*****	44,022	( 07 )	*****	*****	*****		0	1/MO	INSTAN
EFFLUENT GROSS VALUE PH	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	****		ONCE/ MONTH	INSTAN
00400 1 0 0	SAMPLE MEASUREMENT	*****	*****		6.2	*****	6.2	( 12 )	0	1/MO	GRAB
EFFLUENT GROSS VALUE OIL & GREASE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	*****	MAXIMUM	SU	ONCE/ MONTH	GRAB
00556 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	7.2	( 19 )	0	1/MO	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	DAILY MX	MG/L	ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Mr. Michael Holland**  
Area Office Manager  
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
**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 STORM EVENT. (IF NO DISCHARGE, ENTER "X" IN THE "NO DISCHARGE" BOX AT THE UPPER RIGHT). SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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)  
 (2-16) (17-19)

**NY0005835** PERMIT NUMBER  
**05A M** DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	02	01	01	02	28
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

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

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

\*\*\* NO DISCHARGE \*\*\*  
 NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.9	*****	7.7	( 12 )	0	4/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	REPORT MINIMUM	*****	9.9 MAXIMUM	SU		ONCE / MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	5.2	( 19 )	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	DAILY MAX	MG/L		ONCE / MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	0.06	( 03 )	*****	*****	*****		0	4/MO	RECORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MAX	MGD	*****	*****	*****	***		ONCE / MONTH	RECORD
See Note 3	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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 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.)	TELEPHONE	DATE			
Mr. Michael Holland Area Office Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631 344-3424	YEAR	MO	
TYPED OR PRINTED		AREA CODE	NUMBER	YEAR	MO	DA

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

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)  
 (2-16) (17-19)

NY0005835  
 PERMIT NUMBER

068 M  
 DISCHARGE NUMBER

MAJOR (SUBR 01)  
 F - FINAL  
 COOLING TOWER FROM 919 ETC(HT2)

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	02	01	01	02	28
(20-21)	(22-23)	(24-25)	(26-27)	(28-29)	(30-31)

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

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.1	*****	7.6	( 12 )	0	4/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	REPORT MINIMUM	*****	9.0			ONCE/MONTH	GRAB
OIL & GREASE		*****	*****		*****	*****	5.4	( 19 )	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	15			ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	E 0.05	( 03 )	*****	*****	*****		0	4/MO	INSTAN
50050 1 0 0 EFFLUENT GROSS VALUE		*****	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/MONTH	RECORD
See Note 4,5											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Mr. Michael Holland  
 Area Office Manager  
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 631 344-3424  
 DATE: YEAR MO DAY  
 AREA CODE NUMBER

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