Environmental Services Division



Building 535A P.O. Box 5000 Upton, NY 11973-5000 Phone 631 344-8370 Fax 631 344-5812 cunniff@bnl.gov

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

www.bnl.gov

August 10, 2001

Mr. Robert Desmarais
Director, Project Management Division
U. S. Department of Energy
Brookhaven Group
Upton, NY 11973

Dear Mr. Desmarais:

SUBJECT: NPDES - Discharge Monitoring Report (DMR) for July 2001 REFERENCE: Letter from Robert Desmarais to Cunniff dated July 30, 2001

Included as Attachment I, please find the DMR for the month of July 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 the Plant Engineering Division, Sewage Treatment Plant Operators or the Environmental Services Division, Field Sampling Team. Attachment IV contains the final Outfall 001 zinc excursions investigation report.

All parameters met their respective SPDES effluent limitations this reporting period. 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, 005, 006A, and 006B 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 July 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 August 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,

Ber (or) Lori Cunniff, CEP Division Manager

LEC/MA:cr

Attachment I: Discharge Monitoring Report for July 2001.

Attachment II: Analytical Results from H2M Labs for samples collected on 7/3/01 and 7/9/01

from Outfall 001.

Attachment III: Analytical Results from H2M Labs for samples collected from Outfalls 002, 003,

005, 006A, 006B, 007, 008, and 010.

Attachment IV: BNL Outfall 001 Final Zinc Excursions Investigation Report

cc:	M. Allocco L. Cunniff J. Higbie S. Krinsky E. Lessard E. Murphy T. Sheridan D. Van Duyne	w/attachments w/o attachments w/o attachments w/o attachments w/o attachments w/attachments w/attachments w/o attachments w/o attachments	A. Queirolo	w/attachments w/o attachments w/o attachments w/attachments w/o attachments w/o attachments w/attachments
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EC62ER.01

Brookhaven National Laboratory SPDES Permit No. NY0005835 Discharge Monitoring Report for July 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. In May Outfalls 002A and 002B were connected to the stormwater collection systems and no longer discharge locally. The cooling water discharge from Bldg. 1002 (002A) is now directed to Outfall 002B located at Building 1004. The cooling water discharge from Bldg. 1010 is now directed to Outfall 002 (HN). A SPDES permit modification package is being prepared to reflect this change.
- 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. The Environmental Services Division was notified in early June that the cooling water discharge from the Brookhaven Medical Research Reactor would be terminated due to the permanent shutdown of the facility. A SPDES permit modification package is being prepared to reflect this change.
- 6. The matrix spike and duplicate analyses were not within control limits.
- 7. The reported value is estimated because of the presence of interference.

ATTACHMENT I BROOKHAVEN NATIONAL LABORATORY SPDES PERMIT NO. NY0005835 DISCHARGE MONITORING REPORT FOR JULY 2001 FOR OUTFALLS NO. 001 – 010

FACILITY UPT ON

ADDRESS BROOKHAVEN NATIONAL LABORATORY

NY 11973

Form Approved. OMB No. 2040-0004

NY0005835 PERMIT NUMBER

D6B M DISCHARGE NUMBER MAJOR (SUBR 01) F - FINAL

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LOCATION BROOKHAVEN NATIONAL LABORATORY

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

DAY

NY0005835 PERMIT NUMBER

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MAJOR (SUBR 01) F - FINAL Form Approved. OMB No. 2040-0004

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FACILITY UPTON

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN NATIONAL LABORATORY

NY 11973

Form Approved. OMB No. 2040-0004

NY0005835 PERMIT NUMBER

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ADDRESS BROOKHAVEN NATIONAL LABORATORY

LOCATION BROOKHAVEN NATIONAL LABORATORY

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Form Approved. OMB No. 2040-0004

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FACILITY UPTON

ADDPESS BROOKHAVEN NATIONAL LABORATORY

LOCATION BROOKHAVEN NATIONAL LABORATORY

NY 11973

NY0005835 PERMIT NUMBER

007 M DISCHARGE NUMBER

HAJOR (SUBR 01) F - FINAL

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LOCATION BROOKHAVEN NATIONAL LABORATORY

NY 11973

NY 11973

FACILITY UPTON

NY0005835 PERMIT NUMBER

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Form Approved. OMB No. 2040-0004

DAY

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(SUBR 01) F - FINAL NSLS COOLING TOWN BLON ETC(HS)

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DISCHARGE MONITORING REPORT (DMR)

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SEE PERMIT FOR ADDITIONAL NOTES. COMMENTS & REQUIREMENTS

NY 11973

DISCHARGE MONITORING REPORT (DMR)

Form Approved. OMB No. 2040-0004

NY 0005835 PERMIT NUMBER

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MAJOR (SUBR 01) F - FINAL

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Mr. Michael Holland Area Group Manager	submitted or those p	d. Based on my inquiry of persons directly responsib	is document and all attact pervision in accordance wil properly gather and evaluat the person or persons whole for gathering the information whedge and belief, true, ac	te the information o manage the sy ation, the inform	n /stem, ation		631	TELEPHONE -344-342		DA	IE
TYPED OR PRINTED COMMENTS AND EXPLANATION OF ANY	including	that there are significant	penalties for submitting fa	-1 I	SIGNATO	JRE OF PRINCIPAL EX ER OR AUTHORIZED	XECUTIVE	1 .		EAR MO	D DAY

SEE PERMIT FOR ADDITIONL NOTES. COMMENTS & REQUIREMENTS

OF

NY 11973

FACILITY UPTON

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

MAJOR

Form Approved. OMB No. 2040-0004

NY0005835 PERMIT NUMBER

003 M DISCHARGE NUMBER

(SUBR 01) F - FINAL

HFBR & AGS NON-C COOL, ETC (HO)

MONITORING PERIOD YEAR YEAR MO DAY MO FROM 01 07 01 TO 01 07 31

FACILITY BROOKHAVEN NAT	IONAL LARC	RATORY	YEAR	MO DA	Y YEAR	MO DAY					
LOCATION	N ENDO	Y 11973	FROM OI			07 31 **	+ NO DISCI	HARGE !		***	
ATTN: GEORGE MALOSH			<u> </u>				NOTE: Read Instru	ctions before			
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NAME/TITLE PRINCIPAL EXECUTIVE O		under penalty of law that ed under my direction or s			eslaned			TELEPHON	ΙE	D.	ATE .
Mr. Michael Holland	to assu submit	ire that qualified personnel ted. Based on my Inquiry of e persons directly respons	properly gather and eval of the person or persons	uate the informa who manage the	tion system,			1 9// 9/	. o. e		
Area Group Manager	submit	ted is , to the best of my kr vare that there are significa	lowledge and belief, true,	accurate, and c	omplete. SIGNA	TURE OF PRINCIPAL	EXECUTIVE !	1-344-34			
TYPED OR PRINTED	includi	ng the possibility of fine an	d imprisonment for know		OFF	FICER OR AUTHORIZE	D AGENT ARI	EA NUMBE	R	YEAR I	MO DAY

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

ADDRESS BROOKHAVEN NATIONAL LABORATORY

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

MONITORING PERIOD

DAY

01

YEAR

OI

Form Approved. OMB No. 2040-0004

NY 0005835 PERMIT NUMBER

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DOZ M DISCHARGE NUMBER

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07

DAY

31

(SUBR 01) F - FINAL

MAJOR

AGS NON-C COOLNG.PRCP.ETC (HN)

NOTE: Read Instructions before completing this

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

NOTE: Read Instructions before completing this form. ATTN: GEORGE MALOSH, GROUP MGR QUANTITY OR LOADING QUANTITY OR CONCENTRATION NO. FREQUENCY EX OF TYPE PARAMETER **ANALYSIS** MINIMUM **AVERAGE** MAXIMUM UNITS **AVERAGE MAXIMUM** UNITS **** **企业企业企业** (12)**** PH SAMPLE 7.2 0 5/MO GRAB 8.4 MEASUREMENT ONCE! GRAB REPORT -**** 9-0 0 ***** 00400 1 0 PERMIT EFFLUENT GROSS VALUE REQUIREMENT MONTH *** MINIMUM **MAXIMUM** SU *** (19)**** **** *** DIL & GREASE SAMPLE **く**5 1/MO GRAB MEASUREMENT 15 ONCE/ GRAB 李章李章 李章章 **** **** *** 00556 0 0 PERMIT EFFLUENT GROSS VALUE REQUIREMENT MONTH *** DATLY MX MG/L **** (03)**** *** **** FLOW, IN CONDUIT OR SAMPLE 0.03 5/MO RCORDR THRU TREATMENT PLANTMEASUREMENT *** ONCE! RCORDA 4000 ***** REPORT **** **企业企业企**企 50050 1 0 0 PERMIT EFFLUENT GROSS VALUEREQUIREMENT * ** MONTH DATLY MX MGD See Note 3 SAMPLE MEASUREMENT P. 1 PERMIT 1. REQUIREMENT SAMPLE. MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT I Certify under penalty of law that this document and all attachments were **TELEPHONE** DATE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER prepared under my direction or supervision in accordance with a system designed Mr. Michael Holland 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, Area Group Manager 631-344-3424 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. SIGNATURE OF PRINCIPAL EXECUTIVE I am aware that there are significant penalties for submitting false information, OFFICER OR AUTHORIZED AGENT NUMBER YEAR I MO DAY TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations.

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

SEE PERMIT FOR ADDITIONL NOTES, COMMENTS AND REQUIREMENTS. SAMPLNG FOR THIS OUTFALL SHALL BE CONDUCTED AT A LOCATION DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES

FRA FORM 3370-1 (REV 2 901 NE OUTER BLONDOWN FROM THE STAR DETECTOR.

THIS IS A 4-PART FORM PAGE

FACILITY UPTON

ADDRESS BROOKHAVEN NATIONAL LABORATORY

NY 11973

Form Approved. OMB No. 2040-0004

NY 0005835 PERMIT NUMBER

002 B DISCHARGE NUMBER MAJOR (SUBR 01) F - FINAL

RF(1004) COOLING TOWER BLOWDN

MONITORING PERIOD YEAR МО DAY YEAR MO DAY

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LOCATION BROOKHAVEN NATION OPTON ATTN: GEORGE MALOSH		NY 11973	FROM 01	MO DA	YEAR TO OI	MO DAY 07 31	NO DISC NOTE: Read Instr	HARSE uctions before	XX e comp	≉ ‡≄ eleting this	form.
PARAMETER			NTITY OR LOADING	3	G	QUANTITY OR CO	NCENTRATION		NO.	FREQUENCY OF	SAMPLE TYPE
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NAME/TITLE PRINCIPAL EXECUTIVE OF	FFICER I Cert	fy under penalty of law that red under my direction or s	this document and all atta	schments were	eigned	***************************************		TELEPHON	iΕ	D/	TE
Mr. Michael Holland Area Group Manager	to as: subm or the subm	iture that qualified personne litted. Based on my inquiry se persons directly respons litted is, to the best of my ka ware that there are significa	I properly gather and evalu of the person or persons visible for gathering the information.	uate the informat who manage the rmation, the infor accurate, and co	tion system, rmation omplete.	TURE OF PRINCIPA	AL EXECUTIVE	31-344-34	424		
TYPED OR PRINTED	includ	ling the possibility of fine ar	d imprisonment for knowl		", OFF	ICER OR AUTHORIZ	ZED AGENT AR	DE NUMBE	R	YEAR M	10 DAY
COMMENTS AND EXPLANATION OF AN	NY VIOLATIONS	Reference all attachn	ents here)			· · · · · · · · · · · · · · · · · · ·					

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 EXTENDED TO BLDG 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED, DISCHARGE STORMWATER COLLECTION SYSTEM IS

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UPTON

ACILITY

ADDRESS BROOKHAVEN NATIONAL LABORATORY

OCATION BROOKHAVEN NATIONAL LABORATORY

NY 11973

NY 11973

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

MONITORING PERIOD

YEAR

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DAY

Form Approved, OMB No. 2040-0004

NY 0005835 PERMIT NUMBER

YEAR MO

FROM **01 07 01** TO

002 4 DISCHARGE NUMBER

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MAJOR

BRAHMS(1002) & PHOBOS(1010) CT

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ATTN: GEORGE MALOSH	SROUP MG	R					NOTE: Read Ins	tructions befor	e comp	leting this	
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NAME/TITLE PRINCIPAL EXECUTIVE OF	FICER I Certify	under penalty of law that t	his document and all attac pervision in accordance w	chments were	beinned	<u> </u>		TELEPHON	E	DA	TE
Mr. Michael Holland Area Group Manager	to assure submitte or those submitte	e that qualified personnel d. Based on my inquiry o persons directly responsil d is , to the best of my kno	properly gather and evalua f the person or persons wh ble for gathering the inform owledge and belief, true, a	ate the informat ho manage the nation, the infor occurate, and co	system, mation complete.	TURE OF PRINCIPAL E	XECUTIVE 6	531-344-34	424		
TYPED OR PRINTED	Including	the possibility of fine and	nt penalties for submitting t I imprisonment for knowing	false informatio g violations.		CER OR AUTHORIZED		REA NUMBER	٦ ,	YEAR M	O DAY
DMMENTS AND EXPLANATION OF AN	Y VIOLATIONS (Re	eference all attachme	ents here)						<u></u>		

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 & PAPANIM 320-4 (REV 3/99) Previous editions may be used TO NEW RECHARGE BASIN. NO TRI CHEMS WITHOUT PRIOR DEC. APPROVAL

ADDRESS BROOKHAVEN NATIONAL LABORATORY

LOCATION BROOKHAVEN NATIONAL LABORATORY

NY 11973

NY 11973

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FACILITY

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

Form Approved.

NY 0005835 PERMIT NUMBER

001 M DISCHARGE NUMBER MAJOR (SUBR 01) F - FINAL PROCESS SANIT & STORMWIR RNOFF

OMB No. 2040-0004

MONITORING PERIOD YEAR MO DAY YEAR MO DAY GI 07 **01** TO 01 07 31

*** NO DISCHARGE | | ***

ATTN: GEORGE MALOSH	. GROUP ME		<u> </u>				NOTE: Read Instru	ctions before	e comp	oleting this	form.
PARAMETER		QUANTITY OR LOADING			G	QUANTITY OR CONCENTRATION				FREQUENCY OF	SAMPLE TYPE
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER 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								TELEPHON	Ē	DA	NTE .
Mr. Michael Holland Area Group Manager	to assure submitte or those	e that qualified personnel ; d. Based on my Inquiry o persons directly responsi	properly gather and evaluated the person or persons who be for gathering the information owledge and belief, true, a	ate the informa ho manage the nation, the info	tion system, rmation	TUDE OF DOMESTS	631	-344-34	24		
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QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GH VIA EXFILT FROM SFB.S. SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS EPA Form 3320-1 (REV 3/99) Previous editions may be used.

DAY

MONITORING PERIOD

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YEAR

01

USDOE ADDRESS BROOKHAVEN NATIONAL LABORATORY

53 BELL AVE. BLDS 464

FACILITY UPTON NY 11973 OCATION BROOKHAVEN NATIONAL LABORATORY

NY 0005835 PERMIT NUMBER

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YEAR

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FROM

001 M DISCHARGE NUMBER

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(SUBR 01) F - FINAL DAY

MAJOR

PROCESS SANIT & STORMWTR RNOFF

*** NO DISCHARGE I I ***

UPTUN ATTN: GEORGE MALOSH:		11913	THOW BE	UFI L		UI 31 34	NOTE: Read Instru	ctions before	com	oleting this	form
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Mr. Michael Holland	FFICER I Certify prepare to assumit	ed under my direction or s ire that qualified personnel ted. Based on my inquiry	this document and all atta upervision in accordance v properly gather and evalu of the person or persons w	vith a system de ate the informa tho manage the	tion system,			TELEPHON			ATE
Area Group Manager TYPED OR PRINTED	submit I am av	ted is , to the best of my kr vare that there are significa	sible for gathering the Information of the Informat	accurate, and c false information	omplete. SIGNA	TURE OF PRINCIPAL	EXECUTIVE	1-344-34 A NUMBE		YEAR 1	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 USCOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5.__APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB*S. SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS

ADDRESS BROOKHAVEN NATIONAL LABORATORY

NY 11973

USDOE

UPTON

FACILITY

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

FUITH APPLOYEU. OMB No. 2040-0004

NY0005835 PERMIT NUMBER

001_M DISCHARGE NUMBER MAJOR (SUBR 01) F - FINAL

PROCESS SANIT & STORMWTR RNOFF

MONITORING PERIOD DAY YEÀR MO DAY YEAR | MO | EDOM OT 07 01 OT. 07 21

FACILITY DOOR !!	rostat tabi	TOATODY		· · · · · · · · · · · · · · · · · · ·	HORING PERIOD						,,_,
LOCATION UPTON	LUNAL LADO	VX 11973	FROM Q1	MO DA	Y YEAR I	MO DAY 07 31 ⇒≎	* NO DISCH	JADE I		***	
ATTN: GEORGE MALOSH			FROM UI	011	JE IO VE	UI JE PP	NOTE: Read Instru	ctions before	e comp		form.
PARAMETER	GROOF AN		ITITY OR LOADING	ITY OR LOADING		QUANTITY OR CONCENTRATION				FREQUENCY OF	SAMPLE TYPE
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IRON, TOTAL See Note 7 (AS FE)	SAMPLE MEASUREMENT	****	****		****	****		(19)	0	2/MO	COMP24
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01077 1 0 0 Effluent gross value		****	*.	\$\$\$\$ \$\$\$	*****	****	0.015 DATLY MX	ME/L	. 0	NCE/ MONTH	COMP24
Mr. Michael Holland Area Group Manager Typed OR PRINTED	prepar to assu submit or thos submit I am av	y under penalty of law that ad under my diraction or st re that qualified personnel led. Based on my inquiry e persons directly respons led is, to the best of my kr ware that there are significa	upervision in accordance properly gather and eval of the person or persons ible for gathering the Info nowledge and belief, true, unt penalties for submittin	with a system de trate the informal who manage the rmation, the info , accurate, and c g false information	tion e system, rmation complete. SIGNA	TURE OF PRINCIPAL	EXECUTIVE	1-344-3	424		ATE AO DAY
1 LED OU SUIVIED	includi	ng the possibility of fine an	d imprisonment for know	ing violations.			D AGENT ARE COL	DE I MOMBE	n	YEAR 1	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._APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB"S.

UPTON

FACILITY

ADDRESS BROOKHAVEN NATIONAL LABORATORY

LOCATION BROOKHAVEN NATIONAL LABORATORY

NY 11973

Form Approved. OMB No. 2040-0004

NY0005835 PERMIT NUMBER

OOL M DISCHARGE NUMBER MAJOR (SUBR 01) F - FINAL

PROCESS SANIT & STORMWIR RNDFF

FROM OI OT OI TO OI OT 31 AAA NO DISCHARGE I I AAA

MONITORING PERIOD YEAR | MO | DAY YEAR MO DAY

UPTUN		11973	FROM UI	07 (OT OT	07 31 **		HARGE I		***	
ATTN: GEORGE MALOSH	• GROUP MG						NOTE: Read Instru	ictions before	com	pleting this	s form.
PARAMETER		QUAN	TITY OR LOADING		QUANTITY OR CONC		CENTRATION		NO. EX	. FREQUENC OF	Y SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	****	****		****	****	79	(15)	0	5/7	Grab
00011 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	****	90 DAILY MX	DEG.F	ľ	AILY	SRAB .
800, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	****	****		****	₹ 2	< 2	(19)	0	2/MO	COMP24
00310 1 0 0 <u>Effluent Gross Value</u>	PERMIT REQUIREMENT	****	****	****	****	A 10 P	20 DAILY MX	MG/L	C	NCE/ MONTH	COMP24
PH	SAMPLE MEASUREMENT	****	***		6.1	***	6.6	(12)	0	Ecoro	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	****	****	*** ****	5.8 MINIMUM	*****	O.P MUNIXAN	su	C	AILY	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*********	****		****	< 4	< 4	(19)	0	2/MO	COMP24
00530 L 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	****		***	****	DAILY AV	20 DAILY MX	MG/L	C	NCE/ MONTH	COMP24
SOLIDS. SETTLEABLE	SAMPLE MEASUREMENT	****	****		****	***	0.0	(25)	0	5/7	GRAB
00545 1 0 0 EFFLUENT GROSS VALUE	PERMIT . REQUIREMENT	*****		***	****	*****	O.1 Daily MX	ML/L	O	AILY	GRAB
NITROGEN, TOTAL (AS N)	SAMPLE MEASUREMENT	****	****		****	****	6.1	(19)	0	2/MO	COMP24
00600 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	****	ネなな 本ななな。	****	*****	10 DAILY MX	MG/L		NCE/ MONTH	COMP24
NITROGEN. AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	****	****		****	***	< 0.1	(19)	0	2/MO	COMP24
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****		*** ***	****	*****	Z Daily MX	MG/L		NCE/ MONTH	COMP24
NAME/TITLE PRINCIPAL EXECUTIVE OF	FFICER Certify t	under penalty of law that to d under my direction or su	his document and all attac	chments were	ocioned			TELEPHONE			ATE
Mr. Michael Holland Area Group Manager	to assure submitte or those submitte	e that qualified personnel p d. Based on my Inquiry o persons directly responsil d is , to the best of my kno	properly gather and evalua f the person or persons who le for gathering the inform owledge and belief, true, a	ate the informati ho manage the nation, the infor accurate, and co	system,	TURE OF PRINCIPAL E	63	1-344-34	424		
TYPED OR PRINTED	including	are that there are significar the possibility of fine and	imprisonment for knowing	false informatio g violations.		CER OR AUTHORIZED		A NUMBER	}	YEAR M	IO DAY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)											

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EPA Form 3320-1 (REV 3/99) Previous editions may be used.