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

July 19, 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 June 2001 REFERENCE: Letter from Robert Desmarais to Cunniff dated July 2, 2001

Included as Attachment I, please find the DMR for the month of June 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.

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 001A, 001B, 001D, 001E, 001F, 002, 003, 004, 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 June 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 July 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,

Lori Cunniff, CEP Division Manager

LEC/MA:cr

Attachment I: Discharge Monitoring Report for June 2001.

Attachment II: Analytical Results from H2M Labs for samples collected on 6/4/01, 6/6/01 and

6/8/01 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: Analytical Results from CHEMTEX, Inc. for samples collected from Outfalls

001F, 002, 003, 005, 006A, and 006B.

M. Allocco w/attachments W. Chaloupka w/attachments cc: 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 June 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 001F, 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. PCBs were not detected in these samples at a method detection limit of 0.65 ppb per congener. Total PCBs have been reported as less than the individual detection limit.
- 5. Flow is estimated based upon an instantaneous flow measurement and the assumption that flow continued for the entire day (i.e., 1,440 minutes).
- 6. Photographic rinse waters discharged from Building 197B, are generated by three individual photo-processors. Wastewater samples are collected from each processor and analyzed separately. Table I summarizes the individual results. The maximum concentration and total average flow have been reported in the DMR.

Location	Flow	pН	Total Nitrogen	Cyanide	Silver	Phenolics
1-87 <sup>(a)</sup>	65 GPD	7.5 SU	109 mg/L	< 10 μg/L	1710 μg/L	17.1 μg/L
1-93A <sup>(b)</sup>	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge	No Discharge
1-93B	48 GPD	6.9 SU	138 mg/L	< 10 μg/L	1360 μg/L	< 5.0 μg/L
Total Flow	113 GPD					

#### Notes:

- a. The proper location of the photographic discharge is room 1-87 not room 1-86B as had been previously reported.
- b. The photographic processor in room 1-93A was not used in the first quarter of 2001 and was taken off-line on March 30, 2001.
- 7. 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.
- 8. The analyte was found in the associated laboratory blank.

- 9. Indicates an estimated value.
- 10. There was no discharge of treatment chemicals to Outfall 003 during the monitoring period due to the removal of the High Flux Beam Reactor (HFBR) cooling towers in association with the permanent shutdown of the facility.

## ATTACHMENT I

### BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR JUNE 2001

FOR OUTFALLS NO. 001 – 010

FACILITY UPTON

ADDRESS BROOKHAVEN NATIONAL LABORATORY

NY 11973

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

Form Approved. OMB No. 2040-0004

NY0005835 PERMIT NUMBER

001DISCHARGE NUMBER

MAJOR (SUBR 01) F - FINAL

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LOCATION PT ON NY 11973 DAY 30 \*\*\* NO DISCHARGE I 01 NY 11973 FROM 01 04 01 TO 06 NOTE: Read Instructions before completing this form. ATTN: GEORGE MALOSH, GROUP MGR QUANTITY OR LOADING QUANTITY OR CONCENTRATION NO. FREQUENCY SAMPLE OF TYPE PARAMETER **ANALYSIS UNITS AVERAGE MAXIMUM** UNITS MINIMUM **AVERAGE MAXIMUM** \*\*\*\* 07) \*\*\*\* \*\*\* \*\*\*\* FLOW RATE SAMPLE a,017 korkuy RCORD **MEASUREMENT** See Note 3 \*\*\*\*\*\* **GIRLY RCORDS** REPORT \*\*\*\*\* 00056 1 O 0 PERMIT: \*\*\*\* REQUIREMENT DAILY MX GPD \*\*\* EFFLUENT GROSS VALUE \*\*\*\* ( 12) qtrly **GRAB** \*\*\*\* 3.0 **\*\*\*\*** 3.0 PH SAMPLE **MEASUREMENT** CTRLY GRAB REPORT \*\*\* \*\*\*\*\* REPORT \*\*\*\* 0 PERMIT. 00400 1 W 15 REQUIREMENT MAXIMUM SU EFFLUENT GROSS VALUE COLD C BIS (2-ETHYLHEXYL) 全体设计会会 **企业企业企** \*\*\* \*\*\*\* ( 28) SAMPLE **MEASUREMENT** 77 gtrly GRAB PHTHALATE See Note 8 OTRLY GRAB \*\*\*\*\* REPORT \*\*\*\*\* \*\*\*\*\* 39100 1 0 0 PERMIT. REQUIREMENT DAILY MX UG/L \*\*\* EFFLUENT GROSS VALUE \*\*\* \*\*\* ( 28) DI-N-BUTYL PHTHALATE \*\*\*\* **企业企业企**企 SAMPLE **<**10 OTRLY GRAB MEASUREMENT OTRLY CRAB \*\*\*\*\* \*\*\* \*\*\*\*\* REPORT \*\*\*\*\* 39110 1 PERMIT . 1 REQUIREMENT DAILY MX UG/L EFFLUENT GROSS VALUE **企业收**点 SAMPLE MEASUREMENT PERMIT \*\*\*\*\* T\*\* 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 to assure that qualified personnel properly gather and evaluate the information 631-344-3424 Mr. Michael Holland 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 Area Group Manager 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,

TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations. COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR HOLDING TANKS PRIOR TO DISCH TO SENER COLLECTION SYSTEM

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ADDRESS BROOKHAVEN NATIONAL LABORATORY

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## DISCHARGE MONITORING REPORT (DMR)

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NY0005835 PERMIT NUMBER

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

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ADDRESSBROOKHAVEN NATIONAL LABORATORY

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ADDRESSBROOKHAVEN NATIONAL LABORATORY

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NY0005835 PERMIT NUMBER

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

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Form Approved. OMB No. 2040-0004

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SEE PERMIT FOR ADDITIONAL NOTES. COMMENTS AND REQUIREMENTS EPA FOR 3320-1 (REV 3/99) Previous editions may be used.

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ADDRESS BROOKHAVEN NATIONAL LABORATORY

NY 11973

FORM Approved. OMB No. 2040-0004

NY0005835 PERMIT NUMBER

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MAJOR (SUBR 01) F - FINAL

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ADDRESS BROOKHAVEN NATIONAL LABORATORY

NY 11973

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

Form Approvea. OMB No. 2040-0004

NY0005835

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

COOLING TOWER WIR & BLOWDN 902

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LOCATION UPTON NATIONAL LABORATORY 30 \*\*\* NO DISCHARGE I FROM NOTE: Read Instructions before completing this form. ATTN: GEORGE MALOSH, GROUP MGR **QUANTITY OR LOADING** QUANTITY OR CONCENTRATION NO. FREQUENCY SAMPLE EX OF TYPE PARAMETER **ANALYSIS AVERAGE MAXIMUM** UNITS MINIMUM **AVERAGE MAXIMUM** UNITS FLOW RATE 本本 かな かゆ 07) \*\*\* \*\*\* \*\*\*\* SAMPLE RCORDI 0 **QTRLY MEASUREMENT** 7,988 See Note 3 GTRLY. 00056 I 0 \*\*\*\* REPORT 200000 RCORDE PERMIT: 4 (5 (4) REQUIREMENT DAILY MX GPD \*\*\* EFFLUENT GROSS VALUE ななななななな 李春春春 金色 PH \*\*\* (12)SAMPLE 0 8.4 QTRLY GRAB 8.4 MEASUREMENT OTRLY CRAB \*\*\*\*\* REPORT \*\*\*\* REPORT 00400 1 0 0 PERMIT. · 🗅 💥 REQUIREMENT SU EFFLUENT GROSS VALUE なななな MININUM MAXINUM ( 28) \*\*\* \*\*\*\* **化水水水水**水 \*\*\*\* PROPYLENE GLYCOL SAMPLE < 500 € 0 OTRLY GRAB MEASUREMENT MONOBUTYL ETHER QTRLY GRAB \*\*\*\* REPORT \*\*\*\*\* \*\*\*\*\*\* 49875 1 0 0 PERMIT \*\*\*\* EFFLUENT GROSS VALUE REQUIREMENT DAILY MX UG/L \*\*\* SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT **PERMIT** i o 🖫 3 3 10 REQUIREMENT SAMPLE **MEASUREMENT** (ب PERMIT REQUIREMENT SAMPLE MEASUREMENT **PERMIT** 2.12 REQUIREMENT **TELEPHONE** NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I Certify under penalty of law that this document and all attachments were DATE 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, 621-344-3424 Area Group Munaces 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,

including the possibility of fine and imprisonment for knowing violations. COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

TYPED OR PRINTED

NO CHANGES OR ADDITIONS OF CHEMICALS TO COULING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCHARGE TO SEVER COLL SYS

YEAR

MO

DAY

OFFICER OR AUTHORIZED AGENT

FACILITY UPTON

ADDRESS BROOKHAVEN NATIONAL LABORATORY

LOCATION ROOKHAVEN NATIONAL LABORATORY

NY 11973

DAY

MONITORING PERIOD

YEAR I

Form Approved. OMB No. 2040-0004

NY0005835 PERMIT NUMBER

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YEAR

OOI M DISCHARGE NUMBER

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MO

MAJOR (SUBR 01) F - FINAL

PROCESS SANIT & STORMWIR RNOFF

\*\*\* NO DISCHARGE !\_

06 01 Ù PT ON NY 11973 FROM I 01 01 TO 06 30 NOTE: Read Instructions before completing this form. ATTN: GEORGE MALOSH. GROUP MGR QUANTITY OR LOADING QUANTITY OR CONCENTRATION NO. FREQUENCY SAMPLE EX OF TYPE PARAMETER **ANALYSIS AVERAGE** MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **企业 2000 企业** なななななな **企业企业企**企 **企业企业**企业 ( 15) TEMPERATURE. WATER SAMPLE 77 0 15/7 GRAB MEASUREMENT DEG. FAHRENHEIT \*\*\*\*\* \*\*\*\* 00011 1 0 0 **公司基本基本** (1) \*\*\* · 90 · DAILY GRAB-PERMIT REQUIREMENT \*\*\* , B DAILY MX DEG.F EFFLUENT GROSS VALUE **企业企业**企业 \*\*\* AND SEASON ( 19) BOO. 5-DAY SAMPLE 2 2 0 3/MO COMP24 **MEASUREMENT** (20 DEG. C) \*\*\*\* 20 ONCE/ COMP24 00310 1 0 0 **PERMIT** \*\*\* 差 10 湯 REQUIREMENT DAILY KX MG/L EFFLUENT GROSS VALUE **企业企业** DAILY AV MONTH PH \*\*\*\* **企业企业** ななななななな K 12) SAMPLE 6.2 6.7 O CONTINUOUS **MEASUREMENT** RCORD DAILY GRAB \*\*\*\*\*\* \*\*\* 5.8 \*\*\*\* 9-0 \*\*\*\* 00400 1 0 0 **PERMIT** REQUIREMENT \*\*\* HUNIXAM SU EFFLUENT GROSS VALUE MINIMUM SOLIDS - TOTAL **本本本本本本** \*\*\*\* キキキキキキ (19) SAMPLE 3/MO 4 4 COMP24 MEASUREMENT SU SP EN DE D 20 DNCE/ \*\*\*\* \*\*\*\* T 10 . COMP24 \*\*\*\*\* 00530 1 0 0 **PERMIT** 64 45 REQUIREMENT MONTH EFFLUENT GROSS VALUE **企业**企 DAILY AV DAILY MX MG/L SOLIDS, SETTLEABLE \*\*\* SAMPLE 44444 ななななななな \*\*\* ( 25) 15/7 0.0 O GRAB MEASUREMENT \*\*\*\*\* \*\*\*\* 0.1 DAILY GRAB \*\*\* 00545 1 **PERMIT** \*\*\*\* REQUIREMENT EFFLUENT GROSS VALUE DAILY MX ML/L \*\*\*\* 化性性性性 在全位企业会 **企业基本企**企 企会会会 あか K 19) NITROGEN. TOTAL SAMPLE 10 3/MO COMP24 MEASUREMENT (AS N) \*\*\*\* ONCE/ COMP24 00600 1 0 0 2454E \*\*\*\*\*\* **企业企业企** 10 PERMIT EFFLUENT GROSS VALUE REQUIREMENT \*\*\* DAILY MX MG/L MONTH 金金金金金金 NITROGEN. AMMONIA さななななな \*\*\*\*\* ( 19) SAMPLE TOTAL (AS N) See Note 8 MEASUREMENT 3/MO 0.3 COMP24 ONCE! COMP24 \*\*\* \*\*\*\*\* 2 % 00610 - 1 0 0 PERMIT REQUIREMENT MENTH DAILY MX MG/L EFFLUENT GROSS VALUE I Certify under penalty of law that this document and all attachments were TELEPHONE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER DATE 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, 631-344-3404 or those persons directly responsible for gathering the information, the information Area Group Manager 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 TYPED OR PRINTED NUMBER YEAR MO DAY 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 INCL BUT NOT LIMITED TO USDDE 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.

FACILITY UPT ON

ADDRESS BROOKHAVEN NATIONAL LABORATORY

NY 11973

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

Form Approved. OMB No. 2040-0004

NY0005835 PERMIT NUMBER

001 DISCHARGE NUMBER

MAJOR (SUBR 01) F - FINAL

PROCESS SANIT & STORMWIR RNOFF

**MONITORING PERIOD** YEAR MO YEAR MO DAY DAY

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NAME/TITLE PRINCIPAL EXECUTIVE O	propare	y under penalty of law that ed under my direction or s			lesigned			TELEPHON	IE	D/	ATE
Mr. Michael Holland Area Group Manay	to assu submitt or thos submitt	ire that qualified personnel ted. Based on my inquiry e persons directly respons ted is , to the best of my kr	I properly gather and of the person or per sible for gathering the nowledge and belief	id evaluate the informations who manage the information, the information, the information, and of true, accurate, and of the information in the in	ation e system, primation complete.	ATURE OF PRINCIPA	L EXECUTIVE	51-344-3	424		,
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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 GW VIA EXFILT FROM SFB.S.

UPTON

**FACILITY** 

ADDRESS ROOKHAVEN NATIONAL LABORATORY

NY 11973

Form Approved. OMB No. 2040-0004

NY0005835

001 M DISCHARGE NUMBER

MAJOR (SUBR 01) F - FINAL

PROCESS SANIT & STORMWIR RNOFF

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

PERMIT NUMBER

**MONITORING PERIOD** YEAR ! MO DAY YEAR MO DAY 06 OΙ 30 01 01 06 TO

LOCATION UPTON NATIONAL LABORATORY
NY 1197 NY 11973 FROM NOTE: Read Instructions before completing this form. ATTN: GEORGE MALOSH. GROUP MGR **QUANTITY OR LOADING** QUANTITY OR CONCENTRATION NO. FREQUENCY SAMPLE. FΧ TYPE OF PARAMETER **ANALYSIS** AVERAGE MAXIMUM UNITS AVERAGE **MAXIMUM** UNITS MINIMUM (19)\*\*\*\* なかなななな \*\*\* さかかか なな ZINC. TOTAL SAMPLE 0.07 3/MO COMP24 MEASUREMENT (AS ZN) 000000 \*\*\* COMP24 \*\*\* \*\*\* 0-1 ONCE 01092 1 0 PERMIT REQUIREMENT DATLY MX MG/L MONTH \*\*\* EFFLUENT GROSS VALUE \*\*\*\* **全线边边边**边 ( 28) \*\*\* \*\*\* TOLUENE SAMPLE < 1 3/MO GRAB MEASUREMENT \*\*\*\* 6 5 THICE/GRAB \*\*\*\* \*\*\* \*\*\*\* 34010 1  $\mathbf{0} \cdot \mathbf{0}$ PERMIT HONTH DATEY MX UG/L REQUIREMENT \*\*\* EFFLUENT GROSS VALUE **化**次分分分分 ( 28) ひむ かか かか \*\*\*\* \*\*\*\* METHYLENE CHLORIDE SAMPLE 3/MO GRAB MEASUREMENT \*\*\*\*\* THICE/GRAB 本本本本本本本 本本本本本 \*\*\* 5 \*\*\*\* 34423 1 0 PERMIT MONTH REQUIREMENT \*\*\* DAILY MX UG/L EFFLUENT GROSS VALUE \*\*\* ( 28) かか かな 本な **ネキキキキ** \*\*\*\*\* 1.1.1-TRICHLORO-SAMPLE **1** 3/MO GRAB MEASUREMENT ETHANE THICE/GRAB BE 5 5 \*\*\*\* \*\*\* 34506 1 **PERMIT** REQUIREMENT MONTH DAILY: MX UG/L \*\*\* EFFLUENT GROSS VALUE \*\*\*\* ( 03) \*\*\*\*\* \*\*\* FLOW. IN CONDUIT OR SAMPLE 0.7 0.6 **MEASUREMENT** THRU TREATHENT PLANT CONTINECORDE **全体性性性** \*\*\*\* 2.3 **PERMIT** REPORT 50050 1 0 0 REQUIREMENT UOUS \*\*\* EFFLUENT GROSS VALUE DAILY AY DAILY: NX MGD ( 19) \*\*\*\* \*\*\* ななななななな \*\*\*\* MERCURY, TOTAL SAMPLE MEASUREMENT 0.0002 0 |3/MO COMP24 (AS HG) See Note 1 ONCE/ COMP24 \*\*\*\*\* 0-0008 \*\*\*\* \*\*\*\*\* \*\*\* 71900 1 0 0 PERMIT DAILY MX MG/L REQUIREMENT \*\*\* MONTH EFFLUENT GROSS VALUE < 2 **<** 2 0 3/MO **GRAB** さな むむ むな なさなななむ なななななな (13)COLIFORM. FECAL SAMPLE MEASUREMENT GENERAL ONCE! GRAB \*\*\* = 200 🚽 400 9/ 74055 1 PERMIT 立立生命,在主皇在企会 0 0 EFFLUENT GROSS VALUE REQUIREMENT DAILY AV DAILY MX 100ML MONTH 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 or those persons directly responsible for gathering the information, the Information 1631-344-3424 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, TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations. COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NUMBER

YEAR

MO

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

DAY

FACILITY UPTON

ADDRESS BROOKHAVEN NATIONAL LABORATORY

REDOCKHAVEN NATIONAL LABORATORY

NY 11973

I UIIII APPIUVEU. OMB No. 2040-0004

NY0005835 PERMIT NUMBER

DOL H DISCHARGE NUMBER MAJOR (SUBR 01) F - FINAL

PROCESS SANIT & STORMHTR RNOFF

MONITORING PERIOD YEAR MO DAY YEAR MO DAY

LOCATION BRUUKHAVEN NA 11	UNAL LADI	3841URT NY 11973	FROM <b>01</b>	06 0	<del></del>		06 30 *	++ NO D	SCHA	RGE		***	£
ATTN: GEORGE MALOSH.	GROUP MO	GR			<del></del>			NOTE: Read		ons betor			<del></del>
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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.

PERMIT	ITEE I	NAN	IE/A	DDF	ress	(Include Facility Name/Location if Different)
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FACILITY UPT ON

ADDRESSBROOKHAVEN NATIONAL LABORATORY

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

Form	App	proved.
OMB	No.	2040-0004

NY0005835 PERMIT NUMBER

DISCHARGE NUMBER

MAJOR (SUBR 01) F - FINAL

PROCESS SANIT EFFL & STORMATR

**MONITORING PERIOD** YEAR MO DAY YEAR MO

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ATTN: GEORGE HALOSH	GROUP	MGR		<del></del>				<b>.</b>	NOTE: Read Instru	uctions befor	e com	oleting thi	s form	
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NAME/TITLE PRINCIPAL EXECUTIVE O	Dra	ortify under penalty of law that pared under my direction or s			aclaned					TELEPHON	E		DATE	
Mr. Michael Italiand	ssure that qualified personne mitted. Based on my inquiry	I properly gather and evalu	rate the informa	tion										
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TYPED OR PRINTED	n aware that there are signification are	d imprisonment for knowi		un,		CER OR AUT			A NUMBE	R	YEAR	МО	DAY	
COMMENTS AND EXPLANATION OF A	(Reference all attachn	nents here)												

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

CB ANALYSIS TO USE EPA METHOD 608 WITH AN MOL GOAL OF 0.065 PPB

NY 11973

FACILITY UPTON

UPTON

ADDRESS BROOKHAVEN NATIONAL LABORATORY

LOCATION BROOKHAVEN NATIONAL LABORATORY

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

Form Approved. OMB No. 2040-0004

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NY 11973

NYO005835 PERMIT NUMBER 002 A DISCHARGE NUMBER MAJOR (SUBR 01) F - FINAL

F - FINAL BRAHMS(1002) & PHOBOS(1010) CT

 MONITORING PERIOD

 YEAR
 MO
 DAY
 YEAR
 MO
 DAY

 FROM
 01
 06
 01
 TO
 01
 06
 30

NOTE: Read Instructions before completing this form.

ATTN: GEORGE MALOSH, GROUP MGR QUANTITY OR LOADING QUANTITY OR CONCENTRATION NO. FREQUENCY SAMPLE FΧ OF TYPE PARAMETER ANALYSIS UNITS **AVERAGE** MAXIMUM MINIMUM **AVERAGE MAXIMUM** UNITS \*\*\*\* (12)キャネネ ウキ \*\*\*\* SAMPLE PH MEASUREMENT REPORT 22044 \*\*\*\*\*\* \*\*\*\* 9.0 ONCE/ CRAB 0 0 PERMIT-00400 EFFLUENT GROSS VALUE REQUIREMENT MONTH SU ಡಿ ಸೇಸ್ <del>ಬಿ</del> MINIMUM MUNIXAM \*\*\*\* **企业企业企业** \*\*\*\* \*\*\* ( 19) DIL & GREASE SAMPLE MEASUREMENT GNCE/ GRAB \*\*\*\*\*\* 20222 \*\*\*\* 15 00556 PERMIT EFFLUENT GROSS VALUE REQUIREMENT 2222 DAILY MX MG/L MONTH No Discharge ( 03) **企业企业企** \*\*\* AND AND AND FLOW, IN CONDUIT OR **企业企业** SAMPLE THRU TREATMENT PLANT MEASUREMENT CINCE! RCORDR \*\*\*\* \*\*\* REPORT \*\*\*\*\* 0 0 50 05 0 1 PERMIT EFFLUENT GROSS VALUE REQUIREMENT MONTH DAILY HX MGD THE PROPERTY. See Note 2 SAMPLE MEASUREMENT **PERMIT** REQUIREMENT SAMPLE MEASUREMENT **PERMIT** REQUIREMENT SAMPLE MEASUREMENT . S PERMIT REQUIREMENT SAMPLE MEASUREMENT **PERMIT** REQUIREMENT I Certify under penalty of law that this document and all attachments were NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **TELEPHONE** DATE prepared under my direction or supervision in accordance with a system designed Mr. Michael Ibiland 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 Goup Manager or those persons directly responsible for gathering the information, the information 631-344-3434 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 TYPED OR PRINTED NUMBER YEAR MO DAY including the possibility of fine and imprisonment for knowing violations.

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 &

FACILITY UPTON

UPTON

ADDRESS BROOKHAVEN NATIONAL LABORATORY

LOCATION NATIONAL LABORATORY

NY 11973

NY 11973

Form Approved. OMB No. 2040-0004

NY0005835 PERMIT NUMBER

FROM **01** 

002 B DISCHARGE NUMBER

MAJOR (SUBR 01) F - FINAL

**MONITORING PERIOD** YEAR MO DAY YEAR | MO DAY

06 | 01 | TO | 01 | 06 | 30 |

RF(1004) COOLING TOWER BLOWDN

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

ATTN: GEORGE MALOSH.		K 71212	FROM UI	<u> </u>	10 02	06 30 44	NOTE: Read Instru	ictions befor	e com	oleting this	form.
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PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	]	ANALYSIS	
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Mr. Michael Holland	to assu	re that qualified personne	supervision in accordance el properly gather and evalu	uate the informa	ition						
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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. STORMHATER COLLECTION SYSTEM IS EXTENDED TO BLDG 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED, DISCHARGE LOCATION ROOKHAVEN NATIONAL LABORATORY

NY 11973

FACILITY

UPT ON

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

002 M

DISCHARGE NUMBER

MAJOR (SUBR 01)

Form Approved. OMB No. 2040-0004

NY0005835 PERMIT NUMBER F - FINAL

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

MONITORING PERIOD YEAR MO DAY YEAR MO DAY 06 01 06 30 FROM 01 TO 01

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

ATTN: GEORGE MALOSH.	GROUP ME	R		<u> </u>	<u> </u>	<u> </u>	NOTE: Read Instru	ictions befor	e com	pleting this	form.
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Mr. Michael Holland Area Group Mana	to assu submit	re that qualified personnel ted. Based on my inquiry on the persons directly respons	properly gather and evalu of the person or persons with the infor-	ate the informa the manage the	ation e system,		(03	1-,344-3	45/1		
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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

UPTON

ADDRESS BROOKHAVEN NATIONAL LABORATORY

LOCATION TO THE LOCATION AL LABORATORY

NY 11973

Form Approved. OMB No. 2040-0004

NY0005835 PERMIT NUMBER

002 0 DISCHARGE NUMBER MAJOR (SUBR 01) F - FINAL

AGS NON-C COOLG.PRECP ETC(HN)

MONITORING PERIOD YEAR МО YEAR MO DAY DAY 01 06 30 04 01 01

\*\*\* NO DISCHARGE 1

ČIPT ON NY 11973 **FROM** NOTE: Read Instructions before completing this form. ATTN: GEORGE MALOSH, GROUP NGR QUANTITY OR LOADING QUANTITY OR CONCENTRATION NO. FREQUENCY SAMPLE EX TYPE **PARAMETER ANALYSIS AVERAGE MAXIMUM** UNITS **MINIMUM AVERAGE MAXIMUM** UNITS ( 28) **企业企业企业 建立立立** \*\*\* CHI OROFORM SAMPLE **<** 1 OTRLY GRAB MEASUREMENT \*\*\*\* CIRLY GRAB \*\*\*\* A CANADA A SALAR \*\*\* 32106 1 0 **PERMIT** REQUIREMENT \*\*\* DAILY MX UG/L EFFLUENT GROSS VALUE 1.1.1-TRICHLORD-\*\*\*\* \*\*\*\* \*\*\* \*\*\*\* ( 28) SAMPLE **<** 1 OTRLY **GRAB** MEASUREMENT ETHANE \*\*\*\* \*\*\* St. St. St. St. St. St. 5 OTRLY GRAB **未完全的体** 34506 1 0 0 PERMIT DATEY HX UG/L 4-1° EFFLUENT GROSS VALUE REQUIREMENT \*\*\* \*\*\*\* **化化化位金化** \*\*\*\* ( 28) BROMOD ICHLOROME THANE 本本 なななな SAMPLE. **<**1 OTRLY GRAB **MEASUREMENT** EFFLUENT **50** \*\*\*\* CIRLY GRAB \*\*\*\* \*\*\*\* \*\*\* 38693 1 0 0 PERMIT . REQUIREMENT DAILY MX UG/L EFFLUENT GROSS VALUE \*\*\* ( 19) \*\*\*\* \*\*\*\* \*\*\* 1-HY DROXY-ETHYL IDENE 杂类 杂类杂类 SAMPLE. < 0.05 OTRLY **GRAB** MEASUREMENT -0.5 \*\*\*\* \*\*\*\*\*\* OTRLY GRAB \*\*\*\*\* PERMIT 85812 1 REQUIREMENT DAILY MX MG/L \*\*\* EFFLUENT GROSS VALUE (19)\*\*\*\* \*\*\*\* \*\*\*\* TOLYTRIAZOLE SAMPLE **<** 0.005 OTRLY GRAB MEASUREMENT OTRLY CRAB 0.2 \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\*\* PERMIT 85813 1 REQUIREMENT de after the DAILÝ MX MG/L EFFLUENT GROSS VALUE SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT I Certify under penalty of law that this document and all attachments were **TELEPHONE** NAME/TITLE PRINCIPAL EXECUTIVE OFFICER DATE propared 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 or those persons directly responsible for gathering the information, the Information 631-347-3474 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 MO DAY TYPED OR PRINTED NUMBER YEAR including the possibility of fine and imprisonment for knowing violations.

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

NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

SAMPLING TO BE DOWNSTREAM OF WHERE EXISTING DISCHARGE HIXES WITH COOLING TOWER BLOUDOWN FROM STAR DETECTR

Form Approved. OMB No. 2040-0004

NY0005835 PERMIT NUMBER

002 8 DISCHARGE NUMBER

MAJOR (SUBR 01) F - FINAL

RF (1004) COOLING TOWER BLOWDN

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FACILITY UPT ON		NY	11973			P	OTINON	RING	PERIO	)	
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UPTON ATTN: GEORGE MALOSH.	•	Y 11973	FROM 01	04 0	1 TO 01	06 30 ##	NOTE: Read Ins	HARGE tructions befor	e com	<b>***</b> oleting th	s form.
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Mr. Michael Holland Area Group Manage	prepare to assur submitte or those submitte	d under my direction or si te that qualified personnel ed. Based on my inquiry of persons directly respons ed is to the best of my kn	this document and all atta upervision in accordance v properly gather and evalu of the person or persons w ible for gathering the infor lowledge and belief, true,	vith a system do late the information manage the mation, the info	tion system, rmation	ATURE OF PRINCIPAL	EXECUTIVE	TELEPHON 31-34-3			DATE .
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DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE THE ROADWAY THAT IS INSIDE THE RHIC RING. ONCE THE STORMWATER COLLECTION SYSTEM IS EXTENDED TO 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED.

ADDRESSBROOKHAVEN NATIONAL LABORATORY

NY 11973

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

Form Approved. OMB No. 2040-0004

NY0005835 **PERMIT NUMBER** 

003 M DISCHARGE NUMBER

MAJOR (SUBR 01) F - FINAL

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

FACILITY DEPORTS		Y 11973		MON	ITORING PERIOD	H	FBR & AGS N	NON-C	COOL	,ETC	(HO)
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NAME/TITLE PRINCIPAL EXECUTIVE O		under penalty of law that						TELEPHON	1E	D/	ATE
Mr. Michael Hollar Area Group Marry	to assu submitt or thos submitt	ed under my direction or s re that qualified personnel ted. Based on my inquiry e persons directly respons ted is , to the best of my ki	properly gather and evalu of the person or persons value of the person or persons value of the person of the later owledge and belief, true,	uate the informa who manage the mation, the info accurate, and c	tion e system, ermation complete.	TURE OF PRINCIPAL	EXECUTIVE (03)	1-344-3	424		
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

ADDRESSBROOKHAVEN NATIONAL LABORATORY

LOCATION PROCESSION NATIONAL LABORATORY

NY 11973

USDOE

FACILITY UPT ON

Form Approved. OMB No. 2040-0004

NY 0005835

003 0 DISCHARGE NUMBER MAJOR (SUBR O1) F - FINAL

HFBR & AGS NON-C COOL ETC (HO)

PERMIT NUMBER **MONITORING PERIOD** YEAR MO DAY YEAR MO DAY

LOCATION	N'	Y 11973	FROM <b>01</b>			06 30 **	* NO DISC	HARGE I	1	***	
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NAME/TITLE PRINCIPAL EXECUTIVE O		under penalty of law that t d under my direction or su			lesigned			TELEPHON	1E	D	ATE
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL SEE PERMIT FOR ADDITIONAL NOTES. COMMENTS AND REQUIREMENTS

FACILITY UPT ON

ADDRESS BROOKHAVEN NATIONAL LABORATORY

NY 11973

Form Approved. OMB No. 2040-0004

NY0005835 PERMIT NUMBER

004 M DISCHARGE NUMBER MAJOR (SUBR 01)

F - FINAL MRR NON-CONTACT COOLG WTR (HP)

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ATTN: GEORGE MALOSH,										NOTE: Read Inst	ructions befor	e comp	leting this	form.
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Mr. Michael Holland	to assur	d under my direction or s e that qualified personne	properly gathe	er and evalu	uate the informat	ion								
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR ADDITIONL NOTES. COMMENTS & REQUIREMENTS

ADDRESS BROOKHAVEN NATIONAL LABORATORY

USDOE

FACILITY UPTON

Form Approved. OMB No. 2040-0004

NY	0005	835	
	ERMIT		

004 0 DISCHARGE NUMBER

MAJOR (SUBR 01) F - FINAL

MRR NON-CONTACT COOLING (HP)

MONITORING PERIOD YEAR I DAY YEAR | MO DAY

FACILITY OF UN		L		MONITORING PERIOD											
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Mr. Michael Holland	to ass	red under my direction or secure that qualified personnel	properly gathe	er and evalu	uate the informa	tion									
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO ADDITIONAL WATER TREATMENT CHEMICALS W/O PRIOR NYSDEC APPROVAL SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

NY 11973

ADDRESSBROOKHAVEN NATIONAL LABORATORY

NY 11973

NY 11973

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

Form Approved. OMB No. 2040-0004

NY0005835 PERMIT NUMBER

005 M DISCHARGE NUMBER

MAJOR (SUBR 01) F - FINAL

NSLS COOLING TOWN BLON ETC(HS)

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

**MONITORING PERIOD** YEAR YEAR MO DAY MO DAY TO 01 30 OI 06 01 06 FROM

FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPT ON NY 11973

53 BELL AVE. BLDG 464

UPTON

ATTN: GEORGE MALDSH.	GROUP MG	R					NOTE: Read Instr	uctions befor	e comp	oleting this	form.
DADAMETED		QUAN	ITITY OR LOADING	l	G	QUANTITY OR CON	CENTRATION		NO. EX	FREQUENC' OF	SAMPLE TYPE
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
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OIL & GREASE	SAMPLE MEASUREMENT	****	****		****	****	<b>&lt;</b> 5	( 19)	0	1/MO	GRAB
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NAME/TITLE PRINCIPAL EXECUTIVE O	FFICER   Certify	under penalty of law that	this document and all atta	chments were				TELEPHON	ΙE	D.	ÁΤΕ
Mr. Michael Holland	to assur	e that qualified personnel ed. Based on my inquiry	upervision in accordance of properly gather and evalue of the person or persons were considerated to the considerated to	rate the informa	ition system.						
Area Group Manager or those persons directly responsible for gathering the information, the submitted is , to the best of my knowledge and belief, true, accurate, at I am aware that there are significant penalties for submitting false inform				accurate, and o	omplete. SIGNA	ATURE OF PRINCIPAL	EXECUTIVE	1-344-3	124		
TYPED OR PRINTED	includin	g the possibility of fine an	d imprisonment for knowle		OFF	ICER OR AUTHORIZE	D AGENT AR	EA NUMBE	R	YEAR N	10 DAY
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERHIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

DAY

01

MONITORING PERIOD

TO

NAME U S D O E
ADDRESSBROOKHAVEN NATIONAL LABORATORY
53 BELL AVE. BLDG 464

FACILITY UPT ON NY 11973 LOCATION UPT ON NATIONAL LABORATORY UPT ON NY 11973 NY0005835 PERMIT NUMBER

МО

YEAR

FROM

OO5 Q DISCHARGE NUMBER

06

DAY

30

YEAR MO

01

MAJOR (SUBR 01) F - FINAL

NSLS COOLS TOWN BLOWDN ETC(HS)

NOTE: Read Instructions before completing this for

ATTN: GEORGE MALOSH.	GROUP MG	R	L				NOTE: Read Insti	uctions befor	e com	pleting this	form.
		QUAN	ITITY OR LOADING	ì	C	QUANTITY OR CON	CENTRATION		NO.	FREQUENC OF	Y SAMPLE TYPE
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	]	ANALYSIS	
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NAME/TITLE PRINCIPAL EXECUTIVE O		under penalty of law that						TELEPHON	1E	D	ATE
Mr. Michael Holland	to assu submit	ed under my direction or so tre that qualified personnel ted. Based on my inquiry o	properly gather and evalu of the person or persons v	uate the informa who manage the	ation e system,					·	
Area Group Manager	· submit	e persons directly respons ted is , to the best of my kr vare that there are significa	nowledge and belief, true,	accurate, and c	complete. SIGNA	ATURE OF PRINCIPAL	EXECUTIVE CO.	31-24-3			
TYPED OR PRINTED	includir	ng the possibility of fine an		OFF	FICER OR AUTHORIZE	D AGENT AF	DDE NUMBE	R	YEAR I	MO DAY	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

ADDRESS BROOKHAVEN NATIONAL LABORATORY

NY 11973

USDOE

FACILITY UPT ON

Form Approved. OMB No. 2040-0004

NY0005835 PERMIT NUMBER

007 H DISCHARGE NUMBER

MAJOR (SUBR 01)

F - FINAL

WATER TREATMENT PLT BKWSH (HX)

**MONITORING PERIOD** YEAR MO DAY YEAR MO DAY FROM 01 06 01 TO 01 06 30

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LOCATION UPTON	UNAL LADU N	Y 11973	FROM <b>01</b>	MO DA	YEAR TO OI	MO DAY <b>●</b>	++ NO DISC	HARGE		***	
ATTN: GEORGE MALOSH.	GROUP MG	iR			- Lucy -		NOTE: Read Instru	uctions befor	e com	pleting this	form.
		QUAN	TITY OR LOADING	3	G	QUANTITY OR CON	ICENTRATION		NO. EX	FREQUENCY OF	SAMPLE TYPE
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
FLOW RATE See Note 3	SAMPLE MEASUREMENT	***	160,000	( 07)	****	****	****		1	1/MO	INSTAN
00056 l 0 0 Effluent gross value	PERMIT REQUIREMENT	******	REPORT DAILY MX	GPD	****	*****	*****	, **** ****	C	NCE/ MONTH	INSTAN
PH	SAMPLE MEASUREMENT	***	***		6.0	****	6.0	( 12)	L	/мо	GRAB
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NAME/TITLE PRINCIPAL EXECUTIVE OF		y under penalty of law that ed under my direction or si			esianed			TELEPHON	1E	D.	ATE
Mr. Michael Hollar	to assu submit	re that qualified personnel ted. Based on my inquiry	properly gather and eval of the person or persons	luate the informa who manage the	ution e system,						
Area Group Manager	submit	e persons directly respons ted is , to the best of my kr	nowledge and belief, true	, accurate, and c	complete. SIGNA	ATURE OF PRINCIPA	L'EXECUTIVE	31-344-3			
TYPED OR PRINTED		vare that there are significang the possibility of fine an			on, OFF	ICER OR AUTHORIZ	ED AGENT AF	DE NUMBE	R	YEAR I	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 DAR SAMPLING PURPOSES.

LOCATION BROOKHAVEN NATIONAL LABORATORY

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

Form Approved. OMB No. 2040-0004

ADDRESS BRO	OKL	IAVEN	MA	TTOM	LZ	I ADDO	VOOTA
DNU	INV	WATER	13.44	ALUM	1 E.,	FWDOV	KIUNI
53	BEL	L AV	E,	BLDG	45	4	
FACILITY UPI	ON					NY	11973
1 MOILH 1							

NYOOOS835 PERMIT NUMBER

008 M DISCHARGE NUMBER

30

MAJOR (SUBR 01) F - FINAL

**MONITORING PERIOD** YEAR I DAY YEAR I MO DAY 01 FROM 06 01 01 06 TO

STORMWIR RUNDEF WAREHOUSE (HW)

\*\*\* NO DISCHARGE |\_ | \*\*\*

ATTN: GEORGE MALOSH,	GROUP MG	R					NOTE: Read Instru	uctions befor	e comp	oleting this	form.
PARAMETER		QUA	NTITY OR LOADING	3	G	DUANTITY OR CON	CENTRATION		NO. EX	FREQUENCY OF	SAMPLE
IAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
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NAME/TITLE PRINCIPAL EXECUTIVE O	FFICER   Certify	under penalty of law that				<del></del>		TELEPHON	E	DA	TE
Mr. Michael Holland	to assur	d under my direction or su e that qualified personnel	properly gather and evaluation	rate the Informat	ion						
Area Group Manager	or those submitte	ed. Based on my inquiry of persons directly respons directly responsed is , to the best of my knare that there are significa	ible for gathering the infor nowledge and belief, true,	mation, the info	rmation	TURE OF PRINCIPAL E	EXECUTIVE 63	1-344-34	124		
TYPED OR PRINTED	includin	g the possibility of fine an			OFFI	CER OR AUTHORIZED	AGENT ARE	NUMBER	۹	YEAR M	IO 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 THE "NO DISCHARGE" BOX AT THE UPPER RIGHT.) SEE PERMIT FOR ADDITIONAL NOTES. COMMENTS & REQUIREMENTS.

ADDRES BROOKHAVEN NATIONAL LABORATORY

NY 11973

USDDE

UPTON

Form Approveu. OMB No. 2040-0004

NY0005835 PERMIT NUMBER **MONITORING PERIOD** 

010 M DISCHARGE NUMBER

HAJOR (SUBR 01) F - FINAL

STORMNTR R O CENTRAL STEAM (H)

FACILITY		CITIL II			TORING PERIOD	<u>,                                     </u>	3.0	NUMBER IV I	J CENTE		SILAN	£117
LOCATION KUUKHAVEN NAIL	UNAL LAB	UKATURT Ny 11973		AR MO DA'		MO DAY <b>06 30</b>		NO DISCH	JADCE I	1	***	
ATTN: GEORGE MALOSH.		44 11240	FROM C	01 06 0	1 TO 01	UO SU	N	OTE: Read Instru	actions befor	e com		s form.
ATTA: GEURGE HALUSHY	BROUF M	QUAN	ITITY OR LOAD	DING		QUANTITY OR					FREQUENC	
PARAMETER			r			T			· r · · · · · · · · · · · · · · · · · ·	EX	OF	TYPE
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NAME/TITLE PRINCIPAL EXECUTIVE O		ify under penalty of law that ared under my direction or s			eslaned				TELEPHON	1E	D	ATE
Mr. Michael Holland	to ass	sure that qualified personne litted. Based on my inquiry	l properly gather and	d evaluate the informat	ion							
Area Group Marager	or the	inted. Based on my inquiry ose persons directly respons litted is , to the best of my king aware that there are significate.	sible for gathering the nowledge and belief	ne information, the infor f, true, accurate, and co	mation SIGNA	ATURE OF PRIN			01-344-3		<del></del>	
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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 IND DISCHARGE" BOX AT THE UPPER RIGHT). SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

UPTON

**FACILITY** 

LOCATIO

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN NATIONAL LABORATORY

NY 11973

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

Form Approved. OMB No. 2040-0004

NY0005835 PERMIT NUMBER

06A M DISCHARGE NUMBER

DAY

MAJOR (SUBR 01) F - FINAL

LINAC NCCH. FLOOR DNS, ETC(HT1)

\*\*\* NO DISCHARGE

MONITORING PERIOD МÔ DAY YEAR MO YEAR FROM 01 06 01 TO 01 06

UPTON NY 11973 30 NOTE: Read Instructions before completing this form. ATTN: GEORGE HALOSH. GROUP MGR QUANTITY OR LOADING QUANTITY OR CONCENTRATION SAMPLE NO. FREQUENCY ΕX TYPE **PARAMETER ANALYSIS AVERAGE** MAXIMUM UNITS MINIMUM **AVERAGE** MAXIMUM UNITS PH かかかかかか \*\*\* \*\*\* ( 12) SAMPLE 7.4 8.0 4/MO CRAB **MEASUREMENT** 9-0 UNCE/ GRAB \*\*\*\* \*\*\* \*\*\* REPORT 00400 1 0 0 PERMIT EFFLUENT GROSS VALUE REQUIREMENT MONTH \*\*\* MINIMUM **MAXIMUM** SU \*\*\*\* (19)OIL & GREASE 金宝 金宝 金宝 \*\*\* **企业企业**企业 SAMPLE 1/MO CRAR MEASUREMENT \*\*\*\* \*\*\*\* \*\*\*\* 15 UNCE/ GRAB \*\*\*\*\*\* 00556 1 PERMIT EFFLUENT GROSS VALUE REQUIREMENT \*\*\* DATEY MX MG/L MONTH \*\*\*\* \*\*\*\* 252422 FLOW, IN CONDUIT OR \*\*\*\* ( 03) SAMPLE RCORDR 0.07 4/MO THRU TREATMENT PLANT MEASUREMENT \*\*\*\*\*\* ONCE! RCORDE 50050 1 0 0 \*\*\* REPORT \*\*\*\*\* \*\*\*\* PERMIT: MONTH EFFLUENT GROSS VALUE REQUIREMENT DAILY MX HGD 2222 See Note 3 SAMPLE **MEASUREMENT** PERMIT 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 NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **TELEPHONE** DATE 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, or those persons directly responsible for gathering the information, the information Area Goup Manager 344-3431 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 TYPED OR PRINTED NUMBER YEAR MO DAY including the possibility of fine and imprisonment for knowing violations.

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

SÉE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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NAME	11	S	D	Ω	F					
ADDRES						NA	TION	AŁ	LABOR	ATORY
							BLDG			
EACUIT	U	PT	ON						NY	11973
LOCATI	8	RO	OKI	HA	VEN	NA	TION	AL.	NY LABORA	ITORY

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

MY 0005835

PERMIT NUMBER

06A Q DISCHARGE NUMBER

MAJOR (SUBR 01) F - FINAL

Form	App	roved.
OMB	No.	2040-0004

LINAC NCCH, FLOOR DNS, SW(HT1)

MONITORING PERIOD YEAR | MO | DAY YEAR MO DAY

LOCATION	N	Y 11973	FROM <b>01</b>					**	NO DIS	HARGE	1_1	***	
ATTN: GEORGE MALOSH,	GROUP MG	R	QUANTITY OR LOADING  QUANTITY OR CONCENTRATION  QUANTITY OR CONCENTRATION  MINIMUM AVERAGE MAXIMUM UNITS  TO THE OLOGO  ANALYSIS  TO TRLY GRAB  TO TRLY GRAB										
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85812 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	200,000			7 41	***	00000	• 5		MG/L	C	TRLY	GRAB
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NAME/TITLE PRINCIPAL EXECUTIVE OF Mr. Michael Holland Area Goup Manager	prepare to assur submitte or those	under penalty of law that the dunder my direction or supential to the dunder my direction or supential to the dunder my inquiry or persons directly responsited is, to the best of my known and the dunder my known and the dunder my known dunder my my known dunder my my known dunder my	pervision in accordance wo properly gather and evalua If the person or persons wo ble for gathering the inform	vith a system de ate the informat ho manage the nation, the infor	system,	CIONA	TIPE OF PRINC	upal :	- VEOUTIVE	TELEPHON 31-1344-3			DATE
TYPED OR PRINTED	lam aw	are that there are significar	ant penalties for submitting false information, and imprisonment for knowing violations.			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				REA NUMBE		·	MO DAY
COMMENTS AND EXPLANATION OF AN	IY VIOLATIONS (R			.g						ODE			

NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL SEE PERMIT FOR ADDITIONAL NOTES, COMMENT AND REQUIREMENTS

FACILITY UPTON

ADDRESS BROOKHAVEN NATIONAL LABORATORY

LOCATION ROOKHAVEN NATIONAL LABORATORY

NY 11973

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

MONITORING PERIOD

DAY

YEAR

Form	Approvea.	
OMB	No. 2040-000	4

NY0005835 PERMIT NUMBER

MO

YEAR

068\_N DISCHARGE NUMBER

MO

DAY

(SUBR 01) F - FINAL

MAJOR

COOLING TOWN FROM 919 ETC(HT2)

\*\*\* NO DISCHARGE | +\*\*

LOCATION		Y 11973	FROM 01	06 0	1 TO 01	06 30 **	NOTE: Read Instr	HARGE Juctions before	re com	<b>⊅</b> ‡‡ pleting thi	s form.
ATTN: GEORGE MALOSH.	GROUP MG	R QUAN	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION					SAMPLE TYPE
PARAMETER		AVERAGE	MAXIMUM UNITS		MINIMUM AVERAGE		MAXIMUM UNITS		EX	OF ANALYSIS	
PH	SAMPLE MEASUREMENT	****	*****	-	7.4	*****	7.9	( 12)	0	4/MO	GRAB
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DIL & GREASE	SAMPLE MEASUREMENT	****	****		***	****	<b>4</b> 5	( 19)	0	L/MO	GRAB
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FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE	****	0.4	( 03)	****	****	****		0		RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	I PERMIT	*****	REPORT DAILY MX	MGD	****	*****	****	*****	(	NCE/ MONTH	RCORDR
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NAME/TITLE PRINCIPAL EXECUTIVE O	under penalty of law that				TELEPHOI					ATE	
Mr. Midrael Hollard	to assu submit	ed under my direction or s ire that qualified personne ted. Based on my inquiry	properly gather and evaluation of the person or persons	uate the informa who manage the	tion system,						
Area Group Marriger	e persons directly respons ted is , to the best of my ki	nowledge and belief, true,	accurate, and c	omplete. SIGNA	te. SIGNATURE OF PRINCIPAL EXECUTIVE 63-34			424	1		
TYPED OR PRINTED							DDE NUMBE	ER	YEAR	MO DAY	
COMMENTS AND EVEL ANATION OF AN	NY VIOLATIONS /	Reference all attachm	ante here)								

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

SEE PERMIT FOR ADDITIONAL NOTES. COMMENTS & REQUIREMENTS

ADDRESSBROOKHAVEN NATIONAL LABORATORY

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

Form Approved. OMB No. 2040-0004

NY0005835 PERMIT NUMBER

068 0 DISCHARGE NUMBER MAJOR (SUBR O1) F - FINAL

COOLG TOWRS FROM 919 ETC (HT2)

\*\*\* NO DISCHARGE | ... | \*\*\*

53 BELL AVE. BLDG 464 UPTON NY 11973 **FACILITY** BROOKHAVEN NATIONAL LABORATORY LOCATION NY 11973

**MONITORING PERIOD** YEAR MO DAY YEAR MO DAY 04 OI OI 06 30 FROM TO

NOTE: Read Instructions before completing this form. ATTN: GEORGE MALOSH. GROUP MGR QUANTITY OR LOADING QUANTITY OR CONCENTRATION NO. FREQUENCY SAMPLE FΧ TYPE PARAMETER **ANALYSIS AVERAGE** MAXIMUM UNITS MINIMUM **AVERAGE** MAXIMUM UNITS 1-HYDROXY-ETHYLIDENE \*\*\*\* \*\*\*\* **拉拉拉拉拉拉** \*\*\* (19) SAMPLE OTRLY GRAB **<0.05** MEASUREMENT \*\*\*\* \*\*\*\*\* \*\*\*\*\* 0.5 GTRLY GRAB 85812 1 0 0 PERMIT EFFLUENT GROSS VALUE REQUIREMENT 4444 DATLY MX MG/L \*\*\* \*\*\*\* **全性和企业** (19)TOLY TRIAZOLE \*\*\*\* SAMPLE 0 **QTRLY GRAB く**0.005 **MEASUREMENT** 30.2 \*\*\* \*\*\*\*\* \*\*\*\* \*\*\*\*\* QTRLY GRAB 85813 1 PERMIT EFFLUENT GROSS VALUE REQUIREMENT DAILY MX MG/L 4444 SAMPLE **MEASUREMENT** PERMIT 4.1 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 this document and all attachments were **TELEPHONE** DATE 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, or those persons directly responsible for gathering the information, the information Area Group Marager 631-344-3424 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 TYPED OR PRINTED MO DAY including the possibility of fine and imprisonment for knowing violations.

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

NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES N/O PRIOR NYSDEC APPROVAL SÉE PERHIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS