

**BROOKHAVEN**  
NATIONAL LABORATORY

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

www.bnl.gov

May 22, 2002

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 April 2002**  
**REFERENCE: Letter from Robert Desmarais to Cunniff dated April 24, 2002**

Included as Attachment I, please find the DMR for the month of April 2002. 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.

Review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. Please note that for the majority of the Outfalls, flow measurements are conducted weekly or monthly; consequently, a daily maximum flow rate cannot be reported. All flow values reported for Outfalls 002, 002B, 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 March 2002.

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

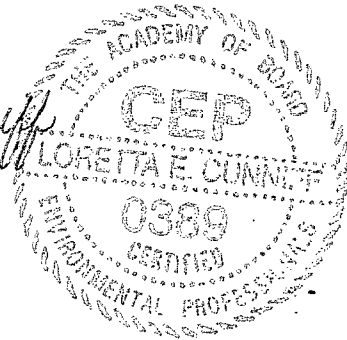
April 19, 2002

Health Services no later than May 28, 2002. 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*

Lori Cunniff, CEP  
Division Manager



LEC/MA:cr

- Attachment I: Discharge Monitoring Report for April 2002.
- Attachment II: Analytical Results from H2M Labs for samples collected on 4/4/02 and 4/8/02 from Outfall 001.
- Attachment III: Analytical Results from H2M Labs for samples collected from Outfalls 002, 002B, 005, 006A, 006B, 008, and 010.
- Attachment IV: Analytical Results from H2M Labs for sample collected on 3/29/02 from Outfall 001.

- |     |               |                 |              |                 |
|-----|---------------|-----------------|--------------|-----------------|
| cc: | M. Allocco    | w/attachments   | M. Baldwin   | w/attachments   |
|     | W. Chaloupka  | w/attachments   | L. Cunniff   | w/o attachments |
|     | S. Dierker    | w/o attachments | G. Granzen   | w/o attachments |
|     | J. Higbie     | w/attachments   | C. Johnson   | 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 | V. Radeka    | w/o attachments |
|     | T. Sheridan   | w/o attachments | D. Van Duyne | w/attachments   |

EC62ER.02

**Brookhaven National Laboratory**  
**SPDES Permit No. NY0005835**  
**Discharge Monitoring Report for April 2002**  
**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. The reported concentration was estimated by the analytical laboratory.
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 percent removals for BOD, 5-day and Total Suspended solids were calculated using one-half the method detection limit as the value for all concentrations reported as less than the method detection limit (<MDL).
6. On March 29, 2002, the retention basin just upstream of the BNL STP effluent appeared cloudy during routine sample collection. The Environmental Services Division Field Sampling Team notified the Compliance staff and subsequently samples were collected for total suspended solids and TAL metals analyses. The analytical result for the total suspended solids analysis was less than the method detection limit. Whereas the zinc concentration was at the performance standard and the iron concentration, 1.04 mg/L, exceeded the permit performance standard, 0.37 mg/L. The analytical results are not being treated as a permit excursion since grab samples were collected on March 29, 2002, and the permit performance standards are for 24 hr. composite samples. Attachment IV contains the analytical results for the sampling performed on March 29, 2002.

**ATTACHMENT I**  
**BROOKHAVEN NATIONAL LABORATORY**  
**SPDES PERMIT NO. NY0005835**  
**DISCHARGE MONITORING REPORT FOR APRIL 2002**  
**FOR OUTFALLS NO. 001 – 010**

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (D/Firearm))

NAME **U S D O E**  
 ADDRESS **BROOKHAVEN NATIONAL LABORATORY**  
**BROOKHAVEN AREA OFFICE**  
**UPTON NY 11973**  
 FACILITY **BROOKHAVEN NATIONAL LABORATORY**  
 LOCATION **UPTON NY 11973**  
 ATTN: **GEORGE MALOSH, GROUP MGR**

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

**NY0005835**  
PERMIT NUMBER

**001 M**  
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	04	01		02	04	30

\*\*\* NC DISCHARGE **1-1** \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0		*****	*****		*****	*****	70	( 15)	0	5/7	GRAB
EFFLUENT GROSS VALUE BOD, 5-DAY (20 DEG. C) 00310 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	90 DAILY MX	DEG. F		DAILY	GRAB
EFFLUENT GROSS VALUE PH 00400 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	< 2	< 4	( 19)	0	2/MO	COMP24
EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED 00530 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	10 DAILY AV	20 DAILY MX	MG/L		ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE SOLIDS, SETTLEABLE 00545 1 0 0	SAMPLE MEASUREMENT	*****	*****		6.3	*****	6.7	( 12)	0	DAILY	GRAB
EFFLUENT GROSS VALUE NITROGEN, TOTAL (AS N) 00600 1 0 0	PERMIT REQUIREMENT	*****	*****	***	5.8 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
EFFLUENT GROSS VALUE NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	< 4	< 4	( 19)	0	2/MO	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	10 DAILY AV	20 DAILY MX	MG/L		ONCE/MONTH	COMP24
	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0	( 25)	0	5/7	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.1 DAILY MX	ML/L		DAILY	GRAB
	SAMPLE MEASUREMENT	*****	*****		*****	*****	5	( 19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	10 DAILY MX	MG/L		ONCE/MONTH	COMP24
	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.1	( 19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	2 DAILY MX	MG/L		ONCE/MONTH	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Mr. Frank Crescenzo**  
Acting Area Group Manager  
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

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

NAME **U S D O E**  
 ADDRESS **BROOKHAVEN NATIONAL LABORATORY**  
**BROOKHAVEN AREA OFFICE**  
**UPTON NY 11973**  
 FACILITY **BROOKHAVEN NATIONAL LABORATORY**  
 LOCATION **UPTON NY 11973**  
 ATTN: **GEORGE MALOSH, GROUP MGR**

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

**NY0005835**  
PERMIT NUMBER

**001 M**  
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	04	01		02	04	30

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

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	2.0	( 19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	REPORT DAILY MX	MG/L		ONCE/MONTH	COMP24
CYANIDE, TOTAL (AS CN) 00720 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 10	( 28)	0	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	100 DAILY MX	UG/L		TWICE/MONTH	GRAB
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.06	( 19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	0.15 DAILY MX	MG/L		ONCE/MONTH	COMP24
IRON, TOTAL See Note (AS FE) 2 and 6 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.24	( 19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	0.37 DAILY MX	MG/L		ONCE/MONTH	COMP24
LEAD, TOTAL See Note 1 (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.003	( 19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	0.019 DAILY MX	MG/L		ONCE/MONTH	COMP24
NICKEL, TOTAL See Note 1 (AS NI) 01067 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.01	( 19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	0.11 DAILY MX	MG/L		ONCE/MONTH	COMP24
SILVER, TOTAL See Note 1 (AS AG) 01077 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.003	( 19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	*** ****	*****	*****	0.015 DAILY MX	MG/L		ONCE/MONTH	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Mr. Frank Crescenzo Acting Area Group Manager  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
			631 344-3424	YEAR	MO	DAY

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

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB'S.  
~~SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS~~

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME **U S D O E**  
ADDRESS **BROOKHAVEN NATIONAL LABORATORY**  
**BROOKHAVEN AREA OFFICE**  
**UPTON NY 11973**  
FACILITY **BROOKHAVEN NATIONAL LABORATORY**  
LOCATION **UPTON NY 11973**  
ATTN: **GEORGE MALOSH, GROUP MGR**

**NY0005835**  
PERMIT NUMBER

**001 M**  
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	04	01		02	04	30

\*\*\* NC DISCHARGE **1** \*\*\*  
NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0.07	( 19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.1 DAILY MX	MG/L		ONCE/MONTH	COMP24
TOLUENE 34010 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	< 1	( 28)	0	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		TWICE/MONTH	GRAB
METHYLENE CHLORIDE 34423 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	< 1	( 28)	0	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		TWICE/MONTH	GRAB
1,1,1-TRICHLORO-ETHANE 34506 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	< 1	( 28)	0	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	*****	0.4	0.6	( 03)	*****	*****	*****		0	CONTINUOUS	RECORD
	PERMIT REQUIREMENT	REPORT DAILY AV	2.3 DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	RECORD
MERCURY, TOTAL (AS HG) See Note 1 71900 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0.0002	( 19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.0008 DAILY MX	MG/L		ONCE/MONTH	COMP24
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	< 2	( 13)	0	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	200 DAILY AV	400 DAILY MX	#/1 COML	ONCE/MONTH	GRAB

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 to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Mr. Frank Crescenzo Acting Area Group Manager TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631 344-3424 AREA CODE NUMBER

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.

SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if D/Fermit)

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

NAME **U S D O E**  
ADDRESS **BROOKHAVEN NATIONAL LABORATORY**  
**BROOKHAVEN AREA OFFICE**  
**UPTON NY 11973**  
FACILITY **BROOKHAVEN NATIONAL LABORATORY**  
LOCATION **UPTON NY 11973**  
ATTN: **GEORGE MALOSH, GROUP MGR**

**NY0005835**  
PERMIT NUMBER

**001 M**  
DISCHARGE NUMBER

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

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY  
**02 04 01** TO **02 04 30**

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

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
2-BUTANONE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5	( 28)	0	2/MO	GRAB
78356 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	50 DAILY RX	UG/L		ONCE/MO	GRAB
BOD, 5-DAY PERCENT REMOVAL See Note 5	SAMPLE MEASUREMENT	*****	*****		> 98	*****	*****	( 23)	0	1/MO	CALCTD
81010 K 0 0 PERCENTREMOVAL	PERMIT REQUIREMENT	*****	*****	****	85 MO AV MN	*****	*****	PER- CENT		ONCE/MO	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL See 81011 K 0 0 Note 5	SAMPLE MEASUREMENT	*****	*****		> 97	*****	*****	( 23)	0	1/MO	CALCTD
PERCENTREMOVAL	PERMIT REQUIREMENT	*****	*****	****	85 MO AV MN	*****	*****	PER- CENT		ONCE/MO	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  <b>Mr. Frank Crescenzo</b> <b>Acting Area Group Manager</b>  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE  <b>631 344-3424</b>	DATE		
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER

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.**  
~~SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS~~



NAME **U S D O E**  
 ADDRESS **BROOKHAVEN NATIONAL LABORATORY**  
**BROOKHAVEN AREA OFFICE**  
**UPTON NY 11973**  
 FACILITY **BROOKHAVEN NATIONAL LABORATORY**  
 LOCATION **UPTON NY 11973**

**NY0005835**  
 PERMIT NUMBER

**002 B**  
 DISCHARGE NUMBER

MAJOR (SUBR 01)  
 F - FINAL  
 RF(1004) & BRAHMS(1002) BLOWDN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	04	01		02	04	30

\*\*\* NC DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

ATTN: **GEORGE MALOSH, GROUP MGR**

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		8.3	*****	8.3	( 12 )	0	1/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	REPORT MINIMUM	*****	9.0	SU		ONCE/MONTH	GRAB
OIL & GREASE		*****	*****		*****	*****		( 19 )	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	15	DAILY MX		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	0.00001	( 03 )	*****	*****	*****		0	1/MO	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE		*****	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/MONTH	RCORDR
See Note 3											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Mr. Frank Crescenzo**  
 Acting Area Group Manager  
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **631 344-3424**  
 DATE  
 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 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**  
**BROOKHAVEN AREA OFFICE**  
**UPTON NY 11973**  
 FACILITY **BROOKHAVEN NATIONAL LABORATORY**  
 LOCATION **UPTON NY 11973**  
 ATTN: **GEORGE MALOSH, GROUP MGR**

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

**NY0005835**  
 PERMIT NUMBER

**002 M**  
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	04	01		02	04	30

\*\*\* NC DISCHARGE  \*\*\*  
 NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.4	*****	8.1	( 12 )	0	5/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE		*****	*****		*****	*****	< 5	( 19 )	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	0.1	( 03 )	*****	*****	*****		0	5/MO	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE		*****	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/MONTH	RCORDR
See Note 3											
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 to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					TELEPHONE		DATE			
Mr. Frank Crescenzo Acting Area Group Manager						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO
TYPED OR PRINTED						631 344-3424					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.  
 SAMPLNG FOR THIS OUTFALL SHALL BE CONDUCTED AT A LOCATION DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES  
 WITH THE COOLING TOWER BLOWDOWN FROM THE STAR DETECTOR.  
 EPA Form 3320-1 (Rev. 3/99) Previous editions may be used. 01218/020410-1999 PAGE 1 OF 1

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (F/D) (if diff))

NAME **U S D O E**  
 ADDRESS **BROOKHAVEN NATIONAL LABORATORY**  
**BROOKHAVEN AREA OFFICE**  
**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 H**  
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
02	04	01	To	02	04	30

FROM

To

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

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.4	*****	8.0	( 12 )	0	5/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE		*****	*****		*****	*****	< 5	( 19 )	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.2	*****	( 03 )	*****	*****	*****		0	5/MO	RCORDR
50050 1 0 1 EFFLUENT GROSS VALUE		REPORT DAILY AV	*****	MGD	*****	*****	*****	****		ONCE/MONTH	RCORDR
See Note 3											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Mr. Frank Crescenzo**  
Acting Area Group Manager  
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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**  
**BROOKHAVEN AREA OFFICE**  
**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

**007 M**  
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	04	01		02	04	30

FROM

TO

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

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE		*****	160000	( 07 )	*****	*****	*****		0	14/MO	INSTAN
00056 1 0 0 EFFLUENT GROSS VALUE		*****	REPORT	DAILY HX GPD	*****	*****	*****	****		ONCE/MONTH	INSTAN
PH		*****	*****		7.8	*****	7.8	( 12 )	0	1/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	REPORT	*****	9.0	SU		ONCE/MONTH	GRAB
					MINIMUM		MAXIMUM				

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 to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
		Mr. Frank Crescenzo Acting Area Group 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)  
 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.  
 SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

NAME **U S D O E**  
ADDRESS **BROOKHAVEN NATIONAL LABORATORY**  
**BROOKHAVEN AREA OFFICE**  
**UPTON NY 11973**  
FACILITY **BROOKHAVEN NATIONAL LABORATORY**  
LOCATION **UPTON NY 11973**  
ATTN: **GEORGE MALOSH, GROUP MGR**

**NY0005835**  
PERMIT NUMBER

**008 M**  
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	04	01		02	04	30

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

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
FLOW RATE See Note 4 00056 1 0 0		*****	24030	( 07 )	*****	*****	*****		0	1/MO	INSTAN	
EFFLUENT GROSS VALUE		*****	REPORT	DAILY MX GPD	*****	*****	*****	****		ONCE/MONTH	INSTAN	
PH		*****	*****		7.3	*****	7.3	( 12 )	0	1/MO	GRAB	
00400 1 0 0		*****	*****	****	REPORT	*****	8.5			ONCE/MONTH	GRAB	
EFFLUENT GROSS VALUE		*****	*****	****	MINIMUM	*****	MAXIMUM	SU		ONCE/MONTH	GRAB	
OIL & GREASE		*****	*****		*****	*****	< 5	( 19 )	0	1/MO	GRAB	
00556 1 0 0		*****	*****	****	*****	*****	15			ONCE/MONTH	GRAB	
EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	DAILY MX	MG/L		ONCE/MONTH	GRAB	
1,1-DICHLOROETHYLENE		*****	*****		*****	*****	< 1	( 28 )	0	1/MO	GRAB	
34501 1 0 0		*****	*****	****	*****	*****	5			ONCE/MONTH	GRAB	
EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	DAILY MX	UG/L		ONCE/MONTH	GRAB	
1,1,1-TRICHLOROETHANE		*****	*****		*****	*****	< 1	( 28 )	0	1/MO	GRAB	
34506 1 0 0		*****	*****	****	*****	*****	5			ONCE/MONTH	GRAB	
EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	DAILY MX	UG/L		ONCE/MONTH	GRAB	
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 to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							TELEPHONE		DATE		
Mr. Frank Crescenzo Acting Area Group 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)

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.

NAME **U S D O E**  
 ADDRESS **BROOKHAVEN NATIONAL LABORATORY**  
**BROOKHAVEN AREA OFFICE**  
**UPTON NY 11973**  
 FACILITY **BROOKHAVEN NATIONAL LABORATORY**  
 LOCATION **UPTON NY 11973**  
 ATTN: **GEORGE MALOSH, GROUP MGR**

**NY0005835**  
 PERMIT NUMBER

**010 M**  
 DISCHARGE NUMBER

MAJOR  
 (SUBR 01)  
 F - FINAL  
 STORMWTR R O CENTRAL STEAM (H)

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	04	01		02	04	30

FROM

TO

\*\*\* NC DISCHARGE  \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE See Note 4	SAMPLE MEASUREMENT	*****	17940	( 07 )	*****	*****	*****		0	1/MO	INSTAN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	***		ONCE/MONTH	INSTAN
PH	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.2	( 12 )	0	1/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5	( 19 )	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 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. Frank Crescenzo**  
**Acting Area Group Manager**  
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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



NAME **U S D O E**  
 ADDRESS **BROOKHAVEN NATIONAL LABORATORY**  
**BROOKHAVEN AREA OFFICE**  
**UPTON NY 11973**  
 FACILITY **BROOKHAVEN NATIONAL LABORATORY**  
 LOCATION **UPTON NY 11973**  
 ATTN: **GEORGE MALOSH, GROUP MGR**

**NY0005835**  
 PERMIT NUMBER

**06A H**  
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	04	01		02	04	30

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

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.5	*****	7.9	( 12)	0	5/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE		*****	*****		*****	*****	< 5	( 19)	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	0.1	( 03)	*****	*****	*****		0	5/MO	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE		*****	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/MONTH	RCORDR
See Note 3											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Mr. Frank Crescenzo**  
 Acting Area Group Manager  
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (F/D)(From))

NAME **U S D O E**  
 ADDRESS **BROOKHAVEN NATIONAL LABORATORY**  
**BROOKHAVEN AREA OFFICE**  
**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

**068 M**  
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	04	01		02	04	30

FROM

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

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		7.6	*****	8.1	( 12 )	0	5/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE		*****	*****		*****	*****	< 5	( 19 )	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	0.6	( 03 )	*****	*****	*****		0	5/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	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					TELEPHONE		DATE			
Mr. Frank Crescenzo Acting Area Group Manager TYPED OR PRINTED						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		631 344-3424		AREA CODE	NUMBER

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS