

A110000

Environmental Services Division

Building 120
P.O. Box 5000
Upton, NY 11973-5000
Phone 631 344-8370
Fax 631 344-6079
cunniff@bnl.gov

BROOKHAVEN
NATIONAL LABORATORY

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

www.bnl.gov

August 21, 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 July 2002
REFERENCE: Letter from Robert Desmarais to Cunniff dated July 29, 2002

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

With the exception of one excursion for the daily maximum fecal coliform concentration at Outfall 001, review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. Please refer to item four of the Discharge Monitoring Report Notes section for a description of this excursion. The compliance sample was collected during cleaning operations on the UV disinfection system, which resulted in the elevated coliform concentrations. The cleaning procedure has been modified to prevent future excursions.

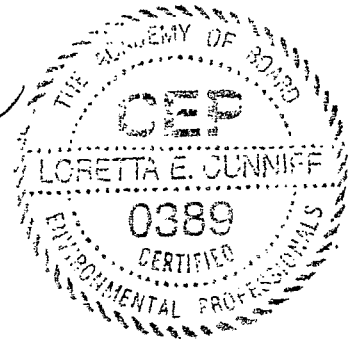
Collection and analysis of the SPDES permit samples are performed in accordance with the guidelines of the BNL Quality Assurance program. These guidelines include the routine calibration of instruments, standard operating procedures for collection and analysis of samples, use of standard methods of analysis, 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 May 2002.

August 21, 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 Health Services no later than August 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, CEP
Division Manager



LEC/MA:cr

- Attachment I: Discharge Monitoring Report for July 2002.
- Attachment II: Analytical Results from H2M Labs for samples collected on 7/8/02 and 7/11/02 from Outfall 001.
- Attachment III: Analytical Results from H2M Labs for samples collected from Outfalls 002, 002B, 005, and 006A.
- Attachment IV: Non-Compliance Report for July SPDES Excursion at Outfall 001.
- Attachment V: Computer generated Discharge Monitoring Report for July 2002.

- | | | | | |
|-----|---------------|-----------------|---------------|-----------------|
| cc: | M. Allocco | w/attachments | M. Baldwin | w/attachments |
| | M. Bebon | w/o 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 Duynes | w/attachments | M. Wood | w/o attachments |

EC62ER.02

Brookhaven National Laboratory
SPDES Permit No. NY0005835
Discharge Monitoring Report for July 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. Since flow records are maintained on a weekly or monthly basis, the flow rate provided is the daily average.
3. There was no discharge from Outfalls 008 and 010 during this reporting period.
4. The fecal coliform concentration at outfall 001 on July 11, 2002, was 800 MPN/100 mL, which exceeds the permit daily maximum level of 400 MPN/100 mL. The sample was collected during cleaning operations of the UV disinfection system and occurred after one bank of lights had been cleaned, and believed to be still warming up, and the other bank had been shutdown. A review and instituted change of cleaning procedures should prevent a similar incident from occurring.
5. The compliance sample collected from outfall 006B on July 23, 2002 for oil and grease analysis was not preserved with acid to reach a pH <2 as required by EPA Method 1664A at time of collection. Therefore the analytical laboratory has qualified the results.

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

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

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	07	01		02	07	31

*** 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			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	79	(15)	0	01/01	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	90			DAILY	GRAB
BOD, 5-DAY (20 DEG. C) 00310 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	∠ 2	∠ 2	(19)	0	02/30 01/01	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	10	20			ONCE/	COMP24
PH	SAMPLE MEASUREMENT	*****	*****		6.4	*****	6.9	(12)	0	01/01	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.8	*****	9.0			DAILY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	∠ 4	∠ 4	(19)	0	02/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	10	20			ONCE/	COMP24
SOLIDS, SETTLEABLE 00545 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0	(25)	0	01/01	GR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.1			DAILY	GRAB
NITROGEN, TOTAL (AS N) 00600 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	6.4	(19)	0	02/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	10			ONCE/	COMP24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	∠ 0.1	(19)	0	02/30	24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	2			ONCE/	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.

TELEPHONE
 631 344-3424
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 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 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
 EPA Form 3320-1 (Rev. 3/99) Previous editions may be used.

NAME **USDOE**
 ADDRESS **BROOKHAVEN NATIONAL LABORATORY**
BROOKHAVEN AREA OFFICE
UPTON NY 11973
 FACILITY **BROOKHAVEN NATIONAL LABORATORY**
 LOCATION **UPTON NY 11973**
 ATTENTION: **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	07	01		02	07	31

*** 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) 0665 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.6	(19)	0	02/30	24
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN) 0720 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<10.0	(28)	0	02/30	GR
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	100 DAILY MX	UG/L		TWICE/ MONTH	SRAB
COPPER, TOTAL (AS CU) 1042 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.052	(19)	0	02/30	24
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.15 DAILY MX	MG/L		ONCE/ MONTH	COMP24
IRON, TOTAL (AS FE) 1045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.29	(19)	0	02/30	24
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.37 DAILY MX	MG/L		ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB) 1051 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0031	(19)	0	02/30	24
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.019 DAILY MX	MG/L		ONCE/ MONTH	COMP24
NICKEL, TOTAL (AS NI) see note 1 1067 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0028	(19)	0	02/30	24
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.11 DAILY MX	MG/L		ONCE/ MONTH	COMP24
SILVER, TOTAL (AS AG) see note 1 1077 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0051	(19)	0	02/30	24
	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
 631
 344-3424
 DATE
 YEAR MO DAY

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

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5. 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)

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

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

USDOE
ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973
CITY BROOKHAVEN NATIONAL LABORATORY
UPTON NY 11973
PERSON: GEORGE MALOSH, GROUP MGR

NY0005835
PERMIT NUMBER

001 M
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	07	01		02	07	31

*** 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			
VC, TOTAL (S ZN)	*****	*****	*****		*****	*****	0.02	(19)	0	02/30	24
D92 1 0 0 FLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.1 DAILY MX	MG/L		ONCE/MONTH	COMP24
LUENE	*****	*****	*****		*****	*****	<1	(28)	0	02/30	GR
D10 1 0 0 FLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		TWICE/MONTH	GRAB
ETHYLENE CHLORIDE	*****	*****	*****		*****	*****	<1	(28)	0	02/30	GR
423 1 0 0 FLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		TWICE/MONTH	GRAB
1,1-TRICHLOROETHANE	*****	*****	*****		*****	*****	<1	(28)	0	02/30	GR
506 1 0 0 FLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		TWICE/MONTH	GRAB
GW, IN CONDUIT OR TREATMENT PLANT	*****	0.60	0.75	(03)	*****	*****	*****		0	99/99	RC
750 1 0 0 FLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	2.3 DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	RECORD
MERCURY, TOTAL (S HG) see note 1	*****	*****	*****		*****	*****	0.0002	(19)	0	02/30	24
900 1 0 0 FLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.0008 DAILY MX	MG/L		ONCE/MONTH	COMP24
UNIFORM, FECAL VERBAL see note 4	*****	*****	*****		*****	146	800	(13)	1	06/30	GR
955 1 0 0 FLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200 DAILY AV	400 DAILY MX	#/100ML		ONCE/MONTH	GRAB

SIGNATURE/TITLE PRINCIPAL EXECUTIVE OFFICER
r. 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			
AREA CODE	NUMBER	YEAR	MO	DAY	

REMARKS 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.
 E PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS

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

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

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

USDOE
BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973
BROOKHAVEN NATIONAL LABORATORY
UPTON NY 11973
IN: GEORGE MALOSH, GROUP MGR

NY0005835
PERMIT NUMBER

001 M
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	07	01		02	07	31

*** 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			
BUTANONE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)	0	02/30	GR
356-100 FLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	50	DAILY MX UG/L		TWICE/MONTH	GRAB
0, 5-DAY PERCENT MOVAL	SAMPLE MEASUREMENT	*****	*****		> 89	*****	*****	(23)	0	01/30	CA
010 K 0 0 CENTREMOVAL	PERMIT REQUIREMENT	*****	*****	***	85	*****	*****	PER-CENT		ONCE/MONTH	CALC'D
LIDS, SUSPENDED CENTREMOVAL	SAMPLE MEASUREMENT	*****	*****		> 91	*****	*****	(23)	0	01/30	CA
011 K 0 0 CENTREMOVAL	PERMIT REQUIREMENT	*****	*****	***	85	*****	*****	PER-CENT		ONCE/MONTH	CALC'D
	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

REMARKS 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**
CITY: **BROOKHAVEN NATIONAL LABORATORY
UPTON NY 11973**
ATTENTION: **GEORGE MALOSH, GROUP MGR.**

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	07	01		02	07	31

***** 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			
1400 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		8.6	*****	8.6	(12)	0	05/30	GR
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
1556 1 0 0 EFFLUENT GROSS VALUE LOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5.0	(19)	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
1050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	0.0006	(03)	*****	*****	*****		0	05/30	RC
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/MONTH	RECORD
see note 2	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

REMARKS 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.

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
 CITY **BROOKHAVEN NATIONAL LABORATORY**
 CATION **UPTON NY 11973**
 PATTN: **GEORGE MALOSH, GROUP MGR**

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	07	01		02	07	31

***** 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			
0400 1 0 0 EFFLUENT GROSS VALUE IL & GREASE	SAMPLE MEASUREMENT	*****	*****		7.6	*****	8.6	(12)	0	05/30	GR
	PERMIT REQUIREMENT	*****	*****	***	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
0556 1 0 0 EFFLUENT GROSS VALUE LOW, IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.0	(19)	0	01/30	GR
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
0050 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.01	*****	(03)	*****	*****	*****		0	05/30	RC
	PERMIT REQUIREMENT	REPORT DAILY AV	*****	MGD	*****	*****	*****	****		ONCE/MONTH	RECORD
see note 2	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)
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.
SAMPLING FOR THIS OUTFALL SHALL BE CONDUCTED AT A LOCATION DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH THE COOLING TOWER BLOWDOWN FROM THE STAR DETECTOR.

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

NAME **USE DOE**

ADDRESS **BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE**

UPTON NY 11973

ACTIVITY **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 M
DISCHARGE NUMBER

**MAJOR
(SUBR 01)**

F - FINAL

NLS COOLING TOWER BLDN ETC(HS)

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	07	01		02	07	31

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		*****	*****		7.5	*****	8.4	(12)	0	05/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE		*****	*****		*****	*****	<5.0	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	15 DAILY MAX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.16	*****	(03)	*****	*****	*****		0	05/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE		REPORT DAILY AV.	*****	MGD	*****	*****	*****	****		ONCE/MONTH	RECORD
see note 2											

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)

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

DISCHARGE MONITORING REPORT (DMR)

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

NAME USDOE 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

007 M DISCHARGE NUMBER

MONITORING PERIOD FROM 02 07 01 TO 02 07 31

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

Main data table with columns: PARAMETER, QUANTITY OR LOADING (AVERAGE, MAXIMUM, UNITS), QUALITY OR CONCENTRATION (MINIMUM, AVERAGE, MAXIMUM, UNITS), NO. EX, FREQUENCY OF ANALYSIS, SAMPLE TYPE. Includes rows for LOW RATE and 0400 EFFLUENT GROSS VALUE.

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) 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

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

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

008 M
DISCHARGE NUMBER

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

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	02	07	01		02	07	31

***** 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 3		*****		(07)	*****	*****	*****				
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	****		ONCE / MONTH	INSTAN
PH	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE / MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	15 DAILY MX	MG/L		ONCE / MONTH	GRAB
1,1-DICHLOROETHYLENE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)			
34501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	5 DAILY MX	UG/L		ONCE / MONTH	GRAB
1,1,1-TRICHLOROETHANE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)			
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	5 DAILY MX	UG/L		ONCE / MONTH	GRAB
	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
DATE
631 AREA CODE | 344-3424 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.

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

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

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

ME USDOE
ADDRESS BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON NY 11973
CITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973
ATTN: GEORGE MALOSH, GROUP MGR

NY0005835
PERMIT NUMBER

010 M
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	07	01		02	07	31

*** 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			
LOW RATE see note 3 0056 1 0 0 EFFLUENT GROSS VALUE	*****	*****	REPORT DAILY MX	(07) GPD	*****	*****	*****	*****	****	ONCE / MONTH	INSTANT
0400 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	*****	*****	*****	*****	*****	*****	8.5 MAXIMUM	(12) SU	*****	ONCE / MONTH	GRAB
0556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	15 DAILY MX	(19) 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 fr. Frank Crescenzo Acting Area Group Manager	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		
		631 344-3424				
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

PARAMETERS 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

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

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	07	01		02	07	31

*** 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	*****	7.9	(12)	0	05/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE / MONTH	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	25.0	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE / MONTH	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		0.05	*****	(03)	*****	*****	*****		0	05/30	RC
00556 1 0 1 EFFLUENT GROSS VALUE		REPORT DAILY AV	*****	MGD	*****	*****	*****	****		ONCE / MONTH	RCORD
see note 2											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mr. Frank Crescenzo Acting Area Group Manager	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			
		631 844-3424	AREA CODE	NUMBER	YEAR	MO
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

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

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

06B M
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
02	07	01		02	07	31

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		*****	*****		7.3	*****	7.5	(12)	0	05/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*** ****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE See Note 5		*****	*****		*****	*****	<1.0	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	*** ****	*****	*****	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.12	*****	(03)	*****	*****	*****		0	05/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE		REPORT DAILY AV	*****	MGD	*****	*****	*****	**** ****		ONCE/ MONTH	RCORDR
See Note 2											

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