

**BROOKHAVEN**  
NATIONAL LABORATORY

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

December 16, 2003

Mr. Scott Mallette  
Director, Operations Management Division  
U. S. Department of Energy  
Brookhaven Area Office  
Upton, NY 11973

Dear Mr. Mallette:

**SUBJECT: NPDES - Discharge Monitoring Report (DMR) for November 2003**

Included as Attachment I, please find the DMR for the month of November 2003. Chemical analyses for the reported parameters are conducted by NYS Department of Health certified laboratories. As of November 1, 2003, Severn Trent Laboratories, Inc. will be performing most of the analyses on all SPDES samples with H2M Labs, Inc. performing only the BOD<sub>5</sub>, Nitrogen series, and fecal coliform analyses due to sample holding times. 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 and Waste Management Services Division, Field Sampling Team.

The analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. 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 and Waste Management 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 November 2003.

Although it is no longer necessary for BNL to include copies of the laboratory analysis when submitting the DMR, we are including them in the package submitted to you for record-



REGISTERED TO  
ISO 14001: 1996

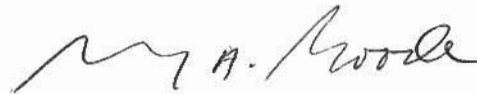


NSF's Registration Program  
is accredited by the American  
National Standards Institute  
Registry Accreditation Board

keeping purposes. You do not have to forward the analytical reports to the NYSDEC-Region 1 or SCDHS when submitting the DMR.

Please sign each page of the computer generated DMR where indicated and transmit it to the New York State Department of Environmental Conservation and the Suffolk County Department of Health Services no later than December 28, 2003. 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,



George A. Goode  
Environmental & Waste Management Services  
Division Manager

GAG/MA:car

Attachment I: Discharge Monitoring Report for November 2003.

Attachment II: Analytical Results from H2M Labs Inc. and Severn Trent Laboratories, Inc. for samples collected on 11/3/03 and 11/6/03 from Outfall 001.

Attachment V: Analytical Results from Severn Trent Laboratories, Inc. for samples collected from Outfalls 002, 002B, 005, 006A, 006B, 008, and 010.

cc:	M. Allocco	w/ attachments	M. Baldwin	w/ attachments
	M. Bebon	w/o attachments	W. Chaloupka	w/ attachments
	S. Dierker	w/o attachments	G. Goode	w/o Attachments
	G. Granzen	w/o attachments	C. Johnson	w/o attachments
	R. Lee	w/ attachments	K. Klaus	w/ attachments
	E. Lessard	w/o attachments	D. Lowenstein	w/o attachments
	E. Murphy	w/ attachments	V. Radeka	w/o attachments
	B. Style	w/o attachments	J. Tarpinian	w/o attachments
	D. Van Duyne	w/ attachments		

EC62ER.03

**ATTACHMENT I**

**BROOKHAVEN NATIONAL LABORATORY**

**SPDES PERMIT NO. NY0005835**

**DISCHARGE MONITORING REPORT FOR NOVEMBER 2003**

**FOR OUTFALLS NO. 001 – 010**

**Brookhaven National Laboratory**  
**SPDES Permit No. NY0005835**  
**Discharge Monitoring Report for November 2003**  
**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. Flow is estimated based upon an instantaneous flow measurement and the assumption that flow continued for the entire day (i.e., 1,440 minutes).
3. Since flow records are maintained on a weekly or monthly basis, the flow rate provided is the daily average.

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

MAJOR (SUBR 01)  
 F - FINAL  
 PROCESS SANIT & STORMWTR RNOFF  
 \*\*\* No Discharge \*\*\*\*

NY0005835 001 M Discharge Number  
 Permit Number  
 Monitoring Period  
 From To  
 YR MO DY YR MO DY  
 03 11 01 03 11 30

Note: Read instructions before completing this form

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT	*****	*****	*****	*****	64	(15)	0	01/01	GR
00011 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	90	DEG.F		DAILY	GRAB
BOD, 5-DAY (20 DEG. C)	*****	*****	*****	< 2	< 2	(19)	0	02/30	24
00310 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	10	20	MG/L		ONCE/MONTH	COMP24
PH	*****	*****	5.9	*****	6.5	(12)	0	01/01	GR
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	5.8	*****	9.0	SU		DAILY	GRAB
SOLIDS, TOTAL SUSPENDED	*****	*****	*****	< 1	< 1	(19)	0	02/30	24
00530 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	10	20	MG/L		ONCE/MONTH	COMP24
SOLIDS, SETTLEABLE	*****	*****	*****	*****	0.0	(25)	0	01/01	GR
00545 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	0.1	ML/L		DAILY	GRAB
NITROGEN, TOTAL (AS N)	*****	*****	*****	*****	3.9	(19)	0	02/30	24
00600 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	10	MG/L		ONCE/MONTH	COMP24
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	*****	*****	0.11	(19)	0	02/30	24
00610 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	2	MG/L		ONCE/MONTH	COMP24

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.

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

Telephone  
 631-344-3424

Signature of Principal Executive Officer or Authorized Agent  
 Date Signed

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

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

MAJOR (SUBR 01)  
 F - FINAL  
 PROCESS SANIT & STORMWTR RNOFF  
 \*\*\* No Discharge

NY0005835  
 Permit Number  
 001 M  
 Discharge Number

Monitoring Period  
 From To  
 YR MO DY YR MO DY  
 03 11 01 03 11 30

Note: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
PHOSPHORUS, TOTAL (AS P)	*****	*****	*****	*****	*****	0.9	(19)	0	02/30	24
00665 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	****	*****	REPORT DAILY MX	MG/L	0	ONCE/MONTH	COMP24
CYANIDE, TOTAL (AS CN)	*****	*****	*****	*****	*****	< 5	(28)	0	02/30	GR
00720 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	****	*****	100. DAILY MX	UG/L	0	TWICE/MONTH	GRAB
COPPER, TOTAL (AS CU)	*****	*****	*****	*****	*****	0.039	(19)	0	02/30	24
01042 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	****	*****	0.15 DAILY MX	MG/L	0	ONCE/MONTH	COMP24
IRON, TOTAL (AS FE)	*****	*****	*****	*****	*****	0.070	(19)	0	02/30	24
01045 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	****	*****	0.37 DAILY MX	MG/L	0	ONCE/MONTH	COMP24
LEAD, TOTAL (AS PB)	*****	*****	*****	*****	*****	0.0018	(19)	0	02/30	24
See Note 1	*****	*****	****	****	*****	0.019 DAILY MX	MG/L	0	ONCE/MONTH	COMP24
01051 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0.0043	(19)	0	02/30	24
NICKEL, TOTAL (AS NI)	*****	*****	*****	*****	*****	0.11 DAILY MX	MG/L	0	ONCE/MONTH	COMP24
01067 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	****	*****	0.0012	(19)	0	02/30	24
SILVER, TOTAL (AS AG)	*****	*****	*****	*****	*****	0.015 DAILY MX	MG/L	0	ONCE/MONTH	COMP24
See Note 1	*****	*****	****	****	*****	0.015 DAILY MX	MG/L	0	ONCE/MONTH	COMP24
01077 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****					

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  
 Date Signed

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 EXFILTR 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)

MAJOR (SUBR 01)  
 F - FINAL  
 PROCESS SANIT & STORMWTR RNOFF  
 \*\*\* No Discharge  \*\*\*\*

NY0005835		001 M	
Permit Number		Discharge Number	
Monitoring Period			
From	To		
YR MO DY	YR MO DY		
03 11 01	03 11 30		

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	MINIMUM	AVERAGE	MAXIMUM			
ZINC, TOTAL (AS ZN)	MEASUREMENT	*****	*****	*****	*****	*****	0	02/30	24
01092 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE						MG/L			
TOLUENE	MEASUREMENT	*****	*****	*****	*****	*****	0	02/30	GR
34010 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE						UG/L			
METHYLENE CHLORIDE	MEASUREMENT	*****	*****	*****	*****	*****	0	02/30	GR
34423 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE						UG/L			
1,1,1-TRICHLORO-ETHANE	MEASUREMENT	*****	*****	*****	*****	*****	0	02/30	GR
34506 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE						UG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	MEASUREMENT	0.35	0.51	*****	*****	*****	0	99/99	RC
50050 1 0 0	PERMIT REQUIREMENT	REPORT DAILY AV	2.3 DAILY MX	*****	*****	*****		CONTINUOUS	RCORDR
EFFLUENT GROSS VALUE			MGD						
MERCURY, TOTAL (AS HG)	MEASUREMENT	*****	*****	*****	*****	*****	0	02/30	24
71900 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE						MG/L			
COLIFORM, FECAL GENERAL	MEASUREMENT	*****	*****	*****	*****	*****	0	02/30	GR
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE						# 100ML			

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

Signature of Principal Executive Officer or Authorized Agent

Telephone  
 631-344-3424

Date Signed

Comments and Explanation of any violations (Reference all attachments here)

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APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILTRATION 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  
UPTON NY 11973  
FACILITY BROOKHAVEN NATIONAL LABORATORY  
LOCATION UPTON NY 11973  
ATTN: GEORGE MALOSH, GROUP MGR

MAJOR (SUBR 01)  
F - FINAL  
Discharge Number  
005 M

Monitoring Period  
From To  
YR MO DY YR MO DY  
03 11 01 03 11 30  
NLS COOLING TOWR BLDN ETC(HS)  
\*\*\* No Discharge

Note: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
PH	*****	*****		6.4	*****	7.8	(12)	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU	0	ONCE/MONTH	GRAB
OIL & GREASE	*****	*****	****	*****	*****	< 5	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	*****	*****	15 DAILY MX	MG/L	0	ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.25	*****	(03)	*****	*****			0	04/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	REPORT DAILY AV	*****	MGD	*****	*****	*****		0	ONCE/MONTH	RCORDR
	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.									
Mr. Michael Holland Area Office Manager										
Telephone 631-344-3424										
Signature of Principal Executive Officer or Authorized Agent	Date Signed									

Comments and Explanation of any violations (Reference all attachments here)  
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

MAJOR (SUBR 01)  
F - FINAL  
WATER TREATMENT PLT BKWSH (HX)  
\*\*\* No Discharge \*\*\*\*\*

007 M Discharge Number  
Monitoring Period  
From To  
YR MO DY YR MO DY  
03 11 01 03 11 30

Note: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM			
FLOW RATE	*****	280000	(07)	*****	*****		*****	0	18/30	IN	
00056 1 0 0 EFFLUENT GROSS VALUE	*****	REPORT DAILY MX	GPD	*****	*****		*****	0	ONCE/MONTH	INSTAN	
PH	*****	*****		6.7	*****	(12)	6.7	0	01/30	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	****	REPORT MINIMUM	*****	SU	9.0 : MAXIMUM		ONCE/ MONTH	GRAB	

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.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mr. Michael Holland Area Office Manager	Telephone 631-344-3424
Typed or Printed	Date Signed
Comments and Explanation of any violations (Reference all attachments here) SAMPLES TO BE COLLECTED AT EFFLUENT PIPE TO WHICH EVER 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 AND REQUIREMENTS.	Signature of Principal Executive Officer or Authorized Agent



**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

MAJOR  
 (SUBR 01)  
 F - FINAL  
 STORMWTR RUNOFF WAREHOUSE (HW)  
 \*\*\* No Discharge  \*\*\*\*

NY005835	008 M	Discharge Number
Permit Number		
Monitoring Period		
From	To	
YR MO DY	YR MO DY	
03 11 01	03 11 30	

Note: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM			
FLOW RATE See Note 2	*****	52800	*****	*****	*****	0	01/30	IN
00056 1 0 0 EFFLUENT GROSS VALUE	*****	REPORT DAILY MX	*****	*****	*****	0	ONCE/MONTH	INSTAN
PH	*****	*****	7.3	*****	7.3	0	01/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	REPORT MINIMUM	*****	8.5 MAXIMUM	0	ONCE/MONTH	GRAB
OIL & GREASE	*****	*****	*****	*****	< 5	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	15 DAILY MX	0	ONCE/MONTH	GRAB
1,1-DICHLOROETHYLENE	*****	*****	*****	*****	< 5	0	01/30	GR
34501 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	5 DAILY MX	0	ONCE/MONTH	GRAB
1,1,1-TRICHLORO-ETHANE	*****	*****	*****	*****	< 5	0	01/30	GR
34506 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	5 DAILY MX	0	ONCE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Mr. Michael Holland  
 Area Office 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.

Signature of Principal Executive Officer or Authorized Agent

Telephone  
631-344-3424

Date Signed

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 AND REQUIREMENTS.







