

120 E. Fifth Ave., Bldg. 860 P. O. Box 5000 Upton, NY 11973-5000 Phone 631 344-4549 Fax 631 344-7334 goode@bnl.gov

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

March 19, 2004

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 February 2004

Included as Attachment I, please find the DMR for the month of February 2004. 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 at Outfall 001 due to sample holding time requirements. 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 BNL personnel. 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 February 2004.

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-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 March 28, 2004. 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,

## /s/ George Goode

George A. Goode Environmental & Waste Management Services Division Manager

## GAG/MA:car

Attachment I: Discharge Monitoring Report for February 2004.

Attachment II: Analytical Results from H2M Labs Inc. and Severn Trent Laboratories, Inc.

for samples collected on 2/2/04 and 2/4/04 from Outfall 001.

Attachment III: Analytical Results from H2M Labs Inc. and Severn Trent Laboratories, Inc.

for samples collected from Outfalls 002, 002B, 005, 006A, 006B, 008, and

010.

cc:	M. Allocco	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
	J. Tarpinian	w/o attachments	D. Van Duyne	w/ attachments

EC62ER.04

## Brookhaven National Laboratory SPDES Permit No. NY0005835 Discharge Monitoring Report for February 2004 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. Flow is estimated based upon an instantaneous flow measurement and the assumption that flow continued for the entire day (i.e., 1,440 minutes).

## ATTACHMENT I BROOKHAVEN NATIONAL LABORATORY SPDES PERMIT NO. NY0005835 DISCHARGE MONITORING REPORT FOR FEBRUARY 2004 FOR OUTFALLS NO. 001 – 010

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

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

		WAJUK
IY0005835	001 M	(SUBR 01)
Permit Number	Discharge Number	F - FINAL
Monitoring Period		PROCESS SANIT & STORMWTR RNOFF

From To
YR MO DY YR MO DY
04 02 01 04 02 29 Note: I

Note: Read Instructions before completing this form

\*\*\* No Discharge

DADAMETER		QUAN	QUANTITY OR LOADING			LITY OR CO			NO.	FREQUENCY	SAMPLE	
PARAMETER		AVERAGE	MAXIMUM	LINITS	MINIMUM	AVERAGE	MAXIMUM	LINITS	EX	OF ANALYSIS	TYPE	
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*****	*****	ONTO	*****	*****	50	(15)	0	01/01	GR	
00011 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	90 DAILY MX	DEG.F		DAILY	GRAB	
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****		*****	< 2	< 2	(19)	0	02/30	24	
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	*****	10 DAILY AV	20 DAILY MX	MG/L		ONCE/MONTH	COMP24	
PH	SAMPLE MEASUREMENT	*****	*****		6.1	*****	7.1	(12)	0	1/01	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	5.8 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	4	7	(19)	0	02/30	24	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	10 DAILY AV	20 DAILY MX	MG/L		ONCE/MONTH	COMP24	
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0	(25)	0	01/01	GR	
00545 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.1 DAILY MX	ML/L		DAILY	GRAB	
NITROGEN, TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	*****	7.4	(19)	0	02/30	24	
00600 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10 DAILY MX	MG/L		ONCE/MONTH	COMP24	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.6	(19)	0	02/30	24	
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	2 DAILY MX	MG/L		ONCE/MONTH	COMP24	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		1			d all attachments we		•					
Mr. Michael Holland Area Office Manage		and evaluat	te the information su	ubmitted. Based on	ed to assure that qui	son or persons who	manage the				Telep 631-344	
Typed or Printed		best of my kno	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						Date S	igned		
Comments and Explanation of any violations			ny raise miorination	, moraumy me possi	omity of fifte and impl	ISOTHTIETH TOT KNOW!	ng violations.	U Cirice	. OI AUUIOI	zea Agent	l	

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.

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

MAJOR

Y0005835	001 M	(SUBR 01)
ermit Number	Discharge Number	F - FINAL
Monitoring Period		PROCESS SANIT & STORMWTR RNOFF

From To
YR MO DY YR MO DY
04 02 01 04 02 29

Note: Read Instructions before completing this form

\*\*\* No Discharge

PARAMETER			ITITY OR LC			ALITY OR CO			NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			ANALYSIS		
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.0	(19)	0	02/30	24	
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****		*****	REPORT DAILY MX	MG/L		ONCE/MONTH	COMP24	
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	*****	*****		*****	*****	5.8	(28)	0	02/30	GR	
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****		*****	100 DAILY MX	UG/L		TWICE/MONTH	GRAB	
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.057	(19)	0	02/30	24	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****		*****	0.15 DAILY MX	MG/L		ONCE/MONTH	COMP24	
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.29	(19)	0	02/30	24	
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.37 DAILY MX	MG/L		ONCE/MONTH	COMP24	
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0042	(19)	0	02/30	24	
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.019 DAILY MX	MG/L		ONCE/MONTH	COMP24	
NICKEL, TOTAL (AS NI) See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0040	(19)	0	02/30	24	
01067 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.11 DAILY MX	MG/L		ONCE/MONTH	COMP24	
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0037	(19)	0	02/30	24	
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.015 DAILY MX	MG/L		ONCE/MONTH	COMP24	
NAME/TITLE PRINCIPAL EXECUT	TIVE OFFICER	I certify und	der penalty of law th	at this document an	d all attachments w	ere prepared under	my direction					·
Mr. Michael Holland		or supervis	ion in accordance v	vith a system design	ed to assure that qu	ualified personnel pr	operly gather				Telep	hone
Area Office Manage	r	and evaluat	e the information su	bmitted. Based on	my inquiry of the pe	rson or persons who	manage the				631-34	4-3424
		system, or thos	se persons directly r	esponsible for gathe	ering the information	, the information sul	omitted is, to 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					Signature of Principal Executive			Date 9	Signed	
Typed or Printed		for submitting	ng false information	, including the possi	bliity of fine and imp	risonment for know	ng violations.	Office	r or Author	ized Agent		

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.

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

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

MAJOR

NY0005835 001 M (SUBR 01)

Permit Number Discharge Number F - FINAL

Monitoring Period PROCESS SANIT & STORMWTR RNOFF
From To \*\*\* No Discharge \*\*\*\*

YR MO DY YR MO DY 04 02 01 04 02 29 Note: Read Instructions before completing this form

PARAMETER		QUAN	ITITY OR LO		QU/	ALITY OR CO			NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.1	(19)	0	02/30	24	
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.1 DAILY MX	MG/L		ONCE/MONTH	COMP24	
TOLUENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1	(28)	0	02/30	GR	
34010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		TWICE/MONTH	GRAB	
METHYLENE CHLORIDE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1	(28)	0	02/30	GR	
34423 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		TWICE/MONTH	GRAB	
1,1,1-TRICHLORO- ETHANE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1	(28)	0	02/30	GR	
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		TWICE/MONTH	GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.33	0.60	(03)	*****	*****	*****		0	99/99	RC	
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	2.3 DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	RCORDR	
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.0002	(19)	0	02/30	24	
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.0008 DAILY MX	MG/L		ONCE/MONTH	COMP24	
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	< 2	< 2	(13)	0	02/30	GR	
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200 DAILY AV	400 DAILY MX	#/ 100ML		ONCE/MONTH	GRAB	
NAME/TITLE PRINCIPAL EXECU	TIVE OFFICER	I certify und	der penalty of law th	at this document an	d all attachments we	ere prepared under	my direction					
Mr. Michael Holland	i	or supervisi	ion in accordance w	rith a system design	ed to assure that qu	alified personnel pro	operly gather				Telep	hone
Area Office Manage	r	and evaluate	e the information su	bmitted. Based on	my inquiry of the per	rson or persons who	manage the				631-34	4-3424
		system, or thos	e persons directly re	esponsible for gathe	ring the information,	, the information sub	omitted is, to the					
		best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties								Date S	Signed	
Typed or Printed	/Deference all attachm		ng false information.	, including the possi	bliity of fine and imp	risonment for knowi	ng violations.	Office	r or Author			

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.

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

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

	MAJOR

NY0005835	001 M	(SUBR 01)
Permit Number	Discharge Number	F - FINAL
Monitoring Period		PROCESS SANIT & STORMWTR RNOFF

From To \*\*\* No Discharge

YR MO DY YR MO DY 04 02 01 04 02 29 Note: Read Instructions before completing this form

				04 102 101	04 102  23		Hote. Reac	i ilisti dotloli	NO.	FREQUENCY		
PARAMETER	$\rightarrow$		ITITY OR LO				ONCENTRAT		EX	OF	TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
2-BUTANONE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 2	(28)	0	02/30	GR	
78356 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	50 DAILY MX	UG/L		TWICE/MONTH	GRAB	
BOD, 5-DAY PERCENT	SAMPLE MEASUREMENT	*****	*****		> 99	*****	*****	(23)	0	01/30	CA	
REMOVAL B1010 K 0 0 PERCENTREMOVAL	PERMIT REQUIREMENT	*****	*****	****	85 MO AV MN	*****	*****	PERCENT		ONCE/MONTH	CALCTD	
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		> 98	*****	*****	(23)	0	01/30	CA	
1011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	**** ***	85 MO AV MN	*****	*****	PERCENT		ONCE/MONTH	CALCTD	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECU	1 -	L certify up	der penalty of law th	at this document an	d all attachments we	re prepared under	my direction					
Mr. Michael Holland		or supervis	ion in accordance w	vith a system design	ed to assure that qua	alified personnel pro	operly gather				Teleph	
Area Office Manage	r	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								631-344		
Typed or Printed		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			Date Si	gned	
amments and Evalenation of any violations			J	,	. ,		J	2				

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.

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

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

		MAJOR
NY0005835	002 B	(SUBR 01)
Permit Number	Discharge Number	F - FINAL
Monitoring Period		RF (1004) & BRAHMS (1002) BLOWDN

\*\*\* No Discharge From То YR MO DY YR MO DY 04 02 01 04 02 29

Note: Read Instructions before completing this form

PARAMETER		QUAN	NTITY OR LO	•	QUA	•	ONCENTRAT		NO. EX	FREQUENCY OF		
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE	
РН	SAMPLE MEASUREMENT	*****	*****	(07)	7.9	*****	8.1	(12)	0	04/30	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	GPD	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB	
DIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.0	(19)	0	01/30	GR	
0556 1 0 0 FFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	0.037	(03)	*****	*****	*****		0	04/30	RC	
0050 1 0 0 See Note 2 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/MONTH	RCORDR	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Mr. Michael Holland  Area Office Manager		I certify un	der penalty of law th	nat this document an	d all attachments we	ere prepared under	my direction					
				-	ed to assure that qui my inquiry of the per						Teleph 631-344	
		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					Signature of Principal Executive			Date Si	gned	
Typed or Printed			ng false information	, including the possi	bliity of fine and imp	isonment for knowi	ng violations.	Office	r or Authori	zed Agent		

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, DISCARGE SHOULD BE TO NEW BASIN.

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

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

MAJOR

NY0005835 002 M (SUBR 01)
Permit Number Discharge Number F - FINAL

Monitoring Period AGS NON-C COOLNG,PRCP,ETC (HN)
From To \*\*\* No Discharge \*\*\*\*

YR MO DY YR MO DY 04 02 01 04 02 29

Note: Read Instructions before completing this form

DADAMETED		QUAN	ITITY OR LO	•	QU/	•	NCENTRAT		NO.	FREQUENCY	SAMPLE	
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	OF ANALYSIS	TYPE	
РН	SAMPLE MEASUREMENT	*****	*****	00	7.8	*****	8.1	(12)	0	04/30	GR	
0400 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.0	(19)	0	01/30	GR	
0556 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB	
LOW, IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.26	*****	(03)	*****	*****	*****		0	04/30	RC	
0050 1 0 1 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	MGD	*****	*****	*****	****		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 und	der penalty of law th	nat this document an	d all attachments we	ere prepared under	my direction		· -	•		
Mr. Michael Holland Area Office Manager		and evaluat	e the information su	ubmitted. Based on	ed to assure that qui my inquiry of the per	son or persons who	manage the				Teleph 631-344	
		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					Signature of Principal Executive			Date Si	gned	
Typed or Printed			ng false information	, including the possi	bliity of fine and imp	isonment for knowi	ng violations.	Office	r or Authori	zea Agent		

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.

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

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

		INIAJOR
NY0005835	005 M	(SUBR 01)
Permit Number	Discharge Number	F - FINAL
Monitoring Period		NSLS COOLING TOWR BLDN ETC(HS)

From To \*\*\* No Discharge
YR MO DY YR MO DY

MAIOD

Note: Read Instructions before completing this form

FREQUENCY SAMPLE NO. **QUANTITY OR LOADING QUALITY OR CONCENTRATION** PARAMETER EX OF TYPE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** РΗ **SAMPLE** (12)\*\*\*\*\* \*\*\*\*\* 7.6 \*\*\*\*\* 8.2 0 04/30 GR MEASUREMENT \*\*\*\* 00400 1 0 0 **PERMIT** REPORT 8.5 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* ONCE/MONTH **GRAB** \*\*\*\* EFFLUENT GROSS VALUE REQUIREMENT MINIMUM MAXIMUM SU OIL & GREASE SAMPLE (19)\*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* < 5.0 0 01/30 GR **MEASUREMENT** 00556 1 0 0 **PERMIT** \*\*\*\* 15 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* ONCE/MONTH **GRAB** EFFLUENT GROSS VALUE **DAILY MX** REQUIREMENT MG/L FLOW, IN CONDUIT OR **SAMPLE** (03)\*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 0.23 0 04/30 RC THRU TREATMENT PLANT **MEASUREMENT** \*\*\*\* 50050 1 0 1 **REPORT** PERMIT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* ONCE/MONTH RCORDR \*\*\*\* EFFLUENT GROSS VALUE REQUIREMENT **DAILY AV** MGD 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 Mr. Michael Holland Telephone or supervision in accordance with a system designed to assure that qualified personnel properly gather Area Office Manager 631-344-3424 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 Signature of Principal Executive **Date Signed** best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties Officer or Authorized Agent Typed or Printed for submitting false information, including the possibliity of fine and imprisonment for knowing violations.

04 02 01 04 02 29

Comments and Explanation of any violations (Reference all attachments here)
SEE PERMIT FOR ADDITIONAL NOTES. COMMENTS AND REQUIREMENTS.

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

**MAJOR** 

IY0005835	007 M	(SUBR 01)
Permit Number	Discharge Number	F - FINAL
Monitoring Period		WATER TREATMENT PLT_BKWSH (HX)

\*\*\* No Discharge From То YR MO DY YR MO DY 04 02 01 04 02 29

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	<b>AVERAGE</b>	MAXIMUM	UNITS		ANALYSIS	
FLOW RATE	SAMPLE MEASUREMENT	*****	240000	(07)	*****	*****	*****		0	06/30	IN
00056 1 0 0	PERMIT	*****	REPORT		*****	*****	*****			ONCE/MONTH	INSTAN
EFFLUENT GROSS VALUE	REQUIREMENT		DAILY MX	GPD							
PH	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.2	(12)	0	01/30	GR
00400 1 0 0	PERMIT	*****	*****	****	REPORT	*****	9.0	İ		ONCE/	
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		MONTH	GRAB
	SAMPLE										
	MEASUREMENT										
	PERMIT							Ĭ			
	REQUIREMENT										
	SAMPLE										
	MEASUREMENT										
	PERMIT							İ			
	REQUIREMENT										
	SAMPLE										
	MEASUREMENT										
	PERMIT							Ī			
	REQUIREMENT										
	SAMPLE										
	MEASUREMENT										
	PERMIT							Ī			
	REQUIREMENT										
	SAMPLE										
	MEASUREMENT										
	PERMIT										
	REQUIREMENT										
NAME/TITLE PRINCIPAL EXECU	TIVE OFFICER	I certify und	der penalty of law th	nat this document ar	d all attachments we	ere prepared under	my direction				
Mr. Michael Holland		or supervis	ion in accordance v	vith a system design	ed to assure that qua	alified personnel pr	operly gather				Telep
Area Office Manage	er	and evaluat	e the information su	ubmitted. Based on	my inquiry of the per	son or persons wh	o manage the				631-34
		system, or thos	e persons directly r	esponsible for gathe	ering the information,	the information su	bmitted is, to the				
		best of my kno	wledge and belief, t	rue, accurate, and c	omplete. I am aware	e that there are sign	nificant penalties	Signatu	re of Princip	al Executive	Date S
Typed or Printed		for submitting	ng false information	, including the possi	bliity of fine and impr	isonment for know	ing violations.	Office	r or Author	ized Agent	

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 AND REQUIREMENTS.

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

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

MAJOR

NY0005835		008 M	(SUBR 01)	
Permit Num	ber	Discharge Number	F - FINAL	
Monitorin	g Period		STORMWTR RUNOFF WA	REHOUSE (HW)
From	To	***	No Discharge	****

02 01 04 02 29 Note: Read Instructions before completing this form

				04   02   01	04 102 23		Note. Read	instructions before completing this for			1111	_
PARAMETER		QUAN	ITITY OR LO	ADING	QUALITY OR CONCENTRATION			ΓΙΟΝ	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
FLOW RATE See Note 3	SAMPLE MEASUREMENT	*****	52850	(07)	*****	*****	*****		0	02/30	IN	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	**** ***		ONCE/MONTH	INSTAN	
PH	SAMPLE MEASUREMENT	*****	*****		7.1	*****	7.8	(12)	0	02/30	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	5.1	(19)	0	01/30	GR	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****		*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB	
1,1-DICHLOROETHYLENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1	(28)	0	01/30	GR	
34501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		ONCE/MONTH	GRAB	
1,1,1-TRICHLORO- ETHANE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1	(28)	0	01/30	GR	
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		I certify und	der penalty of law th	at this document an	d all attachments we	re prepared under	my direction					
Mr. Michael Holland		or supervisi	ion in accordance w	vith a system design	ed to assure that qua	alified personnel pro	operly gather				Telep	hone
Area Office Manager		and evaluate	e the information su	bmitted. Based on	my inquiry of the per	son or persons who	manage the				631-34	4-3424
		system, or thos	e persons directly r	esponsible for gathe	ring the information,	the information sub	omitted is, to the					
		best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties					Signatur	e of Princip	al Executive	Date S	Signed	
Typed or Printed		for submittir	ng false information	, including the possi	bliity of fine and impr	isonment for knowi	ng violations.	Office	r or Author	ized Agent		
· · · · · · · · · · · · · · · · · · ·												

YR MO DY YR MO DY

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.

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

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

MAJOR

NYO	0058	335				010 M	(SUBR 01)
Peri	nit N	lum	ber			Discharge Number	F - FINAL
N	/lonit	orir	ıg Pe	erioc	l		STORMWTR R O CENTRAL STEAM (H)
	Fron	)		То		***	No Discharge ****
YR	МО	DΥ	YR	МО	DY		
04	02	01	04	02	29	Note: Rea	d Instructions before completing this for

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF			
TANAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	LX	ANALYSIS	11172	
FLOW RATE See Note 3	SAMPLE MEASUREMENT	*****	234600	(07)	*****	*****	*****		0	01/30	IN	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	**** ****		ONCE/MONTH	INSTAN	
PH	SAMPLE MEASUREMENT	*****	*****	-	6.6	*****	6.6	(12)	0	01/30	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.0	(19)	0	01/30	GR	
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. Michael Holland Area Office Manager		I certify un	der penalty of law th	nat this document an	d all attachments we	ere prepared under	my direction		· -	<u> </u>		
				-	ed to assure that qua my inquiry of the per						Telepi 631-344	
		-		-	ering the information, omplete. I am aware			Signature of Principal Executive			Date S	igned
Typed or Printed		-	-		bliity of fine and impr	_		_	r or Authori			

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.

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

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

							IIIAOON
NY	00058	335				06A M	(SUBR 01)
Per	mit N	lum	ber			Discharge Number	F - FINAL
ı	Moni	torir	ng Po	erioc	l		LINAC NCCW, FLOOR DNS,ETC(HT1
	Fron	1		То		**	* No Discharge **
YR	МО	DΥ	YR	МО	DY		

MA IOR

Note: Read Instructions before completing this form

FREQUENCY SAMPLE NO. **QUANTITY OR LOADING QUALITY OR CONCENTRATION** PARAMETER TYPE EX OF AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** РΗ **SAMPLE** (12)\*\*\*\*\* \*\*\*\*\* 7.6 \*\*\*\*\* 8.0 0 04/30 GR MEASUREMENT \*\*\*\* 00400 1 0 0 **PERMIT** REPORT 9.0 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* ONCE/MONTH **GRAB** \*\*\*\* EFFLUENT GROSS VALUE REQUIREMENT MINIMUM MAXIMUM SU OIL & GREASE SAMPLE (19)\*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* < 5.0 0 01/30 GR **MEASUREMENT** 00556 1 0 0 **PERMIT** \*\*\*\* 15 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* ONCE/MONTH **GRAB** EFFLUENT GROSS VALUE REQUIREMENT **DAILY MX** MG/L FLOW, IN CONDUIT OR **SAMPLE** (03)\*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 0.029 0 04/30 RC THRU TREATMENT PLANT **MEASUREMENT** \*\*\*\* 50050 1 0 1 **PERMIT REPORT** \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* ONCE/MONTH RCORDR \*\*\*\* EFFLUENT GROSS VALUE REQUIREMENT **DAILY AV** MGD 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 Mr. Michael Holland Telephone or supervision in accordance with a system designed to assure that qualified personnel properly gather Area Office Manager 631-344-3424 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 Signature of Principal Executive **Date Signed** best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties Officer or Authorized Agent Typed or Printed for submitting false information, including the possibliity of fine and imprisonment for knowing violations.

04 | 02 | 01 | 04 | 02 | 29 |

Comments and Explanation of any violations (Reference all attachments here)
SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.

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

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

		MAJOR
NY0005835	06B M	(SUBR 01)
Permit Number	Discharge Number	F - FINAL
Monitoring Period		COOLING TOWR FROM 919 ETC(HT2)

From To

YR MO DY YR MO DY

04 02 01 04 02 29

Note: Read Instructions before completing this form

\*\*\* No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY			
1 ANAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	LX	ANALYSIS	11172	
РН	SAMPLE MEASUREMENT	*****	*****		7.3	*****	8.3	(12)	0	04/30	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB	
DIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.0	(19)	0	01/30	GR	
0556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB	
LOW, IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.21	*****	(03)	*****	*****	*****		0	04/30	RC	
0050 1 0 1 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	MGD	*****	*****	*****	****		ONCE/MONTH	RCORDR	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECU	TIVE OFFICER	I certify und	der penalty of law th	nat this document an	d all attachments we	ere prepared under	my direction					
Mr. Michael Holland Area Office Manage		•		-	ed to assure that qui my inquiry of the per						Telephone 631-344-3424	
		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						Signature of Principal Executive			Date Si	gned
Typed or Printed			ng false information	, including the possi	bliity of fine and imp	isonment for knowi	ng violations.	Office	r or Authori	zed Agent		

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

SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.