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

May 20, 2005

New York State Department of Environmental Conservation Division of Water Bureau of Wastewater Facilities Operation 625 Broadway, 4th Floor Albany, NY 12233-3506

Gentlemen:

SUBJECT: State Pollutant Discharge Elimination System (SPDES) NY-0005835 Brookhaven National Laboratory (BNL) Discharge Monitoring Report (DMR) for April 2005

In accordance with our SPDES permit (NY-0005835), enclosed as Attachment I, please find the DMR for the month of April 2005. Severn Trent Laboratories, Inc. (NELAP Certification #11616) performs most of the analyses on SPDES samples, while H2M Labs, Inc. (NELAP Certification #10478) performs the BOD-5, Nitrogen series, and fecal coliform analyses and CHEMTEX Environmental Laboratory, Inc. (NELAP Certification #02077) performs specialty analyses for tolytriazole, hydroxyethilydene diphosphoric acid, and polypropylene glycol monobutyl ether. These laboratories are certified by the New York State Department of Health. Field measured parameters (pH, settleable solids, flow) are recorded and/or measured by BNL. Copies of the analytical reports will be retained in our files and will be made available upon request.

Review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. Collection and analysis of these samples are performed in accordance with the BNL Quality Assurance (QA) program that specifies the standard operating procedures for collection and analysis of samples, QA data requirements, validation of contractor analytical data, and QA inspections performed periodically on contractor laboratories. All QA data, data validation reports, contractor laboratory assessment and audit reports are available upon request. Based on this information, we believe the values reported on the DMR are representative of the effluent from BNL during the month of April 2005.



If you should have any questions, please contact Marcia Allocco or Robert Lee of my staff at (631) 344-3166 and (631) 344-3148 respectively.

Sincerely,

Original signed by George Goode

George A. Goode Environmental & Waste Management Services Division Manager

GAG/MA:car

- Attachment I: Discharge Monitoring Report for April 2005.
- Attachment II: Investigation Report for February and March 2005 Total Nitrogen Excursions at Outfall 001.
- Attachment III: Analytical Results from H2M Labs Inc. and General Engineering Laboratories, LLC for samples collected on 4/6/05, 4/8/05, 4/25/05, 4/27/05, and 4/29/05 from Outfall 001 (BNL Use Only).
- Attachment IV: Analytical Results from General Engineering Laboratories, LLC for samples collected from Outfalls 002, 002B, 005, 006A, 006B, 008, and 010 (BNL Use Only).
- M. Allocco, w/ all Attachments cc: M. Baldwin, w/ all Attachments M. Bebon, w/o Attachments W. Chaloupka, w/ all Attachments S. Dierker, w/ all Attachments G. Goode, w/o Attachments M. Holland, w/o Attachments G. Granzen, w/ all Attachments C. Johnson, w/o Attachments R. Lee, w/ all Attachments E. Lessard, w/ all Attachments D. Lowenstein, w/o Attachments E. Murphy, w/ all Attachments V. Radeka, w/ all Attachments A. Santino, SCDHS, w/ Attachment I R. Sorrentino, NYSDEC, w/ Attachment I B. Style, w/o Attachments J. Tarpinian, w/o Attachments D. Van Duyne, w/ all Attachments J. Zamirowski, TAS, CH, w/ Attachment I

EC62ER.05

-2-

Brookhaven National Laboratory SPDES Permit No. NY0005835 Discharge Monitoring Report for April 2005 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.

ATTACHMENT I

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR APRIL 2005

FOR OUTFALLS NO. 001 – 010

ATTACHMENT II BROOKHAVEN NATIONAL LABORATORY SPDES PERMIT NO. NY0005835 DISCHARGE MONITORING REPORT FOR APRIL 2005 INVESTIGATION REPORT FOR FEBRUARY AND MARCH 2005 TOTAL NITROGEN EXCURSIONS AT OUTFALL 001

NAME USDOE

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

ADDRESS	BROOKHAVEN NATIONA	L LABORATORY						(,	MAJOR				
	BROOKHAVEN AREA OF	FICE			NY0005835		001 M		(SUBR 01)				
	UPTON	NY 11973			Permit Num	ıber	Discharge	Number	F - FINAL				
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitoring Period				PROCESS				
LOCATION	UPTON	NY 11973			<u>u</u>				* No Discharge				
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR			YR MO DY	YR MO DY				0			
	- , -					05 04 30			d Instructions before completing this fo			rm	
	PARAMETER	\sum	QUAN	ITITY OR LC	ADING	QUA	LITY OR CO	DNCENTRA	ΓΙΟΝ	NO. EX	FREQUENCY	SAMPLE TYPE	
		\checkmark	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
TEMPERA [®] DEG. FAHI	TURE, WATER RENHEIT	SAMPLE MEASUREMENT	*****	*****		*****	*****	64	(15)	0	01/01	GR	
00011 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	90 DAILY MX	DEG.F		DAILY	GRAB	
BOD, 5-DA (20 DEG. C		SAMPLE MEASUREMENT	*****	*****		*****	< 2	< 2	(19)	0	05/30	24	
00310 1 0		PERMIT REQUIREMENT	*****	*****	**** ****	*****	10 DAILY AV	20 DAILY MX	MG/L		ONCE/MONTH	COMP24	
PH		SAMPLE MEASUREMENT	*****	*****		7.1	*****	7.6	(12)	0	01/01	GR	
00400 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	5.8 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB	
SOLIDS, T SUSPENDI		SAMPLE MEASUREMENT	*****	*****		*****	< 1.4	< 2.3	(19)	0	05/30	24	
00530 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	10 DAILY AV	20 DAILY MX	MG/L		ONCE/MONTH	COMP24	
SOLIDS, S	ETTLEABLE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0	(25)	0	01/01	GR	
00545 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	0.1 DAILY MX	ML/L		DAILY	GRAB	
NITROGEN (AS N)	I, TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	*****	6.1	(19)	0	05/30	24	
00600 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	10 DAILY MX	MG/L		ONCE/MONTH	COMP24	
NITROGEN TOTAL (AS	I, AMMONIA S N)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.3	(19)	0	05/30	24	
00610 1 0	-	PERMIT	*****	*****	****	*****	*****	2]		ONCE/MONTH	COMP24	1
	GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L				1
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			I certify und	er penalty of law th	at this document an	nd all attachments we	ere prepared under	my direction					
Division Manager						ed to assure that qua my inquiry of the per					ohone 14-4549		
E	Environmental & Waste Management			e persons directly re	esponsible for gathe	ring the information,	the information sul	omitted is, to the					
	Services Division					complete. I am awar			s Signature of Principal Executive Date Signed Officer or Authorized Agent				signed
L	Typed or Printed	for submitting	g false information,	including the possib	pliity of fine and impr	isonment for knowi	ng violations.	UTTICE	r or Author	izea 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 LABORATOR

	BIGOURNATERIA	
	UPTON	NY 11973
FACILITY	BROOKHAVEN NA	TIONAL LABORATORY

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

ADDRESS	BROOKHAVEN NATIONA	L LABORATORY						()	MAJOR				
	BROOKHAVEN AREA OF				NY0005835		001 M		(SUBR 01)				
	UPTON	NY 11973			Permit Num	ber	Discharge	Number	F - FINAL				
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitori	Monitoring Period			PROCESS SANIT & STORMWTR RNOFF				
LOCATION	UPTON	NY 11973			From	То		***	No Dischar	ge	****		
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR			YR MO DY	YR MO DY				-			
						05 04 30		Note: Read	Instruction	s before co	mpleting this fo	rm	
	PARAMETER	\sum	QUAN	NTITY OR LO	DADING	QUA	ALITY OR CO	-	-	NO. EX	FREQUENCY OF	SAMPLE TYPE	
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		1
	RUS, TOTAL	SAMPLE	*****	*****		*****	*****	1.5	(19)	0	05/30	24	
(AS P)		MEASUREMENT											
00665 1 0		PERMIT	*****	*****	****		*****	REPORT			ONCE/MONTH	COMP24	
	GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L				
CYANIDE,	TOTAL	SAMPLE	*****	*****		*****	*****	< 2.50	(28)	0	05/30	GR	
(AS CN)		MEASUREMENT											
00720 1 0		PERMIT	*****	*****	****		*****	100			TWICE/MONTH	GRAB	
	GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L			01012	
COPPER, T	TOTAL	SAMPLE	*****	*****		*****	*****	0.035	(19)	0	05/30	24	
(AS CU)		MEASUREMENT								-			
01042 1 0		PERMIT	*****	*****	****		*****	0.15			ONCE/MONTH	COMP24	
	GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L				
IRON, TOT		SAMPLE	*****	*****		*****	*****	0.093	(19)	0	05/30	24	
(AS FE)	See Note 1	MEASUREMENT											
01045 1 0		PERMIT	*****	*****	****	*****	*****	0.37			ONCE/MONTH	COMP24	
	GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L				
LEAD, TOT	TAL .	SAMPLE	*****	*****		*****	*****	0.0048	(19)	0	05/30	24	
(AS PB)		MEASUREMENT											
01051 1 0		PERMIT	*****	*****	****	*****	*****	0.019			ONCE/MONTH	COMP24	
	GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L				
NICKEL, TO		SAMPLE	*****	*****		*****	*****	0.018	(19)	0	05/30	24	1
(AS NI)	See Note 1	MEASUREMENT			****			0.44					
01067 1 0	-	PERMIT	*****	*****	****	*****	*****	0.11	MC		ONCE/MONTH	COMP24	1
	GROSS VALUE	REQUIREMENT SAMPLE						DAILY MX	MG/L				1
SILVER, TO	See Note 1	MEASUREMENT	*****	*****		*****	*****	0.0024	(19)	0	05/30	24	1
(AS AG) 01077 1 0		PERMIT			****	L		0.015					
	GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L		ONCE/MONTH	COMP24	
			Looptific und		nat this document an	d all attachmarts			WIG/L				i
INANIE/	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER											Telor	hone
					vith a system design								4-4549
Е.	Division Manager and evaluate th									031-34			
					y responsible for gathering the information, the information submitted is, to the if, true, accurate, and complete. I am aware that there are significant penalties								Signed
					including the possib		-						
i	Typed or Printed		ior submitting	y raise mormation,	monuting the possib	unity of time and Impr	ISOTITIENT TOT KNOWI	ng violations.	Officer or Authorized Agent				

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

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NAME USDOE

ADDRESS	BROOKHAVEN NATIONAL LABORATOR

	DIGODICIATENTAN	
	UPTON	NY 11973
FACILITY	BROOKHAVEN NA	TIONAL LABORATORY

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

ADDRESS	BROOKHAVEN NATIONA	L LABORATORY						· · /	MAJOR					
	BROOKHAVEN AREA OF	FICE			NY0005835		001 M		(SUBR 01)					
	UPTON	NY 11973			Permit Num	ıber	Discharge	Number	F - FINAL					
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitoring Period				PROCESS SANIT & STORMWTR RNOFF					
LOCATION	UPTON	NY 11973			From	То		***	No Discharge ****					
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR	YR MO DY YR MO DY											
	,				05 04 01		Note: Read	d Instruction	s before co	mpleting this fo	rm			
	PARAMETER	\searrow					ALITY OR CO	-	-	NO. EX	FREQUENCY OF	SAMPLE TYPE		
		$\langle \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS			
ZINC, TOT	AL	SAMPLE	*****	*****		*****	*****	0.05	(19)	0	05/30	24		
(AS ZN)		MEASUREMENT]	·				
01092 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.1 DAILY MX	MG/L		ONCE/MONTH	COMP24		
TOLUENE		SAMPLE	*****	*****		*****	*****		(28)	0	05/00	0.0		
		MEASUREMENT						< 1		U	05/30	GR		
34010 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		TWICE/MONTH	GRAB		
	NE CHLORIDE	SAMPLE MEASUREMENT	*****	*****		*****	*****	2	(28)	0	05/30	GR		
34423 1 0	0 GROSS VALUE	PERMIT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		TWICE/MONTH	GRAB		
1.1.1-TRIC		SAMPLE							(28)				4	
ETHANE	HLOKO-	MEASUREMENT	*****	*****		*****	*****	< 1	(20)	0	05/30	GR		
34506 1 0	0	PERMIT	*****	*****	****	*****	*****	5			TWICE/MONTH	GRAB		
EFFLUENT	GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L			ONAD		
,	CONDUIT OR ATMENT PLANT	SAMPLE MEASUREMENT	0.32	0.37	(03)	*****	*****	*****		0	99/99	RC		
50050 1 0	0	PERMIT	REPORT	2.3		*****	*****	*****	****		CONTINUOUS	RCORDR		
EFFLUENT	GROSS VALUE	REQUIREMENT	DAILY AV	DAILY MX	MGD				****		CONTINUOUS	REORDR		
MERCURY	, TOTAL	SAMPLE	*****	*****		*****	*****	0.00009	(19)	0	05/30	24		
(AS HG)	See Note 1	MEASUREMENT						5.00003		v	00/00	27	J	
71900 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.0008 DAILY MX	MG/L		ONCE/MONTH	COMP24		
COLIFORM		SAMPLE	*****	*****		*****	-		(13)	-	0.1/2.2	-	1	
GENERAL	<i>,</i>	MEASUREMENT		*****		*****	< 2	< 2	(- /	0	04/30	GR		
74055 1 0	0	PERMIT	*****	*****	****	*****	200	400	#/ 100ML					
EFFLUENT	GROSS VALUE	REQUIREMENT			****		DAILY AV	DAILY MX			ONCE/MONTH	GRAB		
NAME	/TITLE PRINCIPAL EXECU	TIVE OFFICER	I certify und	er penalty of law th	at this document an	d all attachments w	ere prepared under	my direction					•	
				on in accordance w	rith a system design	ed to assure that qu	alified personnel pr	operly gather				Telep	ohone	
	Division Manager		and evaluate	e the information su	bmitted. Based on	my inquiry of the pe	rson or persons wh	o manage the				631-34	4-4549	
E	Environmental & Waste Management			e persons directly re	esponsible for gathe	ring the information,	, the information sul	omitted is, to the						
	Services Division			best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties Signature of Principal Executive							al Executive	Date S	Signed	
	Typed or Printed		for submitting	g false information,	including the possib	pliity of fine and impr	risonment for knowi	ng violations.	Office	r or Author	ized Agent			

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

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	UPTON	NY 11973
FACILITY	BROOKHAVEN NATION	AL LABORATORY

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

ADDRESS	BROOKHAVEN NATIONA				· · /	MAJOR								
	BROOKHAVEN AREA OF	FICE			NY0005835		001 M		(SUBR 01)					
	UPTON	NY 11973			Permit Num	ber	Discharge Number		F - FINAL					
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitori	ng Period			PROCESS	SANIT & ST	F			
LOCATION	UPTON	NY 11973			From	То	1	***	No Dischar	ge	****			
ATTN:	MICHAEL HOLLAND, GR	OUP MGR			YR MO DY	YR MO DY			-					
						05 04 30	1	Note: Read	Instruction	s before co	ompleting this fo	rm		
	PARAMETER	\sum	QUAN	ITITY OR LC	DADING	QUA	LITY OR CO	DNCENTRAT	ΓΙΟΝ	NO. EX	FREQUENCY OF	SAMPLE TYPE		
		$arphi$ \smallsetminus	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS			
2-BUTANO	NE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.0	(28)	0	05/30	GR		
78356 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	50 DAILY MX	UG/L		TWICE/MONTH	GRAB		
BOD, 5-DA REMOVAL	Y PERCENT	SAMPLE MEASUREMENT	*****	*****		> 98	*****	*****	(23)	0	01/30	CA		
81010 K 0 PERCENTE		PERMIT REQUIREMENT	*****	*****	****	85 MO AV MN	*****	*****	PERCENT		ONCE/MONTH	CALCTD		
SOLIDS, S PERCENT	USPENDED REMOVAL	SAMPLE MEASUREMENT	*****	*****		> 97	*****	*****	(23)	0	01/30	CA		
81011 K 0 PERCENT F		PERMIT REQUIREMENT	*****	*****	**** ****	85 MO AV MN	*****	*****	PERCENT		ONCE/MONTH	CALCTD		
		SAMPLE MEASUREMENT PERMIT												
		REQUIREMENT												
		SAMPLE MEASUREMENT												
		PERMIT REQUIREMENT												
1		SAMPLE MEASUREMENT												
		PERMIT REQUIREMENT												
		SAMPLE MEASUREMENT												
		PERMIT REQUIREMENT												
NAME	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			er penalty of law th	at this document an	d all attachments we	ere prepared under	my direction					-	
	Division Manager				rith a system designe Ibmitted. Based on I	-							ohone 14-4549	
E	Environmental & Waste Management Services Division			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			
l	Typed or Printed		for submitting	g false information,	including the possib	oliity of fine and impr	isonment for knowi	ng violations.	Office	r or Author	ized Agent			

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

ADDRESS	BROOKHAVEN NATIONA	L LABORATORY							MAJOR			
	BROOKHAVEN AREA OF	FICE			NY0005835		002 B		(SUBR 01)			
	UPTON	NY 11973			Permit Num	ber	Discharge	Number	F - FINAL			
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitoring Period				RF (1004) 8			
LOCATION	UPTON	NY 11973			From	То		***	No Dischar	ge	****	
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR			YR MO DY	YR MO DY	•			•		
	,					05 04 30		Note: Read	d Instruction	ns before co	mpleting this fo	rm
	PARAMETER	$\overline{}$	QUAN	QUANTITY OR LO		QUALITY OR CONCENTRATI			ΓΙΟΝ	NO. EX	FREQUENCY	SAMPLE TYPE
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
PH		SAMPLE MEASUREMENT	*****	*****	(07)	8.4	*****	8.4	(12)	0	01/30	GR
00400 1 0 EFFLUENT	0 GROSS VALUE	PERMIT	*****	*****	GPD	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GRE		SAMPLE MEASUREMENT	*****	*****		*****	*****	0.91	(19)	0	01/30	GR
00556 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
	CONDUIT OR ATMENT PLANT	SAMPLE MEASUREMENT	*****	0.00052	(03)	*****	*****	*****		0	04/30	RC
50050 1 0	0 See Note 3 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 EXECU	TIVE OFFICER	I certify und	ler penalty of law th	nat this document an	d all attachments w	ere prepared under	my direction				
			with a system designed to assure that qualified personnel properly gather ubmitted. Based on my inquiry of the person or persons who manage the							Teleph 631-344		
•				responsible for gathering the information, the information submitted is, to the								
-	Services Division best of my knowledge and be				rue, accurate, and c	omplete. I am awar	e that there are sig	nificant penalties	Signatur	Date Si		
	Typed or Printed		for submitting	g false information,	including the possib	liity of fine and impr	isonment for knowi	ng violations.	Office	er 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

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

ADDRESS	BROOKHAVEN NATIONAL	L LABORATORY						. ,	MAJOR				
	BROOKHAVEN AREA OFI	FICE			NY0005835		002 M		(SUBR 01)				
	UPTON	NY 11973			Permit Num	ber	Discharge	Number	F - FINAL				
FACILITY	BROOKHAVEN NATIONAL	L LABORATORY			Monitoring Period				AGS NON-C COOLNG, PRCP, ETC (HN)				
LOCATION	UPTON	NY 11973			From	То		***	No Dischar	ge	****		
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR			YR MO DY	YR MO DY				-			
					05 04 01	05 04 30		Note: Read	d Instruction	ns before co	mpleting this fo	rm	
	PARAMETER	\searrow	QUANTITY OR LO		DADING	QUA	ALITY OR CONCENTRAT		EX		FREQUENCY OF	SAMPLE TYPE	
		\checkmark	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PH		SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.7	(12)	0	04/30	GR	
00400 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB	
OIL & GRE	ASE See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.4	(19)	0	01/30	GR	
00556 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB	
,	CONDUIT OR ATMENT PLANT	SAMPLE MEASUREMENT	0.11	*****	(03)	*****	*****	*****		0	04/30	RC	
50050 1 0 EFFLUENT	1 GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	MGD	*****	*****	*****	**** ****		ONCE/MONTH	RCORDR	
		SAMPLE MEASUREMENT											
		PERMIT REQUIREMENT											
		SAMPLE MEASUREMENT											
		PERMIT REQUIREMENT											
1		SAMPLE MEASUREMENT											
		PERMIT REQUIREMENT											
		SAMPLE MEASUREMENT											
		PERMIT REQUIREMENT											
NAME	TITLE PRINCIPAL EXECUT	I certify und	der penalty of law th	at this document an	d all attachments we	ere prepared under	my direction						
Division Manager				ith a system designe	-						Telep 631-34		
E				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 P							f Principal Executive Date Signe		
L	Typed or Printed			g false information,	including the possib	liity of fine and impr	isonment for knowi	ng violations.	Office	r or Author	ized 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 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

ADDRESS	BROOKHAVEN NATIONA	L LABORATORY						(,	MAJOR				
	BROOKHAVEN AREA OF	IAVEN AREA OFFICE					005 M		(SUBR 01)				
	UPTON	NY 11973			Permit Num	ber	Discharge	Number	F - FINAL				
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitoring Period NSLS COOLING TOWR BLDN ETC(HS)								
LOCATION	UPTON	NY 11973			From	То	1	***	* No Discharge				
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR			YR MO DY	YR MO DY	1			-			
					05 04 01	05 04 01 05 04 30 Note: Read Instructions before completing this						rm	
	PARAMETER			QUANTITY OR LOA		ADING QUALI		LITY OR CONCENTRAT		NO. EX	FREQUENCY OF	SAMPLE TYPE	
		\checkmark	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PH		SAMPLE MEASUREMENT	*****	*****		7.7	*****	8.5	(12)	0	04/30	GR	
00400 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB	
OIL & GRE	ASE See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.3	(19)	0	01/30	GR	
00556 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB	
,	CONDUIT OR ATMENT PLANT	SAMPLE MEASUREMENT	0.25	*****	(03)	*****	*****	*****		0	04/30	RC	
50050 1 0 1	1 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	ler penalty of law th	nat this document an	d all attachments we	ere prepared under	my direction					-
	Division Manager					ed to assure that qua my inquiry of the per				Telep 631-34	phone 44-454		
E	nvironmental & Waste Man Services Division	agement				ring the information, omplete. I am aware			Signature of Principal Executive			Date	Signed
	Typed or Printed		for submitting	g false information,	including the possib	pliity of fine and impri	isonment for knowi	ng violations.	-	er or Author			

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.

NAME USDOE

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

ADDRESS	BROOKHAVEN NATIONA	L LABORATORY			MAJOR										
	BROOKHAVEN AREA OF	FICE	NY0005835		007 M		(SUBR 01)								
	UPTON	NY 11973			Permit Num	Permit Number Disc				F - FINAL					
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitoring Period V					WATER TREATMENT PLT BKWSH (HX)					
LOCATION	UPTON	NY 11973							* No Discharge						
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR			YR MO DY	YR MO DY				•					
	,					05 04 30		Note: Read	d Instruction	ns before co	mpleting this fo	rm			
	PARAMETER	\bigtriangledown	QUAN							NO.	FREQUENCY	SAMPLE TYPE	1		
	FARAMETER			MAXIMUM		MINIMUM	AVERAGE	ΜΑΥΙΜΙΙΜ		EX		TIFE			
FLOW RAT	re	SAMPLE			(07)								•		
		MEASUREMENT	*****	320000	(07)	*****	*****	*****		0	18/30	IN			
00056 1 0		PERMIT	*****	REPORT		*****	*****	*****			ONCE/MONTH	INSTAN			
EFFLUENT	GROSS VALUE	REQUIREMENT		DAILY MX	GPD							INOTAN			
PH		SAMPLE	*****	*****		6.6	*****	6.6	(12)	0	01/30	GR			
		MEASUREMENT						0.0			01/00				
00400 1 0		PERMIT	*****	*****	****	REPORT	*****	9.0			ONCE/	GRAB			
EFFLUENT	GROSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SU		MONTH	01012			
		SAMPLE													
		MEASUREMENT													
		PERMIT													
		REQUIREMENT													
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		MEASUREMENT													
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		REQUIREMENT													
NAME	TITLE PRINCIPAL EXECU	TIVE OFFICER			nat this document an								<u> </u>		
					rith a system designe							Telep			
_	Division Manager				bmitted. Based on					631-34	4-454				
E	nvironmental & Waste Man	agement	-		responsible for gathering the information, the information submitted is, to the				0.0						
Services Division				-	rue, accurate, and c	-		-	al Executive	Date Signe					
			for submitting	g false information,	including the possib	liity of fine and impr	isonment for knowi	ng violations.	Office	ized Agent	1				

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

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

ADDRESS	BROOKHAVEN NATIONA	L LABORATORY						(,	MAJOR				
	BROOKHAVEN AREA OF	FICE			NY0005835		008 M		(SUBR 01)				
	UPTON	NY 11973			Permit Num	ber	Discharge	Number	F - FINAL				
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitori	ng Period			STORMWTR RUNOFF WAREHOUSE (HW)				
LOCATION	UPTON	NY 11973			From	То		***	No Dischar	ge	****		
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR			YR MO DY	YR MO DY							
					05 04 01	05 04 30		Note: Read	d Instruction	s before co	mpleting this fo	rm	-
	PARAMETER	\sum	QUAN	ITITY OR LC	ADING	QUA	LITY OR CO		-	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		$\langle \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
FLOW RAT	E See Note 2	SAMPLE MEASUREMENT	*****	36000	(07)	*****	*****	*****		0	01/30	IN	
00056 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	**** ****		ONCE/MONTH	INSTAN	
PH		SAMPLE MEASUREMENT	*****	*****		8.4	*****	8.4	(12)	0	01/30	GR	
00400 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB	
OIL & GRE	ASE See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	2.5	(19)	0	01/30	GR	
00556 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****		*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB	
1,1-DICHLC	DROETHYLENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1	(28)	0	01/30	GR	
34501 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	5 DAILY MX	UG/L		ONCE/MONTH	GRAB	
1,1,1-TRICH ETHANE	HLORO-	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1	(28)	0	01/30	GR	
34506 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	5 DAILY MX	UG/L		ONCE/MONTH	GRAB	
		SAMPLE											
		MEASUREMENT											
		PERMIT REQUIREMENT											
		SAMPLE											
		MEASUREMENT											
		PERMIT			1				1				1
		REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			I certify und	er penalty of law th	at this document an	d all attachments we	ere prepared under	my direction					
	Division Manager				ith a system designe bmitted. Based on i	-							ohone 14-4549
E	nvironmental & Waste Man	agement	system, or those	e persons directly re	esponsible for gathe	ring the information,	the information sub	omitted is, to the					
	Services Division		best of my know	vledge and belief, to	rue, accurate, and c	omplete. I am awar	e that there are sig	nificant penalties	Signatur	e of Princip	al Executive	Date S	Signed
	Typed or Printed		for submitting	for submitting false information, including the possibility of fine and imprisonment for knowing violations. Officer or Authorized Agent									

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 NA	TIONAL LABORATORY
	BROOKHAVEN AR	EA OFFICE
	UPTON	NY 11973
ACILITY	BROOKHAVEN NA	TIONAL LABORATORY

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

ADDRESS	BROOKHAVEN NATIONA	LABORATORY							MAJOR				
	BROOKHAVEN AREA OF		NY0005835 010 M				(SUBR 01)						
	UPTON	NY 11973			Permit Num	ber	Discharge	Number	F - FINAL				
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitori	ng Period			STORMWTR R O CENTRAL STEAM (H)				
LOCATION	UPTON	NY 11973			From	То		***	No Discha	rge	****		
ATTN:	MICHAEL HOLLAND, GR	OUP MGR			YR MO DY	YR MO DY	•			-			
					05 04 01	05 04 30		Note: Rea	d Instructio	ns before co	ompleting this fo	rm	
		\smallsetminus		NTITY OR LO		QUALITY OR CONCENT				NO.	FREQUENCY	SAMPLE	
	PARAMETER	\mid \times	QUAI		ADING	QUA		JNCENTRA		EX	OF	TYPE	
		\lor	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
FLOW RAT	ΓE	SAMPLE	*****	440	(07)	*****	*****	*****		0	01/30	IN	
	See Note 2	MEASUREMENT		440						U	01/30	IIN	
00056 1 0	0	PERMIT	*****	REPORT		*****	*****	*****	****		ONCE/MONTH	INSTAN	
EFFLUENT	GROSS VALUE	REQUIREMENT		DAILY MX	GPD				****		ONCE/MONTH	INSTAN	
PH		SAMPLE	*****	*****		7.9	*****	7.9	(12)	0	01/30	GR	
		MEASUREMENT				1.5		1.5		v	01/30	OK	
00400 1 0	0 0	PERMIT	*****	*****	****	REPORT	*****	8.5			ONCE/MONTH	GRAB	
EFFLUENT	GROSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SU			UNAD	
OIL & GRE	ASE	SAMPLE	*****	*****		*****	*****	< 0.90	(19)	0	01/30	GR	
		MEASUREMENT						< 0.50		•	01/30	OK	
00556 1 0	0	PERMIT	*****	*****	****	*****	*****	15			ONCE/MONTH	GRAB	
EFFLUENT	GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L			UNAD	
		SAMPLE											
		MEASUREMENT											
		PERMIT											
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		REQUIREMENT											
NAME	/TITLE PRINCIPAL EXECU	TIVE OFFICER	I certify und	ler penalty of law th	nat this document an	d all attachments w	ere prepared under	my direction					
			or supervisi	on in accordance w	vith a system design	ed to assure that qu	alified personnel pr	operly gather				Telep	
	Division Manager		and evaluate	e the information su	Ibmitted. Based on	my inquiry of the pe	rson or persons wh	o manage the				631-34	
E	nvironmental & Waste Mar	-			esponsible for gathe				L				
	Services Division				rue, accurate, and c				Signatu	Date \$			
	Typed or Printed		for submittin	g false information,	including the possib	pliity of fine and impr	isonment for knowi	ing violations.	Office	rized Agent			

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

ADDRESS	BROOKHAVEN NATIONAL	L LABORATORY						、	MAJOR				
	BROOKHAVEN AREA OFI	FICE			NY0005835		06A M		(SUBR 01)				
	UPTON	NY 11973			Permit Num	ber	Discharge	Number	F - FINAL				
FACILITY	BROOKHAVEN NATIONAL	L LABORATORY			Monitori	ng Period			LINAC NCCW, FLOOR DNS,ETC(HT1)				
LOCATION	UPTON	NY 11973			From	То	1	***	* No Discharge ****				
ATTN:	MICHAEL HOLLAND, GRO	DUP MGR			YR MO DY	YR MO DY				•			
						05 04 30		Note: Read	Instruction	s before co	ompleting this fo	rm	
	PARAMETER	\sum	QUAN	QUANTITY OR LOA		ADING QUAL		LITY OR CONCENTRAT		NO. EX	FREQUENCY OF	SAMPLE TYPE	
		$arphi$ \smallsetminus	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PH		SAMPLE MEASUREMENT	*****	*****		7.5	*****	8.3	(12)	0	04/30	GR	
00400 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB	
OIL & GRE	ASE See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	2.3	(19)	0	01/30	GR	
00556 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB	
· ·	CONDUIT OR ATMENT PLANT	SAMPLE MEASUREMENT	0.11	*****	(03)	*****	*****	*****		0	04/30	RC	
50050 1 0 EFFLUENT	1 GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	MGD	*****	*****	*****	**** ****		ONCE/MONTH	RCORDR	
		SAMPLE MEASUREMENT											
		PERMIT REQUIREMENT											
		SAMPLE MEASUREMENT											
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		SAMPLE MEASUREMENT											
		PERMIT REQUIREMENT											
NAME	TITLE PRINCIPAL EXECUT	TIVE OFFICER	I certify und	er penalty of law th	at this document an	d all attachments we	ere prepared under	my direction					•
	Division Manager					ed to assure that qua my inquiry of the per						Telep 631-34	ohone 14-4549
Ei	nvironmental & Waste Man Services Division	agement				ring the information, omplete. I am aware			Signatur	e of Princin	al Executive	Date 9	Signec
	Typed or Printed					bliity of fine and impri			-	r or Author		2400	

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

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

ADDRESS	BROOKHAVEN NATIONA	L LABORATORY			MAJOR								
	BROOKHAVEN AREA OF	FICE	NY0005835 06B M			(SUBR 01)							
	UPTON	NY 11973			Permit Num	ber	Discharge Number		F - FINAL				
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitori	ng Period			COOLING 1		M 919 ETC(HT2)		
LOCATION	UPTON	NY 11973			From	То		***	* No Discharge				
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR			YR MO DY	YR MO DY				•			
						05 04 30		Note: Read	Instruction	ns before co	mpleting this fo	rm	
	PARAMETER	PARAMETER		NTITY OR LO	DADING	QUA	ALITY OR CO	NCENTRAT	TION NO. EX		FREQUENCY OF	SAMPLE TYPE	
		\lor \smallsetminus	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PH		SAMPLE MEASUREMENT	*****	*****		7.8	*****	8.6	(12)	0	04/30	GR	
00400 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB	
OIL & GRE	ASE See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.9	(19)	0	01/30	GR	
00556 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB	
	CONDUIT OR ATMENT PLANT	SAMPLE MEASUREMENT	0.065	*****	(03)	*****	*****	*****		0	04/30	RC	
50050 1 0	1	PERMIT	REPORT	*****		*****	*****	*****	****		ONCE/MONTH	RCORDR	
EFFLUENT	GROSS VALUE	REQUIREMENT	DAILY AV		MGD				****			RCORDR	
		SAMPLE MEASUREMENT											
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l		SAMPLE MEASUREMENT											
		PERMIT REQUIREMENT											
		SAMPLE MEASUREMENT											
		PERMIT REQUIREMENT											
NAME	/TITLE PRINCIPAL EXECU	TIVE OFFICER	I certify und	ler penalty of law th	nat this document an	d all attachments we	ere prepared under	my direction					
	Division Manager				vith a system designe Ibmitted. Based on I							Telep 631-34	ohone 14-4549
E	nvironmental & Waste Man	nagement	system, or those	e persons directly re	esponsible for gathe	ring the information,	the information sul	omitted is, to the					
	Services Division		best of my know	vledge and belief, t	rue, accurate, and c	omplete. I am awar	e that there are sig	nificant penalties	Signatur	Date S	Signed		
Typed or Printed			for submitting	g false information,	including the possib	liity of fine and impr	Office						

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

SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.