

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

August 19, 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 July 2005

In accordance with our SPDES permit (NY-0005835), enclosed as Attachment I, please find the DMR for the month of July 2005. General Engineering Laboratories, LLC (ELAP Certification #11501) 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 July 2005.



If you should have any questions, please contact Jason Remien or Robert Lee of my staff at (631) 344-3477 and (631) 344-3148 respectively.

Sincerely,

Original signed by R. Lee for G. Goode

George A. Goode Environmental & Waste Management Services Division Manager

GAG/JR:car

Attachment I: Discharge Monitoring Report for July 2005.

Attachment II: Analytical Results from H2M Labs Inc. and General Engineering Laboratories,

LLC for samples collected on 7/8/05 and 7/11/05 from Outfall 001 (BNL Use

Only).

Attachment III: Analytical Results from General Engineering Laboratories, LLC for samples

collected from Outfalls 002, 005, 006A, 006B, 008, and 010 (BNL Use

Only).

cc: M. Bebon, w/o Attachments

S. Dierker, w/ all Attachments

 $G.\ Granzen,\ w/\ all\ Attachments$

C. Johnson, w/o Attachments

E. Lessard, w/ all Attachments

E. Murphy, w/ all Attachments

J. Remien, w/ all Attachments

R. Sorrentino, NYSDEC, w/ Attachment I

J. Tarpinian, w/o Attachments

J. Zamirowski, TAS, CH, w/ Attachment I

W. Chaloupka, w/ all Attachments

G. Goode, w/o Attachments

M. Holland, w/o Attachments

R. Lee, w/ all Attachments

D. Lowenstein, w/o Attachments

V. Radeka, w/ all Attachments

A. Santino, SCDHS, w/ Attachment I

B. Style, w/o Attachments

D. Van Duyne, w/ all Attachments

File: EC62ER.05

Brookhaven National Laboratory SPDES Permit No. NY0005835 Discharge Monitoring Report for July 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. There was no discharge from Outfall 002B during this reporting period.
- 4. The pH value provided is for system water used to backwash the filters on July 12, 2005. Attempts were made throughout the month of July to collect an effluent sample for subsequent pH measurement at Outfall 007, the Water Treatment Plant (WTP) filter backwash. However, since the plant was shutdown, there was no flow when these attempts were made and no samples of effluent were collected.

ATTACHMENT I BROOKHAVEN NATIONAL LABORATORY SPDES PERMIT NO. NY0005835 DISCHARGE MONITORING REPORT FOR JULY 2005 FOR OUTFALLS NO. 001 – 01

NAME USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE

UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973
ATTN: MICHAEL HOLLAND, 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
YR MO DY YR MO DY
05 07 01 05 07 31 Note:

Note: Read Instructions before completing this form

*** No Discharge

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PARAMETER		QUAN	ITITY OR LO	ADING	QUALITY OR CONCENTRATI			TION	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*****	*****		*****	*****	86	(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	*****	*****		6.9	*****	7.6	(12)	0	01/01	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.8 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	<0.70	<0.82	(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	*****	*****		*****	*****	<0.1	(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 EXECUT	I certify unde	er penalty of law that	at this document and	d all attachments we	ere prepared under	my direction						
		or supervision in accordance with a system designed to assure that qualified personnel properly gather								Telep	hone	
Division Manager		and evaluate the information submitted. Based on my inquiry of the person or persons who manage the								631-34	4-4549	
Environmental & Waste Man	system, or those persons directly responsible for gathering the information, the information submitted 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			Date S	Signed
Typed or Printed	-	for submitting	g false information,	including the possib	liity of fine and impri	sonment for knowi	ng violations.	Officer or Authorized 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: MICHAEL HOLLAND, GROUP MGR

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

Note: Read Instructions before completing this form

Officer or Authorized Agent

FREQUENCY SAMPLE NO. **QUALITY OR CONCENTRATION** QUANTITY OR LOADING PARAMETER ΕX OF **TYPE** AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** PHOSPHORUS, TOTAL SAMPLE (19) ***** ***** ***** ***** 1.2 0 02/30 24 (ASP) MEASUREMENT 00665 1 0 0 **PERMIT** **** **REPORT** ***** ***** ***** ONCE/MONTH COMP24 **EFFLUENT GROSS VALUE** REQUIREMENT **** **DAILY MX** MG/L CYANIDE, TOTAL **SAMPLE** (28)***** ***** ***** ***** <2.50 0 02/30 GR (AS CN) MEASUREMENT 00720 1 0 0 **PERMIT** **** 100 ***** ***** ***** TWICE/MONTH **GRAB** **** **EFFLUENT GROSS VALUE** REQUIREMENT DAILY MX UG/L COPPER. TOTAL SAMPLE (19)***** ***** ***** ***** 0.029 0 02/30 24 (AS CU) MEASUREMENT 01042 1 0 0 **PERMIT** **** 0.15 ***** ***** ***** ONCE/MONTH COMP24 **** **EFFLUENT GROSS VALUE** REQUIREMENT **DAILY MX** MG/L IRON, TOTAL SAMPLE (19) ***** ***** ***** ***** 0.13 0 02/30 24 (AS FE) MEASUREMENT 01045 1 0 0 **PERMIT** **** 0.37 ***** ***** ***** ***** ONCE/MONTH COMP24 **** **EFFLUENT GROSS VALUE** REQUIREMENT **DAILY MX** MG/L LEAD. TOTAL SAMPLE (19)***** 0.0013 0 02/30 24 (AS PB) MEASUREMENT See Note 1 01051 1 0 0 PERMIT **** 0.019 ***** ***** ***** ***** COMP24 ONCE/MONTH **EFFLUENT GROSS VALUE** REQUIREMENT **** **DAILY MX** MG/L NICKEL, TOTAL SAMPLE (19)***** ***** ***** ***** 0.0092 0 02/30 24 (AS NI) See Note 1 **MEASUREMENT** **** 01067 1 0 0 **PERMIT** 0.11 ***** ***** ***** ***** ONCE/MONTH COMP24 **EFFLUENT GROSS VALUE** REQUIREMENT **** **DAILY MX** MG/L SILVER. TOTAL SAMPLE (19)+++++ ***** ***** ***** 0.0031 0 02/30 24 (AS AG) See Note 1 MEASUREMENT 01077 1 0 0 PERMIT **** 0.015 ***** ***** ***** ***** ONCE/MONTH COMP24 **EFFLUENT GROSS VALUE** REQUIREMENT **** MG/L **DAILY MX** NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction Telephone or supervision in accordance with a system designed to assure that qualified personnel properly gather Division Manager 631-344-4549 and evaluate the information submitted. Based on my inquiry of the person or persons who manage the **Environmental & Waste Management** system, or those persons directly responsible for gathering the information, the information submitted is, to the Signature of Principal Executive Services Division Date Signed best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties

for submitting false information, including the possibliity of fine and imprisonment for knowing violations.

05 07 01 05 07 31

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

Typed or Printed

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: MICHAEL HOLLAND, GROUP MGR

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

			MAJOR
NY0005835		001 M	(SUBR 01)
Permit Num	ber	Discharge Number	F - FINAL
Monitori	ng Period		PROCESS SANIT & STORMWTR RNOFF
From	То		*** No Discharge
YR MO DY	YR MO	DY	

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION MINIMUM AVERAGE MAXIMUM UNITS				NO. EX	FREQUENCY	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			ANALYSIS		Į.
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.05	(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	*****	*****		*****	*****	<2	(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	0.55	0.83	(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	*****	*****		*****	*****	<0.00005	(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	er penalty of law that	at this document an	d all attachments w	ere prepared under	my direction					
Division Manager				-	· ·	alified personnel pro						hone 4-4549
Environmental & Waste Man	agement	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										
Services Division	best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties						Signature of Principal Executive			Date S	Signed	
Typed or Printed	for submitting false information, including the possibliity of fine and imprisonment for knowing violations.						Officer or Authorized Agent					

05 07 01 05 07 31

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NAME USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE

UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973 ATTN: MICHAEL HOLLAND, GROUP MGR NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

			MAJOR
NY0005835		001 M	(SUBR 01)
Permit Numb	er	Discharge Number	F - FINAL
Monitoring	g Period		PROCESS SANIT & STORMWTR RNOFI
From	То	***	No Discharge ****
YR MO DY	YR MO DY		

Note: Read Instructions before completing this form

PARAMETER		QUAN	ITITY OR LO	ADING	QUA	LITY OR CO	ONCENTRAT	ION	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
2-BUTANONE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5.0	(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 REMOVAL	SAMPLE MEASUREMENT	*****	*****		>93	*****	*****	(23)	0	01/30	CA	
81010 K 0 0 PERCENTREMOVAL	PERMIT REQUIREMENT	*****	*****	****	85 MO AV MN	*****	*****	PERCENT		ONCE/MONTH	CALCTD	
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		>97	*****	*****	(23)	0	01/30	CA	
81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85 MO AV MN	*****	*****	PERCENT		ONCE/MONTH	CALCTD	
	SAMPLE MEASUREMENT											
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	PERMIT REQUIREMENT											
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	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify und	er penalty of law the	at this document an	d all attachments we	ere prepared under	my direction					1
Division Manager		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									-	ohone 14-4549
Environmental & Waste Man Services Division	agement	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 S	Signed
Typed or Printed	for submitting false information, including the possibility of fine and imprisonment for knowing violations.							Officer or Authorized Agent				

05 07 01 05 07 31

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.

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE

UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATION UPTON NY 11973

ATTN: MICHAEL HOLLAND, GROUP MGR

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

Note: Read Instructions before completing this form

PARAMETER		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE
PARAMETER		AVERACE	MAXIMUM	LIMITO	MINIMUM	AVEDACE	MAXIMUM	LIMITE	EX	OF ANALYSIS	TYPE
PH	SAMPLE		WAXINUW		IVIINIIVIUVI	AVERAGE	MAXIMUM			ANALTSIS	
See Note 3	MEASUREMENT	*****	*****	(07)		*****		(12)			GR
00400 1 0 0	PERMIT				REPORT		9.0				
		*****	*****	000	MINIMUM	*****		611		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT			GPD	MINIMUM		MAXIMUM	SU			
OIL & GREASE	SAMPLE	*****	*****		*****	*****		(19)			GR
See Note 3	MEASUREMENT										
00556 1 0 0	PERMIT	*****	*****	****	*****	*****	15			ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L			
FLOW, IN CONDUIT OR	SAMPLE	*****		(03)	*****	*****	*****				RC
THRU TREATMENT PLANT	MEASUREMENT										
50050 1 0 0 See Note 3	PERMIT	*****	REPORT		*****	*****	*****	****		ONCE/MONTH	RCORDR
EFFLUENT GROSS VALUE	REQUIREMENT		DAILY MX	MGD				****		ONOLIMONTI	ROOKBR
	SAMPLE										
	MEASUREMENT										
	PERMIT			1							
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	MEASUREMENT										
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	MEASUREMENT										
	PERMIT			1							
	REQUIREMENT										
NAME/TITLE PRINCIPAL EXECU		Loortify and	or populty of law th	at this document on	d all attachments we	re prepared under	my direction				
NAME/ITTEL I KINGII AL EXCOO	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									Teleph	
Division Manager	· ·		-	•						631-344	
Environmental & Waste Mar	agament	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the									031-344
Environmental & waste Mar Services Division	iayement	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
		1	=		·	_	-	_	-		
Typed or Printed		for submitting	i i aise information,	including the possib	liity of fine and impr	SUMMENT FOR KNOWN	ng violations.	Officer or Authorized Agent			

05 07 01 05 07 31

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.

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE

UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973 ATTN: MICHAEL HOLLAND, 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					t		AGS NON-C COOLNG,PRCP,ETC (HN					
From To				То		*** No Discharge						
YR M	0	DΥ	YR	МО	DY							

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PH	SAMPLE MEASUREMENT	*****	*****		7.3	*****	8.0	(12)	0	04/30	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB	
OIL & GREASE See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	2.1	(19)	0	01/30	GR	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.06	*****	(03)	*****	*****	*****		0	04/30	RC	
50050 1 0 1 EFFLUENT 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	I certify unde	er penalty of law th	at this document an	d all attachments we	ere prepared under	my direction						
Division Manager					ed to assure that quarry inquiry of the per							hone 4-4549
Environmental & Waste Mar	agement	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										
Services Division	best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties						Signature of Principal Executive			Date S	Signed	
Typed or Printed		for submitting	false information,	including the possib	liity of fine and impri	sonment for knowi	ng violations.	Office	Officer or Authorized Agent			

05 07 01 05 07 31

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.

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE

UPTON NY 11973

FACILITY **BROOKHAVEN NATIONAL LABORATORY**

LOCATION UPTON NY 11973 MICHAEL HOLLAND, GROUP MGR ATTN:

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

							WAJOR				
NY0005835						005 M	(SUBR 01)				
Per	mit N	lum	ber			Discharge Number	F - FINAL				
Monitoring Period					t		NSLS COOLING TOWR BLDN ETC(HS				
From To				То		*** No Discharge **					
YR	МО	DY	YR	МО	DY						
05	07	b 1	05	07	31	Note: Rea	d Instructions before completing this for				

Note: Read Instructions before completing this form

PARAMETER			ITITY OR LO		QUALITY OR CONCENTRATION			NO. FREQUENCY EX OF		SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PH	SAMPLE MEASUREMENT	*****	*****		7.5	*****	8.4	(12)	0	04/30	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB	
OIL & GREASE See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.95	(19)	0	01/30	GR	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.13	*****	(03)	*****	*****	*****		0	04/30	RC	
50050 1 0 1 EFFLUENT 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		I certify und	er penalty of law that	at this document an	d all attachments we	ere prepared under	my direction					1
Division 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										ohone 14-4549
Environmental & Waste Man Services Division	agement	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 S	Signed
Typed or Printed		for submitting	g false information,	including the possib	liity of fine and impri	sonment for know	ng violations.	_	r or Author			

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

PERMITTEE NAME/ADDRESS	(Include Facilit	y Name/Location	if Different,
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ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE

UPTON NY 11973

FACILITY **BROOKHAVEN NATIONAL LABORATORY** LOCATION UPTON NY 11973

ATTN: MICHAEL HOLLAND, GROUP MGR NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) **DISCHARGE MONITORING REPORT (DMR)**

							MAJOR
NY0005835						007 M	(SUBR 01)
Per	mit N	lum	ber			Discharge Number	F - FINAL
ı	Vlonit	orir	ng P	erioc	ł		WATER TREATMENT PLT BKWSH (HX)
	Fron)		То		**	* No Discharge
YR	МО	DΥ	ΥR	МО	DΥ		

TTN: MICHAEL HOLLAND, GRO	DUP MGR		05 07 01	05 07 31		Note: Read	Instruction	s hefore co	mnleting this fo	ırm		
		OLIAN	ITITY OR LO		QUALITY OR CONCENTRA			d Instructions before completing this f]
PARAMETER	\sim	QUAN	IIII I OR LO	ADING	QUA	QUALITY OR CONCENTRATI		ION	EX	OF	TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
LOW RATE	SAMPLE MEASUREMENT	*****	240000	(07)	*****	*****	*****		0	10/30	IN	
0056 1 0 0	PERMIT	*****	REPORT		*****	*****	*****			ONCE/MONTH	INSTAN	
FFLUENT GROSS VALUE	REQUIREMENT		DAILY MX	GPD						ONCE/MONTH	INSTAIN	
Н	SAMPLE	*****	*****		7.8	*****	7.8	(12)	0	01/30	GR	
See Note 4	MEASUREMENT				7.0		7.0		U	01/30	GK	
0400 1 0 0	PERMIT	*****	*****	****	REPORT	*****	9.0			ONCE/	GRAB	
FFLUENT GROSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SU		MONTH	OKAB	
	SAMPLE											
	MEASUREMENT											
	PERMIT											
	REQUIREMENT											
	SAMPLE											
	MEASUREMENT											
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	REQUIREMENT											
	SAMPLE											
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	SAMPLE											
	MEASUREMENT											
	PERMIT											
	REQUIREMENT											
	SAMPLE											
	MEASUREMENT											
	PERMIT			1								
NAME/TITLE PRINCIPAL EXECUT	I certify unde	er penalty of law th	at this document an	d all attachments we	ere prepared under	my direction					•	
	or supervisio	n in accordance wi	ith a system designe	ed to assure that qua	alified personnel pro	operly gather				Telep	hone	
Division Manager		and evaluate	the information sul	bmitted. Based on r	ny inquiry of the per	son or persons who	o manage the				631-34	4-4549
Environmental & Waste Mana	system, or those persons directly responsible for gathering the information, the information submitted 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			Signed	
Typed or Printed		for submitting	false information,	including the possib	liity of fine and impri	sonment for knowi	ng 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.

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE

UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973 ATTN: MICHAEL HOLLAND, GROUP MGR NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

							WAJUR					
NY0005835						008 M	(SUBR 01)					
Peri	mit N	lum	ber			Discharge Number F - FINAL						
Monitoring Period							STORMWTR RUNOFF WAREHOUSE (HW)					
From To						*** No Discharge ****						
YR	МО	DΥ	YR	МО	DΥ							
05	07	0 1	05	07	31	Note: Rea	d Instructions before completing this form					

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			TION	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
FLOW RATE See Note 2	SAMPLE MEASUREMENT	*****	24600	(07)	*****	*****	*****		0	01/30	IN	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	**** ***		ONCE/MONTH	INSTAN	
РН	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.6	(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 See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	2.3	(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 EXECU	I certify unde	er penalty of law that	at this document an	d all attachments we	ere prepared under	my direction					-	
	or supervision in accordance with a system designed to assure that qualified personnel properly gather									Telep	hone	
Division Manager		and evaluate the information submitted. Based on my inquiry of the person or persons who manage the									631-34	4-4549
Environmental & Waste Man	agement	system, or those persons directly responsible for gathering the information, the information submitted 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			Signed
Typed or Printed		for submitting	false information, i	ncluding the possib	liity of fine and impri	sonment for knowi	ng violations.	Office	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.

PERMITTEE NAME/ADDRESS	(Include Facilit	y Name/Location	if Different)
------------------------	------------------	-----------------	---------------

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE

UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973
ATTN: MICHAEL HOLLAND, GROUP MGR

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

								WAJUR			
NY0005835							010 M	(SUBR 01)			
	Permit Number						Discharge Number F - FINAL				
Monitoring Period						t		STORMWTR R O CENTRAL STEAM (H)			
From To					То		*** No Discharge ****				
	YR	МО	DY	YR	МО	DY					
	05	07	01	05	07	31	Note: Rea	d Instructions before completing this form			

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			ΓΙΟΝ	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
FLOW RATE See Note 2	SAMPLE MEASUREMENT	*****	6200	(07)	*****	*****	*****		0	01/30	IN	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	****		ONCE/MONTH	INSTAN	
PH	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.6	(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 See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.1	(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 EXECU	I certify und	er penalty of law that	at this document an	d all attachments we	ere prepared under	my direction					-	
	or supervision in accordance with a system designed to assure that qualified personnel properly gather										hone	
Division Manager	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the									631-34	4-4549	
Environmental & Waste Man	agement	system, or those persons directly responsible for gathering the information, the information submitted 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			Date S	Signed
Typed or Printed		for submitting	false information, i	including the possib	liity of fine and impri	sonment for knowi	ng 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.

NY 11973

NAME USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE

UPTON

FACILITY **BROOKHAVEN NATIONAL LABORATORY**

LOCATION UPTON NY 11973 ATTN: MICHAEL HOLLAND, GROUP MGR

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

							MAJOR				
NY0005835						06A M	(SUBR 01)				
Permit Number						Discharge Number	F - FINAL				
Monitoring Period							LINAC NCCW, FLOOR DNS,ETC(HT1)				
From To						**	* No Discharge ****				
YR	МО	DY	YR	МО	DY						
05 07 01 05 07 31					31	Note: Read Instructions before completing this fo					

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE MAXIMUM UNITS			QUALITY OR CONCENTRATION MINIMUM AVERAGE MAXIMUM UNITS				NO. EX	FREQUENCY OF	SAMPLE TYPE	
PH	SAMPLE		MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	(12)		ANALYSIS		ł
rn	MEASUREMENT	*****	*****		6.8	*****	7.6	(12)	0	04/30	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB	
OIL & GREASE See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.6	(19)	0	01/30	GR	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.64	*****	(03)	****	****	*****	WIG/L	0	04/30	RC	
50050 1 0 1 EFFLUENT 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 EXECUT	I certify under penalty of law that this document and all attachments were prepared under my direction										1	
Division Manager	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									Telephone 631-344-454		
Environmental & Waste Man	system, or those persons directly responsible for gathering the information, the information submitted is, to the											
Services Division Typed or Printed	1	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	Signed			

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

SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE

UPTON NY 11973

FACILITY **BROOKHAVEN NATIONAL LABORATORY**

LOCATION UPTON NY 11973 ATTN: MICHAEL HOLLAND, 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					ł		COOLING TOWR FROM 919 ETC(HT2)						
From To			То		*** No Discharge								
YR	МО	DΥ	ΥR	МО	DΥ								
05	07	01	05	07	31	Note: Read Instructions before completing							

Note: Read Instructions before completing this form

PARAMETER	QUANTITY OR LOADING			QUA	LITY OR CO	ITY OR CONCENTRATION			FREQUENCY OF	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PH	SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.9	(12)	0	04/30	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB	
OIL & GREASE See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.1	(19)	0	01/30	GR	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.02	*****	(03)	*****	*****	*****		0	04/30	RC	
50050 1 0 1 EFFLUENT 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	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									Telephone		
Division Manager	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the									631-34	14-4549	
Environmental & Waste Man 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						Signatur	Signature of Principal Executive			Signed	
	1	=		•							signea	
Typed or Printed	for submitting false information, including the possibliity of fine and imprisonment for knowing violations.						Unice	er or Authorized Agent				

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

SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.