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

June 21, 2005

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

Gentlemen:

SUBJECT: State Pollutant Discharge Elimination System (SPDES) NY-0005835

Brookhaven National Laboratory (BNL) Discharge Monitoring Report (DMR)

for May 2005

In accordance with our SPDES permit (NY-0005835), enclosed as Attachment I, please find the DMR for the month of May 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 May 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 G. Goode

George A. Goode Environmental & Waste Management Services **Division Manager** 

GAG/JR:car

Attachment I: Discharge Monitoring Report for May 2005.

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

LLC for samples collected on 5/11/05 and 5/13/05 from Outfall 001 (BNL Use

Only).

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

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

Use Only).

cc: M. Allocco, w/ all Attachments

> M. Bebon, w/o Attachments W. Chaloupka, w/ all Attachments

S. Dierker, w/ all Attachments G. Goode, w/o Attachments

G. Granzen, w/ all Attachments M. Holland, w/o Attachments

C. Johnson, w/o Attachments R. Lee, w/ all Attachments

E. Lessard, w/ all Attachments

E. Murphy, w/ all Attachments V. Radeka, 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

M. Baldwin, w/ all Attachments

D. Lowenstein, w/o Attachments

A. Santino, SCDHS, w/ Attachment I

B. Style, w/o Attachments

D. Van Duyne, w/ all Attachments

EC62ER.05

## Brookhaven National Laboratory SPDES Permit No. NY0005835 Discharge Monitoring Report for May 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 MAY 2005 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: 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 \*\*\* No Discharge \*\*\*\*

YR MO DY YR MO DY

05 05 01 05 05 31 Note: Read Instructions before completing this form

				05   05   01	03   03   31		Note. Read	i ilisti uction	2 perore co	mpleting this fo	1111	
PARAMETER		QUAN	ITITY OR LO	ADING	QUA		NCENTRAT		NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
TEMPERATURE, WATER	SAMPLE	*****	*****		*****	*****	70	(15)	0	01/01	GR	
DEG. FAHRENHEIT	MEASUREMENT						/0		U	01/01	GK	
00011 1 0 0	PERMIT	*****	*****	****	*****	*****	90	1		DAILY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	DEG.F		DAILT	GRAD	
BOD, 5-DAY	SAMPLE	*****	*****		*****	3	4	(19)	0	02/30	24	
(20 DEG. C)	<b>MEASUREMENT</b>					3	4		U	02/30	24	
00310 1 0 0	PERMIT	*****	*****	****	*****	10	20			ONCE/MONTH	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****		DAILY AV	DAILY MX	MG/L		ONCE/WONTH	COMF24	
PH	SAMPLE	*****	*****		7.2	*****	7.7	(12)	0	01/01	GR	
	<b>MEASUREMENT</b>				1.2		7.7		•	01/01	GK	
00400 1 0 0	PERMIT	*****	*****	****	5.8	*****	9.0			DAILY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SU		DAILI	GKAB	
SOLIDS, TOTAL	SAMPLE	*****	*****		*****	<3.4	<5.7	(19)	0	02/30	24	
SUSPENDED	MEASUREMENT					₹3.∓	<b>\3.7</b>		Ů	02/30	2-4	
00530 1 0 0	PERMIT	*****	*****	****	*****	10	20			ONCE/MONTH	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****		DAILY AV	DAILY MX	MG/L		ONOL/MONTH	00WII 24	
SOLIDS, SETTLEABLE	SAMPLE	*****	*****		*****	*****	0.0	(25)	0	01/01	GR	
	MEASUREMENT						0.0			01701	O.C	
00545 1 0 0	PERMIT	*****	*****	****	*****	*****	0.1			DAILY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	ML/L		DAILI	OITAB	
NITROGEN, TOTAL	SAMPLE	*****	*****		*****	*****	6.2	(19)	0	02/30	24	
(AS N)	MEASUREMENT						0.2			02/00	2-7	
00600 1 0 0	PERMIT	*****	*****	****	*****	*****	10			ONCE/MONTH	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		0.102/01111	00 21	
NITROGEN, AMMONIA	SAMPLE	*****	*****		*****	*****	<0.1	(19)	0	02/30	24	
TOTAL (AS N)	MEASUREMENT									02,00		
00610 1 0 0	PERMIT	*****	*****	****	*****	*****	2			ONCE/MONTH	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L			00 21	
NAME/TITLE PRINCIPAL EXECUT	TIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction										
	or supervision in accordance with a system designed to assure that qualified personnel properly gather										hone	
Division Manager	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the										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	g false information,	including the possib	liity of fine and impr	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.

APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB'S. 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: MICHAEL HOLLAND, GROUP MGR

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

							N	MAJOR
NY0	0058	35				001 M	(	SUBR 01)
Peri	nit N	lum	ber			Discharge Number	F	- FINAL
N	/lonit	orir	ıg Po	eriod	ı		_ь	PROCESS SANIT & STORMWTR RNOFF
	From	)		То		**	* N	No Discharge ****
YR	МО	DΥ	YR	МО	DΥ			

05 05 01 05 05 31 Note: Read Instructions before completing this form **FREQUENCY SAMPLE** NO. QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER ΕX OF **TYPE** AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** PHOSPHORUS, TOTAL SAMPLE (19)\*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 1.5 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)\*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 0.036 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) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 0.074 0 02/30 24 (AS FE) See Note 1 MEASUREMENT 01045 1 0 0 **PERMIT** \*\*\*\* 0.37 +++++ \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* ONCE/MONTH COMP24 **EFFLUENT GROSS VALUE** \*\*\*\* REQUIREMENT **DAILY MX** MG/L LEAD. TOTAL SAMPLE (19)\*\*\*\*\* \*\*\*\*\* <0.0025 0 02/30 24 (AS PB) MEASUREMENT 01051 1 0 0 PERMIT \*\*\*\* 0.019 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* COMP24 ONCE/MONTH **EFFLUENT GROSS VALUE** REQUIREMENT \*\*\*\* **DAILY MX** MG/L SAMPLE NICKEL, TOTAL (19)\*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 0.016 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)+++++ \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 0.0016 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

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.

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

Services Division

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.

APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB'S. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

Date Signed

Officer or Authorized Agent

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)

05 05 01 05 05 31 Note: Read Instructions before completing this form

PARAMETER			ITITY OR LO		QUA	ALITY OR CO			NO. EX	FREQUENCY OF		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
ZINC, TOTAL	SAMPLE	*****	*****		*****	*****	0.04	(19)	0	02/30	24	
(AS ZN)	MEASUREMENT						0.04	]		02/00	2-4	
01092 1 0 0	PERMIT	*****	*****	****	*****	*****	0.1			ONCE/MONTH	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		ONOL/MONTH	COMI 24	
TOLUENE	SAMPLE	*****	*****		*****	*****	<1	(28)	0	02/30	GR	
	MEASUREMENT						\'		U	02/30	GIX	
34010 1 0 0	PERMIT	*****	*****	****	*****	*****	5			TWICE/MONTH	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			<b>DAILY MX</b>	UG/L		TWICE/WONTH	GRAB	
METHYLENE CHLORIDE	SAMPLE	*****	*****		*****	*****	3	(28)	0	02/30	GR	
	MEASUREMENT						3		0	02/30	GK	
34423 1 0 0	PERMIT	*****	*****	****	*****	*****	5			TWICE/MONTH	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		I WICE/MONTH	GRAD	
1,1,1-TRICHLORO-	SAMPLE	*****	*****		*****	*****	.4	(28)	•	02/20	GR	
ETHANE	MEASUREMENT						<1		0	02/30	GK	
34506 1 0 0	PERMIT	*****	*****	****	*****	*****	5			TW//OF/MONTH	ODAD	
EFFLUENT GROSS VALUE	REQUIREMENT	******		****			DAILY MX	UG/L		TWICE/MONTH	GRAB	
FLOW, IN CONDUIT OR	SAMPLE	0.32	0.40	(03)	*****	*****	*****		0	00/00	RC	
THRU TREATMENT PLANT	MEASUREMENT	0.32	0.40						"	99/99	RC	
50050 1 0 0	PERMIT	REPORT	2.3		*****	*****	*****	****		CONTINUELLO	DOODDD	
EFFLUENT GROSS VALUE	REQUIREMENT	DAILY AV	DAILY MX	MGD				****		CONTINUOUS	RCORDR	
MERCURY, TOTAL	SAMPLE	*****	*****		*****	*****	0.00005	(19)		00/00	0.4	
(AS HG)	MEASUREMENT						<0.00005	` ´	0	02/30	24	
71900 1 0 0	PERMIT	*****	*****	****	*****	*****	0.0008			ONCE/MONTH	COMPO	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		ONCE/MONTH	COMP24	
COLIFORM, FECAL	SAMPLE	*****	*****		*****			(13)		00/00	25	
GENERAL	MEASUREMENT	*****	*****		*****	<2	<2	` ′	0	02/30	GR	
74055 1 0 0	PERMIT	*****	*****	****	*****	200	400	#/ 100ML		ONOE/MONE:	0045	
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							l)
		1					-				Telep	hone
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								631-34			
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	Sianed
Typed or Printed		for submitting false information, including the possibility of fine and imprisonment for knowing violations.						Officer or Authorized Agent				J
Comments and Funlancian of any violation			,	possic	, 5o and impl			Officer or Authorized Agent			1	

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

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

APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB'S. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

PARAMETER			ITITY OR LO		QUA		ONCENTRAT		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
2-BUTANONE	SAMPLE MEASUREMENT	*****	*****	UNITS	*****	*****	<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	*****	*****		>92	*****	*****	(23)	0	01/30	CA
31010 K 0 0 PERCENTREMOVAL	PERMIT REQUIREMENT	*****	*****	****	85 MO AV MN	*****	*****	PERCENT		ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		>90	*****	*****	(23)	0	01/30	CA
31011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	**** ***	85 MO AV MN	*****	*****	PERCENT		ONCE/MONTH	CALCTD
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECU  Division Manager  Environmental & Waste Man	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									Teleph 631-344	
Services Division  Typed or Printed		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 Si

05 05 01 05 05 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.

APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB'S. 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						002 B	(SUBR 01)			
Permit Number							Discharge Number F - FINAL				
Monitoring Period					erioc	ı		RF (1004) & BRAHMS (1002) BLOWDN			
		Fron	ņ		То		**	* No Discharge ****			
	YR	МО	DΥ	YR	МО	DY					
	05	05	01	05	05	31	Note: Rea	d Instructions before completing this form			

PARAMETER			ITITY OR LO		QUA		QUALITY OR CONCENTRATION			NO. FREQUENCY EX OF		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
РН	SAMPLE MEASUREMENT	*****	*****	(07)	7.1	*****	7.1	(12)	0	01/30	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	GPD	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB	
OIL & GREASE See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.8	(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	*****	0.00047	(03)	*****	*****	*****		0	04/30	RC	
50050 1 0 0 See Note 3 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	**** ***		ONCE/MONTH	RCORDR	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
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	SAMPLE MEASUREMENT											
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	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECU	I certify und	er penalty of law th	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 Mar Services Division	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		
Typed or Printed		for submitting	g false information,	including the possib	oliity of fine and impri	isonment for knowi	ing violations.	Officer or Authorized 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.

PERMITTEE NAME/ADDRESS (Incl	de Facility 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 002 M (SUBR 01) Discharge Number F - FINAL Permit Number **Monitoring Period** AGS NON-C COOLNG, PRCP, ETC (HN) \*\*\* No Discharge From То YR MO DY YR MO DY 05 05 01 05 05 31

Note: Read Instructions before completing this form

PARAMETER			ITITY OR LO	-	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PH	SAMPLE MEASUREMENT	*****	*****		7.4	*****	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	*****	*****		*****	*****	1.8	(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	0.21	*****	(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											
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	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECU	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that				d all attachments we	ere prepared under	my direction					i
Division Manager	-		-	ed to assure that qua							ohone 14-4549	
Environmental & Waste Mar	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									Date S	Signed	
Typed or Printed		for submitting	g false information,	including the possib	oliity of fine and impri	isonment for knowi	ng violations.	Officer or Authorized 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.

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			ITITY OR LO	-	QUALITY OR CONCENTRATION			TION	NO. EX	FREQUENCY OF		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		j
РН	SAMPLE MEASUREMENT	*****	*****		7.6	*****	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	*****	*****		*****	*****	2.5	(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	0.19	*****	(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											
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	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECU	PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this docum				d all attachments we	ere prepared under	my direction					i
or supervision in accordance wit  Division Manager and evaluate the information sub				-	•							ohone 14-4549
Environmental & Waste Mar	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						01 1 1 1 1 1 1 1 1		
Typed or Printed		for submitting	g false information,	including the possib	oliity of fine and impri	isonment for knowi	ng violations.	Officer or Authorized Agent				

05 05 01 05 05 31

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.

PERMITTEE NAME/ADDRESS	(Include Facility	/ Name/Location if	Different)
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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				
NY	0005	335				007 M	(SUBR 01)				
Per	mit N	lum	ber			Discharge Number	F - FINAL				
Monitoring Period						WATER TREATMENT PLT BKWSH (HX)					
	From To			То		*** No Discharge ****					
YR	МО	DΥ	YR	МО	DΥ						
05	05	01	05	05	31	Note: Read	d Instructions before completing this form				

PARAMETER		QUAN	QUANTITY OR LOADING QUALITY OR CONCENTRATION					TION	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
FLOW RATE	SAMPLE MEASUREMENT	*****	200000	(07)	*****	*****	*****		0	19/30	IN	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****			ONCE/MONTH	INSTAN	
РН	SAMPLE MEASUREMENT	*****	*****		6.6	*****	6.6	(12)	0	01/30	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	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 that	at this document an	d all attachments we	ere prepared under	my direction						
	or supervisio	n in accordance wi	th a system designe	ed to assure that qua	alified personnel pro	operly gather				Telep	hone	
Division Manager		and evaluate	the information sub	omitted. Based on i	my inquiry of the per	son or persons who	o manage the	1			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, including the possibliity of fine and imprisonment for knowing violations.						Officer or Authorized 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.

PERMITTEE NAME/ADDRESS (Include Facility Name/	Location	it vitterent
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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)

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
FLOW RATE See Note 2	SAMPLE MEASUREMENT	*****	860	(07)	*****	*****	*****		0	01/30	IN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	****		ONCE/MONTH	INSTAN
PH	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.5	(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	*****	*****		*****	*****	2.5	(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 und	ler penalty of law th	at this document ar	nd all attachments we	ere prepared under	my direction					
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 631-344-4549	
Environmental & Waste Mar 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			Date S	
Typed or Printed		for submitting false information, including the possibility of fine and imprisonment for knowing violations.						Office	er or Author	ized 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 Facility	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				
NY	0005	335				010 M	(SUBR 01)				
Permit Number						Discharge Number	F - FINAL				
Monitoring Period							STORMWTR R O CENTRAL STEAM (H)				
	Fron	ņ		То		**:	* No Discharge ****				
ΥR	МО	DΥ	YR	МО	DY						
05	05	01	05	05	31	Note: Rea	d Instructions before completing this form				

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. FREQUENCY EX OF		SAMPLE TYPE		
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	IITS ANALY				
FLOW RATE See Note 2	SAMPLE MEASUREMENT	*****	9100	(07)	*****	*****	*****		0	01/30	IN	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	****		ONCE/MONTH	INSTAN	
PH	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.5	(12)	0	01/30	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB	
DIL & GREASE See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	2.0	(19)	0	01/30	GR	
0556 1 0 0 FFLUENT 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 EXECUT	TIVE OFFICER	I certify und	er penalty of law th	at this document an	d all attachments we	re prepared under	my direction					
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								Teleph 631-344		
Environmental & Waste Mana 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					Signatur	e of Princip	al Executive	Date Si	ianed	
Typed or Printed		1	=		liity of fine and impri	_	·	_	r or Author			J

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 Facility 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)** 

**MAJOR** NY0005835 06A M (SUBR 01) Permit Number Discharge Number F - FINAL **Monitoring Period** LINAC NCCW, FLOOR DNS,ETC(HT1) From \*\*\* No Discharge То YR MO DY YR MO DY 05 05 01 05 05 31

Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING AVERAGE MAXIMUM UNITS			QUALITY OR CONCENTRATION				EX OF		SAMPLE TYPE	
РН	SAMPLE MEASUREMENT	*****	*****	UNITS	7.6	*****	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	*****	*****		*****	*****	1.5	(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	0.22	*****	(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  Division Manager  Environmental & Waste Man		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								Telep 631-34		
Services Division  Typed or Printed		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.					nificant penalties	_	e of Princip	al Executive	Date Signed	

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

SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.

PERMITTEE NAME/ADDRESS (Include Facility	v 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						06B M	(SUBR 01)					
Permit Number						Discharge Number F - FINAL						
Monitoring Period					ł		COOLING TOWR FROM 919 ETC(HT2)					
From To			*** No Discharge									
YR	МО	DΥ	ΥR	МО	DY							

Note: Read Instructions before completing this form

NO. FREQUENCY SAMPLE **QUANTITY OR LOADING QUALITY OR CONCENTRATION** PARAMETER ΕX OF **TYPE** AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** PН SAMPLE (12)\*\*\*\*\* \*\*\*\*\* 7.6 \*\*\*\*\* 8.8 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) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 1.4 0 01/30 GR **MEASUREMENT** See Note 1 00556 1 0 0 **PERMIT** \*\*\*\* 15 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* ONCE/MONTH **GRAB** \*\*\*\* **EFFLUENT GROSS VALUE** REQUIREMENT **DAILY MX** MG/L FLOW. IN CONDUIT OR SAMPLE (03)\*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 0.096 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 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 Typed or Printed Officer or Authorized Agent for submitting false information, including the possibliity of fine and imprisonment for knowing violations.

05 05 01 05 05 31

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

SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.