

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

November 18, 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 October 2005

In accordance with our SPDES permit (NY-0005835), enclosed as Attachment I, please find the DMR for the month of October 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 October 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 October 2005.

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

LLC for samples collected on 10/3/05 and 10/5/05 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. 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 October 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 OCTOBER 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 10 01 05 10 31 Note: Read Instructions before completing this form

PARAMETER		QUANTITY OR LOADING				LITY OR CO	DNCENTRAT	TION	NO. EX	FREQUENCY OF		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		i
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*****	*****		*****	*****	77	(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	*****	*****		7.0	*****	7.5	(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	*****	*****		*****	<1.3	<1.3	(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	*****	*****		*****	*****	6.8	(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 EXECUTIVE OFFICER		I certify und	er penalty of law that	at this document an	d all attachments we	ere prepared under	my direction					
George A. Goode Division Manager		· ·		, ,	ed to assure that qua		. , ,					hone 4-4549
Environmental & Waste Man	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			Signed
Typed or Printed	1	=		liity of fine and impri	-	•	_	Officer or Authorized Agent				
Sammanta and Evalenation of any violation												

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)

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 10 01 05 10 31 Note: Read Instructions before completing this form

		QUAN	ITITY OR LO		QU/		ONCENTRAT	ION I I I		FREQUENCY	SAMPLE	
PARAMETER			 		MINIMUM AVERAGE MAXIMUM L			l	EX	OF	TYPE	
DUCCOUCEUR TOTAL	041451.5	AVERAGE	MAXIMUM	UNIIS	MINIMUM	AVERAGE	MAXIMUM			ANALYSIS		
PHOSPHORUS, TOTAL	SAMPLE	*****	*****		*****	*****	1.5	(19)	0	02/30	24	
(AS P)	MEASUREMENT			****								
00665 1 0 0	PERMIT	*****	*****			*****	REPORT			ONCE/MONTH	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L				
CYANIDE, TOTAL	SAMPLE	*****	*****		*****	*****	<2.5	(28)	0	02/30	GR	
(AS CN)	MEASUREMENT						12.0]		02,00		
00720 1 0 0	PERMIT	*****	*****	****		*****	100			TWICE/MONTH	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		TWIGE	OKAB	
COPPER, TOTAL	SAMPLE	*****	*****		*****	*****	0.045	(19)	0	02/30	24	
(AS CU)	MEASUREMENT						0.043]	U	02/30	24	
01042 1 0 0	PERMIT	*****	*****	****		*****	0.15			ONCE/MONTH	COMPA	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		ONCE/WONTH	COMP24	
IRON, TOTAL	SAMPLE	*****	*****		*****	*****	0.45	(19)	_	00/00	0.4	
(AS FE)	MEASUREMENT	*****	*****		*****	*****	0.15	` ′	0	02/30	24	
01045 1 0 0	PERMIT			****		*****	0.37					
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L		ONCE/MONTH	COMP24	
LEAD, TOTAL	SAMPLE							(19)	_			
(AS PB) See Note 1	MEASUREMENT	*****	*****		*****	*****	0.0013	(10)	0	02/30	24	
01051 1 0 0	PERMIT			****			0.019					
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L		ONCE/MONTH	COMP24	
NICKEL, TOTAL	SAMPLE						DAIL! MA	(19)				
(AS NI) See Note 1	MEASUREMENT	*****	*****		*****	*****	0.018	(13)	0	02/30	24	
01067 1 0 0	PERMIT			****			0.11					
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L		ONCE/MONTH	COMP24	
SILVER, TOTAL	SAMPLE						DAILI WA					
•	MEASUREMENT	*****	*****		*****	*****	0.0024	(19)	0	02/30	24	
(AS AG) See Note 1 01077 1 0 0	PERMIT			****			0.015	-				
	REQUIREMENT	*****	*****	****	*****	*****				ONCE/MONTH	COMP24	
REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER							DAILY MX	MG/L				
	TIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction										
George A. Goode		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			Signed
Typed or Printed	for submitting	g false information,	including the possib	liity of fine and impr	isonment 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)

					MAJOR	
NY0005835				001 M	(SUBR 01)	
Permit Number				Discharge Number	F - FINAL	
Monitorin	ng Pe	riod			PROCESS SANIT & STORMWTR RNOFF	:
From		То		**	*** No Discharge ****	
YR MO DY	YR	МО	DY			

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** ZINC. TOTAL SAMPLE (19) ***** ***** ***** ***** 0.08 0 02/30 24 MEASUREMENT (AS ZN) 01092 1 0 0 **PERMIT** **** 0.1 ***** ***** ***** ***** ONCE/MONTH COMP24 **EFFLUENT GROSS VALUE** REQUIREMENT **** **DAILY MX** MG/L TOLUENE **SAMPLE** (28)***** ***** ***** ***** 0 02/30 GR <1 MEASUREMENT 34010 1 0 0 **PERMIT** **** 5 ***** ***** ***** ***** TWICE/MONTH **GRAB** **** **EFFLUENT GROSS VALUE** REQUIREMENT **DAILY MX** UG/L METHYLENE CHLORIDE SAMPLE (28) ***** ***** ***** ***** <2 1 02/30 GR See Note 3 MEASUREMENT 34423 1 0 0 **PERMIT** **** 5 ***** ***** ***** ***** TWICE/MONTH **GRAB** **** **EFFLUENT GROSS VALUE** REQUIREMENT **DAILY MX** UG/L 1.1.1-TRICHLORO-SAMPLE (28)***** ***** ***** ***** <1 0 02/30 GR ETHANE MEASUREMENT 34506 1 0 0 **PERMIT** **** 5 +++++ ***** ***** ***** TWICE/MONTH **GRAB** **** **EFFLUENT GROSS VALUE** REQUIREMENT **DAILY MX** UG/L FLOW. IN CONDUIT OR SAMPLE (03)***** 0 0.32 0.37 99/99 RC THRU TREATMENT PLANT MEASUREMENT 50050 1 0 0 PERMIT REPORT 2.3 **** ***** ***** ***** **RCORDR** CONTINUOUS **EFFLUENT GROSS VALUE** REQUIREMENT **DAILY AV DAILY MX** MGD **** MERCURY, TOTAL **SAMPLE** (19)***** ***** ***** ***** < 0.00005 0 02/30 24 (AS HG) MEASUREMENT 71900 1 0 0 **PERMIT** **** 0.0008 ***** ***** ***** ***** ONCE/MONTH COMP24 **EFFLUENT GROSS VALUE** REQUIREMENT **** DAILY MX MG/L COLIFORM, FECAL SAMPLE (13)***** ***** ***** <2 <2 0 02/30 GR GENERAL MEASUREMENT 74055 1 0 0 PERMIT **** 200 400 #/ 100ML ***** ***** ***** ONCE/MONTH **GRAB EFFLUENT GROSS VALUE** REQUIREMENT **** DAILY AV DAILY MX NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction George A. Goode 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 Officer or Authorized Agent Typed or Printed for submitting false information, including the possibliity of fine and imprisonment for knowing violations.

05 10 01 05 10 31

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

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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	(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	*****	*****		>91	*****	*****	(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	*****	*****		>96	*****	*****	(23)	0	01/30	CA	
81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85 MO AV MN	*****	*****	PERCENT		ONCE/MONTH	CALCTD	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECU	TIVE OFFICER	I certify und	er penalty of law that	at this document an	d all attachments we	ere prepared under	my direction					<u> </u>
George A. Goode	or supervision	on in accordance wi	th a system designe	ed to assure that qua	alified personnel pr	operly gather				Telep	hone	
Division Manager		and evaluate	the information sub	omitted. Based on r	my inquiry of the per	son or persons wh	o manage the				631-34	4-4549
Environmental & Waste Management		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	g false information, i	including the possib	oliity of fine and impri	sonment for know	ing violations.	Office	Officer or Authorized Agent			

05 10 01 05 10 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.

ATTN:

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE

UPTON NY 11973

MICHAEL HOLLAND, GROUP MGR

FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATION UPTON NY 11973

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

							MAJOR								
NY0005835						002 B	(SUBR 01)								
Permit Number						Discharge Number	F - FINAL								
Monitoring Period				erio	t		RF (1004) & BRAHMS (1002) BLOWDN								
From To			***	No Discharge ****											
ΥR	МО	DΥ	YR	МО	DY										
05	10	01	05	10	31	Note: Read Instructions before completing this form									

PARAMETER			ITITY OR LO		QUA		ONCENTRAT		NO. FREQUENCY EX OF		SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
РН	SAMPLE MEASUREMENT	*****	*****	(07)	8.8	*****	8.8	(12)	0	01/30	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	GPD	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB	
DIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.99	(19)	0	01/30	GR	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB	
LOW, IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	0.002	(03)	*****	*****	*****		0	04/30	RC	
0050 1 0 0 See Note 3 EFFLUENT 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		I certify und	er penalty of law th	at this document an	nd all attachments we	ere prepared under	my direction					•
George A. Goode Division Manager	or supervisio	on in accordance wi	ith a system design	ed to assure that qua	alified personnel pr	operly gather				Telephone 631-344-4549		
Environmental & Waste Man	agement	system, or those	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		1	-		complete. I am aware	_		Signature of Principal Executive Officer or Authorized Agent			Date S	Signed
Typed or Printed	for submitting	raise information,	including the possib	oliity of fine and impr	sonment for know	ng violations.	Unice	i or Author				

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 Numb	oer	Discharge Number	F - FINAL
Monitorin	g Period		AGS NON-C COOLNG,PRCP,ETC (HN
From	То	***	No Discharge ***
YR MO DY	YR MO DY		
05 10 01	05 10 31	Note: Read	d Instructions before completing this f

Note: Read Instructions before completing this form

PARAMETER		QUAN	TITY OR LO	ADING	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PH	SAMPLE MEASUREMENT	*****	*****		7.3	*****	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	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.96	(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	0.36	*****	(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	TIVE OFFICER	I certify unde	er penalty of law that	at this document an	d all attachments we	ere prepared under	my direction		-			•
George A. Goode		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										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 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)

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		QUAN	TITY OR LO	ADING	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PH	SAMPLE MEASUREMENT	*****	*****		7.3	*****	7.6	(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	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.99	(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	0.48	*****	(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	TIVE OFFICER	I certify unde	er penalty of law that	at this document an	d all attachments we	ere prepared under	my direction					·
George A. Goode		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 r	my inquiry of the per	son or persons who	o manage the				631-34	4-4549
Environmental & Waste Man	agement	system, or those	persons directly re	sponsible for gather	ring the information,	the information sul	omitted is, to the					
Services Division		best of my know	ledge and belief, tr	ue, accurate, and o	omplete. I am aware	that there are sign	nificant penalties	Signatur	e of Princip	al 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	r or Authori	zed Agent		

05 10 01 05 10 31

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.

PERMITTEE NAME/ADDRESS	(Include Facil	lity Name/Location is	f 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
N١	Y00	0058	335				007 M	(SUBR 01)
Pe	erm	nit N	lum	ber			Discharge Number	F - FINAL
	M	onit	orii	ng P	erioc	t		WATER TREATMENT PLT BKWSH (HX
	F	ron)		То		**	* No Discharge ****
YF	R I	ИO	DΥ	YR	МО	DY		
05	; T	10	01	05	10	31	Note: Rea	d Instructions before completing this fo

Note: Read Instructions before completing this form

PARAMETER		QUAN	ITITY OR LO	ADING		LITY OR CO	DNCENTRAT		NO. EX	FREQUENCY OF		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
FLOW RATE	SAMPLE MEASUREMENT	*****	320000	(07)	*****	*****	*****		0	19/30	IN	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****			ONCE/MONTH	INSTAN	
PH	SAMPLE MEASUREMENT	*****	*****	GID	6.9	*****	6.9	(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	TIVE OFFICER	I certify und	er penalty of law th	at this document an	d all attachments we	ere prepared under	my direction					<u> </u>
George A. Goode		or supervision	on in accordance wi	th a system designe	ed to assure that qua	alified personnel pr	operly gather				Telep	hone
Division Manager		and evaluate	the information sul	omitted. Based on i	my inquiry of the per	son or persons wh	o manage the				631-34	4-4549
Environmental & Waste Man	agement	system, or those	persons directly re	sponsible for gathe	ring the information,	the information su	bmitted is, to the					
Services Division				-	omplete. I am aware			Signatur	e of Princip	al 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.	Office	er 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)

									MAJOR		
١	VY(0005	835					008 M	(SUBR 01)		
F	er	mit	Nun	nbei	•			Discharge Number	F - FINAL		
Γ	ı	lon	itori	ng l	Pei	riod	i		STORMWTR RUNOFF WA	\REF	HOUSE (HW)
		Fro	m			То		***	No Discharge		****
١	/R	МО	DY	' YF	2	ON	DΥ				I
0)5	10	0 1	05	T	10	31	Note: Rea	d Instructions before comp	oletin	ng 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		
FLOW RATE See Note 2	SAMPLE MEASUREMENT	*****	260000	(07)	*****	*****	*****		0	01/30	IN	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	****		ONCE/MONTH	INSTAN	
РН	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.2	(12)	0	01/30	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.93	(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	TIVE OFFICER	I certify und	er penalty of law th	at this document an	d all attachments we	ere prepared under	my direction					
George A. Goode Division Manager				-	ed to assure that qua						Telep 631-34	
Environmental & Waste Management			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								33.04	
Services Division	best of my know	vledge and belief, tr	rue, accurate, and c	omplete. I am awar	Signature of Principal Executive			Date S	Signed			
Typed or Printed	for submitting	g false information,	including the possib	oliity of fine and impri	sonment for know	ing violations.	Office	r or Author	izea 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 Nam	e/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
NYO	0005	335				010 M	(SUBR 01)
Per	mit N	lum	ber			Discharge Number	F - FINAL
ı	Moni	torir	ng P	erioc	ł		STORMWTR R O CENTRAL STEAM (H)
	Fron	ņ		То		***	No Discharge ****
YR	МО	DΥ	YR	МО	DY		
05	10	01	05	10	31	Note: Read	Instructions before completing this form

PARAMETER			ITITY OR LC				ONCENTRAT		NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		ĺ
FLOW RATE See Note 2	SAMPLE MEASUREMENT	*****	286000	(07)	*****	*****	*****		0	01-30	IN	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	**** ****		ONCE/MONTH	INSTAN	
PH	SAMPLE MEASUREMENT	*****	*****		7.3	*****	7.3	(12)	0	01/30	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		****	*****	<0.93	(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	TIVE OFFICER	I certify und	er penalty of law th	at this document an	d all attachments we	ere prepared under	my direction					1
George A. Goode Division Manager				-	ed to assure that qua						Telep 631-34	
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 for submitting false information, including the possibility of fine and imprisonment for knowing violations.							Signature of Principal Executive Officer or Authorized Agent			Signe	
George A. Goode Division Manager Environmental & Waste Mar	REQUIREMENT TIVE OFFICER	or supervision and evaluate system, or those best of my know	on in accordance we the information sul e persons directly re wledge and belief, tr	ith a system designate britted. Based on a sponsible for gathe rue, accurate, and c	ed to assure that qua my inquiry of the per ring the information, omplete. I am awar	alified personnel pr son or persons wh the information su e that there are sig	operly gather o manage the bmitted is, to the nificant penalties	_			631-3	4

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.

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)

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 10 01 05 10 31

Note: Read Instructions before completing this form

PARAMETER			ITITY OR LO				ONCENTRAT		EX OF		SAMPLE TYPE	
РН	SAMPLE MEASUREMENT	*****	MAXIMUM *****	UNITS	7.4	*****	7.7	(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	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1.02	(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 FHRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.31	*****	(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 George A. Goode Division Manager		or supervisio	on in accordance wi	th a system design	d all attachments we ed to assure that qua my inquiry of the per	alified personnel pr	roperly gather				Telep 631-34	hone 14-4549
Environmental & Waste Man 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			Signed	

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

SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.

PERMITTEE NAME/ADDRESS	(Include Facilit	v Name/Location	if Different
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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				
NY	0005	83	55				06B M	(SUBR 01)				
Permit Number							Discharge Number F - FINAL					
	Mon	ito	rin	ıg Po	erioc	ł		COOLING TOWR FROM 919 ETC(HT2)				
	Fro	m			То		***	No Discharge ****				
YR	MC) [Υ	YR	МО	DY						
05	10	Q 1		05	10	31	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	*****	*****		7.4	*****	7.7	(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	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1.01	(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	0.38	*****	(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 EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction									1	
George A. Goode	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	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					Signatur	re of Principal Executive Date Signed			igned		
Typed or Printed	for submitting false information, including the possibliity of fine and imprisonment for knowing violations.					Office	er or Authorized Agent					

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

SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.