

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

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

March 22, 2006

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 February 2006

In accordance with our SPDES permit (NY-0005835), enclosed as Attachment I, please find the DMR for the month of February 2006. 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 February 2006.



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 Robert J. Lee

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

GAG/JR: car

Attachment I: Discharge Monitoring Report for February 2006.

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

LLC for samples collected on 2/3/06 and 2/6/06 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).

M. Bebon, w/o Attachments cc:

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.06

Brookhaven National Laboratory SPDES Permit No. NY0005835 Discharge Monitoring Report for February 2006 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 FEBRUARY 2006 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) F - FINAL Permit Number Discharge Number **Monitoring Period PROCESS SANIT & STORMWTR RNOFF**

*** No Discharge From То YR MO DY YR MO DY

ATTN. WICHAEL HOLLAND, GRO	JOF WIGK			06 02 01	06 02 28		Note: Read	Instruction	s hefore co	ompleting this fo	rm	
		QUAN	ITITY OR LO		'	LITY OR CO		ION NO.		FREQUENCY	SAMPLE]
PARAMETER		AVERAGE	MAXIMUM	LINUTO	MINIMUM	AVEDAGE	ERAGE MAXIMUM		EX	OF	TYPE	1
	2111717	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			ANALYSIS		
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*****	*****		*****	*****	52	(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	*****	*****		6.2	*****	6.8	(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	*****	*****		*****	<0.95	<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	*****	*****		*****	*****	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	*****	*****		*****	*****	0.2	(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 th	at this document an	d all attachments we	re prepared under						1
George A. Goode		or supervision	on in accordance wi	th a system designe	ed to assure that qua	lified personnel pro	operly gather				•	hone
Division Manager					my inquiry of the per	•	=				631-34	4-4549
Environmental & Waste Man	agement				ring the information,			Cianator	o of Brinsin	al Executive	Det- (Name of
Services Division		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.										Signed
Typed or Printed	Typed or Printed		talse information,	including the possib	liity of fine and impri	sonment for knowir	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)

06 02 01 06 02 28 Note: Read Instructions before completing this form

				06 102 101	00 102 20	<u> </u>	Note. Neat	i ilisti uctioi	is belole co	mpleting this to	/1111	-
PARAMETER		QUAN	ITITY OR LO	ADING	QUA	ALITY OR CO	ONCENTRAT	ΓΙΟΝ	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PHOSPHORUS, TOTAL	SAMPLE	*****	*****		*****	*****	1.4	(19)	0	02/30	24	
(AS P)	MEASUREMENT						1.4		"	02/30	24	
00665 1 0 0	PERMIT	*****	*****	****		*****	REPORT			ONCE/MONTH	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		ONCE/WONTH	CONF24	
CYANIDE, TOTAL	SAMPLE	*****	*****		*****	*****	<2.5	(28)	0	02/30	GR	
(AS CN)	MEASUREMENT						<2.5		0	02/30	GK	
00720 1 0 0	PERMIT	*****	*****	****		*****	100			TWICE/MONTH	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		TWICE/MONTH	GRAD	
COPPER, TOTAL	SAMPLE	*****	*****		*****	*****	0.039	(19)	0	02/30	24]
(AS CU)	MEASUREMENT						0.039]	U	02/30	24	
01042 1 0 0	PERMIT	*****	*****	****		*****	0.15			ONCE/MONTH	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		ONCE/WONTH	COMP24	
IRON, TOTAL	SAMPLE	*****	*****		*****	*****	0.12	(19)	0	02/30	24]
(AS FE)	MEASUREMENT						0.12		U	02/30	24	
01045 1 0 0	PERMIT	*****	*****	****	*****	*****	0.37			ONCE/MONTH	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		ONCE/MONTH	COMIT 24	
LEAD, TOTAL	SAMPLE	*****	*****		*****	*****	0.00074	(19)	0	02/30	24	
(AS PB) See Note #1	MEASUREMENT						0.00074		U	02/30	2-7	
01051 1 0 0	PERMIT	*****	*****	***	*****	*****	0.019			ONCE/MONTH	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		ONOL/MONTH	00mi 24	
NICKEL, TOTAL	SAMPLE	*****	*****		*****	*****	0.01	(19)	0	02/30	24	
(AS NI) See Note #1	MEASUREMENT						0.01]		02/00		
01067 1 0 0	PERMIT	*****	*****	****	*****	*****	0.11			ONCE/MONTH	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		ONOL/MONTH	OOMI 24	
SILVER, TOTAL	SAMPLE	*****	*****		*****	*****	0.0015	(19)	0	02/30	24	
(AS AG) See Note #1	MEASUREMENT						0.0010]		02/00		
01077 1 0 0	PERMIT	*****	*****	****	*****	*****	0.015			ONCE/MONTH	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		ONOL/MONTH	OOMI 24	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify und	ler penalty of law that	at this document an	d all attachments we	ere prepared under	my direction					
George A. Goode		or supervision	on 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 sub	bmitted is, to the					
Services Division	Services Division		best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties									Signed
Typed or Printed		for submitting	g false information, i	including the possib	liity of fine and impr	isonment for knowi	ng violations.	Office	r or Author			

YR MO DY YR MO DY

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)

From To
YR MO DY YR MO DY
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Note: Read Instructions before completing this form

*** No Discharge

		QUAN	ITITY OR LO	<u> </u>	QUA	LITY OR CO		ION I -		FREQUENCY	SAMPLE	
PARAMETER							1		EX	OF	TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			ANALYSIS		
ZINC, TOTAL	SAMPLE	*****	*****		*****	*****	0.09	(19)	o	02/30	24	
(AS ZN)	MEASUREMENT											
01092 1 0 0	PERMIT	*****	*****	****	*****	*****	0.1			ONCE/MONTH	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		0.10_/0111		
TOLUENE	SAMPLE	*****	*****		*****	*****	<1	(28)	0	02/30	GR	
	MEASUREMENT]		02/00	Oit	
34010 1 0 0	PERMIT	*****	*****	****	*****	*****	5			TWICE/MONTH	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		TWIGE/MICHTIT	OKAD	
METHYLENE CHLORIDE	SAMPLE	*****	*****		*****	*****	<2	(28)	0	02/30	GR	
	MEASUREMENT						<2		"	02/30	GK	
34423 1 0 0	PERMIT	*****	*****	****	*****	*****	5			TWICE/MONTH	CDAD	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		TWICE/MONTH	GRAB	
1,1,1-TRICHLORO-	SAMPLE	*****	*****		*****	*****		(28)	_	00/00	O.D.	
ETHANE	MEASUREMENT						<1		0	02/30	GR	
34506 1 0 0	PERMIT	*****	*****	****	*****	*****	5					
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	UG/L		TWICE/MONTH	GRAB	
FLOW, IN CONDUIT OR	SAMPLE	0.05	0.40	(03)	*****	*****	*****		_	00/00		
THRU TREATMENT PLANT	MEASUREMENT	0.35	0.49	` ,	*****	*****	*****		0	99/99	RC	
50050 1 0 0	PERMIT	REPORT	2.3		*****	*****	*****	****				
EFFLUENT GROSS VALUE	REQUIREMENT	DAILY AV	DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	RCORDR	
MERCURY, TOTAL	SAMPLE	*****	*****		*****	*****		(19)		20/20		
(AS HG)	MEASUREMENT	*****	*****		*****	*****	<0.00005	` '	0	02/30	24	
71900 1 0 0	PERMIT	*****	*****	****	*****	*****	0.0008					
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L		ONCE/MONTH	COMP24	
COLIFORM, FECAL	SAMPLE	*****	*****		*****	_		(13)				
GENERAL	MEASUREMENT	*****	*****		*****	<2	<2	(13)	0	02/30	GR	
74055 1 0 0	PERMIT	*****		****	*****	200	400	#/ 100ML				
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	***	*****		DAILY MX			ONCE/MONTH	GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify und	er penalty of law that	at this document an	d all attachments we							
George A. Goode		-			ed to assure that qua		•				Telen	hone
Division Manager		-		-	my inquiry of the per						4-4549	
Environmental & Waste Man	agement				ring the information,		=					
Services Division	•	,			omplete. I am awar			Signatur	e of Princip	al Executive	Date S	Signed
Typed or Printed			=		liity of fine and impr	_	•	Ŭ	r or Authori		<u> </u>	
7.				. 3	,							

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

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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)

06 02 01 06 02 28 Note: Read Instructions before completing this form

PARAMETER			ITITY OR LO				ONCENTRAT		NO. FREQUENCY EX OF		SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	GR GRAB CA CALCTD CA	
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	*****	*****		>97	*****	*****	(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	*****	*****		>91	*****	*****	(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											
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	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECU	TIVE OFFICER	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		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										
Environmental & Waste Man	agement				ring the information,						631-344-4	
Services Division		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			
Typed or Printed		tor submitting	g raise information,	including the possit	ollity of fine and impr	isonment for know	ing violations.	Unice				

YR MO DY YR MO DY

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

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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		QUAN	ITITY OR LO	ADING	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
РН	SAMPLE MEASUREMENT	*****	*****	(07)	6.8	*****	6.8	(12)	0	01/30	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	GPD	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	4.02	(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 THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	0.03	(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											
	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	ere prepared under	my direction					
George A. Goode		or supervision	on 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 sul	omitted. Based on i	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 gathe	ring the information,	the information sul	omitted is, to the					
Services Division	-	I -		-	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 knowi	ng violations.	_	r or Authori			

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
NYC	00058	335				002 M	(SUBR 01)
Peri	mit N	lum	ber			Discharge Number	F - FINAL
N	Moni	torii	ng P	erioc	t		AGS NON-C COOLNG,PRCP,ETC (HN
	Fron	Ú		То		**	No Discharge ****
YR	МО	DΥ	YR	МО	DY		
06	02	01	06	02	28	Note: Rea	d Instructions before completing this for

Note: Read Instructions before completing this form

PARAMETER			ITITY OR LO				ONCENTRAT		NO. EX	FREQUENCY OF	OF TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	8.2	(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	*****	*****		*****	*****	2.3	(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	0.44	*****	(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											
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	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECU		certify unde	er penalty of law that	at this document an	d all attachments we	ere prepared under	my direction					1
George A. Goode		1			ed to assure that qua		-				Telen	hone
Division Manager				-	my inquiry of the per							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		best of my know	ledge and belief, tr	ue, accurate, and o	omplete. I am aware	that there are sig	nificant penalties	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	ing violations.	Office	r or Author	ized Agent		

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS. SAMPLING FOR THIS OUTFALL SHALL BE CONDUCTED AT A LOCATION DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH THE COOLING TOWER BLOWDOWN FROM THE STAR DETECTOR.

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
NY0	0058	35				005 M	(SUBR 01)
Perr	nit N	um	ber			Discharge Number	F - FINAL
N	lonit	orir	ıg P	erioc	t		NSLS COOLING TOWR BLDN ETC(HS
ļ	From)		То		*:	** No Discharge
YR	МС	DΥ	YR	MO	DΥ		

Note: Read Instructions before completing this form

PARAMETER			ITITY OR LC		QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		i
PH	SAMPLE MEASUREMENT	*****	*****		7.2	*****	8.2	(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	*****	*****		*****	*****	2.4	(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	0.11	*****	(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 th	at this document an	d all attachments we	ere prepared under	my direction					
George A. Goode 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								Telephone 631-344-4549		
Environmental & Waste Mar	nagement				ring the information,							
Services Division		best of my know	rledge and belief, tr	rue, accurate, and c	omplete. I am awar	e that there are sign	nificant penalties	_	e of Princip	al Executive	Date S	igned
Typed or Printed		for submitting	talse information,	including the possib	oliity of fine and impr	sonment for knowi	ng violations.	Unice				

06 02 01 06 02 28

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,
------------------------	------------------	-----------------	---------------

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	005	835				007 M	(SUBR 01)
Per	mit N	lum	ber			Discharge Number	F - FINAL
ı	/loni	torii	ng P	erioc	ŀ		WATER TREATMENT PLT BKWSH (HX)
	Fron	ņ		То		**	* No Discharge ****
YR	МО	DY	YR	МО	DY		
06	02	01	06	02	28	Note: Rea	d Instructions before completing this for

PARAMETER		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	*****	160000	(07)	*****	*****	*****		0	21/30	IN	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****			ONCE/MONTH	INSTAN	
РН	SAMPLE MEASUREMENT	*****	*****		7.8	*****	7.8	(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 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	bmitted is, to the					
Services Division		best of my know	ledge and belief, tr	ue, accurate, and co	omplete. I am aware	that there are sign	nificant penalties	Signature of Principal Executive Da				Signed
Typed or Printed		for submitting	false information, i	ncluding the possib	liity of fine and impri	sonment for knowi	ng violations.	Office	r or Authori	zed 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
NYO	00058	335				008 M	(SUBR 01)
Per	mit N	lum	ber			Discharge Number	F - FINAL
ı	Moni	torir	ng P	erioc	ł		STORMWTR RUNOFF WAREHOUSE (HW)
	Fron	1		То		**	** No Discharge ****
ΥR	МО	DΥ	YR	МО	DY		
06	02	01	06	02	28	Note: Rea	ad Instructions before completing this form

					mstructions before completing this to				1			
PARAMETER		QUAN	ITITY OR LO	ADING	QUA	LITY OR CO	ONCENTRAT	TION	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
FLOW RATE	SAMPLE	*****	90400	(07)	*****	*****	*****		0	01/30	IN	
See Note #2	MEASUREMENT		90400						"	01/30	IIN	
00056 1 0 0	PERMIT	*****	REPORT		*****	*****	*****	****		ONCE/MONTH	INSTAN	1
EFFLUENT GROSS VALUE	REQUIREMENT		DAILY MX	GPD				****		ONCE/MONTH	INSTAN	
PH	SAMPLE	*****	*****		7.0	*****	7.0	(12)	•	04/00	GR	
	MEASUREMENT				7.3		7.3		0	01/30	GK	
00400 1 0 0	PERMIT	*****	*****	***	REPORT	*****	8.5			ONCE/MONTH	ODAD	
EFFLUENT GROSS VALUE	REQUIREMENT			***	MINIMUM		MAXIMUM	SU		ONCE/MONTH	GRAB	
OIL & GREASE	SAMPLE	*****	*****		*****	*****	0.7	(19)		04/00	0.0	
See Note #1	MEASUREMENT	*****	*****		*****	*****	2.7		0	01/30	GR	
00556 1 0 0	PERMIT	*****	*****	****		*****	15					
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****		*****	DAILY MX	MG/L		ONCE/MONTH	GRAB	
1,1-DICHLOROETHYLENE	SAMPLE	*****	*****		*****			(28)	_			
,	MEASUREMENT	*****	*****		*****	*****	<0.5	(- /	0	01/30	GR	
34501 1 0 0	PERMIT			****		*****	5					
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	UG/L		ONCE/MONTH	GRAB	
1,1,1-TRICHLORO-	SAMPLE	*****	*****		*****	*****		(28)				
ETHANE	MEASUREMENT	*****	*****		*****	*****	<0.5	(==)	0	01/30	GR	
34506 1 0 0	PERMIT	*****	*****	***	*****	*****	5					
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	***	*****	*****	DAILY MX	UG/L		ONCE/MONTH	GRAB	
	SAMPLE							0 0,1				
	MEASUREMENT											
	PERMIT											
	REQUIREMENT											
	SAMPLE											
	MEASUREMENT											
	PERMIT											
	REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		L certify und	er penalty of law that	at this document an	d all attachments we	ere prepared under	my direction					ı
George A. Goode	•			ed to assure that qua		-				Telen	hone	
Division Manager			-	my inquiry of the per							4-4549	
Environmental & Waste Management					ring the information,	•	-				337 64	
Services Division					omplete. I am awar			Signature of Principal Executive			Date 9	Signed
Typed or Printed			=		oliity of fine and impri	_	•		r or Authori		Date	g.10u
i yped of Printed	ioi subinitting	y raise iniormation,	including the possib	niny or rifle and impr	SUMMENT OF KNOWI	ng violations.	Unite	i vi Autilli				

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

ATTN: MICHAEL HOLLAND, GROUP MGR

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

PARAMETER		QUAN	ITITY OR LO	ADING	QUA	LITY OR CO	ONCENTRAT	ION	NO. FREQUENCY EX OF	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
FLOW RATE See Note #2	SAMPLE MEASUREMENT	*****	14000	(07)	*****	*****	*****		0	01-30	IN	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	****		ONCE/MONTH	INSTAN	
PH	SAMPLE MEASUREMENT	*****	*****		7.2	*****	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	
DIL & 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	
	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		•			
George A. Goode Division Manager				-	ed to assure that qua						Telepl 631-344	
Environmental & Waste Man	agement				ring the information,	-	=					
Services Division		best of my knov	vledge and belief, tr	ue, accurate, and c	omplete. I am awar	e that there are sig	nificant penalties	Signature of Principal Executive Officer or Authorized Agent			Date S	igned
Typed or Printed		tor submitting	g raise information,	including the possib	oliity of fine and impri	sonment for know	ng violations.	Unice	i of Author	izeu Ageni		

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 06 02 01 06 02 28

Note: Read Instructions before completing this form

PARAMETER			ITITY OR LO				ONCENTRAT		NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PH	SAMPLE MEASUREMENT	*****	*****		7.2	*****	8.1	(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	0.05	*****	(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 that	at this document an	d all attachments we	ere prepared under	my direction					1
George A. Goode		1			ed to assure that qua		-				Telep	hone
Division Manager		and evaluate	the information sub	omitted. Based on i	my inquiry of the per	son or persons wh	o manage the				631-34	4-4549
Environmental & Waste Mar	agement	system, or those	persons directly re	sponsible for gathe	ring the information,	the information su	bmitted is, to the					
Services Division		best of my know	ledge and belief, tr	ue, accurate, and c	omplete. I am aware	e that there are sig	nificant penalties	_		al Executive	Date S	Signed
Typed or Printed		for submitting	g false information,	including the possib	liity of fine and impri	isonment for knowi	ing violations.	Office	r or Author	ized Agent		

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

SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.

PERMITTEE NAME/ADDRESS (Include Fac	acility 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)

Note: Read Instructions before completing this form

PARAMETER		QUAN	ITITY OR LO		QUA	QUALITY OR CONCENTRATION				FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
РН	SAMPLE MEASUREMENT	*****	*****		7.2	*****	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	*****	*****		*****	*****	6.2	(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	0.69	*****	(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											
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		or supervision	on in accordance wi	th a system designe	ed to assure that qua	alified personnel pr	operly gather				Telep	hone
Division Manager				-	my inquiry of the per		· · -				631-34	4-4549
Environmental & Waste Man	agement				ring the information,	-	=					
Services Division				-	omplete. I am aware			Signatur	e of Princip	al Executive	Date S	Signed
Typed or Printed		1	=		bliity of fine and impri	_	•	_	r or Author			_

06 02 01 06 02 28

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

SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.