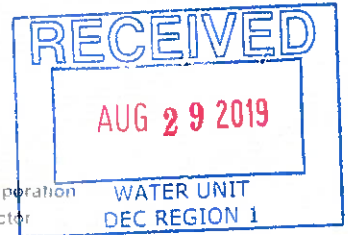


**NORTHROP GRUMMAN**

Northrop Grumman Corporation  
Aerospace Systems Sector



925 South Oyster Bay Road  
Mail Drop 02/BP15 ESHM  
Bethpage, NY 11714-3515

ESH&M-024L-19  
August 27, 2019

N.Y.S. Department of Environmental Conservation  
Division of Environmental Remediation  
625 Broadway, 4<sup>th</sup> Floor  
Albany, New York 12233-3506

Subject: **Report for SPDES Permit Equivalent, NYSDEC Site No. 1030-003A  
Northrop Grumman Corporation - Bethpage, New York Facility**

Gentlemen:

Enclosed please find the subject SPDES Permit Equivalent summary tables for the month of July 2019, as per additional condition requirements outlined in the SPDES Permit Equivalent (Northrop Grumman, NYSDEC No. 1-30-003A) dated July 30, 2018.

If you have any questions, please call me at 516-575-2333

Very truly yours,

A handwritten signature in black ink, appearing to read "Edward J. Hannon", written over a horizontal line.

Edward J. Hannon  
Environmental, Safety, Health & Medical Director  
516-575-2333  
M/S: 02/BP15

cc: **Regional Water Engineer - Region 1  
NYS Department of Environmental Conservation  
SUNY @ Stony Brook  
50 Circle Road  
Stony Brook, NY 11790-3409**

**NORTHROP GRUMMAN**

Northrop Grumman Corporation  
Aerospace Systems Sector

925 South Oyster Bay Road  
Mail Drop 02-BP15 ESHM  
Bethpage, NY 11714-3313

ESH&M-025L-19  
August 26, 2019

N.Y.S. Department of Environmental Conservation  
Division of Environmental Remediation  
625 Broadway, 4<sup>th</sup> Floor  
Albany, New York 12233-3506

RE: NYSDEC No. 1-30-003A

Subject: **Additional Sampling Constituents for Report Period:  
July 1, 2019 – July 31, 2019**

Gentlemen:

Below please find the 1,4 – Dioxane sampling results for Outfalls 1, 5 and 6 for this reporting period.

Outfall 1 – 0.68 ug/L  
Outfall 5 – <0.24 ug/L  
Outfall 6 – 10 ug/L

If you have any questions, please call me at 516-575-2333

Very truly yours,



Edward J. Hannon  
Environmental, Safety, Health & Medical Director  
516-575-2333  
M/S: 02/BP15

cc: Regional Water Engineer - Region 1  
NYS Department of Environmental Conservation  
SUNY @ Stony Brook  
50 Circle Road  
Stony Brook, NY 11790-3409

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

Form Approved  
OMB No. 2040-0004

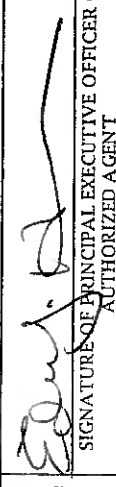
PERMITTEE NAME/ ADDRESS (include Facility Name/ Location if  
NORTHROP GRUMMAN SYSTEMS CORP  
ADDRESS: 925 SO. OYSTER BAY RD MS W16-015  
BETHPAGE, NY 11714  
FACILITY: NORTHROP GRUMMAN SYSTEMS CORP  
LOCATION: 925 SO. OYSTER BAY RD MS W16-015  
BETHPAGE, NY 11714  
ATTN: JOHN COJMAN

NY0096792	005-C
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 11714  
MINOR (SUBR 01)  
NC COOLING & STORM WATER TO GW  
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS			
pH	MEASUREMENT							
0040010 Effluent Gross	PERMIT REQUIREMENT			6.3	Req. Min. MINIMUM	0	1/31 Monthly	Grab
pH	SAMPLE MEASUREMENT							
0040010 Intake from Well	PERMIT REQUIREMENT			5.1	Req. Min. MINIMUM	0	1/31 Monthly	Grab
Nitrogen, total [as N]	SAMPLE MEASUREMENT							
0060010 Effluent Gross	PERMIT REQUIREMENT			4.0	10 DAILY MX	0	1/31 Monthly	Grab
Methylene chloride	SAMPLE MEASUREMENT							
3442310 Effluent Gross	PERMIT REQUIREMENT			20.5	5 DAILY MX	0	1/31 Monthly	Grab
Tetrachloroethylene	SAMPLE MEASUREMENT							
3447510 Effluent Gross	PERMIT REQUIREMENT			< 0.5	5 DAILY MX	0	1/31 Monthly	Grab
1,1-Dichloroethylene	SAMPLE MEASUREMENT							
3450110 Effluent Gross	PERMIT REQUIREMENT			< 0.5	5 DAILY MX	0	1/31 Monthly	Grab
1,1,1-Trichloroethane	SAMPLE MEASUREMENT							
3450610 Effluent Gross	PERMIT REQUIREMENT			< 0.5	5 DAILY MX	0	1/31 Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Edward J. Honan   <b>ESAH Director</b> TYPED OR PRINTED		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA COMP NUMBER	MM/DD/YYYY
	SL6-515-2333	08/08/2019

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (reference all attachments here)  
WHEN NATURAL GW HAS PH OUTSIDE RANGE, IT MAY BE OUTSIDE RANGE (SAMPLE & REPORT SUPPLY WELL & OUTFALL PH MONTHLY & REPORT PH COMPLIANCE STATUS YES/NO) IN CALCULATED LIMIT AREA. SIGHT PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.

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

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME / ADDRESS (include Facility Name Location if  
NAME: NORTHTROP GRUNMAN SYSTEMS CORP  
ADDRESS: 925 SO. OYSTER BAY RD MS W16-035  
BETHPAGE, NY 11714  
FACILITY: NORTHTROP GRUNMAN SYSTEMS CORP  
LOCATION: 925 SO. OYSTER BAY RD MS W16-035  
BETHPAGE, NY 11714  
ATTN: JOHN COFMAN

NA0096792	005-C
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019
MONITORING PERIOD	

DMR Mailing ZIP CODE: 11714  
MINOR (SUBR 01)  
NC COOLING & STORM WATER TO GW  
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Vinyl chloride					0	1/31 Monthly	Grab
39175 10 Effluent Gross			<0.5	ug/L	0	1/31 Monthly	Grab
Trichloroethylene			5	DAILY MX			Grab
39180 10 Effluent Gross			1.2	ug/L	0	1/31 Monthly	Grab
Flow, in conduit or thru treatment plant			5	ug/L			Grab
56050 10 Effluent Gross			DAILY MX		0	1/31 Monthly	Measured
Calculated limit	4.51	MGD			0	1/31 Monthly	Measured
74013 10 Effluent Gross					0	1/31 Monthly	Calculated
cis-1,2-Dichloroethylene					0	1/31 Monthly	Calculated
77093 10 Effluent Gross			<0.5	ug/L	0	1/31 Monthly	Grab
Trichlorotrifluoroethane			5	DAILY MX			Grab
81611 10 Effluent Gross			<0.5	ug/L	0	1/31 Monthly	Grab
trans-1,2-Dichloroethylene			5	DAILY MX			Grab
85810 10 Effluent Gross			<0.5	ug/L	0	1/31 Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Edward J. Honan, Esq. Director		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER
	<i>Edward J. Honan</i>	516-575-2333
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		MM/DD/YYYY
WHEN NATURAL GAS PH OUTSIDE RANGE, IT MAY BE OUTSIDE RANGE (SAMPLE & REPORT) SUPPLY WELL & OUTFALL PH MONTHLY & REPORT PH COMPLIANCE STATUSES/NO IN CALCULATED LIMIT, ARIALISE PERMIT FOR ADDITIONAL NOTS, COMMENTS AND REQUIREMENTS.		08/27/2019

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

PERMITTEE NAME/ ADDRESS (include Facility Name if location of  
 NAME: NORTROP GRUMAN SYSTEMS CORP  
 ADDRESS: 925 SO. OYSTER BAY RD M/S W16-035  
 BETHPAGE, NY 11714  
 FACILITY: NORTROP GRUMAN SYSTEMS CORP  
 LOCATION: 925 SO. OYSTER BAY RD M/S W16-035  
 BETHPAGE, NY 11714  
 ATTN: JOHN COEMAN

NY0096792	006-C
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 11714  
 MINOR (SUBR 01)  
 NC COOLING & STORM WATER TO GW  
 External Outfall  
 No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	UNITS			
pH	PERMIT REQUIREMENT							
0040010 Effluent Gross	PERMIT REQUIREMENT			6.4	Req. Mon. MINIMUM	0	1/31 Monthly	Grab
pH	SAMPLE MEASUREMENT							
0040010 Intake from Well	PERMIT REQUIREMENT			5.2	Req. Mon. MINIMUM	0	1/31 Monthly	Grab
Nitrogen, total (as N)	SAMPLE MEASUREMENT							
0060010 Effluent Gross	PERMIT REQUIREMENT			4.5	10 DAILY MX	0	1/31 Monthly	Grab
Methylene chloride	SAMPLE MEASUREMENT							
3442310 Effluent Gross	PERMIT REQUIREMENT			0.5	5 DAILY MX	0	1/31 Monthly	Grab
Tetrachloroethylene	SAMPLE MEASUREMENT							
3447510 Effluent Gross	PERMIT REQUIREMENT			0.5	5 DAILY MX	0	1/31 Monthly	Grab
1,1-Dichloroethylene	SAMPLE MEASUREMENT							
3450110 Effluent Gross	PERMIT REQUIREMENT			0.5	5 DAILY MX	0	1/31 Monthly	Grab
1,1,1-Trichloroethane	SAMPLE MEASUREMENT							
3450610 Effluent Gross	PERMIT REQUIREMENT			0.5	5 DAILY MX	0	1/31 Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Edward J. Hannan, ESHM Director TYPED OR PRINTED		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
<i>Edward J. Hannan</i>	516	575-2333 00
		MM/DD/YYYY
		07/2019

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 WHEN NATURAL GWS LEAVE PH OUTSIDE RANGE, IT MAY BE OF EXTREME IMPORTANCE TO THE ALLOWABLE RANGE (SAMPLE & REPORT SUPPLY WELL & OUTFALL PH MONTHLY & REPORT PH COMPLIANCE STATUS (YES/NO) IN CALCULATED LIMIT) - PLEASE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

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

Form Approved  
OMB No. 2010-0064

PERMITTEE NAME/ADDRESS (include Facility Name Location)  
 NAME: NORTROP GRUINMAN SYSTEMS CORP  
 ADDRESS: 925 SO. OYSTER BAY RD N/S W16 035  
 BETHPAGE, NY 11714  
 FACILITY: NORTROP GRUINMAN SYSTEMS CORP  
 LOCATION: 925 SO. OYSTER BAY RD N/S W16 035  
 BETHPAGE, NY 11714  
 ATTN: JOHIN COFMAN

NY0096792	006-C
PERMIT NUMBER	DISCHARGE NUMBER
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019
MONITORING PERIOD	

DMR Matling ZIP CODE: 11714  
 MINOR (SUBR 01)  
 NC COOLING & STORM WATER TO GW  
 External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Vinyl chloride					0	1/31 Monthly	Grab
39175 10 Effluent Gross			<0.5	ug/L	0	1/31 Monthly	Grab
Trichloroethylene					0	1/31 Monthly	Grab
39180 10 Effluent Gross			<0.5	ug/L	0	1/31 Monthly	Grab
Flow, in conduit or thru treatment plant					0	1/31 Monthly	Measured
50050 10 Effluent Gross	0.91	DAILY MX			0	1/31 Monthly	Measured
Calculated limit					0	1/31 Monthly	Calculated
74013 10 Effluent Gross					0	1/31 Monthly	Calculated
cis-1,2-Dichloroethylene					0	1/31 Monthly	Grab
77093 10 Effluent Gross			<0.5	ug/L	0	1/31 Monthly	Grab
Trichlorotrifluoroethane					0	1/31 Monthly	Grab
81611 10 Effluent Gross			<0.5	ug/L	0	1/31 Monthly	Grab
trans 1,2-Dichloroethylene					0	1/31 Monthly	Grab
85810 10 Effluent Gross			<0.5	ug/L	0	1/31 Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Edward J. Hanon, ESH Director	516-515-2333	07/31/2019
TYPED OR PRINTED	AREA Code	NUMBER
	516	515-2333
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
<i>Edward J. Hanon</i>		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 WHEN NITRUS MONITORS HAVE PH OUTSIDE RANGE, IT MAY BE OUTSIDE RANGE (SAMPLE & REPORT SUPPLY WELL & OUTFALL PH MONTHLY & REPORT PH COMPLIANCE STATUS (YES/NO) IN CALCULATED LIMIT AREA SET PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

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

Form Approved  
OMB No. 2010-0094

PERMITTEE NAME / ADDRESS (include Facility Name Location if  
NAME: NORTHTROP GRUNMAN SYSTEMS CORP  
ADDRESS: 925 SO. OYSTER BAY RD M/S W16-035  
BETHPAGE, NY 11714  
FACILITY: NORTHTROP GRUNMAN SYSTEMS CORP  
LOCATION: 925 SO. OYSTER BAY RD M/S W16-035  
BETHPAGE, NY 11714  
ATTN: JOHN COFFMAN

NY00906792	001-WSP7
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 11714  
MINOR (SUBR 01)  
NC COOLING & STORM WATER TO GW  
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
pH							
0010010 Effluent Gross			7.0	Reg. Mon. MINIMUM	0	1/31 Monthly	Grab
0010010 Intake from Well			5.6	Reg. Mon. MINIMUM	0	1/31 Monthly	Grab
Nitrogen, total (as N)			2.5	mg/L 10 DAILY MIX	0	1/31 Monthly	Grab
0080010 Effluent Gross			2.0	ug/L 5 DAILY MIX	0	1/31 Monthly	Grab
Methylene chloride			<1.0	ug/L 5 DAILY MIX	0	1/31 Monthly	Grab
3412310 Effluent Gross			<1.0	ug/L 5 DAILY MIX	0	1/31 Monthly	Grab
Tetrachloroethylene			<1.0	ug/L 5 DAILY MIX	0	1/31 Monthly	Grab
3417310 Effluent Gross			<1.0	ug/L 5 DAILY MIX	0	1/31 Monthly	Grab
1,1-Dichloroethylene			<1.0	ug/L 5 DAILY MIX	0	1/31 Monthly	Grab
3450110 Effluent Gross			<1.0	ug/L 5 DAILY MIX	0	1/31 Monthly	Grab
1,1-Trichloroethane			<1.0	ug/L 5 DAILY MIX	0	1/31 Monthly	Grab
3450610 Effluent Gross			<1.0	ug/L 5 DAILY MIX	0	1/31 Monthly	Grab

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Edward J. Harwood, Esq., Director	516-575-2333	08/21/2019
TYPED OR PRINTED	AREA CONF. NUMBER	MM/DD/YYYY
	516-575-2333	08/21/2019
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
<i>Edward J. Harwood</i>		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
WHEN NATURAL GW HAS PH OUTSIDE RANGE, IT MAY BE USE EXTERNALLY OF THE ALLOWABLE RANGE (SAMPLE & REPORT SUPPLY WELL & OUTFALL PH MONTHLY & REPORT PH COMPLIANCE STATUS YES/NO IN CALCULATED TIME) ARE VISIT PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.

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

Form Approved  
OMB No 2040-0001

PERMIT TITLE NAME / ADDRESS (include Facility Name Location if  
NAME: NORTROP GRUBMAN SYSTEMS CORP  
ADDRESS: 925 SO. OYSTER BAY RD N15 W16 015  
BETHPAGE, NY 11714  
FACILITY: NORTROP GRUBMAN SYSTEMS CORP  
LOCATION: 925 SO. OYSTER BAY RD N15 W16 015  
BETHPAGE, NY 11714  
ATTN: JOHN COFFMAN

NY 0006792	001 - wspot
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 11714  
MINOR (SUBR 01)  
NC COOLING & STORM WATER TO GW  
External Outfall  
No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
391710 Effluent Gross	PERMIT REQUIREMENT							0	1/31 Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT									Grab
4018010 Effluent Gross	PERMIT REQUIREMENT							0	1/31 Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT									Grab
5095010 Effluent Gross	PERMIT REQUIREMENT							0	1/31 Monthly	Measured
Calculated hmt	SAMPLE MEASUREMENT	0.32	DAILY MX							Measured
740110 Effluent Gross	PERMIT REQUIREMENT							0	1/31 Monthly	Calculated
Cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT									Calculated
7709310 Effluent Gross	PERMIT REQUIREMENT							0	1/31 Monthly	Grab
Trichlorofluoroethane	SAMPLE MEASUREMENT									Grab
816110 Effluent Gross	PERMIT REQUIREMENT							0	1/31 Monthly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT									Grab
8581010 Effluent Gross	PERMIT REQUIREMENT							0	1/31 Monthly	Grab

NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Edward J. Hanon   Esht Director	516-575-2333	08/27/2019
TYPED OR PRINTED	AREA Code	MM/DD/YYYY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

WHEN NAURAL GW HAS PII OUTSIDE RANGE, IT MAY BE OFF VIOLATION OF THE ALLOWABLE RANGE, SAMPLE & REPORTS SUPPLY WELL & OUTFALL PII MONTHLY & REPORT PII COMPLIANCE STATUS (YES/NO) IN CALCULATED PII AREA SET PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.