



COUNTY OF NASSAU  
DEPARTMENT OF PUBLIC WORKS  
MINEOLA, NEW YORK 11501-4822

July 28, 2003

New York State Department  
of Environmental Conservation  
Division of Water  
625 Broadway  
Albany, NY 12233

JUL 31 2003

Attn: Mr. Angus Eaton, P.E.  
Section Head

Re: SPDES Permit – June 2003  
Purex Site Groundwater Remediation  
NYS No. 130014

Gentlemen:

Enclosed is the June 2003 Discharge Monitoring Report (DMR) for the Purex Site Groundwater Remediation located in Mitchel Field, New York. The only violation noted during the month was for the sampling event on June 16, 2003 which detected an elevated level of cis-1,2-Dichloroethylene at 1.7 parts per billion (ppb) that exceeded its discharge limit of 0.9 ppb. Subsequent sampling events on June 23, 2003 and June 30, 2003 showed levels for cis-1,2-Dichloroethylene below its detection limit. No action, beyond continued sampling of the effluent, was taken.

As stated in my letter of July 17, 2003, with the addition of the Purex site, the County now operates two (2) consent ordered inactive hazardous waste site groundwater remediations, the other site being the Fireman's Training Center (FTC) in Old Bethpage. The County has performed weekly grab sampling/monthly reporting for the FTC site since July 1999. The monthly reporting has been submitted in tabular form to Mr. Carl Hoffman, Site Manager at the New York State Department of Environmental Conservation (NYSDEC), Division of Environmental Remediation, in Albany. A copy was also sent to the NYSDEC Region 1 Water Engineer. Mr. Hoffman is also the Site Manager for the Purex site, and has informed me that a SPDES permit is not required for the Purex site's discharge and that the tabular monthly submittals, like we do for the FTC site would be acceptable for the Purex site. Therefore, I would like to request a termination of the Purex site's SPDES permit. In addition, could you please provide me with the requirements/forms for the requested SPDES permit termination.

If there are any questions concerning the above submittal and request, please contact me at (516) 571-6970.

Very truly yours,

A handwritten signature in black ink, reading "Peter J. Witkowski".

Peter J. Witkowski  
Director of Hazardous Waste Services

PJW:cs  
Enclosure

c: Joseph L. Davenport, Acting Division Head of Sanitation and Water Supply  
Carl Hoffman, NYSDEC, Division of Environmental Remediation, Site Manager (with enclosure) ✓  
William Spitz, NYSDEC, Region 1 Water Engineer (with enclosure)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME

ADDRESS

FACILITY

LOCATION

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

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR MO DAY TO YEAR MO DAY

Form Approved  
OMB No. 2040-0004

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TOTAL DRY WEIGHT SOLIDS	SAMPLE MEASUREMENT	*****	1,051,200	(2)	*****	*****	*****				
	PERMIT REQUIREMENT	*****	REPORT DAILY MX		*****	*****	*****			CONTINUOUS	
CUMULATIVE DRY WEIGHT SOLIDS	SAMPLE MEASUREMENT	*****	*****		NA	*****	NA	(2)			
	PERMIT REQUIREMENT	*****	*****		6.5 MINIMUM	*****	8.5 MAXIMUM			WEEKLY GRAB	
TOTAL DISSOLVED SOLIDS	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.7	(2)			
	PERMIT REQUIREMENT	*****	*****		*****	*****	4.7 DAILY MX	MG/L		WEEKLY GRAB	
TOTAL SUSPENDED SOLIDS	SAMPLE MEASUREMENT	*****	*****		*****	*****	<2.0	(2)			
	PERMIT REQUIREMENT	*****	*****		*****	*****	2 DAILY MX	MG/L		WEEKLY GRAB	
TOTAL SOLIDS	SAMPLE MEASUREMENT	*****	*****		*****	*****	<50	(2)			
	PERMIT REQUIREMENT	*****	*****		*****	*****	50 DAILY MX	MG/L		WEEKLY GRAB	
BOD	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.9	(2)			
	PERMIT REQUIREMENT	*****	*****		*****	*****	50 DAILY MX	MG/L		WEEKLY GRAB	
COD	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1.3	(2)			
	PERMIT REQUIREMENT	*****	*****		*****	*****	5 DAILY MX	MG/L		WEEKLY GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Peter J. Witkowski

TYPED OR PRINTED

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 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

Peter J. Witkowski

TELEPHONE

571-690

AREA CODE NUMBER

03 07 28

DATE

YEAR MO DAY

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

NAME \_\_\_\_\_

**ADDRESS****FACILITY****LOCATION**

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

PERMIT NUMBER

DISCHARGE NUMBER

**MONITORING PERIOD**

**FROM**

TO

**NOTE: Read instructions before completing this form.**

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
3474 1 0 0 REFLECTANCE VALU	SAMPLE MEASUREMENT	*****	*****		*****	*****	NA				
	PERMIT REQUIREMENT	*****	*****		*****	*****	OPTIONAL DAILY MX			WEEKLY	GRAB
3469 1 0 0 REFLECTANCE VALU	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.9				
	PERMIT REQUIREMENT	*****	*****		*****	*****	2.0 DAILY MX			WEEKLY	GRAB
35-1 0 0 0 REFLECTANCE VALU	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.9				
	PERMIT REQUIREMENT	*****	*****		*****	*****	2.0 DAILY MX			WEEKLY	GRAB
35-1 0 0 0 REFLECTANCE VALU	SAMPLE MEASUREMENT	*****	*****		*****	*****	<2.4				
	PERMIT REQUIREMENT	*****	*****		*****	*****	5 DAILY MX			WEEKLY	GRAB
35-1 0 0 0 REFLECTANCE VALU	SAMPLE MEASUREMENT	*****	*****		*****	*****	<2.4				
	PERMIT REQUIREMENT	*****	*****		*****	*****	5 DAILY MX			WEEKLY	GRAB
35-1 0 0 0 REFLECTANCE VALU	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1.1				
	PERMIT REQUIREMENT	*****	*****		*****	*****	5 DAILY MX			WEEKLY	GRAB
35-1 0 0 0 REFLECTANCE VALU	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1.7				
	PERMIT REQUIREMENT	*****	*****		*****	*****	5 DAILY MX			WEEKLY	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE 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 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 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		TELEPHONE		DATE		
TYPED OR PRINTED							AREA CODE	NUMBER	YEAR	MO	DAY
Peter J. Witkowski						505	571-780	03	07	26	

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

TOTAL NO. COND. #1 = 1000	1,2 & 1,3 - REALTYPRISEZED	TOTAL AG. COND. #1 = 30	AG. COND. #1 - 1000	AG. COND. #1 - 1000
TOTAL NO. COND. #2 = 1000	PARAMETER - 1000	TOTAL AG. COND. #2 = 30	AG. COND. #2 - 1000	AG. COND. #2 - 1000

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if different))

NAME

ADDRESS

FACILITY

LOCATION

ATTN: Peter J. Witkowski, Dir. HSH

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

PERMIT NUMBER

DISCHARGE NUMBER

## MONITORING PERIOD

FROM

TO

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
1,1,1,2,2,2-HEXACHLOROETHANE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1.2	UG/L			
	PERMIT REQUIREMENT	*****	*****		*****	*****	0.3 DAILY MX			WEEKLY GRAB	
1,1,1,2,2,2-TRICHLOROETHANE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.8	UG/L			
	PERMIT REQUIREMENT	*****	*****		*****	*****	1.0 DAILY MX			WEEKLY GRAB	
1,1,1-TRICHLOROETHYLENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.9	UG/L			
	PERMIT REQUIREMENT	*****	*****		*****	*****	4.7 DAILY MX			WEEKLY GRAB	
1,1,2,2,2-PENTACHLOROETHANE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1.0	UG/L			
	PERMIT REQUIREMENT	*****	*****		*****	*****	5.0 DAILY MX			WEEKLY GRAB	
1,1,2-TRICHLOROETHANE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1.1	UG/L			
	PERMIT REQUIREMENT	*****	*****		*****	*****	2.0 DAILY MX			WEEKLY GRAB	
1,1,3-TRICHLOROETHANE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1.1	UG/L			
	PERMIT REQUIREMENT	*****	*****		*****	*****	5 DAILY MX			WEEKLY GRAB	
1,1,4-TRICHLOROETHANE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1.0	UG/L			
	PERMIT REQUIREMENT	*****	*****		*****	*****	4.7 DAILY MX			WEEKLY GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE 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 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 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.					TELEPHONE		DATE		
Peter J. Witkowski							516 571-6970		03 07 28		
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					AREA CODE	NUMBER	YEAR	MO	DAY

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

TOTAL 1,1,1,2,2,2-HEXACHLOROETHANE 1.2 UG/L 1,1,1,2,2,2-TRICHLOROETHANE 0.8 UG/L 1,1,1-TRICHLOROETHYLENE 0.9 UG/L 1,1,2,2,2-PENTACHLOROETHANE 1.0 UG/L 1,1,2-TRICHLOROETHANE 1.1 UG/L 1,1,3-TRICHLOROETHANE 1.1 UG/L 1,1,4-TRICHLOROETHANE 1.0 UG/L

PERMITTEE NAME/ADDRESS (Include Facility Name/ Location (if Different))

NAME: JASSA  
ADDRESS: 1170-1171 MEDICAL ACTION RD  
L73 LA...  
FACILITY: 1170-1171 MEDICAL ACTION RD  
LOCATION: 1170-1171 MEDICAL ACTION RD  
ATTN: ...

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

Form Approved  
OMB No. 2040-0004

PERMIT NUMBER	DISCHARGE NUMBER
---------------	------------------

MONITORING PERIOD							
FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
			01				

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
1004-1-0-1	PERMIT REQUIREMENT	*****	*****		*****	*****	50			WEEKLY	GRAB
1004-1-0-1	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.7				
1004-1-0-1	PERMIT REQUIREMENT	*****	*****		*****	*****	50			WEEKLY	GRAB
1004-1-0-1	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.7				
1004-1-0-1	PERMIT REQUIREMENT	*****	*****		*****	*****	50			WEEKLY	GRAB
1004-1-0-1	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1.1				
1004-1-0-1	PERMIT REQUIREMENT	*****	*****		*****	*****	0.2			WEEKLY	GRAB
1004-1-0-1	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1.2				
1004-1-0-1	PERMIT REQUIREMENT	*****	*****		*****	*****	5			WEEKLY	GRAB
1004-1-0-1	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.7				
1004-1-0-1	PERMIT REQUIREMENT	*****	*****		*****	*****	0.7			WEEKLY	GRAB
1004-1-0-1	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1.2				
1004-1-0-1	PERMIT REQUIREMENT	*****	*****		*****	*****	5			WEEKLY	GRAB
1004-1-0-1	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1.2				
1004-1-0-1	PERMIT REQUIREMENT	*****	*****		*****	*****	5			WEEKLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Peter J. Wilkowski

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Peter J. Wilkowski

TELEPHONE

516 571-6700

DATE

03 07 28

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

... TOTAL ...

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if Different))

NAME

ADDRESS

FACILITY

LOCATION

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

PERMIT NUMBER

DISCHARGE NUMBER

MONITORING PERIOD

FROM

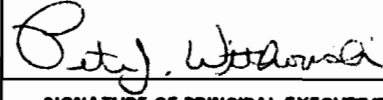
TO

\*\*\* CHARGE \*\*\*

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OMB No. 2040-0004

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
		*****	1,051,200	( )	*****	*****	*****	( )			
	PERMIT REQUIREMENT	*****	REPORT DAILY MX		*****	*****	*****			CONTINUOUS	
	SAMPLE MEASUREMENT	*****	*****		NA	*****	NA	( )			
	PERMIT REQUIREMENT	*****	*****		6.5 MINIMUM	*****	8.5 MAXIMUM			WEEKLY GRAB	
	SAMPLE MEASUREMENT	*****	*****		*****	*****	<4.7	( )			
	PERMIT REQUIREMENT	*****	*****		*****	*****	4.7 DAILY MX	UG/L		WEEKLY GRAB	
	SAMPLE MEASUREMENT	*****	*****		*****	*****	<2.0	( )			
	PERMIT REQUIREMENT	*****	*****		*****	*****	2 DAILY MX	UG/L		WEEKLY GRAB	
	SAMPLE MEASUREMENT	*****	*****		*****	*****	<50	( )			
	PERMIT REQUIREMENT	*****	*****		*****	*****	50 DAILY MX	UG/L		WEEKLY GRAB	
	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.9	( )			
	PERMIT REQUIREMENT	*****	*****		*****	*****	50 DAILY MX	UG/L		WEEKLY GRAB	
	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1.3	( )			
	PERMIT REQUIREMENT	*****	*****		*****	*****	5 DAILY MX	UG/L		WEEKLY GRAB	

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TYPED OR PRINTED Peter J. Witkowski			AREA CODE	NUMBER	YEAR	MO

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