



Department of Energy

Brookhaven Site Office
P.O. Box 5000
Upton, New York 11973

MAY 03 2005

Mr. George Goode
Brookhaven Science Associates, LLC
Brookhaven National Laboratory
Upton, New York 11973

Dear Mr. Goode:

SUBJECT: STATE POLLUTANT DISCHARGE ELIMINATION SYSTEM (SPDES) PERMIT RENEWAL

Enclosed are New York State Department of Environmental Conservation transmittal letter and form renewing our SPDES permit until February 28, 2010. If you should have any questions, please contact Jerry Granzen of my staff at extension 4089.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert L. Desmarais".

Robert L. Desmarais, Director
Operations Management Division

Enclosure:
As Stated

cc: J. Tarpinian, BSA, w/o encl.
M. Allocco, BSA, w/ encl.
R. Lee, BSA, w/encl.

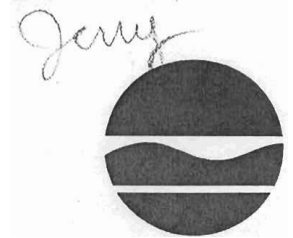
New York State Department of Environmental Conservation

Division of Environmental Permits, 4th Floor

625 Broadway, Albany, New York 12233-1750

Phone: (518) 402-9167 • FAX: (518) 402-9168

Website: www.dec.state.ny.us



Denise M. Sheehan
Acting
Commissioner

April 29, 2005

FACILITY INFORMATION

U.S. DEPT. OF ENERGY BROOKHAVEN SITE
OFFICE
53 BELL AVE, BLDG 464
UPTON NY 11973

NAME: BROOKHAVEN NATIONAL
LABORATORY
LOCATION: BROOKHAVEN (T)
COUNTY: SUFFOLK
DEC ID #: 1-4722-00032-00072
SPDES NO: NY 000 5835

Dear SPDES Permittee:

Enclosed please find a validated NOTICE/RENEWAL APPLICATION/PERMIT form renewing your State Pollutant Discharge Elimination System (SPDES) permit for the referenced facility. This validated form, together with the previously issued permit (see issuance date of this permit in Part 3 of the NOTICE/RENEWAL APPLICATION/PERMIT form), and any subsequent permit modifications constitute authorization to discharge wastewater in accordance with all terms, conditions and limitations specified therein.

The instructions and other information that you received with the NOTICE/RENEWAL APPLICATION/PERMIT package fully described procedures for renewal and modification of your SPDES permit under the Environmental Benefit Permit Strategy (EBPS). As a reminder, SPDES permits are renewed at a central location in Albany in order to make the process more efficient. All other concerns with your permit such as applications for permit modifications, permit transfers to a new owner, name changes, and other questions should be directed to the Regional Permit Administrator at the following address:

John Pavacic
NYSDEC REGION 1
Bldg 40 - SUNY at Stony Brook
Stony Brook, NY 11790-2356
(631) 444-0365

If you have already filed an application for modification of your permit, it will be processed separately through our regional office. If you have questions concerning this permit renewal, please contact Lynn Kaplan at (518) 402-9165.

Sincerely,

Chief Permit Administrator

Enclosure

cc: RPA
RWE SUFFOLK COUNTY
BWP

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
State Pollutant Discharge Elimination System (SPDES)
NOTICE / RENEWAL APPLICATION / PERMIT



Please read ALL instructions on the back before completing this application form. Please TYPE or PRINT clearly in ink.

PART 1 - NOTICE 05/17/2004

Permittee Contact Name, Title, Address

Facility and SPDES Permit Information

US DEPT OF ENERGY BROOKHAVEN ^{Site} AREA OFFICE GEORGE MALOSH Michael Holland 53 BELL AVE, BLDG 464 UPTON NY 11973	Name: BROOKHAVEN NATIONAL LABORATORY Ind. Code: 8731 County: SUFFOLK DEC No.: 1-4722-00032/00072 SPDES No.: NY 000 5835 Expiration Date: 03/01/2005 Application Due By: 09/02/2004
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Are these name(s) & address(es) correct? if not, please write corrections above.

The State Pollutant Discharge Elimination System Permit for the facility referenced above expires on the date indicated. You are required by law to file a complete renewal application at least 180 days prior to expiration of your current permit. Note the "Application Due By" date above.

CAUTION: This short application form and attached questionnaire are the only forms acceptable for permit renewal. Sign Part 2 below and mail only this form and the completed questionnaire using the enclosed envelope. Effective April 1, 1994 the Department no longer assesses SPDES application fees.

If there are changes to your discharge, or to operations affecting the discharge, then in addition to this renewal application, you must also submit a separate permit modification application to the Regional Permit Administrator for the DEC region in which the facility is located, as required by your current permit. See the reverse side of this page for instructions on filing a modification request.

PART 2 - RENEWAL APPLICATION

CERTIFICATION: I hereby affirm that under penalty of perjury that the information provided on this form and all attachments submitted herewith is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to section 210.45 of the Penal Law.

<u>Michael Holland</u>	<u>Brookhaven Site Office Manager</u>
Name of person signing application (see instructions on back)	Title
<u>M. Holland</u>	<u>8/23/04</u>
Signature	Date

PART 3 - PERMIT (Below this line - Official Use Only)

Effective Date: 5/1/05 Expiration Date: 2/28/10

<u>William R. Adriance</u>	Address: NYSDEC - Division of Environmental Permits Bureau of Environmental Analysis 625 Broadway, Albany, NY 12233-1750
Permit Administrator	

<u>William R. Adriance</u>	<u>APR 29 2005</u>
Signature	Date

This permit together with the previous valid permit for this facility issued 3/1/00 and subsequent modifications constitute authorization to discharge wastewater in accordance with all terms, conditions and limitations specified in the previously issued valid permit, modifications thereof or issued as part of this permit, including any special or general conditions attached hereto. Nothing in this permit shall be deemed to waive the Department's authority to initiate a modification of this permit on the grounds specified in 6NYCRR §621.14, 6NYCRR §754.4 or 6NYCRR §757.1 existing at the time this permit is issued or which arise thereafter.

Attachments: General Conditions dated ___/___/___

