

Building 535A P.O. Box 5000 Upton, NY 11973-5000 Phone 631 344-8370 Fax 631 344-5812 cunniff@bnl.gov

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

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January 22, 2001

Mr. Michael Holland Brookhaven Group Manager U. S. Department of Energy Brookhaven Group Upton, NY 11973

Dear Mr. Holland:

SUBJECT: NPDES - Discharge Monitoring Report (DMR) for December 2000 REFERENCE: Letter from Scott Mallette to Cunniff dated December 27, 2000

Included as Attachment I, please find the DMR for the month of December 2000. Chemical analyses for the reported parameters are conducted by a NYS Department of Health certified contractor laboratory. Copies of the analytical reports are contained in Attachments II, and III. Field measured parameters (pH, settleable solids, flow) are recorded and/or measured by either the Plant Engineering Division, Sewage Treatment Plant Operators or the Environmental Services Division, Field Sampling Team.

With the exception of two excursions for the total zinc concentration for Outfall 001, review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. With regard to zinc, samples collected on December 8, 2000, and December 11, 2000, exhibited zinc concentrations of 0.111 mg/L and 0.131 mg/L respectively. These values exceed the SPDES permit limit of 0.100 mg/L. A Noncompliance Report has been prepared and included as Attachment V. Please note that for the majority of the Outfalls, flow measurements are conducted weekly or monthly; consequently, a daily maximum flow rate cannot be reported. All flow values reported for Outfalls 001A, 001B, 001D, 001E, 001F, 002, 003, 004, 005, 006A, and 006B are, therefore, daily averages. Collection and analysis of the SPDES permit samples are performed in accordance with the guidelines of the BNL Quality Assurance program. These guidelines include the routine calibration of instruments, standard operating procedures for collection and analysis of samples, use of standard methods of analysis, and validation of the contractor analytical data by the BNL analytical services laboratory. Brookhaven National Laboratory personnel collected all samples. A Quality Assurance inspection is performed periodically on contractor laboratories. The Quality Assurance documentation is available from the Environmental Services Division and Plant Engineering Divisions.

Based on this information, we believe the values reported on the DMR are representative of the effluent from the BNL during the month of December 2000.

Please sign each page of the DMR where indicated and transmit the DMR and associated attachments to the New York State Department of Environmental Conservation and the Suffolk County Department of Health Services no later than December 28, 2000. If there are any questions regarding the information contained on the DMR or the analytical data packages, please do not hesitate to contact R. Lee at extension 3148 or M. Allocco at extension 3166.

Sincerely,

L. Cunniff, CEP Division Manager LOHETTA E. CUNN.

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LEC/MA:pvg

Attachment I: Discharge Monitoring Report for December 2000.

Attachment II: Analytical Results from H2M Labs for samples collected on 12/6/00, 12/8/00 and

12/11/00 from Outfall 001.

Attachment III: Analytical Results from H2M Labs for samples collected from Outfalls 001A,

001B, 001D, 002, 003, 004, 005, 006A, 006B, 007, 008, and 010.

Attachment IV: Analytical Results from CHEMTEX, Inc. for samples collected from Outfalls

001F, 002, 003, 005, 006A, and 006B.

Attachment V: Non-Compliance Report for December SPDES Permit Excursion at Outfall 001.

M. Allocco w/attachments W. Chaloupka w/attachments cc: w/o attachments L. Cunniff w/o attachments G. Granzen M. Hart w/o attachments J. Higbie w/attachments w/attachments w/o attachments R. Lee C. Johnson w/o attachments D. Lowenstein w/o attachments S. Krinsky w/attachments E. Lessard w/o attachments L. Ross w/attachments w/attachments E. Murphy R. Travis W. Reeside w/o attachments

w/o attachments

D. Van Duyne w/attachments

EC62ER.01

T. Sheridan

ATTACHMENT I-

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR DECEMBER 2000

FOR OUTFALLS NO. 001 – 010

Brookhaven National Laboratory SPDES Permit No. NY0005835 Discharge Monitoring Report for December 2000 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. There was no discharge from Outfalls 002A and 002B during this reporting period.
- 3. Since flow records are maintained on a weekly or monthly basis, the flow rate provided is the daily average.
- 4. PCBs were not detected in these samples at a method detection limit of 0.65 ppb per congener. Total PCBs have been reported as less than the individual detection limit.
- 5. Flow is estimated based upon an instantaneous flow measurement and the assumption that flow continued for the entire day (i.e., 1,440 minutes).
- 6. Photographic rinse waters discharged from Building 197B, are generated by three individual photo-processors. Wastewater samples are collected from each processor and analyzed separately. Table I summarizes the individual results. The maximum concentration and total average flow have been reported in the DMR.

Location	Flow	pH	Total Nitrogen	Cyanide	Silver	Phenolics
1-86B	103 GPD	7.1 SU	68.0 mg/L	< 10 μg/L	74.8° μg/L	< 5.0 μg/L
1-93A	791 GPD	7.2 SU	6.04 mg/L	< 10 μg/L	2.3 ^b μg/L	< 5.0 μg/L
1-93B	23 GPD	7.0 SU	62.5 mg/L	< 10 μg/L	10.6 μg/L	9.0 μg/L
Total Flow	917 GPD					

Notes:

- a. The reported concentration is estimated at less than the method detection limit but greater than the instrument detection limit.
- b. The reported value is estimated due to the presence of interference. In addition the matrix spike sample recovery was not within control limits.
- 7. In early September the flow monitoring equipment sustained electrical damage due to a lightening strike. The estimated flow was obtained using a standard Parshall Flume Discharge Table and weekly measurements of head height. A replacement flow meter has been ordered and will be installed as soon as it is received.
- 8. The analytical laboratory indicated that the analyte concentration detected was an estimated value and that the analyte was found in the associated laboratory blank.
- 9. The total zinc concentration was above the SPDES limit of 0.1 mg/L for samples collected on 12/8/00 and 12/11/00. Please see Attachment V for a description of this excursion.

NAME USDOE who will arrest to world a constant the confit with MAJOR ADDRESSBROOKHAVEN NATIONAL LABORATORY VANARASE (SUBR 01) 53 BELL AVE, BLDG 464 PERMIT NUMBER DISCHARGE NUMBER F - CPINAL UPTON NY 11973 ACID/CAUSTIC CLEANG RINSE 535R MONITORING PERIOD FACELITY BROOKHAVEN NATIONAL LABORATORY YEAR MO DAY YEAR MO DAY LOCATION P TO N NY 11973 FROM 0.0 10 01 TO 00 *** NO DISCHARGE **** ATTN: GEORGE MALOSH, GROUP MGR NOTE: Read instructions before completing this form. **QUANTITY OR LOADING** PARAMETER Quality or Concentration FREQUENCY NO. SAMPLE EX TYPE ANALYSIS AVERAGE 3 **MAXIMUM** UNITS MINIMUM AVERAGE MAXIMUM LINITS SAMPLE LOW RATE **** 071 **** **** **** MEASUREMENT 1,420 OTRLY RCORDR See Note 1 PERMIT **** REPORT **** **** ***** *** OTRLY. RCORDR REQUIREMENT EFFLUENT GROSS VALUE DAILY MX GPD *** SAMPLE **** **** *** (12) MEASUREMENT 7.1 7.1 OTRLY GRAB 0 00100 PERMIT 1 0 -0 **** **** REPORT **** REPORT TRLY GRAB REQUIREMENT EFFLUENT GROSS VALUE *** MINIMUM MARTMUM SII BIS (2-ETHYLHEXYL) SAMPLE **** *** **** **** (28) MEASUREMENT PHIHALATESee Note 8 OTRLY **GRAB** B9100 1 0 0 PERMIT **** *** **** **** REPORT OTRLY GRAB REQUIREMENT EFFLUENT GROSS VALUE **** DALLY MX UG/L SAMPLE DI-N-BUTYL PHTHALATE ***** **** **ゲゲゲゲゲゲ** **** (28) **MEASUREMENT** <10 0 OTRLY GRAB PERMIT B9110 大本非常本教 1) **** 취수수수 *** and the same REPORT JTRLY GRAB REQUIREMENT EFFLUENT GROSS VALUE *** DAILY MX UG/L SAMPLE **MEASUREMENT** PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT certify under penalty of law that this document and all attachments were NAME/TITLE PRINCIPAL EXECUTIVE OFFICER prepared under my direction or supervision in accordance with a system designed **TELEPHONE** DATE

Mr. Michael Holland Group Manager

TYPED OR PRINTED

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

631 344-3424

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION SYSTEM
PAForm 9320-1 (Rev 3/99) Previous editions may be used.

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FACILITY BROOKHAVEN NATIONAL LABORATORY

NY 11973:

NY 11973:

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

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

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

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mr. Michael Holland I certify under penalty of law that this prepared under my direction or super to assure that qualified personnel propulations are the properties.			rvision in accordance with a operly gather and evaluate t	a system designed the information	ı		-	TELEPHON	1E	D	ATE	
Group Manager submitted. Based on my inquiry of the or those persons directly responsible for submitted is, to the best of my knowled I am aware that there are significant per			for gathering the information ledge and belief, true, accur	on, the informatio ate, and complete	on e.	TIDE OF BOILDING		631 344- 3	3424			
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COMMENTS AND EXPLANATION OF A	hments herej									-		

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCHARGE TO SENER COLL SYS Tri.:_ :_ . 4

PERMITTEE NAME/ADDRESS (Include Facility Name/Location of Different) USDDE

ATEN: SEORGE MALOSH, GROUP MGR

LOCATIONIPTON

YNCTANOBAL LABORATORY

53 SELL AVE. BLDG 464

NCIGU NY 11973.

FACILITY BROOKHAVEN NATIONAL LABORATORY NY 11973: NY0005835 PERMIT NUMBER

001 F DISCHARGE NUMBER

MAJOR (SUBR 01) F - FINAL

COOLING TOWER WTR & BLOWDN 902

*** NO DISCHARGE 1 *** NOTE: Read instructions before completing this form.

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 00 10 TO 01 00 12 31

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

PARAMETER	GROUP III		NTITY OR LOADIN	G	Qualit	ty or Concent	ration		NO.	FREQUENCY OF	SAMPL
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	WATARIS	TYPE
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Pff	SAMPLE MEASUREMENT	****	****		7.4	*****	7.4	(12)	0	QTRLY	GRAB
00400 1 0 0 Effluent gross value	PERMIT REQUIREMENT	***	*****	*** ****	REPORT MINIMUM	*****	REPOR'	3090A		TRLY	RAB
ACDYLE BUBLYGCRE REFTE LYTUBCKCK	SAMPLE MEASUREMENT	******	****		****	*****	< 500	(28)	0	QTRLY	GRAB
49375 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT SAMPLE	****	*****	**** ****	*****	*****	REPOR!	03400.00	(TRLY	RAB
	MEASUREMENT PERMIT								15 V W		resign (A
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	MEASUREMENT PERMIT							(· · · · · · · · · · · · · · · · · · ·
NAME/TITLE PRINCIPAL EXECUTIVE C	REQUIREMENT	inder penalty of law that this	document and all attachma	ents were			— т	TELEPHON		DA	
Mr. Michael Holland Group Manager	submitted or those p	under my direction or super that qualified personnel pro i. Based on my inquiry of the ersons directly responsible for its, to the best of my knowle	perly gather and evaluate the e person or persons who ma or gathering the information dee and hallef two accura-	e information inage the system, s, the information				31 344-34		DA	16
TYPED OR PRINTED DMMENTS AND EXPLANATION OF A	including	e that there are significant p the possibility of fine and im	prisonment for knowing vio	Information, lations.		TURE OF PRINCIPAL E CER OR AUTHORIZED	AGENT (REA NUMBER		YEAR MO	DAY

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCHARGE TO SEVER COLL SYS PAForm 3320-1 (Rev 3/94) Previous etilions may be fised United AND REQUIREMENTS

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME U 5 D D E

YNOTARCHAL LABORATORY 53 BELL AVE, BLDG 454

NCIGU NY 11973 YNCTARCHAL LANGITAN NAVARNCORH YTILIDAR

N C T Q LIMOITADOJ

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

NY0005835 PERMIT NUMBER

001 M DISCHARGE NUMBER

MAJOR (SUBR 01) F -: FINAL

PROCESS SANIT & STORMWTR RNOFF

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 00 12 01 00 12 31

*** NO DISCHARGE | ***

ATIN: GEORGE MALOSH,	GROUP MG	R	•				NOTE: Read inc	tructions before	COM	pleting this	form.
PARAMETER		QV/	ANTITY OR LOADIN	IG.	Qualit	y or Concent	ration	:	NO.	FREQUENCY	PAINLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	5^	ANALYSIS	TYPE
CEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	****	****		****	*****	52	(15)	0	DAILY	GRAB
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300, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	****		****	< 2	< 2	(19)	0	3/MO	COMP24
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? П	SAMPLE MEASUREMENT	*****	****		6.5	****	6.9	(12)	0	CONTIN RCORDR	rogus
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SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	****	******		***	****	0.0	(25)	0	DAILY	GRAB
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10510 1 0 0	PERMIT REQUIREMENT	*****		***	*****	******	DATLY M	X MG/L		NCE/ MONTH	COMP24
IAME/TITLE PRINCIPAL EXECUTIVE	prepared	under my direction or supe	s document and all attachm rvision in accordance with a	system declarac	1			TELEPHON	E	DA	
Mr. Michael Hollan Group Manager	to assure submitted or those p submitted	that qualified personnel pro 1. Based on my inquiry of the persons directly responsible I is, to the best of my know	perly gather and evaluate the person or persons who m for gathering the informatio edge and belief, true, accuri penalties for submitting fals	he information anage the system m, the information ate, and complete	on e.	THE AT POLICE		531 344- 34	424		
TYPED OR PRINTED	Including	the possibility of fine and in	nprisonment for knowing vi	e information, olations.		TURE OF PRINCIPAL E CER OR AUTHORIZED	AGENT	REA NUMBER		YEAR M	O DAY
MMENTS AND EXPLANATION OF A	INT VIOLATIONS	(Reférence all attac	hments here)								

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB'S. PERMITTEE NAME/ADDIVESS (Include Facility News/Location (f Different)

53 BELL AVE, BLDG 464

YNCTANCHAL LABORATORY

FACILITY BROOKHAVEN NATIONAL LABORATORY

NY 11973

USDOE

NCIGU

MATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (MPDES)
DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

NY0005835

YEAR MO DAY

001 M DISCHARGE NUMBER

YEAR MO DAY

MAJOR (SUBR 01) F -: FINAL

PROCESS SANIT & STORMATE RNOFF

PERMIT NUMBER

NCT 9 INOITAGOA FROM 00 NY 11973 01 00 31 *** NO DISCHARGE ATIN: GEORGE MALOSH, GROUP MGR NOTE: Read instructions before completing this form. QUANTITY OR LOADING **PARAMETER** Quality or Concentration FREQUENCY NO. SAMPLE EX TYPE ANALYSIS **AVERAGE MAXIMUM** UNITS MINIMUM **AVERAGE MAXIMUM** UNITS . SAMPLE PHOSPHORUS, FOTAL **** **** **** **キャャャャ**キ (.19)**MEASUREMENT** (AS P). 0 1.0 3/MO COMP24 PERMIT 1 0 0 D0665 **** **** *** ***** REPORT duce/ COMP24 REQUIREMENT EFFLUENT GROSS VALUE *** DATLY MX MG/I. MONTH SAMPLE LATCT , BDINAYS **** **** **** **** (28)MEASUREMENT (A5 CN). **<** 10 3/MO GRAB PERMIT 00720 李本本本本本 1 0 0 **** 100 *** *** WICE/GRAB REQUIREMENT EFFLUENT GROSS VALUE *** DAILY MX UG/L MONTH SAMPLE COPPER, FORAL **** ***** **** **** (19)MEASUREMENT (AS CU) 0 3/MO COMP24 0.05 01042 1 PERMIT *** *** **** **** 0.15 INCE/ COMP24 REQUIREMENT EFFLUENT GROSS VALUE *** DAILY MX MG/L MONTH SAMPLE ERON. FOTAL **** **** **** *** (19)MEASUREMENT (AS EE) 0.15 3/MO COMP24 PERMIT 01045 1 0 0 **** **** **** *** 0.37 dNCE/ comp24 REQUIREMENT EFFLUENT GROSS VALUE DAILY MX MG/L MONTH SAMPLE LEAD, TOTAL ***** **** **** **** (19)MEASUREMENT (A5 PB) **<** 0.001 0 3/MO COMP24 PERMIT 01051 1 0 0 **** ******** *** *** 0.019 ONCE/ COMP24 EFFLUENT GROSS VALUE REQUIREMENT *** DAILY MX MG/L HONTH SAMPLE VICKEL, POPAL See **** 数次效效效效 **** **** (19)MEASUREMENT (A5 NI) Note 1 3/MO COMP24 0.004 0 PERMIT *** 0105/ 1 0 0 **** 0.11 *** **** DNCE/ COMP24 REQUIREMENT EFFLUENT GROSS VALU *** DAILY MX MG/L MONTH SILVER, TOTAL See SAMPLE **** ***** ***** **** (19)**MEASUREMENT** (AS AG) Note 1 3/MO COMP24 0.002 PERMIT *** *** 0.015 类类类类类 DNCE/ COMP24 REQUIREMENT

VAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

IFFLUENT GROSS VALU

Mr. Michael Holland Group 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 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 631 344-3424 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT NUMBER YEAR MO DAY

DAILY MX MG/L

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

UANTIFIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB'S.

A Form 332041 (Rev 3/99) Previous cultions may be used

This is a 4-part form

PAGE

MONTH

OF

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (f Different) NAME USDSE

YNCTANOBAL LABORATORY

53 SELL AVE, BLDG 464 NCTQU NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATION P T D N NY 11973 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0005835 **PERMIT NUMBER**

YEAR MO DAY

FROM

001 DISCHARGE NUMBER

MAJOR (SUBR 01) F -: FINAL

PROCESS SANIT & STORMWTR RNOFF MONITORING PERIOD YEAR MO DAY

01 TO 00 12 31 *** NO DISCHARGE | ***

PARAMETER		QUA	ANTITY OR LOADI	NG .	Qualit	y or Concent	ration	1	NO.	FREQUENCY	SAMPLI
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ERCURY, TOTAL AS HG)	SAMPLE MEASUREMENT	·il	****		****	***	< 0.0001	(19)	0	3/MO	COMP2
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AME/TITLE PRINCIPAL EXECUTIVE C	prepared	inder penalty of law that thi under my direction or supe	ryision in accordance with a	evelem decienar				TELEPHON	-	DA	TE
Mr. Michael Holland Group Manager	to assure submitted or those p submitted	that qualified personnel pro b. Based on my inquiry of the ersons directly responsible it is, to the best of my knowle	perly gather and evaluate to the person or persons who m for gathering the information edge and belief, true, account	he information anage the system m, the information	on			1-344-34	424		
TYPED OR PRINTED	I I am awar	e that there are significant in the possibility of fine and in	pensities for submitting fel-	e Information	SIGNAT	TURE OF PRINCIPAL E		NUMBER		YEAR M	D DA

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. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB S.

PA Form 3320-4 (Rev 3/99) Previous cultions may be used 11ENTS AND REQUIREMENTS

DISCHARGE MONITORING REPORT (DMR) NAME 0 5 D O E MAJOR VACTAROGAL LABORATORY NATIONAL LABORATORY NY0005835 001 · M (SUBR 01) PERMIT NUMBER DISCHARGE NUMBER 53 BELL AVE, BLDG 464 F -: FINAL UPTON NY 11973 PROCESS SANIT & STORMWIR RNOFF MONITORING PERIOD FACILITY BROOKHAVEN NATIONAL LABORATORY YEAR MO DAY YEAR MO DAY NY 11973 12 01 TO 00 12 31 *** NO DISCHARGE | 1 *** ATIN: GEORGE MALOSH, GROUP MGR NOTE: Read instructions before completing this form. QUANTITY OR LOADING NO. FREQUENCY PARAMETER Quality or Concentration SAMPLE EX TYPE ANALYSIS AVERAGE . **MAXIMUM** UNITS MINIMUM AVERAGE ' **MAXIMUM** UNITS SAMPLE -BUTANONE **** **** なななななな **** (28) MEASUREMENT 3/MO GRAB PERMIT 8356 1 **** ***** *** 50 ***** **** WICE/GRAB REQUIREMENT EFFLUENT GROSS VALUE DATI.Y NY DG/L MONTH SAMPLE BOD, 5-DAY PERCENT **** **** (23) ***** **** MEASUREMENT REMOVAI. 1/MO CALCTD PERMIT B1010 K O O かかかかなな *** 85 **** BER-NCE/ CALCID REQUIREMENT ERCENTREMOVAL *** MO AV MN CENT MONTH SAMPLE ***** BOLIDS, SUSPENDED **** **** 表示法律表示 (23) **MEASUREMENT** PERCENT REMOVAL 1/MO CALCTD PERMIT 81011 K 0 0 **** CORPORATE BASE **** **** ER-DNCE CALCID REQUIREMENT PERCENTREMOVAL CENT MONTH SAMPLE **MEASUREMENT** PERMIT REQUIREMENT SAMPLE **MEASUREMENT** PERMIT REQUIREMENT SAMPLE MEASUREMENT

AME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland Group Manager

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.

TELEPHONE DATE 631 344-3424 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT NUMBER YEAR MO DAY

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

PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT

UANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB'S. Form 3320 AT (Rev 5/99) Previous editions may be used

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (f Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT IDMRI I S D D E MAJOR YNOTANGER LABORATORY NY0005835 001 0 (SUBR 01) PERMIT NUMBER DISCHARGE NUMBER 53 BELL AVE, BLDG 454 F - FINAL NCTSD NY 11973 PROCESS SANIT EFFL & STORMWTR MONITORING PERIOD FACILITY BROOKHAVEN NATIONAL LABORATORY YEAR MO DAY YEAR MO DAY NCT 9 INOITAGO NY 11973 00 10 00 31 *** NO DISCHARGE NOTE: Read instructions before completing this form. ATIN: GEORGE MALOSH, GROUP MGR QUANTITY OR LOADING FREQUENCY **PARAMETER** NO. Quality or Concentration SAMPLE EX TYPE ANALYSIS **AVERAGE MAXIMUM** UNITS MINIMUM **AVERAGE** MAXIMUM UNITS SAMPLE DETARISCIPLYCE **** *** (28) **** **** < 0.07 OTRLY GRAB MEASUREMENT BIPHENYLS (PCBS) PERMIT B9516 1 0 0 ***** **** **** *** TRLY CRAB REPORT REQUIREMENT EFFLUENT GROSS VALUE *** DATIV MX ING/I. SAMPLE See Note 4 MEASUREMENT PERMIT REQUIREMENT SAMPLE **MEASUREMENT** PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE **MEASUREMENT** PERMIT REQUIREMENT I certify under penalty of law that this document and all attachments were NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **TELEPHONE** DATE prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information Mr. Michael Holland 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 631 344-3424 Group Manager 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, SIGNATURE OF PRINCIPAL EXECUTIVE TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations. NUMBER YEAR OFFICER OR AUTHORIZED AGENT MO DAY COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PCB ANALYSIS TO USE EPA METHOD 608 WITH AN MDL GOAL OF 0.065 PPB

DISCHARGE MONITORING REPORT (DMR) II S D O E MAJOR ADDRESSBROOKHAVEN NATIONAL LABORATORY NY0005835 002 A (SUBR. 01) **PERMIT NUMBER** DISCHARGE NUMBER 53 BELL AVE, BLDG 464 F - FINAL UPTON NY 11973 BRAHUS (1002): 8 PHOBOS (1010) CT **MONITORING PERIOD** FACILITY BROOKHAVEN NATIONAL LABORATORY. YEAR MO DAY YEAR MO DAY LOCATION D P TO N *** NO DISCHARGE X ***
NOTE: Read instructions before completing this form. NY 11973 01 TO 00 ATTN: GEORGE MALOSH, GROUP MGR **QUANTITY OR LOADING** FREQUENCY Quality or Concentration NO. **PARAMETER** SAMPLE EX TYPE ANALYSIS UNITS **AVERAGE MAXIMUM** MINIMUM **AVERAGE MAXIMUM** UNITS SAMPLE Н ***** **** (12)*** MEASUREMENT PERMIT 00400 *** **** ONCE/ GRAB REPORT **** 9.0 REQUIREMENT EFFLUENT GROSS VALUE MINIMIN MONTH MAYTMIN SAMPLE **** **** DIL 5 GREASE **** **** (19)MEASUREMENT PERMIT **** ***** **** *** 10556 **15** ONCE/ GRAB REQUIREMENT EFFLUENT GROSS VALUE *** MONTH DATLY MX MG/L SAMPLE **** **** FLOW, IN CONDUIT OR (03)**** **** THRU TREATMENT PLANT MEASUREMENT Discharge PERMIT *** ***** 4*** 50050 1 9 0 REPORT *** *** NCE/ RCORDR REQUIREMENT EFFLUENT GROSS VALUE DAILY MX MGD *** HONTH SAMPLE **MEASUREMENT** See Note 2 PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT œ. REQUIREMENT I certify under penalty of law that this document and all attachments were NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **TELEPHONE** DATE prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information Mr. Michael Holland 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 Group Manager 631 344-3424 submitted is, to the best of my knowledge and bellef, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, SIGNATURE OF PRINCIPAL EXECUTIVE including the possibility of fine and imprisonment for knowing violations. TYPED OR PRINTED OFFICER OR AUTHORIZED AGENT NUMBER YEAR MO DAY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

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

DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE ROADWAY THAT IS INSIDE RHIC RING. ONCE SW COLLECTION SYS IS EXTENDED TO 1010, THE PHOBOS DETECTOR'S C T B SHOULD BE DIRECTED TO OUTFALL #002 & AFFAM 9320 T Rev 3/99) Previous editions may be used.

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

AME 0 5 0 0 E

ADDRESS BROOK HAVEN NATTONAL LABOR A

YNCTANCEAL JANCITAN NAVAHNCCREssanda
53 BELL AVE, BLDG 454

FACILITY BROOKHAVEN NATIONAL LABORATORY LOCACHUPTON NY 11973:

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

NY000583	5	
PERMIT NU	-	

002 B DISCHARGE NUMBER MAJOR (SUBR 01) F -: FINAL

RF (1004) COOLING TOWER BLOWDN

*** NO DISCHARGE | X | ***
NOTE: Read instructions before completing this form

TIN: GEORGE MALOSH,	GROUP MG	R I OUA	NTITY OR LOADIN	ig.	T			VOTE: Read in		Other Deloi-	NO.	FREQUENCY	
PARAMETER							y or Concent				NO. EX	OF ANALYSIS	SAMPLE TYPE
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Н	SAMPLE MEASUREMENT	****	****		,		***			(12)			
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IL 5 GREASE	SAMPLE MEASUREMENT	****	****		***		****			(19)			
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LOW. IN CONDUCT OR	SAMPLE MEASUREMENT	*****	No Discharge	(03)	***	**	*****	****	**				·
0050 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	公本公司的	REPORT DAILY MX	MGD	****	*	****	****	12-4500000	ኦ፨። ኦ፨፨።		NCE/ MONTH	
See Note 2	SAMPLE MEASUREMENT												
·	PERMIT REQUIREMENT												
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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, DISCHARGE

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Mr. Michael Holland Group Manager	to assure to submitted or those p	that qualified personnel pro d. Based on my inquiry of th persons directly responsible f	operly gather and evaluate the he person or persons who ma for gathering the information ledge and belief, true, accura	he information anage the system, w: the information	,		. 63	1,344-34	424		

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

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SEE PERMIT FOR ADDITIONL NOTES, COMMENTS AND REQUIREMENTS.

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SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

NUMBER

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DAY

I am aware that there are significant penalties for submitting false information,

including the possibility of fine and imprisonment for knowing violations.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (f D(ferent)

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

NAME USDOE YRCTAROBAL LABORATORY

NY0005835 **PERMIT NUMBER**

002 0 DISCHARGE NUMBER

(SUBR 01) F -: FINAL

MAJOR

53 BELL AVE, BLDG 454 UPTON NY 11973: FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATIONU P I'ON

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 00 TO 31 10 01 00 12

1 *** *** NO DISCHARGE

AGS NON-C COOLG, PRECP ETC (HN)

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Mr. Michael Holland Group Manager	submitte or those submitte	d. Based on my inquiry of the persons directly responsible d is, to the best of my knowle	perly gather and evaluate the he person or persons who ma for gathering the informatio ledge and belief, true, accura penalties for submitting fals	anage the system or, the informati ate, and complet	on e.	THE OF PRINCIPAL	evenime !	6 31 344 -3	3424		
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

EPA Form 3320-1 (Rev 3/99) Previous editions may be used. EXISTING DISCHARGE HIXES WITH COOLING TOWER, BLOWDOWN, FROM 01 32 11 / Ohly Sign 4-Bartstorm.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) DISCHARGE MONITORING REPORT (DMR) OSDOE MAJOR ADDRESSBROOKHAVEN NATIONAL LABORATORY NY0005835 002 R (SUBR 01) PERMIT NUMBER DISCHARGE NUMBER 53 SELL AVE. BLDG 454 F -: FINAL NCTER NY: 11973 RF (1004) COOLING TOWER BLOWDN MONITORING PERIOD FACILITY BROOKHAVEN NATIONAL LABORATORY DAY MO YEAR MO LOCATIONIPTON NY 11973 TO 本本本 NO DISCHARGE | 文 | 本本本 NOTE: Read instructions before completing this form. 10 00 31 ATEN: GEORGE MALOSH, GROUP MGR QUANTITY OR LOADING FREQUENCY Quality or Concentration PARAMETER NO. SAMPLE EX TYPE ANALYSIS **AVERAGE MAXIMUM** UNITS MINIMUM AVERAGE **MAXIMUM** UNITS SAMPLE ***** -HYDROXY-ETHYLIDENE **** **** **** (-19)**MEASUREMENT** PERMIT **** B5312 0 **** 1) **** ***** 0.5 OTRLY GRAB REQUIREMENT EFFLUENT GROSS VALUE DATLY MX MG/L SAMPLE BJCZAIRIYYLET ***** **** **** **なななななな** (19)MEASUREMENT PERMIT *** o de estado de esta 85313 $0 \cdot 0$ *** *** L 0.2 dTRLY GRAB REQUIREMENT EFFLUENT GROSS VALUE ** DATLY MX MG/L SAMPLE MEASUREMENT See Note 2 PERMIT REQUIREMENT SAMPLE **MEASUREMENT** PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE **MEASUREMENT** PERMIT REQUIREMENT I certify under penalty of law that this document and all attachments were NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **TELEPHONE** DATE prepared, under my direction or supervision in accordance with a system designed

I am aware that there are significant penalties for submitting false information, TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations. COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Mr. Michael Holland

Group Manager

DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE THE ROADWAY THAT IS INSIDE THE RHIC RING. ONCE THE STORMWATER COLLECTION SYSTEM IS EXTENDED TO 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED.

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.

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

631, 344-3424

NUMBER

YEAR

MO

OF

DAY

DISCHARGE MONITORING REPORT (DMR) NAME USDOE MAJOR ADDRESSBROOKHAVEN NATIONAL LABORATORY NY0005835 M FOO. (SUBR: 01) **PERMIT NUMBER DISCHARGE NUMBER** 53 BELL AVE, BLDG 454 F - FINAL **HOTON** HFBR & AGS NON-C COOL, ETC (HO) NY: 11973: MONITORING PERIOD FACILITY BROOKSAVEN NATIONAL LABORATORY YEAR LOCATIONIPTON NY 11973 0.0 TO 00 *** NO DISCHARGE 1 2 * * * * NOTE: Read instructions before completing this form. ATEN: GEORGE MALOSH, GROUP MGR QUANTITY OR LOADING FREQUENCY PARAMETER Quality or Concentration NO. SAMPLE TYPE ANALYSIS **AVERAGE MAXIMUM** MINIMUM UNITS AVERAGE MÄXIMUM UNITS SAMPLE ÞЯ **** **** **** (· 12) MEASUREMENT 6.2 7.4 4/MO GRAB PERMIT **** ***** 00400) 1 REPORT **** 9.0 ONCE! GRAB REQUIREMENT EFFLUENT GROSS VALUE *** MINIMUM MAXIMUM SU MONTH SAMPLE DIL 5 GREASE **** * * * * * * * **** **** (19)MEASUREMENT 6.0 0 1/MO GRAB PERMIT 15 D0555 0 *** ***** **** *** DNCE/ GRAB REQUIREMENT EFFLUENT GROSS VALUI *** MONTH DATLY MX MG/L SAMPLE FLOW, IN CONDUIT OR なななななな (03): **** **** *** MEASUREMENT 0.1 ITARU TREATMENT PLANT 4/MO RCORDR PERMIT *** REPORT 50050 1 0 0 **** **** **** ONCE/ **** RCORDR REQUIREMENT EFFLUENT GROSS VALUE DATLY MX MGD 杂杂杂杂 MONTH SAMPLE MEASUREMENT See Note 3 PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT under penalty of law that this document and all attachments were NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **TELEPHONE** DATE 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, Mr. Michael Holland or those persons directly responsible for gathering the information, the information 631 344-3424 submitted is, to the best of my knowledge and belief, true, accurate, and complete. Group Manager I am aware that there are significant penalties for submitting false information, **BIGNATURE OF PRINCIPAL EXECUTIVE** TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations. NUMBER OFFICER OR AUTHORIZED AGENT YEAR MO DAY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

53 BELL AVE, BLDG 464

NCTQU

YNOTAROBAL LABORATORY

FACILITY BROOKHAVEN NATIONAL LABORATORY

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

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003 DISCHARGE NUMBER MAJOR (SUBR 01)

F - FINAL

MONITORING PERIOD

HFBR & AGS NON-C COOL ETC (HO)

FROM 00 10

NY 11973

YEAR MO DAY YEAR MO DAY 01 TO 00 12

NCTQUOITADOL NY 11973 31 *** NO DISCHARGE | *** APPN - CROPER MAIOSU CDOID MCD

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NO ADDITIONAL HATER TREATMENT CHEMICAL ADDITIVES N/O PRIOR NYSDEC APPROVAL SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

PA Form 3320-1 (Rev. 3/99) Previous editions may be used.

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location (f D(ferent) NAME U S D D E NY0005835 ADDRESSBROOKHAVEN NATIONAL LABORATORY PERMIT NUMBER 53 BELL AVE, BLDG 464 UCTQU NY 11973 MONITORING PERIOD FACILITY BROOKHAVEN NATIONAL LABORATORY YEAR & MO YEAR MO DAY LOCATION I P TO N NY 11973 FROM 00 01 00 12 ATTN: GEORGE MALOSH, GROUP MGR QUANTITY OR LOADING Quality or Concentration **PARAMETER** UNITS MINIMUM AVERAGE **MAXIMUM** SAMPLE bя ****** ****

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

004 M DISCHARGE NUMBER

DAY

31

AVERAGE

MAJOR (SUBR 01) F - FINAL

MÄXIMUM

MRR NON-CONTACT COOLG WTR (HP)

*** NO DISCHARGE | *** NOTE: Read instructions before completing this form.

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ANALYSIS

SAMPLE

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SEE PERMIT FOR ADDITIONL NOTES, COMMENTS & REQUIREMENTS

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME U S D O E

YACTARCHAL LABORATORY 53 BELL AVE, BLDG 464

> NCIGU NY 11973

PACILITY BROOKHAVEN NATIONAL LABORATORY LOCATIONIPTON NY 11973 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

NY0005835 **PERMIT NUMBER**

YEAR MO DAY

004 0 DISCHARGE NUMBER

YEAR MO DAY

MAJOR (SUBR 01) F - FINAL

MRR NON-CONTACT COOLING (HP)

FROM 00 10 01 TO 00 12 31 *** NO DISCHARGE I 1 ***

ATTN: GEORGE MALOSH						NOTE: Read instructions bef					form.
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO ADDITIONAL WATER TREATMENT CHEMICALS W/O PRIOR NYSDEC APPROVAL SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

PERMIT NUMBER DISCHARGE NUMBER 53 BELL AVE. BLDG 464. F - FINAL OPTON NY 119730 NSLS: COOLING TOWR, BLDN ETC (HS) MONITORING PERIOD FACILITY BROOKHAVEN NATIONAL LABORATORY YEAR MO. DAY YEAR MO DAY NCT Q [MOITADOJ *** NO DISCHARGE NY 11973 FROM 01 00 TO NOTE: Read instructions before completing this form. ATTN: GEORGE MALOSH, GROUP MGR J. 3 QUANTITY OR LOADING FREQUENCY **PARAMETER** Quality or Concentration NO. SAMPLE EX TYPE ANALYSIS AVERAGE MAXIMUM UNITS MINIMUM **AVERAGE** MAXIMUM UNITS SAMPLE ÞН **** **** *** (12)MEASUREMENT 6.2 7.2 4/MO GRAB PERMIT **** 00400 destate and ONCE/ GRAB REPORT ***** 8.5 REQUIREMENT EFFLUENT GROSS VALUE *** MONTH NTNTMIM MONTXAR SAMPLE DIL & GREASE **** **** **** **** (19) MEASUREMENT 1/MO **CRAB** PERMIT 00556 *** markado alaba **** *** 15 ONCE/ GRAB REQUIREMENT EFFLUENT GROSS VALUE *** DATLY MX MG/L MONTH SAMPLE PLON. IN CONDUIT OR ***** (03) **** 水水水水水水 **** MEASUREMENT 0.4 THRU TREATMENT PLANT 4/MO RCORDR PERMIT 50050 1) *** REPORT *** **** ***** 建森森森 INCE RCORDR REQUIREMENT EFFLUENT GROSS VALUE DAILY MX MGD *** MONTH SAMPLE **MEASUREMENT** See Note 3 PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT I certify under penalty of law that this document and all attachments were NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **TELEPHONE** prepared under my direction or supervision in accordance with a system designed DATE to assure that qualified personnel properly gather and evaluate the information Mr. Michael Holland 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 **Group Manager** 631 344-3424 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, SIGNATURE OF PRINCIPAL EXECUTIVE TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations. NUMBER YEAR DAY OFFICER OR AUTHORIZED AGENT MO OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

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

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MAJOR

(SUBR 01)

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PAGE

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

ADDRESSBROOKHAVEN NATIONAL LABORATORY

PA Form 3320-1 (Rev 3/99) Previous editions may be used.

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(SUBR: 01) **PERMIT NUMBER** DISCHARGE NUMBER 53 BELL AVE. BLDG 464 F - FINAL UPTON NY 11973 NSLS COOLG TOWR BLOWDN ETC (HS) MONITORING PERIOD FACILITY BROOKHAVEN NATIONAL LABORATORY MO YEAR DAY YEAR MO DAY LOCATIONJPTON NY 11973 **FROM** 00 00 12 31 ***! NO DISCHARGE ATIN: GEORGE MALOSH, GROUP MGR NOTE: Read instructions before completing this form. QUANTITY OR LOADING PARAMETER FREQUENCY Quality or Concentration NO. SAMPLE EX TYPE ANALYSIS **AVERAGE** MAXIMUM UNITS MINIMUM **AVERÄGE** MAXIMUM UNITS SAMPLE COPPER, FOTAL ***** **** **** *** (19) MEASUREMENT 0.004 (AS CU) See Note 1 OTRLY **GRAB** PERMIT 01042 1 0 **** ***** ***** **** 1.0 OTRLY GRAB REQUIREMENT EFFLUENT GROSS VALUE *** DATLY MX MG/L SAMPLE BUBUILYRIB-YXCROYE-**** **** **** **** (19) MEASUREMENT **<** 0.05 **QTRLY | CRAB** PERMIT 85812 1 3 **** **** *** **** 0.5 TRLY GRAB REQUIREMENT EFFLUENT GROSS VALUE *** DATLY MX MG/L SAMPLE EJOZATRIAZOLE **** **** **** **** (19) MEASUREMENT < 0.005 QTRLY GRAB PERMIT B 5 8 L 3 1 **** **** **** *** 0.2 TRLY GRAB REQUIREMENT EFFLUENT GROSS VALUE DAILY MX MG/L SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE **MEASUREMENT** PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT I certify under penalty of law that this document and all attachments were NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **TELEPHONE** prepared under my direction or supervision in accordance with a system designed DATE to assure that qualified personnel properly gather and evaluate the information Mr. Michael Holland 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 631 344-3424 Group Manager 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, SIGNATURE OF PRINCIPAL EXECUTIVE TYPED OR PRINTED including the possibility of fine and imprisonment for knowing violations. OFFICER OR AUTHORIZED AGENT NUMBER YEAR MO DAY COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL

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DISCHARGE MONITORING REPORT (DMR)

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SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

ADDRESSBROOKHAVEN NATIONAL LABORATORY

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FACILITY BROOKTAVEN NATIONAL LABORATORY

NY. 11973

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

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WATER TREATMENT PLT BKWSH (HX)

| MONITORING PERIOD | YEAR | MO | DAY | TO | 00 | 12 | 31 |

*** NO DISCHARGE +**
NOTE: Read instructions before completing this form.

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

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) S C C S D SMAN

YNCTAROBAL LABORATORY 53 BELL AVE. BLDG 464

· MCTQU NY 11973 FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATIONS DO N

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

NY0005835 PERMIT NUMBER

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MAJOR (SUBR 01) F - FINAL

STORMATE RUNOFF WAREHOUSE (HW)

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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 & REQUIREMENTS.

TYPED OR PRINTED

Mr. Michael Holland Group Manager

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631 344-3424 SIGNATURE OF PRINCIPAL EXECUTIVE NUMBER YEAR OFFICER OR AUTHORIZED AGENT

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

PARAMETERS EXCEPT FOR FLOW TO BE SAMPLED MONTHLY DURING STORM EVENT. (IF NO DISCHARGE, ENTER "X" IN THE "NO DISCHARGE" BOX AT THE UPPER RIGHT). SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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FACILITY BROOKHAVEN NATIONAL LABORATORY

NY 11973

NATIONAL POLLUTARY ENGGRANGE REMINIATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0005835

DISCHARGE NUMBER

MAJOR (SUBR 01) F - FINAL

LINAC NCCW, FLOOR DNS, ETC (HT1)

PERMIT NUMBER

MONITORING PERIOD FROM 0.0 1.2 0.1 TO 0.0 1.2 3.1

LOCATION TON

53 BELL AVE, BLDG 454

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SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMITTEE NAME/ADDRESS (Include Facility Name/Location (f D(ferent) DISCHARGE MONITORING REPORT (DMR) O S D O E MAJOR NY0005835 (SUBR. 01) ADDRESSBROOKHAVEN NATIONAL LABORATORY PERMIT NUMBER DISCHARGE NUMBER F -: FINAL 53 BELL AVE, BLDG 464 NY 11973 LINAC NCCW, FLOOR DNS, SW (HT1) NCTQU MONITORING PERIOD FACILITY BROOKHAVEN NATIONAL LABORATORY YEAR YEAR MO DAY MO INCT & CHANGE TO *** NO: DISCHARGE NY 11973 FROM 0.0 01 00 31 NOTE: Read instructions before completing this form. ATTN: GEORGE MALOSH, GROUP MGR QUANTITY OR LOADING FREQUENCY ŃΟ. SAMPLE Quality or Concentration PARAMETER EX TYPE AHALYSIS MINIMUM AVERAGE-MÁXIMUM UNITS UNITS AVERAGE MAXIMUM SAMPLE **** **** **** (19)**** -HYDROXY-ETHYLIDENE MEASUREMENT 0.06 OTRLY PERMIT. ***** ***** 0.5 OTRLY GRAB 0 **** **** B5912 1 REQUIREMENT EFFLUENT GROSS VALUE DATLY MX MG/L SAMPLE (19) **** *** **** **** **TOLY TRIAZOLE MEASUREMENT** < 0.005 GRAB OTRLY PERMIT 0.2 *** DTRLY CRAB **** **** *** 85313 Ü 1 REQUIREMENT DATLY MX MG/L EFFLUENT GROSS VALUE SAMPLE MEASUREMENT PERMIT REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER **TELEPHONE** DATE prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information Mr. Michael Holland 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 631 344-3424 Group Manager 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. **BIGNATURE OF PRINCIPAL EXECUTIVE** including the possibility of fine and imprisonment for knowing violations. NUMBER YEAR MO DAY TYPED OR PRINTED OFFICER OR AUTHORIZED AGENT COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL

EPA Form 3320-1 (Rev 3/99) Previous editions may be used

SEE PERMIT FOR ADDITIONAL NOTES, COMMENT AND REQUIREMENTS

PERMITTEE NAME/AUDRESS (Mathrid Feellity Nearl Losenian y Different)

NAME U S D O E

YNCTAROBAL LABORATORY 53 BELL AVE, BLDG 454

NY 11973 - NY 11973 -

FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATIONUPTON NY 11973

HATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (INPDES)
DISCHARGE MONITORING REPORT (DMR)

01

MONITORING PERIOD

TO

00

N Y O O O 5835 PERMIT NUMBER

YEAR MO DAY

OSR M DISCHARGE NUMBER

31

YEAR MO DAY

12

MAJOR (SUBR 01) F - FINAL

COOLING TOWN FROM 919 ETC(HT2)

*** NO DISCHARGE | ***
NOTE: Read instructions before completing this form

ATIN: GEORGE MALOSH,	GROUP MG						NOTE: Read in	tructions befor	o com	pleting this	form.
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fr. Michael Holland Group Manager	submitted or those p submitted	 Based on my inquiry of the ersons directly responsible is, is, to the best of my knowledge. 	perly gather and evaluate the he person or persons who ma for gathering the informatio ledge and belief, true, accura	anage the system n, the information	1		6.	31 344-34	24		
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

OF

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (f D(ferent) NAME 9 S D O E

YACTAROGAL LABORATORY NATIONAL LABORATORY

53 BELL AVE, BLDG 464

UPTON

NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY N CT q UNOITADOL

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

DAY

MONITORING PERIOD

NV0005835 PERMIT NUMBER

YEAR MO

06B 0 DISCHARGE NUMBER

YEAR MO DAY

MAJOR (SUBR. 01) F - FINAL

COOLS TOWRS FROM 919 ETC (HT2)

*** NO DISCHARGE I

TO NY 11973 00 31 NOTE: Read instructions before completing this form. ATTN: GEORGE MALOSH, GROUP MGR QUANTITY OR LOADING NO. FREQUENCY SAMPLE Quality or Concentration PARAMETER EX TYPE ANALYSIS UNITS **MAXIMUM** UNITS MINIMUM AVERAGE **MAXIMUM AVERAGE** SAMPLE -HYDROXY-ETHYLIDENE なななななな **** **** **** (19)MEASUREMENT **GRAB** < 0.05 OTRLY PERMIT **** **** ***** **** 0.5 TRLY GRAB 0 B5312 1 EFFLUENT GROSS VALUE REQUIREMENT DATLY MX MG/L SAMPLE (19)**** **** **** **** COLYTRIAZOLE MEASUREMENT GRAB **<** 0.005 OTRLY PERMIT **** *** **公共公共政**策 0.2 OTRLY GRAB 0 *** 85313 0 1 EFFLUENT GROSS VALUE REQUIREMENT DATLY EX MG/L SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT V- 3. REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mr. Michael Holland Group Manager

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.

TELEPHONE DATE 631 344-3424 **SIGNATURE OF PRINCIPAL EXECUTIVE** AREA NUMBER OFFICER OR AUTHORIZED AGENT YEAR MO DAY

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

PERMIT REQUIREMENT

NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS