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

www.bnl.gov

March 1, 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 January 2001 REFERENCE: Letter from Robert Desmarais to Cunniff dated February 14, 2001

Included as Attachment I, please find the DMR for the month of January 2001. 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 January 8, 2001, and January 11, 2001, exhibited zinc concentrations of 0.101 mg/L and 0.143 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 IV. 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 002, 003, 004, 005, 006A, 006B, and 007 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 January 2001.

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 March 12, 2001. 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

LEC/MA:pvg

Attachment I: Discharge Monitoring Report for January 2001.

Attachment II: Analytical Results from H2M Labs for samples collected on 01/08/01, and

01/10/01 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: Non-Compliance Report for January SPDES Permit Excursion at Outfall 001.

M. Allocco w/attachments W. Chaloupka w/attachments cc: w/o attachments L. Cunniff G. Granzen w/o attachments w/attachments C. Johnson J. Higbie w/o attachments w/o attachments R. Lee S. Krinsky w/attachments w/o attachments E. Lessard D. Lowenstein w/o attachments w/attachments E. Murphy A. Queirolo w/o attachments w/o attachments R. Travis T. Sheridan w/attachments D. Van Duyne w/attachments

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## ATTACHMENT I BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR JANUARY 2001

FOR OUTFALLS NO. 001-010

## Brookhaven National Laboratory SPDES Permit No. NY0005835 Discharge Monitoring Report for January 2001 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. Flow is estimated based upon an instantaneous flow measurement and the assumption that flow continued for the entire day (i.e., 1,440 minutes).
- 5. 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. The replacement flow meter was received and was installed on February 23, 2001.
- 6. The total zinc concentration was above the SPDES limit of 0.1 mg/L for samples collected on 01/8/01 and 01/10/01. Please see Attachment IV for a description of this excursion.
- 7. The BOD 5-day analytical results for Outfall 001 on January 8, 2001 were 9 mg/L whereas the duplicate sample results for the same day were < 2 mg/L. Therefore the average of the two analytical results was used in the calculation of the % BOD removal for Outfall 001.

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

NAME (F. S. D. O. E.

ADDRESSBROOKHAVER HATIONAL LABORATORY 53 BELL AVE, BLDG 464

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FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATION PROBES 1197

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

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NAME USDOD

ADDRESS ROOKHAVEN HATIONAL LABORATORY

53 BELL AVE, SLDG 464

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

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ADDRESSBROOKHAVEN NATIONAL LABORATORY

53 BELL AVE, BLDG 464

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FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATION PTON NY 11973

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

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

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

NAME ( S D O E

ADDRESSBROOKGAVEN HATIONAL LABORATORY

53 BELL AVE. BLDG 464

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FACILITY BEOOKHAVEN HATIONAL LABORATORY

LOCATION PTON

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

NY0005835 PERMIT NUMBER

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PERMITTEE NAME/ADDRESS (Inchide Facility Name/Location if Different) NAME USDOE

ADDRESSBROOKHAVEN NATIONAL LABORATORY 53 BELL AVE, BLDG 464

UPTOU NY 11973

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FACILITY BROOSHAVEN NATIONAL LABORATORY NY 11973

ATTN: GEORGE MALOSH, GROUD MCD

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

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OIL & GREASE	SAMPLE MEASUREMENT	er de karr de de	存在存在存		transport of the second	\$\$\$\$\$\$		( 19)	******		
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	PERMIT REQUIREMENT SAMPLE	a de	DATLE MX	MGD	and definiti	charles and process on Ed Sat Sat Sat Sa		era erar		110317 303174	CORDE
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	PERMIT REQUIREMENT										
IAME/TITLE PRINCIPAL EXECUTIVE O	prepared as		document and all attachme islon in accordance with a					TELEPHONE		DAT	F
Mr. Michael Holland Area Office Manager	submitted. or those per submitted is	Based on my inquiry of the month of the month of the month of the heat of my knowledge.	erly gather and evaluate the person or persons who mai r gathering the information	: information nage the system, , the information	ļ		631	344-342			
TYPED OR PRINTED  OMMENTS AND EXPLANATION OF AN	including th	e possibility of fine and im	maines for submitting false		SIGNAT	TURE OF PRINCIPAL EX CER OR AUTHORIZED A	ECUTIVE AREA	NUMBER			DAY

DISCHARGE HAY BE DIRECTED TO SURROUEDING LOW LYING AREA INSIDE ROADWAY THAT IS INSIDE REIC RING. ONCE SU COLLECTION SYS IS EXTENDED TO 1010. THE PHOBOS DETECTOR'S C. T. S. SHOULD BE DEDICATED TO QUITALE ROOF.

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

NAME U S D D E

ADDRESSBROOKHAVEN NATIONAL LABORATORY

53 BELL AVE. BLDG 464

ROTON

NY 11973.

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATIONIPTOR

NY 11973

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

8 Y 0 0 0 58 3 5 PERMIT NUMBER

002 B DISCHARGE NUMBER MAJOR (SUBR 01) F - PINAL

RF (1004) COOLING TORER BLOWDW

\*\*\*\* NO DISCHARGE | X | \*\*\*

NOTE: Read instructions before completing this form.

PARAMETER		Lau	INTITY OR LOADIN	IG.	Quali	ty or Concent	ration		NO.	FREQUENCY OF	2 VIAIL P
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM -	UNITS	EX	ANALYSIS	TYPE
? X	SAMPLE: MEASUREMENT	<b>经现代股份</b>	<b>非特殊特殊</b>		-6MA	中毒溶液物物	7.6 MA	( 12)	Q	4/MO MA	GRAB
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10555 1 0 0 Effluent Gross value	PERMIT REQUIREMENT	15 64 64 6 1	ar arandak k	ing sign Top sign	<b>学验可杂志</b>	TO A SOUTH	LATER SE	MG/L		aca/	RAR
LOW, IN COMPUIT OR PART PLANT	SAMPLE MEASUREMENT	<b>经收款款款</b>	NO DISCHARGE	( 03)	ARAS DE DESERVA	<b>发展表示信息</b>	非常非常特殊				
60050 1 0 0 Effloent gross value		Taganga (	REPORT DIVIN	aed	e de la companie de l	Articipation (f	ije stanovala te	数数数 数数数数		NCE/	CORD
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IAME/TITLE PRINCIPAL EXECUTIVE (	under my direction or super that qualified personnel pro-	s document and all attachm rvision in accordance with a perly gather and evaluate th	ı system designed	j.		-	TELEPHON	E	. DA	TE	
Mr. Michael Holland Area Office Manager	<ul> <li>Based on my inquiry of the persons directly responsible it is, to the best of my knowled</li> </ul>	perly gather and evaluate the for gathering the information edge and belief, true, accurate penalties for submitting fals	anage the system n, the information				344-34	24			
TYPED OR PRINTED  OMMENTS AND EXPLANATION OF A	including	the possibility of fine and in	nprisonment for knowing vi	e information, olations.		TURE OF PRINCIPAL E ICER OR AUTHORIZED	A NUMBER		YEAR M	O DAY	

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

DISCHARGE HAY BE DIRECTED TO SURROUBDING LOW LYING AREA INSIDE ROADWAY THAT IS INSIDE RHIC RING. ONCE STOREWATER COLLECTION SYSTEM IS EXTENDED TO BLDG 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED, DISCHARGE PERMITTEE NAME/ADDRESS (Include Facility Name/Location (/ D(fferent)

NAME USDOE

ADDRESSBROOKHAVEN NATIONAL LABORATORY 53: BELL AVE, BLDG 464

UPTON NY 11973 FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION PTOM NY 11973 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

MONITORING PERIOD

MY0005835 **PERMIT NUMBER** 

m can DISCHARGE NUMBER

ROLAB (500R 01) F - FINAL

AGS NON-C COOLNG, PRCP, ETC (HN)

FROM 01 01 01 TO 01 01 31 \*\*\* NO DISCHARGE | \*\*\*

ATTM: GRORGE MALOSH,	GROUP BEI		·		- , , , , , , ,	10-13-	NOTE: Road I	natructions bef	ore con	pleting this	ı form.
PARAMETER		QU/	ANTITY OR LOADIN	lG	Qual	ity.or Concen	tration		NO.	FREQUENCY	SWINLE
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e a	SAMPLE MEASUREMENT	देश कोल और की शहर की के	在非常专家中		6.7	नीह की की तीह है। का	7.6	( 12)	0	4/MO	GRAB
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DIL S GREASE	SAMPLE MEASUREMENT	有关证券证据 "	经经验证据		<b>容等等效</b>	· · · · · · · · · · · · · · · · · · ·	<b>  &lt; 5</b>	( 19)	0	1/MO	GRAB
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IAME/TITLE PRINCIPAL EXECUTIVE O	prepared t	inder my direction or super	s document and all attachm rvision in accordance with a perly gather and evaluate th	ovetom dont				TELEPHON	IE	DA <sup>*</sup>	re
Mr. Michael Holland Area Office Manager	or those pe submitted	Based on my inquiry of the ersons directly responsible f is, to the best of my knowle	perly gather and evaluate it be person or persons who ma for gathering the information edge and belief, true, accura penalties for submitting falso	nage the system n, the informatio	n			631_344-3	3424		
TYPED OR PRINTED  DMMENTS AND EXPLANATION OF A	incitional t	ne possibility of fine and in	iprisonment for knowing vio	anormation, platfops.	SIGN	ATURE OF PRINCIPAL E FICER OR AUTHORIZED	AGENT	AREA NUMBER	3	YEAR MO	DAY

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

LE PERSIT FOR ADDITIONL NOTES, CONSENTS AND REQUIREMENTS. ABPLNG FOR THIS OUTPALL SHALL BE CONDUCTED AT A LOCATION DOWNSTREAM OF WHERE EXISTING DISCHARGE NEWES PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME 0 5 0 0 3

ADDRESSBROOKHAVER HATIONAL LABORATORY

53 BELL AVE, BLDG 464

upros

NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATIONTDTOB

NY 11973

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

870005835 PERMIT NUMBER

M EGG **DISCHARGE NUMBER**  MAJOR (SUBR 01)

P - FINAL

MFBR & AGS WON-C COOL, ETC (NO)

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM ()1 01 01 01 01 31

the 50 DISCHARGE | who NOTE: Read instructions before completing this form.

PARAMETER		QUA	ANTITY OR LOADIN	IG	Qualit	ty or Concent	cration		NO.	FREQUENCY	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MUMIXAM	UNITS	EX	ANALYSIS	TYPE
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LON, IN CONDUIT OR TREATMENT PLANT	SAMPLE MEASUREMENT	<b>联密摩摩森</b>	0.2	( 03)	<b>非常非常体验</b>	****	· 存号系统法		0	4/MO	RCORDE
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	PERMIT REQUIREMENT						-				
AME/TITLE PRINCIPAL EXECUTIVE	prepared	under penalty of law that the under my direction or supe	ryision in accordance with a	s system designad		**************************************		TELEPHON	E	DA <sup>-</sup>	re
Mr. Michael Holland Area Office Manager	perly gather and evaluate fi he person or persons who m for gathering the informatio edge and belief true accum-	he information anage the system on, the information	mation le system, lformation  631 344–3424								
TYPED OR PRINTED	Lantawa	re that there are significant the possibility of fine and ir	penalties for submitting fold	* information	SIGNA	TURE OF PRINCIPAL E	EXECUTIVE A	REA NUMBER		YEAR MO	DAY
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME USDOB

ADDRESSEROORHAVEN WATIONAL LABORATORY 53 BELL AVE, BLDG 464.

ueron

HY 11973

FACILITY BEOOKHAVES NATIONAL LABORATORY LOCATIONIP TOTAL

MY0005835 PERMIT NUMBER

004 8 DISCHARGE NUMBER

MAJOR (SUBR 01) P - FINAL

WAR NON-CONTACT COOLS HTR (HP)

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 01 UI 01 TO 01 01 31

DISCHARGE MONITORING REPORT (DMR)

NOTE: Read instructions before completing the

ATTH: GEORGE MALOSH,	GROUP HG		A PITTITE OF A STATE	01 0	7 10 07 1	<u> </u>	** NO DISC NOTE: Read Instr	uctions befor	e com	非常能 pleting this	form.
PARAMETER		QUA	NTITY OR LOADIN	ig T	Qualit	y or Concent	ration		NO.	FREQUENCY OF	SAMPLE
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See Note 3	SAMPLE MEASUREMENT		,					S. S. S. S. S. S.	**** *****	323 H 4 31	3-13-4
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·	SAMPLE MEASUREMENT						·				Maria Lina
·	PERMIT REQUIREMENT										
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N	SAMPLE MEASUREMENT		•								
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<u> </u>	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OF	to assure t	inder my direction or super hat qualified personnel new	document and all attachme vision in accordance with a perly gather and evaluate the	system designed				TELEPHONE	11.000 (1)	DAT	TE
Mr. Michael Holland Area Office Manager	or those pe	. nases on my inquiry of the ersons directly responsible for is. In the best of my knowle	e person or persons who ma or gathering the information	nage the system, , the information	·		63	31, 344-34	24		
TYPED OR PRINTED  DMMENTS AND EXPLANATION OF AN	incraming r	ne possibility of tine and im	enalties for submitting false prisonment for knowing vio	information, lations.	SIGNAT	URE OF PRINCIPAL EX ER OR AUTHORIZED	AGENT ARE	A NUMBER		EAR MO	DAY

SEE PERHIT FOR ADDITIONL NOTES, COMMENTS & REQUIREMENTS

MARIE U D U U E

ADDRESSBROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464

uprom

NY 11973

FACILITY BEOOGHAVEN NATIONAL LABORATORY LOCATION PTON NY 11973

PERMIT NUMBER

FROM UI

YEAR MO DAY

01

005 M DISCHARGE NUMBER MAJOR (SUBR 01) F - FINAL

ESLS COOLING TOWN BLDN ETC (HS)

MONITORING PERIOD

DAY
VEAR MO DAY
01 TO 01 01 31

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

TTO: GRORGE HALOSE,	awant, mpt					·	NOTE: Read instr	uctions beto	e com	pleting this	torm.
PARAMETER		ØU	Antity or Loadin	IG.	Qualit	ty or Concent	tration		NO. EX	FREQUENCY OF	SAMPLI
·		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	] [ .	ANALYSIS	TYPE
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IL 6 GREASE	SAMPLE MEASUREMENT	按键数据数字。	क्षेत्र व्यक्तिकोक स्थापना व्यक्ति		क्षेत्रकृष श्रीद रहेद क्षेत्र क्षेत्र क्षेत्र	<b>翻載者數學等</b>	<b>&lt;</b> 5	( 19)	0	1/MO	GRAB
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IAME/TITLE PRINCIPAL EXECUTIVE O	prepared :	inder my direction or supe	s document and all attachmerision in accordance with a	exclam declarati				TELEPHON	E	DAT	ΓE
Mr. Michael Holland	) Submitted.	Based on my inquiry of ti	perly gather and evaluate the e person or persons who ma for gathering the information	snowe the worten		•			Ì		
Area Office Manager	Submitted I am aware	is, to the best of my know! that there are significant:	edge and belief, true, accura	ite, and complete		TIPE OF POSSORS:	6	34 344-3	424		i
TYPED OR PRINTED  MMENTS AND EXPLANATION OF AN	incinding I	ne possibility of line and in	iprisonment for knowing vio	olations.		TURE OF PRINCIPAL E ICER OR AUTHORIZED		NUMBER		YEAR MO	DAY

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

SEE PERHIT FOR ADDITIONAL HOTES, COMMENTS & REQUIREMENTS

RMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) AME USDOE

DDRESSBROOKHAVER NATIONAL LABORATORY

53 BELL AVE. BLDG 464

UPTON NY 11973

ACILITY BROOKHAVEN NATIONAL LABORATORY DCATIONIPTON NY 11973 NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0005835 PERMIT NUMBER

007 19 DISCHARGE NUMBER MAJOR (SUBR 01) P - PINAL

VATER TERATHENT PLT BRUSH (HX)

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM 01 01 01 TO 01 01 31 \*\*\* NO DISCHARGE | \*\*\*

TTN: GEORGE BALOSH,	GROUP HG	<b>X</b>	<u> </u>				NOTE: Read Instru	ctions before	e com	pleting this	form.
PARAMETER			NTITY OR LOADIN	G	Qualit	y or Concent		NO. EX	FREQUENCY OF	SAMPLE	
		AVERAGE	MUMIXAM	UNITS	MINIMUM	AVERAGE	MUMIXAM	UNITS		ANALYSIS	1116
LOS RATE See Note 3	SAMPLE MEASUREMENT	<b>李春季春春</b>	320,000	( 07)	李春春春春春。	<b>华春春春春</b>	વૈદ્ધ ક્ષીણ ક્ષીવકોલ સ્ટ્રેસ્ટનોલ		0	21/MO	INSTAN
0055 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	78738333 TSG	ANEGRY DAILY WX	GPD	1919 (1919)	200	r ple of the following of the first specific	**** ****		NCE/ NONTH	nstan
H	SAMPLE MEASUREMENT	<b>紫柳柳林紫柳</b>	李森安容察李		7.3	中华华华	7.3	( 12)	0	1/MO	GRAB
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OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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ADDRESS BROOKHAVEN NATIONAL LABORATORY 53 RELL AVE. BLDG 454 SOTE

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION PTON

97 11973

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NY0005835 PERMIT NUMBER

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DAY

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(SHBH 01) - FTHAT.

STORESTE RUNOFF WARRHOUSE (HS)

MONITORING PERIOD DAY YEAR MO YEAR MO FROM 07 03 0.3. 01 737

the NO DISCHARGE

MOTE: Read instructions before completing this form. attn: GEORGE MALOSH. GROUP MGR QUANTITY OR LOADING FREQUENCY NO. SAMI Quality or Concentration PARAMETER EΧ TYP ANALYSIS UNITS AVERAGE MILITALITY AND AVERAGE MAXIMUM UNITS MINIMUM RATE See Note 4 TNST SAMPLE A TO TO THE 5.215 ( 07) the state of the state of the state of the state of de de de de de de de 1/MO MEASUREMENT 1151 nor/ PERMIT Trife M na pour 10056 7 () REQUIREMENT TRAIN IN GPD والدواد والوواد MONTER EPPLHENT GROSS VALUE SAMPLE **建筑市市市市** es viete et es da ARTERICE. ( 1.2) O 1 /MO GRAT **19** 54 7.8 MEASUREMENT Met/ BAG PERMIT **医热热体物络物** REPORT bougo 1 0 13 REQUIREMENT A. Section of the section of MONTH CT WTANK 511 TPPLURNT GROSS VALUE (19)SAMPLE 经存储的基础 建物物物物 with the first of and and and and NIL & GREASE O 1/MO GRA1 MEASUREMENT NCA/ 报盘日 PERMIT maasaa: sees describing the second 75 10556 3 () 0 REQUIREMENT anaith ميائم والله ميائد مرائم الأراه فاريم واراد عراة MG/T. REFLURBY GROSS VALUE ( 28) SAMPLE electe the first the 海拉斯拉鲁拉 建物油物物物 de de la deste de .1-DICALORDETHYLEWE 0 1/MO GRA1 MEASUREMENT 形 A. 的 nde formeren en de en De formeren C = IPERMIT arana. SECTION OF SECTION B4501 1 REQUIREMENT भी और और और marty st UG/L acherri RPPLURUT GROSS VALUE ( 28) the site of the site of the L.1.1-TRICHLORO-SAMPLE **空运运运运输** An all the store of the 动物物体统物 1/MO GRAI MEASUREMENT STHANE 11037 PAB PERMIT 34506 1 0 0 REQUIREMENT 虚虚虚束 111111111111 JG/L anaTi RFFLURRY GROSS VALUE SAMPLE MEASUREMENT PERMIT REQUIREMENT 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 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. Area Office Manager I am aware that there are significant penalties for submitting false information. SIGNATURE OF PRINCIPAL EXECUTIVE

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

PARAMETERS EXCEPT FOR FLOW TO BE SAMPLED MORTALY DURING A STORM EVENT. (IF NO DISCHARGE, ENTER AN "Y" I THE "NO DISCHARGE" BOX AT THE UPPER RIGHT.) SEE PERMIT FOR ADDITIONAL NOTES. COMMENTS & REQUIREMENTS.

including the possibility of fine and imprisonment for knowing violations.

TYPED OR PRINTED

OFFICER OR AUTHORIZED AGENT

NUMBER

YEAR

МО

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

E USDOE

RESSURODEHAVEN NATIONAL LABORATORY

53 BELL AVE, BLDG 464

NOTEN

NY 11973

MITY BROOMANES SATIONAL LABORATORY

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

NY0005035 PERMIT NUMBER

010 M DISCHARGE NUMBER MAJOR (SUBR 01) F - FINAL

STORESTR R O CENTRAL STEAM (8)

**MONITORING PERIOD** YEAR MO DAY YEAR MO DAY FROM OT 01 01 TO 01 03 31 \*\*\* NO DISCEARGE

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IMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) ARABETERS EXCEPT FOR FLOW TO BE SAMPLED MONTHLY DURING STORE EVENT. (IF NO DISCHARGE, ENTER "I" IN THE "HO DISCHARGE" BOX AT THE OPPER RIGHT). SEE PERMIT FOR ADDITIONAL MOTES, COMMERTS AND PROVINCIONAL PERMITTEE NAME/ADDRESS (Include Facility Name/Location if D(fferent)

The state of the s

NAME ( S D O Z

ADDRESSBROOKHAVEN NATIONAL LABORATORY

53 BELL AVE, BLDG 464

upros

ur 11973

FACILITY BROOK HAVES NATIONAL LABORATORY

LOCATION: PTON

NY 11973

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) WY0005935 **PERMIT NUMBER** 

96A M DISCHARGE NUMBER HOLAE (SUBR 01) r - FIRAL

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MONITORING PERIOD YEAR MO DAY YEAR MO DAY 01 01 31 TO FROM

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

SEE PEREIT FOR ADDITIONAL HOTES, COMMENTS AND REQUIREMENTS

PERMITTEE NAME/ADMILLOS (include Feeting Name Location (f Digitarit) NAME USDOS

ADDRESSBROOKHAVEN HATIONAL LABORATORY 53 BELL AVE, BLDG 464

UPTOR WY 11973 FACILITY BROOKHAVER MATTOMAL LABORATORY

LOCATIONIPTON NY 11973 ATTE: GROUGE MALOSM, GUOND MCP

NATIONAL POLLOS, SET DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0005835 PERMIT NUMBER

OGA M DISCHARGE NUMBER

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(SUBR 01) F - FINAL

MONITORING PERIOD YEAR MO DAY YEAR MO DAY 01 TO 01 FROM U1 01 31 01

COOLING TOWN FROM 919 ETC (NT2)

\*\*\* NO DISCHARGE

ATTN: GEORGE HALOSH,	GROUP MGH											
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Mr. Michael Holland Area Office Manager	submitted, or those pe submitted	nat qualified personnel proj Based on my inquiry of the ersons directly responsible f is, to the best of my knowle	vision in accordance with a perly gather and evaluate th e person or persons who ms or gathering the information dige and bellet, true, accura enalties for submitting false	ne information anage the system, n, the information			1	631	344–34	24		
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SEE PERMIT FOR ADDITIONAL NOTES, COMBENTS & REQUIREMENTS