Environmental Services Division



Building 120 P.O. Box 5000 Upton, NY 11973-5000 Phone 631 344-8370 Fax 631 344-6079 cunniff@bnl.gov

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

www.bnl.gov

December 17, 2001

Mr. Robert Desmarais Director, Project Management Division U. S. Department of Energy Brookhaven Group Upton, NY 11973

Dear Mr. Desmarais:

SUBJECT: NPDES - Discharge Monitoring Report (DMR) for November 2001 REFERENCE: Letter from Robert Desmarais to Cunniff dated November 20, 2001

Included as Attachment I, please find the DMR for the month of November 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 the Plant Engineering Division, Sewage Treatment Plant Operators or the Environmental Services Division, Field Sampling Team.

All parameters met their respective SPDES effluent limitations this reporting period. 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, 002B, 003, 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 Division. Based on this information, we believe the values reported on the DMR are representative of the effluent from the BNL during the month of November 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 November 28, 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,

Lori Cunniff, CEP

Lou Curry

Division Manager

LEC/MA:cr

Attachment I:

Discharge Monitoring Report for November 2001.

Attachment II:

Analytical Results from H2M Labs for samples collected on 11/5/01 and

11/7/01 from Outfall 001.

Attachment III:

Analytical Results from H2M Labs for samples collected from Outfalls

002, 002B, 003, 005, 006A, 006B, and 008.

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

EC62ER.01

Brookhaven National Laboratory SPDES Permit No. NY0005835 Discharge Monitoring Report for November 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 Outfall 002A during this reporting period. In May Outfalls 002A and 002B were connected to the stormwater collection systems and no longer discharge locally. The cooling water discharge from Bldg. 1002 (002A) is now directed to Outfall 002B located at Building 1004. The cooling water discharge from Bldg. 1010 is now directed to Outfall 002 (HN). A SPDES permit modification package was submitted which reflected this change.
- 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. The Environmental Services Division was notified in early June that the cooling water discharge from the Brookhaven Medical Research Reactor would be terminated due to the permanent shutdown of the facility. A SPDES permit modification package was submitted which reflected this change.
- 6. There was no discharge from Outfall 010 this reporting period.
- 7. The Water Treatment Plant backwash system only operated during the first two weeks of November. Multiple attempts were made to collect the regulatory samples for pH and iron but due to operational problems, the collection could not be completed.

ATTACHMENT I

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR NOVEMBER 2001

FOR OUTFALLS NO. 001 - 010

LOCATIONUPTON

FACILITY

53 BELL AVE, BLOG 464

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN NATIONAL LABORATORY

NY 11973

NY 11973

NYO005835 PERMIT NUMBER

OOL M DISCHARGE NUMBER

| MONITORING PERIOD | YEAR | MO | DAY | | YEAR | MO | DAY | | | O1 | 11 | 30 |

MAJOR
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F - FINAL
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MMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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.

E PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS Form 3320-1 (Rev. 3/99) Previous editions may be used.

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

UPTON

LOCATIONLIPTON

53 BELL AVE. BLDG 464

ADDRESS BROOKHAVEN NATIONAL LABORATORY

FACILITY BROOKHAVEN NATIONAL LABORATORY

NY 11973

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

NY 0005835 PERMIT NUMBER

DISCHARGE NUMBER

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FACILITY

LOCATION UPT ON

ADDRESS BROOKHAVEN - NATIONAL LABORATORY :

BROOKHAVEN NATIONAL LABORATORY

NY 11973

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

MY0005835 PERMIT NUMBER DISCHARGE NUMBER

MAJOR (SUBR 01)

F - FINAL PROCESS SANIT & STORMATR RNOFF

53 BELL AVE. BLDG 464 UPTON NY 11973 FACILITY BROOKHAVEN NATIONAL LABORATORY

ADDRESS BROOKHAVEN NATIONAL LABORATORY

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

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OFFICER OR AUTHORIZED AGENT NUMBER YEAR MO DAY

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

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

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

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F - FINAL BRAHMS(1002) & PHOBOS(1010) CT

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

ADDRESS BROOKHAVEN NATIONAL LABORATORY 53 BELL AVE. BLDG 464 UPTON NY 11973 FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATIONUPTON

O) ATTN: GEORGE MALOSH. GROUP MGR **PARAMETER** QUANTITY OR LOADING NO. FREQUENCY SAMPLE QUALITY OR CONCENTRATION OF EX TYPE ANALYSIS **AVERAGE** MAXIMUM UNITS MINIMUM **AVERAGE MAXIMUM** UNITS SAMPLE PH **** **** **** (12)MEASUREMENT PERMIT 00400 1 0 0 9=0 ***** REPORT **** DRCE! GRAB REQUIREMENT EFFLUENT GROSS VALUE MINIMIM MONTH MAXTHUM SAMPLE OIL & GREASE **** **** (19) **MEASUREMENT** PERMIT 00556 1 0 0 ***** **** ***** DACE/ GRAB REQUIREMENT 是阿姆斯斯斯特 **EFFLUENT GROSS VALU** 是包含的 DATEY MX MG/L HONTH SAMPLE FLOW. IN CONDUIT OR **** NO DISCHARGE (03) ***** **** **** **MEASUREMENT** THRU TREATMENT PLAN PERMIT 50050 1 0 0 ***** REPORT **** ***** DNCE/ RCDRDS *** REQUIREMENT EFFLUENT GROSS VALUE DALLY MX MGD **** HONTH SAMPLE See Note 2 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 **IAME/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, 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. 631 344-3424 I am aware that there are significant penalties for submitting false information, SIGNATURE OF PRINCIPAL EXECUTIVE TYPED OR PRINTED MO DAY

fr. Michael Holland Trea Group Manager

including the possibility of fine and imprisonment for knowing violations.

NUMBER OFFICER OR AUTHORIZED AGENT YEAR

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

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53 BELL AVE. BLDG 464

ADDRESS BROOKHAVEN NATIONAL LABORATORY

Form Approved. OMB No. 2040-0004

NY0005835

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NY 11973

ADDRESS BROOKHAVEN NATIONAL LABORATORY

53 BELL AVE. BLDG 464

UPTON

FACILITY

NYOOO5835 PERMIT NUMBER

OOZ M DISCHARGE NUMBER

MAJDR (SUBR 01) F - FINAL

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

MONITORING PERIOD YEAR MO DAY YEAR MO DAY 11 01 TO 01 11 30

LOCATION UPTON		RATORY Y 11973	FROM 01	MO DA	Y YEAR OI	MO DAY	** NO DI		-		, (1114 <i>)</i>	,
ATTN: GEORGE HALOSH.	GROUP MG	R					** NO DIS	tructione b	nos erole	pleting t	his form.	
PARAMETER			ANTITY OR LOADIN	lG	QUAL	ITY OR CONCENTE			NO.	FREQUEN	SAMP	
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r. Michael Holland	or those	d. Based on my inquiry of t persons directly responsible	he person or persons who n	nanage the system	l							
rea Group Manager	submitte I am awa	d is, to the best of my know are that there are significant	ledge and belief, true, accur	rate, and complet	le.	TURE OF PRINCIPAL	EVERITHE !	631 344	-3424		-	
TYPED OR PRINTED	Including	the possibility of fine and i	mprisonment for knowing v	dolations.	OFF	ICER OR AUTHORIZE	DAGENT	AREA NUI	MBER	YEAR	MO DA	V

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

BEE PERMIT FOR ADDITIONL NOTES. COMMENTS AND REQUIREMENTS.

SAMPLNG FOR THIS OUTFALL SHALL BE CONDUCTED AT A LOCATION DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES

WITH THE COULING. TOWER BLUWDOWN FROM THE STAR DETECTOR.
A Form 3320-1 (Rev. 3/99) Previous editions may be used.

01213/011107-1923m.

PAGE

UPTON

ADDRESS BROOKHAVEN NATIONAL LABORATORY

FACILITY BROOKHAVEN NATIONAL LABORATORY

NY0005835

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

HFBR & AGS NON-E COOL, ETC (HO)

PERMIT NUMBER **MONITORING PERIOD** YEAR MO DAY YEAR MO DAY FROM 01 11 01 TO 01 11 30 *** NO DISCHARGE 1 1 ***

LOCATION UPT ON	IONAL LABO	RATORY IV-11973	FROM OT	MO DA	Y YEAR OL	MO DAY	** NO DIS	SCHADEE	,	1 ***	(110)
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IAME/TITLE PRINCIPAL EXECUTIVE	prepared	under penalty of law that th I under my direction or supe	ryision in accordance with	a svetam dadana.	4			TELEPHON	Ε	DA	TE
Mr. Michael Holland Area Group Manager	submitte or those submitte	that qualified personnel produced. Based on my inquiry of the persons directly responsible discrete to the best of my known.	operly gather and evaluate in the person or persons who no for gathering the information ledge and halfs force account.	the information namage the system on, the information	1, on e.			631, 344-3	3424		
TYPED OR PRINTED	including	are that there are significant g the possibility of fine and in	mprisonment for knowing v	se information, jointions.		ATURE OF PRINCIPAL FICER OR AUTHORIZE	EXECUTIVE D AGENT	AREA NUMBER	1	YEAR M	O DAY
MMENTS AND EXPLANATION OF A	NY VIOLATIONS	(Reference all attac	hments herel						~	تللب	

NY 11973

WEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

UPTON

FACILITY

ADDRESS BROOKHAVEN NATIONAL LABORATORY

NY 11973

MONITORING PERIOD

Form Approved. OMB No. 2040-0004

NY 0005835 PERMIT NUMBER

004 M DISCHARGE NUMBER

MAJOR

(SUBR 01) F - FINAL

MRR NON-CONTACT COOLS HTR (HP)

LOCATION UPT ON	N	IY 11973	FROM 01	MO DA			** NO DIS	CHARGE	×	į ***	
ATTN: GEORGE MALOSH.	GROUP MG	;R		······································		<u> </u>	NOTE: Read Inc	tructions befo	re com	pleting this	form.
PARAMETER		QU	ANTITY OR LOADIN	lG	QUAL	ITY OR CONCENTE	RATION		NO.	FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
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VAME/TITLE PRINCIPAL EXECUTIVE	prepare	under penalty of law that the dunder my direction or sup	ervision in accordance with	a system designer	a l			TELEPHO	٧E	D/	NTE
Mr. Michael Holland Area Group Manager	submitt or those submitt	e that qualified personnel pr ed. Based on my inquiry of persons directly responsible ed is, to the best of my know	the person or persons who n for gathering the informati riedge and helief true, account	nanage the system ion, the information	e.			631 344-	3424		
TYPED OR PRINTED	l am aw includir	are that there are significant ig the possibility of fine and							10 DAY		

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

SEE PERMIT FOR ADDITIONL NOTES, COMMENTS & REQUIREMENTS

FACILITY BROOKHAVEN NATIONAL LABORATORY

UPTON

LOCATIONUPTON

USDOE ADDRESS BROOKHAVEN NATIONAL LABORATORY

NY 11973

NY 11973

NY0005835 PERMIT NUMBER

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

NSLS COOLING TOWN BLDN ETC(HS)

*** NO DISCHARGE 1_1 ***

MONITORING PERIOD YEAR MO DAY YEAR MO DAY 01 TO 01 11 30

ATTN: GEORGE HALDSH.	GROUP MG	R			7 <u>1</u>	11 30 ÷	NOTE: Read in	structions before	re con	pleting this	form.
PARAMETER		Gn	ANTITY OR LOADIN	IG	QU	ALITY OR CONCENT	RATION	· · · · · · · · · · · · · · · · · · ·	No.	FREQUENCY	SAMPLE
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OIL & GREASE	SAMPLE MEASUREMENT	****	*****		*****	* *****	< 5	(19) o	1/MO	GRAB
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NAME/TITLE PRINCIPAL EXECUTIVE	preparet	under penalty of law that the dunder my direction or supe that qualified personnel pro	Evision in accordance with	a avatem declare	d		 	TELEPHO	NE	DA	TE
Mr. Michael Holland Area Group Manager	or those submitte	ed. Based on my inquiry of i persons directly responsible ed is, to the best of my know	he person or persons who n for gathering the informati ledge and belief, true, second	nanage the system on, the informati	on le.		· · · · · · · · · · · · · · · · · · ·	631 344 – 3	424		
TYPED OR PRINTED	Including	are that there are significant g the possibility of fine and in	nprisonment for knowing s	se information, iolations.	81G 0	NATURE OF PRINCIPAL FFICER OR AUTHORIZE	EXECUTIVE D AGENT	AREA NUMBI	R	YEAR M	IO DAY
DMMENTS AND EXPLANATION OF A	NY VIOLATIONS	(Reference all attac	hments here!								

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

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ADDRESS	BI	łO	OKI	HAI	/EN	NATIONAL LABORATORY	
						BLDG 464	Ł

007 N DISCHARGE NUMBER

(SUBR 01) F - FINAL

MAJOR -

WATER TREATHENT PLT BKWSH (HX)

NYO005835 PERMIT NUMBER NY 11973 MONITORING PERIOD FACILITY BROOKHAVEN NATIONAL LABORATORY YEAR MO DAY YEAR MO DAY FROM 01 11 01 TO 01 11 NY 11973

LOCATION UPTON		IRATORY IY 11973	FROM 01	MO DA	Y YEAR OLD	MO DAY	++ NO OT	eculane r			£11112
ATTN: GEORGE MALOSH.			<u> </u>	<u></u>	. <u>UI</u>	11 30 *	** NO DI NOTE: Read in	SUMANOE structions befo	re com	pleting thi	s form.
PARAMETER			ANTITY OR LOADIN	iĠ	QUAL	ITY OR CONCENTE			NO.	FREQUENCY OF	SAMPLE
		AVERAGE	MAXIMUM UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
FLOW RATE See Note 7	SAMPLE MEASUREMENT	****	200,000	(07)	****	***	****	**	0	12/MO	INSTAN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT		REPURT	e pn	*****			****			11574
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IRON . TOTAL See Note 7	SAMPLE MEASUREMENT	*****	*****		****	****		(28)	(A)	
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	PERMIT REQUIREMENT										
VAME/TITLE PRINCIPAL EXECUTIVE	d under my direction or sup-	s document and all attachments were rvision in accordance with a system designed					TELEPHONE			ATE	
Mr. Michael Holland Area Group Manager	to assur submitte or those	e that qualified personnel pr ed. Based on my inquiry of a persons directly responsible	operly gather and evaluate : the person or persons who n for gathering the informati	the information nanage the system	n,				_		
submitted is, to the best of my 1 am aware that there are signife			riedge and belief, true, accur	rate, and complet	е.	SIGNATURE OF PRINCIPAL EXECUTIVE			3424		
TYPED OR PRINTED Including the possibility of DMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference)			mprisonment for knowing v	iolations.		FICER OR AUTHORIZE	AREA NUMBE	R	YEAR !	MO DAY	
DMMENTS AND EXPLANATION OF A	ANT VIOLATIONS	[Reference all attac	chments here)								

SAMPLES TO BE COLLECTED AT EFFLUENT PIPE TO WHICHEVER BASIN IS IN OPERATION AT THE TIME. STANDING WATER IN EITHER BASIN SHALL NOT BE COLLECTED FOR DHR SAMPLING PURPOSES.

SEE PERMIT FOR ADDITION NOTES, CURHENTS & REQUIREMENTS A Form 3320-1 (Rev. 3/99) Previous editions may be used.

01217/011107-1923m.

PAGE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

NY 11973

USDOE

UPTON

4

NY0005835 PERMIT NUMBER

OOR. M DISCHARGE NUMBER MAJOR (SUBR 01) F - FINAL

STORMWIR RUNOFF WAREHOUSE (HW)

MONITORING PERIOD FROM 01 11 01 TO YEAR MO DAY

LOCATION BROOKHAVEN NAT			YEAR	MO DA			210KW#IK	KUNUFF I	IAKE	HUUSE	(HH)
ATTN: GEORGE HALOSH	GROUP NG	IY 11973 R	FROM 01	11 0	11 TO 01	11 30	*** NO DI NOTE: Read in	SCHARGE structions before	re con	***	s form.
PARAMETER		1	ANTITY OR LOADIN	1G	QUAL	ITY OR CONCEN			NO.	FREQUENCY	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	OF	
FLOW RATE See Note 4	SAMPLE MEASUREMENT	****	1,031	(07)	*****	****	* ***	**	0	1/MO	INSTAN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPURT	CPN		****		464	1	DECE	INSTAN
PH:	SAMPLE MEASUREMENT	****	*****		7.2	李辛本本本	* 7.2	(12)	O	MONT 1/MO	GRAB
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OIL & GREASE	SAMPLE MEASUREMENT	****	*****		*****	****		(19)	O	1 /MO	GRAB
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AME/TITLE PRINCIPAL EXECUTIVE	to assure	under penalty of law that this under my direction or super that qualified personnel pro	rvision in accordance with a	system designed				TELEPHON	E	DA	TE
fr. Michael Holland Area Group Manager	or those p	 Based on my inquiry of the persons directly responsible t is, to the best of my knowle 	te person or persons who m for gathering the informatio edge and halfor town account	anage the system, in, the information	n			631 ,344–3	424		
TYPED OR PRINTED MMENTS AND EXPLANATION OF A	including	re that there are significant; the possibility of fine and in	nprisonment for knowing vi	e information, olations.	SIGNAT OFFI	1	YEAR M	O DAY			
WINVICIAL S WAND CYLYNYY HON OL Y	IN YIULA HUNS	instance all attack	hmante harai					AREA NUMBER			

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

ARAMETERS 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.

BASTTEE MANAGEL -----

UPTON

FACILITY

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN NATIONAL LABORATORY

NYO005835 PERMIT NUMBER MONITORING PERIOD YEAR MO DAY

NY 11973

010 MDISCHARGE NUMBER

(SUBR 01) F - FINAL

MAJOR

STORMWIR R O CENTRAL STEAM (H)

LOCATION UPT ON YEAR MO DAY *** NO DISCHARGE | ***
NOTE: Read instructions before completing this form. 01 ATTN: GEORGE HALOSH. GROUP MGR **PARAMETER** QUANTITY OR LOADING FREQUENCY QUALITY OR CONCENTRATION NO. SAMPLE TYPE ANALYSIS **AVERAGE MAXIMUM** UNITS MINIMUM **AVERAGE** MAXIMUM UNITS SAMPLE FLOW RATE **** (07) ***** **** **MEASUREMENT** No Discharge PERMIT 00056 1 0 0 ***** REPORT UNCE! INSTAN REQUIREMENT EFELUENT GROSS VAL DATLY MY GPO MONTH SAMPLE PH **** 李本李本本本 **** (12)MEASUREMENT PERMIT 00400 1 0 0 ***** *** REPORT ***** HILE! GRAB REQUIREMENT **EFFLUENT GROSS VALUE** MINTHIM MAXIMUM HOMIH SAMPLE OIL & GREASE **** 李金金金金金 **** (19)**MEASUREMENT** PERMIT 00556 1 水水水水 经水水水 DREE! GRAB ***** ***** 1111115 REQUIREMENT EFFLUENT GROSS VALUE HOUTH TO *** DATILY MX MG/L SAMPLE See Note 6 MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT certify under penalty of law that this document and all attachments were AME/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 Area Group Manager submitted is, to the best of my knowledge and belief, true, accurate, and complete. 631 344-3424 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 OFFICER OR AUTHORIZED AGENT YEAR MO DAY

IMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments 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

FACILITY BRODKHAVEN NATIONAL LABORATORY

53 BELL AVE, BLDG 464

UPTON

MONITORING PERIOD

NY0005835 PERMIT NUMBER

06A_H DISCHARGE NUMBER

MAJOR (SUBR 01) F - FINAL

LINAC NCCH, FLOOR DNS, ETC(HT1)

LOCATION UPT ON	N	Y 11973	FROM 01	MO DA		(EAR		NO DI	SCH	ARGE		**	*	
ATTN: GEORGE MALOSH. PARAMETER		ANTITY OR LOADIN	lG		OUALI	TY OR CONCENTR		structic	one befo	NO.	Pleting 1		MPLE	
		AVERAGE	MAXIMUM	UNITS	MINIM		AVERAGE	MAXIMUN	,	UNITS	EX	OF ANALYS		/PE
PH	SAMPLE MEASUREMENT	****	*****		7.2		***	7.6		(12)	0 4	/MO	GRA	В
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****		***	REPO	12.40		3 4 To 9 4					ر نيا ر	
OTA & GREASE	SAMPLE MEASUREMENT	****	****			***	****	MAXIMI <5		SU (19)	0	1/MO	GRA	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****		***					5	uc /:		DNCE	j sp.	
FLOW, IN CONDUIT OR THRU TREATHENT PLANT	SAMPLE MEASUREMENT	*****	0.07	(03)	**	****	****	DATLY ****		MG/L	0	MON 4/MO		ORDR
50050 1 0 0 Effluent gross value	PERMIT	****	REPORT	MGD	***	eee:	***			***		DNEE	į REC	RDF
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	PERMIT REQUIREMENT													
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	PERMIT REQUIREMENT													
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AME/TITLE PRINCIPAL EXECUTIVE (d				TE	LEPHON	ΙE		DATE					
r. Michael Holland rea Group Manager to assure that qualified personnel property 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										344-3	3424			
TYPED OR PRINTED	including	the possibility of fine and i	t penalties for submitting false information, imprisonment for knowing violations.			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA	NUMBE	R	YEAR	мо	DAY

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

NY 11973

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

01220/Oli is a 4-part form.

PAGE

OCATION UPT UN

53 BELL AVE, BLDG 464

ADDRESS BROOKHAVEN NATIONAL LABORATORY

ACILITY BROOKHAVEN NATIONAL LABORATORY

NY 11973

NY 11973

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

Form Approved. OMB No. 2040-0004

NVOODSBAS

DISCHARGE NUMBER

30

MAJOR (SUBR 01) F - FINAL

COOLING TOWR FROM 919 ETC(HT2)

*** NO DISCHARGE | ***

PERMIT NUMBER **MONITORING PERIOD** MO DAY YEAR MO DAY FROM 01 TO 01 , 01

ATTN: GEURGE MALOSH.	GROUP ME	GR				<u> </u>	NOTE: Read ins	truction	s before	comp	leting this	form.
PARAMETER	QUA	ANTITY OR LOADIN	IG	QUAL	ITY OR CONCENTE	RATION			NO.	FREQUENCY OF	SAME	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	U	UNITS	EX	ANALYSIS	TYPE
PH	SAMPLE MEASUREMENT	*****	*****		7.1	* * * * *	7.7	(12)	9	4/MO	grah
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	REPORT			7.181	u			
OIL & GREASE	SAMPLE MEASUREMENT	****	****		*****	****	6< 5	(19)	0	1/MO	GRAB
00556 l 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***			DALLY	5 MX M	G/L			GKAB
FLOW, IN CONDUIT OR THRU TREATHENT PLANT	SAMPLE MEASUREMENT	*****	0.7	(03)	****	****	***			0	4/MO	RCORDR
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IAME/TITLE PRINCIPAL EXECUTIVE	y under penalty of law that the ed under my direction or sup- ire that qualified personnel pr	trvision in accordance with	a system designe	ď			TEL	EPHONE	=	D/	ATE	
ir. Michael Holland rea Group Manager	submit or thos submit	ited. Based on my inquiry of: se persons directly responsible ited is, to the best of my know	the person or persons who re for gathering the informati stedge and belief, true, accu	nanage the system ion, the informati rate, and comple	ion le.			631 3	344-34	24		
TYPED OR PRINTED	I am a includ	ware that there are significaning the possibility of fine and i	penalties for submitting fa mprisonment for knowing	ise information, violations.		ATURE OF PRINCIPAL FICER OR AUTHORIZE	EXECUTIVE : -	AREA	NUMBER		YEAR N	AO DAY

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS