

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

www.bnl.gov

October 18, 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 September 2001 REFERENCE: Letter from Robert Desmarais to Cunniff dated October 1, 2001

Included as Attachment I, please find the DMR for the month of September 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 001A, 001B, 001D, 001E, 001F, 002, 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 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 September 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 October 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 Division Manager

Robert Ser (tur)

LEC/MA:cr

Attachment I: Discharge Monitoring Report for September 2001.

Attachment II: Analytical Results from H2M Labs for samples collected on 9/7/01, 9/10/01 and

9/12/01 from Outfall 001.

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

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

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

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

cc:	M. Allocco	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
	T. Sheridan	w/o attachments	R. Travis	w/attachments
	D. Van Duyne	w/attachments		

EC62ER.01

Brookhaven National Laboratory SPDES Permit No. NY0005835 Discharge Monitoring Report for September 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 001F, 002A, and 002B 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 is being prepared to reflect this change.
- 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	Нq	Total Nitrogen	Cyanide	Silver	Phenolics
1-87 (a)	48 GPD	6.5 SU	107 mg/L	< 10 μg/L	102 μg/L	< 5.0 μg/L
1-93A (b)	No	No	No	No	No	No
	Discharge	Discharge	Discharge	Discharge	Discharge	Discharge
1-93B	63 GPD	7.1 SU	139 mg/L	< 10 μg/L	66.9 μg/L	8.7 μg/L
Total Flow	111 GPD					

Notes:

- a. The proper location of the photographic discharge is room 1-87 not room 1-86B as had been previously reported.
- b. The photographic processor in room 1-93A was not used in the first quarter of 2001 and was taken off-line on March 30, 2001.
- 7. 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 is being prepared to reflect this change.
- 8. The analyte was found in the associated laboratory blank.

- 9. Indicates an estimated value.
- 10. There was no discharge of treatment chemicals to Outfall 003 during the monitoring period due to the removal of the High Flux Beam Reactor (HFBR) cooling towers in association with the permanent shutdown of the facility.

ATTACHMENT I

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR SEPTEMBER 2001

FOR OUTFALLS NO. 001 – 010

DISCHARGE MONITORING REPORT IDMRI USDOE MAJOR ADDRESSBROOKHAVEN NATIONAL LABORATORY NY0005835 001 4 (SUBR 01) PERMIT NUMBER DISCHARGE NUMBER F - FINAL 53 BELL AVE. BLDG 464 UPTON NY 11973 ACID/CAUSTIC CLEANG RINSE 535B MONITORING PERIOD FACILITY BROOKHAVEN NATIONAL LABORATORY YEAR MO DAY YEAR MO LOCATIONUPTON DAY FROM NY *11973 Ω1 07 01 TO 01 09 30 **‡**♥♥ NO DISCHARGE I NOTE: Read instructions before completing this form. ATTN: GEORGE MALOSH. GROUP MGR QUANTITY OR LOADING **PARAMETER** FREQUENCY Quality or Concentration NO. SAMPL OF ' EX TYPE **ANALYSIS AVERAGE MAXIMUM** UNITS MINIMUM **AVERAGE MAXIMUM** UNITS SAMPLE FLOW RATE **** See Note 3 07) *** *** さまななまさ 0 56a **QTRLY** RCORI MEASUREMENT PERMIT 00056 1 0 REPORT ***** **** ****** **DIRLY RCORD!** REQUIREMENT FFFI LIENT GROSS VALUE DAILY MX 6PD *** SAMPLE PH **** ***** **企业企业企业** (12) 8.4 8.4 0 **OTRLY** GRAB MEASUREMENT PERMIT **** 00400 1 0 0 44444 A444 REPORT **** REPORT CIRLY GRAB REQUIREMENT EFFLUENT GROSS VALUE A PROPER MINIMUM MAXIMUM SU SAMPLE BIS (2-ETHYLHEXYL) **** **企业企业企** *** 金色色色金色 (28) **<** 10 O **QTRLY GRAB MEASUREMENT** PHTHALATE PERMIT **39100 1 0 0** ----****** ***** **** REPORT CITRLY GRAB REQUIREMENT EFFLUENT GROSS VALUE 200 DAILY HX UG/L SAMPLE DI-N-BUTYL PHTHALATE **** **さなさなな**む **** l(28) MEASUREMENT **<** 10 OTRLY GRAB PERMIT 139110 1 0 0 ---dead acces **** **** REPORT UTRLY GRAB REQUIREMENT EFFLUENT GROSS VALUE 2000 DAILY MX UG/L 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 prepared under my direction or supervision in accordance with a system designed **TELEPHONE** 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 Area Group Manager submitted is, to the best of my knowledge and belief, true, accurate, and complete. 631, 344-3424) 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 OMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NO CHANGES OR ADDITIONS OF CHENICALS 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

SEFAMESTED IT (1829) 1991 Hevious Contions may be need COMMENTS. AND REQUIREMENTS.

MATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) USDOE MAJOR ADDRESSBROOKHAVEN NATIONAL LABORATORY NY0005835 DOI B (SUBR 01) **PERMIT NUMBER** DISCHARGE NUMBER 53 BELL AVE. BLDG 464 F - FINAL UPTON . NY 11973: RINSE FROM CENTRL DEGREASE 498 MONITORING PERIOD FACILITY B ROOKHAVEN NATIONAL LABORATORY YEAR MO DAY YEAR MO DAY LOCATION PT ON FROM NY"11973 01 07 OL TO 01 09 30 *** NO DISCHARGE 1 4** NOTE: Read instructions before completing this form. ATTN: GEORGE MALOSH. GROUP MGR QUANTITY OR LOADING **PARAMETER** Quality or Concentration FREQUENCY NO. SAMPL EX **TYPE** ANALYSIS **AVERAGE MAXIMUM** UNITS MINIMUM AVERAGE **MAXIMUM** UNITS SAMPLE FLOW RATE See Note 3 **** 07) ***** *** * 土土土土土土土 189 0 OTRLY **RCORI** MEASUREMENT PERMIT D0056 1 0 0 446544 REPORT 222022 200000 22222 2022 CTRLY REDRO REQUIREMENT EFELLENT GROSS VALUE DAILY MX SPD *** SAMPLE PH ******* ***** **** (12)7.7 7.7 0 OTRLY **GRAB** MEASUREMENT PERMIT 00400 1 0 0 **** ***** REPORT 222402 REPORT GIRLY GRAB REQUIREMENT EFFLUENT GROSS VALUE *** MINIMUM HUHIKAM SU 1 7/1 SAMPLE CHROMIUM TOTALSee **** **** **** **** (28) 1.4 0 OTRLY GRAB MEASUREMENT (AS CR) Note 1 PERMIT 01034 1 0 0 ***** ***** ***** ***** REPORT CIRLY GRAB REQUIREMENT EFFLUENT GROSS VALUE 2222 DAILY MX UG/L SAMPLE COPPER. TOTAL **むむむむなむ** なさなたむさ **非常企业企业** **** (28) 248 0 MEASUREMENT DTRLY **GRAB** (AS CU) PERMIT 01042 1 0 0 ***** **** ***** **** REPORT CIRLY GRAB REQUIREMENT EFFLUENT CROSS VALUE *** DAILY BX UG/L IRUN. TOTAL See Note 9 MEASUREMENT SAMPLE **** **** ******** ***** (28) 1650 0 OTRLY **GRAB** (AS FE) PERMIT 01045 1 0 0 22222 22222 2222 ***** 388585 REPORT GIRLY GRAB REQUIREMENT EFFLUENT GROSS VALUE *** DAILY MX UG/L SAMPLE MANGANESE. TOTAL *** **** **建**建立立立直接 **** (28) MEASUREMENT 60.7 OTRLY **GRAB** (AS MN) PERMIT 01055 1 0 0 22242 -----22222 **** REPORT OTRLY CRAB REQUIREMENT EFFLUENT GROSS VALUE *** DAILY MX UG/L SAMPLE NICKEL TOTAL See 李章全全全在 金色色色色色 **** **** (28) **MEASUREMENT** 2.7 0 OTRLY GRAB (AS NI)Note 1 PERMIT 01067 1 0 0 ***** **** **** **** REPORT GTRLY GRAB REQUIREMENT <u>EFFLUENT GROSS VALU</u> *** DAILY MX UG/L I 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 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, Area Group Manager 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. 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

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 DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION SYS

YEAR

NUMBER

MO

DAY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) USDOE MAJOR ADDRESSBROOKHAVEN NATIONAL LABORATORY NY.0005835 DOL B (SUBR 01) **PERMIT NUMBER** DISCHARGE NUMBER 53 BELL AVE. BLDG 464 F - FINAL UPTON . NY 11973 RINSE FROM CENTRL DEGREASE 498 MONITORING PERIOD FACILITY BROOKHAVEN NATIONAL LABORATORY YEAR MO DAY YEAR MO DAY LOCATIONUPTON FROM 01 07 01 ΤO 01 09 30 *** NO DISCHARGE 1_ 1 222 ATTN: GEORGE MALOSH, GROUP MGR NOTE: Read instructions before completing this form. QUANTITY OR LOADING **PARAMETER** Quality or Concentration NO. FREQUENCY SAMPL EX TYPE ANALYSIS **AVERAGE MAXIMUM** UNITS MINIMUM **AVERAGE MAXIMUM** UNITS SAMPLE ZINC. TOTAL ***** **** **** ***** (28) 48.6 0 **MEASUREMENT** DTRLY GRAB KAS ZN) PERMIT 01092 1 0 0 ***** ----**** ***** REPORT CIRLY GRAB REQUIREMENT EFFLUENT GROSS VALUE **** DAILY NX UG/L SAMPLE 1.2-DICHLOROETHANE ***** *** 222522 **** (28) **1** MEASUREMENT O DTRLY GRAB PERMIT B2103 1 0 0 325322 ***** **** ***** REPORT GIRLY GRAB REQUIREMENT EFFLUENT GROSS VALUE 2222 DAILY MX UG/L SAMPLE CHLOROFORM **** ***** ***** **** (28) **4**1 MEASUREMENT DTRLY **GRAB** PERMIT B2106 1 0 0 **** 30000 0000 **** **** REPORT CIRLY GRAB REQUIREMENT EFFLUENT GROSS VALUE 444 DAILY MX UG/L SAMPLE I. 1. 1-TRICHLORO-**** なななななな * ***** **建建建立** 2立 (28) MEASUREMENT **<** 1 DTRLY GRAB **ETHANE** PERMIT 34506 1 0 0 ***** ***** 22225 **** REPURT CIRLY GRAB REQUIREMENT EEFLUENT GROSS VALUE ******* DAILY MX UG/L SAMPLE **BROMODICHLOROMETHANE** ****** 1 总会会会会会 さむきをむむ ***** (28) **MEASUREMENT <** 1 OTRLY GRAB EFFLUENT : PERMIT 38693 1 0 0 222322 ***** ***** ***** REPORT OTRLY GRAB REQUIREMENT EFFLUENT GROSS VALUE DAILY MX UG/L SAMPLE BIS (2-ETHYLHEXYL) **** **** ****** **** (28) MEASUREMENT 2 OTRLY **GRAB** PHTHALATE See Note 8 PERMIT 202000 39100 1 0 0 esace skeet 22222 **** REPORT CTRLY GRAB REQUIREMENT EFFLUENT GROSS VALUE *** DAILY KX UG/L SAMPLE DI-N-BUTYL PHTHALATE *** **** · \$6444 ***** (28) MEASUREMENT **<** 10 OTRLY GRAB PERMIT 39110 1:0 0 **** ****** 222232 **** REPORT DIRLY GRAB REQUIREMENT EFFLUENT GROSS VALUE 4344 DAILY KX UG/L I 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 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 submitted is, to the best of my knowledge and belief, true, accurate, and complete. Area Group Manager 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. OFFICER OR AUTHORIZED AGENT NUMBER YEAR MO DAY 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 DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCH TO SEHER COLLECTION SYS

PAGE

This is a 4-part form.

ADDRESSBROOKHAVEN NATIONAL LABORATORY

FACILITY BROOKHAVEN NATIONAL LABORATORY

NY 11973

53 BELL AVE. BLDG: 464 21

UPTON

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

MW			-
	ODO	10.3	
	-		MRER
	PHMRA	,, ,,,,	

DO1 . B DISCHARGE NUMBER

MAJOR

12	U	ж	U	IJ
F	-	F	IN	AL

RINSE FROM CENTRL DEGREASE 498

MONITORING PERIOD

YEAR MO DAY YEAR MO DAY FROM Q1 Q7 Q1 TO Q1 Q9 30 see NO DISCHARGE 1 1 1 see

LOCATIONUPTON ATTN: GEORGE MALOSH	N1	Y-11973	FROM 01			MO DAY 09 30	NO DISC	.HARGE:	No COR	i. 355 npleting this	s form.
PARAMETER :		QV/	ANTITY OR LOADIN	10	Qualit	ty or Concent			NO.	· · · · · · · · · · · · · · · · · · ·	SAMPL
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYPE
TETRACHLOROETHYLENE	SAMPLE MEASUREMENT	*****	******		*****	****	< 1	(28)	0	QTRLY	GRAB
85814 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	022223	*******	****	******	432333	REPORT DAILY BX	9.4%		TALY 6	RAB
	SAMPLE MEASUREMENT								2000	30 - 100 At 100 At 1	
	PERMIT REQUIREMENT			<i>i</i>				<u> </u>			
	SAMPLE MEASUREMENT									20.7700.124.07	
	PERMIT REQUIREMENT			<i>&</i>							
,	SAMPLE MEASUREMENT							1			
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT									. !	
	PERMIT REQUIREMENT										
,	SAMPLE MEASUREMENT							*			
	PERMIT REQUIREMENT										1 .
	SAMPLE MEASUREMENT		1				,	*			
	PERMIT REQUIREMENT			<u> </u>							
NAME/TITLE PRINCIPAL EXECUTIVE	prepared	y under pensity of law that thi ed under my direction or supe	pervision in accordance with	h a svetam dadana	aed			TELEPHON	NE	DA	ATE
Mr. Michael Holland	submitted	re man quanned personnel pro ted. Based on my inquiry of th	roperly gather and evaluate t Tthe person or persons who m	e the information	1						
Area Group Manager	submitted 1 am awar	e persons directly responsible ted is, to the best of my knowl ware that there are significant	wiedge and belief, true, accur	urate, and complet	lete		6	31 344-3	3424		
TYPED OR PRINTED COMMENTS AND EXPLANATION OF A	incinging	ng the possibility of fine and ir	imprisonment for knowing v	violations.		ATURE OF PRINCIPAL I		REA NUMBER		YEAR M	10 DA

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL SAMPLES TO BE COLLECTED FROM DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCH TO SENER COLLECTION SYS FACILITY BROOKHAVEN NATIONAL LABORATORY

UPTON ,

LOCATION LOT CIAL

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

MONITORING PERIOD

NY0005835	_
BUUUUJA 3 3	_
PERMIT NUMBER	

YEAR MO DAY

001 0 DISCHARGE NUMBER

YEAR MO DAY

MAJOR (SUBR 01) F - FINAL

PHOTOPROCESSNE RINSE FROM 1978

LOCATION		Y 11973	FROM 01	07 0	11 TO	01	09 30 **	◆ NO DI	SCHA	RGE	11	***		
PARAMETER PARAMETER	GROUP MG		ANTITY OR LOADIN	10	T (Oualit	y or Concent	NOTE: Read in	netructi	ons befor	NO.	-		m. MPL
,		AVERAGE	MAXIMUM	UNITS	MINII		AVERAGE	MAXIMUI	и	UNITS	EX	OF ANALYS	I	YPE
FLON RATE See Note 3	SAMPLE MEASUREMENT	*****	111	(07)	**	***	*****	***	**		0	QTRLY	RC	ORI
00056 1: 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	0091088	REPORT	SPN .	***		******	99990	3888C	***		TRLY	#C0	RD
PH See Note 6	SAMPLE MEASUREMENT	404440	*****		6.	5	*****	7.1		12)	0	QTRL	Y GR	RAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	******	***	REP	7 1 7 7 1 1 1 1 1	*****	REPOR MAXIMU	.000.640	SU .	* · C	TRLY		В
NLTROGEN, TOTAL See (AS N) Note (SAMPLE MEASUREMENT	*****	*****			***	*****	139		19)	0	QTRLY		RAB
00800 110 0 Effluent Gross Value		******	*****	*** ****	***	##	049400	REPOR DAILY	3.250000000 B	16/L	•	TRLY	GRA	В
CYANIDE. TOTAL See (AS CN) Note 6	SAMPLE MEASUREMENT	****	*****			****	****	< 10		28)	0	QTRLY	GR	RAB
00720 1 0 0 Effluent gross value		*****	353333 &	***	399	9:3:0	*****	REPOR DAILY		16/1	•	TRLY	GRA	B
SILVER, TOTAL See (AS AG) Note 6	SAMPLE MEASUREMENT	*****	****		***	00#0	******	102		28)	0	QTRLY	GR	RAB
01077 1 0 0 EFFLIENT GROSS VALUE		******	******	0000	***	900	040008	REPOR DAILY	9509.136	i6/1		TRLY	GRA	В
PHENOLICS, TOTAL See RECOVERABLE Note 6	SAMPLE MEASUREMENT	****	*****		**	***	*****	8.7		28)	0	QTRLY	GR	AB
32730 1 0 0 Effluent gross value		*****	######################################	+++ •••	***	***	*****	REPOR DAILY	530a 5556°	16/L	•	TRLY	GRA	B
	SAMPLE MEASUREMENT												**	
	PERMIT REQUIRÉMENT													
NAME/TITLE PRINCIPAL EXECUTIVE	prepared	I under my direction or sup	ils document and all attachn ervision in accordance with	a evelam dadam	ed				T	ELEPHON	E		DATE	
Mr. Michael Holland	submitte	: Inat qualified personnel pr d. Based on my inquiry of	operly gather and evaluate the person or persons who need to for gathering the information	the information	}									
Area Group Manager	i submille	d is. to the best of my know	riedge and belief, true, accur I penalties for submitting fal		oplete. 631.344-				344-3	424	1	ļ		
TYPED OR PRINTED	the possibility of fine and i	penantes for submitting fall imprisonment for knowing v	ise information, iolations.			TURE OF PRINCIPAL I ICER OR AUTHORIZED		AREA			YEAR	МО	DAY	

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

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR MYSDEC APPROVAL SAMPLES TO BE COLLECTED FROM MANHOLE NEAREST THE BUILDING

SEFORESHOT (REVS/99) PICVIOLO MAIONS MAY DE USED COMMENTS AND REQUIREMENTS

NY 11973

Thisis a 4 part form.

PAGE

MAJOR ADDRESSBROOKHAVEN NATIONAL LABORATORY NY 0005835 001 E (SUBR 01) 53 BELL AVE. BLDG: 464 PERMIT NUMBER DISCHARGE NUMBER F - FINAL UPTON NY 11973 BOILER BLOWDN FROM 244,405,ETC **MONITORING PERIOD** FACILITY BROOKHAVEN NATIONAL LABORATORY YEAR MO DAY YEAR MO DAY LOCATIONUPTON NY: 11973 FROM *** NO DISCHARGE 1 07 TO 01 01 09 30 NOTE: Read instructions before completing this form. ATTN: GEORGE MALOSH. GROUP MGR QUANTITY OR LOADING PARAMETER Quality or Concentration FREQUENCY NO. SAMPL EX **TYPE** ANALYSIS AVERAGE **MAXIMUM** UNITS MINIMUM **AVERAGE MAXIMUM** UNITS SAMPLE FLON RATE **** 07) **** **** **** No Discharge MEASUREMENT See Note 2 PERMIT 00056 1 0 0 **** REPORT ***** ***** **** CIRLY RCORD REQUIREMENT EFFLUENT GROSS VALUE DAILY MX 6PD 2222 SAMPLE PH -**** ***** ***** (12)MEASUREMENT PERMIT D0400 1 0 0 ***** **** REPORT ***** REPORT GTRLY GRAB REQUIREMENT EFFLUENT GROSS VALUE *** MINIMUM HAXINUM SU 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 prepared under my direction or supervision in accordance with a system designed TELEPHONE DATE 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 submitted is, to the best of my knowledge and belief, true, accurate, and complete. Area Group Manager 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. OFFICER OR AUTHORIZED AGENT NUMBER **YEAR** MO DAY COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) NO CHANGES OR ADDITIONS OF CHENICALS 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 SEHER COLL SYS DEFAIREMENTS AND REQUIREMENTS AND REQUIREMENTS

OBZZZ 10 This is a 4 part form.

PAGE

DISCHARGE MONITORING REPORT (DMR)

USDOE

53 BELL AVE. BLDG 464

UPTON

ADDRESSBROOKHAVEN NATIONAL LABORATORY

FACILITY BROOKHAVEN NATIONAL LABORATORY

NY 11973

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

1 24	• ^ ^			-
1 761	<u> </u>	117	к - 1	•
1	DE	TIRAC	. WHER	MRFI

001 F DISCHARGE NUMBER **NAJOR** (SUBR 01) F - FINAL

COOLING TOWER MIR & BLOWDN 902

MONITORING PERIOD YEAR MO DAY YEAR MO DAY FROM O1 07 O1 TO O1 O9 30 \$25 NO DISCHARGE 1 1 222

ATTN: GEORGE MALOSH. PARAMETER		QUA	NTITY OR LOADIN	iG	Qualit	y or Concent	ration	······································	NO.	FREQUENCY	SAIVI
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	TYP
LOW RATE See Note 3	SAMPLE MEASUREMENT	*****	10,011	€ (107)	*****	, **** ** *	*****	*	0 (TRLY	RCOR
0056 1:0 0 FELDENT GROSS VALUE	PERMIT REQUIREMENT	*******	REPORT DAILY MX	SPD	900000	202002	222220	****	C	TRLY	FCOR
H 4	SAMPLE MEASUREMENT	****	****	·	8.0	****	8.0	(12)	0 (PTRLY	RCOR
0400 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	***	REPORT	*****	REPORT MAXIMUM		C	TRLY	GRAB
ROPYLENE GLYCOL ONOBUTYL ETHER	SAMPLE MEASUREMENT	****	*****		*****	*****	∠ 0.5	(28)	0	QTRLY	GRAB
9875 1 0 0 FFLUENT GRUSS VALUE	PERMIT REQUIREMENT	900400	*****	***	*****	*****	REPORT DAILY F	99,9990	C	TRLY	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
•	SAMPLE MEASUREMENT	į									
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT				·						
	PERMIT REQUIREMENT										1
NAME/TITLE PRINCIPAL EXECUTIVE Mr. Michael Holland	to assure	under my direction or sup that qualified personnel or	ils document and all attach ervision in accordance with operly gather and evaluate the person or persons who r	a system designe				TELEPHO	VE	D	ATE
Area Group Manager	or those submitte	persons directly responsible d is, to the best of my know	for gathering the informati	ion, the informati	ion le.			631 ,344–3	424		
TYPED OR PRINTED OMMENTS AND EXPLANATION OF	including	re that there are significan t the possibility of fine and	t penalties for submitting fai imprisonment for knowing s	ise information.	8IGNA	TURE OF PRINCIPAL I ICER OR AUTHORIZEI	EVENITRIE	AREA NUMBE		YEAR 1	MO D

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 SEWER COLL SYS 53 BELL AVE. BLDG 464

ADDRESSBROOKHAVEN NATIONAL LABORATORY

FACILITY BROOKHAVEN NATIONAL LABORATORY

NY 11973

USDOE

UPTON

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM INPOESI

DISCHARGE	MONITORING	REPORT	(DMR)	_

NY 0005835 **PERMIT NUMBER**

DISCHARGE NUMBER

Major (SUBR 01) F - FINAL

PROCESS SANIT & STORMWIR RNOFF

MONITORING PERIOD YEAR MO DAY YEAR MO FROM Q1 Q9 Q1 TO Q1 Q9 30 \$44 NO DISCHARGE I 1 111

LOCATION UPT ON	·N	Y:11973	FROM 01	MO DA	TO OL	09 30 *	⇔ NO DIS	SCHARE	SE I		***	
ATTN: GEORGE MALOSH	GREED MC		ANTITY OR LOADIN	IG	1 .		NOTE: Read in	structions	before			
- Anniversal	I >			1	Quai	ity or Concen	tration			NO. EX	FREQUENC'	SAMP
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	1 UN	IITS	<u> </u>	ANALYSIS	' ' ' ' '
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*****	*****		*****	303340	77	(1	15)	0	5/7	GRAB
00011 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	222066	******	***	******	******	DAILY		F	0	AILY	GRAB
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	****	******		. 4444	\$	< 2		9)	0	3/MO	COMP
00310 1 0 0 EFFLUENT GROSS VALUE		*****		7-7-7 7-3-3-4	******	DAILY AV	BAILY I	NX MG	/L	**	NCE/ MONTH	COMPZ
PH	SAMPLE MEASUREMENT	*****	*****		5.8	****	6.5	()		********	5/7	GRAB
DO400 1 0 0 EFFLUENT GROSS VALUE		*****	034500 8	**** ****	5.8 MINI MUM	******	9e MAXIMUM	784-3900 B		C	AILY	GRAB
SOLIDS. TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		. ,00000	4	< 4	()	9)	0	3/MO	COMP
00530 1 0 0 Effluent gross value	PERMIT REQUIREMENT	*****		*** ***	*****	DAILY AV	DAILY I	59698084 B	,		NCE/ NON TH	
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	****	******		89998	* ****	0.0	(2			5/7	GRAB
00545 1 0 0 EEFLUENT GROSS VALUE		*****		*** ****	******	784122	G-1 DAILY	200220	/1	£	AZLY	GRAB
NITROGEN, TOTAL (AS N)	SAMPLE MEASUREMENT	*****	* *****		****	* *****	5.6	(1		0	3/MO	COMP
00600 1 0 0 Effluent gross value		*******	******	6443 644	*****	*****	DAILY I	00000000 4	/1		NCE/ MONTH	
NITROGEN, AMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	******	****		*****	* ****	0.1	(1			3/MO	СОМР
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	******	de alternation	400000	*****	DAILY	X MG	,		NCE/ MONTH	
NAME/TITLE PRINCIPAL EXECUTIVE	Drebared	Boder my direction or sun	his document and all attachn ervision in accordance with		đ				PHONE			ATE
Mr. Michael Holland Area Group Manager	or those submitte	u. Dased on my inquiry of persons directly responsible d is. to the best of my know	roperly gather and evaluate to the person or persons who me for gathering the information riedge and belief, true, accur t penalties for submitting fals	namage the system on, the information	on le.			631 34	4-34	24		
TYPED OR PRINTED	including	the possibility of fine and	imprisonment for knowing vi	se information, iolatiops.		BNATURE OF PRINCIPAL OFFICER OR AUTHORIZE	EXECUTIVE DAGENT	AREA N	JMBER		YEAR P	MO 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 USDDE ORDER 5400-5- APPROX 15% OF STP DISCHARGE CAN BE TO GN VIA EXFILT FROM SFB.S. 53 BELL AVE. BLDG 464

USDOE

UPTON .

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

MY 0005835 PERMIT NUMBER

YEAR MO

 $0.01 \cdot M$ DISCHARGE NUMBER MAJOR (SUBR 01) F - FINAL

PROCESS SANIT & STORMWIR RNOFF

*** NO DISCHARGE かかか

MONITORING PERIOD DAY DAY YEAR MO TO 01 09 30

FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATION IPTON NY 11973 ATTN: GEORGE MALOSH. GROUP MGR

ADDRESSBROOKHAVEN NATIONAL LABORATORY

NY 11973

FROM 01 09 01 NOTE: Read instructions before completing this form. QUANTITY OR LOADING FREQUENCY NO. SAMPL Quality or Concentration **PARAMETER** EX **TYPE ANALYSIS MAXIMUM** UNITS **AVERAGE MAXIMUM** UNITS MINIMUM **AVERAGE** SAMPLE (19) ***** ***** 金融企业企业 **** PHOSPHORUS . TOTAL COMP2 1.3 0 3/MO MEASUREMENT (AS:P) PERMIT UNCE/ COMP2 ***** *** 22222 REPORT **** 00665 1 0 0 REQUIREMENT MONTH DAILY HX MG/L *** EFFLUENT GROSS VALUE SAMPLE ***** (28) ***** **** **** CYANIDE. TOTAL 3/MO 0 **<** 10 GRAB MEASUREMENT (AS CN) PERMIT 100 THICE/GRAB sede ceese *** ***** ***** 00720 1 0 0 REQUIREMENT DAILY MX UG/L MONTH *** FFFI UENT GROSS VALUE SAMPLE **** (19) **** ***** **** COPPER TOTAL 13/MO COMP2 0.030 MEASUREMENT (AS CU) dNCE/ OMP2 PERMIT 0.15 **** ***** 23222 **** 01042 1 0 0 REQUIREMENT MENTH DAILY MK MG/L EFFLUENT GROSS VALUE *** SAMPLE **** (19) **** **** **** TRON- TOTAL 0 3/MO COMP2 0.16 MEASUREMENT (AS FE) ONCE/ COMP2 PERMIT **** 0.37 **** 20222 01045 1 0 0 **** REQUIREMENT DAILY MX MG/L HENTH **EFFLUENT GROSS VALUE** *** SAMPLE (19) **** **** **** ***** LEAD. TOTAL 0.002 3/MO COMP 2 MEASUREMENT (AS PB) See Note 1 PERMIT ONCE/ COMP2 0-019 assas abse ***** ****** *** 01051 1 0 0 REQUIREMENT MONTH DAILY MX MG/L *** FFFLUENT GROSS VALUE SAMPLE (19)***** カカカカカカ **** *** NICKEL TOTAL See 0.003 3/MO COMP2 MEASUREMENT (AS NI) Note 1 PERMIT DNCE! COMP2 ***** **** **** 0-11 *** 01067 1 0 0 REQUIREMENT HONTH DAILY MX MG/L EFFLUENT GROSS VALUE やささむ SAMPLE **** **** **** (19)**** SILVER. TOTAL See 0.002 0 3/MO COMP2 MEASUREMENT (AS AG) Note 1 PERMIT ONCE/ COMP2 **** **** 0.015 01077 1 0 0 REQUIREMENT HONTH DAILY MX MG/L EFFLUENT GROSS VALUE 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 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 submitted is, to the best of my knowledge and belief, true, accurate, and complete. 631 344-3424 Area Group Manager I am aware that there are significant penalties for submitting faise information. SIGNATURE OF PRINCIPAL EXECUTIVE

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

TYPED OR PRINTED

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

including the possibility of fine and imprisonment for knowing violations.

OFFICER OR AUTHORIZED AGENT

NUMBER

MO

DAY

YEAR

PAGE

BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB*S. ERFForm #32011 (Rev 9/94) Previous contions may be used.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR) PERMITTEE NAME/ADDRESS (Include Facility Name/Location (f Different) MAJOR USDOE (SUBR 01) NY 0005835 ADDRESSBROUKHAVEN NATIONAL LABORATORY 001 PERMIT NUMBER DISCHARGE NUMBER F - FINAL 53 BELL AVE, BLDG 464" PROCESS SANIT & STORMWIR RNOFF UPTON NY: 11973 . **MONITORING PERIOD** FACILITY BROOKHAVEN NATIONAL LABORATORY YEAR MO DAY YEAR MO DAY LOCATIONIPTON 1: *** FROM 09 TO 01 09 30 *** NO DISCHARGE NY 11973 NOTE: Read instructions before completing this form. ATTN: GEORGE MALOSH. GROUP MGR QUANTITY OR LOADING FREQUENCY NO. SAMPL PARAMETER Quality or Concentration EX TYPE ANALYSIS **AVERAGE MAXIMUM** UNITS MINIMUM **AVERAGE MAXIMUM** UNITS SAMPLE **** **** (28) **** 2-BUTA NONE **∢**5 0 B/MO GRAB MEASUREMENT PERMIT TWICE/GRAB 50 78356 1:0 0 **** 200303 6000 800554 223454 REQUIREMENT MONTH **在水水**土 DAILY MX UG/L EFFLUENT GROSS VALUE SAMPLE 222222 **** (23) ***** ***** BOD. 5-DAY PERCENT > 87 0 I /MO calcte MEASUREMENT REMOVAL PERMIT DALCT CINCE! **** ***** 85 **** ***** **PER**-B1010 K 0 0 REQUIREMENT MONTH PERCENTREMOVAL *** MO AV HN CENT SAMPLE **** **** **** (23) SOLIOS. SUSPENDED > 98 0 II /MO CALCTI MEASUREMENT PERCENT REMOVAL PERMIT CALCT **** 224022 2040 85 22222 ***** PER-ONCE! 81011 K 0 0 REQUIREMENT PERCENTREHOVAL 2444 NO AV MN CENT MONTH SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland Area 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 NUMBER YEAR OFFICER OR AUTHORIZED AGENT MO 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 USDDE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB.S.

ADDRESSBROOKHAVEN NATIONAL LABORATORY 53 BELL AVE. BLOG-464			NYOOO5835 PERMIT NUMBER DISCHARGE NUMBER PROCESS SANIT EFFL & STOR								umo	
UPTON FACILITY BROOKHAVEN NATI LOCATIONUPTON	ONAL LABOR	/ 11973 RATORY / 11973	FROM 01				PROCESS SA	: SCHARGE:	 	***		
ATTN = GEORGE HALOSH PARAMETER	GROUP MG	QUANTITY OR LOADING			Quali	ty or Cond		enacuone pero	NO.	FREQUENC		L
·		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAG		1 UNITS	EX	ANALYSIS	B TYPI	=
POLYCHLORINATED BIPHENYLS (PCBS)	SAMPLE MEASUREMENT	200000	*****		333300	*****	< 0.065	(28)	0	QTRLY	GRAB	•
39516 1 0 0	PERMIT REQUIREMENT	*****	*****	***		2000	* REPOR	990000000		TRLY	GRAB	_
FFILENT GROSS VALUE See Note 4	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT									3 e : 3 - 5 : 2 o		
	SAMPLE MEASUREMENT									·		
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT						,					-
	PERMIT REQUIREMENT											-
	SAMPLE MEASUREMENT											-
	PERMIT REQUIREMENT											-
	SAMPLE MEASUREMENT	·										-
	PERMIT REQUIREMENT											-
·	SAMPLE MEASUREMENT											_
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE	prepare	under penalty of law that t d under my direction or sup	ervision in accordance witi	a system designe	ed			TELEPHO	NE	t	DATE	-
Mr. Michael Holland	submitt or those submitt	e that qualified personnel p ed. Based on my Inquiry of persons directly responsible ed is, to the best of my kno	the person or persons who e for gathering the informa- yledge and belief, true, accu-	manage the systemation, the information in the info	lon i			631 344·	_27.94			
Area Group Manager TYPED OR PRINTED	lamaw	are that there are significan ig the possibility of fine and	t pensities for submitting f	alse information,	810	INATURE OF PRINC OFFICER OR AUTH	CIPAL EXECUTIVE ORIZED AGENT	AREA NUMBI			MO DA	_
COMMENTS AND EXPLANATION OF PCB ANALYSIS TO USE				TAL OF	0-065 PPI	3						-
ten with 1979 in age	PER SECURIO	L GUU RAIS				-						

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

MAJOR

PERMITTEE NAME/ADDRESS (Include Facility Name/Location If D(fferent)

NAME USDOE

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

TYPED OR PRINTED

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if 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 DUTFALL #002 & EPBRANUSOL TRA 3599 HEVIOUS Edichons may be used new RECHARGE BASIN. NO TRY CHEMS HI THOUT PRIOR DEC. APPROVAL en This is a 4 part form.

including the possibility of fine and imprisonment for knowing violations.

AREA

OFFICER OR AUTHORIZED AGENT

NUMBER

YEAR

MO

DA'

ADDRESSBROOKHAVEN NATI 53 BELL AVE, BL	DG 464	•	PERM	IT NUMBER		SCHARGE NUMBER	SUBR 01)				
UPTON FACILITY BROOKHAVEN NATI LOCATIONUPTON ATTN: GEORGE MALOSHe	OBAL LABO	Y 11973	FROM 01			MO DAY	F(1004) (F NO DI NOTE: Read in		ıΣı	***	
PARAMETER		QU/	ANTITY OR LOADIN	IG	¹ Qua1	ity or Conce	ntration			FREQUENCY	0
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUI	M UNITS	EX	ANALYSIS	TYPE
716	SAMPLE MEASUREMENT	****	*****			: 4 5000	•	(12)			
00400 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******		***	REPORT	*****	MAXI NU	1:5355599 v. 🛮		NCE/ HONTH	
ILL E GREASE	SAMPLE MEASUREMENT	*****	******		*****	*******		(19)			
0556 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	000000	******	***		******	DATEY	5 MX MG/L		NCE/ MONTH	
LON, IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	No Discharge	(°03)	******	******					***************************************
60050 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	******	22222	****		NCE/ HONTH	RCORD
See Note 2	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
•	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										·
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE		a more my anecessist of 30	NEL ARMOND IN MEETING WHILE MITTING	a system design	ed			TELEPHO	NE	D	ATE
Mr. Michael Holland Area Group Manager	to assur submitti or those submitti	e that qualified personnel p ed. Based on my inquiry of persons directly responsible ed is, to the best of my kno	roperly gather and evaluate the person or persons who e for gathering the informat wledge and belief, true, accu	the information manage the syste lon, the informa rate, and comple	m, Ilon			631 344-3	1424		
TYPED OR PRINTED	I am aw Includin	are that there are significat ig the possibility of fine and	it penalties for submitting fa imprisonment for knowing	ise information, violations.		NATURE OF PRINCIPA OFFICER OR AUTHORI		AREA NUMBE	<u></u>	YEAR	MO DA
OMMENTS AND EXPLANATION OF A DISCHARGE MAY BE DIF STORMWATER COLLECTI	RECTED TO	SURROUNDI	46 LOW LYIN					IDE RHIC			ONCE SCHARG

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

MAJOR .

" This is a 4-nart form

PAGE

OF

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (fD(ferent)

EPARTHASEO DE (ILEV 3/15) Prévious entrions may be entre

USDDE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) PERMITTEE NAME/ADDRESS (Include Facility Name/ Location if Different) DISCHARGE MONITORING REPORT IDMRI USDDF MAJOR ADDRESSBROOKHAVEN NATIONAL LABORATORY NY0005835 DD2 M (SUBR 01) PERMIT NUMBER DISCHARGE NUMBER F - FINAL 53 BELL AVE. BLDG 464 UPTON AGS NON-C COOLNG.PRCP.ETC (HN) NY 11973 MONITORING PERIOD FACILITY BROOKHAVEN NATIONAL LABORATORY YEAR MO DAY YEAR MO DAY LOCATION FROM NY 11973 09 09 30 *** NO DISCHARGE 1 01 01 NOTE: Read instructions before completing this form. ATTN: GEORGE MALOSH. GROUP MGR QUANTITY OR LOADING FREQUENCY **PARAMETER** Quality or Concentration NO. SAMPL EX TYPE ANALYSIS **AVERAGE MAXIMUM** UNITS **MINIMUM AVERAGE MAXIMUM** UNITS SAMPLE ***** *** (12) 7.4 7.9 4/MO **drab MEASUREMENT** PERMIT CINCE! GRAB 00400 1 0 0 **** 202222 2022 REPORT 22222 9_0 REQUIREMENT MONTH EFFLUENT GROSS VALUE MINIMUM SU HAXINUM SAMPLE DIL & GREASE *** ******* ***** **建筑设立金金** (19) < 5 0 1/MO GRAB MEASUREMENT PERMIT 00556 1 0 0 ALC: UNION denie denie 20222 15 UNCE/ GRAB REQUIREMENT **** EFFLUENT GROSS VALUE DAILY MX MG/L MONTH SAMPLE FLOW. IN CONDUIT OR かき かききさ (03) ***** **立立立立立主** **** 0.04 4/MO RCORD MEASUREMENT THRU TREATMENT PLANT PERMIT 50050 1 0 0 535555 REPORT ---******** ONCE/ RCORD ***** REQUIREMENT EFFLUENT GROSS VALUE DAILY MX MGD キキキキ MONTH SAMPLE See Note 3 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 Area 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. OFFICER OR AUTHORIZED AGENT NUMBER YEAR MO DAY COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR ADDITIONL NOTES & COMMENTS AND REQUIREMENTS. SAMPING FOR THIS OUTFALL SHALL BE CONDUCTED AT A LOCATION DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

TYPED OR PRINTED

Mr. Michael Holland Area 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 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. 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

AREA NUMBER YEAR MO DA)

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

REQUIREMENT

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

53 BELL AVE. BL		ar at the state of	PERM	IIT NUMBER		DISCH		- FINAL					~ .
ACILITY BROOKHAVEN NATION OCATION UPTON	DNAL LABOI N	r 11973	FROM O1			YEAR	MO DAY 09 30 **	÷ (1804)	CHARGE	i X	***		
TTN: GEORGE MALOSH. PARAMETER	GROUP MG		NTITY OR LOADIN	IG	1				structions bere	NO.	FREQUENC	1	
FARMICIEN	$ \times $	AVERAGE	MAXIMUM	UNITS	MINIM		y or Concent	·		EX.	OF ANALYSI	3/	AMP TYPE
L-HY OR OX Y-ETHYL I DENE	SAMPLE	AVENAGE	*******	UNITS	 	OM COM	AVERAGE	MAXIMUM	UNITS	-	ļ	+	
	MEASUREMENT		, v										
35812 1 0 0 Feluent Gross Value	PERMIT REQUIREMENT	******	******	***	****		*****	O.º	88878E-5.1	C	TRLY	GRI	\B
OLYTRIA ZOLE	SAMPLE MEASUREMENT	*****	****		***	***	*****	1888 7 7 W 7 PK 2888 7	(-19)	30.6.40	000 9888.000 888		*******
95813 1 0 0 Effluent gross value	PERMIT REQUIREMENT	*****	******	*** ****	****	***	960434	O DAILY	3893 1 8	₹ 6	TRLY	GR/	AB
See Note 2	SAMPLE MEASUREMENT												*****
	PERMIT REQUIREMENT												*****
	SAMPLE MEASUREMENT									1	13011001-1-1-1		
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												: .
	SAMPLE MEASUREMENT												********
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT											1	******
	PÉRMIT REQUIREMENT									2/3/			
NAME/TITLE PRINCIPAL EXECUTIVE	prepared	under penalty of law that the under my direction or sup-	ervision in accordance with	a system designe	ed .				TELEPHO	NE	1	DATE	 -
Mr. Michael Holland Area Group Manager	submitte or those submitte	e that qualified personnel pr ed. Based on my inquiry of a persons directly responsible ed is, to the best of my know	operly gather and evaluate he person or persons who r for gathering the informati ledge and belief, true, acro-	the information manage the system ion, the informations and comple	m,				631 344-3	3424			
TYPED OR PRINTED	I am awa	are that there are significant g the possibility of fine and i	penalties for submitting fa mprisonment for knowing :	ice Information			TURE OF PRINCIPAL ICER OR AUTHORIZE	EXECUTIVE D AGENT	AREA NUMBI	ER	YEAR	МО	DA
OMMENTS AND EXPLANATION OF A DISCHARGE MAY BE DIR ONCE THE STORMWATER	ECTED: TO	SURROUNDIN	e TON TAIN					THAT IS	INSIDE	THE		RI	NG.

MAJOR

01288/0 This is 3 4 03 14 form.

MAME USIDDE

EPARALUMAE (REMINA) Previous entitions may be used.

DISCHARGE MURITURING REPORT (UMK) NAME USDOE

NY 11973

ADDRESSBROOKHAVEN NATIONAL LABORATORY

FACILITY BROOKHAVEN NATIONAL LABORATORY

53 BELL AVE, BLDG 464

UPTON

NY0005835

DISCHARGE NUMBER

MAJOR (SUBR 01) F - FINAL

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

PERMIT NUMBER

MONITORING PERIOD YEAR MO DAY YEAR MO DAY

LOCATIONUPTON		Y-11973	FROM 01	09 0	1 TO 01	09 30 **	MO DISC NOTE: Read Instr	HARGE	1		la fara	
ATTN = GEORGE MALOSH. PARAMETER	GROUP MGF	AUD	NTITY OR LOADIN	1G	Qualit	y or Concent		Merione pervi	NO.	FREQUENCY OF	YSA	MPL
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS		YPE
PH :	SAMPLE MEASUREMENT	*****	****		6.9	440040	7.8	(12)	0	4/MO	GRA	AB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	9949	REPORT MINIMUM	*****	9.0 MAXIMUM	su		NCE/ MONTH	GRAI	B
DIL GREASE	SAMPLE MEASUREMENT	*****	****		******	****	< 5	(19)	0	1/MO	GRA	AB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	***	*****	090488	DAILY MX			NCE/ MONTH	GRA	B
FLOW IN CONDUIT OR	SAMPLE MEASUREMENT	*****	0.9	(:03)	*****	*****	******		0	4/MO	GRA	AB
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	MED	*****	*****	*****	****	T	MONTH	RCO	RD
See Note 3	SAMPLE MEASUREMENT											
!	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											•
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							37 38 38				
NAME/TITLE PRINCIPAL EXECUTIVE	prepared	y under penalty of law that the ed under my direction or supe	ervision in accordance with	h a system design	ned			TELEPHON	VE.	C	DATE	·
Mr. Michael Holland Area Group Manager	to assure submitte or those submitte	ire that qualified personnel pro ited. Based on my inquiry of the se persons directly responsible ited is, to the best of my knowle	roperly gather and evaluate the person or persons who r e for gathering the informati wiedge and belief, true, accu	e the information manage the syste tion, the informa wrate, and compl	n lem, ation			531 344-3	424			
TYPED OR PRINTED	lamaw:	ware that there are significant ing the possibility of fine and i	t penalties for submitting fa	else information	, SIGNA	ATURE OF PRINCIPAL FICER OR AUTHORIZE	EXECUTIVE :D AGENT	AREA NUMBE	R	YEAR	мо	DA

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

DDRESSBROOKHAVEN NATI 53 BELL AVE. BL	DG: 464		NYOOO PERM	5835 IIT NUMBER		HARGE NUMBER	(SUBR 01) F - FINAL					•	
ACILITY DOCUMENTAL AND THE	N.	Y 11973			ITORING PERIOD	<u> </u>	IFBR & AGS	NO	N-C	COOL	EIC	(HO	1)
ACILITY BROOKHAVEN NATI	N	Y 11973	FROM 01	07 : 0			NO DIS	CHA	RGE	Com	경우후 pleting th	is form	m.
TTN: GEORGE HALOSH. PARAMETER	GRUUP AL	QUA	NTITY OR LOADIN	1G	Ouali	ty or Conce				NO.	FREQUENC		MPI
, , , , , , , , , , , , , , , , , , , ,	\times	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	1	UNITS	EX	OF ANALYSIS	_	ГҮРЕ
INC: TOTAL AS ZN)	SAMPLE MEASUREMENT	*****	****		*****	****			19)	0	QTRLY	GR	AB
1092 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	******	***		******	DAILY I	000.004.1	G/L	0	TRLY	GRA	B
, 1, 1-TRICHLORO- THANE	SAMPLE MEASUREMENT	****	******		*****	****			28)	0	QTRLY	GR	AB
4506 1 0 0 EFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	******	***	*****	*****	DATLY	i u	6/L	0	TRLY		B
,2DIBROMD-3-NITRILO ROPIONAMIDE See N8te	MEASUREMENT	*****	* *****		000000	******	NODI C	•	19)				
6993 1 0 0 FFLUENT GROSS VALUE		******	*******	2000 2000	*****	*****	DAILY I	K M		C	TRLY	GRA	IB.
-HYDROXY-ETHYLIDENE See Note 10	MEASUREMENT	3 400 VCS 14 17 30 40 50 60 00 5	*****		*****	****	NODI C		19)				
5812 1 0 0 FFLUENT GROSS VALUE		*******	*******	240 4	144010	******	DAILY	196800	G/L		TRLY	GRA	B
OLYTRIAZOLE See Note 10	SAMPLE MEASUREMENT		*****		*****	***	NODI C		. 19)				
5813 1 0 0 FFLUENT GROSS VALUE		*****	********	***	250033	588908	DAILY	X333332	G/L	Ţ.	TRLY	GRA	B
	SAMPLE MEASUREMENT			<u> </u>			,			:			
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT									77.44 8.00			
NAME/TITLE PRINCIPAL EXECUTIVE	prepare	y under penalty of law that the ed under my direction or sup	ervision in accordance with	a system designe	ed			TE	LEPHO	1E	1	DATE	T
Mr. Michael Holland Area Group Manager	submitt or those submitt	re that qualified personnel pr ted. Based on my inquiry of e persons directly responsible ted is, to the best of my know	the person or persons who for gathering the informa- dedge and belief, true, accu-	manage the system tion, the informate arate, and comple	ion i	····		631	344-3	424			
TYPED OR PRINTED	I am av	ware that there are significant ing the possibility of fine and i	penalties for submitting fr imprisonment for knowing	alse information.	SIGN	IATURE OF PRINCIP FFICER OR AUTHOR		AREA	NUMBE	R	YEAR	МО	DA
OMMENTS AND EXPLANATION OF A O ADDITIONAL WATER SEE PERMIT FOR ADDIT	TREATMENT	- CHEMICAL	ADDITIVES			C APPROVA	L			····			<u> </u>

DISCHARGE MOISH CHIRE REPURT JUNIAL

MAJOR (SUBR 01)

01290/0Thisifa4044.6rm.

PAGE

USDOE

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

NAME USDOE			DISCH	IARGE MO	NI I ORING	REPORT	(DMR)	MAJOR						
ADDRESSBROOKHAVEN NATI		RATORY	NYOOO				4 M	(SUBR 0						
53 BELL AVE, BL			PERM	IT NUMBER			ARGE NUMBER	F - FIN		ACT C	301 C	LITO	fup	•
UPTON FACILITY BROOKHAVEN SNATZ	n Oga polano	Y::11973 Batopy	VEADI		ITORING		100 1 54V	THE NUM	I-CON I	ALI LI	JULE	- ex 14/	LITE	•
LOCATIONUPTON		Y 11973	FROM Q1		AY TO	YEAR 01	MO DAY 09 30	444 NO	DISCH	ARGE.	ıΣı	***		
ATTN: GEORGE MALOSH.	GROUP MG	R:						NOTE: R	ead instru	ctions befo	re com	pleting th	le forn	n.
PARAMETER		QU	ANTITY OR LOADIN	G	(Qualit	y or Conc	entratio	n		1	FREQUENC'	32	
		AVERAGE	MAXIMUM	UNITS	MINI	MUM	AVERAGE	MAX	MUM	UNITS	EX	ANALYSIS	3 T	ΥP
PH S	SAMPLE MEASUREMENT	*****	*****				***	1.00 × 1.		(12)				
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	44000	200000 2	***	REP	NO 2000 A	****	80693 11088 : 11893	8.5 LMUH	รบ		NCE/ MONTH		B
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	No Discharge	(:03)		***	4504		***					
50050 1 0 0 Effluent gross value	PERMIT REQUIREMENT	*****	REPORT DAILY MX	HED	200	0.0-0	***	9.0	****	***	1 7 7 7	NCE/		R
See Note 7	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT													
	SAMPLE MEASUREMENT					ala e conserve								
	PERMIT REQUIREMENT SAMPLE													
,	MEASUREMENT PERMIT					%.32 t				0	1. 360	868 38 30		
	REQUIREMENT SAMPLE													
	MEASUREMENT PERMIT				****	w en gree					100.00		2 3	
	REQUIREMENT SAMPLE													 -
	MEASUREMENT PERMIT					\$ 100 x 10					2			
	REQUIREMENT		his document and all attach											
NAME/TITLE PRINCIPAL EXECUTIVE Mr. Michael Holland	prepare	ed under my direction or su	pervision in accordance with roperly gather and evaluate	a system design	ied				<u></u>	TELEPHO	NE	C	DATE	
Area Group Manager	submit or thos submit	ted. Based on my inquiry of e persons directly responsible ted is, to the best of my kno	the person or persons who re for gathering the informati wledge and belief, true, accu	manage the systemation, the information rate, and complete the systematic	em, ition ete.			· · · · · · · · · · · · · · · · · · ·		1 344-3	424			į
TYPED OR PRINTED	includi	ng the possibility of fine and	nt penalties for submitting fa imprisonment for knowing	ise information. violations.			TURE OF PRINC ICER OR AUTHO		/E ΑÑ	NUMBE	A	YEAR	МО	D
COMMENTS AND EXPLANATION OF SEE PERMIT FOR ADDIT			-	EMENT	S									

DISCHARGE MONITORING REPORT (DMR)

DISCURNAE MONITORING REPORT IDMN! USDOE MAJOR ADDRESSBROOKHAVEN NATIONAL LABORATORY NY0005835 (SUBR 01) 004 0 PERMIT NUMBER DISCHARGE NUMBER F - FINAL 53 BELL AVE. BLD6 464 · NY "11973 UPT ON MRR NON-CONTACT COOLING (HP) MONITORING PERIOD FACILITY BROOKHAVEN NATIONAL LABORATORY YEAR MO DAY YEAR MO DAY LOCATIONIPTON *** NO DISCHARGE IXI *** NY 11973 FROM TO 01 07 01 09 30 01 NOTE: Read instructions before completing this form. ATTN: GEORGE MALOSH. GROUP MGR. QUANTITY OR LOADING NO. **FREQUENCY PARAMETER** Quality or Concentration SAMPL EX TYPE ANALYSIS **AVERAGE MAXIMUM** UNITS MINIMUM **AVERAGE MAXIMUM** UNITS SAMPLE **** ***** L. 1-DICHLOROETHYLENE ***** (28) **** MEASUREMENT PERMIT B4501 1 0 0 ***** ***** **** 22222 ***** 5 DTRLY GRAB REQUIREMENT EFFLUENT GROSS VALUE *** DAILY MX UG/L SAMPLE 1.1.1-TRICHLORO-**** **** *** **** (28) **MEASUREMENT** ETHANE PERMIT GTRLY GRAB B4506 1 0 0 ***** ***** *** **** 5 REQUIREMENT EFFLUENT GROSS VALUE 4. XX DAILY MX UG/L gundelet Sen gandes er SAMPLE See Note 7 MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland

Area 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.

		LEPHONE		DATE	
	631	344-3424			
SIGNATURE OF PRINCIPAL EXECUTIVE	4554				
OFFICER OR AUTHORIZED AGENT	AREA	NUMBER	YEAR	МО	DA

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

SAMPLE
MEASUREMENT
PERMIT
REQUIREMENT

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

MAJOR USDOE (SUBR 01) MY0005835 005 # ADDRESSBROOKHAVEN NATIONAL LABORATORY PERMIT NUMBER DISCHARGE NUMBER F - FINAL 53 BELL AVE. BLDG 464: NSLS COOLING TOHR BLDN ETC(HS) NY 11973 UPTON MONITORING PERIOD FACILITY BROOKHAVEN NATIONAL LABORATORY YEAR MO DAY YEAR MO DAY LOCATIONIPTON *** NO DISCHARGE !__ | *** 30 FROM Oi 09 01 01 09 NY 11973 NOTE: Read instructions before completing this form. ATTN: GEORGE HALOSH. GROUP MGR QUANTITY OR LOADING FREQUENCY NO. SAMPL Quality or Concentration PARAMETER EX TYPE **ANALYSIS** UNITS MINIMUM **AVERAGE** MAXIMUM UNITS **AVERAGE** MAXIMUM SAMPLE (12) **** **企业企业企**企 **** 4/MO GRAB 6.9 8.5 MEASUREMENT PERMIT CINCE/ GRAB ***** 200000 8.5 **** REPORT D0400 1 0 0 REQUIREMENT HONTH HAXI NUM SU EFFLUENT GROSS VALUE *** MINIMUM SAMPLE * **** **** (19) **** **** DIL"E GREASE **4** 5 1/MO GRAB MEASUREMENT CINCE! GRAB PERMIT **15** ***** 240503 100 3 4 F S 00556 1 0 0 **** REQUIREMENT DAILY MX MG/L MONTH **** EFFLUENT GROSS VALUE SAMPLE 立立立立 立立 **** **** (EQ. ***** FLOW. IN CONDUIT OR 0.2 4/MO RCORD MEASUREMENT THRU TREATMENT PLANT PERMIT CINCE! RCORD ****** 22222 REPORT 444444 ***** 50050 1 0 0 REQUIREMENT MONTH 2222 EFFLUENT GROSS VALUE DAILY MX MGD SAMPLE See Note 3 **MEASUREMENT** PERMIT REQUIREMENT SAMPLE **MEASUREMENT** PERMIT REQUIREMENT 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 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 Area 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 including the possibility of fine and imprisonment for knowing violations. TYPED OR PRINTED NUMBER OFFICER OR AUTHORIZED AGENT YEAR MO DAY COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT IDMRI

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

NAME USDOE

ADDRESSBROOKHAVEN NATIONAL LABORATORY 53 BELL AVE. BLOG 464

NY 11973 UPTON FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATIONIPTON NY:11973

NY0005835 **PERMIT NUMBER**

005 0 DISCHARGE NUMBER

MAJOR (SUBR 01) F - FINAL

NSLS COOLS TOWN BLOWDN ETC(HS)

*** NO DISCHARGE 1_1 ***

		IV	IONITO	RING	PERIO	D	
	YEAR	MO	DAY		YEAR	MO	DAY
FROM	01	07.	01	то	01	09	30

DISCHARGE MUNITURING REPORT (DMR)

ATTN: GEORGE MALOSH. PARAMETER		AUD	NTITY OR LOADIN	G	Qualit	y or Concent	ration		NO.	FREQUENC	34	MP
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	' 1	ΥP
OPPER, TOTAL (AS:CU)	SAMPLE MEASUREMENT	****	*****		*****	****	0.005	(19	0	QTRLY	GR	AB
1042 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	***	*****	******	DAJLY #	88 87 87 B		TRLY	GRA	B
-HYDROXY-ETHYLIDENE	SAMPLE MEASUREMENT	: ***	******		*****	*****	0.1	(19.	0	QTRLY	GR	AB
5812 1 0 0 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	400000	******	***	******	400490	DAILY P	856° 91		TRLY	GRA	В
OLYTRIAZOLE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.005	(19	0	QTRLY	GR	AB
15813 1 0 0 FFLUENT-GROSS VALUE	PERMIT REQUIREMENT	##0####	******	200 200	*****	*****	O-Z DAILY P	65 S600 B		TRLY	eR/	B
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE Mr. Michael Holland	prepare	under penalty of law that the dunder my direction or sup- that qualified personnel pr	ryision in accordance with	a system design	ed			TELEPH	ONE	1	ATE	
ARea Group Manager	submitte or those submitte	d. Based on my inquiry of a persons directly responsible d is, to the best of my know	he person or persons who i for gathering the informat ledge and belief, true, accu	manage the syste ion, the informa rate, and compi	em, tion ete.			631 344	-3424			
TYPED OR PRINTED	J am aw Includin	are that there are significant g the possibility of fine and i	pensities for submitting fa mprisonment for knowing	ice information	81GNA	ATURE OF PRINCIPAL FICER OR AUTHORIZE		AREA NUMI	BER	YEAR	МО	6

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

ADDRESSBROOKHAVEN NATIONAL LABORATURY

USDOE

FACILITY

DISCHARGE MONITORING REPORT (DMR)

1		-
ı	*********	
1	NY 0005835	
1		_
1	I PERMIT NUMBER	

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

WATER TREATHENT PLT BKWSH (HX)

PARAMETER PARAME	T NUM	BER		DIS	CHARGE	NUMBER					
.,		•	Γ		M	ONITO	RING	PERIO	D		1
^Y BROOKHÀVEN NA	TIONAL LABOR	LATORY	[3	YEAR	МО	DAY		YEAR	МО	DAY	1
ONUPTON			FROM	01	09	01	то	01	09	30	
SEORGE MALOS	H. GROUP MGR	<u>.</u>									_
PARAMETER			ANTITY OR L	OADIN	3			Quali	ty o	r Con	l
		AVERAGE	MAXIMU	JM	UNIT	s	MINI	MUM		AVERAC	3

LOCATIONUPTON		Y:11973	FROM 01	MO D/				F# NO DIS			+++	-1- 4	
PARAMETER	GROUP-MG	R: QU/	ANTITY OR LOADIN	VG	00	ality	or Concen		Truction	NO	FREQUENC		MPL
, , , , , , , , , , , , , , , , , , ,	\times	AVERAGE	MAXIMUM	UNITS	MINIMU		AVERAGE	MAXIMUM	U	NITS EX	OF ANALYSIS		YPE
FLOW RATE	SAMPLE MEASUREMENT	* ******	200,000	(07)	***	r \$ *	****	****	rå:	0	14/MO	INS	STAN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	E P N	00001	**	*****	2 52 5 6 6	**	300.48	ENCE/ MONTH	NS	TA
PH	SAMPLE MEASUREMENT	*****	****		7.3		****	7.3		12) 0	L/MO	GR/	AB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	222	REPOR		100004	9.0 HAXENUI	300.000		CNCE/		8
IRON TOTAL (AS FE)	SAMPLE MEASUREMENT	. *****	*****		***		****	551,000		28) 0	L/MO	GRA	AB
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	***		**	-	REPUR!	749000000	/L	CNCE/		18
IRON. DISSULVED (AS FE)	SAMPLE MEASUREMENT	*****	****		***	***	****	881		2 8) 0	/MO	GRA	AB
01046 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****		***		*	*****	REPORT		/L	CHCE/		18
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
,	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE	prepare	under penalty of law that t d under my direction or su	pervision in accordance with	h a system design	ed				TEL	EPHONE		DATE	
Mr. Michael Holland Area Group Manager	submitt or those	e that qualified personnel p ed. Based on my inquiry of persons directly responsible ed is, to the best of my kno-	the person or persons who e for gathering the informa	manage the syste	em, tion				631 3	44-3424			
TYPED OR PRINTED		are that there are significan ig the possibility of fine and	it pensities for submitting f	alse Information			URE OF PRINCIPAL		4854	NUMBER	YEAR	МО	DA
COMMENTS AND EXPLANATION OF	ANY VIOLATIONS	(Reference all atta	chments here)						CODE				

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 DWR SAMPLING PURPOSES.

NY0005835

008 M DISCHARGE NUMBER

YEAR MO DAY

MAJOR (SUBR 01) F - FINAL

STORMATE RUNOFF WAREHOUSE (HW)

PERMIT NUMBER

YEAR MO DAY

MONITORING PERIOD

UPTON NY 11973 FACILITY BROOKHAVEN NATIONAL LABORATORY

ADDRESSBROOKHAVEN NATIONAL LABORATORY

53 BELL AVE, BLDG 464

LOCATIONUPTON		Y: 11973	FROM 01	09 0	то 01	09 30 **	₩ NO DISC	HARGE	11	400		
ATTN: GEORGE MALOSH: PARAMETER	GROUP MG	R QUA	NTITY OR LOADIN	IG	Oualii	y or Concent	NOTE: Read het	ructions beto	NO.	FREQUENCY		n. MPL
er.		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	OF ANALYSIS	1	YPE
FLOW RATE See Note 5	SAMPLE MEASUREMENT	*****	27,791	(:07)	*****	*****	*****	¥	0	1/MO	IN	ISTA
00056 1 0 0 FEFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	REPORT DAILY MX	SPD	2007	******	000000	0000 0000		NCE/ MGN TH	INS	
PH :	SAMPLE MEASUREMENT	****	******		7.5	****	7.5	(12)	0	1/MO		RAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	200493	******	****	REPORT	******	8.5 MAXIMUM	4 ()			GRA	
DIL & GREASE	SAMPLE MEASUREMENT	*****	*****		. *****	*****	4 5	(19)	0	1/MO		RAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	******	***	******		DAILY M	K MG/L	3,500	NCE/ MCN TH	GRA	
1, 1-DI CHLOROETHYLENE		*****	*****		*****	****	6 1	(28)	0	1/MO		CAB
34501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	******	******	***	*****	*****	DAILY B	2000年			GRA	
1,1,1-TRICHLORG- ETHANE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1 € 1	(28)	0	1/MO		RAB
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	200.000	******	***	*****	******	DAILY H	838 I	<u></u>		GRA	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT									3.30.00.00.00.00	1	
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE	prepare	under penalty of law that the under my direction or sup	ervision in accordance with	a system design	ed			TELEPHO	VE	D	ATE	
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 e for gathering the informat eledge and hellef, true, accura-	manage the syste tion, the informat	ion ie.		(531 344–3	3424			
TYPED OR PRINTED	includir	are that there are significan ig the possibility of fine and	Imprisonment for knowing	alse information, violations.		ATURE OF PRINCIPAL FICER OR AUTHORIZE	CVCOLITRE	AEA NUMBE		YEAR	MO	DA'
COMMENTS AND EXPLANATION OF	ANY VIOLATIONS	(Reférence all atta	chments here)			,		- -		·	1	

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.

DISCHARGE MONITORING REPORT (DMR) NAME . U S D O E · MAJOR ADDRESSBROOKHAVEN NATIONAL LABORATORY NY0005835 DIO H (SUBR 01) PERMIT NUMBER 53 BELL AVE. BLDG-464 DISCHARGE NUMBER F - FINAL UPTON NY 11973 STORMUTR R'O CENTRAL STEAM (H) MONITORING PERIOD FACILITY BROOKHAVEN NATIONAL LABORATORY YEAR MO DAY YEAR MO DAY LOCATIONIPTON NY 11973 FROM 01 01 01 *** NO DISCHARGE | | *** 09 30 ATTN: GEORGE MALOSH, GROUP MGR NOTE: Read instructions before completing this form. QUANTITY OR LOADING **PARAMETER** Quality or Concentration FREQUENCY NO. SAMPL EX TYPE ANALYSIS **AVERAGE MAXIMUM** UNITS MINIMUM **AVERAGE MAXIMUM** UNITS SAMPLE FLOW RATE **** - 07) ***** **** ***** MEASUREMENT 8.034 See Note 5 1/MO INSTAI PERMIT. 00056 1 0 0 ***** REPURT *** **** ***** CNCE! INSTA REQUIREMENT EFFLUENT GROSS VALUE DAILY MX GPD おおなな HONTH SAMPLE **** ***** ***** (12)MEASUREMENT 7.4 7.4 0 11/MO **IGRAB** PERMIT D0400 1 0 0 *** addate atom REPORT **** 8.5 UNCE/ GRAB REQUIREMENT EFFLUENT GROSS VALUE 2222 MINIMUM MAXIMUM SU HONTH SAMPLE DIL & GREASE **企业企业企业** 立立立立立立 **** **** (19) **MEASUREMENT (** 5 0 11/MO GRAB PERMIT 00556 1 0 D 202222 202000 2022 ****** CNCE ***** 15 GRAB REQUIREMENT **EFFLUENT GROSS VALUE** ひさささ DAILY MX MG/L MONTH 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 prepared under my direction or supervision in accordance with a system designed TELEPHONE 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 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. OFFICER OR AUTHORIZED AGENT YEAR MO DAY COMMENTS 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

NY 11973

NY0005835 **PERMIT NUMBER** DISCHARGE NUMBER

MAJOR (SUBR 01) F - FINAL LINAC NECH, FLOOR DNS, ETC(HT1)

MONITORING PERIOD FROM 01 09 01 TO 01 09 30 *** NO DISCHARGE

PROOKHAAEN WATT	•	NY 11973	FROM 01	09 0	TO VEAR	09 30 **	Þ NO DIS NOTE: Read in	CHARGE	re com	⇒÷⇒ pleting th	is form	١.
ATTN: GEORGE MALOSH. PARAMETER	SKUUP.	ngr o	UANTITY OR LOAD!	NG	Quali	ty or Concen			NO.	FREQUENC	Y SAN	MPL
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS] [^.	ANALYSIS	1	/PE
PH	SAMPLE MEASUREM		****		7.5	*****	7.7	(12)	0	4/MO	GR/	AB
00400 1 0 0 FFFLUENT GROSS VALUE	PERMIT REQUIREME		*******	***	REPORT	******	9.0 HAXLMUR	33732 C B	ı	NCE/	GRAI	8
DILTE GREASE	SAMPLE MEASUREM		*******		*****	****	< 5	(19)	0	1/MO	GR/	AB
00556 1 0 0 GEFELVENT GROSS VALUE	PERMIT REQUIREME	CONTROL OF THE PARTY OF THE PAR	******	****	******	804000	DAILY P	200.50 Gr		NCE/	GRA	B
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE		0.04	(03)	*****	****	*****		0	4/MO	RC	ORI
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT		REPORT DATLY MX	MGD	*****	******	*****	* ****	•	NCE/ MENTA	RCO	RD
See Note 3	SAMPLE MEASUREM	ENT										
	PERMIT REQUIREME	NT										
	SAMPLE MEASUREM	ENT										
	PERMIT REQUIREME	NT										
	SAMPLE MEASUREM	ENT		_						·		
	PERMIT REQUIREME	NT										
,	SAMPLE MEASUREM	1										
	PERMIT REQUIREME			\$ \$								
NAME/TITLE PRINCIPAL EXECUTIVE	OFFICER P	repared under my direction or	eat this document and all attac r supervision in accordance wit tel properly gather and evaluate	th a system design	ned			TELEPHO	NE	E	ATE	
Mr. Michael Holland Area Group Manager		ibmitted. Based on my inquir r those persons directly respon ibmitted is, to the best of my	y of the person or persons who sible for gathering the informa knowledge and belief, true, acc	manage the systemation, the information and complete the system in the s	em, ation lete.			631 344-	3424			
TYPED OR PRINTED COMMENTS AND EXPLANATION OF	· • •	cluding the possibility of fine	icant penalties for submitting and imprisonment for knowing	false information, g violations.		ATURE OF PRINCIPAL FIGER OR AUTHORIZE	EXECUTIVE ED AGENT	AREA NUMBE	R	YEAR	мо	DA

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

53 BELL AVE. BLDG:464

FACILITY BROOKHAVEN NATIONAL LABORATORY

UPTON

53 BELL AVE, BLDG 46		TORY	NYOOO	:03C		1		MAJOR						
ADDRESSBROOKHAYEN NATIONAL LABORATORY 53 BELL AVE, BLDG 464 UPTON NY 11973 FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATIONUPTON NY 11973 ATTN= GEORGE MALOSH- GROUP-MGR		11973	NYOOD5835 PERMIT NUMBER MONITORING				ARGE NUMBER	No i	FLOOR-	DNS	• 5W	(HT)	L)	
		TORY L1973	FROM 01	Y	YEAR MO DAY 0 01 09 30 *** NO DIS				ARGE		·-			
PARAMETER PARAMETER	PREK	QUA	UANTITY OR LOADING		Q	uality	or Conc	entration	115000	NO		D. FREQUENCY		MP
		AVERAGE	MAXIMUM	UNITS	MINIM		AVERAGE		м	UNITS	EX	VNYTARI OŁ	s 1	TYPE
	MPLE FEMENT	******	*****		. 1 200	***	****	₩ 0.08		(19)	0	QTRLY	G	RAB
B5812 1 0 0 PER REQUIR	MIT &		******	*** ****	2000	25	******			wr/z	•	TRLY	ER/	AB
	IPLE REMENT	****	*****		***	**	****4			(19)	0	QTRL	₹ G	RAI
85813 1 0 0 FFFLUENT GROSS VALUE REQUIR			******	***	****	**	*****	DAILY		M6/L		TRLY	GR/	AB
MEASU	REMENT MIT												-	.
	IPLE													
PER REQUIR SAN														
MEASU	REMENT MIT													
SAN MEASUI	IPLE													: '
PER REQUIR SAM	EMENT													
MEASUF PER REQUIR	MIT									•				
NAME/TITLE PRINCIPAL EXECUTIVE OFFICED 1 certify under penalty of law that			is document and all attachs	ents were						FELEPHON	F.	i di	DATE	
Mr. Michael Holland Area Group Manager prepared under my direction or su to assure that qualified personnel y submitted. Based on my inquiry o or those persons directly responsib submitted is, to the best of my kneepersons.			operly gather and evaluate the person or persons who make the information and heliaf true accounts.	he information anage the system on, the information	system,									
TYPED OR PRINTED COMMENTS AND EXPLANATION OF ANY VIOL	including the p	t there are significant ossibility of fine and i	penalties for submitting fal- mprisonment for knowing vi	re information	-	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA CODE	NUMBER	3	YEAR	МО	DA

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

NAME USDOE ADDRESSBROOKHAVEN NATIONAL LABORATORY 53 BELL AVE. BLOG 464 UPTON FACILITY BROOKHAVEN NATI

NY0005835 PERMIT NUMBER 068 M DISCHARGE NUMBER MAJOR

(SUBR 01) F - FINAL

COOLING TOWN FROM 919 ETC(HT2)

ARE NO DISCHARGE 1. 1 444

NY 11973		N	IONITO	RING	PERIO	D .		7
IONAL LABORATORY NY 11973 FRO	YEAR	MO	DAY		YEAR O1		. 30] : 4
GROUP MGR				J				J

PARAMETER PARAMETER H 0400 1 0 0 FFLUENT GROSS VALUE 1L E GREASE 0556 1 0 0 FFLUENT GROSS VALUE LOW, IN CONDUIT OR HRU TREATMENT PLANT 0050 1 0 0 FFLUENT GROSS VALUE See Note 3	Skoot II	QUA	NTITY OR LOADIN	1G	Ouali	ty or Concent	tration	**************************************	NO.	FREQUENCY	SAN
PANAMETER	\times	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	ANALYSIS	I
	SAMPLE	4		ONITS	IAIIIAIIAIOIAI	********	MAMON	(12)	 	 -	-
H	MEASUREMEN	1T - ******	*****		7.4	4434.04	7.6	121	0	4/MO	GRA
	PERMIT REQUIREMEN	989903	0000000 0	***	REPORT MINIMUM	******	0.0 MUMIXAM	su		NCE/ MONTH	
	SAMPLE MEASUREMEN	# ****	*****	,	; 000000	****	< 5	(19)	0	1/MO	GRA
	PERMIT REQUIREMEN	******	******	****	******	******	DAILY HX	M6/L	* (NCE/ MONTH	GRAI
LOW IN CONDUIT OR	SAMPLE MEASUREMEN	# ####	0.4	(03)	****	*****	*****		0	4/MO	RCO
0050 1 0 0	PERMIT REQUIREMEN	*****	REPORT DAILY MX	нер	******	*****	*****	****	•	NCE/ MONTH	
See Note 3	SAMPLE MEASUREMEN	NT									
	PERMIT REQUIREMEN	τ									
	SAMPLE MEASUREMEI	NT									
	PERMIT REQUIREMEN	П									
	SAMPLE MEASUREMEN	NT .									
	PERMIT REQUIREMEN	п		ž							
	SAMPLE MEASUREME	NT									
	PERMIT REQUIREMEN	ur l									
AME/TITLE PRINCIPAL EXECUTIVE	OFFICER	ritty under penalty of law that pared under my direction or su	pervision in accordance wit	th a system design	ied		·	TELEPHO	NE	C	DATE
Mr. Michael Holland Area Group Manager		issure that qualified personnel j mitted. Based on my inquiry o hose persons directly responsib mitted is, to the best of my kno	properly gather and evaluat f the person or persons who le for gathering the inform twiedge and belief, true, ac-	te the information o manage the syst ation, the informa curate, and comp	em, ition	· · · · · · · · · · · · · · · · · · ·		31 344-3	424		
TYPED OR PRINTED		n aware that there are significated and the possibility of fine and	nt penalties for submitting	false information	, SIG	NATURE OF PRINCIPAL FFICER OR AUTHORIZ	L EXECUTIVE	AREA NUMBI	ER	YEAR	мо

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

PAGE

DISCHARGE MONITORING REPORT (DMR) USDOE ADDRESSBROOKHAVEN NATIONAL LABORATORY NY 0005835 068.0 **PERMIT NUMBER** DISCHARGE NUMBER 53 BELL AVE. BLDG 464 UPTON NY 11973 **MONITORING PERIOD** FACILITY BROOKHAVEN NATIONAL LABORATORY YEAR MO DAY YEAR MO DAY LOCATION PTON FROM 01 NY: 11973 01 TO 01 09 07 30

MAJOR (SUBR 01) F - FINAL

COOLG TOWRS FROM 919 ETC (HT2)

*** NO DISCHARGE | #** NOTE: Read instructions before o

GROUP-MG	R					NOIE: Read ins	tructions belo	re com	pleting th	e form.
	any	ANTITY OR LOADIN	IG	Qualit	y or Concent	ration		NO.	FREQUENC	SAIVIE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS] = ^	ANALYSIS	TYP
SAMPLE MEASUREMENT		*****		******	****	∠0.05	(19)	0	QTRLY	GRAB
PERMIT REQUIREMENT	******	200000 0	****	090300	******			•	TRLY	ERAB
SAMPLE MEASUREMENT	*****	****	Ì	*****	****	•	(19)	0	QTRLY	GRAB
PERMIT REQUIREMENT	******	******	***	*****	******			1	TRLY	GRAB
SAMPLE MEASUREMENT		· :								
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT										
PERMIT REQUIREMENT										
SAMPLE MEASUREMENT		·	·							
PERMIT REQUIREMENT										1
SAMPLE MEASUREMENT										1
PERMIT REQUIREMENT										
prepared	d under my direction or sup	ervision in accordance with	a system design.		<u> </u>		TELEPHON	J. VE	D	ATE
submitte	e that qualified personnel pr ed. Based on my inquiry of	roperly gather and evaluate the person or persons who r	the information			ľ				
or those	persons directly responsible ed is. to the best of my know	for gathering the informati	on, the informat	tam b			531 ,344_3	49 <i>4</i>		
J am aw:	are that there are significan	t penalties for submitting fa	ise information.	SIGNA					YEAR	MO DA
	SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT OFFICER 1 certify preparent to assubmidte or those submidte or those	SAMPLE MEASUREMENT PERMIT REQUIREMENT OFFICER J certily under penalty of law that the prepared under my direction or sup to assure that qualified personnel proposed in the prepared under my direction or sup to assure that qualified personnel proposed in the penalty of the best of my known to the persons directly responsible submitted. Based on my inquiry of or those persons directly responsible submitted is, to the best of my known to the penalty of the best of my known to the penalty of	AVERAGE MAXIMUM SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT PERMIT REQUIREMENT PERMIT PERMIT REQUIREMENT PERMIT PERMIT PERMIT PERMIT PERMIT PERMIT PERMIT PERMIT	AVERAGE MAXIMUM UNITS SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT RE	AVERAGE MAXIMUM UNITS MINIMUM SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT OFFICER I certily under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to essure that qualified personal property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, of those person directly responsible for gathering the information, the information submitted. Based on my inquiry of the person or persons who manage the system, or those person directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete.	QUANTITY OR LOADING QUANTITY OR LOADING QUANTITY OR COACHT AVERAGE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT	QUANTITY OR LOADING QUAlity or Concentration AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM SAMPLE MEASUREMENT PERMIT SAAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT PERMIT REQUIREMENT SAMPLE MEASUREMENT	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS SAMPLE MEASUREMENT PERMIT SAMPLE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS SAMPLE MEASUREMENT PERMIT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT	QUANTITY OR LOADING QUANTITY OR LOADING AVERAGE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS DAILY MG/L SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMEN

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

ENO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL SEE PERMIT FOR ADDITIONAL NOTES & COMMENTS AND REQUIREMENTS