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

February 21, 2002

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 January 2002 REFERENCE: Letter from Robert Desmarais to Cunniff dated January 31, 2002

Included as Attachment I, please find the DMR for the month of January 2002. 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.

Review of the analytical data shows that 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, 006B, 007, 008, and 010 are therefore, daily averages. Collection and analysis of the SPDES permit samples are performed in accordance with the guidelines of the BNL Quality Assurance program. These guidelines include the routine calibration of instruments, standard operating procedures for collection and analysis of samples, use of standard methods of analysis, and validation of the contractor analytical data by the BNL analytical services laboratory. Brookhaven National Laboratory personnel collected all samples. A Quality Assurance inspection is performed periodically on contractor laboratories. The Quality Assurance documentation is available from the Environmental Services Division and Plant Engineering Divisions. Based on this information, we believe the values reported on the DMR are representative of the effluent from the BNL during the month of January 2002.

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 January 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

LEC/MA:cr

Attachment I: Discharge Monitoring Report for January 2002.

Attachment II: Analytical Results from H2M Labs for samples collected on 1/2/02 and 1/4/02

from Outfall 001.

Attachment III: Analytical Results from H2M Labs for samples collected from Outfalls 002, 003,

005, 006A, 006B, 007, 008, and 010.

M. Allocco cc: w/attachments M. Baldwin w/attachments W. Chaloupka w/attachments L. Cunniff w/o attachments S. Dierker w/o attachments G. Granzen w/o attachments J. Higbie w/attachments C. Johnson 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.02

Brookhaven National Laboratory SPDES Permit No. NY0005835 Discharge Monitoring Report for January 2002 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. Since flow records are maintained on a weekly or monthly basis, the flow rate provided is the daily average.
- 3. Flow is estimated based upon an instantaneous flow measurement and the assumption that flow continued for the entire day (i.e., 1,440 minutes).
- 4. There was no discharge from Outfalls 002A during this reporting period. In May 2001, the two discharges to Outfall 002A were connected to the stormwater collection system and no longer discharge locally. The cooling water discharge from Bldg. 1002 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.
- 5. The total flow for January at Outfall 002B was 180 gallons with a 5 gallon per day average. There was no flow during five separate attempts to collect the compliance samples and therefore no analytical data is reportable.
- 6. The Environmental Services Division was notified in June 2001, that the cooling water discharge from the Brookhaven Medical Research Reactor (BMRR) would be terminated due to the permanent shutdown of the facility and therefore no discharge to Outfall 004. A SPDES permit modification package was submitted which reflected this change.
- 7. The percent removal for BOD, 5-day was calculated using one-half, the method detection limit as the value for all concentrations reported as less than the method detection limit (<MDL). All samples collected on 1/2/02 and 1/4/02 were at or below the detection limit of 2 mg/L.

ATTACHMENT I BROOKHAVEN NATIONAL LABORATORY SPDES PERMIT NO. NY0005835 DISCHARGE MONITORING REPORT FOR JANUARY 2002 FOR OUTFALLS NO. 001 – 010

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

ATTN: GEORGE MALOSH. GROUP MGR

LOCATIONUPT ON

NY 0005835 PERMIT NUMBER OO1 M DISCHARGE NUMBER

MAJOR
(SUBR 01)
F - FINAL
PROCESS SANIT & STORMWIR RNOFF

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

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

SEE PERMIT-FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS

PAGE

ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464
UPTON NY 11973
FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATIONUPTON NY 11973
ATTN: GEORGE MALOSH, GROUP MGR

NY 0005835 PERMIT NUMBER

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SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS

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

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MAME USDOE DISCHARGE MONITURING REPORT (DMR)

ADDRESS BROOKHAVEN NATIONAL LABORATORY 53 BELL AVE. BLDG 464

UPTON NY 11973 FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATIONLIPTON

NY0005835 PERMIT NUMBER

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NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATIONUPT ON

PERMIT NUMBER

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PROCESS SANIT & STORMWIR RNOFF

*** NO DISCHARGE | __ | ***

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SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS

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ADDRESS BROOKHAVEN NATIONAL LABORATORY 53 BELL AVE. BLDG 464

UPT ON NY 11973 FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATION UPT ON ATTN: GEORGE MALOSH, COOKS MCS

NYC	005	835	
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(SUBR 01) F - FINAL BRAHMS(1002) & PHOBOS(1010) CT

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NAME USDOE ADDRESS BROOKHAVEN NATIONAL LABORATORY 53 BELL AVE, BLDG 464

UPTON NY 11973 FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATIONUPTON

NY0005835 **PERMIT NUMBER**

002 B DISCHARGE NUMBER MAJOR (SUBR 01) F - FINAL RF(1004) COOLING TOWER BLOWDN

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OMMENTS AND EXPLANATION OF				•				CODE I		1	- 1001

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

USDOE MAJOR ADDRESS BROOKHAVEN NATIONAL LABORATORY NY0005835 002 M (SUBR 01) **PERMIT NUMBER** DISCHARGE NUMBER 53 BELL AVE. BLDG 464 F - FINAL UPTON AGS NON-C COOLNG. PRCP. ETC (HN) NY 11973 MONITORING PERIOD FACILITY BROOKHAVEN NATIONAL LABORATORY МО DAY YEAR MO DAY LOCATION UPT ON *** NE DISCHARGE |_ | *** NY 11973 **FROM** 02 01 01 02 nı 31 NOTE: Read instructions before completing this form. ATTN: GEORGE MALOSH. GROUP MGR FREQUENCY NO. **PARAMETER** QUANTITY OR LOADING SAMPLE QUALITY OR CONCENTRATION EX TYPE ANALYSIS **AVERAGE MAXIMUM** UNITS MINIMUM **MAXIMUM** UNITS **AVERAGE** РΗ SAMPLE **** 主主主主主主 **** (12) MEASUREMENT 7.0 7.9 5/MO GRAB PERMIT 920 00400 1 0 0 ***** erere i REPORT THE PERSON REQUIREMENT EFFLUENT GROSS VALUE HILLIAN IN **** MINIMUM® SU HAXIAUM OIL & GREASE SAMPLE **** **** **** ***** (19) 5 1/MO **GRAB** MEASUREMENT PERMIT 00556 1 0 0 ***** 15 TERE REQUIREMENT **EFFLUENT GROSS VALUE** DAILY HX HG/L *** 111 FLOW. IN CONDUIT OR SAMPLE ***** (03) **** **** ***** 0.02 5/MO RCORD-THRU TREATMENT PLANTIMEASUREMENT 50050 1 0 0 PERMIT HEE REURUS REPORT REQUIREMENT EFFLUENT GROSS VALUE DALLY HX MGD **** MEM IN RESERVE SAMPLE See Note 2 MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT

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 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.

	1800 P	STATE STATES	· 10	44.	
	TELEPH	ONE	DATE	E	
	631 ,344-	-3424		[
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA NUM	BER YEAR	МО	DAY	

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

SAMPLE
MEASUREMENT
PERMIT
REQUIREMENT
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PERMIT
REQUIREMENT

SEE 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 COOLING TONER BLONDOWN FROM THE STAR DETECTOR.

UPTON NY 11973 HFBR & AGS NON-C COOL, ETC (HO) MONITORING PERIOD FACILITY BROOKHAVEN NATIONAL LABORATORY YEAR МО DAY YEAR MO DAY LOCATION PT ON NY 11973 FROM 02 01 01 02 *** NO DISCHARGE I \mathbf{n} T 31 ATTN: GEORGE MALOSH, GROUP HGR NOTE: Read instructions before completing this form. **PARAMETER** NO. FREQUENCY QUANTITY OR LOADING QUALITY OR CONCENTRATION SAMPLE EX TYPE ANALYSIS **AVERAGE MAXIMUM** UNITS MINIMUM AVERAGE **MAXIMUM** UNITS PH SAMPLE **** **** ***** (12) MEASUREMENT 6.7 7.8 |5/MO GRAB PERMIT 00400 1 $\mathbf{0}$ REPORT 9.6 THEFT REQUIREMENT EFFLUENT GROSS VALUE *** MINIMIM MAXIRUM OIL & GREASE SAMPLE **** ***** **** (19)MEASUREMENT **<**5 1/MO **GRAB** 00556 1 PERMIT $\mathbf{0}$ ***** 39 J 15 ***** I (as) EFFLUENT GROSS VALUE REQUIREMENT DAILY AX MG/L MILL FLOW, IN CONDUIT OR SAMPLE (03) 本本 本本 本本 **** **** THRU TREATMENT PLANTIMEASUREMENT 0.5 0 |5/MO RCORDR 50050 1 0 0 PERMIT REPORT ***** ENGER PERRO REQUIREMENT EFFLUENT GROSS VALUE DAILY MX MGD *** MILL See Note 2 SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TELEPHONE prepared under my direction or supervision in accordance with a system designed DATE to assure that qualified personnel properly gather and evaluate the information fr. 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, including the possibility of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE TYPED OR PRINTED NUMBER OFFICER OR AUTHORIZED AGENT YEAR MO DAY

NY0005835

PERMIT NUMBER

01192/oThe is 24-parterm.

MAJOR

(SUBR 01)

F - FINAL

003 M

DISCHARGE NUMBER

PAGE

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

SEE PERHIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

"" USDUE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

53 BELL AVE. BLDG 464

53 BELL AVE. BLDG 464 F - FINAL UPTON NY 11973 MRR NON-CONTACT COOLS WIR (HP) MONITORING PERIOD FACILITY BROOKHAVEN NATIONAL LABORATORY MO DAY YEAR MO DAY LOCATION LIPT ON NY 11973 FROM *** NO DISCHARGE 1 1 *** 02 01 02 31 ATTN: GEORGE MALOSH, GROUP MGR NOTE: Read instructions before completing this form. **PARAMETER** NO. FREQUENCY **QUANTITY OR LOADING** QUALITY OR CONCENTRATION SAMPLE TYPE ANALYSIS **AVERAGE** MAXIMUM UNITS MINIMUM **AVERAGE** MAXIMUM UNITS PH SAMPLE **** *** **** (12)MEASUREMENT PERMIT 100400 1 0 0 REPORT INTERNITY STATE REQUIREMENT EFFLUENT GROSS VALU MINI MUM SU MILLI FLOW, IN CONDUIT OR SAMPLÉ (03) ***** THRU TREATHENT PLANT MEASUREMENT 50050 1 0 0 PERMIT REPORT ----INCENTION NEORDS EFFLUENT GROSS VALUE REQUIREMENT DAILY MX MGD **HILLIH** *** See Note 6 SAMPLE MEASUREMENT PERMIT REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were TELEPHONE prepared under my direction or supervision in accordance with a system designed DATE to assure that qualified personnel properly gather and evaluate the information Mr. Michael Holland submitted. Based on my inquiry of the person or persons who manage the system, Area Group Manager 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 including the possibility of fine and imprisonment for knowing violations. OFFICER OR AUTHORIZED AGENT NUMBER YEAR MO DAY

NY0005835

PERMIT NUMBER

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

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

SEE PERMIT FOR ADDITIONL NOTES. COMMENTS & REQUIREMENTS

USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

01193/oThis is a A-part form.

MAJOR

(SUBR 01)

004 M

DISCHARGE NUMBER

"" U 3 U U E ADDRESS BROOKHAVEN NATIONAL LABORATORY 53 BELL AVE, BLDG 464 UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

NY 11973

LOCATION PT (IN

NY0005835 **PERMIT NUMBER**

005 M DISCHARGE NUMBER

MAJUK (SUBR 01) F - FINAL

NSLS COOLING TOWN BLDN ETC(HS)

*** NO DISCHARGE |__ | ***

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	YEAR		DAY		YEAR	МО	DAY
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ATTN: GEORGE MALOSH.	GROUP MG	R	L				IOTE: Read Instru	ctions befor	• com	plating th	le form.
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Mr. Michael Holland Area Group Manager	to assure submitte or those submitte	e that qualified personnel pr ed. Based on my inquiry of t 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, accu	the information nanage the system on, the informations rate, and comple	m, lon te.			1 ,344-3	424		
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

NAME USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY 53 BELL AVE, BLDG 464

> UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATIONU PT ON NY 11973 DISCHARGE MONITORING REPORT (DMR)

007 M DISCHARGE NUMBER

MAJOR (SUBR 01) F - FINAL

WATER TREATMENT PLT BKWSH (HX)

*** NO DISCHARGE |__ | ***

		N	IONITO	RING	PERIO	D	·
	YEAR	МО	DAY		YEAR	МО	DAY
FROM	02	01	01	ТО	02	01	31

NY0005835

PERMIT NUMBER

PARAMETER		QUANTITY OR LOADING			QUAL	RATION		NO.	FREQUENCY	SAMPLE	
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VAME/TITLE PRINCIPAL EXECUTIVE	prepare	under penalty of law that the d under my direction or sup-	ervision in accordance with	a system design	d	:		TELEPHON	ΙE	DA	TE
lr. Michael Holland Area Group Manager	submitte or those submitte	e that qualified personnel pr ed. Based on my inquiry of i persons directly responsible ed is, to the best of my know	he person or persons who i for gathering the informat ledge and belief, true, accu	manage the systemion, the informations and complete in the com	lon te.			631 ,344-3	424		
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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 DMR SAMPLING PURPOSES.

SEE PERMIT FOR ADDITIONL NOTES, COMMENTS & REQUIREMENTS

ADDRESS BROOKHAVEN NATIONAL LABORATORY 53 BELL AVE. BLDG 464

UPTON NY 11973 FACILITY BROOKHAVEN NATIONAL LABORATORY

NY0005835	
PERMIT NUMBER	

MAJUK 008 M DISCHARGE NUMBER

(SUBR 01) F - FINAL STORMWIR RUNOFF WAREHOUSE (HW)

*** NO DISCHARGE | ***

		N	IONITO	RING	PERIO	D	
	YEAR	MO	DAY		YEAR	МО	DAY
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ATTN: GEORGE HALOSH.		K K 11973	FROM 02	OI O	1 10 02	01 31 *	** NU DIS	CHARGE ructions befor	e com	辛辛辛 pleting this	s form.
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	PERMIT REQUIREMENT								10.00		
NAME/TITLE PRINCIPAL EXECUTIVE	prepare	under penalty of law that U d under my direction or sup	ervision in accordance with	a system designe	ed	•		TELEPHO	VE	D.	ATE
Mr. Michael Holland rea Group Manager	tibendue or those tilendue	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 is for gathering the informativedge and belief, true, accu-	manage the system ion, the information rate, and comple	lon ie.	ATTION OF POWER		631 344-3	3424		
TYPED OR PRINTED	Includir	are that there are significan ig the possibility of fine and	imprisonment for knowing	violations.		ATURE OF PRINCIPAL FICER OR AUTHORIZE	D AGENT	AREA NUMBE	R	YEAR I	MO DAY
OMMENTS AND EXPLANATION OF	THE VIOLATIONS	inererence all alla									

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.

01196/0Thirian-19869rm.

UPTON NY 11973 STORMWIR R O CENTRAL STEAM (H) FACILITY BROOKHAVEN NATIONAL LABORATORY MONITORING PERIOD MO DAY YEAR MO DAY LOCATIONU PT ON NY 11973 FROM 02 01 02 01 *** NO DISCHARGE 31 ATTN: GEORGE MALOSH, GROUP MGR NOTE: Read instructions before completing this form. PARAMETER QUANTITY OR LOADING FREQUENCY QUALITY OR CONCENTRATION NO. SAMPLE TYPE **AVERAGE** ANALYSIS **MAXIMUM** UNITS MINIMUM **AVERAGE MAXIMUM** UNITS FLOW RATE SAMPLE **** 07) ***** ***** **** NSTAN MEASUREMENT See Note 3 8300 1/MO PERMIT 100056 1 n n ***** REPORT ***** DRCE! INSTAN ***** EFFLUENT GROSS VALUE REQUIREMENT DAILY MX GPD MONTH **** PH SAMPLE **** ***** (12)MEASUREMENT 7.3 7.3 1/MO GRAB 00400 1 0 0 PERMIT ***** ***** *** REPORT ***** BAS. INCEA GRAIN EFFLUENT GROSS VALUE REQUIREMENT **** MINIMUM HUNIKAK HOHIH EFF SU OIL & GREASE SAMPLE **** **** **** **** (19)MEASUREMENT **<** 5 11/MO GRAB 00556 1 PERMIT 0 0 ***** ****** *** ***** ***** 150 UNCE / GRAB EFFLUENT GROSS VALUE REQUIREMENT *** DAILY AX HG/L MOSTHES SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT **VAME/TITLE PRINCIPAL EXECUTIVE OFFICER** I certify under penalty of law that this document and all attachments were TELEPHONE prepared under my direction or supervision in accordance with a system designed DATE to assure that qualified personnel properly gather and evaluate the information Mr. Michael Holland submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information Area Group Manager

NY.0005835

PERMIT NUMBER

OMMENTS 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

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.

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

631 344-3424

NUMBER

MAJOR

(SUBR 01)

F - FINAL

010 M

DISCHARGE NUMBER

MO

DAY

YEAR

TYPED OR PRINTED

0200E

ADDRESS BROOKHAVEN NATIONAL LABORATORY

53 BELL AVE, BLOG 464

53 BELL AVE. BLDG 464 PERMIT NUMBER DISCHARGE NUMBER F - FINAL UPTON NY 11973 LINAC NCCH. FLOOR DNS.ETC(HT1) MONITORING PERIOD FACILITY BROOKHAVEN NATIONAL LABORATORY YEAR MO DAY YEAR MO DAY LOCATION I PT (IN NY 11973 FROM 02 \mathbf{m} OI 02 u *** NO DISCHARGE I ATTN: GEORGE HALOSH, GROUP MGR NOTE: Read instructions before completing this form. **PARAMETER** QUANTITY OR LOADING FREQUENCY QUALITY OR CONCENTRATION NO. SAMPLE TYPE ANALYSIS **AVERAGE** MAXIMUM UNITS MINIMUM **AVERAGE** MAXIMUM UNITS **2H** SAMPLE **** **** **** (12)MEASUREMENT 7.3 8.0 O b/MO GRAB PERMIT 30400 1 0 0 REPORT 9.0 THEFT STATE REQUIREMENT EFFLUENT GROSS VALUE *** MINIMUM MAXIMUM SU HONTH IIL & GREASE SAMPLE **** **** ***** (19) **** MEASUREMENT < 5 1./MO GRAB 30556 1 PERMIT $\mathbf{0}$ ***** ***** **** DNCE I GRADE REQUIREMENT **EFFLUENT GROSS VALUE** DAILY MX HG/L HONTHERE LOW. IN CONDUIT OR SAMPLE **** (03) **本水水水水** THRU TREATMENT PLANT MEASUREMENT 0.1 0 5/MO RCORDR j0050 1 0 0 PERMIT ***** REPORT UNCE / RCURDS **EFFLUENT GROSS VALUE** REQUIREMENT DAILY MX MGD **** HONTH See Note 2 SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT BETTER HOLD TO THE STATE OF THE SAMPLE **MEASUREMENT** PERMIT REQUIREMENT I certify under penalty of law that this document and all attachments were AME/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

NY0005835

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

EE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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.

YEAR

MO

DAY

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

631 344-3424

NUMBER

MAJOR

(SUBR 01)

06A M

TYPED OR PRINTED

0.200E

ADDRESS BROOKHAVEN NATIONAL LABORATORY

USDOE ADDRESS BROOKHAVEN NATIONAL LABORATORY 53 BELL AVE, BLDG 464 UPTON NY 11973 ACILITY BROOKHAVEN NATIONAL LABORATORY OCATIONU PT ON

NY0005835 PERMIT NUMBER

06B M DISCHARGE HUMBER

MAJOR (SUBR 01) F - FINAL

COOLING TOWN FROM 919 ETC(HT2)

*** NO DISCHARGE |__ | ***

1	MONITORING PERIOD											
	YEAR	МО	DAY		YEAR	МО	DAY					
FROM	02	01	01	TO	02	01	31					

DISCHARGE MONITORING REPORT (DMR)

TTN: GEORGE MALOSH,	GROUP MG	<u>R</u>					NOTE: Read ine	tructions	before co	mpleting t	nis form.
PARAMETER		QUA	NTITY OR LOADIN	lG	QUAL	ITY OR CONCENTE	RATION		NO EX	OF	SAMPL
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Mr. Michael Holland Area Group Manager	submitte or those submitte	that qualified personnel prod. Based on my inquiry of to persons directly responsible dis, to the best of my know	he person or persons who n for gathering the informati ledge and belief, true, accur	nanage the system on, the informati rate, and complet	e.	·	i i	631 ,34	4-3424		
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MMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

EE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS