

120 E. Fifth Ave., Bldg. 860 P. O. Box 5000 Upton, NY 11973-5000 Phone 631 344-4549 Fax 631 344-7334 goode@bnl.gov

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

January 24, 2005

New York State Department of Environmental Conservation Division of Water Bureau of Wastewater Facilities Operation 625 Broadway, 4th Floor Albany, NY 12233-3506

Gentlemen:

SUBJECT: State Pollutant Discharge Elimination System (SPDES) NY-0005835

Brookhaven National Laboratory (BNL) Discharge Monitoring Report (DMR)

for December 2004

In accordance with our SPDES permit (NY-0005835), enclosed as Attachment I, please find the DMR for the month of December 2004. Severn Trent Laboratories, Inc. (NELAP Certification #11616) performs most of the analyses on SPDES samples, while H2M Labs, Inc. (NELAP Certification #10478) performs the BOD-5, Nitrogen series, and fecal coliform analyses and CHEMTEX Environmental Laboratory, Inc. (NELAP Certification #02077) performs specialty analyses for tolytriazole, hydroxyethilydene diphosphoric acid, and polypropylene glycol monobutyl ether. These laboratories are certified by the New York State Department of Health. Field measured parameters (pH, settleable solids, flow) are recorded and/or measured by BNL. Copies of the analytical reports will be retained in our files and will be made available upon request.

Review of the analytical data shows that all parameters met their respective SPDES effluent limitations.

Collection and analysis of these samples are performed in accordance with the BNL Quality Assurance (QA) program that specifies the standard operating procedures for collection and analysis of samples, QA data requirements, validation of contractor analytical data, and QA inspections performed periodically on contractor laboratories. All QA data, data validation reports, contractor laboratory assessment and audit reports are available upon request. Based on this information, we believe the values reported on the DMR are representative of the effluent from BNL during the month of December 2004.



Attachment II contains a summary of the Water Treatment Chemical usage for Outfalls 002, 005, and 006 for calendar year 2004.

If you should have any questions, please contact Marcia Allocco or Robert Lee of my staff at (631) 344-3166 and (631) 344-3148 respectively.

Sincerely,

Original Signed by G. Goode

George A. Goode Environmental & Waste Management Services Division Manager

GAG/MA:car

Attachment I: Discharge Monitoring Report for December 2004.

Attachment II: Annual Water Treat Chemical Usage for Calendar Year 2004

Attachment III: Analytical Results from H2M Labs Inc. and Severn Trent Laboratories, Inc. for

samples collected on 12/3/04 and 12/6/04 from Outfall 001 (BNL Use Only).

Attachment IV: Analytical Results from Severn Trent Laboratories and CHEMTEX

Environmental Laboratory, Inc. for samples collected from Outfalls 001A, 001B, 001F, 002, 002B, 005, 006A, 006B, 008, and 010 (BNL Use Only).

cc: M. Allocco, w/ all Attachments

M. Bebon, w/o Attachments

S. Dierker, w/ all Attachments

G. Granzen, w/ all Attachments

C. Johnson, w/o Attachments

E. Lessard, w/ all Attachments

E. Murphy, w/ all Attachments

A. Santino, SCDHS, w/ Attachment I

B. Style, w/o Attachments

D. Van Duyne, w/ all Attachments

M. Baldwin, w/ all Attachments

W. Chaloupka, w/ all Attachments

G. Goode, w/o Attachments

M. Holland, w/o Attachments

R. Lee, w/ all Attachments

D. Lowenstein, w/o Attachments

V. Radeka, w/ all Attachments

v. Radeka, w/ all Attachments

R. Sorrentino, NYSDEC, w/ Attachment I

J. Tarpinian, w/o Attachments

J. Zamirowski, TAS, CH, w/ Attachment I

EC62ER.04

Brookhaven National Laboratory SPDES Permit No. NY0005835 Discharge Monitoring Report for December 2004 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. Flow is estimated based upon an instantaneous flow measurement and the assumption that flow continued for the entire day (i.e., 1,440 minutes).
- 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 above the detection limit for any congener. Total PCBs have been reported as less than the maximum of the individual detection limits.
- 5. Two individual photographic processors had generated photographic rinse waters discharged from Building 197B. However, in late 2003 the photographic processors were shutdown resulting in no discharge from Outfall 001D for this time period.

ATTACHMENT I BROOKHAVEN NATIONAL LABORATORY SPDES PERMIT NO. NY0005835 DISCHARGE MONITORING REPORT FOR NOVEMBER 2004 FOR OUTFALLS NO. 001 – 010

PERMITTEE NAME ADDRESS	NAME/ADDRESS (Include U S D O E BROOKHAVEN NATION	•	tion if Differei	nt)		LLUTANT DISCI ONITORING RE		NATION SYST	EM (NPDES	5)				
	BROOKHAVEN AREA O	FFICE			NY0005835		001 A		(SUBR 01))				
	UPTON	NY 11973			Permit Number	•	Discharge N	umber	F - FINAL					
FACILITY	BROOKHAVEN NATION	AL LABORATORY			Monitoring I	Period			ACID/CAUSTIC CLEANG RINSE 535B					
LOCATION	UPTON	NY 11973			From	То	1	***	* No Discharge ****					
ATTN:	MICHAEL HOLLAND, GR	OUP MGR			YR MO DAY	YR MO DAY								
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Division Manager
Environmental & Waste Management
Services Division
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 possibliity of fine and imprisonment for knowing violations.

Telephone 631-344-4549

Signature of Principal Executive Date Signed
Officer or Authorized Agent

Comments and Explanation of any violations (Reference all attachments here)

SAMPLE
MEASUREMENT
PERMIT
REQUIREMENT

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL. SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION SYSTEM. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

PERMITTEE NAME ADDRESS	NAME/ADDRESS (Include U S D O E BROOKHAVEN NATIONAL	•	tion if Differer	nt)	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) MAJOR									
ADDRESS	BROOKHAVEN NATIONAL				NY0005835		001 B		(SUBR 01)					
	UPTON	NY 11973			Permit Number	umber	F - FINAL							
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

See Note 1

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EFFLUENT GROSS VALUE

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(AS NI)

Division Manager
Environmental & Waste Management
Services Division
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 possibliity of fine and imprisonment for knowing violations.

Telephone
631-344-4549

Date Signed

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DAILY MX

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Signature of Principal Executive

Officer or Authorized Agent

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QTRLY

Comments and Explanation of any violations (Reference all attachments here)

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL. SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION SYSTEM. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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false information, including the possibliity of fine and imprisonment for knowing violations.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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Comments and Explanation of any violations (Reference all attachments here)

Typed or Printed

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

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL. SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION SYSTEM. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

PERMITTEE NAME/ADDRESS (Include NAME U S D O E ADDRESS BROOKHAVEN NATIONA	•	tion if Differen	nt)	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) MAJOR									
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Division Manager
Environmental & Waste Management
Services Division
Typed or Printed

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Telephone 631-344-4549

Signature of Principal Executive Date Signed
Officer or Authorized Agent

Comments and Explanation of any violations (Reference all attachments here)

SAMPLE
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NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL. SAMPLES TO BE COLLECTED FROM MANHOLE NEAREST THE BUILDING. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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631-344-4549

Date Signed

Signature of Principal Executive

PERMITTEE NAME ADDRESS	NAME/ADDRESS (Includ U S D O E BROOKHAVEN NATION	•	tion if Differe	nt)		LLUTANT DISCH		NATION SYST	EM (NPDES	S)					
	BROOKHAVEN AREA C	FFICE			NY0005835		001 F		(SUBR 01)						
	UPTON	NY 11973			Permit Number Discharge Number				F - FINAL						
FACILITY	BROOKHAVEN NATION	IAL LABORATORY			Monitoring	Period	COOL			TOWE	R WTR & BLOW	DN 902			
LOCATION	UPTON	NY 11973			From To ***					* No Discharge ****					
ATTN:	MICHAEL HOLLAND, G	ROUP MGR			YR MO DAY	YR MO DAY									
	·					04 12 31	1	Instructions	s before	completing this	s form				
	PARAMETER		QU	ANTITY OR L		QUALITY OR CONC		NCENTRATION		NO. EX	FREQUENCY OF	SAMPLE TYPE			
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS				
FLOW RATE		SAMPLE MEASUREMENT	2710	*****	(07)	*****	*****	*****		0	03/90	RC			
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i		PERMIT													
•		REQUIREMENT													
NAME	TITLE PRINCIPAL EXEC	UTIVE OFFICER	I certify u	nder penalty of law	that this document and	d all attachments were	prepared under m	v 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

 $false\ information,\ including\ the\ possibliity\ of\ fine\ and\ imprisonment\ for\ knowing\ violations.$

Comments and Explanation of any violations (Reference all attachments here)

Division Manager

Environmental & Waste Management

Services Division

Typed or Printed

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL. SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR HOLDING TANKS PRIOR TO DISCHARGE TO SEWER COLLECTION SYSTEM. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

Telephone

631-344-4549

Date Signed

Signature of Principal Executive

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

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE

UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973
ATTN: MICHAEL HOLLAND, GROUP MGR

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

							MAJOR
NY	00058	35				001 M	(SUBR 01)
Per	mit N	umber				Discharge Number	F - FINAL
	Monito	oring F	Perio	od			PROCESS SANIT & STORMWTR RNOFF
	Fro	m		То		,	*** No Discharge ****
YR	МО	DAY	YR	МО	DAY		
04	12	01	04	12	31	Note: Rea	d Instructions before completing this form

PARAMETER		QUA	ANTITY OR LO	ADING			ICENTRATION		NO. EX		SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS		
TEMPERATURE, WATER	SAMPLE	*****	*****		*****	*****	57	(15)	0	01/01	GR	
DEG. FAHRENHEIT	MEASUREMENT						37		L °	01/01	GI.	
00011 1 0 0	PERMIT	*****	*****	****	*****	*****	90			DAILY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	DEG.F		DAILI	GNAD	
BOD, 5-DAY	SAMPLE	*****	*****		*****	< 2	< 2	(19)	0	02/30	24	
(20 DEG. C)	MEASUREMENT										2-4	
00310 1 0 0	PERMIT	*****	*****	****	*****	10	20			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****		DAILY AV	DAILY MX	MG/L		MONTH	00WII 24	
PH	SAMPLE	*****	*****		6.5	*****	7.1	(12)	0	01/01	GR	
	MEASUREMENT									01/01	OIX	
00400 1 0 0	PERMIT	*****	*****	****	5.8	*****	9.0			DAILY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SU		DAILI	OITAB	
SOLIDS, TOTAL	SAMPLE	*****	*****		*****	< 1.0	< 1.0	(19)	0	02/30	24	
SUSPENDED	MEASUREMENT					< 1.0					2-4	
00530 1 0 0	PERMIT	*****	*****	****	*****	10	20			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****		DAILY AV	DAILY MX	MG/L		MONTH	OOMI 24	
SOLIDS, SETTLEABLE	SAMPLE	*****	*****		*****	*****	0.0	(25)	0	01/01	GR	
	MEASUREMENT						0.0			01/01	OIX	
00545 1 0 0	PERMIT	*****	*****	****	*****	*****	0.1			DAILY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	ML/L		DAILI	OKAB	
NITROGEN, TOTAL	SAMPLE	*****	*****		*****	*****	5.3	(19)	0	02/30	24	
(AS N)	MEASUREMENT						3.3			02/30	24	
00600 1 0 0	PERMIT	*****	*****	****	*****	*****	10			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	OOMI 24	
NITROGEN, AMMONIA	SAMPLE	*****	*****		*****	*****	0.6	(19)	0	02/30	24	
TOTAL (AS N)	MEASUREMENT]]			24	
00610 1 0 0	PERMIT	*****	*****	****	*****	*****	2			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	00 21	
NAME/TITLE PRINCIPAL EXECUT	IVE OFFICER	I certify u	nder 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										hone
Division Manager		and evaluate th	ne information subm	nitted. Based on my inc	quiry of the person or	persons who mana	ge the system, or				631-34	4-4549
Environmental & Waste Management		those persons directly responsible for gathering the information, the information submitted is, to the best of my										
Services Division		knowledge an	d belief, true, accur	ate, and complete. I ar	m aware that there are	e significant penaltie	es for submitting	_		cipal Executive	Date S	igned
Typed or Printed		fa		uding the possibliity of	fine and imprisonment	t for knowing violation	ons.	Officer of	or Auth	orized Agent		

Comments and Explanation of any violations (Reference all attachments here)

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFBS. SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.

PERMITTEE	NAME/ADDRESS	(Include Facility Name/Location if Different)
NAME	USDOE	
ADDRESS	BROOKHAVEN N	ATIONAL LABORATORY
	BROOKHAVEN A	REA OFFICE
	UPTON	NY 11973
FACILITY	BROOKHAVEN N	ATIONAL LABORATORY
LOCATION	UPTON	NY 11973
ATTN:	MICHAEL HOLLA	ND, GROUP MGR

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

							MAJOR
NYO	00583	35				001 M	(SUBR 01)
Per	mit Nu	umber				Discharge Number	F - FINAL
ı	Monito	oring F	Perio	od			PROCESS SANIT & STORMWTR RNOFF
	Fror	n		То			*** No Discharge ****
YR	MO	DAY	YR	МО	DAY		
04	12	01	04	12	31	Note: Re	ad Instructions before completing this form

	<u> </u>	i -			04 12 31		Note. Reau i					1
PARAMETER		QUA	ANTITY OR LO	ADING	QUA	LITY OR CON	CENTRATION	I	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PHOSPHORUS, TOTAL	SAMPLE	*****	*****		*****	*****	2.3	(19)	0	02/30	24	
(AS P)	MEASUREMENT						2.3		ľ	02/30	24	
00665 1 0 0	PERMIT	*****	*****	****	*****	*****	REPORT			ONCE/	COMPO	
EFFLUENT GROSS VALUE	REQUIREMENT	******	*****	***	******	*****	DAILY MX	MG/L		MONTH	COMP24	
CYANIDE, TOTAL	SAMPLE	*****	*****		*****	*****		(28)	_	22/22		
(AS CN)	MEASUREMENT	*****	*****		*****	*****	< 5.0		0	02/30	GR	
00720 1 0 0	PERMIT	*****	*****	****	*****	*****	100			TWICE/		
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	***	*****	*****	DAILY MX	UG/L		MONTH	GRAB	
COPPER, TOTAL	SAMPLE	*****	*****		*****	*****	0.050	(19)		00/00		
(AS CU)	MEASUREMENT	*****	*****		*****	*****	0.052	` ´	0	02/30	24	
01042 1 0 0	PERMIT	*****	*****	****		*****	0.15	1		ONCE/	ooups:	
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****		*****	DAILY MX	MG/L		MONTH	COMP24	
IRON, TOTAL	SAMPLE	*****	*****		*****	*****		(19)	_			
(AS FE)	MEASUREMENT	*****	*****		*****	*****	0.21	(- /	0	02/30	24	
01045 1 0 0	PERMIT	*****	*****	****	*****	*****	0.37			ONCE/		
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L		MONTH	COMP24	
LEAD, TOTAL	SAMPLE	*****	*****		*****	*****		(19)	_	22/22		
(AS PB) See Note 1	MEASUREMENT	*****	*****		*****	*****	0.0020	` ′	0	02/30	24	
01051 1 0 0	PERMIT	*****	*****	****	*****	*****	0.019			ONCE/		
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L		MONTH	COMP24	
NICKEL, TOTAL	SAMPLE	*****	*****		*****	*****		(19)	_	22/22		
(AS NI)	MEASUREMENT	*****	*****		*****	*****	0.024	. ,	0	02/30	24	
01067 1 0 0	PERMIT	*****	*****	****	*****	*****	0.11	1		ONCE/	ooups:	
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L		MONTH	COMP24	
SILVER, TOTAL	SAMPLE	*****	*****		*****	*****		(19)				
(AS AG)	MEASUREMENT	*****	*****		*****	*****	0.0027	` ´	0	02/30	24	
01077 1 0 0	PERMIT	*****	*****	****	*****	*****	0.015	1		ONCE/	ooupe:	
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L		MONTH	COMP24	
NAME/TITLE PRINCIPAL EXECUT		I certify ur	nder penalty of law t	hat this document and	all attachments were	prepared under my	direction or					
		1		with a system designed						Telep	hone	
Division Manager		and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or									631-34	
Environmental & Waste Mana	gement	those persons directly responsible for gathering the information, the information submitted is, to the best of my										
Services Division	•		, ,	ate, and complete. I ar		•	•				Date S	igned
Typed or Printed		1		uding the possibliity of			•	_		orized Agent		
Comments and Explanation of any viola	:: (D-f			. J p								

Comments and Explanation of any violations (Reference all attachments here)

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5.
APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFBS. SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.

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

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE

UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973
ATTN: MICHAEL HOLLAND, GROUP MGR

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

							MAJOR
NY	00058	35				001 M	(SUBR 01)
Per	mit N	umber				Discharge Number	F - FINAL
	Monito	oring F	Perio	od			PROCESS SANIT & STORMWTR RNOFF
	Fro	n		То		,	*** No Discharge ****
YR	МО	DAY	YR	МО	DAY		
04	12	01	04	12	31	Note: Rea	d Instructions before completing this form

PARAMETER		QUA	ANTITY OR LO	ADING			NCENTRATION		NO. EX		SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
ZINC, TOTAL	SAMPLE	*****	*****		*****	*****	0.05	(19)	0	02/30	24	
(AS ZN)	MEASUREMENT						0.03		L °	02/30	24	
01092 1 0 0	PERMIT	*****	*****	****	*****	*****	0.1			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	COMF 24	
TOLUENE	SAMPLE	*****	*****		*****	*****	< 1.0	(28)	0	02/30	GR	
	MEASUREMENT						< 1.0				OK	
34010 1 0 0	PERMIT	*****	*****	****	*****	*****	5			TWICE/	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		MONTH	OKAD	
METHYLENE CHLORIDE	SAMPLE	*****	*****		*****	*****	< 2.5	(28)	0	02/30	GR	
	MEASUREMENT										OK	
34423 1 0 0	PERMIT	*****	*****	****		*****	5			TWICE/	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		MONTH	OKAD	
1,1,1-TRICHLORO-	SAMPLE	*****	*****		*****	*****	< 1.0	(28)	0	02/30	GR	
ETHANE	MEASUREMENT						< 1.0				OK	
34506 1 0 0	PERMIT	*****	*****	****	*****	*****	5			TWICE/	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		MONTH	OKAD	
FLOW, IN CONDUIT OR	SAMPLE	0.27	0.34	(03)	*****	*****	*****		0	99/99	RC	
THRU TREATMENT PLANT	MEASUREMENT									33/33	ĸo	
50050 1 0 0	PERMIT	REPORT	2.3		*****	*****	*****	****		CONTINU-	RCORDR	
EFFLUENT GROSS VALUE	REQUIREMENT	DAILY AV	DAILY MX	MGD				****		ous	ROORDR	
MERCURY, TOTAL	SAMPLE	*****	*****		*****	*****	0.0002	(19)	0	02/30	24	
(AS HG) See Note 1	MEASUREMENT						0.0002			02/30	2-7	
71900 1 0 0	PERMIT	*****	*****	****	*****	*****	0.0008			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	COMI 24	
COLIFORM, FECAL	SAMPLE	*****	*****		*****	< 2	< 2	(13)	0	02/30	GR	
GENERAL	MEASUREMENT					``_	```]		02/30	GK.	
74055 1 0 0	PERMIT	*****	*****	****	*****	200	400	#/		ONCE/	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****		DAILY AV	DAILY MX	100ML		MONTH	OKAD	
NAME/TITLE PRINCIPAL EXECUT	IVE OFFICER	I certify ur	nder penalty of law	that this document and	all attachments were	prepared under my	direction or					
		supervis	sion in accordance	with a system designed	d to assure that qualifi	ed personnel prope	erly gather				Telep	hone
Division Manager		and evaluate th	e information subm	itted. Based on my inc	quiry of the person or	persons who mana	ge the system, or				631-34	4-4549
Environmental & Waste Mana	gement	those person	s directly responsib	le for gathering the infe	ormation, the informat	ion submitted is, to	the best of my					
Services Division		knowledge and	d belief, true, accur	ate, and complete. I ar	m aware that there are	e significant penaltie	es for submitting	Signature of	of Prin	cipal Executive	Date S	igned
Typed or Printed	tions (Defended a	fal	se information, incl	uding the possibliity of	fine and imprisonmen	t for knowing violati	ons.	Officer of	or Auth	orized Agent		

Comments and Explanation of any violations (Reference all attachments here)

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFBS. SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.

NAME	USDOE	LIABORATORY		-	DISCHARGE M	ONITORING RE	PORT (DMR)		MAJOR			
ADDRESS	BROOKHAVEN NATIONAL BROOKHAVEN AREA OF				NY0005835		001 M		MAJOR (SUBR 01)			
	UPTON	NY 11973			Permit Number		Discharge N	umher	F - FINAL			
FACILITY	BROOKHAVEN NATIONA				Monitoring		Discriar ge 14	uniber		SANIT	& STORMWTR	RNOFF
_	UPTON	NY 11973			From	То	1	***	No Dischar	-	****	KINOI I
ATTN:	MICHAEL HOLLAND, GRO					YR MO DAY			NO DISCIIAI	ge		
					04 12 01			Note: Read I	nstructions	before	completing this	s form
			Ī							NO.	FREQUENCY	SAMPLE
	PARAMETER		QU	ANTITY OR LO	DADING	QUA	LITY OR CO	NCENTRATION	l	EX	OF	TYPE
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
2-BUTANON	E	SAMPLE	*****	*****		*****	*****	< 2.0	(28)	0	02/30	GR
		MEASUREMENT						< 2.0		U	02/30	GK
78356 1 0 ()	PERMIT	*****	*****	****	*****	*****	50			TWICE/	GRAB
EFFLUENT (GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		MONTH	GIVAD
BOD, 5-DAY	PERCENT	SAMPLE	*****	*****		> 97	*****	*****	(23)	0	01/30	CA
REMOVAL		MEASUREMENT								_		O A
81010 K 0		PERMIT	*****	*****	****	85	*****	*****			ONCE/	CALCTD
		REQUIREMENT			****	MO AV MN			PERCENT		MONTH	07.20.2
SOLIDS, SU		SAMPLE	*****	*****		> 99	*****	*****	(23)	0	01/30	CA
PERCENT R		MEASUREMENT			****						- NOT	
81011 K 0		PERMIT	*****	*****	****	85	*****	*****	DEDOENT		ONCE/	CALCTD
PERCENT R	EMOVAL	REQUIREMENT SAMPLE				MO AV MN			PERCENT		MONTH	
		MEASUREMENT										
1		PERMIT										
		REQUIREMENT										
		SAMPLE										
		MEASUREMENT										
		PERMIT			1							
		REQUIREMENT										
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		MEASUREMENT										
ı		PERMIT			1							
		REQUIREMENT										
		SAMPLE										
Ì		MEASUREMENT						1				
I		PERMIT										
		REQUIREMENT										

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

 $false\ information,\ including\ the\ possibliity\ of\ fine\ and\ imprisonment\ for\ knowing\ violations.$

Comments and Explanation of any violations (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Division Manager

Environmental & Waste Management

Services Division

Typed or Printed

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 SFBS. SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.

Telephone

631-344-4549

Date Signed

Signature of Principal Executive

BROOKHAVEN NATIONAL	L LABORATORY							MAJOR				
BROOKHAVEN AREA OFF	FICE			NY0005835		001 Q		(SUBR 01))			
UPTON	NY 11973			Permit Number	•	Discharge N	lumber	F - FINAL				
BROOKHAVEN NATIONAL	L LABORATORY			Monitoring I	Period			PROCESS	SANIT	EFFL & STORM	IWTR	
UPTON	NY 11973			From	То	1	***	No Discha	rge	****		
MICHAEL HOLLAND, GRO	OUP MGR			YR MO DAY	YR MO DAY				•	<u>—</u>		
				04 10 01	04 12 31	1	Note: Read	nstructions	s before	e completing this	s form	
PARAMETER		QUA	ANTITY OR LO	DADING	QUA	ALITY OR CO	NCENTRATIO	١	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
RINATED 6 (PCBS)	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.065	(28)	0	02/90	GR	1
0 See Note 4 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB	
	SAMPLE											
	MEASUREMENT											1
	PERMIT REQUIREMENT											
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	REQUIREMENT											
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/IIILE PRINCIPAL EXECUT	IVE OFFICER	1					•				T. 1	
Division Manager											•	
_	agomont									ŀ	031-34	4-4549
	agement						-	Signature	of Prin	cinal Executive	Data 9	Signed
		1		•			-	_		•	Date 3	Jucu
	BROOKHAVEN AREA OFI UPTON BROOKHAVEN NATIONAL UPTON MICHAEL HOLLAND, GRO PARAMETER RINATED (PCBS) 0 See Note 4 GROSS VALUE //////////////////////////////////	BROOKHAVEN NATIONAL LABORATORY UPTON NY 11973 MICHAEL HOLLAND, GROUP MGR PARAMETER RINATED (PCBS) 0 See Note 4 GROSS VALUE SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT TO SAMPLE MEASUREMENT PERMIT REQUIREMENT TO SAMPLE MEASUREMENT PERMIT REQUIREMENT TO SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT TO SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT TO SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT TO SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT PERMIT REQUIREMENT PERMIT PERMIT REQUIREMENT PERMIT	BROOKHAVEN AREA OFFICE UPTON NY 11973 BROOKHAVEN NATIONAL LABORATORY UPTON NY 11973 MICHAEL HOLLAND, GROUP MGR PARAMETER PARAMETER RINATED (PCBS) O See Note 4 GROSS VALUE REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREME	BROOKHAVEN AREA OFFICE UPTON NY 11973 BROOKHAVEN NATIONAL LABORATORY UPTON NY 11973 MICHAEL HOLLAND, GROUP MGR PARAMETER PARAMETER SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUI	BROOKHAVEN AREA OFFICE UPTON NY 11973 BROOKHAVEN NATIONAL LABORATORY UPTON NY 11973 MICHAEL HOLLAND, GROUP MGR PARAMETER RINATED (PCBS) 0 See Note 4 GROSS VALUE SAMPLE MEASUREMENT PERMIT REQUIREMENT P	BROOKHAVEN AREA OFFICE UPTON NY 11973 BROOKHAVEN NATIONAL LABORATORY UPTON NY 11973 MICHAEL HOLLAND, GROUP MGR PARAMETER QUANTITY OR LOADING AVERAGE MAXIMUM UNITS MINIMUM RINATED (PCBS) MEASUREMENT D SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT	BROOKHAVEN AREA OFFICE UPTON NY 11973 BROOKHAVEN NATIONAL LABORATORY UPTON NY 11973 MICHAEL HOLLAND, GROUP MGR QUANTITY OR LOADING AVERAGE MAXIMUM UNITS MINIMUM AVERAGE GROSS VALUE SAMPLE MEASUREMENT PERMIT REQUIREMENT	BROOKHAVEN AREA OFFICE UPTON NY 11973 MICHAEL HOLLAND, GROUP MGR PARAMETER AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM CONSON VALUE SE NOTE A SAMPLE MEASUREMENT PERMIT REQUIREMENT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT PERMI	BROOKHAVEN AREA OFFICE UPTON NY 11973 MICHAEL HOLLAND, GROUP MGR QUANTITY OR LOADING QUANTITY OR LOADING AVERAGE MAXIMUM UNITS BROOKS VALUE BROOK VALUE AVERAGE MAXIMUM UNITS BROOK VALUE BROOK VALUE AVERAGE MAXIMUM UNITS BROOK VALUE AVERAGE MAXIMUM UNITS BROOK VALUE BROOK VALUE AVERAGE MAXIMUM UNITS BROOK VALUE BR	RROCKHAVEN NATIONAL LABORATORY UPTON NY 11973 MICHAEL HOLLAND, GROUP MGR QUANTITY OR LOADING AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS SAMPLE MEASUREMENT PERMIT REQUIREMENT REQUIREMEN	NY0005835	ROOKHAVEN AREA OFFICE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Comments and Explanation of any violations (Reference all attachments here) PCB ANALYSIS TO USE EPA METHOD 608 WITH AN MDL GOAL OF 0.065 PPB

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

USDOE

NAME

PERMITTEE NAME ADDRESS	NAME/ADDRESS (Include USDOE BROOKHAVEN NATIONA	L LABORATORY	tion if Differe	nt)	DISCHARGE N	LLUTANT DISCI	PORT (DMR)	NATION SYST	MAJOR	,		
	BROOKHAVEN AREA OF				NY0005835		002 B		(SUBR 01))		
	UPTON	NY 11973			Permit Numbe	r	Discharge N	umber	F - FINAL			
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitoring	Period			RF(1004) 8	& BRAH	IMS <u>(100</u> 2) BLOV	VDN
LOCATION	UPTON	NY 11973			From	То		***	No Discha	rge	***	
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR			YR MO DAY	YR MO DAY						
					04 12 01	04 12 31		Note: Read I	nstructions	s before	completing this	s form
	PARAMETER		QU	ANTITY OR LO	DADING	QUA	ALITY OR COI	NCENTRATION	ı	NO. EX	FREQUENCY OF	SAMPLE TYPE
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
PH		SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.5	(12)	0	01/30	GR
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OIL & GREA	ASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.0	(19)	0	01/30	GR
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NAME	TITLE PRINCIPAL EXECU	L certify u	inder penalty of law	that this document and	d 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

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Comments and Explanation of any violations (Reference all attachments here)

Division Manager

Environmental & Waste Management

Services Division

Typed or Printed

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

Telephone

631-344-4549

Date Signed

Signature of Principal Executive

PERMITTEE NAME ADDRESS	NAME/ADDRESS (Include U S D O E BROOKHAVEN NATIONA	•	tion if Differei	nt)	DISCHARGE N	LLUTANT DISCH		NATION SYST	EM (NPDES	5)		
	BROOKHAVEN AREA OF	FICE			NY0005835		002 M		(SUBR 01))		
	UPTON	NY 11973			Permit Number	r	Discharge N	umber	F - FINAL			
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitoring	Period			AGS NON-	-c coo	LING,PRCP,ETC	C (HN)
LOCATION	UPTON	NY 11973			From	То	1	***	No Discha	rge	****	
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR			YR MO DAY	YR MO DAY	1					
					04 12 01	04 12 31	1	Note: Read I	nstructions	s before	completing thi	s form
	PARAMETER			ANTITY OR LO		QUA		NCENTRATION		NO. EX	FREQUENCY OF	SAMPLE TYPE
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
PH		SAMPLE MEASUREMENT	*****	*****		6.5	*****	7.3	(12)	0	05/30	GR
00400 1 0 (EFFLUENT () GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREA	SE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.0	(19)	0	01/30	GR
00556 1 0 (EFFLUENT () GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CO	ONDUIT OR TMENT PLANT	SAMPLE MEASUREMENT	0.22	*****	(03)	*****	*****	*****		0	05/30	RC
50050 1 0 °	1 GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	MGD	****	*****	*****			ONCE/ MONTH	RCORDR
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NAME	TITLE PRINCIPAL EXECU	TIVE OFFICER	I certify u	nder penalty of law	that this document and	d all attachments were	prepared under my	direction or				

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and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or

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Comments and Explanation of any violations (Reference all attachments here)

Division Manager

Environmental & Waste Management

Services Division

Typed or Printed

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS. SAMPLING FOR THIS OUTFALL SHALL BE CONDUCTED AT A LOCTION DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH THE COOLING TOWER BLOWDOWN FROM THE STAR DETECTOR.

Telephone

631-344-4549

Date Signed

Signature of Principal Executive

PERMITTEE NAME ADDRESS	NAME/ADDRESS (Include I U S D O E BROOKHAVEN NATIONAL	-	tion if Differe	nt)		LLUTANT DISCH		NATION SYST	EM (NPDES	3)		
	BROOKHAVEN AREA OFF	ICE			NY0005835		002 Q		(SUBR 01)			
	UPTON	NY 11973			Permit Number	r	Discharge N	umber	F - FINAL			
FACILITY	BROOKHAVEN NATIONAL	LABORATORY			Monitoring	Period			AGS NON-	c coo	LG,PRECP ETC	(HN)
LOCATION	UPTON	NY 11973			From	То		***	No Discha		****	()
ATTN:	MICHAEL HOLLAND, GRO	UP MGR				YR MO DAY				- 3 -		
	,				04 10 01			Note: Read I	nstructions	before	completing this	s form
	PARAMETER		QUA	ANTITY OR LO			ALITY OR CO	NCENTRATION		NO. EX	FREQUENCY OF	SAMPLE TYPE
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
ALUMINUM, (AS AL)	TOTAL	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.05	(19)	0	01/90	GR
01105 1 0 1 EFFLUENT (1 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	*****	*****	2.0 DAILY MX	MG/L		QTRLY	GRAB
CHLOROFO	RM	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.51	(28)	0	01/90	GR
32106 1 0 (EFFLUENT () GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	50 DAILY MX	UG/L		QTRLY	GRAB
1,1,1-TRICHI ETHANE	LORO-	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1.0	(28)	0	01/90	GR
34506 1 0 (EFFLUENT () GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****		*****	7 DAILY MX	UG/L		QTRLY	GRAB
DICHLOROB EFFLUENT	BROMOMETHANE See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1.0	(28)	0	01/90	GR
32101 1 0 (EFFLUENT () GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	****	*****	5 DAILY MX	UG/L		QTRLY	GRAB
1-HYDROXY	-ETHYLIDENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.05	(19)	0	01/90	GR
85812 1 0 (EFFLUENT () GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	****	*****	0.5 DAILY MX	MG/L		QTRLY	GRAB
TOLYTRIAZO	OLE	SAMPLE MEASUREMENT	*****	*****		****	*****	< 0.005	(19)	0	01/90	GR
85813 1 0 (EFFLUENT (O GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	*****	*****	0.2 DAILY MX	MG/L		QTRLY	GRAB
· 		SAMPLE MEASUREMENT										

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

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Comments and Explanation of any violations (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Division Manager

Environmental & Waste Management

Services Division

Typed or Printed

PERMIT REQUIREMENT

NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS. SAMPLING TO BE DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH COOLING TOWER BLOWDOWN FROM STAR DETECTOR.

Telephone

631-344-4549

Date Signed

Signature of Principal Executive

PERMITTEE NAME ADDRESS	NAME/ADDRESS (Include U S D O E BROOKHAVEN NATIONAL	•	tion if Differe	nt)		LLUTANT DISCH		INATION SYST	EM (NPDES	5)			
	BROOKHAVEN AREA OF	FICE			NY0005835		002 R		(SUBR 01))			
	UPTON	NY 11973			Permit Number	r	Discharge N	lumber	F - FINAL				
FACILITY	BROOKHAVEN NATIONAL	L LABORATORY			Monitoring I	Period			RF(1004) 8	& BRAH	HMS(1002) BLOV	VDN	
LOCATION	UPTON	NY 11973			From	То	1	***	No Discha	rge	****		
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR			YR MO DAY	YR MO DAY				•			
							1	Note: Read	nstructions	s before	e completing this	s form	
	PARAMETER		QU	ANTITY OR L	OADING	QUA	ALITY OR CO			NO. EX	FREQUENCY OF	SAMPLE TYPE	
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
1-HYDROXY	-ETHYLIDENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.05	(19)	0	01/90	GR	
85812 1 0 (EFFLUENT () GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.5 DAILY MX	MG/L		QTRLY	GRAB	
TOLYTRIAZO	OLE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.005	(19)	0	01/90	GR	
85813 1 0 (EFFLUENT () GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2 DAILY MX	MG/L		QTRLY	GRAB	
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NAME	TITLE PRINCIPAL EXECUT	IVE OFFICER	I certify u	inder penalty of law	v that this document and	d all attachments were	prepared under m	y direction or				-	
	Division Manager											Telep 631-34	

those persons directly responsible for gathering the information, the information submitted is, to the best of my

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Comments and Explanation of any violations (Reference all attachments here)

Environmental & Waste Management

Services Division

Typed or Printed

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

Date Signed

Signature of Principal Executive

ADDRESS	BROOKHAVEN NATIONAL	L LABORATORY							MAJOR				
	BROOKHAVEN AREA OF	FICE			NY0005835		005 M		(SUBR 01))			
	UPTON	NY 11973			Permit Number	r	Discharge N	lumber	F - FINAL	•			
FACILITY	BROOKHAVEN NATIONAL	L LABORATORY			Monitoring	Period			NSLS CO	OLING .	TOWR BLDN ET	C (HS)	
LOCATION		NY 11973			From	То		***	No Discha		****	- (-/	
ATTN:	MICHAEL HOLLAND, GRO				YR MO DAY					3-			
	•				-	04 12 31	1	Note: Read	Instructions	s before	e completing this	s form	
	PARAMETER		QU	ANTITY OR LO	DADING	QUA	ALITY OR CO	NCENTRATIO		NO. EX	FREQUENCY OF	SAMPLE TYPE	
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PH		SAMPLE MEASUREMENT	*****	*****		6.9	*****	8.1	(12)	0	05/30	GR	
00400 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB	
OIL & GREA	ASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.0	(19)	0	01/30	GR	
00556 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB	
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	TITLE PRINCIPAL EXECUT Division Manager		supervi	rision in accordance	with a system designe	d all attachments were ad to assure that qualification or the person or	ed personnel prop	erly gather				Telepi 631-344	
E	nvironmental & Waste Mana	agement	those person	ns directly responsit	ole for gathering the in	formation, the informat	ion submitted is, to	the best of my					
	Services Division		knowledge an	nd belief, true, accur	ate, and complete. I a	m aware that there are	e significant penalti	es for submitting	_		cipal Executive	Date Si	igned
I	Typed or Printed		fa	alse information, incl	uding the possibliity of	fine and imprisonmen	t for knowing violat	ions.	Officer	or Auth	orized Agent		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Comments and Explanation of any violations (Reference all attachments here) SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.

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

NAME

USDOE

PERMITTEE NAME/ADD NAME USDOE ADDRESS BROOKHA	RESS (Include F	•	tion if Differe	ent)		LLUTANT DISCH		NATION SYST	EM (NPDES	S)		
	VEN AREA OFF				NY0005835		005 Q		(SUBR 01)			
UPTON	_	NY 11973			Permit Number	•	Discharge N	lumber	F - FINAL	,		
	AVEN NATIONAL				Monitoring		Discriar ge iv	unibei		OLG TO	WR BLOWDN E	TC (US)
LOCATION UPTON		NY 11973			From	To	1	***	No Discha		****	те (на)
	HOLLAND, GRO					YR MO DAY			NO DISCHA	irge		
ATTN: WICHAEL	HOLLAND, GRO	UP WIGK				04 12 31		Note: Bood I	notruotion	hofor	completing this	form
			1		104 10 01	04 12 31	<u> </u>	Note: Read	nstructions	NO.	FREQUENCY	SAMPLE
PARAMET	FR		QU	ANTITY OR L	OADING	QUA	LITY OR CO	NCENTRATION	1	EX.	OF	TYPE
IANAMEI	LIX		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	┨	ANALYSIS	11172
COPPER, TOTAL		SAMPLE	1		ONTO				(19)			
•	e Note 1	MEASUREMENT	*****	*****		*****	*****	0.0017	(10)	0	01/90	GR
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NAME/TITLE PRIN	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of la					d all attachments were	prepared under m	y direction or				
			superv	vision in accordance	e with a system designe	ed to assure that qualific	ed personnel prop	erly gather			ſ	Teleph
Div	ision Manager		and evaluate t	the information sub	mitted Based on my in	auiry of the nerson or i	nersons who mana	age the system or	I			631-344

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Comments and Explanation of any violations (Reference all attachments here)

Environmental & Waste Management

Services Division

Typed or Printed

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Date Signed

Signature of Principal Executive

ADDRESS BROOKHAVEN NATIONAL LABORATORY BROOKHAVEN AREA OFFICE UPTON NY 11973 FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATION UPTON NY 11973 ATTN: MICHAEL HOLLAND, GROUP MGR QUANTITY OR LOADING QUANTITY OR LOADING AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS FLOW RATE SAMPLE MEASUREMENT PH SAMPLE MEASUREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT MEASUREMENT MY0005835 Permit Number MO107 M Discharge Number MO207 M Discharge Number MAJOR (SUBR 01) F - FINAL WATER TREATMENT PLT BKWSH (HX) WATER TREAT	PERMITTEE NAME	NAME/ADDRESS (Include USDOE	Facility Name/Loca	tion if Differe	ent)		LLUTANT DISCH IONITORING RE		NATION SYST	EM (NPDE	S)		
UPTON NY 11973 Permit Number Discharge Number F-FINAL	ADDRESS	BROOKHAVEN NATIONA	L LABORATORY							MAJOR			
PACILITY BROOKHAVEN NATIONAL LABORATORY LOCATION		BROOKHAVEN AREA OF	FICE			NY0005835		007 M		(SUBR 01)		
ATTN: MICHAEL HOLLAND, GROUP MGR		UPTON	NY 11973			Permit Numbe	r	Discharge N	umber	F - FINAL	•		
ATTN: MICHAEL HOLLAND, GROUP MGR	FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitoring	Period			WATER T	REATM	ENT PLT BKWS	H (HX)
ATTN: MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY 04 12 01 04 12 31 Note: Read Instructions before completing this form	LOCATION	UPTON	NY 11973			From	То	1	***	No Discha	arge	***	
PARAMETER	ATTN:	MICHAEL HOLLAND, GRO	OUP MGR			YR MO DAY	YR MO DAY				_		
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or	NAME/	TITLE PRINCIPAL EXECU		I certify u	under penalty of law	that this document an	d all attachments were	prepared under m	y direction or				
				-									Telep
		Division Manager		1			•						631-34
Environmental & Waste Management those persons directly responsible for gathering the information, the information submitted is, to the best of my	Er	nvironmental & Waste Man	agement			-							

knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting

 $false\ information,\ including\ the\ possibliity\ of\ fine\ and\ imprisonment\ for\ knowing\ violations.$

Comments and Explanation of any violations (Reference all attachments here)

Services Division

Typed or Printed

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Date Signed

Signature of Principal Executive

PERMITTEE NAME/ADDRESS (Includ NAME USDOE	•		,		LLUTANT DISCI IONITORING RE			`	-,		
ADDRESS BROOKHAVEN NATION				NY0005835		008 M		MAJOR			
BROOKHAVEN AREA (UPTON	NY 11973			Permit Number		Discharge N	umbor	(SUBR 01) F - FINAL)		
						Discharge N	umber		TD DUN	IOFE WARFLIOU	ICE (LIM)
FACILITY BROOKHAVEN NATION LOCATION UPTON	NY 11973			Monitoring	To	4	***	No Discha		IOFF WAREHOU	SE (HVV)
ATTN: MICHAEL HOLLAND, G				From	YR MO DAY			NO DISCHA	irge		
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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

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Comments and Explanation of any violations (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Division Manager

Environmental & Waste Management

Services Division

Typed or Printed

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 AND REQUIREMENTS

Telephone

631-344-4549

Date Signed

Signature of Principal Executive

NAME ADDRESS	USDOE	LABORATORY	ONITORING RE	PORT (DMR)		MAJOR								
ADDRESS	SS BROOKHAVEN NATIONAL LABORATORY BROOKHAVEN AREA OFFICE				NY0005835		008 Q		(SUBR 01)					
	UPTON	-ICE NY 11973			Permit Number		Discharge N	umbor	F - FINAL					
FACILITY	BROOKHAVEN NATIONAL				Monitoring Period									
LOCATION	UPTON	NY 11973							SW RUNOFF FROM WAREHOUSE AREA					
ATTN:					YR MO DAY	* No Discharge ****								
AIIN.	TN: MICHAEL HOLLAND, GROUP MGR									Instructions before completing this form				
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false information, including the possibliity of fine and imprisonment for knowing violations.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Comments and Explanation of any violations (Reference all attachments here)

Typed or Printed

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

PERMITTEE NAME ADDRESS	NAME/ADDRESS (Include I U S D O E BROOKHAVEN NATIONAL BROOKHAVEN AREA OFF UPTON	_ LABORATORY	nt)	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) MAJOR NY0005835 010 M (SUBR 01) Permit Number Discharge Number F - FINAL									
FACILITY LOCATION ATTN:	ATION UPTON NY 11973			Monitoring From YR MO DAY	Period To YR MO DAY	District Grant Services	STORMWTR R O CENTRAL STEAM (H) No Discharge ****						
	PARAMETER		QUANTITY OR LO				LITY OR CONCENTRATION		1		FREQUENCY OF	SAMPLE TYPE	
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			•	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									

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those persons directly responsible for gathering the information, the information submitted is, to the best of my

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Comments and Explanation of any violations (Reference all attachments here)

Division Manager

Environmental & Waste Management

Services Division

Typed or Printed

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 AND REQUIREMENTS

631-344-4549

Date Signed

Signature of Principal Executive

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) NAME USDOE **DISCHARGE MONITORING REPORT (DMR)** ADDRESS **BROOKHAVEN NATIONAL LABORATORY** MAJOR **BROOKHAVEN AREA OFFICE** NY0005835 010 Q (SUBR 01) UPTON NY 11973 FACILITY **BROOKHAVEN NATIONAL LABORATORY** LOCATION UPTON NY 11973 ATTN: MICHAEL HOLLAND, GROUP MGR QUANTITY O **PARAMETER** AVERAGE MAXIM COPPER, DISSOLVED SAMPLE (AS CU) **MEASUREMENT** See Note 1 01042 1 0 0 PERMIT ***** +++-EFFLUENT GROSS VALUE REQUIREMENT LEAD. DISSOLVED SAMPLE ***** **** **MEASUREMENT** (AS PB) 01051 1 0 0 **PERMIT** ***** *** EFFLUENT GROSS VALUE REQUIREMENT VANADIUM, DISSOLVED SAMPLE ***** **** **MEASUREMENT** (AS V) 01087 1 0 0 **PERMIT** ***** EFFLUENT GROSS VALUE REQUIREMENT ALUMINUM. DISSOLVED SAMPLE ***** *** (AS AL) **MEASUREMENT** 01105 1 0 0 **PERMIT** EFFLUENT GROSS VALUE REQUIREMENT SAMPLE **MEASUREMENT PERMIT** REQUIREMENT SAMPLE **MEASUREMENT** PERMIT REQUIREMENT SAMPLE **MEASUREMENT PERMIT**

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false information, including the possibliity of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Division Manager Environmental & Waste Management Services Division Typed or Printed

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Signature of Principal Executive

Officer or Authorized Agent

Comments and Explanation of any violations (Reference all attachments here)

REQUIREMENT

and evaluate the information

Date Signed

ADDRESS	BROOKHAVEN NATIONAL	L LABORATORY	MAJOR										
	BROOKHAVEN AREA OF	FICE			NY0005835		06A M		(SUBR 01)				
	UPTON	NY 11973			Permit Number	•	Discharge N	lumber	F - FINAL				
FACILITY	BROOKHAVEN NATIONAL	L LABORATORY			Monitoring I	Period			LINAC NCCW, FLOOR DNS,ETC (HT1)				
LOCATION	UPTON	NY 11973			From	То	1	***	** No Discharge ****				
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR			YR MO DAY	YR MO DAY				Ū			
					04 12 01			Instructions before completing this form					
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Typed or Printed false information, including the possibility of fine and imprisonment for knowing violations.

Comments and Explanation of any violations (Reference all attachments here)

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.

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

USDOE

NAME

ADDRESS	BROOKHAVEN NATIONAL	LABORATORY	MAJOR												
	BROOKHAVEN AREA OFF	FICE			NY0005835			06A Q		(SUBR 01)					
	UPTON	NY 11973		Permit Number				Discharge N	umber	F - FINAL					
FACILITY	BROOKHAVEN NATIONAL	LABORATORY			Monitoring	Period				LINAC NCCW, FLOOR DNS, SW (HT1)					
LOCATION	UPTON	NY 11973			From To ***						* No Discharge ****				
ATTN:	MICHAEL HOLLAND, GRO	UP MGR			YR MO DAY	YR M	IO DAY				•				
							12 31	1	Note: Read I	d Instructions before completing this form					
	PARAMETER		QU	ANTITY OR LO	LOADING		QU	ALITY OR CO	NCENTRATION	NO.		FREQUENCY OF	SAMPLE TYPE		
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Supervision in accordance Division Manager and evaluate the information sub					with a system designed	ed to assur	e that qualif	ied personnel prop	erly gather		Telephone 631-344-4549				
E	Environmental & Waste Management those persons directly respons Services Division knowledge and belief, true, accurately the services of the s				ble for gathering the in	formation,	the informat	tion submitted is, to	the best of my	Signature of Principal Executive Date Signet					

false information, including the possibliity of fine and imprisonment for knowing violations.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Comments and Explanation of any violations (Reference all attachments here)

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

Typed or Printed

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

USDOE

NAME

ADDRESS	BROOKHAVEN NATIONA	L LABORATORY	MAJOR										
	BROOKHAVEN AREA OF	FICE			NY0005835		06B M		(SUBR 01)				
	UPTON	NY 11973			Permit Number	r	Discharge N	lumber	F - FINAL				
FACILITY	BROOKHAVEN NATIONA	L LABORATORY		Monitoring F					COOLING TOWR FROM 919 ETC (HT2)				
LOCATION	UPTON	NY 11973			From	То	1	***	** No Discharge ****				
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR			YR MO DAY	YR MO DAY				Ū			
					04 12 01	04 12 31		Note: Read	Instructions	s before	before completing this form		
	PARAMETER		QU	ANTITY OR LO	DADING	QUA	ALITY OR CO	NCENTRATIO	N	NO. EX	FREQUENCY OF	SAMPLE TYPE	
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
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00400 1 0 (0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB	
OIL & GREA		SAMPLE MEASUREMENT	*****	*****		****	*****	< 5.0	(19)	0	01/30	GR	
00556 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB	
FLOW, IN C		SAMPLE MEASUREMENT	0.019	*****	(03)	*****	****	****		0	05/30	RC	
50050 1 0 EFFLUENT	1 GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	MGD	*****	*****	*****	**** ****		ONCE/ MONTH	RCORDR	
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NAME	TITLE PRINCIPAL EXECU	inder penalty of law	that this document and	d all attachments were	prepared under m	y direction or							
			ision in accordance	with a system designed	d to assure that qualifi	ied personnel prop	erly gather				Telepi		
	Division Manager	he information subn	nitted. Based on my in	Based on my inquiry of the person or persons who manage the system, or						631-344			
E	nvironmental & Waste Man	agement	those person	ns directly responsit	le for gathering the information, the information submitted is, to the best of my								
	Services Division		knowledge ar	nd belief, true, accur	rate, and complete. I a	m aware that there are	e significant penalt	ies for submitting	Signature	of Prin	cipal Executive	Date S	

false information, including the possibliity of fine and imprisonment for knowing violations.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Comments and Explanation of any violations (Reference all attachments here) SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.

Typed or Printed

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

NAME

USDOE

NAME	USDOE				DISC	CHARGE N	ION	IITORING REI	PORT (DMR)							
ADDRESS	BROOKHAVEN NATIONAL	L LABORATORY							. ,		MAJOR					
	BROOKHAVEN AREA OF	FICE			NY0	005835			06B Q		(SUBR 01)					
	UPTON	NY 11973				mit Numbe	r		Discharge No	umber	F - FINAL					
FACILITY	BROOKHAVEN NATIONAL	L LABORATORY			Monitoring Period				J		COOLG TOWRS FROM 919 ETC (HT2)					
LOCATION	UPTON	NY 11973	3			From To			***	** No Discharge ****						
ATTN:	MICHAEL HOLLAND, GROUP MGR			YR		YI	R MO DAY	<u> </u>								
	•				04	10 01				Note: Read I	nstructions	nstructions before completing this form				
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1-HYDROXY	-ETHYLIDENE	SAMPLE	*****	*****				*****	*****	< 0.05	(19)	0	01/90	GR		
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EFFLUENT (GROSS VALUE	REQUIREMENT				****				DAILY MX	MG/L		QIKLI	GRAD		
TOLYTRIAZ	OLE	SAMPLE	*****	*****				*****	*****	< 0.005	(19)	0	01/90	GR		
		MEASUREMENT								< 0.003		ľ	01/90	GK		
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REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law							- I - ''			alian ation in					l	
														Talan	hana	
	Division Manager			ision in accordance										Telep 631-34		
E,	Division Manager	agement				Based on my inquiry of the person or persons who manage the system, or gathering the information, the information submitted is, to the best of my						031-34	4-4349			
										-	Signature	of Prin	cipal Executive	Date S	Sianod	
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false information, including the possibliity of fine and imprisonment for knowing violations.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Comments and Explanation of any violations (Reference all attachments here)

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.

Typed or Printed

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

ATTACHMENT II BROOKHAVEN NATIONAL LABORATORY SPDES PERMIT NO. NY0005835 DISCHARGE MONITORING REPORT FOR DECEMBER 2004 WATER TREATMENT CHEMICAL USAGE REPORT

Attachment II

Brookhaven National Laboratory - NY SPDES Permit # NY0005835 Annual Water Treatment Chemical Usage for Calendar Year 2004

Outfall 002

Authorized Water Treatment Chemicals (WTCs)

Drew 261T, Drew 739, Drew 187, Sodium Hydroxide, Drewbrom 1-L, Drew 2235, Drew 2135, Protecsol 629P, Drew Biosperse 254

2004 Usage in Pounds

Drew Biosperse 254	4630
Drewbrom 1-L	6105
Drew 2135	3518

WTCs not used in 2004

Drew 261T, Drew 739, Drew 187, Sodium Hydroxide, Drew 2235, Protecsol 629P

Outfall 005

Authorized Water Treatment Chemicals (WTCs)

Drew 261T, Drew 739, Drew 187, Drew 744, Drew 250, Sodium Hydroxide, Drewbrom 1-L Drew 2235, Protecsol 629P, Drew Biosperse 254, Drew 2135

2004 Usage in Pounds

940
1430
2100
35

WTCs not used in 2004

Drew 261T, Drew 739, Drew 187, Drew 744, Drew 250, Sodium Hydroxide, Drew 2235,

Outfall 006

Authorized Water Treatment Chemicals (WTCs)

Drew 261T, Drew 739, Drew 187, Sodium Hydroxide, Drewbrom 1-L, Drew 2235, Drew 2135 Protecsol 629P, Drew Biosperse 254

2004 Usage in Pounds

Drew Biosperse 254	890
Drewbrom 1-L	1925
Drew 2135	2940

WTCs not used in 2004

Drew 261T, Drew 739, Drew 187, Sodium Hydroxide, Drew 2235, Protecsol 629P