

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

July 21, 2004

Mr. Scott Mallette Director, Operations Management Division U. S. Department of Energy Brookhaven Site Office Upton, NY 11973

Dear Mr. Mallette:

SUBJECT: NPDES - Discharge Monitoring Report (DMR) for June 2004

Included as Attachment I, please find the DMR for the month of June 2004. Chemical analyses for the reported parameters are conducted by NYS Department of Health certified laboratories. Severn Trent Laboratories, Inc. (NELAP Certification #11616) performs most of the analyses on SPDES samples. H2M Labs, Inc. (NELAP Certification #10478) performs the BOD₅, Nitrogen series, and fecal coliform analyses due to short sample holding times. CHEMTEX Environmental Laboratory, Inc. (NELAP Certification #02077) performs the tolytriazole, hydroxyethilydene diphosphoric acid, and polypropylene glycol monobutyl ether specialty analyses. Copies of the analytical reports are contained in Attachments III and IV. Field measured parameters (pH, settleable solids, flow) are recorded and/or measured by the Plant Engineering Division, Sewage Treatment Plant Operators or the Environmental and Waste Management Services Division, Field Sampling Team.

With the exception of four excursions for total iron, daily average for total suspended solids, and percent removal for total suspended solids at Outfall 001, review of the analytical data shows that all other parameters met their respective SPDES effluent limitations this reporting period. With regard to total iron, the samples collected on June 4 and 7, 2004, exhibited a total iron concentration of 0.87 and 0.40 mg/L respectively. These values exceeded the SPDES permit limit of 0.37 mg/L. Subsequent surveillance sampling on June 30, 2004, exhibited a total iron concentration of 0.16 mg/L (preliminary data from analytical laboratory). The total suspended solids samples collected on June 4 and 7, 2004 had concentrations of 18 and 10 mg/L respectively resulting in a daily average of 14 mg/L which exceeds the permit limit of 10 mg/L. This elevated daily average resulted in a total suspended solids percent removal of 82 percent as compared with the permit limit of 85 percent. Please see Attachment II for the non-compliance report on these excursion events.

Brookhaven National Laboratory received a modified SPDES permit from the local NYSDEC office in early February 2004. Modifications to the permit included deleting the VOC sampling requirement from Outfall 001B and changing from a total metals concentration to a dissolved metals concentrations for quarterly stormwater sampling at Outfalls 008 and 010. Changes were made



shortly thereafter to our compliance monitoring program to reflect the approved modification to the Laboratory's permit and the related results are included in this DMR submission. However, through discussions with the local office and as evidenced in the pre-printed DMR we received these changes have not been recorded in the Albany NYSDEC office and therefore discrepancies between the preprinted and electronic DMR are noted on the appropriate page and documented in the DMR Notes page.

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 BNL personnel. 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 and Waste Management 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 June 2004.

Although it is no longer necessary for BNL to include copies of the laboratory analysis when submitting the DMR, we are including them in the package submitted to you for record-keeping purposes. You do not have to forward the analytical reports to the NYSDEC-Region 1 or SCDHS when submitting the DMR.

Please sign each page of the computer generated DMR where indicated and the non-compliance report and transmit it to the New York State Department of Environmental Conservation and the Suffolk County Department of Health Services no later than July 28, 2004. If there are any questions regarding the information contained on the DMR or the analytical data packages, please do not hesitate to contact M. Allocco at extension 3166 or R. Lee at extension 3148.

Sincerely,

/s/ George Goode

George A. Goode Environmental & Waste Management Services Division Manager

GAG/MA:car

Attachment I:	Discharge Monitoring Report for June 2004.
Attachment II:	Non-Compliance Report for SPDES Excursions at Outfall 001.
Attachment III:	Analytical Results from H2M Labs Inc. and Severn Trent Laboratories, Inc. for samples collected on 6/4/04 and 6/7/04 from Outfall 001.
Attachment IV:	Analytical Results from H2M Labs Inc., Severn Trent Laboratories, and CHEMTEX, Environmental Laboratory, Inc. for samples collected from Outfalls 001A, 001B, 001F, 002, 002B, 005, 006A, 006B, 008, and 010.

cc:	M. Allocco	w/ attachments	M. Baldwin
	M. Bebon	w/o attachments	W. Chaloupka
	S. Dierker	w/o attachments	G. Goode
	G. Granzen	w/o attachments	C. Johnson
	R. Lee	w/ attachments	K. Klaus
	E. Lessard	w/o attachments	D. Lowenstein
	E. Murphy	w/ attachments	V. Radeka
	B. Style	w/o attachments	J. Tarpinian
	D. Van Duyne	w/ attachments	

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w/ attachments

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Brookhaven National Laboratory SPDES Permit No. NY0005835 Discharge Monitoring Report for June 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.
- 6. Brookhaven National Laboratory received a modified SPDES permit in early February 2004. The modified permit deleted the requirement for volatile organic compound (VOC) analyses on the discharge from Outfall 001B. Therefore there are no analytical results for the parameters noted.
- 7. An incorrect BOD dilution was utilized by the analytical laboratory during preparation for the June 4, 2004, sample and therefore the reported value was calculated from the COD analysis.
- 8. The total iron as well as daily average and percent removal for total suspended solids did not meet the permit limits from sampling on June 4 and 7, 2004. Please see Attachment II for the Non-Compliance Report.
- 9. The analytical laboratory reported the methylene chloride concentration for both of the June compliance samples at a concentration of $6.0 \ \mu g/L$ with a "B" data qualifier. The data qualifier indicates that the compound was found in the associated laboratory blanks during the analyses of the samples. The laboratory has provided documentation that they have a laboratory contamination problem for this analyte and therefore the concentration is reported as less than the $6.0 \ \mu g/L$ reported value.
- 10. There was no discharge from Outfall 010 during this reporting period although quarterly metals concentrations for a compliance sample collected in April 2004 are reported.
- 11. Brookhaven National Laboratory received a modified SPDES permit in early February 2004. The modified permit contained new requirements for the metals sampling, dissolved instead of total, for Outfalls 008 and 010 on a quarterly basis. Therefore we are reporting the dissolved metals concentrations for these two outfalls since the pre-printed Discharge Monitoring Reports have not been updated.

ATTACHMENT I

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR JUNE 2004

FOR OUTFALLS NO. 001 – 010

NAME USDOE

BROOK UPTON

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

NAME	USDUE					UNITORING RE	FURI (DMR)		MAJOR				
ADDRESS	BROOKHAVEN NATIONAI												
	BROOKHAVEN AREA OFF				NY0005835		001 A (SUBR 01)						
	UPTON	NY 11973			Permit Number		Discharge Number F - FINAL						
FACILITY	BROOKHAVEN NATIONAL	L LABORATORY			Monitoring I						LEANG RINSE 5	i35B	
LOCATION	UPTON	NY 11973							' No Discha	rge	****		
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	Mr. Michael Holland		· · · ·		with a system designed			-				Telep	hone
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Comments and Explanation of any violations (Reference all attachments here)

USDOE NAME

ADDRESS	BROOKHAVEN NATIO	NAL LABORAT
	BROOKHAVEN AREA	OFFICE
	UPTON	NY 11973
FACILITY	BROOKHAVEN NATIO	NAL LABORATO

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

NAME USDOE				DISCHARGE	IONITORING RE	PORT (DMR)						
ADDRESS BROOKHAVEN NATI	ONAL LABORATORY							MAJOR				
BROOKHAVEN ARE	A OFFICE			NY0005835		001 B		(SUBR 01))			
UPTON	NY 11973			Permit Number	r	Discharge N	lumber	F - FINAL				
FACILITY BROOKHAVEN NATI	ONAL LABORATORY			Monitoring	Period			RINSE FROM CENTRL DEGREASR 498				
LOCATION UPTON	NY 11973			From	То		**	* No Discha	arge	****		
ATTN: GEORGE MALOSH, (GROUP MGR			YR MO DAY	YR MO DAY	1						
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Mr. Michael Holland supe			ision in accordance	with a system designe	ed to assure that qualif	ied personnel prop	erly gather				Telep	hone
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		those person	those persons directly responsible for gathering the information, the information submitted is, to the best of my									
		knowledge an	nd belief, true, accu	rate, and complete. I a	m aware that there are	e significant penalti	ies for submitting	-		cipal Executive	Date S	Signed
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Comments and Explanation of any violations (Reference all attachments here)

USDOE NAME

ADDRESS	BROOKHAVEN NATIONA	LLA	BO
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) **DISCHARGE MONITORING REPORT (DMR)**

NAME USDOE				DISCHARGE M	ONITORING RE	PORT (DMR)						
ADDRESS BROOKHAVEN NATIONAL	L LABORATORY							MAJOR				
BROOKHAVEN AREA OF	FICE			NY0005835		001 B		(SUBR 01))			
UPTON	NY 11973			Permit Number		Discharge N	lumber	F - FINAL				
FACILITY BROOKHAVEN NATIONAL	L LABORATORY			Monitoring	Period			RINSE FR	ОМ СЕ	NTRL DEGREAS	SR 498	
LOCATION UPTON	NY 11973			From	•			* No Discha	arge	****		
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Mr. Michael Holland		superv	ision in accordance	with a system designe	d to assure that qualif	ied personnel prop	erly gather				Telep	hone
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		knowledge ar	nd belief, true, accu	rate, and complete. I a	m aware that there are	e significant penalti	es for submitting	Signature of Principal Executive Date Signed		igned		
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Comments and Explanation of any violations (Reference all attachments here)

NAME USDOE

ADDRESS	BROOKHAVEN NATION	AL LABORATO
	BROOKHAVEN AREA O	FFICE
	UPTON	NY 11973
FACILITY	BROOKHAVEN NATION	AL LABORATO

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

ADDRESS	BROOKHAVEN NATIONAL	LABORATORY							MAJOR				
	BROOKHAVEN AREA OFF	ICE			NY0005835	NY0005835 001 B			(SUBR 01)	(SUBR 01)			
	UPTON	NY 11973			Permit Number	r	Discharge N	umber	F - FINAL				
FACILITY	BROOKHAVEN NATIONAL	LABORATORY			Monitoring	Period			RINSE FR	ОМ СЕ	NTRL DEGREAS	SR 498	
LOCATION	UPTON	NY 11973						No Discha	rge	****			
ATTN:	GEORGE MALOSH, GROU		YR MO DAY	YR MO DAY	1			-					
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Comments and Explanation of any violations (Reference all attachments here)

USDOE NAME

ADDRESS	BROOKHAVEN NATIONAL
	BROOKHAVEN AREA OFF

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

ADDRESS	BROOKHAVEN NATIONA	L LABORATORY					. ,		MAJOR				
	BROOKHAVEN AREA OF	FICE			NY0005835 001 D			(SUBR 01))				
	UPTON	NY 11973			Permit Number	r	Discharge N	umber	F - FINAL				
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitoring	Period			PHOTOPR	OCESS	SNG RINSE FRO	M 197B	
LOCATION	CATION UPTON NY 11973					То		* No Discharge X ***					
ATTN: GEORGE MALOSH, GROUP MGR					YR MO DAY YR MO DAY								
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FLOW RATE		SAMPLE		*****	(07)	*****	*****	*****				RC	
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(AS N)	See Note 5	MEASUREMENT										GR	
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CYANIDE, T	OTAL	SAMPLE	*****	*****		*****	*****		(28)				
(AS CN)	See Note 5	MEASUREMENT							. ,			GR	
00720 1 0 0	D	PERMIT	*****	*****	****	*****	*****	REPORT				0040	
EFFLUENT O	GROSS VALUE	REQUIREMENT		*****	****	******	*****	DAILY MX	UG/L		QTRLY	GRAB	
SILVER, TO	TAL	SAMPLE	*****	*****		*****	*****		(28)				
(AS AG)	See Note 5	MEASUREMENT	*****			******			. ,			GR	
01077 1 0 0	D	PERMIT	*****	*****	****	*****	*****	REPORT			07011	0.0.4.0	
EFFLUENT O	GROSS VALUE	REQUIREMENT			****	******		DAILY MX	UG/L		QTRLY	GRAB	
PHENOLICS		SAMPLE	*****	*****		*****	*****		(28)				
RECOVERA		MEASUREMENT	*****	*****		*****	*****		l `´			GR	
32730 1 0 0		PERMIT	*****	*****	****	*****	*****	REPORT					
	GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	UG/L		QTRLY	GRAB	
	-	SAMPLE											
		MEASUREMENT											
		PERMIT			1								
		REQUIREMENT											
NAME	TITLE PRINCIPAL EXECUT		l certifv ur	nder penalty of law	that this document and	d all attachments were	prepared under my	direction or					
	Mr. Michael Holland		-			ed to assure that qualifi						Telep	none
	Brookhaven Site Mana											631-344	
		•	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										
1											Signature of Principal Executive Date Sign		
	Typed or Printed	-			fine and imprisonmen	•	-	U U	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 MANHOLE NEAREST THE BUILDING. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

NAME USDOE

ADDRESS	BROOKHAVEN NATIONAL LABORAT								
	BROOKHAVEN AREA O	OFFICE							
	UPTON	NY 11973							
FACILITY	BROOKHAVEN NATION	AL LABORAT							

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

ADDRESS	BROOKHAVEN NATIONA	L LABORATORY							MAJOR				
	BROOKHAVEN AREA OF	FICE			NY0005835		001 E (SUBR 01)						
	UPTON	NY 11973			Permit Numbe	r	Discharge Number F - FINAL						
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitoring	Period	BOILER BLOWDN FROM 244,405				,ETC		
LOCATION	UPTON	NY 11973			From To			***	*** No Discharge				
ATTN:	GEORGE MALOSH, GRO	UP MGR			YR MO DAY YR MO DAY								
					04 04 01	04 06 30	Note: Read Instruction			s before	e completing this	s form	_
	PARAMETER			ANTITY OR LO	OADING QUA		LITY OR CO	NO. EX		FREQUENCY OF	SAMPLE TYPE		
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
FLOW RATE	Ξ	SAMPLE MEASUREMENT	25	*****	(07)	*****	*****	*****		0	01/90	RC	
	1 GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	GPD	*****	*****	*****	**** ****		QTRLY	RCORDR	
PH		SAMPLE MEASUREMENT	*****	*****		8.5	*****	9.5	(12)	0	01/90	GR	
00400 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	su		QTRLY	GRAB	
		SAMPLE MEASUREMENT											
		PERMIT REQUIREMENT											
		SAMPLE MEASUREMENT											
		PERMIT REQUIREMENT											
		SAMPLE MEASUREMENT											
		PERMIT REQUIREMENT											
		SAMPLE											1
		MEASUREMENT											
		PERMIT REQUIREMENT											
		SAMPLE]
		MEASUREMENT											
		PERMIT											
	REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under per			nder penalty of law	that this document and	d all attachments were	prepared under my	direction or						
	Mr. Michael Holland supervision in acc			sion in accordance	with a system designe	ed to assure that qualifi	ed personnel prope	erly gather				•	ohone
	Brookhaven Site Mana	iger	and evaluate th	ne information subr	nitted. Based on my in	quiry of the person or	persons who mana	ge the system, or	631-3			631-34	4-3424
those persons of			ns directly responsil	responsible for gathering the information, the information submitted is, to the best of my									
knowledge and belief, true, acc				d belief, true, accur	accurate, and complete. I am aware that there are significant penalties for submitting							Signed	
					luding the possibliity of	fine and imprisonmen	t for knowing violati	ons.	Officer or Authorized Agent				

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

USDOE NAME

ADDRESS	BROOKHAVEN NATIO	ONAL LABORATO
	BROOKHAVEN AREA	OFFICE
	UPTON	NY 11973
FACILITY	BROOKHAVEN NATIO	ONAL LABORATO

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

ADDRESS BROOKHAVEN NATIONAL LABORATORY									MAJOR					
	BROOKHAVEN AREA OF	FICE			NY0005835		001 F		(SUBR 01)					
	UPTON	NY 11973			Permit Number	r	Discharge Number F - FINAL							
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitoring	Period			COOLING TOWER WTR & BLOWDN 902					
LOCATION	UPTON	NY 11973			From To			***	** No Discharge					
ATTN:	GEORGE MALOSH, GROU	JP MGR			YR MO DAY	YR MO DAY				•				
					04 04 01	04 06 30		Note: Read	Instructions	nstructions before completing this form				
	PARAMETER	\sum	QU	ANTITY OR LO	OADING QU		ALITY OR COI	N	NO. EX	FREQUENCY OF	SAMPLE TYPE			
		\checkmark	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS			
FLOW RATE	1	SAMPLE MEASUREMENT	3800	*****	(07)	*****	*****	*****		0	03/90	RC		
	1 GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	GPD	*****	*****	*****	**** ****		QTRLY	RCORDR		
PH		SAMPLE MEASUREMENT	*****	*****		8.5	*****	8.5	(12)	0	01/90	GR		
	GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		QTRLY	GRAB		
PROPYLEN MONOBUTY		SAMPLE MEASUREMENT	*****	*****		*****	*****	< 500	(28)	0	01/90	GR		
49875 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB		
		SAMPLE MEASUREMENT												
		PERMIT REQUIREMENT											-	
		SAMPLE MEASUREMENT												
		PERMIT REQUIREMENT												
		SAMPLE MEASUREMENT												
		PERMIT			1				1					
		SAMPLE											1	
		MEASUREMENT												
		PERMIT			1				1				1	
	REQUIREMENT													
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify und			nder penalty of law	that this document and	d all attachments were	prepared under my	y direction or					-		
	Mr. Michael Holland Brookhaven Site Mana				with a system designe								ohone 4-3424	
	BIOOKNAVEN SILE Mana	yei		and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or						<u>6</u>			4-3424	
				rsons directly responsible for gathering the information, the information submitted is, to the best of my and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting									Signed	
					ate, and complete. I a luding the possibliity of		• •	-	Signature of Principal Executive Date Signed Officer or Authorized Agent			Jigneu		
	ryped of Fritted		l la	ise innormation, Incl	uuing the possibility of	nne and imprisonmen	LIGE KHOWING VIOLAT	10115.	Unicer		onzeu Agent			

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

USDOE NAME

ADDRESS	BROOKHAVEN NATIC	NAL LABORATO
	BROOKHAVEN AREA	OFFICE
	UPTON	NY 11973
FACILITY	BROOKHAVEN NATIO	NAL LABORATO
LOCATION	UPTON	NY 11973

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

				DISCHARGE M	IONITORING RE	PORT (DMR)							
ADDRESS BROOKHAVEN NATION							MAJOR						
BROOKHAVEN AREA OI				NY0005835		001 M		(SUBR 01)					
UPTON	NY 11973			Permit Number		Discharge N	Discharge Number		F - FINAL				
FACILITY BROOKHAVEN NATION				Monitoring		┨			PROCESS SANIT & STORMWTR RNOFF				
LOCATION UPTON	NY 11973			From	То	1	***	' No Discha	rge	****			
ATTN: GEORGE MALOSH, GRO	UP MGR				YR MO DAY								
	- ia			04 04 01	04 06 30	0 Note: Read Instructions before completin					s form		
PARAMETER		ຸດບ	ANTITY OR LO			ALITY OR CONCENTRATION			NO. EX	FREQUENCY OF	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS			
TEMPERATURE, WATER	SAMPLE	*****	*****		*****	*****	81	(15)	0	01/01	GR		
DEG. FAHRENHEIT	MEASUREMENT								Ľ	0.701			
00011 1 0 0	PERMIT	*****	*****	****	*****	*****	90			DAILY	GRAB		
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	DEG.F					
BOD, 5-DAY	SAMPLE	*****	*****		*****	< 2	< 2	(19)	0	02/30	24		
(20 DEG. C) See Note 7	MEASUREMENT					~ 2	~ 2		Ŭ	02/50	24		
00310 1 0 0	PERMIT	*****	*****	****	*****	10	20			ONCE/	COMP24		
EFFLUENT GROSS VALUE	REQUIREMENT			****		DAILY AV	DAILY MX	MG/L		MONTH	CONF24		
РН	SAMPLE	*****	*****		5.9	*****	7.7	(12)	0	01/01	GR		
	MEASUREMENT				5.9		<i></i>		Ľ	01/01	GR		
00400 1 0 0	PERMIT	*****	*****	****	5.8	*****	9.0	1		DAILY	GRAB		
EFFLUENT GROSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SU		DAILT	GRAB		
SOLIDS, TOTAL	SAMPLE	*****	*****		*****	14	18	(19)	1	02/30	24		
SUSPENDED See Note 8	MEASUREMENT					14	18			02/30	24		
00530 1 0 0	PERMIT	*****	*****	****	*****	10	20	1		ONCE/	COMPA		
EFFLUENT GROSS VALUE	REQUIREMENT			****		DAILY AV	DAILY MX	MG/L		MONTH	COMP24		
SOLIDS, SETTLEABLE	SAMPLE	*****	*****		*****	*****	0.0	(25)		04/04	<u>CD</u>		
	MEASUREMENT						0.0		0	01/01	GR		
00545 1 0 0	PERMIT	*****	*****	****	*****	*****	0.1	1			0040		
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	ML/L		DAILY	GRAB		
NITROGEN, TOTAL	SAMPLE	*****	*****		*****	*****		(19)	_	00/00			
AS N)	MEASUREMENT				*****	*****	4.4		0	02/30	24		
00600 1 0 0	PERMIT	*****	*****	****	*****	*****	10	1		ONCE/	0.01170.1		
EFFLUENT GROSS VALUE	REQUIREMENT	******	*****	****	*****	*****	DAILY MX	MG/L		MONTH	COMP24		
NITROGEN, AMMONIA	SAMPLE	*****	*****		*****	*****		(19)			a :		
TOTAL (AS N)	MEASUREMENT		*****		*****	*****	0.2	l `´	0	02/30	24		
00610 1 0 0	PERMIT	*****	*****	****	*****	*****	2	1		ONCE/	001170		
EFFLUENT GROSS VALUE	REQUIREMENT	*****	******	****	*****	*****	DAILY MX	MG/L		MONTH	COMP24		
				v that this document and	all attachments were	prepared under my						I	
Mr. Michael Hollan									Telep	hone			
				nce with a system designed to assure that qualified personnel properly gather ubmitted. Based on my inquiry of the person or persons who manage the system, or					r			4-3424	
	-3			possible for gathering the information, the information submitted is, to the best of my							001 04		
										Date S	ianed		
				n, including the possibility of fine and imprisonment for knowing violations.				Officer or Authorized Agent					
	Typed or Printed				nne and imprisorimen	it for Knowing violation	0113.	Unicer	Onicer of Authonized Agenit				

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

USDOE NAME

ADDRESS	BROOKHAVEN NATION	AL LABORATOR
	BROOKHAVEN AREA OF	FICE
	UPTON	NY 11973
FACILITY	BROOKHAVEN NATION	AL LABORATOR
LOCATION	UPTON	NY 11973

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

NAME USDOE				DISCHARGE M	ONITORING RE	PORT (DMR)							
ADDRESS BROOKHAVEN NAT	IONAL LABORATORY								MAJOR				
BROOKHAVEN ARE	EA OFFICE			NY0005835		001 M		(SUBR 01))				
UPTON	NY 11973			Permit Number		Discharge N	umber	F - FINAL					
FACILITY BROOKHAVEN NAT	TIONAL LABORATORY			Monitoring I	Period	PROCESS SANIT & STORMWTR RM					RNOFF		
LOCATION UPTON	NY 11973			From	То		***	No Discha	arge	****			
ATTN: GEORGE MALOSH,	GROUP MGR			YR MO DAY	YR MO DAY								
				04 04 01	04 06 30	1 06 30 Note: Read Instructions before completing th					s form		
			ANTITY OR LO		011/	QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE		
PARAMETER	\rightarrow	QUANTITIORE		.OADING QUA			N	EX	OF	TYPE			
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS			
PHOSPHORUS, TOTAL	SAMPLE	*****	*****		*****	*****	1.6	(19)	0	02/30	24		
(AS P)	MEASUREMENT						1.0		Ŭ	02/30	24		
00665 1 0 0	PERMIT	*****	*****	****	*****	*****	REPORT	1		ONCE/	COMP24		
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	COWP24		
CYANIDE, TOTAL	SAMPLE	*****	*****		*****	*****		(28)	0	02/20	C D		
AS CN)	MEASUREMENT						< 5.0		U U	02/30	GR		
00720 1 0 0	PERMIT	*****	*****	****	*****	*****	100	1		TWICE/	0040		
EFFLUENT GROSS VALUE	REQUIREMENT	*****	~ * * * * *	****	*****		DAILY MX	UG/L		MONTH	GRAB		
COPPER, TOTAL	SAMPLE	*****	*****		*****	*****	0.055	(19)		00/00	<u>.</u>		
AS CU)	MEASUREMENT	*****	*****		*****	*****	0.055	l `´	0	02/30	24		
01042 1 0 0	PERMIT	*****	*****	****		*****	0.15	1		ONCE/	001/701		
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****		*****	DAILY MX	MG/L		MONTH	COMP24		
RON, TOTAL	SAMPLE	*****	*****		*****	*****		(19)					
AS FE)	MEASUREMENT	*****	*****		*****	*****	0.87	l `´	2	02/30	24		
01045 1 0 0	PERMIT	*****	*****	****	*****	*****	0.37	1		ONCE/	001/701		
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L		MONTH	COMP24		
LEAD, TOTAL	SAMPLE	*****	*****		*****	*****		(19)	-	00/00	<u>.</u>		
(AS PB)	MEASUREMENT	*****	*****		*****	*****	0.0074		0	02/30	24		
01051 1 0 0	PERMIT	*****	*****	****	*****	*****	0.019	1		ONCE/			
EFFLUENT GROSS VALUE	REQUIREMENT	******	*****	****	*****	*****	DAILY MX	MG/L		MONTH	COMP24		
NICKEL, TOTAL	SAMPLE	*****	*****		*****	*****		(19)					
AS NI) See Note 1	MEASUREMENT	*****	*****		*****	*****	0.0071		0	02/30	24		
01067 1 0 0	PERMIT	*****	*****	****		*****	0.11	1		ONCE/			
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L		MONTH	COMP24		
SILVER, TOTAL	SAMPLE	*****	1					(19)					
(AS AG)	MEASUREMENT	*****	*****		*****	*****	0.0045	(,	0	02/30	24		
01077 1 0 0	PERMIT	1	1	****			0.015	1		ONCE/			
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L		MONTH	COMP24		
					all attachments were	prepared under my							
Mr. Michael Holland supervision in accordar										ŀ	Telep	hone	
											631-34		
5				a submitted. Based on my inquiry of the person or persons who manage the system, or ponsible for gathering the information, the information submitted is, to the best of my				^			001-04		
		-							ianed				
				, accurate, and complete. Tam aware that there are significant penalties for submitting on, including the possibliity of fine and imprisonment for knowing violations.				Officer or Authorized Agent					
i ypeu of Fit	Typed or Printed				nne and imprisonment	tion knowing violati	10115.	Onicer of Authonized Agent					

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

NAME USDOE

ZINC, TOTAL (AS ZN) 01092 1 0 0

TOLUENE

34010 1 0 0

34423 1 0 0

50050 1 0 0

71900 1 0 0

(AS HG)

ETHANE 34506 1 0 0

ADDRESS	BROOKHAVEN NATIONA	L LA	BORAT	C
	BROOKHAVEN AREA OF	FICE		
	UPTON	NY	11973	
FACILITY	BROOKHAVEN NATIONA	L LA	BORAT	C

LOCATION UPTON

ATTN: GEORGE MALC

EFFLUENT GROSS VALUE

EFFLUENT GROSS VALUE METHYLENE CHLORIDE

EFFLUENT GROSS VALUE 1.1.1-TRICHLORO-

EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT

EFFLUENT GROSS VALUE MERCURY, TOTAL

EFFLUENT GROSS VALUE COLIFORM, FECAL GENERAL 74055 1 0 0

EFFLUENT GROSS VALUE

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

				DISCHARGE IN									
DRESS BROOKHAVEN NATIONAL								-	MAJOR				
BROOKHAVEN AREA OFI	FICE			NY0005835		001 M		(SUBR 01)	,				
UPTON	NY 11973			Permit Number	·	Discharge N	umber	F - FINAL	L				
CILITY BROOKHAVEN NATIONAL	L LABORATORY			Monitoring Period				PROCESS	SANIT		RNOFF		
CATION UPTON	NY 11973								No Discharge ****				
TN: GEORGE MALOSH, GROU	JP MGR			YR MO DAY	YR MO DAY								
				04 04 01	04 06 30		Note: Read	Instructions	before	e completing this	s form	_	
	\smallsetminus	011			011/		CENTRATIO	4	NO.	FREQUENCY	SAMPLE		
PARAMETER	\mid \times	QUANTITY OR LO		ADING	QUA		CENTRATIO	N	EX	OF	TYPE		
	\lor	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS			
C, TOTAL	SAMPLE	*****	*****		*****	*****	0.1	(19)	0	02/30	24		
SZN)	MEASUREMENT						0.1			02/30	24		
92 1 0 0	PERMIT	*****	*****	****	*****	*****	0.1			ONCE/	COMP24		
LUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	COMP24		
LUENE	SAMPLE	*****	*****		*****	*****	.10	(28)	0	02/20	C.D.		
	MEASUREMENT						< 1.0		0	02/30	GR		
10 1 0 0	PERMIT	*****	*****	****	*****	*****	5			TWICE/			
LUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		MONTH	GRAB		
THYLENE CHLORIDE	SAMPLE	*****	*****	1	*****	*****		(28)		00/00			
See Note 9	MEASUREMENT	*****	~ ~ * * * *		*****	*****	< 6.0		0	02/30	GR		
23 1 0 0	PERMIT	*****	*****	****		*****	5			TWICE/			
LUENT GROSS VALUE	REQUIREMENT	*****	*****	****		*****	DAILY MX	UG/L		MONTH	GRAB		
1-TRICHLORO-	SAMPLE	*****	*****		*****	*****		(28)					
IANE	MEASUREMENT	*****	*****		*****	*****	< 1.0	(-)	0	02/30	GR		
06 1 0 0	PERMIT	*****	*****	****	*****	*****	5			TWICE/			
LUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	UG/L		MONTH	GRAB		
DW, IN CONDUIT OR	SAMPLE			(03)	*****	*****	*****						
RU TREATMENT PLANT	MEASUREMENT	0.35	0.46	(,	*****	*****	*****		0	99/99	RC		
50 1 0 0	PERMIT	REPORT	2.3	1				****		CONTINU-			
LUENT GROSS VALUE	REQUIREMENT	DAILY AV	DAILY MX	MGD	*****	*****	*****	****		OUS	RCORDR		
RCURY, TOTAL	SAMPLE							(19)					
HG) See Note 1	MEASUREMENT	*****	*****		*****	*****	0.0002	(,	0	02/30	24		
00 1 0 0	PERMIT			****			0.0008			ONCE/			
LUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L		MONTH	COMP24		
LIFORM, FECAL	SAMPLE							(13)					
NERAL	MEASUREMENT	*****	*****		*****	< 2	< 2	(10)	0	02/30	GR		
55 1 0 0	PERMIT			****		200	400	#/		ONCE/			
FLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	DAILY AV	DAILY MX	100ML		MONTH	GRAB		
NAME/TITLE PRINCIPAL EXECUT		Leartify	der penalty of low!	that this document and	all attachments were					MONTH		1	
MAME/TITLE FRINCIPAL EXECUTIVE OFFICER											Teler	hone	
			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										
BIOOKIIAVEII OILE Malla	those persons directly responsible for gathering the information, the information submitted is, to the best of my									631-34			
								Signatura	of Drin	cinal Executive	Data	Signed	
			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 Exect Officer or Authorized Age								Date	ngneu	
Typed or Printed	fa fa	se information, inclu	uaing the possibliity of	tine and imprisonment	tor knowing violation	ons.	Officer or Authorized Agent						

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

USDOE NAME

ADDRESS	BROOKHAVEN NATION	IAL LABORATO
	BROOKHAVEN AREA C	OFFICE
	UPTON	NY 11973
FACILITY	BROOKHAVEN NATION	AL LABORATO
LOCATION	UPTON	NY 11973

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

ADDRESS BROOKHAVEN NATIONAL LABORATORY									MAJOR				
	BROOKHAVEN AREA OFF	FICE			NY0005835		001 M		(SUBR 01)				
	UPTON	NY 11973			Permit Number		Discharge N	ge Number F - FINAL					
FACILITY	BROOKHAVEN NATIONAL	L LABORATORY			Monitoring I	Period	PROCESS			SANIT & STORMWTR RNOFF			
LOCATION	UPTON	NY 11973						* No Discharge					
ATTN:	GEORGE MALOSH, GROU				YR MO DAY					3-			
	,	-			04 04 01			Note: Read	nstructions	before	e completing this	s form	
		\smallsetminus								NO.	FREQUENCY	SAMPLE	
PARAMETER		QUA	ANTITY OR LC	DADING QUALI		LITY OR CON	NCENTRATIO	N	EX	OF	TYPE		
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
2-BUTANONE		SAMPLE	*****	*****		*****	*****		(28)	-			
		MEASUREMENT	*****	*****		*****	*****	< 2.0	()	0	02/30	GR	
78356 1 0	0	PERMIT			****			50			TWICE/		
	GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	UG/L		MONTH	GRAB	
BOD, 5-DAY		SAMPLE							(23)				
REMOVAL		MEASUREMENT	*****	*****	1	> 97	*****	*****	()	0	01/30	CA	
81010 K 0	0	PERMIT			****	85					ONCE/		
PERCENT R		REQUIREMENT	*****	*****	****	MO AV MN	*****	*****	PERCENT		MONTH	CALCTD	
SOLIDS, SU		SAMPLE				-			(23)				
PERCENT R		MEASUREMENT	*****	*****		> 82	*****	*****	(20)	1	01/30	CA	
81011 K 0	-	PERMIT			****	85					ONCE/		
PERCENT R		REQUIREMENT	*****	*****	****	MO AV MN	*****	*****	PERCENT		MONTH	CALCTD	
		SAMPLE							I EROENT				
		MEASUREMENT											
		PERMIT											
		REQUIREMENT											
		SAMPLE											
		MEASUREMENT											
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		SAMPLE											
		MEASUREMENT											
		PERMIT											
		REQUIREMENT SAMPLE											
		-											
		MEASUREMENT											
		PERMIT											
NAME	TITLE PRINCIPAL EXECUT	IVE OFFICER	-		that this document and						ļ		
	Mr. Michael Holland				with a system designed				Telephone				
	Brookhaven Site Manag	ger		and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or						631-344-342			4-3424
			those persons directly responsible for gathering the information, the information submitted is, to the best of my										
			-										igned
	Typed or Printed		fal	se information, incl	uding the possibliity of	fine and imprisonment	for knowing violati	ions.	Officer or Authorized Agent				

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

NAME USDOE

ADDRESS	BROOKHAVEN NATION	AL LABORATOR
	BROOKHAVEN AREA O	FFICE
	UPTON	NY 11973
FACILITY	BROOKHAVEN NATION	AL LABORATO
LOCATION	UPTON	NY 11973

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

ADDRESS	BROOKHAVEN NATIONAL	L LABORATORY							MAJOR				
	BROOKHAVEN AREA OFI	FICE			NY0005835		001 Q		(SUBR 01)	1			
	UPTON	NY 11973			Permit Number	r	Discharge N	umber	F - FINAL				
FACILITY	BROOKHAVEN NATIONAL	L LABORATORY			Monitoring Period			PROCESS SANIT EFFL & STOR					
LOCATION	UPTON	NY 11973			From	То		***	No Discha	rge	****		
ATTN:	GEORGE MALOSH, GROU	JP MGR			YR MO DAY	YR MO DAY				-			
									Instructions	before	e completing this	s form	
		\smallsetminus	011	ANTITY OR LO							FREQUENCY	SAMPLE	1
	PARAMETER	\mid \times							EX	OF	TYPE		
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
POLYCHLO		SAMPLE	*****	*****		*****	*****	< 0.065	(28)	0	02/90	GR	
BIPHENYLS	. ,	MEASUREMENT											
39516 1 0		PERMIT	*****	*****	****	*****	*****	REPORT			QTRLY	GRAB	
EFFLUENT	GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L				
		SAMPLE						1					
		MEASUREMENT			4				4				
		PERMIT											
		REQUIREMENT SAMPLE											
		MEASUREMENT											
		PERMIT			-				-				
		REQUIREMENT											
		SAMPLE											
		MEASUREMENT											
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		PERMIT											
		REQUIREMENT											
		SAMPLE											
		MEASUREMENT											
		PERMIT			1				1				1
		REQUIREMENT											
		SAMPLE											1
		MEASUREMENT											
		PERMIT			1				1				1
		REQUIREMENT											
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					•
Mr. Michael Holland supervision in accordance			with a system designe	d to assure that qualifi	ed personnel prope	erly gather				Telephone			
	Brookhaven Site Manag	ger			nitted. Based on my in				631-34	4-3424			
			those persor	ns directly responsi	ponsible for gathering the information, the information submitted is, to the best of my								
knowledge and belief, true, ac			d belief, true, accu	accurate, and complete. I am aware that there are significant penalties for submitting					ting Signature of Principal Executive			Signed	
					cluding the possibility of fine and imprisonment for knowing violations.					Officer or Authorized Agent			

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

NAME USDOE

ADDRESS	BROOKHAVEN NATIO	ONAL LABORATO
	BROOKHAVEN AREA	OFFICE
	UPTON	NY 11973
FACILITY	BROOKHAVEN NATIO	ONAL LABORATO
LOCATION	UPTON	NY 11973

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

ADDRESS	BROOKHAVEN NATIONAL	L LABORATORY							MAJOR				
BROOKHAVEN AREA OFFICE					NY0005835 002 B			(SUBR 01)					
	UPTON	NY 11973			Permit Number	r	Discharge N	umber	F - FINAL				
FACILITY	BROOKHAVEN NATIONAL	L LABORATORY			Monitoring Period			RF(1004) & BRAHMS(1002) BLOWDN					
LOCATION	UPTON	NY 11973			From	То		***	No Discha		****		
ATTN:	GEORGE MALOSH, GROU	JP MGR			YR MO DAY					0			
	,						Note: Read		Instructions before completing th			s form	
		\smallsetminus			DADING QUAL						FREQUENCY	SAMPLE	
	PARAMETER	\mid \sim	QUA	ANTITY OR LO			ALITY OR CO	N	EX	OF	TYPE		
		ert	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PH		SAMPLE	*****	*****		7.0	*****	7.0	(12)	0	01/30	GR	
		MEASUREMENT				7.8		7.8		0	01/30	GR	
00400 1 0	0	PERMIT	*****	*****	****	REPORT	*****	9.0			ONCE/	0040	
EFFLUENT	GROSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SU		MONTH	GRAB	
OIL & GREA	\SE	SAMPLE	*****	*****		*****	*****	. 5.0	(19)	0	04/20	C D	
		MEASUREMENT						< 5.0		U	01/30	GR	
00556 1 0	0	PERMIT	*****	*****	****	*****	*****	15			ONCE/	GRAB	
EFFLUENT	GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	GRAB	
FLOW, IN C	ONDUIT OR	SAMPLE	*****	0.0002	(03)	*****	*****	*****		0	04/30	RC	
THRU TREA	TMENT PLANT	MEASUREMENT		0.0002						U	04/30	RC	
50050 1 0	0 See Note 3	PERMIT	*****	REPORT		*****	*****	*****			ONCE/	RCORDR	
EFFLUENT	GROSS VALUE	REQUIREMENT		DAILY MX	MGD						MONTH	RCORDR	
		SAMPLE											
		MEASUREMENT											
		PERMIT											
		REQUIREMENT											
		SAMPLE											
		MEASUREMENT											
		PERMIT											
		REQUIREMENT											
		SAMPLE											
		MEASUREMENT											
		PERMIT											
		REQUIREMENT											
		SAMPLE											
		MEASUREMENT											
		PERMIT											
		REQUIREMENT											
NAME	/TITLE PRINCIPAL EXECUT	IVE OFFICER	I certify u	nder penalty of law	that this document and	all attachments were	prepared under m	y direction or					
	Mr. Michael Holland		supervi	sion in accordance	with a system designe	d to assure that qualifi	ed personnel prope	erly gather				Telephone	
	Brookhaven Site Manag	ger	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or							or 631-344-3			4-3424
		those persor	those persons directly responsible for gathering the information, the information submitted is, to the best of my										
kn			knowledge an	d belief, true, accur	ate, and complete. I a	m aware that there are	e significant penalti	es for submitting	Signature	ature of Principal Executive Date S		igned	
1	Typed or Printed	fa	lse information, incl	uding the possibliity of	fine and imprisonmen	t for knowing violat	ions.	Officer	or Auth	orized Agent			

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

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.

USDOE NAME

PH

00400 1 0 0

OIL & GREASE

00556 1 0 0

50050 1 0 1

EFFLUENT GROSS VALUE

EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT

EFFLUENT GROSS VALUE

ADDRESS	BROOKHAVEN NATION	AL LABORATOR
	BROOKHAVEN AREA O	FFICE
	UPTON	NY 11973
FACILITY	BROOKHAVEN NATION	AL LABORATOR
LOCATION	UPTON	NY 11973

ATTN: GEORGE MALC

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

RESS BROOKHAVEN NATIONA	L LABORATORY							MAJOR							
BROOKHAVEN AREA OF			NY0005835		002 M		(SUBR 01) F - FINAL								
UPTON	NY 11973			Permit Number	r	Discharge N									
LITY BROOKHAVEN NATIONA	TY BROOKHAVEN NATIONAL LABORATORY			Monitoring P			A			AGS NON-C COOLING, PRCP, ETC (HN)					
ATION UPTON	NY 11973			From			***			****					
I: GEORGE MALOSH, GROU				YR MO DAY					5						
					04 06 30		Note: Read	Instructions	s before	e completing this	s form				
PARAMETER	\sum	QU/	ANTITY OR LO	DADING	QU	ALITY OR CO	NCENTRATIO		NO. EX	FREQUENCY	SAMPLE TYPE				
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS					
	SAMPLE MEASUREMENT	*****	*****		6.8	*****	8.2	(12)	0	04/30	GR				
0 1 0 0 .UENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB				
& GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.0	(19)	0	01/30	GR				
6 1 0 0 .UENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB				
N, IN CONDUIT OR J TREATMENT PLANT	SAMPLE MEASUREMENT	0.025	*****	(03)	*****	*****	*****		0	04/30	RC				
0 1 0 1 .UENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	MGD	*****	*****	*****			ONCE/ MONTH	RCORDR				
	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT														
	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT														
	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT														
	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT														
NAME/TITLE PRINCIPAL EXECUT	TIVE OFFICER	I certify ur	nder penalty of law	that this document and	d all attachments were	prepared under m	y direction or								
Mr. Michael Holland Brookhaven Site Mana		and evaluate th	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								Telep 631-344				
			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								Det - 0				
Typed or Printed	-		ate, and complete. I a uding the possibliity of		•	•	U		cipal Executive orized Agent	Date S					

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

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.

NAME USDOE

ADDRESS	BROOKHAVEN NATION	AL LABORATOR
	BROOKHAVEN AREA OF	FICE
	UPTON	NY 11973
FACILITY	BROOKHAVEN NATION	LABORATOR
LOCATION	UPTON	NY 11973

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

ADDRESS	DDRESS BROOKHAVEN NATIONAL LABORATORY								MAJOR				
	BROOKHAVEN AREA OFI	FICE			NY0005835		002 Q		(SUBR 01)				
	UPTON	NY 11973			Permit Number	r	Discharge N	umber	F - FINAL				
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitoring Period		AGS N		AGS NON	GS NON-C COOLG, PRECP ETC (HN)			
LOCATION	UPTON	NY 11973			From	То	1	***	No Discha	rge	****		
ATTN:	GEORGE MALOSH, GROU	JP MGR			YR MO DAY	YR MO DAY	1			0			
					04 04 01		Note: Read Instruc			uctions before completing this form			
		\smallsetminus							NO		FREQUENCY	SAMPLE	l
	PARAMETER		QU	ANTITY OR LO	JADING QUALI		LITY OR CONCENTRATION			EX	OF	TYPE	1
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS		1
ALUMINUM,	TOTAL	SAMPLE	*****	*****		*****	*****		(19)	-			1
(AS AL)		MEASUREMENT	*****	*****		*****	*****	0.67	(10)	0	01/90	GR	1
01105 1 0	1	PERMIT			****			2.0					ı
	GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L		QTRLY	GRAB	I
CHLOROFO		SAMPLE							(28)				1
		MEASUREMENT	*****	*****		*****	*****	< 1.0	()	0	01/90	GR	I
32106 1 0	n	PERMIT			****			50	1				I
	GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	UG/L		QTRLY	GRAB	1
1,1,1-TRICH		SAMPLE						Drite i hix	(28)				I
ETHANE	Lonco	MEASUREMENT	*****	*****		*****	*****	< 1.0	(20)	0	01/90	GR	l
34506 1 0	n	PERMIT			****			7					l
	GROSS VALUE	REQUIREMENT	*****	*****	****		*****	DAILY MX	UG/L		QTRLY	GRAB	l
	BROMOMETHANE	SAMPLE						Drite i hix	(28)				I
EFFLUENT		MEASUREMENT	*****	*****		*****	*****	< 1.0	(20)	0	01/90	GR	I
32101 1 0	n	PERMIT			****			5					I
	GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	UG/L		QTRLY	GRAB	I
	-ETHYLIDENE	SAMPLE						DAILTINA	(19)				I
I-III DROAT		MEASUREMENT	*****	*****		*****	*****	< 0.05	(13)	0	01/90	GR	1
85812 1 0	n	PERMIT			****			0.5					I
	GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L		QTRLY	GRAB	I
TOLYTRIAZ		SAMPLE							(19)				I
I O E I I I I I A E	02E	MEASUREMENT	*****	*****		*****	*****	< 0.005	(13)	0	01/90	GR	I
85813 1 0	n	PERMIT			****			0.2					I
	GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L		QTRLY	GRAB	I
LITEOLINI		SAMPLE							WG/L				I
		MEASUREMENT											I
		PERMIT											I
		REQUIREMENT											1
	/TITLE PRINCIPAL EXECUT		Loortif	ndor popelty of Jam	that this document ===		propored updar ==	direction or					
	Mr. Michael Holland		-		that this document and							Telep	hor
				supervision in accordance with a system designed to assure that qualified personnel properly gather									
Brookhaven Site Manager			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								031-34	-34	
								-	Signaturo	of Drin	cinal Executive	Data 9	iana
	Typed or Printed	-		ate, and complete. I a		•	-	Signature of Principal Executive Date Signed Officer or Authorized Agent					
			I Ta	use information, Inc	uaing the possibility of	nne and imprisonment	ioi knowing violat	10115.		Ji Autri	UIIZEU AUEIIL		

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. SAMPLING TO BE DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH COOLING TOWER BLOWDOWN FROM STAR DETECTOR.

NAME USDOE

ADDRESS	BROOKHAVEN NA	TIONAL LABORATO
	BROOKHAVEN AR	EA OFFICE
	UPTON	NY 11973
FACILITY	BROOKHAVEN NA	TIONAL LABORATO
LOCATION	UPTON	NY 11973

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

ADDRESS	BROOKHAVEN NATIONAL	L LABORATORY		MAJOR										
	BROOKHAVEN AREA OFF	FICE			NY0005835 002 R					(SUBR 01)				
	UPTON	NY 11973			Permit Number Discharge Number			umber	F - FINAL					
FACILITY	BROOKHAVEN NATIONAL	L LABORATORY			Monitoring Period				RF(1004) 8	& BRAH	IMS(1002) BLOV	VDN		
LOCATION	UPTON	NY 11973			From	То		***	No Discha	lo Discharge				
ATTN:	GEORGE MALOSH, GROU	JP MGR			YR MO DAY									
									Instructions before completing this form					
	PARAMETER	\sum	QU	ANTITY OR LO	DADING	DING QUALITY OR CONCENTRATION			N	NO. EX	FREQUENCY OF	SAMPLE TYPE		
		\checkmark	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS			
1-HYDROXY	-ETHYLIDENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.05	(19)	0	01/90	GR		
	GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.5 DAILY MX	MG/L		QTRLY	GRAB		
TOLYTRIAZ	OLE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.005	(19)	0	01/90	GR		
85813 1 0 (EFFLUENT (0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	0.2 DAILY MX	MG/L		QTRLY	GRAB		
		SAMPLE MEASUREMENT												
		PERMIT REQUIREMENT												
		SAMPLE MEASUREMENT												
		PERMIT REQUIREMENT												
		SAMPLE MEASUREMENT												
		PERMIT REQUIREMENT												
		SAMPLE MEASUREMENT												
		PERMIT REQUIREMENT												
		SAMPLE MEASUREMENT												
		PERMIT REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			I certify u	nder penalty of law	that this document and	d all attachments were	prepared under my	direction or						
Mr. Michael Holland Brookhaven Site Manager				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						Telephone 631-344-3424				
			those persons directly responsible for gathering the information, the information submitted is, to the best of my											
											Signature of Principal Executive Date Sign Officer or Authorized Agent			

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

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.

NAME USDOE

ADDRESS	BROOKHAVEN NATIO	NAL LABORATOR
	BROOKHAVEN AREA	OFFICE
	UPTON	NY 11973
FACILITY	BROOKHAVEN NATIO	NAL LABORATOF
LOCATION	UPTON	NY 11973

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

ADDRESS	BROOKHAVEN NATIONAL	LABORATORY							MAJOR				
BROOKHAVEN AREA OFFICE					NY0005835		005 M		(SUBR 01)				
	UPTON	NY 11973			Permit Number		Discharge N	umber	F - FINAL				
FACILITY	BROOKHAVEN NATIONAL	LABORATORY			Monitoring I	Period				NSLS COOLING TOWR BLDN ETC (HS)			
LOCATION	UPTON	NY 11973			From			***	No Discha	irge	****	. ,	
ATTN:	GEORGE MALOSH, GROU	P MGR			YR MO DAY	YR MO DAY				•			
					04 04 01	04 06 30		Note: Read	Instructions	s before	e completing this	s form	
	PARAMETER		QUA	ANTITY OR LO	ADING QU			N	NO. EX	FREQUENCY	SAMPLE TYPE		
		\sim	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS		
РН		SAMPLE MEASUREMENT	*****	*****		7.8	*****	8.4	(12)	0	04/30	GR	
00400 1 0 (EFFLUENT (0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	REPORT MINIMUM	*****	8.5 MAXIMUM	su		ONCE/ MONTH	GRAB	
OIL & GREA	SE	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 CO THRU TREA	ONDUIT OR TMENT PLANT	SAMPLE MEASUREMENT	0.10	*****	(03)	*****	*****	*****		0	04/30	RC	
50050 1 0		PERMIT	REPORT	*****		*****	*****	*****	****		ONCE/	RCORDR	
EFFLUENT (GROSS VALUE	REQUIREMENT	DAILY AV		MGD				****		MONTH	Rechart	
		SAMPLE MEASUREMENT											
		PERMIT REQUIREMENT											
		SAMPLE MEASUREMENT											
		PERMIT REQUIREMENT											
		SAMPLE MEASUREMENT											
		PERMIT REQUIREMENT											
		SAMPLE MEASUREMENT											
		PERMIT REQUIREMENT											
NAME	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			nder penalty of law	that this document and	all attachments were	prepared under my	direction or					
Mr. Michael Holland su			supervi	supervision in accordance with a system designed to assure that qualified personnel properly gather evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or								Telep 631-344	
			those persor	ns directly responsit	ble for gathering the inf	ormation, the informat	ion submitted is, to	the best of my					
					ate, and complete. I an uding the possibliity of		•	-	ng Signature of Principal Executive Officer or Authorized Agent			Date S	

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.

NAME USDOE

ADDRESS	BROOKHAVEN NATION	IAL LABORATOR
	BROOKHAVEN AREA C	OFFICE
	UPTON	NY 11973
FACILITY	BROOKHAVEN NATION	AL LABORATOR
LOCATION	UPTON	NY 11973

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

ADDRESS BROOKHAVEN NATIONAL LABORATORY									MAJOR						
	BROOKHAVEN AREA OFF	ICE			NY0005835		005 Q (SUBR 01								
	UPTON	NY 11973			Permit Number	r	Discharge N	umber	F - FINAL						
FACILITY	BROOKHAVEN NATIONAL	L LABORATORY			Monitoring I	Monitoring Period				DLG TO	TC (HS)				
LOCATION	UPTON	NY 11973			From To		*** No Discha			Discharge ****					
ATTN:	GEORGE MALOSH, GROU	JP MGR			YR MO DAY	YR MO DAY									
					04 04 01	04 06 30		Note: Read	Instructions	before	e completing this	s form	_		
	PARAMETER	\searrow	QU	ANTITY OR LO	DADING	QUA		NCENTRATIO	N	NO. EX	FREQUENCY OF	SAMPLE TYPE			
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		l		
COPPER, TO (AS CU)	OTAL See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.006	(19)	0	01/90	GR			
01042 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	1.0 DAILY MX	MG/L		QTRLY	GRAB			
1-HYDROXY	-ETHYLIDENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.05	(19)	0	01/90	GR			
	GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	0.5 DAILY MX	MG/L		QTRLY	GRAB			
TOLYTRIAZ	OLE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.005	(19)	0	01/90	GR			
85813 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	0.2 DAILY MX	MG/L		QTRLY	GRAB			
		SAMPLE MEASUREMENT													
		PERMIT REQUIREMENT													
		SAMPLE MEASUREMENT													
		PERMIT REQUIREMENT													
		SAMPLE MEASUREMENT													
		PERMIT REQUIREMENT			1										
		SAMPLE MEASUREMENT													
		PERMIT			1										
NAME	/TITLE PRINCIPAL EXECUT		I certify u	nder penalty of law	that this document and	all attachments were	prepared under my	y direction or					•		
Mr. Michael Holland supervision		ision in accordance	of law that this document and all attachments were prepared under my direction or rdance with a system designed to assure that qualified personnel properly gather on submitted. Based on my inquiry of the person or persons who manage the system, or								Telephone 631-344-3424				
			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									Signed			
	Typed or Printed	-		uding the possibliity of		•	-	Officer or Authorized Agent				-			

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.

USDOE NAME

ADDRESS	BROOKHAVEN NA	TIONAL LABORATO
	BROOKHAVEN AR	EA OFFICE
	UPTON	NY 11973
FACILITY	BROOKHAVEN NA	TIONAL LABORATO
LOCATION	UPTON	NY 11973

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

ADDRESS	BROOKHAVEN NATIONA	L LABORATORY							MAJOR					
	BROOKHAVEN AREA OFFICE			NY0005835		007 M	(SUBR 01)							
	UPTON	NY 11973			Permit Number	r	Discharge N	umber	F - FINAL					
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitoring	Period	WATER TREA			REATM	IMENT PLT BKWSH (HX)			
LOCATION	UPTON	NY 11973			From To			***	*** No Discharge					
ATTN:	GEORGE MALOSH, GROU	JP MGR			YR MO DAY	YR MO DAY				•				
					04 04 01	04 06 30		Note: Read	Instructions	s before	e completing this	s form		
	PARAMETER		QUANTITY OR LO		DADING QI		ALITY OR CONCENTRATION		N	NO. EX	FREQUENCY OF	SAMPLE TYPE		
		\checkmark	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS			
FLOW RATE	1	SAMPLE MEASUREMENT	*****	200000	(07)	*****	*****	*****		0	18/30	IN		
	0 GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	**** ****		ONCE/ MONTH	INSTAN		
PH		SAMPLE MEASUREMENT	*****	*****		7.3	*****	7.3	(12)	0	01/30	GR		
00400 1 0 (EFFLUENT (0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB		
		SAMPLE												
1		MEASUREMENT												
		PERMIT REQUIREMENT												
		SAMPLE												
		MEASUREMENT												
		PERMIT REQUIREMENT												
		SAMPLE												
		MEASUREMENT												
		PERMIT REQUIREMENT												
		SAMPLE												
		MEASUREMENT												
		PERMIT							1					
		REQUIREMENT												
		SAMPLE												
		MEASUREMENT												
		PERMIT												
		REQUIREMENT												
NAME	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			nder penalty of law	that this document and	d all attachments were	prepared under my	/ direction or						
	Mr. Michael Holland			supervision in accordance with a system designed to assure that qualified personnel properly gather									Telephone	
	Brookhaven Site Mana	ger	and evaluate t	luate the information submitted. Based on my inquiry of the person or persons who manage the system, or					, or 631-344-34		-3424			
		those person	those persons directly responsible for gathering the information, the information submitted is, to the best of my											
knowledge and belie			d belief, true, accur	ate, and complete. I a	m aware that there are	e significant penalti	es for submitting	•		Date Si	igned			
					uding the possibliity of	fine and imprisonmen	t for knowing violat	ions.	Officer or Authorized Agent					

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

SAMPLES TO BE COLLECTED AT EFFLUENT PIPE TO WHICHEVER BASIN IS IN OPERATION AT THE TIME. STANDING WATER IN EITHER BASIN SHALL NOT BE COLLECTED FOR DMR SAMPLING PURPOSES. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

USDOE NAME

ADDRESS	BROOKHAVEN NATIO	NAL LABORATOR
	BROOKHAVEN AREA	OFFICE
	UPTON	NY 11973
FACILITY	BROOKHAVEN NATIO	NAL LABORATOF
LOCATION	UPTON	NY 11973

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

ADDRESS BROOKHAVEN NATIONAL	L LABORATORY							MAJOR					
BROOKHAVEN AREA OFF	FICE			NY0005835		008 M	08 M (SUBR 01)						
UPTON	NY 11973			Permit Number	r	Discharge N	umber	F - FINAL					
FACILITY BROOKHAVEN NATIONAL	L LABORATORY			Monitoring	Monitoring Period		_			USE (HW)			
	NY 11973			From	· · · · · · · · · · · · · · · · · · ·			** No Discharge					
ATTN: GEORGE MALOSH, GROU				YR MO DAY YR MO DAY									
					04 06 30		Note: Read	Instructions before completing this form					
	\smallsetminus	011	ANTITY OR LC				LITY OR CONCENTRATION		NO.	FREQUENCY	7	1	
PARAMETER	\mid \times			JADING				۰ 	EX	OF	TYPE	1	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	<u> </u>	ANALYSIS	<u> </u>		
FLOW RATE	SAMPLE	*****	51600	(07)	*****	*****	*****		0	01/30	IN	1	
See Note 2	MEASUREMENT	<u> </u>							<u> </u>	01/00			
00056 1 0 0	PERMIT	*****	REPORT		*****	*****	*****	****		ONCE/	INSTAN	1	
EFFLUENT GROSS VALUE	REQUIREMENT		DAILY MX	GPD				****		MONTH			
PH	SAMPLE	*****	*****		7.8	*****	7.8	(12)	0	01/30	GR	1	
	MEASUREMENT											1	
00400 1 0 0	PERMIT	*****	*****	****	REPORT	*****	8.5			ONCE/	GRAB	1	
EFFLUENT GROSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SU		MONTH		4	
OIL & GREASE	SAMPLE	*****	*****		*****	*****	< 5.0	(19)	0	01/30	GR	1	
	MEASUREMENT	<u> </u>	<u> </u>			L						1	
00556 1 0 0	PERMIT	*****	*****	****	*****	*****	15			ONCE/	GRAB	1	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH		4	
1,1-DICHLOROETHYLENE	SAMPLE	*****	*****		*****	*****	< 1.0	(28)	0	01/30	GR		
	MEASUREMENT			_					'		-	4	
34501 1 0 0	PERMIT	*****	*****	****	*****	*****	5			ONCE/	GRAB	1	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		MONTH		4	
1,1,1-TRICHLORO-	SAMPLE	*****	*****		*****	*****	< 1.0	(28)	0	01/30	GR	1	
ETHANE	MEASUREMENT	<u> </u>	<u> </u>	****			<u> </u>	_	<u> </u>		L	4	
34506 1 0 0	PERMIT	*****	*****	****	*****	*****	5			ONCE/	GRAB	1	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		MONTH		4	
	SAMPLE								'	'	1	1	
	MEASUREMENT			_				-	 '	 '	L	4	
	PERMIT											1	
· [4				4	'	ļ'		4	
	SAMPLE								'	'	1	1	
	MEASUREMENT	<u> </u>		_				-	 '	 ′		4	
	PERMIT											1	
		L an mit						4				1	
Mr. Michael Holland				that this document and						,	Talar	ohone	
				e with a system designed						,			
DI UUMII AVEIT GILE Mariag	-			on submitted. Based on my inquiry of the person or persons who manage the system, or								4-3424	
			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										
Typed or Printed				•		• •	÷						
	Idi	se information, inco	cluding the possibliity of	fine and imprisonment	for knowing violau	.ons.	Officer or Authorized Agent						

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

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

NAME USDOE

ADDRESS	BROOKHAVEN NATIONAL	LA	BORA
	BROOKHAVEN AREA OFF	FICE	
	UPTON	NY	11973

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

ADDRESS	BROOKHAVEN NATIONAL	L LABORATORY					(2)		MAJOR					
	BROOKHAVEN AREA OF	ICE			NY0005835		008 Q		(SUBR 01)					
	UPTON	NY 11973			Permit Number	r	Discharge Number		F - FINAL					
FACILITY	BROOKHAVEN NATIONAL	L LABORATORY			Monitoring				SW RUNOFF FROM WAREHOUSE AREA					
LOCATION	UPTON	NY 11973			From	То		[•] No Discha	rge					
ATTN:	GEORGE MALOSH, GROU	JP MGR			YR MO DAY	YR MO DAY				0				
					04 04 01	Instructions	s before	s form						
	PARAMETER		QU	ANTITY OR LO	DADING	QUA	ALITY OR CO	NCENTRATIO	N	NO. EX	FREQUENCY OF	SAMPLE TYPE		
		\checkmark	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS			
ALUMINUM,	, TOTAL	SAMPLE	*****	*****		*****	*****	0.02	(19)	0	01/90	GR		
(AS AL)	See Note 11	MEASUREMENT						0.02		v	01/90	GK		
01105 1 0	0	PERMIT	*****	*****	****	*****	*****	2.0			QTRLY	GRAB		
EFFLUENT	GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		QIKLI	GRAD		
		SAMPLE												
1		MEASUREMENT												
		PERMIT												
		REQUIREMENT												
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		REQUIREMENT												
		SAMPLE												
		MEASUREMENT			1				1					
		PERMIT												
		REQUIREMENT												
		SAMPLE												
		MEASUREMENT			4									
		PERMIT												
		REQUIREMENT												
NAME	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			nder penalty of law	that this document and	d all attachments were	prepared under my	y direction or						
	Mr. Michael Holland		supervi	supervision in accordance with a system designed to assure that qualified personnel properly gather						I F			hone	
	Brookhaven Site Manag	ger	and evaluate the	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or									4-3424	
			those persor	those persons directly responsible for gathering the information, the information submitted is, to the best of my										
			knowledge an	d belief, true, accu	rate, and complete. I a	m aware that there are	e significant penalti	es for submitting	Signature	of Prin	cipal Executive	Date S	igned	
1	Typed or Printed				luding the possibliity of	fine and imprisonment	t for knowing violat	ions	Officer	or Auth	orized Agent			

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

USDOE NAME

FLOW RATE

00056 1 0 0

00400 1 0 0

OIL & GREASE

00556 1 0 0

PH

EFFLUENT GROSS VALUE

EFFLUENT GROSS VALUE

EFFLUENT GROSS VALUE

ADDRESS	BROOKHAVEN NATI	ONAL LABORATO
	BROOKHAVEN AREA	A OFFICE
	UPTON	NY 11973
FACILITY	BROOKHAVEN NATI	ONAL LABORATO
LOCATION	UPTON	NY 11973

ATTN: GEORGE MAL

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

RESS BROOKHAVEN NATIONAL	L LABORATORY							MAJOR			
BROOKHAVEN AREA OFFICE				NY0005835		010 M (SUBR 01)					
UPTON	NY 11973			Permit Number	r	Discharge N	Discharge Number				
LITY BROOKHAVEN NATIONAL	L LABORATORY			Monitoring	Period	STORMWTR R O CENTRAL ST				CENTRAL STEA	AM (H)
ATION UPTON	ON UPTON NY 11973			From	То		***	No Discha			
I: GEORGE MALOSH, GROU	JP MGR				YR MO DAY				-	X ****	
				04 04 01			Note: Read	Instructions	s before	completing this	s form
PARAMETER		QU/	ANTITY OR LO	DADING	QU	ALITY OR COI	NCENTRATION	N	NO. EX	FREQUENCY	SAMPLE TYPE
	\checkmark	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS	
N RATE See Note 10	SAMPLE MEASUREMENT	*****		(07)	*****	*****	*****				IN
6 1 0 0 .UENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	**** ****		ONCE/ MONTH	INSTAN
	SAMPLE MEASUREMENT	*****	*****			*****		(12)			GR
0 1 0 0 .UENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB
GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			GR
6 1 0 0 .UENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law				that this document and	d all attachments were	prepared under my	y direction or				
Mr. Michael Holland supervision in accordan			e information subm	e with a system designed to assure that qualified personnel properly gather mitted. Based on my inquiry of the person or persons who manage the system, or							Telepho 631-344-
				ble for gathering the inf ate, and complete. I a			-	Signature of Principal Executive			Date Sig
Typed or Printed				uding the possibliity of				Officer or Authorized Agent			

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

Typed

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

NAME USDOE

ADDRESS	BROOKHAVEN NATION	AL LABORAT
	BROOKHAVEN AREA O	FFICE
	UPTON	NY 11973
FACILITY	BROOKHAVEN NATION	AL LABORAT

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

ADDRESS	BROOKHAVEN NATIONAL	LABORATORY							MAJOR				
	BROOKHAVEN AREA OFF	ICE			NY0005835		010 Q (SU		(SUBR 01)	1			
	UPTON	NY 11973			Permit Number	r	Discharge N	umber	F - FINAL				
FACILITY	BROOKHAVEN NATIONAL	LABORATORY	Monitoring Perio			Period	-		SW RUNO	FF FRC	M CENTRAL ST	⁻ М (Н)	
	UPTON	NY 11973		¥			* No Discharge						
	GEORGE MALOSH, GROU	JP MGR			YR MO DAY YR MO DAY								
									Instructions before completing this form				
		\smallsetminus	01/	ANTITY OR LO				LITY OR CONCENTRATION			FREQUENCY	SAMPLE	
	PARAMETER			_						EX	OF	TYPE	
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
COPPER, TO		SAMPLE	*****	*****		*****	*****	0.003	(19)	o	01/90	GR	
(AS CU)	See Notes 1 & 11	MEASUREMENT											
01042 1 0 0		PERMIT	*****	*****	****	*****	*****	1.0			QTRLY	GRAB	
	ROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L				
LEAD, TOTAL		SAMPLE	*****	*****		*****	*****	0.002	(19)	0	01/90	GR	
(AS PB)	See Notes 1 & 11	MEASUREMENT			4								
01051 1 0 0		PERMIT	*****	*****	****	*****	*****	0.05			QTRLY	GRAB	
	ROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L			0.0.12	
VANADIUM, T		SAMPLE	*****	*****		*****	*****	0.013	(19)	0	01/90	GR	
(AS V)	See Note 11	MEASUREMENT								Ū	••	•	
01087 1 0 0		PERMIT	*****	*****	****	*****	*****	REPORT			QTRLY	GRAB	
	ROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		Q	01012	
ALUMINUM, T		SAMPLE	*****	*****		*****	*****	0.15	(19)	0	01/90	GR	
(AS AL)	See Note 11	MEASUREMENT									01/00	UN	
01105 1 0 0		PERMIT	*****	*****	****	*****	*****	2.0			QTRLY	GRAB	
EFFLUENT G	ROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		Q	01012	
		SAMPLE											
		MEASUREMENT											
		PERMIT											
		REQUIREMENT											
		SAMPLE											
		MEASUREMENT			4								
		PERMIT											
		REQUIREMENT											
		SAMPLE											
		MEASUREMENT			4								
		PERMIT											
		REQUIREMENT											
NAME/T	TITLE PRINCIPAL EXECUT	IVE OFFICER	I certify u	nder penalty of law	that this document and	d all attachments were	prepared under my	y direction or					
	Mr. Michael Holland			supervision in accordance with a system designed to assure that qualified personnel properly gather								Teleph	
	Brookhaven Site Manag	and evaluate the	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or					r			631-344-	3424	
1			those persor	ns directly responsi	ble for gathering the inf	formation, the informat	ion submitted is, to	the best of my					
		knowledge an	d belief, true, accu	rate, and complete. I a	m aware that there are	e significant penalti	es for submitting	Signature	of Prin	cipal Executive	Date Sig	gned	
	Typed or Printed		fa	lse information incl	luding the possibliity of	fine and imprisonment	t for knowing violati	ions	Officer	or Auth	orized Agent		

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

NAME USDOE

ADDRESS	BROOKHAVEN N	ATIONAL LABORATOF
	BROOKHAVEN A	REA OFFICE
	UPTON	NY 11973
FACILITY	BROOKHAVEN N	ATIONAL LABORATOF
LOCATION	UPTON	NY 11973

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

ADDRESS	BROOKHAVEN NATIONAL	LABORATORY							MAJOR				
	BROOKHAVEN AREA OFF	ICE			NY0005835		06A M		(SUBR 01))			
	UPTON	NY 11973			Permit Number		Discharge N	umber	F - FINAL				
FACILITY	BROOKHAVEN NATIONAL	LABORATORY			Monitoring	Period			LINAC NC	CW, FL	OOR DNS,ETC ((HT1)	
LOCATION	UPTON	NY 11973			From	То		***			****		
ATTN:	GEORGE MALOSH, GROU	IP MGR			YR MO DAY	YR MO DAY				U			
								Note: Read	nstructions	s before	e completing this	s form	
		\smallsetminus									FREQUENCY	SAMPLE	1
	PARAMETER	\sim	QUA	ANTITY OR LO	DADING	QUA	ALITY OR COM	NCENTRATIO	N	EX	OF	TYPE	
		$\langle \ \rangle$	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PH		SAMPLE	***	****			****		(12)		0.4/0.0		
		MEASUREMENT	*****	*****		7.5	*****	7.8	· ,	U	04/30	GR	
00400 1 0	0	PERMIT			****	REPORT		9.0			ONCE/		
EFFLUENT	GROSS VALUE	REQUIREMENT	*****	******	****	MINIMUM	*****	MAXIMUM	SU		MONTH	GRAB	
OIL & GREA	SE	SAMPLE	****			*****	****		(19)		0.1./0.0		1
		MEASUREMENT	*****	*****		*****	~~****	< 5.0		0	01/30	GR	1
00556 1 0	0	PERMIT	*****	*****	****	*****	*****	15			ONCE/	0040	
EFFLUENT	GROSS VALUE	REQUIREMENT	*****	*****	****	*****		DAILY MX	MG/L		MONTH	GRAB	
FLOW, IN C	ONDUIT OR	SAMPLE	0.44	*****	(03)	*****	*****	*****		•	0.4/0.0	50	
THRU TREA	TMENT PLANT	MEASUREMENT	0.14							U	04/30	RC	
50050 1 0	1	PERMIT	REPORT	*****		*****	*****	*****	****		ONCE/	DOODDD	
EFFLUENT	GROSS VALUE	NY 11973 AL LADRATORY NY 11973 JUP MGR	RCORDR										
		SAMPLE											
		MEASUREMENT											
		PERMIT											
		REQUIREMENT										* his form SAMPLE TYPE GR GR GRAB GR GRAB GR C RCORDR	
		SAMPLE											
		MEASUREMENT											
		PERMIT											
		REQUIREMENT										is form SAMPLE TYPE GR GRAB GR GRAB RC RC RCORDR	
		SAMPLE											1
		MEASUREMENT											
		PERMIT											
		REQUIREMENT											
		SAMPLE											l i
													l l
		PERMIT											1
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					
	Mr. Michael Holland		supervi	sion in accordance	with a system designe	d to assure that qualifi	ed personnel prope	erly gather			ĺ	Telep	hone
	Brookhaven Site Manag	ger	and evaluate th	ne information subr	nitted. Based on my in	quiry of the person or	persons who mana	ge the system, or				631-34	4-3424
			those persor	ns directly responsil	ole for gathering the inf	ormation, the informat	ion submitted is, to	the best of my					
			knowledge an	d belief, true, accur	ate, and complete. I a	m aware that there are	e significant penaltie	es for submitting	Signature of Principal Executive			Date S	Signed
1	Typed or Printed		fa	lse information, incl	uding the possibliity of	fine and imprisonment	t for knowing violati	ons.	Officer or Authorized Agent				

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.

NAME USDOE

1-HYDROXY-ETHYLIDENE

EFFLUENT GROSS VALUE

EFFLUENT GROSS VALUE

85812 1 0 0

85813 1 0 0

TOLYTRIAZOLE

ADDRESS	BROOKHAVEN NATIONAL LABORATOR								
	BROOKHAVEN AREA O	FFICE							
	UPTON	NY 11973							
FACILITY	BROOKHAVEN NATION	AL LABORATO							
LOCATION	UPTON	NY 11973							

ATTN: GEORGE MALOS

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

RESS BROOKHAVEN NATIONA	L LABORATORY								MAJOR						
BROOKHAVEN AREA OF	FICE	CE					06A Q	06A Q			(SUBR 01)				
UPTON	Permit Number				Discharge N	Discharge Number F - FINAL									
LITY BROOKHAVEN NATIONA	UPTON NY 11973 BROOKHAVEN NATIONAL LABORATORY					Period			LINAC NC	LINAC NCCW, FLOOR DNS, SW (HT1)					
ATION UPTON	NY 11973			Fror		То		***	No Discha		****	,			
I: GEORGE MALOSH, GRO	UP MGR			YR MO	DAY	YR MO DA	Y			•					
						04 06 3		Note: Read	Instructions	before	e completing this	s form			
PARAMETER		QU	ANTITY OR LO	DADING	ADING QUALI		JALITY OR COI	ALITY OR CONCENTRATION			FREQUENCY	SAMPLE TYPE			
		AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS				
DROXY-ETHYLIDENE	SAMPLE MEASUREMENT	*****	*****			*****	*****	< 0.05	(19)	0	01/90	GR			
2 1 0 0 UENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****		*****	*****	0.5 DAILY MX	MG/L		QTRLY	GRAB			
TRIAZOLE	SAMPLE MEASUREMENT	*****	*****			*****	*****	< 0.005	(19)	0	01/90	GR			
3 1 0 0 UENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****		*****	*****	0.2 DAILY MX	MG/L		QTRLY	GRAB			
	SAMPLE MEASUREMENT														
	PERMIT REQUIREMENT														
	SAMPLE												1		
	MEASUREMENT														
	PERMIT														
	REQUIREMENT														
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	PERMIT REQUIREMENT														
	SAMPLE														
	MEASUREMENT														
	PERMIT														
	REQUIREMENT														
NAME/TITLE PRINCIPAL EXECU	TIVE OFFICER	I certify u	nder penalty of law	that this docun	nent and	all attachments we	re prepared under my	/ direction or					-		
Mr. Michael Holland							lified personnel prope				ľ	Teler	phone		
Brookhaven Site Mana	ger			-	•		or persons who mana					631-34	44-3424		
	-										ľ				
Typed or Printed		knowledge an	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.							Signature of Principal Executive Date Signed Officer or Authorized Agent			Signed		
i ypea oi i i iiiteu		l ia		using the puss			sin for knowing violat	0110.	Onicer	. Auti	onizou Agont				

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

NAME USDOE

ADDRESS	BROOKHAVEN NATIONAL LABORATOR								
	BROOKHAVEN A	REA OFFICE							
	UPTON	NY 11973							
FACILITY	BROOKHAVEN N	ATIONAL LABORATOF							
LOCATION	UPTON	NY 11973							

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

ADDRESS	BROOKHAVEN NATIONAL	LABORATORY							MAJOR			
	BROOKHAVEN AREA OFF	ICE			NY0005835		06B M		(SUBR 01)			
	UPTON	NY 11973			Permit Number	r	Discharge N	umber	F - FINAL			
FACILITY	BROOKHAVEN NATIONAL	LABORATORY			Monitoring	Period			COOLING	TOWR	FROM 919 ETC	(HT2)
LOCATION	UPTON	NY 11973			From	То		***	No Discha	rge	****	. ,
ATTN:	GEORGE MALOSH, GROU	IP MGR			YR MO DAY					0		
					04 04 01	04 06 30		Note: Read	Instructions	before	completing this	s form
	PARAMETER		QU	ANTITY OR LO	DADING	QUA	LITY OR COM	CENTRATION	N	NO. FX		SAMPLE TYPF
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		-	=
PH		SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.7	(12)	0	04/30	GR
00400 1 0 EFFLUENT	D GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	s∪		ONCE/ MONTH	GRAB
OIL & GREA	SE	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 CO THRU TREA	ONDUIT OR TMENT PLANT	SAMPLE MEASUREMENT	0.043	*****	(03)	*****	*****	*****		0	04/30	RC
50050 1 0 ⁻		PERMIT	REPORT	*****		*****	*****	*****	****		ONCE/	RCORDR
EFFLUENT	GROSS VALUE	REQUIREMENT	DAILY AV		MGD			(SUBR 01) F - FINAL COOLING TOWR FROM 919 ETC (HT2) *** No Discharge ***** Note: Read Instructions before completing this form **** CENTRATION NO. EX FREQUENCY OF OF SAMPLE TYPE MAXIMUM UNITS 0 04/30 GR 9.0 NO. FREQUENCY OF SAMPLE 7.7 (12) 0 04/30 GR 9.0 MAXIMUM SU MONTH GRAB < 5.0	ROOKDA			
		SAMPLE MEASUREMENT										
		PERMIT REQUIREMENT										RCORDR
		SAMPLE MEASUREMENT										
		PERMIT REQUIREMENT										
		SAMPLE MEASUREMENT										
		PERMIT REQUIREMENT										
		SAMPLE MEASUREMENT										
		PERMIT REQUIREMENT										
NAME	/TITLE PRINCIPAL EXECUT	IVE OFFICER	I certify u	nder penalty of law	that this document and	d all attachments were	prepared under my	direction or				
	Mr. Michael Holland Brookhaven Site Manag	ger	-		with a system designe nitted. Based on my in							Telepl 631-344
1			-		ole for gathering the inf			-				
	Typed or Printed				ate, and complete. I a uding the possibliity of		•	-	0		•	Date S

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.

USDOE NAME

ADDRESS	BROOKHAVEN NATIONAL LABORATOR								
	BROOKHAVEN AREA OFFICE								
	UPTON	NY 11973							
FACILITY	BROOKHAVEN NATI	ONAL LABORATOF							
LOCATION	UPTON	NY 11973							

ATTN: GEORGE MALO

1-HYDROXY-ETHYLIDENE

EFFLUENT GROSS VALUE

EFFLUENT GROSS VALUE

85812 1 0 0

85813 1 0 0

TOLYTRIAZOLE

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

RESS BROOKHAVEN NATION	AL LABORATORY							MAJOR					
BROOKHAVEN AREA O	FFICE			NY0005835		06B Q		(SUBR 01)					
UPTON	NY 11973			Permit Number		Discharge Number		F - FINAL					
LITY BROOKHAVEN NATION	AL LABORATORY	Monitoring Period COOLG TOWRS FROM 919 ETC (H						HT2)					
	NY 11973			From	То		***	No Discha		****	,		
I: GEORGE MALOSH, GRO				YR MO DAY				ne Bicona	.90				
				04 04 01	04 06 30		Note: Read I	nstructions	before	completing this	form		
		Ì							NO.	FREQUENCY	SAMPLE	1	
PARAMETER		QUANTITY OR LC		ADING QUAL		LITY OR CONCENTRATION		EX		OF	TYPE		
TARAMETER		AVERAGE	VERAGE MAXIMUM				MAXIMUM	UNITS	L^		TIPE		
DROXY-ETHYLIDENE	SAMPLE					AVERAGE				ANALISIS			
	MEASUREMENT	*****	*****		*****	*****	< 0.05	(19)	0	01/90	GR		
				****			0.5						
	PERMIT	*****	*****	****	*****	*****		MO		QTRLY	GRAB		
UENT GROSS VALUE	REQUIREMENT						DAILY MX	MG/L					
TRIAZOLE	SAMPLE	*****	*****		*****	*****	< 0.005	(19)	0	01/90	GR		
	MEASUREMENT												
3 1 0 0	PERMIT	*****	*****	****	*****	*****	0.2			QTRLY	GRAB		
UENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L					
	SAMPLE												
	MEASUREMENT												
	PERMIT												
	REQUIREMENT												
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	MEASUREMENT												
	PERMIT												
	REQUIREMENT												
NAME/TITLE PRINCIPAL EXECU		L certify u	nder penalty of law	that this document and	all attachments were	prepared under my	direction or					1	
Mr. Michael Hollan		· · ·			d to assure that qualifie					ŀ	Teler	hone	
Brookhaven Site Man					quiry of the person or p						•	4-3424	
Diookilaven olle Mai					formation, the informati					ŀ	001-04	- 3-2-	
								Signatura	of Prine	cinal Executive	Data 9	Signed	
Turned or Drived	1	-	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.							Signature of Principal Executive Date Signed Officer or Authorized Agent			
Typed or Printed	fa	ise information, incl	uaing the possibliity of	tine and imprisonment	Unicer	א הע Auth							

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.

ATTACHMENT II

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR JUNE 2004

NON-COMPLIANCE REPORT

SECTION 1

<u>Appendix B</u>

· · · · · · · · · · · · · · · · · · ·					
		Division of	Environmental Conser Water npliance Even	1	
To: DEC	Water Contact _ R. Sor	rentino		DEC Region: 1	
				ceBypass/OverflowOth	her
<u> </u>				<u> </u>	
Date of noncompliance:_	6/ 4 / 04 Location	Dutfall) Treatment	Unit, or Pump Station):		
Outfall 001 effluer	nt for total metals	analysis ha	d iron concentrat	on June 4 & June 7, ions of 0.87 and 0.4 ion the samples had	о ррш
suspended solids co	ncentrations of 18	& 10ppm res	pectively. The o	laily average of 14 p	pm exceeds
Start date, time of event: Date, time oral notificati	<u>6 / 4 / 04</u> 9 :45 on made to DEC? / /	(PM) End d	late, time of event: <u>6</u> / M) (PM) DEC Official co		M)
results meet the QA	requirements. One	ce confirmed	, the sample coll	ta was validated to ection equipment was	inspected
				lection probe was ly	
				is the probable caus	
Preventive (long term) co as part of a routin				ll be periodically i	
SECTION 3					
Complete this section if even	it was a bypass:				
	Bypass amount:	Was prior DEC au	thorization received for this	vent? (Yes) (No)	0312260366
A DECEMBER OF	DEC Official contacted:	ter a substanting of the second			
Describe event in "Descrip	tion of noncompliance and cau	se" area in Section 2	2. Detail the start and end d	ates and times in Section 2 also.	
SECTION 4					
Facility Repres	entative:		Title:	Date://	
	Phone #: ()		Fax #: ()	<u> </u>	
prepared under my direction or to assure that qualified personn submitted. Based on my inquir or those persons directly respon submitted is, to the best of my I am aware that there are signif	hat this document and all attachment supervision in accordance with a sys cl properly gather and evaluate the ir y of the person or persons who mana nsible for gathering the information, i knowledge and belief, true, accurate, icant penalties for submitting false ir and imprisonment for knowing viol	stem designed nformation ge the system, the information and complete. nformation,	Signature of Principal I Officer or Authorized A		

the permit limit of 10 ppm and also results in a percent removal of only 82 percent compared with the permit limit of 85 percent. A surveillance sample collected on June 30, 2004, exhibited a total iron concentration of 0.16mg/L (preliminary data from analytical laboratory).

STV T WETER ODDEST TO STRUTT WEATVAC

AND SEVERY TREVEL ABOR O SHUTS INC

1

permit exceedances. The probe was reinstalled and suspended above the bottom of the channel.