

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

April 20, 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 March 2004

Included as Attachment I, please find the DMR for the month of March 2004. Chemical analyses for the reported parameters are conducted by NYS Department of Health certified laboratories. As of November 1, 2003, Severn Trent Laboratories, Inc. will be performing most of the analyses on all SPDES samples with H2M Labs, Inc. performing only the BOD<sub>5</sub>, Nitrogen series, and fecal coliform analyses due to sample holding times. 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.

The analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. 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 March 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 transmit it to the New York State Department of Environmental Conservation and the Suffolk County Department of Health Services no later than April 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 March 2004.

Attachment II: Analytical Results from H2M Labs Inc. and Severn Trent

Laboratories, Inc. for samples collected on 3/1/04 and 3/3/04 from

Outfall 001.

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

CHEMTEX, Inc. for samples collected from Outfalls 001A, 001B, 001E,

001F, 002, 002B, 005, 006A, 006B, 008, and 010.

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

EC62ER.04

## Brookhaven National Laboratory SPDES Permit No. NY0005835 Discharge Monitoring Report for March 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. There was no discharge from Outfall 007 during this reporting period.
- 7. 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 Discharge Monitoring Reports have not been updated.

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

NAME USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

**BROOKHAVEN AREA OFFICE** 

UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973
ATTN: GEORGE MALOSH, GROUP MGR

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

 From
 To
 \*\*\* No Discharge

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Note: Read Instructions before completing this form

				104   01   04   03   31   Note: Read instructions before completing this							
PARAMETER		NTITY OR LO	ADING	QUA	ICENTRATION	I	NO. EX	FREQUENCY OF	SAMPLE TYPE		
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
SAMPLE MEASUREMENT	290	*****	(07)	*****	*****	*****		0	03/90	RC	
PERMIT REQUIREMENT	REPORT DAILY AV	*****	**** GPD	*****	*****				QTRLY	RCORDR	
SAMPLE MEASUREMENT	*****	*****		5.1	*****	5.1	(12)	0	01/90	GR	
PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		QTRLY	GRAB	
SAMPLE MEASUREMENT	*****	*****		*****	*****	< 10	(28)	0	01/90	GR	
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	supervis	sion in accordance	with a system designed	d to assure that qualifie	ed personnel proper	rly gather				Telep	hone
r			-	or			631-344	4-3424			
										Date S	Signed
Typed or Printed				false information, including the possibility of fine and imprisonment for knowing violations.							
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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 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 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: GEORGE MALOSH, GROUP MGR

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

							WAJUK
NY	00058	35				001 B	(SUBR 01)
Per	mit N	umber				Discharge Number	F - FINAL
	Monito	oring F	eric	d			RINSE FROM CENTRL DEGREASR 498
	Fro	n		То		***	No Discharge ****
ΥR	МО	DAY	YR	МО	DAY		
04	01	01	04	03	31	Note: Read I	nstructions before completing this form

PARAMETER		QUA	ANTITY OR LO	ADING			NCENTRATION	NO. EX		FREQUENCY	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS		
FLOW RATE	SAMPLE MEASUREMENT	250	*****	(07)	****	*****	*****		0	01/90	RC	
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CHROMIUM, TOTAL (AS CR) See Note 1	SAMPLE MEASUREMENT	*****	*****		****	****	4.4	(28)	0	01/90	GR	
01034 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***		*****	REPORT DAILY MX	UG/L		QTRLY	GRAB	
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****		*****	*****	15.8	(28)	0	01/90	GR	
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IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****		*****	*****	207	(28)	0	01/90	GR	
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MANGANESE, TOTAL (AS MN) See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	2.4	(28)	0	01/90	GR	
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB	
NICKEL, TOTAL (AS NI) See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.7	(28)	0	01/90	GR	
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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					
Mr. Michael Holland	supervis	sion in accordance	with a system designe	d to assure that qualifi	ed personnel prope	erly gather				Telep	hone	
Brookhaven Site Manag	ger	and evaluate th	e information subm	itted. Based on my in	quiry of the person or	persons who mana	ge the system, or				631-34	4-3424
		those person	s directly responsib	le for gathering the inf	g Signature of Principal Executive							
					knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting							igned
Typed or Printed		false information, including the possibility of fine and imprisonment for knowing violations.  Officer or Authori										

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 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 Facility Name/Location if Different
NAME	USDOE
ADDRESS	BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE
UPTON NY 1197

FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973
ATTN: GEORGE MALOSH, GROUP MGR

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

						• •	MAJOR
NY	00058	35				001 B	(SUBR 01)
Per	mit N	umber				Discharge Number	F - FINAL
	Monito	oring F	eric	d			RINSE FROM CENTRL DEGREASR 498
	Fro	n		То		***	No Discharge ****
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04	01	01	04	03	31	Note: Read	Instructions before completing this form

PARAMETER		QU	ANTITY OR LO	DADING	QU	ALITY OR COI	NCENTRATIO	N	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
ZINC, TOTAL (AS ZN) See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	4.4	(28)	0	01/90	GR	
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB	
1,2-DICHLOROETHANE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1	(28)	0	01/90	GR	
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BIS (2-ETHYLHEXYL) PHTHALATE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 10	(28)	0	01/90	GR	
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DI-N-BUTYL PHTHALATE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 10	(28)	0	01/90	GR	
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NAME/TITLE PRINCIPAL EXECUT	IVE OFFICER	I certify u	nder penalty of law	that this document and	d all attachments were	e prepared under my	y direction or					
Mr. Michael Holland		supervi	ision in accordance	with a system designed	ed to assure that quali	fied personnel prope	erly gather				Telep	hone
Brookhaven Site Manager and evaluate the information submitted. Based on my in				nquiry of the person or persons who manage the system, or						631-34	4-3424	
		those persor	ns directly responsil	ble for gathering the in	formation, the informa	·						
		knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting							ng Signature of Principal Executive			Signed
Typed or Printed	luding the possibliity of	of fine and imprisonment for knowing violations.  Officer or Authorized Agent										

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

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL. SAMPLES TO BE COLLECTED FROM 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 I U S D O E BROOKHAVEN NATIONAL BROOKHAVEN AREA OFF	. LABORATORY	tion if Differei	nt)		LLUTANT DISCH		NATION SYST	EM (NPDES MAJOR (SUBR 01)				
	UPTON	NY 11973			Permit Number		Discharge N	umber	F - FINAL	,			
FACILITY	BROOKHAVEN NATIONAL				Monitoring	Discharge N	umber	RINSE FROM CENTRL DEGREASR 498					
LOCATION		NY 11973			From	To		***	No Discha		****	N 430	
ATTN:	GEORGE MALOSH, GROU					YR MO DAY			NO DISCIL	ii ge			
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NAME	TITLE PRINCIPAL EXECUT		Leertify	nder penalty of law	that this document and	d all attachments were	prepared under my	direction or					
117 111111	Mr. Michael Holland	3,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		with a system designe							Telep	

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)

**Brookhaven Site Manager** 

**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 DISCH TO SEWER COLLECTION SYSTEM. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

631-344-3424

**Date Signed** 

Signature of Principal Executive

	NAME/ADDRESS <i>(Include I</i> U S D O E	Facility Name/Loca	tion if Differer	nt)	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)									
ADDRESS	<b>BROOKHAVEN NATIONAL</b>	LABORATORY			MAJOR									
	<b>BROOKHAVEN AREA OFF</b>	ICE			NY0005835 001 D									
	UPTON	NY 11973			Permit Number	Discharge Number			F - FINAL					
FACILITY	BROOKHAVEN NATIONAL	LABORATORY			Monitoring I	Period	3		PHOTOPR	OCESS	SNG RINSE FRO	M 197B		
-	UPTON	NY 11973			From	То		***	No Discha					
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										NO.	FREQUENCY	SAMPLE		
	PARAMETER		QUA	ANTITY OR LO	DADING	QUA	ALITY OR COI	NCENTRATION	1	EX	OF	TYPE		
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS			
FLOW RATE		SAMPLE		*****	(07)	****	*****	*****				DC.		
	See Note 5	MEASUREMENT			` ´			******				RC		
00056 1 0 1		PERMIT	REPORT	*****		*****	*****	*****	****		QTRLY	RCORDR		
<b>EFFLUENT G</b>	ROSS VALUE	REQUIREMENT	DAILY AV		GPD				****		QIKLT	RCORDR		
PH		SAMPLE	*****	*****			*****		(12)			GR		
		MEASUREMENT										GK		
00400 1 0 0		PERMIT	*****	*****	****	REPORT	*****	REPORT			QTRLY	GRAB		
<b>EFFLUENT G</b>	ROSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SU		QIKLI	GRAD		
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(AS N)		MEASUREMENT										GK		
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EFFLUENT G	ROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		QIKLI	GNAB		
CYANIDE, TO	TAL	SAMPLE	*****	*****		*****	*****		(28)			GR		
(AS CN)		MEASUREMENT							]			GIV		
00720 1 0 0		PERMIT	*****	*****	****	*****	*****	REPORT			QTRLY	GRAB		
EFFLUENT G	ROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		GINEI	GIVAD		
SILVER, TOT	AL	SAMPLE	*****	*****		*****	*****		(28)			GR		
(AS AG)		MEASUREMENT										UK .		
01077 1 0 0		PERMIT	*****	*****	****	*****	*****	REPORT			QTRLY	GRAB		
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PHENOLICS,	TOTAL	SAMPLE	*****	*****		*****	*****		(28)			GR		
RECOVERAB	BLE	MEASUREMENT										- GIX		
32730 1 0 0		PERMIT	*****	*****	****	*****	*****	REPORT			QTRLY	GRAB		
EFFLUENT G	ROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		WIIVE!	GIVAD		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland Brookhaven Site Manager

Typed or Printed

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting

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

Telephone 631-344-3424

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 MANHOLE NEAREST THE BUILDING. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

NAME	USDOE	LABORATORY			DISCHARGE M	ONITORING RE	PORT (DMR)		MA IOD				
ADDRESS	BROOKHAVEN NATIONAL BROOKHAVEN AREA OF								MAJOR (SUBR 01)				
	UPTON	NY 11973							F - FINAL	1			
FACILITY	BROOKHAVEN NATIONAL				Monitoring Period			unibei		OWD	N FROM 244,405	ETC	
LOCATION	UPTON	NY 11973			From	To	-	***	No Discha		****	,⊑10	
ATTN:	GEORGE MALOSH, GROU				YR MO DAY YR MO DAY					ige			
ATTIN.	GLONGE MALOSII, GNO	or wick				<del></del>					completing this	form	
			l								FREQUENCY	SAMPLE	
	PARAMETER		QUANTITY OR I		OADING	QUA	ALITY OR CONCENTRATION		N	EX	OF	TYPE	
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS		
FLOW RATE		SAMPLE	55	*****	(07)	*****	*****	*****		0	20/00	D.C.	
		MEASUREMENT	35							"	29/90	RC	
00056 1 0	1	PERMIT	REPORT	*****		*****	*****	*****	****		QTRLY	RCORDR	
EFFLUENT (	GROSS VALUE	REQUIREMENT	DAILY AV		GPD				****		GINLI	NCONDR	
PH		SAMPLE	*****	*****		8.0	*****	9.0	(12)	0	29/90	GR	
		MEASUREMENT							_		25/50		
00400 1 0		PERMIT	*****	*****	****	REPORT	*****	REPORT			QTRLY	GRAB	
EFFLUENT (	GROSS VALUE	REQUIREMENT			***	MINIMUM		MAXIMUM	SU		Q.I.L.	0.0.0	
		SAMPLE											
		MEASUREMENT											
		PERMIT											
		REQUIREMENT											
		SAMPLE MEASUREMENT											
		PERMIT											
		REQUIREMENT											
		SAMPLE											
		MEASUREMENT											
		PERMIT							1				
		REQUIREMENT											
		SAMPLE											
		MEASUREMENT											
		PERMIT							1				
		REQUIREMENT											
ı	MEASUREMENT												
		PERMIT											
		REQUIREMENT											
NAME	TITLE PRINCIPAL EXECUT	IVE OFFICER	L certify u	ndor populty of law	v that this document and			. Paradia a a a					

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)

Mr. Michael Holland

**Brookhaven Site Manager** 

**Typed or Printed** 

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Telephone

631-344-3424

**Date Signed** 

Signature of Principal Executive

NAME ADDRESS	NAME/ADDRESS (Include U S D O E BROOKHAVEN NATIONA	•		,	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPI DISCHARGE MONITORING REPORT (DMR)  MAJOR											
	BROOKHAVEN AREA OF				NY0005835 001 F Permit Number Discharge Number					(SUBR 01) F - FINAL						
	UPTON	NY 11973														
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitoring	Period	The state of the s		COOLING	TOWE	R WTR & BLOW	DN 902				
LOCATION	UPTON	NY 11973						No Discha		****						
ATTN:	GEORGE MALOSH, GROU	JP MGR								Ū						
					04 01 01	04 03 31		Note: Read I	nstructions	s before	e completing this	s form				
	PARAMETER		QUA	ANTITY OR LO	OADING	QUA	ALITY OR CO	NCENTRATION	ı	NO. EX	FREQUENCY OF	SAMPLE TYPE				
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS					
FLOW RATE		SAMPLE MEASUREMENT	3500	*****	(07)	*****	*****	*****		0	03/90	RC				
00056 1 0 1 EFFLUENT (	I GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	GPD	*****	*****	*****	****		QTRLY	RCORDR				
PH		SAMPLE MEASUREMENT	*****	*****		7.6	*****	7.6	(12)	0	01/90	GR				
00400 1 0 ( EFFLUENT (	) GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	su		QTRLY	GRAB				
PROPYLENE MONOBUTY		SAMPLE MEASUREMENT	*****	*****		*****	*****	< 500	(28)	0	01/90	GR				
49875 1 0 ( EFFLUENT (	) GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB				
		SAMPLE														
		MEASUREMENT														
		PERMIT REQUIREMENT														
		SAMPLE MEASUREMENT														
1		PERMIT REQUIREMENT														
		SAMPLE														
		MEASUREMENT					<u> </u>	<u> </u>			<u>                                      </u>					
		PERMIT REQUIREMENT														
		SAMPLE														
İ		MEASUREMENT														
	PERMIT REQUIREMENT															

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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)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland

**Brookhaven Site Manager** 

**Typed or Printed** 

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Telephone

631-344-3424

**Date Signed** 

Signature of Principal Executive

NAME USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

**BROOKHAVEN AREA OFFICE** 

UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973
ATTN: GEORGE MALOSH, 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 ****
ΥR	МО	DAY	YR	МО	DAY		
04	01	01	04	03	31	Note: Read	Instructions before completing this form

PARAMETER		QUANTITY OR LOADING QUALITY OR CONCENTRAT					NCENTRATION	١	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*****	*****		*****	*****	55	(15)	0	01/01	GR	
00011 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	90 DAILY MX	DEG.F		DAILY	GRAB	
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****		****	< 2	< 2	(19)	0	02/30	24	
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	*****	10 DAILY AV	20 DAILY MX	MG/L		ONCE/ MONTH	COMP24	
PH	SAMPLE MEASUREMENT	*****	*****		6.9	*****	7.6	(12)	0	01/01	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.8 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	4.5	8.0	(19)	0	02/30	24	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	10 DAILY AV	20 DAILY MX	MG/L		ONCE/ MONTH	COMP24	
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0	(25)	0	01/01	GR	
00545 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.1 DAILY MX	ML/L		DAILY	GRAB	
NITROGEN, TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	*****	10	(19)	0	02/30	24	
00600 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	*****	*****	10 DAILY MX	MG/L		ONCE/ MONTH	COMP24	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.1	(19)	0	02/30	24	
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	2 DAILY MX	MG/L		ONCE/ MONTH	COMP24	
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	supervision in accordance with a system designed to assure that qualified personnel properly gather										hone	
Brookhaven Site Manag	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or									631-34	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									Date S	igned	
Typed or Printed		false information, including the possibility of fine and imprisonment for knowing violations.  Officer or Authorized 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

ADDRESS BROOKHAVEN NATIONAL LABORATORY

**BROOKHAVEN AREA OFFICE** 

UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973
ATTN: GEORGE MALOSH, 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	01	01	04	03	31	Note: Read	Instructions before completing this form

PARAMETER		QUA	ANTITY OR LO	ADING			NCENTRATION		NO. EX		SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PHOSPHORUS, TOTAL	SAMPLE	*****	*****		*****	*****	1.5	(19)	0	02/30	24	
(AS P)	MEASUREMENT						1.5		۰	02/30	24	
00665 1 0 0	PERMIT	*****	*****	****	*****	*****	REPORT			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	COMP24	
CYANIDE, TOTAL	SAMPLE	*****	*****		*****	*****		(28)	0	00/00	0.0	
(AS CN)	MEASUREMENT						< 5		٥	02/30	GR	
00720 1 0 0	PERMIT	*****	*****	****	*****	*****	100			TWICE/	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		MONTH	GRAB	
COPPER, TOTAL	SAMPLE	*****	*****		*****	*****	0.055	(19)	0	02/20	24	
(AS CU)	MEASUREMENT						0.055		٥	02/30	24	
01042 1 0 0	PERMIT	*****	*****	****		*****	0.15			ONCE/	COMPA	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	COMP24	
IRON, TOTAL	SAMPLE	*****	*****		*****	*****	0.00	(19)		00/00	0.4	
(AS FE)	MEASUREMENT					*****	0.32		0	02/30	24	
01045 1 0 0	PERMIT	*****	*****	****	*****	*****	0.37			ONCE/	COMPO4	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	COMP24	
LEAD, TOTAL	SAMPLE	*****	*****		*****	*****	0.0005	(19)	_	00/00	0.4	
(AS PB) See Note 1	MEASUREMENT						0.0025		0	02/30	24	
01051 1 0 0	PERMIT	*****	*****	****	*****	*****	0.019			ONCE/	COMPO4	
EFFLUENT GROSS VALUE	REQUIREMENT	*****		****		*****	DAILY MX	MG/L		MONTH	COMP24	
NICKEL, TOTAL	SAMPLE	*****	*****		*****	*****	0.0045	(19)		00/00	0.4	
(AS NI) See Note 1	MEASUREMENT					*****	0.0045		0	02/30	24	
01067 1 0 0	PERMIT	*****	*****	****	*****	*****	0.11			ONCE/	COMPO4	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	COMP24	
SILVER, TOTAL	SAMPLE	*****	*****		*****	*****	0.0024	(19)	0	02/30	24	
(AS AG)	MEASUREMENT					*****	0.0024		U	02/30	24	
01077 1 0 0	PERMIT	*****	*****	****	*****	*****	0.015			ONCE/	COMPO	
EFFLUENT GROSS VALUE	REQUIREMENT	*****		****		*****	DAILY MX	MG/L		MONTH	COMP24	
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					<u>.</u> 1
Mr. Michael Holland	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										hone	
Brookhaven Site Manag	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or						or .			631-34	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						Signature of Principal Executive			Date S	igned	
Typed or Printed	false information, including the possibliity of fine and imprisonment for knowing violations.  Officer or Authorized Agent								-			
O	II - 44 I 4 -			omosi or numorized ngent								

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NAME USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

**BROOKHAVEN AREA OFFICE** 

UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973
ATTN: GEORGE MALOSH, 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 ****
ΥR	MO	DAY	YR	МО	DAY		
04	01	01	04	03	31	Note: Rea	d Instructions before completing this form

PARAMETER		QUA	ANTITY OR LO	ADING	QUA	EX		FREQUENCY OF	SAMPLE TYPE			
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS		
ZINC, TOTAL	SAMPLE	*****	*****		*****	*****	0.06	(19)	0	02/30	24	
(AS ZN)	MEASUREMENT						0.00		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	*****	*****		*****	*****	< 5	(28)	0	02/30	GR	
	MEASUREMENT						\			02/30	OK .	
34010 1 0 0	PERMIT	*****	*****	****	*****	*****	5			TWICE/	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		MONTH	OKAD	
METHYLENE CHLORIDE	SAMPLE	*****	*****		*****	*****	< 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	ONAB	
1,1,1-TRICHLORO-	SAMPLE	*****	*****		*****	*****	< 5	(28)	0	02/30	GR	
ETHANE	MEASUREMENT						\				OK	
34506 1 0 0	PERMIT	*****	*****	****	*****	*****	5			TWICE/	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		MONTH	OKAD	
FLOW, IN CONDUIT OR	SAMPLE	0.32	0.43	(03)	*****	*****	*****		0	99/99	RC	
THRU TREATMENT PLANT	MEASUREMENT	0.52								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	*****	*****		*****	*****	0.0001	(19)	0	02/30	24	
(AS HG) See Note 1	MEASUREMENT						0.0001			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							]			O.C.	
74055 1 0 0	PERMIT	*****	*****	****	*****	200	400	#/		ONCE/	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****		DAILY AV	DAILY MX	100ML		MONTH	ONAB	
NAME/TITLE PRINCIPAL EXECUT	IVE OFFICER	I certify un	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 designed to assure that qualified personnel properly gather									Telep	
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		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						.   -			Date S	igned	
Typed or Printed	4: (D-f	false information, including the possibility of fine and imprisonment for knowing violations.  Officer or Authorized Agent										

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PERMITTEE NAME	NAME/ADDRESS (Include USDOE	Facility Name/Local	tion if Differe	nt)		LLUTANT DISCH		NATION SYST	EM (NPDES	)		
ADDRESS	BROOKHAVEN NATIONA	L LABORATORY			DIOGRANGE IVI	CHI CHING RE	OILI (DIVIIL)		MAJOR			
7.22.1.200	BROOKHAVEN AREA OF				NY0005835		001 M		(SUBR 01)			
	UPTON	NY 11973			Permit Number	r	Discharge N	umber	F - FINAL			
FACILITY	BROOKHAVEN NATIONA				Monitoring					SANIT	& STORMWTR	RNOFF
_	UPTON	NY 11973			From	То	1	***	No Dischar		****	
ATTN:	GEORGE MALOSH, GRO					YR MO DAY				J-		
	·					04 03 31	1	Note: Read I	nstructions	before	completing this	s form
			OII.	ANTITY OR LO	ADING	OUA	ALITY OR CONCENTRATION		1	NO.	FREQUENCY	SAMPLE
	PARAMETER	$\perp$	QU.	ANTITI OR LO	DADING	QUA	CLITT OR COI	NCENTRATION		EX	OF	TYPE
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
2-BUTANON	IE	SAMPLE	*****	*****		*****	*****	< 10	(28)	0	02/30	GR
		MEASUREMENT			_							
78356 1 0 (		PERMIT	*****	*****	****	*****	*****	50			TWICE/	GRAB
	GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		MONTH	
BOD, 5-DAY	PERCENT	SAMPLE	*****	*****		> 94	*****	*****	(23)	0	01/30	CA
REMOVAL	•	MEASUREMENT			****	0.5					ONOT/	
81010 K 0 PERCENT R		PERMIT REQUIREMENT	*****	*****	****	85 MO AV MN	*****	*****	PERCENT		ONCE/ MONTH	CALCTD
SOLIDS, SU		SAMPLE			1	IVIO AV IVIN			(23)		MONTH	
PERCENT R		MEASUREMENT	*****	*****		> 89	*****	*****	(23)	0	01/30	CA
81011 K 0		PERMIT			****	85					ONCE/	
PERCENT R		REQUIREMENT	*****	*****	****	MO AV MN	*****	*****	PERCENT		MONTH	CALCTD
LINGENTIN	20 17.12	SAMPLE							LIKOLIKI			
		MEASUREMENT										
		PERMIT			1							
		REQUIREMENT										
		SAMPLE										
		MEASUREMENT										
		PERMIT										
		REQUIREMENT										
		SAMPLE										
		MEASUREMENT			_							
		PERMIT										
		REQUIREMENT										
		SAMPLE										
		MEASUREMENT										
		PERMIT										
		REQUIREMENT										

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland

**Brookhaven Site Manager** 

**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

631-344-3424

**Date Signed** 

Signature of Principal Executive

ADDRESS BROOKHAVEN NATIONAL LABORATORY					MAJOR								
	<b>BROOKHAVEN AREA OFF</b>	FICE			NY0005835 001 Q				(SUBR 01)				
	UPTON	NY 11973			Permit Number	•	Discharge Number F - FINAL						
FACILITY	<b>BROOKHAVEN NATIONAL</b>	L LABORATORY			Monitoring Period			PROCESS SANIT EFFL & STORM					
LOCATION	UPTON	NY 11973			From To *** No Dischar			ırge	****				
ATTN:	GEORGE MALOSH, GROU	JP MGR			YR MO DAY YR MO DAY		<b>5</b>						
					04 01 01 04 03 31		Note: Read		Instructions	s before	e completing this		•
	PARAMETER			ANTITY OR LO				NCENTRATIO		NO. EX	FREQUENCY OF	SAMPLE TYPE	
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
POLYCHLO BIPHENYLS		SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.065	(28)	0	02/90	GR	
39516 1 0 EFFLUENT	0 See Note 4 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB	
		SAMPLE											
		MEASUREMENT											
		PERMIT REQUIREMENT											
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  I certify under penalty of law											ļ		
l					ce with a system designed to assure that qualified personnel properly gather								hone
				n submitted. Based on my inquiry of the person or persons who manage the system, or 631-3					631-34	4-3424			
				y responsible for gathering the information, the information submitted is, to the best of my				Detc 0	lane-				
	Tunned on Drings -		- ·		, accurate, and complete. I am aware that there are significant penalties for submitting on, including the possibility of fine and imprisonment for knowing violations.  Signature of Principal Executive Officer or Authorized Agent					Date S	ignea		
I	Typed or Printed	ise information, inc	luding the possibliity of	tine and imprisonment	t tor knowing violat	tions.	Officer	or Auth	iorizea Agent				

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)

NAME

USDOE

NAME USDOE				DISCHARGE MONITORING REPORT (DMR)								
	TIONAL LABORATORY							MAJOR				
BROOKHAVEN AR				NY0005835		002 B		(SUBR 01)	1			
UPTON	NY 11973			Permit Numbe	r	Discharge N	umber	F - FINAL				
FACILITY BROOKHAVEN NA	TIONAL LABORATORY			Monitoring	Period			RF(1004) 8	004) & BRAHMS(1002) BLOWDN			
LOCATION UPTON	NY 11973			From	То	*** No Discharge ****						
ATTN: GEORGE MALOSH	I, GROUP MGR				YR MO DAY							
				04 01 01	04 03 31		Note: Read I	nstructions		e completing this		
		QU	ANTITY OR LO	DADING	QUA	LITY OR CONCENTRATION			NO. FREQUE		-	
PARAMETER								1	EX	OF	TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PH	SAMPLE	*****	*****		8.2	*****	8.4	(12)	0	04/30	GR	
	MEASUREMENT			****	DED00=					ONOE/		
00400 1 0 0	PERMIT	*****	*****	****	REPORT	*****	9.0	CII		ONCE/	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SU		MONTH		
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5	(19)	0	01/30	GR	
00556 1 0 0	PERMIT			****			15			ONCE/		
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	***	*****	*****	DAILY MX	MG/L		MONTH	GRAB	
FLOW, IN CONDUIT OR	SAMPLE			(03)				MOL		MONTH		
THRU TREATMENT PLANT	MEASUREMENT	*****	0.011	(03)	*****	*****	*****		0	04/30	RC	
50050 1 0 0 See Note			REPORT							ONCE/		
EFFLUENT GROSS VALUE	REQUIREMENT	*****	DAILY MX	MGD	*****	*****	*****			MONTH	RCORDR	
	SAMPLE			5 -								
	MEASUREMENT											
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1	PERMIT											
1	REQUIREMENT											

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

Mr. Michael Holland

**Brookhaven Site Manager** 

**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

631-344-3424

**Date Signed** 

Signature of Principal Executive

NAME U	USDOE	-		-	DISCHARGE N	ONITORING RE	PORT (DMR)					
ADDRESS B	BROOKHAVEN NATIONA	L LABORATORY							MAJOR			
В	BROOKHAVEN AREA OF	FICE			NY0005835		002 M		(SUBR 01)	)		
U	UPTON	NY 11973			Permit Numbe	r	Discharge N	lumber	F - FINAL			
FACILITY B	BROOKHAVEN NATIONA	L LABORATORY			Monitoring	Period			AGS NON	-c coo	LING,PRCP,ETC	C (HN)
LOCATION U	UPTON	NY 11973			From	То	*** No Discharge ****					
ATTN: G	GEORGE MALOSH, GRO	UP MGR			YR MO DAY	YR MO DAY						
					04 01 01	04 03 31		Note: Read I	nstructions		completing this	
			ou.	ANTITY OR LO	DADING	QUA	ALITY OR CONCENTRATION		ı		FREQUENCY	SAMPLE
Р	PARAMETER									EX	OF	TYPE
		SAMPLE	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
PH	РН		*****	*****		7.6	*****	8.2	(12)	0	04/30	GR
		MEASUREMENT			***							
00400 1 0 0	2000 VALUE	PERMIT	*****	*****	****	REPORT	*****	9.0			ONCE/	GRAB
EFFLUENT GR		REQUIREMENT			****	MINIMUM		MAXIMUM	SU		MONTH	
OIL & GREASE	E	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5	(19)	0	01/30	GR
00556 4 0 0		PERMIT			****			15			ONCE/	
00556 1 0 0 EFFLUENT GR	DOSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L		MONTH	GRAB
FLOW, IN CON		SAMPLE			(03)				WIG/L		_	
THRU TREATM		MEASUREMENT	0.098	*****	(00)	*****	*****	*****		0	04/30	RC
50050 1 0 1		PERMIT	REPORT	*****							ONCE/	
EFFLUENT GR	ROSS VALUE	REQUIREMENT	DAILY AV	*****	MGD	*****	*****	*****			MONTH	RCORDR
		SAMPLE			-						-	
		MEASUREMENT										
ĺ		PERMIT										
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1		MEASUREMENT			<b></b>							
1		PERMIT										
1		REQUIREMENT										

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

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland

**Brookhaven Site Manager** 

**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

631-344-3424

**Date Signed** 

Signature of Principal Executive

PERMITTEE	NAME/ADDRESS (Include I	Facility Name/Location if Different)
NAME	USDOE	
ADDRESS	<b>BROOKHAVEN NATIONAL</b>	. LABORATORY
	<b>BROOKHAVEN AREA OFF</b>	ICE
	UPTON	NY 11973
FACILITY	<b>BROOKHAVEN NATIONAL</b>	. LABORATORY

GEORGE MALOSH, GROUP MGR

NY 11973

LOCATION UPTON

ATTN:

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

							MAJOR
NY	00058	35				002 Q	(SUBR 01)
Per	mit N	umber	•			Discharge Number	F - FINAL
	Monitoring Period						AGS NON-C COOLG,PRECP ETC (HN)
	From To						*** No Discharge ****
YR	MO	DAY	YR	МО	DAY		
04	01	01	04	03	31	Note: Rea	d Instructions before completing this form

		Ť .			04   03   31		Note. Read I					Ī
PARAMETER		QUA	ANTITY OR LO	ADING	QUA	ALITY OR CON	CENTRATION	ı	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
ALUMINUM, TOTAL	SAMPLE	*****	*****		*****	*****	0.03	(19)	0	02/90	GR	
(AS AL)	MEASUREMENT						0.03		۰	02/90	GK	
01105 1 0 1	PERMIT	*****	*****	****	*****	*****	2.0			QTRLY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		QIKLI	GRAD	
CHLOROFORM	SAMPLE	*****	*****		*****	*****	<1	(28)	0	01/90	GR	
	MEASUREMENT						<u> </u>		Ů	01/90	Ğ	
32106 1 0 0	PERMIT	*****	*****	****	*****	*****	50			QTRLY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		QIKLI	GRAD	
1,1,1-TRICHLORO-	SAMPLE	*****	*****		*****	*****	<1	(28)	0	01/90	GR	
ETHANE	MEASUREMENT						` '		٥	01/90	Ġ.	
34506 1 0 0	PERMIT	*****	*****	****		*****	7			QTRLY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		QIKLI	GRAD	
DICHLOROBROMOMETHANE	SAMPLE	*****	*****		*****	*****	<1	(28)	0	01/90	GR	
EFFLUENT	MEASUREMENT						<u> </u>		Ů	01/90	6	
32101 1 0 0	PERMIT	*****	*****	****	*****	*****	5			QTRLY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		QIKLI	GRAD	
1-HYDROXY-ETHYLIDENE	SAMPLE	*****	*****		*****	*****	< 0.05	(19)	0	01/90	GR	
	MEASUREMENT						< 0.05		Ů	01/90	6	
85812 1 0 0	PERMIT	*****	*****	****	*****	*****	0.5			QTRLY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		QIKLI	GRAD	
TOLYTRIAZOLE	SAMPLE	*****	*****		*****	*****	< 0.005	(19)	0	01/90	GR	
	MEASUREMENT						< 0.003		Ů	01/90	6	
85813 1 0 0	PERMIT	*****	*****	****	*****	*****	0.2			QTRLY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		QIKLI	GRAD	
	SAMPLE											
	MEASUREMENT											
	PERMIT											
	REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUT	IVE OFFICER	I certify ur	nder penalty of law t	hat this document and	all attachments were	prepared under my	direction or					
Mr. Michael Holland		supervis	sion in accordance	with a system designed	d to assure that qualifie	ed personnel prope	rly gather				Telep	hone
Brookhaven Site Manag	ger	and evaluate th	ne information subm	itted. Based on my inc	quiry of the person or p	persons who manaç	ge the system, or				631-34	4-3424
		those person	s directly responsib	le for gathering the infe	ormation, the informati	ion submitted is, to	the best of my				-	
		knowledge and	d belief, true, accura	ate, and complete. I ar	m aware that there are	significant penaltie	es for submitting	Signature of	of Princ	cipal Executive	Date S	Signed
Typed or Printed	Typed or Printed		se information, inclu	uding the possibliity of	fine and imprisonment	t for knowing violation	ons.	Officer of	r Auth	orized 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. SAMPLING TO BE DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH COOLING TOWER BLOWDOWN FROM STAR DETECTOR.

PERMITTEE	NAME/ADDRESS (Include	e Facility Name/Loca	tion if Differe	nt)	NATIONAL PO	LLUTANT DISCI	HARGE ELIMI	NATION SYST	EM (NPDES	3)		
NAME	USDOE			,		IONITORING RE			( DEC	-,		
ADDRESS	BROOKHAVEN NATIONA	AL LABORATORY			2.00.11 11.0E II				MAJOR			
	BROOKHAVEN AREA OI				NY0005835		002 R		(SUBR 01)	)		
	UPTON	NY 11973			Permit Number	r	Discharge N	lumber	F - FINAL	·		
FACILITY	BROOKHAVEN NATIONA				Monitoring				_1	R BRAL	HMS(1002) BLOV	VDN
LOCATION		NY 11973			From	То	1	***	No Discha		****	10.11
ATTN:	GEORGE MALOSH, GRO					YR MO DAY			NO DISCIN	gc	ш	
	0201102 III/120011, 0110	or more				04 03 31		Note: Read	Instructions	s before	e completing thi	s form
											FREQUENCY	SAMPLE
	PARAMETER		QU	ANTITY OR L	OADING	QUA	ALITY OR CO	NCENTRATIO	N	EX	OF	TYPE
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS	
1-HYDROXY	-ETHYLIDENE	SAMPLE	*****	*****		*****	*****		(19)	_	04/00	65
		MEASUREMENT	******	*****		******	*******	< 0.05	` ´	0	01/90	GR
85812 1 0 0	)	PERMIT	*****	*****	****	*****	*****	0.5			OTRL V	CDAR
EFFLUENT O	SROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		QTRLY	GRAB
TOLYTRIAZO	DLE	SAMPLE	*****	*****		*****	*****	< 0.005	(19)	0	01/90	GR
	FFLUENT GROSS VALUE DLYTRIAZOLE	MEASUREMENT						< 0.005		١ '	01/90	GK
85813 1 0 0		PERMIT	*****	*****	****	*****	*****	0.2			QTRLY	GRAB
EFFLUENT (	GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		QIKLI	GNAB
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Comments and Explanation of any violations (Reference all attachments here)

Mr. Michael Holland

**Brookhaven Site Manager** 

Typed or Printed

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Telephone

631-344-3424

**Date Signed** 

Signature of Principal Executive

PERMITTEE	NAME/ADDRESS (Include	nt)	NATIONAL PO	LLUTANT DISCI	HARGE ELIMI	NATION SYST	EM (NPDES	S)					
NAME	USDOE				DISCHARGE M	IONITORING RE	PORT (DMR)						
ADDRESS	BROOKHAVEN NATIONA	L LABORATORY							MAJOR				
	BROOKHAVEN AREA OF	FICE			NY0005835		005 M		(SUBR 01)	)			
	UPTON	NY 11973			Permit Number	r	Discharge N	umber	F - FINAL				
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitoring	Period			NSLS CO	OLING T	TOWR BLDN ET	C (HS)	
LOCATION	UPTON	NY 11973			From	То		***	No Discha	ırge	****		
ATTN:	GEORGE MALOSH, GRO	UP MGR			YR MO DAY	YR MO DAY							
					04 01 01	04 03 31		Note: Read I	nstructions	s before	completing this	s form	_
			OII	ANTITY OR L	OADING	OUA	ALITY OR CO	NCENTRATION	ı	NO.	FREQUENCY	SAMPLE	
	PARAMETER	$\perp$	Q O	ANTITI ON E	OADINO	Q0/	ALITT OR GO	HOLITIKATIOI	•	EX	OF	TYPE	
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PH		SAMPLE	*****	*****		7.9	*****	8.3	(12)	0	04/30	GR	
		MEASUREMENT	1								000	O.K	
00400 1 0		PERMIT	*****	*****	****	REPORT	*****	8.5			ONCE/	GRAB	
EFFLUENT (	GROSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SU		MONTH	O. C. C.	
OIL & GREA	SE	SAMPLE	*****	*****		*****	*****	< 5	(19)	0	01/30	GR	
		MEASUREMENT										<u> </u>	
00556 1 0		PERMIT	*****	*****	****	*****	*****	15			ONCE/	GRAB	
	GROSS VALUE	REQUIREMENT			***			DAILY MX	MG/L		MONTH	0.1	
FLOW, IN C		SAMPLE	0.16	*****	(03)	*****	*****	*****		0	04/30	RC	
_	TMENT PLANT	MEASUREMENT											
50050 1 0		PERMIT	REPORT	*****		*****	*****	*****	****		ONCE/	RCORDR	
EFFLUENT (	GROSS VALUE	REQUIREMENT	DAILY AV		MGD				****		MONTH		
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NAME	/TITLE PRINCIPAL EXECU		-		that this document and								l
ĺ	·				with a system designe	•						Telep	
1	Brookhaven Site Mana	ıger	and evaluate t	he information sub	mitted. Based on my in	quiry of the person or	persons who mana	age the system, or	1			631-34	4-3424

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Typed or Printed

Date Signed

Signature of Principal Executive

PERMITTEE NAME ADDRESS	NAME/ADDRESS (Include I U S D O E BROOKHAVEN NATIONAL	LABORATORY	tion if Differer	nt)	DISCHARGE M	LLUTANT DISCH	PORT (DMR)	NATION SYST	MAJOR	,			
	BROOKHAVEN AREA OFF				NY0005835		005 Q		(SUBR 01)				
	UPTON	NY 11973			Permit Number		Discharge N	umber	F - FINAL				
FACILITY	BROOKHAVEN NATIONAL				Monitoring			***			WR BLOWDN E	TC (HS)	
LOCATION	UPTON	NY 11973			From	To DAY		***	No Discha	rge			
ATTN:	GEORGE MALOSH, GROU	PINGR				YR MO DAY 04 03 31		Note: Bood I	natruations	bofore	o o o o o o o o o o o o o o o o o o o	a farm	
			1		104   01   01	04   03   31	l	Note: Read I	istructions	NO.	FREQUENCY	SAMPLE	ı
	PARAMETER		QUA	ANTITY OR LO	OADING	QUA	LITY OR COM	NCENTRATION		EX	OF	TYPE	
	TANAMETER.		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	┪ -^	ANALYSIS		
COPPER, TO	OTAL	SAMPLE	*****		00				(19)				
(AS CU)		MEASUREMENT	*****	*****		*****	*****	< 0.01	(10)	0	01/90	GR	
01042 1 0 0	)	PERMIT	*****	*****	***	*****	*****	1.0			OTDL V	0040	
EFFLUENT O	GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L		QTRLY	GRAB	
1-HYDROXY	-ETHYLIDENE	SAMPLE	*****	****		*****	*****	< 0.05	(19)	0	01/90	GR	
05040 4 0 0		MEASUREMENT PERMIT			****			0.5					
85812 1 0 C	ROSS VALUE	REQUIREMENT	*****	*****	***	*****	*****	DAILY MX	MG/L		QTRLY	GRAB	
TOLYTRIAZO		SAMPLE						DAILTIMA	(19)				
TOLITICIAZO	JLL	MEASUREMENT	*****	*****		*****	*****	< 0.005	(19)	0	01/90	GR	
85813 1 0 0	1	PERMIT			***			0.2					
	ROSS VALUE	REQUIREMENT	*****	*****	***	*****	*****	DAILY MX	MG/L		QTRLY	GRAB	
		SAMPLE											
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NAME	TITLE PRINCIPAL EXECUT		Loortify	nder nenalty of law	that this document and	d all attachments were	nrangrad under m	direction or					i
INCIVIL/	Mr. Michael Holland			with a system designe							Telen	hono	

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

**Brookhaven Site Manager** 

Typed or Printed

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

631-344-3424

Date Signed

Signature of Principal Executive

NAME ADDRESS	U S D O E BROOKHAVEN NATIONAL	LIARORATORY			DISCHARGE N	IONITORING RE	PORT (DMR)		MAJOR			
ADDILLOG	BROOKHAVEN AREA OF				NY0005835		007 M		(SUBR 01)			
	UPTON	NY 11973			Permit Numbe	r	Discharge N	umber	F - FINAL			
FACILITY	BROOKHAVEN NATIONAL				Monitoring					REATM	ENT PLT BKWS	H (HX)
LOCATION	UPTON	NY 11973			From	То		***	No Discha		X ****	(,
ATTN:	GEORGE MALOSH, GROU					YR MO DAY				. 5-	^	
						04 03 31		Note: Read I	nstructions	before	completing this	s form
			OII	ANTITY OR LO	ADING	OU	VI ITY OP COI	NCENTRATION	J	NO.	FREQUENCY	SAMPLE
	PARAMETER	$\mid \times \mid$						TOLIVINATION	•	EX	OF	TYPE
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	***** IN				
FLOW RATE		SAMPLE	*****		(07)	*****	*****	*****				IN
	OW RATE See Note 6 56 1 0 0 FLUENT GROSS VALUE	MEASUREMENT		DEDOSE	_				****		ONOT/	
		PERMIT	*****	REPORT	CDD	*****	*****	*****	****		ONCE/	INSTAN
PH	SKUSS VALUE	REQUIREMENT SAMPLE		DAILY MX	GPD				(12)		MONTH	
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00400 1 0 0	0400 1 0 0	PERMIT			****	REPORT		9.0			ONCE/	
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Comments and Explanation of any violations (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland

**Brookhaven Site Manager** 

**Typed or Printed** 

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

Telephone

631-344-3424

**Date Signed** 

Signature of Principal Executive

PERMITTEE NAME/ADDRESS (Includ NAME USDOE ADDRESS BROOKHAVEN NATION	•	tion if Differe	nt)		LLUTANT DISCH		NATION SYST	EM (NPDES	<b>5</b> )		
BROOKHAVEN AREA	OFFICE			NY0005835		008 M		(SUBR 01)			
UPTON	NY 11973			Permit Number	r	Discharge N	umber	F - FINAL			
FACILITY BROOKHAVEN NATION	IAL LABORATORY			Monitoring	Period			STORMW	TR RUN	IOF <u>F W</u> AREHOL	JSE (HW)
LOCATION UPTON	NY 11973			From	То		***	No Discha	rge	****	
ATTN: GEORGE MALOSH, GR	OUP MGR			YR MO DAY	YR MO DAY						
				04 01 01	04 03 31		Note: Read I	nstructions	before	e completing this	s form
PARAMETER		QU	ANTITY OR LO	DADING	QUA	ALITY OR CO	NCENTRATION	ı	NO. EX	FREQUENCY OF	SAMPLE TYPE
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See Note 2	MEASUREMENT			]				]			
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EFFLUENT GROSS VALUE	REQUIREMENT		DAILY MX	GPD				****		MONTH	
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OIL & GREASE	SAMPLE				_		_	(19)			
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EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	GRAB
1,1-DICHLOROETHYLENE	SAMPLE	*****	*****		*****	*****	< 5	(28)	0	01/30	GR
	MEASUREMENT						< 5	]		01/30	GR.
34501 1 0 0	PERMIT	*****	*****	***	*****	*****	5			ONCE/	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		MONTH	GIVAD
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland

**Brookhaven Site Manager** 

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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

631-344-3424

**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 008 Q (SUBR 01) Discharge Number F - FINAL **UPTON Permit Number** NY 11973 Monitoring Period **SW RUNOFF FROM WAREHOUSE AREA** FACILITY **BROOKHAVEN NATIONAL LABORATORY** LOCATION UPTON NY 11973 From To \*\*\* No Discharge YR MO DAY YR MO DAY ATTN: GEORGE MALOSH, GROUP MGR 04 01 01 04 03 Note: Read Instructions before completing this form NO. FREQUENCY SAMPLE QUANTITY OR LOADING **QUALITY OR CONCENTRATION PARAMETER** ΕX OF TYPE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** ALUMINUM. TOTAL SAMPLE (19)\*\*\*\*\* 0.031 04/90 GR (AS AL) **MEASUREMENT** See Note 7 01105 1 0 0 **PERMIT** \*\*\*\* 2.0 \*\*\*\*\* \*\*\*\*\* +++++ \*\*\*\*\* **QTRLY** GRAB EFFLUENT GROSS VALUE REQUIREMENT **DAILY MX** MG/L SAMPLE **MEASUREMENT PERMIT** REQUIREMENT 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 under penalty of law that this document and all attachments were prepared under my direction or Mr. Michael Holland Telephone supervision in accordance with a system designed to assure that qualified personnel properly gather **Brookhaven Site Manager** 631-344-3424 and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or

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**Date Signed** 

Signature of Principal Executive

PERMITTEE NAME ADDRESS	NAME/ADDRESS (Include U S D O E BROOKHAVEN NATIONA	•	tion if Differe	nt)		LLUTANT DISCI		INATION SYST	EM (NPDES	S)		
	<b>BROOKHAVEN AREA OF</b>	FICE			NY0005835		010 M		(SUBR 01)	)		
	UPTON	NY 11973			Permit Numbe	r	Discharge N	lumber	F - FINAL			
FACILITY	<b>BROOKHAVEN NATIONA</b>	L LABORATORY			Monitoring	Period			STORMW	TR R O	CENTRAL STEA	AM (H)
LOCATION	UPTON	NY 11973			From	То	1	***	* No Discha	rae	****	` ,
ATTN:	GEORGE MALOSH, GROU					YR MO DAY				5 -		
						04 03 31		Note: Read	Instructions	s before	completing thi	s form
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			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS	
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NAME	TITLE PRINCIPAL EXECUT	IIVE OFFICER	I certify u	inder penalty of law	that this document an	d all attachments were	prepared under m	v direction or	1			

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

Mr. Michael Holland

**Brookhaven Site Manager** 

**Typed or Printed** 

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Telephone

631-344-3424

**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 NY0005835 010 Q (SUBR 01) **BROOKHAVEN AREA OFFICE** Discharge Number F - FINAL UPTON **Permit Number** NY 11973 Monitoring Period FACILITY **BROOKHAVEN NATIONAL LABORATORY** SW RUNOFF FROM CENTRAL STM (H) LOCATION UPTON NY 11973 From To \*\*\* No Discharge YR MO DAY YR MO DAY ATTN: GEORGE MALOSH, GROUP MGR 04 01 01 04 03 Note: Read Instructions before completing this form FREQUENCY NO. SAMPLE QUANTITY OR LOADING **QUALITY OR CONCENTRATION PARAMETER** EX OF TYPE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** COPPER. TOTAL SAMPLE (19)\*\*\*\*\* \*\*\*\*\* < 0.01 02/90 GR (AS CU) See Note 7 **MEASUREMENT** 01042 1 0 0 **PERMIT** \*\*\*\* 1.0 \*\*\*\*\* \*\*\*\*\* +++++ \*\*\*\*\* **QTRLY GRAB** EFFLUENT GROSS VALUE \*\*\*\* REQUIREMENT **DAILY MX** MG/L LEAD. TOTAL SAMPLE (19) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* < 0.003 0 02/90 GR **MEASUREMENT** (AS PB) See Note 7 01051 1 0 0 **PERMIT** \*\*\*\* 0.05 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* **QTRLY GRAB** EFFLUENT GROSS VALUE REQUIREMENT \*\*\*\* **DAILY MX** MG/L VANADIUM, TOTAL SAMPLE (19)\*\*\*\*\* \*\*\*\*\* 0 0.003 02/90 GR **MEASUREMENT** (AS V) See Notes 1 & 7 01087 1 0 0 **PERMIT** \*\*\*\* REPORT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* **QTRLY GRAB** ++++ EFFLUENT GROSS VALUE REQUIREMENT **DAILY MX** MG/L ALUMINUM, TOTAL SAMPLE (19)\*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 0 0.047 02/90 GR See Note 7 (AS AL) **MEASUREMENT** 01105 1 0 0 **PERMIT** 2.0 **QTRLY** GRAB \*\*\*\* EFFLUENT GROSS VALUE REQUIREMENT **DAILY MX** MG/L SAMPLE MEASUREMENT **PERMIT** REQUIREMENT SAMPLE **MEASUREMENT PERMIT** REQUIREMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland Brookhaven Site Manager

Typed or Printed

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Telephone	
631-344-3424	

**Date Signed** 

Signature of Principal Executive

Officer or Authorized Agent

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

SAMPLE
MEASUREMENT
PERMIT
REQUIREMENT

PERMITTEE NAME ADDRESS	NAME/ADDRESS (Include U S D O E BROOKHAVEN NATION	•	tion if Differe	nt)		LLUTANT DISCI		INATION SYST	EM (NPDES	S)			
	BROOKHAVEN AREA O				NY0005835		06A M		(SUBR 01)	)			
	UPTON	NY 11973			Permit Numbe	r	Discharge N	lumber	F - FINAL				
FACILITY	BROOKHAVEN NATION	AL LABORATORY			Monitoring	Period			LINAC NC	CW, FL	OOR DNS,ETC	HT1)	
LOCATION	UPTON	NY 11973			From	То		***	No Discha		****	,	
ATTN:	GEORGE MALOSH, GRO	OUP MGR			YR MO DAY	YR MO DAY				Ū			
					04 01 01	04 03 31		Note: Read	Instructions	s before	e completing this	s form	
	PARAMETER			ANTITY OR L				NCENTRATION		NO. EX	FREQUENCY OF	SAMPLE TYPE	
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OIL & GREA	SE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.0	(19)	0	01/30	GR	
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FLOW, IN CO	ONDUIT OR TMENT PLANT	SAMPLE MEASUREMENT	0.081	*****	(03)	*****	*****	*****		0	04/30	RC	
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under p					v that this document and	d all attachments were	prepared under m	y direction or					·
	Mr. Michael Holland			ision in accordance	e with a system designe	ed to assure that qualifi	ed personnel prop	erly gather				Telep	hone

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**Brookhaven Site Manager** 

Typed or Printed

631-344-3424

Date Signed

Signature of Principal Executive

NAME USDOE				nt)		ONITORING RE		NATION SYST	EM (NPDES	5)		
ADDRESS	BROOKHAVEN NATIONA	I I ARORATORY			DISCHARGE IVI	ONITORING RE	FUKT (DIVIK)		MAJOR			
ADD/E99					NY0005835		06A Q		(SUBR 01)			
	BROOKHAVEN AREA OF UPTON	NY 11973			Permit Number		Discharge N	umber	(SUBR 01) F - FINAL	)		
FACILITY	BROOKHAVEN NATIONA				Monitoring I		213011ai ge N			CW EI	OOR DNS, SW (	HT1)
LOCATION	UPTON	NY 11973			From	To	1	***	No Discha		.OOK DNS, SW (	,
ATTN:	GEORGE MALOSH, GROU					YR MO DAY	1		ואט טוסטוומ	uge		
A 1 1 1 1 1 .	GLONGE WALCOM, GRO	OF WIGH				04 03 31	1	Note: Pond	netrustions	hofor	completing this	s form
			1		104   01   01	04   03   31	<u> </u>	Note: Read	nstructions	NO.	FREQUENCY	SAMPLE
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  I certify under penalty of law  Mr. Michael Holland  supervision in accordance										ļ	Telep	
			with a system designe							1 e i e p 631-34		
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			those persor	ns airectly responsi	ble for gathering the inf	ormation, the informat	on submitted is, to	tne best of my				

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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Signature of Principal Executive

PERMITTEE NAME ADDRESS	NAME/ADDRESS (Include U S D O E BROOKHAVEN NATIONA	•	tion if Differei	nt)	DISCHARGE M	LLUTANT DISCI IONITORING RE	PORT (DMR)	NATION SYST	EM (NPDES	5)		
	BROOKHAVEN AREA OF				NY0005835		06B M		(SUBR 01)	)		
	UPTON	NY 11973			Permit Number		Discharge N	umber	F - FINAL			<b>4.5</b> 0
FACILITY	BROOKHAVEN NATIONA				Monitoring			***			FROM 919 ETC	(H12)
LOCATION ATTN:	UPTON GEORGE MALOSH, GROU	NY 11973			YR MO DAY	YR MO DAY			No Discha	irge		
ATTIN.	GLORGE MALGON, GRO	JI MOK				04 03 31		Note: Read I	nstructions	s before	completing this	s form
	PARAMETER		QUA	ANTITY OR LO			ALITY OR COM	NCENTRATION		NO.	FREQUENCY	SAMPLE
	7 ATTAINETEN		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1 -^	ANALYSIS	
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FLOW, IN CO	ONDUIT OR TMENT PLANT	SAMPLE MEASUREMENT	0.08	*****	(03)	*****	*****	*****		0	04/30	RC
50050 1 0 ° EFFLUENT (	I GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	MGD	*****	*****	*****	**** ****		ONCE/ MONTH	RCORDR
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NAME	TITLE PRINCIPAL EXECUT	TIVE OFFICER	1		that this document and	d all attackers are						

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) SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.

Mr. Michael Holland

Brookhaven Site Manager

Typed or Printed

Telephone

631-344-3424

Date Signed

Signature of Principal Executive

PERMITTEE NAME ADDRESS	NAME/ADDRESS (Include U S D O E BROOKHAVEN NATIONA		tion if Differe	nt)		LLUTANT DISCI		INATION SYST	EM (NPDES	<b>S</b> )			
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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.

Brookhaven Site Manager

Typed or Printed

631-344-3424

Date Signed

Signature of Principal Executive