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

June 22, 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 May 2004

Included as Attachment I, please find the DMR for the month of May 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 all SPDES samples. H2M Labs, Inc. (NELAP Certification #10478) performs only the BOD₅, Nitrogen series, and fecal coliform analyses due to short 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.

With the exception of one excursion for the methylene chloride concentration at Outfall 001, review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. With regard to methylene chloride, the sample collected on May 3, 2004, exhibited a methylene chloride concentration of 7.5 μ g/L. These values exceed the SPDES permit limit of 5.0 μ g/L. Subsequent sampling on May 5, 2004, exhibited a methylene chloride concentration of < 2.5 μ g/L. Please see Attachment II for the non-compliance report on this excursion event.

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 May 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 June 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 May 2004.

Attachment II: Non-Compliance Report for SPDES Excursion at Outfall 001.

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

Laboratories, Inc. for samples collected on 5/3/04 and 5/5/04 from

Outfall 001.

Attachment IV: Analytical Results from Severn Trent Laboratories for samples collected

from Outfalls 002, 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		

Brookhaven National Laboratory SPDES Permit No. NY0005835 Discharge Monitoring Report for May 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. There was no discharge from Outfall 002B during this reporting period.
- 3. The analytical laboratory flagged this analyte as an uncertain detection and therefore the associated numerical value is an estimated quantity.
- 4. The methylene chloride concentration at Outfall 001 was 7.5 μ g/L on May 3, 2004. Subsequent sampling on May 5, 2004, exhibited a methylene chloride concentration of < 2.5 μ g/L. Due to elevated detections of common laboratory VOC contaminants in a number of recent BNL samples, Environmental and Waste Management Services Division personnel are working to determine the source through the collection of quality control samples such as bottle blanks and split sampling between analytical laboratories.
- 5. This analyte is not normally detected in the effluent to this outfall. The analytical laboratory noted that other samples were present during sample preparation and analysis that were high in 2-butanone and therefore cross-contamination in the laboratory is the most probable source of the detection.

ATTACHMENT I BROOKHAVEN NATIONAL LABORATORY SPDES PERMIT NO. NY0005835 DISCHARGE MONITORING REPORT FOR MAY 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)

MAJOR

NY0005835					001 M	(SUBR 01)		
Per	mit N	lum	ber			Discharge Number	F - FINAL	
Monitoring Period			eriod	ı		PROCESS SANIT & STORMWTR RNOF	Ŧ	
From To			То		*	** No Discharge		
YR	МО	DΥ	ΥR	МО	DY			

04 05 01 04 05 31 Note: Read Instructions before completing this form

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PARAMETER		QUAN	ITITY OR LO	ADING			NCENTRAT		NO. EX	FREQUENCY OF	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
TEMPERATURE, WATER	SAMPLE	*****	*****		*****	*****	75	(15)	0	01/01	GR
DEG. FAHRENHEIT	MEASUREMENT						73		U	01/01	GK
00011 1 0 0	PERMIT	*****	*****	****	*****	*****	90			DAILY	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	DEG.F		DAILT	GRAD
BOD, 5-DAY	SAMPLE	*****	*****		*****	< 2	< 2	(19)	0	03/30	24
(20 DEG. C)	MEASUREMENT					< 2	< Z		U	03/30	24
00310 1 0 0	PERMIT	*****	*****	***	*****	10	20			ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE	REQUIREMENT			****		DAILY AV	DAILY MX	MG/L		ONCE/MONTH	CONF24
PH	SAMPLE	*****	*****		6.3	*****	7.4	(12)	0	01/01	GR
	MEASUREMENT				0.5		7.4		U	01/01	GIV
00400 1 0 0	PERMIT	*****	*****	****	5.8	*****	9.0			DAILY	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SU		DAILI	GRAD
SOLIDS, TOTAL	SAMPLE	*****	*****		*****	6.5	9.0	(19)	0	02/30	24
SUSPENDED	MEASUREMENT					0.5	9.0		U	02/30	24
00530 1 0 0	PERMIT	*****	*****	***	*****	10	20			ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE	REQUIREMENT			****		DAILY AV	DAILY MX	MG/L		ONCE/MONTH	CONF24
SOLIDS, SETTLEABLE	SAMPLE	*****	*****		*****	*****	0.0	(25)	0	01/01	GR
	MEASUREMENT						0.0		U	01/01	GK
00545 1 0 0	PERMIT	*****	*****	****	*****	*****	0.1			DAILY	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	ML/L		DAILI	GRAD
NITROGEN, TOTAL	SAMPLE	*****	*****		*****	*****	7.1	(19)	0	02/30	24
(AS N)	MEASUREMENT						7.1		U	02/30	24
00600 1 0 0	PERMIT	*****	*****	****	*****	*****	10			ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		OI4CE/IVIOI41 FI	COIVIF 24
NITROGEN, AMMONIA	SAMPLE	*****	*****		*****	*****	0.24	(19)	0	02/30	24
TOTAL (AS N)	MEASUREMENT						V.2 4		U	02/30	47
00610 1 0 0	PERMIT	*****	*****	****	*****	*****	2			ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		ONOL/MONTH	30m 24
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify und	der penalty of law th	at this document an	d all attachments we	re prepared under r	my direction				
Mr. Michael Holland	or supervisi	ion in accordance w	ith a system designe	ed to assure that qua	lified personnel pro	perly gather				Telep	
Brookhaven Site Mana	and evaluate	e the information su	bmitted. Based on r	my inquiry of the pers	on or persons who	manage the				631-34	
	system, or those	e persons directly re	esponsible for gather	ring the information,	he information sub	mitted is, to the					
		best of my know	wledge and belief, to	rue, accurate, and co	omplete. I am aware	that there are signi	ificant penalties	Signatur	e of Princip	al Executive	Date S
Typed or Printed		for submittin	g false information,	including the possib	liity of fine and impri	sonment for knowin	g violations.	Office	r or Authori	zed Agent	
Comments and Explanation of any violations	(Bafaranaa all attaahma	nuta hava)									

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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

NY0005835					001 M	(SUBR 01)	
Permit N	uml	oer			Discharge Number	F - FINAL	
Monitoring Period			eriod			PROCESS SANIT & STORMWT	R RNOFF
From To			То		*	** No Discharge	****
YR MO	DΥ	YR	МО	DY			

04 05 01 04 05 31 Note: Read Instructions before completing this form

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PARAMETER			ITITY OR LO				ONCENTRAT		NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PHOSPHORUS, TOTAL	SAMPLE	*****	*****		*****	*****	1.8	(19)	0	02/30	24	
(AS P)	MEASUREMENT						1.0		U	02/30	24	
00665 1 0 0	PERMIT	*****	*****	****		*****	REPORT			ONCE/MONTH	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		ONCE/MONTH	CONF24	
CYANIDE, TOTAL	SAMPLE	*****	*****		*****	*****	6.5	(28)	0	02/30	GR	
(AS CN)	MEASUREMENT						0.5		U	02/30	GK	
00720 1 0 0	PERMIT	*****	*****	****		*****	100			TWICE/MONTH	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		I WICE/MONTH	GRAD	
COPPER, TOTAL	SAMPLE	*****	*****		*****	*****	0.048	(19)	0	02/30	24	
(AS CU)	MEASUREMENT						0.046		U	02/30	24	
01042 1 0 0	PERMIT	*****	*****	****		*****	0.15			ONCE/MONTH	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			***			DAILY MX	MG/L		ONCE/MONTH	COMP24	
IRON, TOTAL	SAMPLE	*****	*****		*****	*****	0.00	(19)	•	00/00	0.4	
(AS FE)	MEASUREMENT						0.33		0	02/30	24	
01045 1 0 0	PERMIT	*****	*****	***	*****	*****	0.37			ONCE/MONTH	COMPO	
EFFLUENT GROSS VALUE	REQUIREMENT			***			DAILY MX	MG/L		ONCE/MONTH	COMP24	
LEAD, TOTAL	SAMPLE	*****	*****		*****	*****	0.000	(19)	•	00/00	0.4	
(AS PB) See Note 1	MEASUREMENT		*****		******	******	0.0022	` ´	0	02/30	24	
01051 1 0 0	PERMIT	*****	*****	****	*****	*****	0.019			ONOE MONTH	0011704	
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	***	******	******	DAILY MX	MG/L		ONCE/MONTH	COMP24	
NICKEL, TOTAL	SAMPLE	*****	*****		*****	*****	0.0040	(19)		20/22		
(AS NI) See Note 1	MEASUREMENT	*****	*****		*****	*****	0.0043	` ′	0	02/30	24	
01067 1 0 0	PERMIT	*****	*****	****	*****	*****	0.11			01105/1401/TH	0011704	
EFFLUENT GROSS VALUE	REQUIREMENT	004888	004888	****		00000	DAILY MX	MG/L		ONCE/MONTH	COMP24	
SILVER, TOTAL	SAMPLE	*****	*****		*****	*****		(19)	•	00/00	0.4	
(AS AG)	MEASUREMENT	******	*****		******	******	0.0028		0	02/30	24	
01077 1 0 0	PERMIT	*****	*****	****	*****	*****	0.015	1		ONCE/MONTH	COMPO	
EFFLUENT GROSS VALUE	REQUIREMENT	******	******	****	******		DAILY MX	MG/L		ONCE/MONTH	COMP24	
NAME/TITLE PRINCIPAL EXECU	TIVE OFFICER	I certify und	der penalty of law th	at this document an	d all attachments we	ere prepared under i	my direction					
Mr. Michael Holland	1		ith a system designe							Telep	hone	
Brookhaven Site Manager		and evaluate	e the information su	bmitted. Based on i	my inquiry of the per	son or persons who	manage the				631-34	4-342
	system, or those	e persons directly re	esponsible for gathe	ring the information,	the information sub	mitted is, to the						
		· ·		rue, accurate, and c	=			Signatur	e of Princip	al Executive	Date S	igne
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Comments and Explanation of any violations				<u> </u>		-	•					

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

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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

Officer or Authorized Agent

NY000 Permi			ber			001 M Discharge Number	(SUBR 01) F - FINAL		
Monitoring Period			erioc	i		PROCESS SANIT	& STORM	WTR RNOF	
From To			То		*	** No Discharge		****	
YR M	0	DΥ	YR	MO	DY				

04 | 05 | 01 | 04 | 05 | 31 | Note: Read Instructions before completing this form NO. **FREQUENCY** SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION **PARAMETER** EX OF **TYPE** AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** ZINC, TOTAL SAMPLE (19)***** ***** ***** ***** 24 0.05 0 02/30 (AS ZN) **MEASUREMENT** 01092 1 0 0 **PERMIT** **** 0.1 ***** ***** ***** ***** ONCE/MONTH COMP24 **** **EFFLUENT GROSS VALUE** REQUIREMENT DAILY MX MG/L TOLUENE SAMPLE (28)***** ***** ***** ***** 0.9 0 02/30 GR See Note 3 MEASUREMENT **PERMIT** **** 5 34010 1 0 0 ***** ***** ***** ***** TWICE/MONTH **GRAB** **** EFFLUENT GROSS VALUE REQUIREMENT **DAILY MX** UG/L METHYLENE CHLORIDE SAMPLE (28)***** ***** ***** ***** 1 GR 7.5 02/30 **MEASUREMENT** See Note 4 34423 1 0 0 **PERMIT** **** 5 ***** ***** ***** ***** TWICE/MONTH **GRAB** **** EFFLUENT GROSS VALUE REQUIREMENT **DAILY MX** UG/L 1.1.1-TRICHLORO-SAMPLE (28)***** ***** ***** ***** GR < 1.0 n 02/30 **ETHANE MEASUREMENT** **** 5 34506 1 0 0 **PERMIT** ***** ***** ***** TWICE/MONTH **GRAB** **** REQUIREMENT EFFLUENT GROSS VALUE DAILY MX UG/L SAMPLE FLOW, IN CONDUIT OR (03)***** ***** ***** 0.30 0.53 99/99 RC 0 **MEASUREMENT** THRU TREATMENT PLANT 50050 1 0 0 **PERMIT** REPORT 2.3 **** ***** ***** ***** CONTINUOUS **RCORDR EFFLUENT GROSS VALUE** REQUIREMENT **DAILY AV** DAILY MX MGD **** MERCURY, TOTAL SAMPLE (19)0.0002 0 02/30 24 **MEASUREMENT** (AS HG) See Note 1 **PERMIT** **** 71900 1 0 0 0.0008 ***** ***** ***** ***** ONCE/MONTH COMP24 EFFLUENT GROSS VALUE REQUIREMENT **** **DAILY MX** MG/L COLIFORM, FECAL SAMPLE (13)***** ***** ***** < 2 0 02/30 < 2 GR GENERAL **MEASUREMENT** 74055 1 0 0 **PERMIT** **** 200 400 #/ 100ML ***** ***** ***** **GRAB** ONCE/MONTH EFFLUENT GROSS VALUE REQUIREMENT **** DAILY AV DAILY MX NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction Mr. Michael Holland Telephone or 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 those persons directly responsible for gathering the information, the information submitted is, to the Signature of Principal Executive Date Signed best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties

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

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ATTN: GEORGE MALOSH, GROUP MGR

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

MAJOR

NY0005835		001 M	(SUBR 01)
Permit Num	ber	Discharge Number	F - FINAL
Monitorir	ng Period		PROCESS SANIT & STORMWTR RNOFF
From	То	*	** No Discharge
YR MO DY	YR MO DY	1	

04 05 01 04 05 31 Note: Read Instructions before completing this form NO. **FREQUENCY** SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION **PARAMETER** EX OF **TYPE** AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** 2-BUTANONE SAMPLE (28)***** ***** ***** GR 9.8 0 02/30 See Note 5 **MEASUREMENT** 78356 1 0 0 **PERMIT** **** 50 ***** ***** ***** ***** TWICE/MONTH **GRAB** **** EFFLUENT GROSS VALUE REQUIREMENT DAILY MX UG/L **BOD, 5-DAY PERCENT** SAMPLE (23) ***** ***** ***** ***** > 98 0 01/30 CA REMOVAL MEASUREMENT 81010 K 0 0 PERMIT **** 85 ***** ***** ***** ***** ONCE/MONTH CALCTD **PERCENT** PERCENTREMOVAL REQUIREMENT MO AV MN SOLIDS, SUSPENDED SAMPLE (23)***** ***** ***** ***** CA > 93 n 01/30 PERCENT REMOVAL **MEASUREMENT** 81011 K 0 0 **PERMIT** **** 85 ***** ***** ***** ***** ONCE/MONTH CALCTD **** PERCENT REMOVAL REQUIREMENT MO AV MN **PERCENT** 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 Mr. Michael Holland Telephone or 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 those persons directly responsible for gathering the information, the information submitted is, to the Signature of Principal Executive Date Signed best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties Officer or Authorized Agent Typed or Printed for submitting false information, including the possibliity of fine and imprisonment for knowing violations.

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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

NY0005835					002 B	(SUBR 01)		
Per	mit N	lum	ber			Discharge Number	F - FINAL	
Monitoring Period			erioc	I		RF (1004) & BRAHN	IS (1002) BLOWDN	
From To			То		*	** No Discharge	X ***	
YR	МО	DΥ	YR	МО	DY			

04 | 05 | 01 | 04 | 05 | 31 | Note: Read Instructions before completing this form NO. **FREQUENCY** SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION **PARAMETER** EX OF **TYPE** AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** lРН SAMPLE (07)(12)***** ***** ***** GR **MEASUREMENT** 00400 1 0 0 **PERMIT** REPORT 9.0 ***** ***** ***** ONCE/MONTH **GRAB EFFLUENT GROSS VALUE** REQUIREMENT **GPD MINIMUM MAXIMUM** SU OIL & GREASE SAMPLE (19) ***** ***** ***** ***** GR MEASUREMENT PERMIT **** 15 00556 1 0 0 ***** ***** ***** ***** ONCE/MONTH **GRAB** **** EFFLUENT GROSS VALUE REQUIREMENT **DAILY MX** MG/L FLOW, IN CONDUIT OR SAMPLE (03)***** ***** ***** ***** RC THRU TREATMENT PLANT **MEASUREMENT** 50050 1 0 0 See Note 2 **PERMIT REPORT** **** ***** ***** ***** ONCE/MONTH RCORDR **** **EFFLUENT GROSS VALUE** REQUIREMENT **DAILY MX** MGD 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 Mr. Michael Holland Telephone or 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 631-344-3424 system, or those persons directly responsible for gathering the information, the information submitted is, to the Signature of Principal Executive Date Signed best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties Officer or Authorized Agent Typed or Printed for submitting false information, including the possibliity of fine and imprisonment for knowing violations.

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

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

Page 1 of	
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LOCATION UPTON NY 11973 ATTN: GEORGE MALOSH, GROUP MGR NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

MAJOR

NY	005	335				002 M		(SUBR 01)
Permit Number						Discharge Number		F - FINAL
I	Moni	torir	ng Pe	eriod	I			AGS NON-C COOLNG,PRCP,ETC (HN
	Fron	n		То			***	No Discharge ***
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PARAMETER QUANTITY OR LOADING QUALITY OR CONCENTRATION EX OF ANALYSIS TO ANALYSIS TO ANALYSIS PH SAMPLE MEASUREMENT O0400 1 0 0 EFFLUENT GROSS VALUE REQUIREMENT OUL & GREASE SAMPLE MINIMUM SU ONCE/MONTH G OUL & GREASE SAMPLE SA	MPLE TYPE GR
PARAMETER	GR
SAMPLE	
MEASUREMENT 7.4 ***** 7.7 0 04/30 00400 1 0 0 PERMIT ***** ***** REPORT ***** 9.0 ONCE/MONTH G	
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PERMIT REQUIREMENT	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction	
Mr. Michael Holland or 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	Telephone 631-344-342
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 Signature of Principal Executive	Date Signed
Typed or Printed for submitting 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)

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

Page 1 of	
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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
NY0005835	005 M	(SUBR 01)
Permit Number	Discharge Number	F - FINAL

Monitoring Period

From

To

YR MO DY YR MO DY

NSLS COOLING TOWR BLDN ETC(HS)

*** No Discharge

04 05 01 04 05 31 Note: Read Instructions before completing this form

PARAMETER		QUAN	TITY OR LO	ADING	QUALITY OR CONCENTRATION			ION	NO. EX	FREQUENCY OF	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
	SAMPLE ASUREMENT	*****	*****		7.6	*****	7.8	(12)	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE REG	PERMIT QUIREMENT	*****	*****	****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE	SAMPLE ASUREMENT	*****	*****		*****	*****	< 5.0	(19)	0	01/30	GR
00556 1 0 0	PERMIT QUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR	SAMPLE ASUREMENT	0.12	*****	(03)	*****	*****	*****		0	04/30	RC
	PERMIT QUIREMENT	REPORT DAILY AV	*****	MGD	*****	*****	*****	****		ONCE/MONTH	RCORDR
	SAMPLE ASUREMENT										
	PERMIT										
	QUIREMENT										
	SAMPLE										
ME	ASUREMENT										
	PERMIT										
	QUIREMENT										
	SAMPLE										
, ME	ASUREMENT										
DE:	PERMIT EQUIREMENT										
	SAMPLE										
	EASUREMENT										
	PERMIT										
	QUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mr. Michael Holland Brookhaven Site Manager		I certify under penalty of law that this document and all attachments were prepared under my direction									
		or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the									Telep
											631-344-34
ı		system, or those	e persons directly re	sponsible for gather	ring the information,	he information sub	mitted is, to the				
		best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties							Signature of Principal Executive		
Typed or Printed		for submitting	g false information,	including the possib	liity of fine and impri	sonment for knowing	g violations.	Office	r or Authori	zed Agent	

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

Page 1 of	
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PERMITTEE NAME/ADDRESS (Incl	de Facility Name/Location if	Different)
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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

Officer or Authorized Agent

NY0005835			007 M	(SUBR 01)						
	Permit Numl	ber	Discharge Number	F - FINAL						
	Monitorin	g Period		WATER TREATMENT PLT BKWSH (HX						
	From	То	**	* No Discharge						
	YR MO DY	YR MO DY								

04 05 01 04 05 31 Note: Read Instructions before completing this form NO. FREQUENCY SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION **PARAMETER** EX OF **TYPE** AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** FLOW RATE SAMPLE (07)***** ***** ***** 200000 IN 12/30 **MEASUREMENT** 00056 1 0 0 **PERMIT REPORT** ***** ***** ***** ONCE/MONTH **INSTAN EFFLUENT GROSS VALUE** REQUIREMENT **DAILY MX GPD** SAMPLE (12)***** ***** 7.2 ***** 7.2 0 01/30 GR **MEASUREMENT PERMIT** **** **REPORT** ONCE/ 00400 1 0 0 9.0 ***** ***** ***** **GRAB** EFFLUENT GROSS VALUE REQUIREMENT **MAXIMUM** SU MONTH MINIMUM 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 Mr. Michael Holland Telephone or 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 those persons directly responsible for gathering the information, the information submitted is, to the Signature of Principal Executive **Date Signed** 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)

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.

Page 1 of	
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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	0005	835				008 M	(SUBR 01)
Per	rmit	Nun	ber			Discharge Number	F - FINAL
	Mon	itori	ng P	eriod	I		STORMWTR RUNOFF WAREHOUSE (HW)
	Fro	m		То		***	No Discharge ****
YR	МО	DY	YR	МО	DY		
04	05	01	04	05	31	Note: Read	d Instructions before completing this form

PARAMETER	\times	QUAN	TITY OR LO	ADING	QUA	LITY OR CO	NCENTRAT	ON NO.		FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		l
FLOW RATE	SAMPLE MEASUREMENT	*****	42000	(07)	*****	*****	*****		0	01/30	IN	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	****		ONCE/MONTH	INSTAN	
PH M	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.5	(12)	0	01/30	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB	
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.0	(19)	0	01/30	GR	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****		*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB	
1,1-DICHLOROETHYLENE	SAMPLE MEASUREMENT	*****	*****	_	*****	*****	< 1.0	(28)	0	01/30	GR	
34501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		ONCE/MONTH	GRAB	
1,1,1-TRICHLORO- ETHANE M	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1.0	(28)	0	01/30	GR	
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		ONCE/MONTH	GRAB	
м	SAMPLE MEASUREMENT											
R	PERMIT REQUIREMENT											
M	SAMPLE MEASUREMENT											
R	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction										
Mr. Michael Holland		or supervision in accordance with a system designed to assure that qualified personnel properly gather										hone
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									631-34	4-3424
					ring the information, to omplete. I am aware			Signatur	e of Princin	al Executive	Date S	Signed
Typed or Printed		•			omplete. I am aware	•	·	Signature of Principal Executive Officer or Authorized Agent			Date 3	-igiieu

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.

Page 1 of	
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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

Note: Read Instructions before completing this form

NY0005835						010 M	(SUBR 01)
NIC	,005	555				OTO IVI	(30BK 01)
Permit Number						Discharge Number	F - FINAL
Monitoring Period				eriod	I		STORMWTR R O CENTRAL STEAM (H
From To			То		**	* No Discharge	
YR	МО	DY	YR	МО	DY		
04	05	01	04	05	31	Note: Rea	d Instructions before completing this fo

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. FREQUENC		SAMPLE TYPE	
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		l
FLOW RATE	SAMPLE MEASUREMENT	*****	650	(07)	*****	*****	*****		0	01/30	IN	
00056 1 0 0	PERMIT	*****	REPORT	opp.	*****	*****	*****	****		ONCE/MONTH	INSTAN	
EFFLUENT GROSS VALUE	REQUIREMENT		DAILY MX	GPD								l
PH	SAMPLE MEASUREMENT	*****	*****		7.3	*****	7.3	(12)	0	01/30	GR	
00400 1 0 0	PERMIT	*****	*****	****	REPORT	*****	8.5			ONCE/MONTH	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SU		ONCE/MONTH	GRAB	1
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.0	(19)	0	01/30	GR	
00556 1 0 0	PERMIT	*****	*****	****	*****	*****	15			ONCE/MONTH	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L				1
	SAMPLE											
	MEASUREMENT											
	PERMIT											
	REQUIREMENT SAMPLE											1
	MEASUREMENT											l
	PERMIT											l
	REQUIREMENT											1
	SAMPLE											1
	MEASUREMENT											1
	PERMIT											l
	REQUIREMENT											1
	SAMPLE											
	MEASUREMENT											l
	PERMIT											l
	REQUIREMENT											l
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify und	der penalty of law th	nat this document an	d all attachments we	re prepared under i	my direction					
Mr. Michael Holland	or supervision in accordance with a system designed to assure that qualified personnel properly gather											
Brookhaven Site Manag	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the									631-344	4-3424	
	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						Signatur	Date S	igned			
Typed or Printed		for submitting	for submitting 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)

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.

Page 1 of	
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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
IY0005835	06A M	(SUBR 01)
ermit Number	Discharge Number	F - FINAL
Monitoring Period		LINAC NCCV

04 05 01 04 05 31 Note: Read Instructions before completing this form

			04 105 101				Note. Nead	instructions before completing this for			111
PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			ION	NO. EX	FREQUENCY OF	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
PH	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.8	(12)	0	04/30	GR
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		****	*****	< 5.0	(19)	0	01/30	GR
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.067	*****	(03)	*****	*****	*****		0	04/30	RC
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	MGD	*****	*****	*****	****		ONCE/MONTH	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT										
	SAMPLE										
	MEASUREMENT PERMIT										
	REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		-			d all attachments we		-				Telepl
Mr. Michael Holland	or supervision in accordance with a system designed to assure that qualified personnel properly gather										
Brookhaven Site Manaç	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									631-344	
	best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties						Signature of Principal Executive			Date S	
Typed or Printed		for submittin	g false information,	including the possib	liity of fine and impri	sonment for knowin	g violations.	Office	r or Authori	zed Agent	

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

Page 1 of	
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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

ľ	NY0005835		06B M		(SUBR 01)						
ı	Permit Num	ber	Discharge Number		F - FINAL						
Ī	Monitorin	ng Period			COOLING TOWR FROM 919 ETC(HT2						
I	From	То	;	***	No Discharge ***						
	YR MO DY	YR MO DY									

ATTN: GEORGE MAEGOT, GROOT MIGR					04 05 31 Note: Read Instructions before completing this form							
	_	1		04 05 01	04 05 31		Note: Read	Instruction				1
PARAMETER		QUAN	ITITY OR LO	ADING	OING QUALITY OR CONCENT			NO. EX		FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS		
РН	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.6	(12)	0	04/30	GR	
00400 1 0 0	PERMIT	*****	*****	****	REPORT	*****	9.0			ONCE/MONTH	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SU		ONOL/MONTH	CICAD	
DIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.0	(19)	0	01/30	GR	
00556 1 0 0	PERMIT	*****	*****	**** ****	*****	*****	15 DAIL V MV	MO#		ONCE/MONTH	GRAB	
FFLUENT GROSS VALUE FLOW, IN CONDUIT OR	REQUIREMENT SAMPLE	0.060	*****	(03)	*****	*****	DAILY MX	MG/L	0	04/30	RC	
THRU TREATMENT PLANT	MEASUREMENT											
0050 1 0 1 FFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	MGD	*****	*****	*****	****		ONCE/MONTH	RCORDR	
	SAMPLE											
	MEASUREMENT											
	PERMIT											
	REQUIREMENT											
	SAMPLE											
	MEASUREMENT											
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	SAMPLE											
	MEASUREMENT											
	PERMIT											
	REQUIREMENT											
	SAMPLE											
	MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUT	L certify up	der nenalty of law th	nat this document an	d all attachments we	re prepared under	my direction					ı	
Mr. Michael Holland	1						Telephone					
Brookhaven Site Mana	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									· ·	4-3424	
	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							Signature of Principal Executive			Signed	
	for submitting 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)
SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.

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ATTACHMENT II BROOKHAVEN NATIONAL LABORATORY SPDES PERMIT NO. NY0005835 DISCHARGE MONITORING REPORT FOR MAY 2004 NON-COMPLIANCE REPORT



New York State Department of Environmental Conservation Division of Water



Report of Noncompliance Event

To: DEC Water Contact R. Sorrentino	DEC Region:1
Report Type: 5 Day Permit Violation Order Violation Anticipate	d Noncompliance Bypass/Overflow
SECTION 2	
SPDES #: NY- 0005835 Facility: U.S. Dept. of Energ	y/Brookhaven National Laboratory
Date of noncompliance: 5 / 3 / 04 Location Outfall, Treatment Unit, or Pa	ump Station): 001
Description of noncompliance(s) and cause(s): A grab sample collected on May 3	, 2004, from Outfall 001 effluent
or volatile organic compound analysis had a methylene chloride careeded the permit limit of 5 ppb. Methylene chloride was not d	oncentration of 7.5 ppb, which etected in a sample collected on
ay 5, 2004, above the MDL of 2.5 ppb.	
Has event ceased? (Yes) (No) If so, when? 5/5/04 Was event due to plant upset? (Yes)	No) SPDES limits violated?(Yes) (No)
Start date, time of event: 5 / 3 / 04, 1: 38 (AM) (PM) End date, time of event: 5 / 5	/ 04 , 1 : 35 (AM)(PM)
Date, time oral notification made to DEC?/, :(AM) (PM) DEC Official control	acted:
Immediate corrective actions: None. Due to lag time between sample colle	ction, analysis, and receipt of
esults no immediate actions were possible.	AHDRIG
Preventive (long term) corrective actions: After the April detection of methyl	ene chloride an investigation into
ne possible source was begun although nothing has been identifie etections of common laboratory VOC contaminants in a number of r	d to date. Due to elevated
ad Waste Management Services Division personnel are working to d	
GE CHICAL S	
SECTION 3 Complete this section if event was a bypass:	
Bypass amount: Was prior DEC authorization received f	or this event? (Yes) (No)
DEC Official contacted: Date of DEC app	iovai:
Describe event in "Description of noncompliance and cause" area in Section 2. Detail the start a	and end dates and times in Section 2 also.
SECTION 4	
Facility Representative: Title: Date	: <u>/ /</u>
Phone #: () - Fax #: () -	
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,	220000
or those persons directly responsible for gathering the information, the information	

submitted is, to the best of my knowledge and belief, true, accurate, and complete.

I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature of Principal Executive

Officer or Authorized Agent

ATTACHMENT III
BROOKHAVEN NATIONAL / ABORATORY
SPBES PERMIT NO. NYBBBSSSS

DISCHARGE MONITORING REPORT FOR MAY 2004

ANALYTICAL (ESULTS FROM H2M LABS

AND SEVERN TRENT LABORATORIES, INC

FOR REGULATORY COMPLIANCE SAMPLES COLLECTED

Preventive Corrective Actions continued

is present due to either the sampling or analysis process. This includes the collection of quality control samples such as trip blanks, bottle blanks, and split sampling between analytical laboratories in addition to modification of laboratory procedures regarding method blanks.