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

October 21, 2004

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

Gentlemen:

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

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

for September 2004

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

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

Discrepancies were found between the BNL SPDES permit requirements and the reporting requirements as specified in the pre-printed Discharge Monitoring Report. The quarterly monitoring requirement for dissolved aluminum at Outfall 008 was not included in the DMR. In addition, the quarterly monitoring requirements for dissolved aluminum, lead, copper, and vanadium concentrations at Outfall 010 were noted as total concentrations in the pre-printed DMR. The electronic DMR that is enclosed as Attachment I matches the requirements of the BNL SPDES permit. Copies of the relevant permit pages are included in the notes section of the DMR for comparison.



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

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

Sincerely,

## Original Signed by G. Goode

George A. Goode Environmental & Waste Management Services Division Manager

GAG/MA:car

Attachment I: Discharge Monitoring Report for September 2004.

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

samples collected on 9/8/04 and 9/13/04 from Outfall 001 (BNL Use Only).

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

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

cc: M. Allocco, w/ all Attachments

M. Bebon, w/o Attachments

S. Dierker, w/ all Attachments G. Granzen, w/ all Attachments

C. Johnson, w/o Attachments

 $E.\ Lessard,\ w/\ all\ Attachments$ 

E. Murphy, w/ all Attachments

A. Santino, SCDHS, w/ Attachment I

B. Style, w/o Attachments

D. Van Duyne, w/ all Attachments

M. Baldwin, w/ all Attachments

W. Chaloupka, w/ all Attachments

G. Goode, w/o Attachments

M. Holland, w/o Attachments

R. Lee, w/ all Attachments

D. Lowenstein, w/o Attachments

V. Radeka, w/ all Attachments

R. Sorrentino, NYSDEC, w/ Attachment I

J. Tarpinian, w/o Attachments

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

EC62ER.04

## Brookhaven National Laboratory SPDES Permit No. NY0005835 Discharge Monitoring Report for September 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. An MDL of  $0.065~\mu g/L$  could not be met by the analytical laboratory due to matrix interferences and the need to dilute the samples for analysis.
- 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 reporting period.
- 6. The analytical laboratory reported the methylene chloride concentration for the September 13, 2004, compliance sample at a concentration of 3.0  $\mu$ g/L with a "B" data qualifier. The data qualifier indicates that the compound was found in the associated laboratory blank during the analysis of the sample. Therefore the concentration is reported as less than the 3.0  $\mu$ g/L reported value.
- 7. There was no discharge from Outfall 001E during this reporting period.
- 8. The analytical laboratory reported the aluminum concentration for the July 8, 2004, compliance sample at a concentration of 59.2  $\mu$ g/L with a "B" data qualifier. The data qualifier indicates that the compound was found in the associated laboratory blank (45.8  $\mu$ g/L) during the analysis of the sample.
- 9. Please note a discrepancy was found between our permit requirements and the reporting requirements as specified in the pre-printed Discharge Monitoring Report. The quarterly requirements for dissolved aluminum at Outfall 008 were not included in the DMR. In addition, the quarterly requirement for dissolved aluminum, lead, copper, and vanadium monitoring at Outfall 010 were noted as a total requirement. Copies of the relevant permit pages appear immediately following this note section.

## ATTACHMENT I

## BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

**DISCHARGE MONITORING REPORT FOR SEPTEMBER 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: MICHAEL HOLLAND, GROUP MGR

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

PARAMETER		QUA	NTITY OR LC	ADING	QUA		ICENTRATIO		NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
FLOW RATE	SAMPLE MEASUREMENT	220	*****	(07)	*****	*****	*****		0	03/90	RC	
00056 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	**** GPD	****	*****				QTRLY	RCORDR	
PH	SAMPLE MEASUREMENT	*****	*****		3.8	*****	3.8	(12)	0	01/90	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		QTRLY	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
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	PERMIT REQUIREMENT											
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	PERMIT REQUIREMENT			]								
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUT	IVE OFFICER	I certify und	der penalty of law the	hat this document and	all attachments were	prepared under my	direction or					·
Division Manager Environmental & Waste Mana	agament	and evaluate the	information submi	with a system designed itted. Based on my ind e for gathering the info	quiry of the person or p	persons who mana	ge the system, or				Telep 631-34	
Services Division	igement			e for gathering the into te, and complete. I ar			=	_		cipal Executive	Date S	Signed
Typed or Printed		false	e information, inclu	ding the possibliity of f	ine and imprisonment	for knowing violation	ons.	Officer of	or Auth	orized 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

NAME USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE
UPTON NY 11973

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

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

							MAJOR
NY	00058	35				001 B	(SUBR 01)
Per	mit N	umber				Discharge Number	F - FINAL
	Monit	oring I	Perio	od			RINSE FROM CENTRL DEGREASR 498
	Fro	n		То	_		*** No Discharge ****
YR	МО	DAY	ΥR	МО	DAY		
04	07	01	04	09	30	Note: Rea	ad Instructions before completing this form

PARAMETER		QUA	ANTITY OR LO	•	QUA	•	NCENTRATIO			FREQUENCY	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	-^`	ANALYSIS		i
FLOW RATE	SAMPLE MEASUREMENT	220	*****	(07)	*****	*****	*****		0	01/90	RC	
00056 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	GPD	*****	*****		****		QTRLY	RCORDR	
PH	SAMPLE MEASUREMENT	*****	*****		8.4	*****	8.4	(12)	0	01/90	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	****	REPORT MAXIMUM	SU		QTRLY	GRAB	
CHROMIUM, TOTAL (AS CR)	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.0	(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	*****	*****		*****	*****	22.3	(28)	0	01/90	GR	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB	
IRON, TOTAL (AS FE) See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	44.3	(28)	0	01/90	GR	
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB	
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.0	(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	*****	*****		*****	*****	0.90	(28)	0	01/90	GR	
01067 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB	
NAME/TITLE PRINCIPAL EXECUT	TIVE OFFICER	I certify un	der penalty of law t	hat this document and	all attachments were	prepared under my	direction or					
Division Manager		supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or								Telep 631-34		
Environmental & Waste Mana Services Division Typed or Printed	agement	knowledge and	belief, true, accura	e for gathering the info te, and complete. I an ding the possiblity of f	n aware that there are	significant penaltie	es for submitting	_		cipal Executive	Date S	igned

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) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) NAME USDOE DISCHARGE MONITORING REPORT (DMR) **MAJOR** ADDRESS BROOKHAVEN NATIONAL LABORATORY **BROOKHAVEN AREA OFFICE** NY0005835 001 B (SUBR 01) Permit Number F - FINAL UPTON NY 11973 Discharge Number FACILITY **BROOKHAVEN NATIONAL LABORATORY Monitoring Period RINSE FROM CENTRL DEGREASR 498** LOCATION UPTON NY 11973 From \*\*\* No Discharge Τo MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 01 04 09 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** ZINC. TOTAL SAMPLE (28)\*\*\*\*\* 0 5.6 01/90 GR (AS ZN) See Note 1 MEASUREMENT 01092 1 0 0 REPORT PERMIT \*\*\*\*\* \*\*\*\*\* **QTRLY GRAB** EFFLUENT GROSS VALUE REQUIREMENT \*\*\*\* **DAILY MX** UG/L BIS (2-ETHYLHEXYL) SAMPLE (28) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 18 0 01/90 GR PHTHALATE MEASUREMENT PERMIT REPORT 39100 1 0 0 \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* QTRLY GRAB EFFLUENT GROSS VALUE REQUIREMENT \*\*\*\* **DAILY MX** UG/L DI-N-BUTYL PHTHALATE SAMPLE (28) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* < 10 0 01/90 GR MEASUREMENT 39110 1 0 0 PERMIT \*\*\*\* REPORT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* QTRLY **GRAB** EFFLUENT GROSS VALUE REQUIREMENT \*\*\*\* **DAILY MX** UG/L NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather

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

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

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

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

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

**Division Manager** 

**Environmental & Waste Management** 

Services Division

Typed or Printed

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

Telephone

631-344-4549

**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: MICHAEL HOLLAND, GROUP MGR

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

Note: Read Instructions before completing this form

FREQUENCY NO. SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER ΕX TYPE OF AVERAGE MAXIMUM UNITS MINIMUM MAXIMUM UNITS **ANALYSIS** AVERAGE FLOW RATE SAMPLE (07)\*\*\*\*\* \*\*\*\*\* RC MEASUREMENT See Note 5 REPORT 00056 1 0 1 PERMIT \*\*\*\*\* \*\*\*\*\* **QTRLY RCORDR** EFFLUENT GROSS VALUE REQUIREMENT **DAILY AV GPD** \*\*\*\* SAMPLE (12) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* GR MEASUREMENT See Note 5 REPORT REPORT 00400 1 0 0 PERMIT \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* OTRLY GRAB EFFLUENT GROSS VALUE REQUIREMENT \*\*\*\* MINIMUM MAXIMUM SU NITROGEN, TOTAL SAMPLE (19) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* GR (AS N) MEASUREMENT See Note 5 00600 1 0 0 PERMIT \*\*\*\* REPORT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* **QTRLY GRAB** EFFLUENT GROSS VALUE REQUIREMENT \*\*\*\* **DAILY MX** MG/L CYANIDE, TOTAL SAMPLE (28) \*\*\*\*\* \*\*\*\*\* GR MEASUREMENT (AS CN) See Note 5 \*\*\*\* 00720 1 0 0 PERMIT REPORT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* QTRLY **GRAB** EFFLUENT GROSS VALUE REQUIREMENT \*\*\*\* **DAILY MX** UG/L SILVER, TOTAL SAMPLE (28) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* GR (AS AG) MEASUREMENT See Note 5 01077 1 0 0 PERMIT \*\*\*\* REPORT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* **QTRLY GRAB** EFFLUENT GROSS VALUE REQUIREMENT \*\*\*\* **DAILY MX** UG/L PHENOLICS, TOTAL SAMPLE (28) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* GR MEASUREMENT RECOVERABLE See Note 5 32730 1 0 0 PERMIT REPORT \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* **QTRLY GRAB** EFFLUENT GROSS VALUE REQUIREMENT \*\*\*\* **DAILY MX** UG/L 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 Telephone supervision in accordance with a system designed to assure that qualified personnel properly gather 631-344-4549 **Division Manager** and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or **Environmental & Waste Management** those persons directly responsible for gathering the information, the information submitted is, to the best of my Date Signed Services Division Signature of Principal Executive knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting Typed or Printed Officer or Authorized Agent false information, including the possibliity of fine and imprisonment for knowing violations.

07

01 04 09

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

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

NAME USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE
UPTON NY 11973

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

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

						, ,	MAJOR	
NY	00058	35				001 E	(SUBR 01)	
Per	mit N	umber	•			Discharge Number	F - FINAL	
	Monite	oring I	Perio	od			BOILER BLOWDN FROM	244,405,ETC
	Froi	n		То		*:	** No Discharge	****
ΥR	MO	DAY	YR	MO	DAY	]		
04	07	01	04	09	30	Note: Read	Instructions before comple	eting this form

		QUA	ANTITY OR LO	ADING	· ·	•	NCENTRATIO		NO.	FREQUENCY	SAMPLE	
PARAMETER									EX	OF	TYPE	
		AVERAGE	MAXIMUM	-	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
FLOW RATE See Note 7	SAMPLE MEASUREMENT		*****	(07)	*****	*****	*****				RC	
00056 1 0 1	PERMIT	REPORT	*****		*****	*****	*****	****		OTDL V	DOODDD	
EFFLUENT GROSS VALUE	REQUIREMENT	DAILY AV	******	GPD		******	******	****		QTRLY	RCORDR	
PH Con Note 7	SAMPLE	*****	*****			*****		(12)			GR	
See Note 7	MEASUREMENT			****	DEDODT		REPORT					
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	MAXIMUM	SU		QTRLY	GRAB	
	SAMPLE											
	MEASUREMENT											
	PERMIT											
	REQUIREMENT											
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	MEASUREMENT			1								
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	PERMIT											
	REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUT	IVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or										
<b>5</b>		supervision in accordance with a system designed to assure that qualified personnel properly gather									Teleph	
Division Manager		and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or									631-344-	-4549
Environmental & Waste Mana	agement	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										
Services Division										•	Date Sig	gned
Typed or Printed				ding the possibliity of f	or Auth	orized 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 DISCHARGE TO SEWER COLLECTION SYSTEM. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE
UPTON NY 11973

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

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

								MAJOR
NY	00058	35				001 F		(SUBR 01)
Per	mit N	umber	•			Discharge Number		F - FINAL
	Monite	oring I	Peri	od				COOLING TOWER WTR & BLOWDN 902
	Fro	n		То			***	No Discharge ****
ΥR	MO	DAY	ΥR	МО	DAY			
04	07	01	Ω4	ng	30	Note: R	l hea	nstructions before completing this form

PARAMETER		QU	ANTITY OR LO	DADING	QUA	LITY OR COI	NCENTRATIO	N	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
FLOW RATE	SAMPLE MEASUREMENT	3600	*****	(07)	*****	*****	*****		0	03/90	RC	
00056 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	GPD	*****	*****	*****	****		QTRLY	RCORDR	
PH	SAMPLE MEASUREMENT	*****	*****		8.2	*****	8.2	(12)	0	01/90	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		QTRLY	GRAB	
PROPYLENE GLYCOL MONOBUTYL ETHER	SAMPLE MEASUREMENT	*****	*****		*****	****	< 500	(28)	0	01/90	GR	
49875 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
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	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUT	IVE OFFICER	I certify un	der penalty of law	that this document and	d all attachments were	prepared under my	y direction or					
Division Manager Environmental & Waste Mana	agement	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									Teleph 631-344	
Services Division Typed or Printed	-3	knowledge and	belief, true, accura	ate, and complete. I a	m aware that there are fine and imprisonment	significant penaltie	es for submitting	_		cipal Executive	Date Si	igned
Typed of Fillited		iais	e monnauon, MCIU	iumy trie possibility of	iiie and imprisonment	TOT KHOWING VIOLAL	IUIIO.	Officer	, Auti	ionzeu 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 DISCHARGE TO SEWER COLLECTION SYSTEM. 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: MICHAEL HOLLAND, GROUP MGR

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

								WAJOR
NY	00058	35				001 M		(SUBR 01)
Per	mit N	umber	•			Discharge Number		F - FINAL
	Monito	oring I	Perio	od				PROCESS SANIT & STORMWTR RNOFF
	Fron	n		То			***	No Discharge ****
ΥR	МО	DAY	YR	МО	DAY			
04	07	01	04	09	30	Note:	Read I	Instructions before completing this form

PARAMETER		QU	ANTITY OR LO	DADING	QUA	LITY OR CO	CENTRATIO	N	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*****	*****		*****	*****	82	(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	
РН	SAMPLE MEASUREMENT	*****	*****		6.4	*****	7.7	(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	*****	*****		*****	1.0	1.0	(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	*****	*****		*****	*****	6.2	(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	*****	*****		*****	*****	< 0.10	(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 ur	der penalty of law t	hat this document and	I all attachments were	prepared under my	direction or					-
		supervis	sion in accordance	with a system designe	d to assure that qualifi	ed personnel prope	rly gather				Telep	
Division Manager		and evaluate th	e information subm	itted. Based on my in	quiry of the person or p	persons who mana	ge the system, or				631-34	4-4549
Environmental & Waste Mana	ngement	those person	s directly responsib	le for gathering the infe	ormation, the informati	on submitted is, to	-					
Services Division		-		•	m aware that there are		=			cipal Executive	Date S	Signed
Typed or Printed		fals	se information, inclu	ding the possibliity of	fine and imprisonment	for knowing violation	ons.	Officer of	r Auth	norized Agent		

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

NAME USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE
UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATION UPTON NY 11973

ATTN: MICHAEL HOLLAND, GROUP MGR

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

PARAMETER		QUA	NTITY OR LO	ADING		•	NCENTRATIO		NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PHOSPHORUS, TOTAL	SAMPLE	*****	*****		*****	*****	1.7	(19)	0	02/30	24	
(AS P)	MEASUREMENT						1.7		U	02/30	24	
00665 1 0 0	PERMIT	*****	*****	****	*****	*****	REPORT			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	COMF24	
CYANIDE, TOTAL	SAMPLE	*****	*****		*****	*****	18.7	(28)	0	02/30	GR	
(AS CN)	MEASUREMENT						10.7		Ů	02/30	GK	
00720 1 0 0	PERMIT	*****	*****	****	*****	*****	100			TWICE/	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		MONTH	GRAB	
COPPER, TOTAL	SAMPLE	*****	*****		*****	*****	0.034	(19)	0	02/30	24	
(AS CU)	MEASUREMENT						0.034		Ů	02/30	24	
01042 1 0 0	PERMIT	*****	*****	****		*****	0.15			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	COMF24	
IRON, TOTAL	SAMPLE	*****	*****		*****	*****	0.13	(19)	0	02/30	24	
(AS FE)	MEASUREMENT						0.13		Ů	02/30	24	
01045 1 0 0	PERMIT	*****	*****	****	*****	*****	0.37			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	COMF24	
LEAD, TOTAL	SAMPLE	*****	*****		*****	*****	< 0.0030	(19)	0	02/30	24	
(AS PB)	MEASUREMENT						< 0.0030		Ů	02/30	24	
01051 1 0 0	PERMIT	*****	*****	****	*****	*****	0.019			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	COMF24	
NICKEL, TOTAL	SAMPLE	*****	*****		*****	*****	0.0032	(19)	0	02/30	24	
(AS NI) See Note 1	MEASUREMENT						0.0032		١٠	02/30	24	
01067 1 0 0	PERMIT	*****	*****	****	*****	*****	0.11			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	COMF24	
SILVER, TOTAL	SAMPLE	*****	*****		*****	*****	0.0026	(19)	0	02/30	24	
(AS AG)	MEASUREMENT						0.0020			02/30	24	
01077 1 0 0	PERMIT	*****	*****	****	*****	*****	0.015			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	COMI 24	
NAME/TITLE PRINCIPAL EXECUT	IVE OFFICER	I certify un	der penalty of law the	hat this document and	all attachments were	prepared under my	direction or					
		supervisi	on in accordance v	vith a system designed	to assure that qualifi	ed personnel prope	erly gather				Telep	
Division Manager		and evaluate the	information submi	tted. Based on my inc	quiry of the person or p	persons who mana	ge the system, or			<u>[</u>	631-34	4-4549
Environmental & Waste Mana	gement	those persons	directly responsible	e for gathering the info	ormation, the informati	on submitted is, to	the best of my					
Services Division		knowledge and	belief, true, accura	te, and complete. I an	n aware that there are	significant penaltie	es for submitting	Signature o	of Princ	cipal Executive	Date S	igned
Typed or Printed		fals	e information, inclu	ding the possibliity of f	ine and imprisonment	for knowing violation	ons.	Officer of	r Auth	orized Agent		

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

NAME USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE
UPTON NY 11973

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

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

							MAJOR
NY	00058	35				001 M	(SUBR 01)
Per	mit N	umber				Discharge Number	F - FINAL
	Monito	oring I	Perio	od			PROCESS SANIT & STORMWTR RNOFF
	Fron	n		То		,	*** No Discharge ****
ΥR	МО	DAY	ΥR	МО	DAY		
04	07	01	04	nα	30	Note: Rea	d Instructions before completing this form

PARAMETER		QUA	ANTITY OR LO	DADING	QUA	ALITY OR COI	NCENTRATIO	N	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.025	(19)	0	02/30	24	
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.1 DAILY MX	MG/L		ONCE/ MONTH	COMP24	
TOLUENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1.0	(28)	0	02/30	GR	
34010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	5 DAILY MX	UG/L		TWICE/ MONTH	GRAB	
METHYLENE CHLORIDE See Note 6	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 3.0	(28)	0	02/30	GR	
34423 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****		*****	5 DAILY MX	UG/L		TWICE/ MONTH	GRAB	
1,1,1-TRICHLORO- ETHANE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1.0	(28)	0	02/30	GR	
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		TWICE/ MONTH	GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.32	0.54	(03)	*****	*****	*****		0	99/99	RC	
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	2.3 DAILY MX	MGD	*****	*****	*****	****		CONTINU- OUS	RCORDR	
MERCURY, TOTAL (AS HG) See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.0002	(19)	0	02/30	24	
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.0008 DAILY MX	MG/L		ONCE/ MONTH	COMP24	
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	< 2	< 2	(13)	0	02/30	GR	
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200 DAILY AV	400 DAILY MX	#/ 100ML		ONCE/ MONTH	GRAB	
NAME/TITLE PRINCIPAL EXECUT	IVE OFFICER	I certify un	der penalty of law t	hat this document and	all attachments were	prepared under my	y direction or					
	•	supervision in accordance with a system designed to assure that qualified personnel properly gather										hone
Division Manager		and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or							n, or 631-344-454			
Environmental & Waste Mana	gement	those persons directly responsible for gathering the information, the information submitted is, to the best of my										
Services Division	knowledge and	belief, true, accura	ite, and complete. I a	m aware that there are	e significant penaltie	es for submitting	_		cipal Executive	Date S	Signed	
Typed or Printed		fals	e information, inclu	ding the possibliity of	fine and imprisonment	for knowing violati	ons.	Officer of	r Auth	orized Agent		

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

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

MICHAEL HOLLAND, GROUP MGR

ATTN:

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

							WAJOR				
NYO	00058	35				001 M	(SUBR 01)				
Per	mit N	umber	•			Discharge Number	F - FINAL				
Monitoring Period							PROCESS	SANIT	& STORMWTR	RNOFF	
	Fron	n		То		*** No Discharge ***					
	МО	DAY	YR	МО	DAY						
04	07	01	04	09	30	Note: Re	ad Instructions	before	e completing this	s form	
Permit Number		EDECHENOV	CAMD								

			Hoto. Houd	mon aonom		re completing this form						
PARAMETER		QUA	NTITY OR LC	ADING	QUA	LITY OR CON	ICENTRATIO	N	NO. EX	FREQUENCY OF	SAMPLE TYPE	
	$\bigvee$	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
2-BUTANONE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 2.5	(28)	0	02/30	GR	
78356 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	*****	*****	50 DAILY MX	UG/L		TWICE/ MONTH	GRAB	
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		> 95	*****	*****	(23)	0	01/30	CA	
81010 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85 MO AV MN	*****	*****	PERCENT		ONCE/ MONTH	CALCTD	
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		> 98	*****	*****	(23)	0	01/30	CA	
81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	**** ***	85 MO AV MN	*****	*****	PERCENT		ONCE/ MONTH	CALCTD	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify und	der penalty of law th	hat this document and	all attachments were	prepared under my	direction or			_		•
	supervisi	on in accordance v	vith a system designed	to assure that qualifie	ed personnel prope	rly gather				Telep	hone	
Division Manager		and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or										4-4549
Environmental & Waste Mana	gement	those persons directly responsible for gathering the information, the information submitted is, to the best of my										
Services Division	knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting						Signature of Principal Executive			Date S	Signed	
Typed or Printed		false	e information, inclu	ding the possibliity of f	ine and imprisonment	for knowing violation	ons.	Officer of	r Auth	orized Agent		

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

NAME USDOE DISCHARGE MONITORING REPORT (DMR) **MAJOR** ADDRESS BROOKHAVEN NATIONAL LABORATORY **BROOKHAVEN AREA OFFICE** NY0005835 001 Q (SUBR 01) Permit Number F - FINAL NY 11973 Discharge Number FACILITY **BROOKHAVEN NATIONAL LABORATORY Monitoring Period** PROCESS SANIT EFFL & STORMWTR LOCATION UPTON NY 11973 From \*\*\* No Discharge MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 07 01 04 09 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** POLYCHLORINATED SAMPLE (28) \*\*\*\*\* 0 < 0.65 02/90 GR **BIPHENYLS (PCBS)** MEASUREMENT 39516 1 0 0 PERMIT REPORT See Note 4 \*\*\*\*\* QTRLY **GRAB** EFFLUENT GROSS VALUE REQUIREMENT \*\*\*\* **DAILY MX** UG/L 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 Telephone supervision in accordance with a system designed to assure that qualified personnel properly gather **Division Manager** 631-344-4549 and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or **Environmental & Waste Management** those persons directly responsible for gathering the information, the information submitted is, to the best of my Services Division Signature of Principal Executive Date Signed 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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

Typed or Printed

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) NAME USDOE DISCHARGE MONITORING REPORT (DMR) **MAJOR** ADDRESS BROOKHAVEN NATIONAL LABORATORY **BROOKHAVEN AREA OFFICE** NY0005835 002 B (SUBR 01) F - FINAL NY 11973 Permit Number Discharge Number FACILITY **BROOKHAVEN NATIONAL LABORATORY Monitoring Period** RF(1004) & BRAHMS(1002) BLOWDN LOCATION UPTON NY 11973 From \*\*\* No Discharge Τo MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 01 04 09 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** РΗ SAMPLE (12) \*\*\*\*\* 0 8.0 8.0 01/30 GR MEASUREMENT PERMIT REPORT ONCE/ 00400 1 0 0 9.0 \*\*\*\*\* \*\*\*\*\* **GRAB** EFFLUENT GROSS VALUE REQUIREMENT \*\*\*\* MINIMUM MAXIMUM SU MONTH OIL & GREASE SAMPLE (19) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* < 5.0 01/30 GR MEASUREMENT 00556 1 0 0 PERMIT 15 ONCE/ \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* GRAB **EFFLUENT GROSS VALUE** REQUIREMENT **DAILY MX** MG/L MONTH FLOW, IN CONDUIT OR SAMPLE (03) \*\*\*\*\* 0.0004 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 0 05/30 RC THRU TREATMENT PLANT MEASUREMENT REPORT 50050 1 0 0 See Note 3 PERMIT ONCE/ \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* RCORDR EFFLUENT GROSS VALUE REQUIREMENT **DAILY MX** MGD MONTH SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT

I certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather

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

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

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

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

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

**Division Manager** 

**Environmental & Waste Management** 

Services Division

Typed or Printed

REQUIREMENT

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

Telephone

631-344-4549

**Date Signed** 

Signature of Principal Executive

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) NAME USDOE DISCHARGE MONITORING REPORT (DMR) **MAJOR** ADDRESS BROOKHAVEN NATIONAL LABORATORY **BROOKHAVEN AREA OFFICE** NY0005835 002 M (SUBR 01) F - FINAL NY 11973 Permit Number Discharge Number FACILITY **BROOKHAVEN NATIONAL LABORATORY Monitoring Period** AGS NON-C COOLING, PRCP, ETC (HN) LOCATION UPTON NY 11973 From \*\*\* No Discharge Τo MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 01 04 09 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** РΗ SAMPLE (12) \*\*\*\*\* 0 7.4 7.7 05/30 GR MEASUREMENT PERMIT REPORT ONCE/ 00400 1 0 0 9.0 \*\*\*\*\* \*\*\*\*\* **GRAB** EFFLUENT GROSS VALUE REQUIREMENT \*\*\*\* MINIMUM MAXIMUM SU MONTH OIL & GREASE SAMPLE (19) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* < 5.0 01/30 GR MEASUREMENT 00556 1 0 0 PERMIT \*\*\*\* 15 ONCE/ \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* GRAB EFFLUENT GROSS VALUE REQUIREMENT **DAILY MX** MG/L MONTH FLOW, IN CONDUIT OR SAMPLE (03) 0.055 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 0 05/30 RC THRU TREATMENT PLANT MEASUREMENT 50050 1 0 1 PERMIT REPORT ONCE/ \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* RCORDR EFFLUENT GROSS VALUE REQUIREMENT **DAILY AV** MGD MONTH SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT

I certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather

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

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

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

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

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

**Division Manager** 

**Environmental & Waste Management** 

Services Division

Typed or Printed

REQUIREMENT

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

Telephone

631-344-4549

**Date Signed** 

Signature of Principal Executive

NAME USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE
UPTON NY 11973

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

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

							WAJUR
NY	00058	35				002 Q	(SUBR 01)
Per	mit N	umber	•			Discharge Number	F - FINAL
	Monit	oring I	Perio	od			AGS NON-C COOLG,PRECP ETC (HN)
	Fron	'n		То		***	* No Discharge ****
ΥR	MO	DAY	YR	MO	DAY		
04	07	01	04	09	30	Note: Read	Instructions before completing this form

	QUA	NTITY OR LC		QUA		NO.	FREQUENCY	SAMPLE	ĺ			
PARAMETER									EX	OF	TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		1
ALUMINUM, TOTAL	SAMPLE	*****	*****		*****	*****	0.059	(19)	0	01/90	GR	ĺ
(AS AL) See Note 8	MEASUREMENT								_	0.1,00		1
01105 1 0 1	PERMIT	*****	*****	****	*****	*****	2.0			QTRLY	GRAB	1
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L				1
CHLOROFORM	SAMPLE	*****	*****		*****	*****	< 1.0	(28)	0	01/90	GR	1
	MEASUREMENT											1
32106 1 0 0	PERMIT	*****	*****	****	*****	*****	50			QTRLY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		QIII.	O.C.	i
1,1,1-TRICHLORO-	SAMPLE	*****	*****		*****	*****	< 1.0	(28)	0	01/90	GR	1
ETHANE	MEASUREMENT								Ľ	01/30	<b>5</b> 1.	1
34506 1 0 0	PERMIT	*****	*****	****		*****	7			QTRLY	GRAB	1
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		QIKLI	GKAD	1
DICHLOROBROMOMETHANE	SAMPLE	*****	*****		*****	*****	< 1.0	(28)	0	01/90	GR	1
EFFLUENT	MEASUREMENT						< 1.0		_	01/30	5	1
32101 1 0 0	PERMIT	*****	*****	****	*****	*****	5			QTRLY	GRAB	1
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		GINLI		1
1-HYDROXY-ETHYLIDENE	SAMPLE	*****	*****		*****	*****	< 0.05	(19)	0	01/90	GR	1
	MEASUREMENT						< 0.03		U	01/90	5	ĺ
85812 1 0 0	PERMIT	*****	*****	****	*****	*****	0.5			QTRLY	GRAB	ı
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		QIKLI	GRAD	ı
TOLYTRIAZOLE	SAMPLE	*****	*****		*****	*****	< 0.005	(19)	0	01/90	GR	1
	MEASUREMENT						< 0.005		١ ٠	01/90	GK	1
85813 1 0 0	PERMIT	*****	*****	****	*****	*****	0.2			QTRLY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		QIKLT	GRAB	ı
	SAMPLE											1
	MEASUREMENT											ĺ
	PERMIT							1				
	REQUIREMENT			<u> </u>								
NAME/TITLE PRINCIPAL EXECUT	I certify und	der penalty of law th	nat this document and	all attachments were	prepared under my	direction or			_		·	
	supervisi	on in accordance v	vith a system designed	to assure that qualifie	ed personnel prope	rly gather				Telep	hone	
Division Manager		and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or										4-4549
Environmental & Waste Mana	gement	those persons directly responsible for gathering the information, the information submitted is, to the best of my										
Services Division	knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting						Signature of	of Princ	cipal Executive	Date S	igned	
Typed or Printed	false	false information, including the possibility of fine and imprisonment for knowing violations.							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 Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) NAME USDOE DISCHARGE MONITORING REPORT (DMR) **MAJOR** ADDRESS BROOKHAVEN NATIONAL LABORATORY **BROOKHAVEN AREA OFFICE** NY0005835 002 R (SUBR 01) F - FINAL NY 11973 Permit Number Discharge Number FACILITY **BROOKHAVEN NATIONAL LABORATORY Monitoring Period** RF(1004) & BRAHMS(1002) BLOWDN LOCATION UPTON NY 11973 From \*\*\* No Discharge Τo MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 01 04 09 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** 1-HYDROXY-ETHYLIDENE SAMPLE (19) \*\*\*\*\* 0 < 0.05 02/90 GR MEASUREMENT PERMIT 85812 1 0 0 0.5 \*\*\*\*\* \*\*\*\*\* **QTRLY GRAB** EFFLUENT GROSS VALUE REQUIREMENT \*\*\*\* **DAILY MX** MG/L TOLYTRIAZOLE SAMPLE (19) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* < 0.005 02/90 GR MEASUREMENT 85813 1 0 0 PERMIT \*\*\*\* 0.2 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* QTRLY GRAB **EFFLUENT GROSS VALUE** REQUIREMENT **DAILY MX** MG/L 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 Telephone supervision in accordance with a system designed to assure that qualified personnel properly gather **Division Manager** 631-344-4549 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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**Environmental & Waste Management** 

Services Division

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

**Date Signed** 

Signature of Principal Executive

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) NAME USDOE DISCHARGE MONITORING REPORT (DMR) **MAJOR** ADDRESS BROOKHAVEN NATIONAL LABORATORY **BROOKHAVEN AREA OFFICE** NY0005835 005 M (SUBR 01) Permit Number F - FINAL UPTON NY 11973 Discharge Number FACILITY **BROOKHAVEN NATIONAL LABORATORY Monitoring Period NSLS COOLING TOWR BLDN ETC (HS)** LOCATION UPTON NY 11973 From \*\*\* No Discharge MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 07 01 04 09 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** РΗ SAMPLE (12) \*\*\*\*\* \*\*\*\*\* 0 7.5 8.0 05/30 GR MEASUREMENT PERMIT REPORT 8.5 ONCE/ 00400 1 0 0 \*\*\*\*\* **GRAB** EFFLUENT GROSS VALUE REQUIREMENT \*\*\*\* MINIMUM MAXIMUM SU MONTH OIL & GREASE SAMPLE (19) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* < 5.0 01/30 GR MEASUREMENT 00556 1 0 0 PERMIT \*\*\*\* 15 ONCE/ \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* GRAB EFFLUENT GROSS VALUE REQUIREMENT **DAILY MX** MG/L MONTH FLOW, IN CONDUIT OR SAMPLE (03) \*\*\*\*\* 0.077 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 0 05/30 RC THRU TREATMENT PLANT MEASUREMENT 50050 1 0 1 PERMIT REPORT \*\*\*\* ONCE/ \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* RCORDR EFFLUENT GROSS VALUE REQUIREMENT DAILY AV MGD \*\*\*\* MONTH 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

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SEE PERMIT FOR ADDITIONAL NOTES. COMMENTS AND REQUIREMENTS.

**Division Manager** 

**Environmental & Waste Management** 

Services Division

Typed or Printed

Telephone

631-344-4549

**Date Signed** 

Signature of Principal Executive

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) NAME USDOE DISCHARGE MONITORING REPORT (DMR) **MAJOR** ADDRESS BROOKHAVEN NATIONAL LABORATORY **BROOKHAVEN AREA OFFICE** NY0005835 005 Q (SUBR 01) Permit Number F - FINAL NY 11973 Discharge Number FACILITY **BROOKHAVEN NATIONAL LABORATORY Monitoring Period NSLS COOLG TOWR BLOWDN ETC (HS)** LOCATION UPTON NY 11973 From \*\*\* No Discharge Τo MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 01 04 09 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** COPPER, TOTAL SAMPLE (19) 0 0.0020 01/90 GR (AS CU) See Note 1 MEASUREMENT PERMIT 01042 1 0 0 1.0 \*\*\*\*\* \*\*\*\*\* **QTRLY GRAB** EFFLUENT GROSS VALUE REQUIREMENT \*\*\*\* **DAILY MX** MG/L 1-HYDROXY-ETHYLIDENE SAMPLE (19) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* < 0.05 0 01/90 GR MEASUREMENT PERMIT 0.5 85812 1 0 0 \*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* OTRLY GRAB EFFLUENT GROSS VALUE REQUIREMENT \*\*\*\* **DAILY MX** MG/L TOLYTRIAZOLE SAMPLE (19) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* < 0.005 0 01/90 GR MEASUREMENT 85813 1 0 0 PERMIT \*\*\*\* 0.2 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 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

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

**Division Manager** 

**Environmental & Waste Management** 

Services Division

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Telephone

631-344-4549

Date Signed

Signature of Principal Executive

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) NAME USDOE DISCHARGE MONITORING REPORT (DMR) **MAJOR** ADDRESS BROOKHAVEN NATIONAL LABORATORY **BROOKHAVEN AREA OFFICE** NY0005835 007 M (SUBR 01) Permit Number F - FINAL NY 11973 Discharge Number FACILITY **BROOKHAVEN NATIONAL LABORATORY Monitoring Period** WATER TREATMENT PLT BKWSH (HX) LOCATION UPTON NY 11973 From \*\*\* No Discharge Τo MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 07 01 04 09 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** FLOW RATE SAMPLE (07)IN 280000 21/30 MEASUREMENT PERMIT REPORT ONCE/ 00056 1 0 0 \*\*\*\*\* \*\*\*\*\* INSTAN EFFLUENT GROSS VALUE REQUIREMENT **DAILY MX** GPD \*\*\*\* MONTH SAMPLE (12) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 8.4 8.4 01/30 GR MEASUREMENT PERMIT \*\*\*\* REPORT ONCE/ 00400 1 0 0 9.0 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* GRAB **EFFLUENT GROSS VALUE** REQUIREMENT \*\*\*\* MINIMUM MAXIMUM MONTH SU 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 Telephone supervision in accordance with a system designed to assure that qualified personnel properly gather

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**Division Manager** 

**Environmental & Waste Management** 

Services Division

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

631-344-4549

**Date Signed** 

Signature of Principal Executive

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

NAME
USDOE
ADDRESS
BROOKHAVEN NATIONAL LABORATORY
BROOKHAVEN AREA OFFICE
UPTON
NY 11973

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

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

							MAJON
NYO	00058	35				008 M	(SUBR 01)
Per	mit N	umber	•			Discharge Number	F - FINAL
ı	Vionito	oring l	Perio	od			STORMWTR RUNOFF WAREHOUSE (HW)
	Fron	n		То		*	** No Discharge ****
ΥR	МО	DAY	YR	МО	DAY		
04	07	01	04	09	30	Note: Read	Instructions before completing this form

PARAMETER		QUA	ANTITY OR LO		QUA		NCENTRATIO			FREQUENCY OF	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
FLOW RATE See Note 2	SAMPLE MEASUREMENT	*****	24300	(07)	*****	*****	*****		0	01/30	IN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	****	*****	****		ONCE/ MONTH	INSTAN
PH	SAMPLE MEASUREMENT	*****	*****		7.9	****	7.9	(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 See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	3.8	(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	*****	*****		*****	*****	< 5.0	(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	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.0	(28)	0	01/30	GR
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		ONCE/ MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUT	I certify un	der penalty of law t	hat this document and	all attachments were	prepared under my	direction or					
Division Manager	-	supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or								Telepho 631-344-4	
Environmental & Waste Mana	those persons directly responsible for gathering the information, the information submitted is, to the best of my										
Services Division Typed or Printed	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			
0	-11 -441			Officer of 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

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) Permit Number Discharge Number F - FINAL UPTON NY 11973 FACILITY **BROOKHAVEN NATIONAL LABORATORY Monitoring Period** SW RUNOFF FROM WAREHOUSE AREA LOCATION UPTON NY 11973 From \*\*\* No Discharge MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 07 01 04 09 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, DISSOLVED SAMPLE (19) \*\*\*\*\* \*\*\*\*\* 0 < 0.05 01/90 GR (AS AL) See Note 9 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

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

**Division Manager** 

**Environmental & Waste Management** 

Services Division

Typed or Printed

Telephone

631-344-4549

Date Signed

Signature of Principal Executive

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) NAME USDOE DISCHARGE MONITORING REPORT (DMR) **MAJOR** ADDRESS BROOKHAVEN NATIONAL LABORATORY **BROOKHAVEN AREA OFFICE** NY0005835 010 M (SUBR 01) F - FINAL NY 11973 Permit Number Discharge Number FACILITY **BROOKHAVEN NATIONAL LABORATORY Monitoring Period** STORMWTR R O CENTRAL STEAM (H) LOCATION UPTON NY 11973 From \*\*\* No Discharge Τo MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 07 01 04 09 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** FLOW RATE SAMPLE (07)IN 126500 01/30 See Note 2 MEASUREMENT REPORT ONCE/ 00056 1 0 0 PERMIT \*\*\*\*\* INSTAN EFFLUENT GROSS VALUE REQUIREMENT **DAILY MX GPD** \*\*\*\* MONTH SAMPLE (12) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 7.3 7.3 01/30 GR MEASUREMENT PERMIT \*\*\*\* REPORT 8.5 ONCE/ 00400 1 0 0 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* GRAB **EFFLUENT GROSS VALUE** REQUIREMENT MINIMUM MAXIMUM MONTH SU OIL & GREASE SAMPLE (19) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* < 5.0 0 01/30 GR MEASUREMENT 00556 1 0 0 PERMIT \*\*\*\* 15 ONCE/ \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* **GRAB** EFFLUENT GROSS VALUE REQUIREMENT \*\*\*\* **DAILY MX** MG/L MONTH 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

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**Division Manager** 

**Environmental & Waste Management** 

Services Division

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Telephone

631-344-4549

**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: MICHAEL HOLLAND, GROUP MGR

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

						, ,	MAJOR				
NY	00058	35				010 Q	(SUBR 01)				
Permit Number						Discharge Number F - FINAL					
	Monitoring Period						SW RUNOFF FROM CENTRAL STM (H)				
	Fro	n		То		*** No Discharge ****					
ΥR	MO	DAY	YR	MO	DAY						
04 07 01 04 09 30				09	30	Note: Rea	d Instructions before completing this form				

PARAMETER		QU	ANTITY OR LO	DADING	QUA	LITY OR COI	NCENTRATIO	N	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
COPPER, DISSOLVED (AS CU) See Note 9	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0046	(19)	0	01/90	GR	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	1.0 DAILY MX	MG/L		QTRLY	GRAB	
LEAD, DISSOLVED (AS PB) See Note 9	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.0030	(19)	0	01/90	GR	
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	*****	*****	0.05 DAILY MX	MG/L		QTRLY	GRAB	
VANADIUM, DISSOLVED (AS V) See Note 9	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0076	(19)	0	01/90	GR	
01087 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	REPORT DAILY MX	MG/L		QTRLY	GRAB	
ALUMINUM, DISSOLVED (AS AL) See Note 9	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.050	(19)	0	01/90	GR	
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	2.0 DAILY MX	MG/L		QTRLY	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUT	I certify un	der penalty of law t	hat this document and	all attachments were	prepared under my	v direction or						
Division Manager	supervis and evaluate th	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									hone 4-4549	
Environmental & Waste Mana Services Division	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 Si	igned	
Typed or Printed	fals	false information, including the possibliity of fine and imprisonment for knowing violations.							Officer or Authorized Agent			

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) NAME USDOE DISCHARGE MONITORING REPORT (DMR) **MAJOR** ADDRESS BROOKHAVEN NATIONAL LABORATORY **BROOKHAVEN AREA OFFICE** NY0005835 06A M (SUBR 01) Permit Number F - FINAL UPTON NY 11973 Discharge Number FACILITY **BROOKHAVEN NATIONAL LABORATORY Monitoring Period** LINAC NCCW, FLOOR DNS,ETC (HT1) LOCATION UPTON NY 11973 From \*\*\* No Discharge Τo MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 07 01 04 09 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** РΗ SAMPLE (12) \*\*\*\*\* \*\*\*\*\* 0 7.6 7.8 05/30 GR MEASUREMENT PERMIT REPORT ONCE/ 00400 1 0 0 9.0 \*\*\*\*\* **GRAB** EFFLUENT GROSS VALUE REQUIREMENT \*\*\*\* MINIMUM MAXIMUM SU MONTH OIL & GREASE SAMPLE (19) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* < 5.0 01/30 GR MEASUREMENT 00556 1 0 0 PERMIT \*\*\*\* 15 ONCE/ \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* GRAB EFFLUENT GROSS VALUE REQUIREMENT **DAILY MX** MG/L MONTH FLOW, IN CONDUIT OR SAMPLE (03) \*\*\*\*\* 0.16 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 0 05/30 RC THRU TREATMENT PLANT MEASUREMENT 50050 1 0 1 PERMIT REPORT \*\*\*\* ONCE/ \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* RCORDR EFFLUENT GROSS VALUE REQUIREMENT DAILY AV MGD \*\*\*\* MONTH 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 Telephone supervision in accordance with a system designed to assure that qualified personnel properly gather

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**Division Manager** 

**Environmental & Waste Management** 

Services Division

Typed or Printed

631-344-4549

**Date Signed** 

Signature of Principal Executive

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) NAME USDOE DISCHARGE MONITORING REPORT (DMR) **MAJOR** ADDRESS BROOKHAVEN NATIONAL LABORATORY **BROOKHAVEN AREA OFFICE** NY0005835 06A Q (SUBR 01) Permit Number F - FINAL UPTON NY 11973 Discharge Number FACILITY **BROOKHAVEN NATIONAL LABORATORY Monitoring Period** LINAC NCCW, FLOOR DNS, SW (HT1) LOCATION UPTON NY 11973 From \*\*\* No Discharge MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 07 01 04 09 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** 1-HYDROXY-ETHYLIDENE SAMPLE (19) \*\*\*\*\* 0 < 0.05 01/90 GR MEASUREMENT PERMIT 85812 1 0 0 0.5 \*\*\*\*\* \*\*\*\*\* **QTRLY GRAB** EFFLUENT GROSS VALUE REQUIREMENT \*\*\*\* **DAILY MX** MG/L TOLYTRIAZOLE SAMPLE (19) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* < 0.005 01/90 GR MEASUREMENT 85813 1 0 0 PERMIT \*\*\*\* 0.2 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* **QTRLY** GRAB **EFFLUENT GROSS VALUE** REQUIREMENT **DAILY MX** MG/L 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 Telephone supervision in accordance with a system designed to assure that qualified personnel properly gather **Division Manager** 631-344-4549

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SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

**Environmental & Waste Management** 

Services Division

Typed or Printed

**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) **MAJOR** ADDRESS BROOKHAVEN NATIONAL LABORATORY **BROOKHAVEN AREA OFFICE** NY0005835 06B M (SUBR 01) Permit Number F - FINAL UPTON NY 11973 Discharge Number FACILITY **BROOKHAVEN NATIONAL LABORATORY Monitoring Period** COOLING TOWR FROM 919 ETC (HT2) LOCATION UPTON NY 11973 From \*\*\* No Discharge MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 07 01 04 09 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** РΗ SAMPLE (12) \*\*\*\*\* \*\*\*\*\* 0 7.4 7.6 05/30 GR MEASUREMENT PERMIT REPORT ONCE/ 00400 1 0 0 9.0 \*\*\*\*\* **GRAB** EFFLUENT GROSS VALUE REQUIREMENT \*\*\*\* MINIMUM MAXIMUM SU MONTH OIL & GREASE SAMPLE (19) \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* < 5.0 01/30 GR MEASUREMENT 00556 1 0 0 PERMIT \*\*\*\* 15 ONCE/ \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* GRAB EFFLUENT GROSS VALUE REQUIREMENT **DAILY MX** MG/L MONTH FLOW, IN CONDUIT OR SAMPLE (03) \*\*\*\*\* 0.043 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* 0 05/30 RC THRU TREATMENT PLANT MEASUREMENT 50050 1 0 1 PERMIT REPORT \*\*\*\* ONCE/ \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* RCORDR EFFLUENT GROSS VALUE REQUIREMENT DAILY AV MGD \*\*\*\* MONTH SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT

I certify under penalty of law that this document and all attachments were prepared under my direction or

supervision in accordance with a system designed to assure that qualified personnel properly gather

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

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

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

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

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

SEE PERMIT FOR ADDITIONAL NOTES. COMMENTS AND REQUIREMENTS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

**Division Manager** 

**Environmental & Waste Management** 

Services Division

Telephone

631-344-4549

**Date Signed** 

Signature of Principal Executive

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Signature of Principal Executive Officer or Authorized Agent

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

**Division Manager** 

Telephone

631-344-4549

**Date Signed**