

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

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

January 24, 2006

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

Gentlemen:

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

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

for December 2005

In accordance with our SPDES permit (NY-0005835), enclosed as Attachment I, please find the DMR for the month of December 2005. General Engineering Laboratories, LLC (ELAP Certification #11501) 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 diphosphonic 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.

With the exception of three excursions, one each for ammonia, iron, and zinc at Outfall 001, review of the analytical data shows that all other parameters met their respective SPDES effluent limitations this reporting period. A sample collected on February 5, 2005 exhibited a zinc concentration of 0.15 mg/L, which exceeded the permit limit of 0.1 mg/L. The sample collected on December 9, 2005, exhibited an ammonia concentration of 2.8 mg/L and an iron concentration of 0.41 mg/L, which exceeded the permit limits of 2.0 mg/L and 0.37 mg/L, respectively. Please see Attachment II for the noncompliance reports for these excursions.

Collection and analysis of these samples are performed in accordance with the BNL Quality Assurance (QA) program that specifies the standard operating procedures for collection and analysis of samples, QA data requirements, validation of contractor analytical data, and QA inspections performed periodically on contractor laboratories. All QA data, data validation reports, contractor laboratory assessment and audit reports are available upon request.



Based on this information, we believe the values reported on the DMR are representative of the effluent from BNL during the month of December 2005.

Attachment III contains a summary of the Water Treatment Chemical usage for Outfalls 002, 005, and 006 for calendar year 2005.

If you should have any questions, please contact Jason Remien or Robert Lee of my staff at (631) 344-3477 and (631) 344-3148 respectively.

Sincerely,

Original signed by G. Goode

George A. Goode Environmental & Waste Management Services Division Manager

GAG/JR: car

Attachment I: Discharge Monitoring Report for December 2005.

Attachment II: Noncompliance Reports for SPDES Excursions at Outfall 001.

Attachment III: Annual Water Treat Chemical Usage for Calendar Year 2005.

Attachment IV: Analytical Results from H2M Labs Inc. and General Engineering Laboratories,

LLC for samples collected on 12/5/05, 12/7/05, and 12/9/05 from Outfall 001

(BNL Use Only).

Attachment V: Analytical Results from General Engineering Laboratories, LLC 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. 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

J. Remien, w/ all Attachments

R. Sorrentino, NYSDEC, w/ Attachment I

J. Tarpinian, w/o Attachments

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

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

A. Santino, SCDHS, w/ Attachment I

B. Style, w/o Attachments

D. Van Duyne, w/ all Attachments

File: EC62ER.05

Brookhaven National Laboratory SPDES Permit No. NY0005835 Discharge Monitoring Report for December 2005 Discharge Monitoring Report Notes:

- 1. The reported concentration is estimated at less than the method detection limit but greater than the instrument detection limit.
- 2. Flow is estimated based upon an instantaneous flow measurement and the assumption that flow continued for the entire day (i.e., 1,440 minutes).
- 3. Since flow records are maintained on a weekly or monthly basis, the flow rate provided is the daily average.
- 4. PCBs were not detected above the detection limit for any congener. Total PCBs have been reported as less than the maximum of the individual detection limits.
- 5. Two individual photographic processors had generated photographic rinse waters discharged from Building 197B. However, in late 2003 the photographic processors were shutdown resulting in no discharge from Outfall 001D for this time period.
- 6. The ammonia concentration did not meet the permit limits for the sample collected on December 9, 2005. Please see Attachment II for the Non-Compliance Report.
- 7. The iron concentration did not meet the permit limits for the sample collected on December 9, 2005. Please see Attachment II for the Non-Compliance Report.
- 8. The zinc concentration did not meet the permit limits for the sample collected on December 5, 2005. Please see Attachment II for the Non-Compliance Report.

ATTACHMENT I

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR DECEMBER 2005

FOR OUTFALLS NO. 001 – 010

NAME USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE
UPTON NY 11973
BROOKHAVEN NATIONAL LABORATORY

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

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

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	Division Manager				, ,	•		, ,				Telepho 631-344-
	Services Division	Services Division knowledge and belief, true, accurate, and complete. I a					significant penaltie	es for submitting	g Signature of Principal Executive Date Signed			

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)

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George A. Goode		supervis	sion in accordance	with a system designe	d to assure that qualifi	ed personnel prope	erly gather				Telep	hone
Division Manager		and evaluate th	e information subm	itted. Based on my in	inquiry of the person or persons who manage the system, or						631-34	4-4549
Environmental & Waste Mana	gement	those persons	s directly responsib	le for gathering the inf	information, the information submitted is, to the best of my							
Services Division						complete. I am aware that there are significant penalties for submitting Signature of Principal Executive Date S			Signed			
Typed or Printed		false information, including the possibility of fine and imprisonment for knowing violations.							Officer or Authorized Agent			

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

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)

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NY	00058	35				001 B	(SUBR 01)
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George A. Goode		supervis	sion in accordance	with a system designe	d to assure that qualif	ied personnel prope	erly gather				Telep	hone
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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)

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)

PARAMETER		QUA	ANTITY OR LO		QUA		NCENTRATIO			FREQUENCY OF	SAMPLE TYPE	
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Services Division										•	Date Si	gnea
Typed or Printed		false information, including the possibility of fine and imprisonment for knowing violations. Officer or Authori								iorizea Agent		

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

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

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)

Discharge Number

001 E

MAJOR (SUBR 01)

F - FINAL

BOILER BLOWDN FROM 244,405,ETC

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NAME/TITLE PRINCIPAL EXECUT	I certify under penalty of law that this document and all attachments were prepared under my direction or											
George A. Goode	supervis	ion in accordance	with a system designed	to assure that qualified	ed personnel prope	erly gather				Telep		
Division Manager	and evaluate th	d evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or					r			631-34	4-454	
Environmental & Waste Mana	those persons	those persons directly responsible for gathering the information, the information submitted is, to the best of my										
Services Division	knowledge and								cipal Executive	Date S	igne	
Typed or Printed		fals	e information, inclu	iding the possibliity of fi	ons.	Officer of	or Auth	orized Agent				

NY0005835

Permit Number

Monitoring Period

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)

							MAJOR	
NY	00058	35				001 F	(SUBR 01)	
Per	mit N	umber	•			Discharge Number	F - FINAL	
	Monit	oring l	Peri	od			COOLING TOWER WTR & BLOWDN 90	2
	Fron	n		То			*** No Discharge ****	
YR	МО	DAY	YR	МО	DAY			
05	10	01	05	12	31	Note: R	Read Instructions before completing this forn	n

PARAMETER		QUA	NTITY OR LO	DADING	QUALITY OR CONCENTRATION			N	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
FLOW RATE	SAMPLE MEASUREMENT	5800	*****	(07)	*****	*****	*****		0	03/90	RC	
00056 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	GPD	*****	*****	*****	****		QTRLY	RCORDR	
PH	SAMPLE MEASUREMENT	*****	*****		7.9	****	7.9	(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											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT			1								
NAME/TITLE PRINCIPAL EXECUT	IVE OFFICER	I certify und	der penalty of law t	hat this document and	all attachments were	prepared under my	direction or					
George A. Goode		supervisi	on in accordance v	with a system designe	d to assure that qualifie	ed personnel prope	rly gather				Teleph	one
Division Manager		and evaluate the	information subm	itted. Based on my in	quiry of the person or p	persons who mana	ge the system, or				631-344	-4549
Environmental & Waste Mana	agement	those persons	directly responsible	e for gathering the infe	ormation, the informati	on submitted is, to	the best of my					
Services Division		_		•	- · · · · · · · · · · · · · · · · · · ·				cipal Executive	Date Si	gned	
Typed or Printed				ding the possibliity of	ty of fine and imprisonment for knowing violations. Officer or			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

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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)							
Pei	rmit N	umber	•			Discharge Number	F - FINAL							
	Monit	oring l	Perio	od			PROCESS SANIT & STORMWTR RNOFF							
	Fro	m		То	_	1	*** No Discharge ****							
YR	МО	DAY	YR	МО	DAY									
05	12	01	05	12	31	Note: Re	ad Instructions before completing this form							

PARAMETER		QUA	ANTITY OR LO	DADING	QUA	•	NCENTRATIO			FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
TEMPERATURE, WATER	SAMPLE	*****	*****		*****	*****	61	(15)	0	01/01	GR	
DEG. FAHRENHEIT	MEASUREMENT						01		U	01/01	GK	
00011 1 0 0	PERMIT	*****	*****	****	*****	*****	90			DAILY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	DEG.F		DAILI	GINAD	
BOD, 5-DAY	SAMPLE	*****	*****		*****	< 2	< 2	(19)	0	03/30	24	
(20 DEG. C)	MEASUREMENT					` 2	``_		_	03/30	24	
00310 1 0 0	PERMIT	*****	*****	****	*****	10	20			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****		DAILY AV	DAILY MX	MG/L		MONTH	COMI 24	
PH	SAMPLE	*****	*****		6.2	*****	7.8	(12)	0	01/01	GR	
	MEASUREMENT				0.2				Ů	01/01	Oit	
00400 1 0 0	PERMIT	*****	*****	****	5.8	*****	9.0			DAILY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SU		DAILI	OKAB	
SOLIDS, TOTAL	SAMPLE	*****	*****		*****	<1.1	<1.4	(19)	0	03/30	24	
SUSPENDED	MEASUREMENT								Ů		2-4	
00530 1 0 0	PERMIT	*****	*****	****	*****	10	20			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****		DAILY AV	DAILY MX	MG/L		MONTH	00Mii 24	
SOLIDS, SETTLEABLE	SAMPLE	*****	*****		*****	*****	0.0	(25)	0	01/01	GR	
	MEASUREMENT						0.0		Ů	01/01	Oit	
00545 1 0 0	PERMIT	*****	*****	****	*****	*****	0.1			DAILY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	ML/L		DAILI	OKAB	
NITROGEN, TOTAL	SAMPLE	*****	*****		*****	*****	7.7	(19)	0	03/30	24	
(AS N)	MEASUREMENT								Ů	03/30	2-4	
00600 1 0 0	PERMIT	*****	*****	****	*****	*****	10			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	00Mii 24	
NITROGEN, AMMONIA	SAMPLE	*****	*****		*****	*****	3	(19)	1	03/30	24	
TOTAL (AS N) See Note #6	MEASUREMENT						ŭ				2-4	
00610 1 0 0	PERMIT	*****	*****	****	*****	*****	2			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	00IIII 24	
NAME/TITLE PRINCIPAL EXECUT	IVE OFFICER	I certify un	ider penalty of law t	hat this document and	all attachments were	prepared under my	direction or					
George A. Goode		supervis	sion in accordance v	with a system designed	d to assure that qualified	ed personnel prope	rly gather				Telep	
Division Manager		and evaluate th	e information subm	itted. Based on my in	d on my inquiry of the person or persons who manage the system, or						631-34	4-4549
Environmental & Waste Mana	agement	those persons	s directly responsible	le for gathering the info	ne information, the information submitted is, to the best of my							
Services Division	knowledge and	d belief, true, accura	ate, and complete. I ar	n aware that there are	significant penaltie	es for submitting	_		cipal Executive	Date S	igned	
Typed or Printed		false information, including the possibility of fine and imprisonment for knowing violations.							Officer or Authorized Agent			

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

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
	Monit	oring l	Perio	od			PROCESS SANIT & STORMWTR RNOF
	Fron	n		То		***	No Discharge ****
ΥR	МО	DAY	YR	МО	DAY		
05	12	01	05	12	31	Note: Read	Instructions before completing this forn

PARAMETER		QUA	ANTITY OR LO	· · · · · · · · · · · · · · · · · · ·	QUA	•	NCENTRATIO	N	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PHOSPHORUS, TOTAL	SAMPLE	*****	*****		*****	*****	1.2	(19)	0	03/30	24	
(AS P)	MEASUREMENT								Ľ	03/30	24	
00665 1 0 0	PERMIT	*****	*****	****	*****	*****	REPORT			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	COMP24	
CYANIDE, TOTAL	SAMPLE	*****	*****		*****	*****	<2.50	(28)	0	03/30	GR	
(AS CN)	MEASUREMENT						<2.50		ľ	03/30	GK	
00720 1 0 0	PERMIT	*****	*****	****	*****	*****	100			TWICE/	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		MONTH	GRAD	
COPPER, TOTAL	SAMPLE	*****	*****		*****	*****	0.056	(19)	0	04/30	24	
(AS CU)	MEASUREMENT						0.056		ľ	04/30	24	
01042 1 0 0	PERMIT	*****	*****	****		*****	0.15			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	COMP24	
IRON, TOTAL	SAMPLE	*****	*****		*****	*****	0.41	(19)	1	04/30	24	
(AS FE) See Note #7	MEASUREMENT						0.41		l '	04/30	24	
01045 1 0 0	PERMIT	*****	*****	****	*****	*****	0.37	1		ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	CONIP24	
LEAD, TOTAL	SAMPLE	*****	*****		*****	*****	0.0024	(19)	0	04/30	24	
(AS PB) See Note #1	MEASUREMENT						0.0024		ľ	04/30	24	
01051 1 0 0	PERMIT	*****	*****	****	*****	*****	0.019	1		ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	COMP24	
NICKEL, TOTAL	SAMPLE	*****	*****		*****	*****	0.00	(19)	0	04/30	24	
(AS NI) See Note #1	MEASUREMENT						0.02		ľ	04/30	24	
01067 1 0 0	PERMIT	*****	*****	****	*****	*****	0.11			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	CONF24	
SILVER, TOTAL	SAMPLE	*****	*****		*****	*****	0.0025	(19)	0	04/30	24	
(AS AG) See Note #1	MEASUREMENT						0.0025		U	04/30	24	
01077 1 0 0	PERMIT	*****	*****	****	*****	*****	0.015			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	CONF24	
NAME/TITLE PRINCIPAL EXECUTI	IVE OFFICER	I certify un	der penalty of law t	hat this document and	all attachments were	prepared under my	y direction or					-
George A. Goode		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, o							em, or			4-4549
Environmental & Waste Mana	gement	those persons directly responsible for gathering the information, the information submitted is, to the best of my							ny			
Services Division		knowledge and	belief, true, accura	ite, and complete. I ar	n aware that there are	significant penaltie	es for submitting	Signature o	of Princ	cipal Executive	Date S	Signed
Typed or Printed		false information, including the possibility of fine and imprisonment for knowing violations. Officer or Authorized Agent										

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

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
	Monite	oring I	Perio	od			PROCESS SANIT & STORMWTR RNOFF
	Fro	'n		То		*	** No Discharge ****
ΥR	MO	DAY	ΥR	МО	DAY		
05	12	h1	05	12	31	Note: Read	Instructions before completing this form

PARAMETER		QUA	ANTITY OR LO	DADING	QUA	ALITY OR CO	NCENTRATIO	N	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
ZINC, TOTAL (AS ZN) See Note #8	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.2	(19)	1	04/30	24	
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.1 DAILY MX	MG/L		ONCE/ MONTH	COMP24	
TOLUENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1	(28)	0	04/30	GR	
34010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		TWICE/ MONTH	GRAB	
METHYLENE CHLORIDE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<2	(28)	0	04/30	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	(28)	0	04/30	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	0.34	0.52	(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	*****	*****		*****	*****	0.0001	(19)	0	04/30	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	03/30	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	that this document and	all attachments were	prepared under m	y direction or					-
George A. Goode		supervision in accordance with a system designed to assure that qualified personnel properly gather									Telep	hone
Division Manager	J		and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or								631-34	4-4549
Environmental & Waste Management		those persons	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							- -			Signed
Typed or Printed	false information, including the possibility of fine and imprisonment for knowing violations. Officer or Authorized Agent											

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

							MAJOR
NYO	0058	35				001 M	(SUBR 01)
Per	mit N	umber	•			Discharge Number	F - FINAL
ı	Monit	oring l	Perio	od			PROCESS SANIT & STORMWTR RNOFF
	Fror	n		То		***	* No Discharge ****
ΥR	МО	DAY	YR	МО	DAY		
05	12	01	05	12	31	Note: Read	Instructions before completing this form

PARAMETER		QU	ANTITY OR LO	DADING	QUA	LITY OR COI	NCENTRATIO	٧	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
2-BUTANONE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5	(28)	0	04/30	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	*****	*****		>94	*****	*****	(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	*****	*****		>96	*****	*****	(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			1								
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUT	IVE OFFICER	I certify un	der penalty of law t	hat this document and	all attachments were	prepared under my	direction or					ı
George A. Goode	<u>=</u>			supervision in accordance with a system designed to assure that qualified personnel properly gather							Telep	hone
Division Manager		and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or									631-34	4-4549
Environmental & Waste Management		those persons directly responsible for gathering the information, the information submitted is, to the best of my										
Services Division		knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting						Signature of Principal Executive			Date S	igned
Typed or Printed		false information, including the possibliity of fine and imprisonment for knowing violations. Officer or Authorized Agent										

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

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: 05 10 01 05 12 31 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 < 0.05 03/90 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 George A. Goode 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)

NAME

USDOE

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:

> SAMPLE MEASUREMENT PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE

PARAMETER

РΗ

00400 1 0 0

00556 1 0 0

50050 1 0 0

OIL & GREASE

EFFLUENT GROSS VALUE

EFFLUENT GROSS VALUE

THRU TREATMENT PLANT

EFFLUENT GROSS VALUE

See Note #3

FLOW, IN CONDUIT OR

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

002 B

		ren	IIIL IN	ullibei				Discharge N	umbei	F - FINAL			
		Ν	lonito	oring	Perio	od				RF(1004) 8	& BRAH	HMS(1002) BLO	WDN
			Fror	n		То			***	No Discha	rge	****	
		ΥR	МО	DAY	ΥR	МО	DAY						
		05	12	01	05	12	31		Note: Read	Instructions	s befor	e completing th	is form
QUA	ANTITY OR LO	ADI	NG				QUA	LITY OR CON	ICENTRATIO	N	NO. EX	FREQUENCY OF	SAMPLE TYPE
GE	MAXIMUM	UNI	TS		MIN	IMUN	1	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS	
*	*****					7.3		*****	7.3	(12)	0	01/30	GR
*	*****		****			REPO IINIM		*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
*	*****					****	*	*****	8.5	(19)	0	01/30	GR
*	*****		****			****	*	*****	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
*	0.035		(03)			****	*	*****	*****		0	04/30	RC
*	REPORT DAILY MX		MGE)		****	*	*****	*****			ONCE/ MONTH	RCORDR

MAJOR

(SUBR 01)

E EINIAI

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 George A. Goode 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.

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

Typed or Printed

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

NY0005835

AVERAGE MAXIMU

Dannelt Normale and

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 M	(SUBR 01)
Per	mit N	umber	•			Discharge Number	F - FINAL
	Vionite	oring l	Perio	od			AGS NON-C COOLING, PRCP, ETC (HN)
	Fro	n		То		**	* No Discharge ****
ΥR	МО	DAY	YR	MO	DAY]	
05	12	01	05	12	31	Note: Read	Instructions before completing this form

PARAMETER		QUA	NTITY OR LO	DADING	QUA	LITY OR CO	NCENTRATION	1	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
РН	SAMPLE MEASUREMENT	*****	*****		6.3	*****	7.3	(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 See Note #1	SAMPLE MEASUREMENT	*****	*****		*****	****	1.8	(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	0.3	*****	(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 REQUIREMENT											
SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUT	IVE OFFICER	I certify un	der penalty of law t	hat this document and	all attachments were	prepared under my	direction or					
George A. Goode		supervision in accordance with a system designed to assure that qualified personnel properly gather									Telep	hone
Division Manager		and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or									631-34	4-4549
Environmental & Waste Management		those persons directly responsible for gathering the information, the information submitted is, to the best of my										
Services Division		knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting						• •			Date S	Signed
Typed or Printed		fals	e information, inclu	ding the possibliity of	fine and imprisonment	ons.	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 LOCTION DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH THE COOLING TOWER BLOWDOWN FROM THE STAR DETECTOR.

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				002 Q	(SUBR 01)
Per	mit N	umber				Discharge Number	F - FINAL
	Monit	oring l	Peri	od			AGS NON-C COOLG,PRECP ETC (HN)
	Fro	m		То		***	No Discharge ****
ΥR	МО	DAY	ΥR	МО	DAY		
05	10	01	05	12	31	Note: Read	Instructions before completing this form

PARAMETER		QU	ANTITY OR LO	DADING	QUA	ALITY OR COI	NCENTRATIO	N	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
ALUMINUM, TOTAL (AS AL)	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.07	(19)	0	01/90	GR	
01105 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	2.0 DAILY MX	MG/L		QTRLY	GRAB	
DICHLOROBROMOMETHANE EFFLUENT See Note #1	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.26	(28)	0	01/90	GR	
32101 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	*****	*****	50 DAILY MX	UG/L		QTRLY	GRAB	
CHLOROFORM	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.5	(28)	0	01/90	GR	
32106 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****		*****	7 DAILY MX	UG/L		QTRLY	GRAB	
1,1,1-TRICHLORO- ETHANE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.5	(28)	0	01/90	GR	
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		QTRLY	GRAB	
1-HYDROXY-ETHYLIDENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.05	(19)	0	01/90	GR	
85812 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.5 DAILY MX	MG/L		QTRLY	GRAB	
TOLYTRIAZOLE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)	0	01/90	GR	
85813 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	*****	*****	0.2 DAILY MX	MG/L		QTRLY	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUT	IVE OFFICER	I certify ur	der penalty of law t	hat this document and	d all attachments were	prepared under my	direction or					
		supervis	sion in accordance	with a system designe	d to assure that qualifi	ed personnel prope	erly gather				Telep	
George A. Goode		and evaluate th	e information subm	itted. Based on my in	quiry of the person or	persons who mana	ge the system, or			ļ	631-34	4-4549
Environmental & Waste Management		those persons directly responsible for gathering the information, the information submitted is, to the best of my										
Services Division		knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting										Signed
Typed or Printed		fals	false information, including the possibliity of fine and imprisonment for knowing violations.							norized 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) Permit Number F - FINAL NY 11973 Discharge Number FACILITY **BROOKHAVEN NATIONAL LABORATORY Monitoring Period** RF(1004) & BRAHMS(1002) BLOWDN LOCATION UPTON NY 11973 From *** No Discharge MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 10 01 05 12 31 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

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

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

George A. Goode

Division Manager

Environmental & Waste Management

Services Division

Typed or Printed

DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE THE ROADWAY THAT IS INSIDE RHIC RING. ONCE STORMWATER COLLECTION SYSTEM IS EXTENDED TO BLDG 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED, DISCHARGE SHOULD BE DIRECTED TO THE 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 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: 05 12 01 05 12 31 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 6.4 7.2 04/30 GR MEASUREMENT PERMIT REPORT 8.5 ONCE/ 00400 1 0 0 ***** **GRAB** EFFLUENT GROSS VALUE REQUIREMENT **** MINIMUM **MAXIMUM** SU MONTH OIL & GREASE SAMPLE (19) ***** ***** ***** ***** 2.1 01/30 GR MEASUREMENT See Note #1 00556 1 0 0 PERMIT **** 15 ONCE/ ***** ***** ***** ***** GRAB EFFLUENT GROSS VALUE REQUIREMENT **DAILY MX** MG/L MONTH FLOW, IN CONDUIT OR SAMPLE (03) ***** 0.75 ***** ***** ***** 0 04/30 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

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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

George A. Goode

Division Manager

Environmental & Waste Management

Services Division

MEASUREMENT PERMIT REQUIREMENT

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 MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 05 10 01 05 12 31 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 0.003 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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Comments and Explanation of any violations (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

George A. Goode

Division Manager

Environmental & Waste Management

Services Division

Typed or Printed

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

Telephone

631-344-4549

Date Signed

Signature of Principal Executive

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) 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: 05 12 01 05 12 30 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 240000 0 20/30 MEASUREMENT PERMIT REPORT ONCE/ 00056 1 0 0 ***** ***** INSTAN EFFLUENT GROSS VALUE REQUIREMENT **DAILY MX** GPD **** MONTH SAMPLE (12) ***** ***** ***** 6.9 6.9 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 SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

George A. Goode

Division Manager

Environmental & Waste Management

Services Division

Typed or Printed

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

Telephone

631-344-4549

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				008 M	(SUBR 01)
Per	mit N	umber	•			Discharge Number	F - FINAL
ı	Monite	oring l	Peri	od			STORMWTR RUNOFF WAREHOUSE (HW)
	Fro	n		То			*** No Discharge ****
ΥR	МО	DAY	ΥR	MO	DAY]	
05	12	01	05	12	31	Note: R	and 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		
FLOW RATE See Note #2	SAMPLE MEASUREMENT	*****	1100000	(07)	*****	*****	*****		0	01/30	IN	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	****		ONCE/ MONTH	INSTAN	
PH	SAMPLE MEASUREMENT	*****	*****		6.7	*****	6.7	(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	*****	*****		*****	*****	1.3	(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	(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	*****	*****		*****	*****	<1	(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 MEASUREMEN												
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUT	IVE OFFICER	I certify ur	der penalty of law t	hat this document and	d all attachments were	prepared under my	y direction or					
George A. Goode		supervision in accordance with a system designed to assure that qualified personnel properly gather									Telep	hone
Division Manager		and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or									631-344	4-4549
Environmental & Waste Management		those persons directly responsible for gathering the information, the information submitted is, to the best of my										
Services Division		knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting							Signature of Principal Executive			igned
Typed or Printed	Typed or Printed		se information, inclu	ding the possibliity of	fine and imprisonment	Officer of	r Auth	norized 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: 05 10 01 05 12 31 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 < 0.07 01/90 GR (AS AL) MEASUREMENT 01106 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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Comments and Explanation of any violations (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

George A. Goode

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 MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 05 12 01 05 12 31 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 300000 01/30 See Note #2 MEASUREMENT REPORT ONCE/ 00056 1 0 0 PERMIT ***** INSTAN EFFLUENT GROSS VALUE REQUIREMENT **DAILY MX GPD** **** MONTH SAMPLE (12) ***** ***** ***** 6.4 6.4 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) ***** ***** ***** ***** 1.4 0 01/30 GR MEASUREMENT See Note #1 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

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

George A. Goode

Division Manager

Environmental & Waste Management

Services Division

Typed or Printed

PARAMETERS EXCEPT FOR FLOW TO BE SAMPLED MONTHLY DURING A STORM EVENT. (IF NO DISCHARGE, ENTER AN "X" IN THE "NO DISCHARGE" BOX AT THE UPPER RIGHT.) SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

Telephone

631-344-4549

Date Signed

Signature of Principal Executive

NAME 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	NY0005835					010 Q	(SUBR 01)
Pe	Permit Number					Discharge Number	F - FINAL
	Monitoring Period						SW RUNOFF FROM CENTRAL STM (H)
	From To			_		*** No Discharge ****	
ΥF	MO	DAY	YR	МО	DAY		
05	10	01	05	12	31	Note: Rea	ad Instructions before completing this form

PARAMETER		QUANTITY OR LOADING			QUA	•	NCENTRATIO	NO EREQUENCY			SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
COPPER, DISSOLVED	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.003	(19)	0	01/90	GR	
01040 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	1.0 DAILY MX	MG/L		QTRLY	GRAB	
LEAD, DISSOLVED	SAMPLE MEASUREMENT	*****	*****		*****	****	<0.0005	(19)	0	01/90	GR	
01049 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	*****	*****	0.05 DAILY MX	MG/L		QTRLY	GRAB	
VANADIUM, DISSOLVED (AS V) See Note #1	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.004	(19)	0	01/90	GR	
01085 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	MG/L		QTRLY	GRAB	
ALUMINUM, DISSOLVED (AS AL)	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.07	(19)	0	01/90	GR	
01106 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 EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or					y direction or					
George A. Goode		supervision in accordance with a system designed to assure that qualified personnel properly gather					erly gather			Telep	hone	
Division Manager		and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or								631-344	4-4549	
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 S	igned		
Typed or Printed		false information, including the possibliity of fine and imprisonment for knowing violations.						Officer or Authorized Agent		-		
0	If all a large to large in the dailing the possibility of the data impropriment for knowing violations.						<u> </u>					

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: 05 12 01 05 12 31 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 6.6 7.3 04/30 GR MEASUREMENT PERMIT REPORT 9.0 ONCE/ 00400 1 0 0 ***** **GRAB** EFFLUENT GROSS VALUE REQUIREMENT **** MINIMUM MAXIMUM SU MONTH OIL & GREASE SAMPLE (19) ***** ***** ***** ***** 1.4 01/30 GR MEASUREMENT See Note #1 00556 1 0 0 PERMIT **** 15 ONCE/ ***** ***** ***** ***** GRAB EFFLUENT GROSS VALUE REQUIREMENT **DAILY MX** MG/L MONTH FLOW, IN CONDUIT OR SAMPLE (03) ***** 0.04 ***** ***** ***** 0 04/30 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

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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.

PERMIT REQUIREMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

George A. Goode

Division Manager

Environmental & Waste Management

Services Division

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 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: 05 10 01 05 12 31 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 SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT

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

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

Comments and Explanation of any violations (Reference all attachments here)
NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL.

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

George A. Goode

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 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: 05 12 01 05 12 31 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 6.5 7.4 04/30 GR MEASUREMENT PERMIT REPORT ONCE/ 00400 1 0 0 9.0 ***** **GRAB** EFFLUENT GROSS VALUE REQUIREMENT **** MINIMUM MAXIMUM SU MONTH OIL & GREASE SAMPLE (19) ***** ***** ***** ***** 1.5 01/30 GR MEASUREMENT See Note #1 00556 1 0 0 PERMIT **** 15 ONCE/ ***** ***** ***** ***** GRAB EFFLUENT GROSS VALUE REQUIREMENT **DAILY MX** MG/L MONTH FLOW, IN CONDUIT OR SAMPLE (03) ***** 0.12 ***** ***** ***** 0 04/30 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

REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or George A. Goode 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 Typed or Printed Officer or Authorized Agent false information, including the possibliity of fine and imprisonment for knowing violations.

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

PERMIT
REQUIREMENT
SAMPLE
MEASUREMENT
PERMIT

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 Q (SUBR 01) Permit Number F - FINAL UPTON NY 11973 Discharge Number FACILITY **BROOKHAVEN NATIONAL LABORATORY Monitoring Period** COOLG TOWRS FROM 919 ETC (HT2) LOCATION UPTON NY 11973 From *** No Discharge MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 05 10 01 05 12 31 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 SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

George A. Goode

Division Manager

Environmental & Waste Management

Services Division

Typed or Printed

Telephone

631-344-4549

Date Signed

Signature of Principal Executive

ATTACHMENT II BROOKHAVEN NATIONAL LABORATORY SPDES PERMIT NO. NY0005835 DISCHARGE MONITORING REPORT FOR DECEMBER 2005 NONCOMPLIANCE REPORTS



New York State Department of Environmental Conservation Division of Water



Report of Noncompliance Event

To: DEC Water Contact:		R. Sorr		DEC Region:1			
Report Type: 5-Day X	Permit Violation	Order Vi	olation	Anticipated No.	ncompliance	Bypass/Overflo)W
SECTION 2 SPDES #: NY-	0005835	Facility: U.S.	. Departn	nent of Energy/Brool	khaven Nation	al Laboratory	
Date of noncompliance:	12/5/05	Location (Ou	tfall, Tre	atment Unit, or Pum	p Station): _0	001 ·	
Description of noncompliance(s) and concentration of 0.150 mg/L, which concentrations of 0.095, 0.088, and	exceeds the permit	t limit of 0.1 mg/L					
Has event ceased? (Yes) (No) If so,	when?	12/7/05	Was eve	nt due to plant upset?	(Yes (No) SP	DES limits violated?	(Yes) (No)
Start date, time of event: 12/5/		(AM)(PM)	End date	, time of event:	12/7/05 Date	11:00 (AM)	(PM)
Date, time oral notification made to I	DEC?Date	Time	_ (AM)	(PM) DEC Official	contacted:		
composite samples were collected f Twenty-four hour composite sampl the secondary clarifier, and the fine indicate that, under normal operat acceptable levels. A sample of wate of routine operations this water is of wastewater. Review of plant recor- months. Based on this information the likely cause of the permit excee Preventative (long term) corrective ac- will continue to be evaluated. A su throughout the year. In addition, r	les were collected the al point of discharge ing conditions, the per was collected from the described from the concentre gestion has been meaning the concentre from	tree days in a row e (EA) to establish orimary and second one of the aero ligesters and pumber than this recent influxions of zinc in the dade to the plant of th	y (Januar hazinc condary classic diges operated to the normal action of decarthe aeroboperators	y 10, 11, and 12, 200 concentration profile arification process reters on 1/11/06 that he primary clarifier tamount of water was at water with elevater ic digesters and process to decant less water	6) from the pla across the plan duces the influted a zinc conce o be treated all decanted from d zinc concentrations cess of decanting from the diges	ant influent (DA), eff nt. Results from all tent zinc concentration entration of 42.1 mg ong with regular BN the digesters in the rations (as high as 42 ng water to the head sters on a more routi	Tuent from three days ons to /L. As part L last few 0.1 mg/L) is of the plant
SECTION 3 Complete this section if event was a Bypass amount:	bypass:	W	as prior I	DEC authorization rec	eived for this ev	vent? (Yes) (No)	
DEC Official contacted:				Date of DEC approv	al:	Date	
Describe event in "Description of no	ncompliance and cau	se" area in Section	n 2. Deta	il the start and end dat	es and times in		
SECTION 4							
Facility Representative: Georg	ge A. Goode		Title:	Division Manager			
Phone #: <u>(631)</u>	344-4549		Fax #:	(631) 344-7334		Date	e
I Certify under penalty of law that t	his document and all	attachments were	prepared	under my	A		

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 possibility of fine and imprisonment for knowing violations.

Signature of Principal Executive
Officer or Authorized Agent



New York State Department of Environmental Conservation Division of Water



Report of Noncompliance Event

To: DEC Water Con	tact:	R. Sori	entino			DEC Region:	1
Report Type: 5-Day	X Permit Viola	ution Order V	iolation	Anticipated [Voncompliance	Bypass/Ove	erflow
SECTION 2 SPDES #:	NY- <u>0005835</u>	Facility: _U.S	. Departr	nent of Energy/Bro	ookhaven Nation	nal Laboratory	
Date of noncompli	iance: 12/9/05	Location (O1	ıtfall, Tre	atment Unit, or Pu	ımp Station): _	001	
Description of noncompliance concentration of 0.41 mg/L,				ed on December 9	, 2005 from Out	fall 001 that had a	n iron
Has event ceased? (Yes) (No)	If so, when?	12/20/05	Was eve	nt due to plant upse	t? (Yes) (No) SI	PDES limits violate	ed? (Yes) (No)
Start date, time of event:		:20 (AM) (PM)	End date	, time of event:	12/20/05 Date	2:40 (A	(M) (PM)
Date, time oral notification ma		l Time	_ (AM)	(PM) DEC Offic	cial contacted: _		
confirmed, the sample collection probe was not lyin contains elevated iron concerve vertative (long term) corrected he probe and associated sample CECTION 3	g on the bottom of the nations, was cleaned tive actions: In addingle tubing will be p	he flow channel, the pred off and the probe w	robe itself as placed he sample	was coated with a back in the flow cle probe remains su	thin layer of ru hannel. spended above t	st. This material, he bottom of the 1	which likely flow channel,
Complete this section if event Bypass amount:	was a bypass:	V	Vas prior l	DEC authorization r	received for this e	event? (Yes) (No)	
DEC Official contacted:				Date of DEC appr	oval:	Date	
Describe event in "Description	n of noncompliance ar	nd cause" area in Sectio	n 2. Deta	il the start and end o	dates and times ir		
SECTION 4							
Facility Representative:	George A. Goode		Title:	Division Manager	r		
Phone #:	(631) 344-4549		Fax #: _	(631) 344-7334			Date
I Certify under penalty of law direction or supervision in ac properly gather and evaluate persons who manage the sys- information, the information	ccordance with a syste the information submatem, or those persons	em designed to assure the nitted. Based on my inquirectly responsible for	at qualific uiry of the gathering	ed personnel e person or	, la	14 h	2 /-hc

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



New York State Department of Environmental Conservation Division of Water



Report of Noncompliance Event

To: DEC Water Contact:	R. Soi	rrentino		DEC Region:1			
Report Type: 5-Day X	Permit Violation Order	Violation	Anticipated Noncompliance	Bypass/Overflow			
SECTION 2 SPDES #: NY- Date of noncompliance:		$\overline{}$	ment of Energy/Brookhaven Nation				
Description of noncompliance(s) and concentration of 2.8 mg/L, which exconcentration of 0.11 mg/L.							
Has event ceased? (Yes) (No) If so,	when?1/4/06	_ Was eve	ent due to plant upset? (Yes (No) SI	PDES limits violated? (Yes) (No)			
Start date, time of event: 12/9/0		End dat	e, time of event: 1/4/06 Date	10:50 (AM)(PM)			
Date, time oral notification made to I	Date Time	(AM	(PM) DEC Official contacted: _				
Immediate corrective actions: None. possible. Although the next set of c excursion. The operating logs were ammonia. No abnormal conditions weather conditions the day prior to sludge in the secondary clarifier du is a potential contributing factor to Preventative (long term) corrective acfurther Exceedances.	ompliance samples were not collectories and personnel at the Sewere found and examination of operation collection revealed that Beto inability of the rotating arm to the elevated ammonia.	cted until J wage Trea perators' (NL experio o move fre	anuary 4, 2006, BNL does not belie tment Plant were interviewed to de lata showed all levels of ammonia t enced a snow event. Reduced metal ely along the track (i.e., slippage du	eve this was a continuous etermine the cause of the elevated o be typical. A review of the bolic activity of the activated ue to snow collecting on the track)			
SECTION 3 Complete this section if event was a beginning to be a	ypass:	Was prior	DEC authorization received for this e	event? (Yes) (No)			
DEC Official contacted: Date of DEC approval:							
Date Describe event in "Description of noncompliance and cause" area in Section 2. Detail the start and end dates and times in Section 2 also.							
SECTION 4				Process Accounts to the Community of the			
Facility Representative: Georg	ge A. Goode	_ Title:	Division Manager				
Phone #:(631)	344-4549	_ Fax #:	(631) 344-7334	Date			

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 possibility of fine and imprisonment for knowing violations.

Signature of Principal Executive

ATTACHMENT III BROOKHAVEN NATIONAL LABORATORY SPDES PERMIT NO. NY0005835 DISCHARGE MONITORING REPORT FOR DECEMBER 2005 WATER TREATMENT CHEMICAL USAGE REPORT

Attachment III

Brookhaven National Laboratory - NY SPDES Permit # NY0005835 Annual Water Treatment Chemical Usage for Calendar Year 2005

Outfall 002

Authorized Water Treatment Chemicals (WTCs)

Drew 261T, Drew 739, Drew 187, Sodium Hydroxide, Drewbrom 1-L, Drew 2235, Drew 2135, Protecsol 629P, Drew Biosperse 254, Drew Biosperse 550

2005 Usage in Pounds

Drew Biosperse 254	1865
Drew Biosperse 550	1860
Drewbrom 1-L	4610
Drew 2135	7335

WTCs not used in 2005

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

Outfall 005

Authorized Water Treatment Chemicals (WTCs)

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

2005 Usage in Pounds

Drew Biosperse 550	1050
Drewbrom 1-L	1280
Drew 2135	2085

WTCs not used in 2005

Drew 261T, Drew 739, Drew 187, Drew 744, Drew 250, Sodium Hydroxide, Drew 2235, Protecsol 629P, Drew Biosperse 254

Outfall 006

<u>Authorized Water Treatment Chemicals (WTCs)</u>

Drew 261T, Drew 739, Drew 187, Sodium Hydroxide, Drewbrom 1-L, Drew 2235, Drew 2135 Protecsol 629P, Drew Biosperse 254, Drew Biosperse 550

2005 Usage in Pounds

Drew Biosperse 254	150
Drew Biosperse 550	820
Drewbrom 1-L	1670
Drew 2135	1900

WTCs not used in 2005

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