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

July 22, 2005

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 June 2005

In accordance with our SPDES permit (NY-0005835), enclosed as Attachment I, please find the DMR for the month of June 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 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.

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 June 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 June 2005.
- Attachment II:Analytical Results from H2M Labs Inc. and General Engineering Laboratories,
LLC for samples collected on 6/12/05, 6/14/05, and 6/16/05 from Outfall 001
(BNL Use Only).
- Attachment III: 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. 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
 J. Remien, w/ all Attachments
 R. Sorrentino, NYSDEC, w/ Attachment I
 J. Tarpinian, w/o Attachments
 J. Zamirowski, TAS, CH, w/ Attachment I
- 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
- A. Santino, SCDHS, w/ Attachment I
- B. Style, w/o Attachments
- D. Van Duyne, w/ all Attachments

EC62ER.05

Brookhaven National Laboratory SPDES Permit No. NY0005835 Discharge Monitoring Report for December 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 achieved. Although BNL requested an MDL of 0.065 μ g/L, the analytical laboratory incorrectly logged in the PCB samples with a higher MDL than requested. Therefore the 0.065 μ g/L MDL could not be met.
- 5. Two individual photographic processors had generated photographic rinse waters discharged from Building 197B. However, in late 2003 the photographic processors were shutdown resulting in no discharge from Outfall 001D for this time period.
- 6. There was no discharge from Outfall 010 during this reporting period.

ATTACHMENT I

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR JUNE 2005

FOR OUTFALLS NO. 001 – 010

NAME ADDRESS	USDOE BROOKHAVEN NATION	•	cation if Differ	ent)		MONITORING RE			MAJOR	ES)			
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	BROOKHAVEN AREA				NY0005835		001 A		(SUBR 01				
	UPTON	NY 11973			Permit Numbe		Discharge N	lumber	F - FINAL				
FACILITY	BROOKHAVEN NATION				Monitoring							535B	
LOCATION		NY 11973			From	То		**7	No Discha	arge	****		
ATTN:	MICHAEL HOLLAND, G	ROUP MGR				YR MO DAY							
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	PARAMETER			ANTITY OR LO				NCENTRATIO		NO. EX	FREQUENCY OF	SAMPLE TYPE	
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
FLOW RATE	Ξ	SAMPLE MEASUREMENT	1700	*****	(07)	*****	*****	*****		0	03/90	RC	
00056 1 0		PERMIT	REPORT	*****	****	*****	*****				QTRLY	RCORDR	
EFFLUENT	GROSS VALUE	REQUIREMENT	DAILY AV		GPD						QIKLT	RCORDR	
PH		SAMPLE MEASUREMENT	*****	*****		9.3	*****	9.3	(12)	0	01/90	GR]
00400 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	REPORT MINIMUM	*****	REPORT MAXIMUM	su		QTRLY	GRAB	
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		PERMIT											
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		SAMPLE		1		1		1		1			
		MEASUREMENT			4								1
		PERMIT REQUIREMENT											
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Er	vironmental & Waste Ma			, ,	ole for gathering the inf								
	Services Division	knowledge and	l belief, true, accur	ate, and complete. I a	m aware that there are	e significant penalti	es for submitting			cipal Executive	Date S	Sign	
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Comments and Explanation of any violations (Reference all attachments here) NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL. SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION SYSTEM. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

PERMITTEE NAME/ADDRESS (Inclu NAME U S D O E ADDRESS BROOKHAVEN NATION	-	ation if Differ	rent)		LLUTANT DISC			TEM (NPDE MAJOR	S)			
BROOKHAVEN AREA	OFFICE			NY0005835		001 B		(SUBR 01))			
UPTON	NY 11973			Permit Numbe	r	Discharge N	umber	F - FINAL				
FACILITY BROOKHAVEN NATION	NAL LABORATORY			Monitoring	Period			RINSE FR	ом се	NTRL DEGREA	SR 498	
LOCATION UPTON	NY 11973			From	То		***	No Discha	rge	****		
ATTN: MICHAEL HOLLAND, G	ROUP MGR			YR MO DAY	YR MO DAY				-			
				05 04 01	05 06 30		Note: Read	Instruction	s befor	e completing th	is form	
PARAMETER		QUA	ANTITY OR LO	DADING	QUA	LITY OR CON	CENTRATIO	N	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		1
FLOW RATE	SAMPLE	070	*****	(07)	*****	*****	*****		_			1
	MEASUREMENT	270	*****	. ,	*****	*****	*****		0	01/90	RC	1
00056 1 0 1	PERMIT	REPORT	*****		*****	*****		****			RCORDR	1
EFFLUENT GROSS VALUE	REQUIREMENT	DAILY AV		GPD				****		QTRLY	REORDR	
PH	SAMPLE MEASUREMENT	*****	*****		6.4	*****	6.4	(12)	0	01/90	GR	
00400 1 0 0	PERMIT			****	REPORT		REPORT					1
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	sυ		QTRLY	GRAB	1
CHROMIUM, TOTAL	SAMPLE						WAANWOW	(28)				1
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01034 1 0 0	PERMIT			****			REPORT					1
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****		*****	DAILY MX	UG/L		QTRLY	GRAB	1
COPPER, TOTAL	SAMPLE	*****	*****		*****	*****		(28)	_			1
(AS CU)	MEASUREMENT	******	*****		*****	******	95	· · · /	0	01/90	GR	1
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EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		QTRLY	GRAB	1
IRON, TOTAL	SAMPLE	*****	*****		*****	*****	314	(28)	0	01/90	GR	1
(AS FE)	MEASUREMENT								U	01/90	GK	1
01045 1 0 0	PERMIT	*****	*****	****	*****	*****	REPORT			QTRLY	GRAB	1
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		GINET	ONAD	1
MANGANESE, TOTAL	SAMPLE	*****	*****		*****	*****	48	(28)	0	01/90	GR	1
(AS MN)	MEASUREMENT						-			000	•	1
01055 1 0 0	PERMIT	*****	*****	****	*****	*****	REPORT			QTRLY	GRAB	1
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L				1
	SAMPLE	*****	*****		*****	*****	7.8	(28)	0	01/90	GR	1
(AS NI) See Note 1 01067 1 0 0	MEASUREMENT			****			REPORT					1
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	UG/L		QTRLY	GRAB	1
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Comments and Explanation of any violations (Reference all attachments here) NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL. SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION SYSTEM. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

PERMITTEE NAME/ADDRESS (Include NAME USDOE ADDRESS BROOKHAVEN NATIONA	•	ation if Differ	ent)	DISCHARGE M	LLUTANT DISC		INATION SYS	MAJOR	,			
BROOKHAVEN AREA OF				NY0005835		001 B		(SUBR 01)				
UPTON	NY 11973			Permit Number		Discharge N	umber	F - FINAL				
FACILITY BROOKHAVEN NATIONA				Monitoring						NTRL DEGREA	SR 498	
LOCATION UPTON	NY 11973			From	То		***	No Discha	rge	****		
ATTN: MICHAEL HOLLAND, GR	OUP MGR				YR MO DAY							
	N 7			05 04 01	05 06 30		Note: Read	Instruction		e completing th		1
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BIS (2-ETHYLHEXYL) PHTHALATE	SAMPLE MEASUREMENT	*****	*****		*****	*****	2.9	(28)	0	01/90	GR	
39100 1 0 0 See Note 1 EFFLUENT GROSS VALUE	PERMIT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB	
DI-N-BUTYL PHTHALATE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 10.6	(28)	0	01/90	GR	
39110 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB	
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Comments and Explanation of any violations (Reference all attachments here) NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL. SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION SYSTEM. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

NAME USDOE ADDRESS BROOKHAVEN NATIONAL LABORATORY

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

ADDRESS BROOKHAVEN NATIONA								WAJOK				
BROOKHAVEN AREA OF	FICE			NY0005835		001 D		(SUBR 01)				
UPTON	NY 11973			Permit Number		Discharge N	umber	F - FINAL				
FACILITY BROOKHAVEN NATIONA	L LABORATORY			Monitoring	Period			PHOTOPR	OCES	SNG RINSE FRO	OM 197B	
LOCATION UPTON	NY 11973			From	То		***	No Discha				
ATTN: MICHAEL HOLLAND, GR				YR MO DAY					.90	X ****		
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See Note 5	MEASUREMENT										NO	
00056 1 0 1	PERMIT	REPORT	*****		*****	*****	*****	****		QTRLY	RCORDR	
EFFLUENT GROSS VALUE	REQUIREMENT	DAILY AV		GPD				****		QIKLI	RCORDR	
PH	SAMPLE	*****	*****			*****	1	(12)				
See Note 5	MEASUREMENT	*****		1		*****					GR	i.
00400 1 0 0	PERMIT			****	REPORT	*****	REPORT					
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NITROGEN. TOTAL	SAMPLE							(19)				
(AS N) See Note 5	MEASUREMENT	*****	*****		*****	*****		(13)			GR	
				****			REPORT					
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CYANIDE, TOTAL	SAMPLE	*****	*****		*****	*****		(28)			GR	
(AS CN) See Note 5	MEASUREMENT										UN	
00720 1 0 0	PERMIT	*****	*****	****	*****	*****	REPORT			QTRLY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		QIKLI	GRAD	
SILVER, TOTAL	SAMPLE	*****	*****		*****	*****		(28)				
(AS AG) See Note 5	MEASUREMENT	*****	*****		*****	*****		x - 7			GR	
01077 1 0 0	PERMIT			****			REPORT					
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	UG/L		QTRLY	GRAB	
PHENOLICS, TOTAL	SAMPLE							(28)				
RECOVERABLE See Note 5	MEASUREMENT	*****	*****		*****	*****		(20)			GR	
				****			REPORT	4				i.
32730 1 0 0	PERMIT	*****	*****	****	*****	*****				QTRLY	GRAB	
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Comments and Explanation of any violations (Reference all attachments here) NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL. SAMPLES TO BE COLLECTED FROM MANHOLE NEAREST THE BUILDING. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

	NAME/ADDRESS (Include USDOE	Facility Name/Loc	ation if Differ	ent)		LLUTANT DISC			TEM (NPDE	ES)			
NAME ADDRESS	BROOKHAVEN NATIONA				DISCHARGE	IONITORING RE	EPORT (DWR)	1	MAJOR				
ADDIA200	BROOKHAVEN AREA OF				NY0005835		001 E		(SUBR 01)	`			
	UPTON	NY 11973			Permit Numbe	r	Discharge N	umber	F - FINAL	,			
FACILITY	BROOKHAVEN NATIONA				Monitoring		g= .			LOWD	N FROM 244,40	5.ETC	
LOCATION		NY 11973			From	То	1	***	No Discha		****	,	
ATTN:	MICHAEL HOLLAND, GR	OUP MGR			YR MO DAY	YR MO DAY				5			
						05 06 30		Note: Read	Instruction	s befor	e completing th	is form	
	PARAMETER	\searrow	QUA	ANTITY OR LO	DADING	QUA	ALITY OR CO	NCENTRATIO	N	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		\checkmark	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS		
FLOW RATE	E	SAMPLE MEASUREMENT	58	*****	(07)	*****	*****	*****		0	29/90	RC	
00056 1 0	1 GROSS VALUE	PERMIT	REPORT DAILY AV	*****	GPD	*****	*****	*****	****		QTRLY	RCORDR	
PH		SAMPLE	*****	*****	OI D	8.5	*****	9.5	(12)	0	29/90	GR	
00400 1 0	0 GROSS VALUE	PERMIT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		QTRLY	GRAB	
EFFLUENI	GRUSS VALUE	SAMPLE						WIAXIMUW	30				
		MEASUREMENT											
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Er	vironmental & Waste Man	agement	those persons	directly responsib	le for gathering the infe	ormation, the informati	ion submitted is, to	the best of my					
	Services Division		knowledge and	belief, true, accura	ate, and complete. I ar	m aware that there are	e significant penaltie	es for submitting	•		cipal Executive	Date S	Signed
	Typed or Printed		fals	e information, inclu	uding the possibliity of	fine and imprisonment	t for knowing violati	ons.	Officer	or Auth	norized Agent		

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PERMITTEE NAME ADDRESS	E NAME/ADDRESS (Include U S D O E BROOKHAVEN NATIONA	-	ation if Differ	ent)		LLUTANT DISC			TEM (NPDE MAJOR	ES)			
	BROOKHAVEN AREA OF UPTON	FICE NY 11973			NY0005835 Permit Number	r	001 F Discharge N	umber	(SUBR 01) F - FINAL)			
FACILITY LOCATION	BROOKHAVEN NATIONA	L LABORATORY NY 11973			Monitoring From	Period To					R WTR & BLOW	/DN 902	
ATTN:	MICHAEL HOLLAND, GR	OUP MGR			05 04 01	YR MO DAY 05 06 30		Note: Read	Instruction	s befor	e completing th	is form	
	PARAMETER	\sum	QUA	ANTITY OR LO	DADING	QUA	LITY OR CON	NCENTRATIO		NO. EX	FREQUENCY OF	SAMPLE TYPE	
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
FLOW RATE	E	SAMPLE MEASUREMENT	3100	*****	(07)	*****	*****	*****		0	03/90	RC	
00056 1 0 EFFLUENT	1 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 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		QTRLY	GRAB	
PROPYLEN	E GLYCOL	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 500	(28)	0	01/90	GR	
	PROPYLENE GLYCOL MONOBUTYL ETHER 19875 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB	
		SAMPLE MEASUREMENT											
		PERMIT REQUIREMENT											
		SAMPLE											
		PERMIT											
		SAMPLE											
		PERMIT											
		SAMPLE											
		PERMIT			1				1				
NAME/TITLE PRINCIPA	TITLE PRINCIPAL EXECUT		l certify un	der penalty of law t	that this document and	all attachments were	prepared under my	direction or					
	Division Manager		supervis	ion in accordance	with a system designed nitted. Based on my ind	d to assure that qualifi	ed personnel prope	erly gather				Telep 631-34	hone 4-4549
Er	vironmental & Waste Man	agement			le for gathering the info			o , .					
	Services Division				ate, and complete. I an		° 1	•	•		cipal Executive	Date S	Bigned
	Typed or Printed		fals	e information, inclu	uding 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 DISCHARGE TO SEWER COLLECTION SYSTEM. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

SAMPLE

MEASUREMENT

SAMPLE

MEASUREMENT

SAMPLE MEASUREMENT

PERMIT

PERMIT REQUIREMENT

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

	00000	
ADDRESS	BROOKHAVEN NATIONA	L LABORATORY
	BROOKHAVEN AREA OF	FICE
	UPTON	NY 11973
FACILITY	BROOKHAVEN NATIONA	L LABORATORY
LOCATION	UPTON	NY 11973
ATTN:	MICHAEL HOLLAND, GR	OUP MGR

PARAMETER

TEMPERATURE, WATER

EFFLUENT GROSS VALUE

DEG. FAHRENHEIT

00011 1 0 0

BOD. 5-DAY

(20 DEG. C)

00310 1 0 0

00400 1 0 0

SUSPENDED

00530 1 0 0

00545 1 0 0

SOLIDS, TOTAL

SOLIDS, SETTLEABLE

PH

							MAJOR			
			NY0005835		001 M		(SUBR 01)			
			Permit Number		Discharge Nu	umber	F - FINAL			
			Monitoring	Period			PROCESS	SANIT	& STORMWTR	RNOFF
			From	То		***	No Discha	rge	****	
			YR MO DAY	YR MO DAY	1					
			05 06 01	05 06 30	1	Note: Read	Instructions	befor	e completing th	is form
I	QUA	NTITY OR LO	ADING	QUA	LITY OR CON	ICENTRATIO	N	NO. EX	FREQUENCY OF	SAMPLE TYPE
7	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
	*****	*****		*****	*****	81	(15)	0	01/01	GR
Ī	*****	*****	**** ****	*****	*****	90 DAILY MX	DEG.F		DAILY	GRAB
	*****	*****		*****	< 2	< 2	(19)	0	03/30	24
	*****	*****	**** ****	*****	10 DAILY AV	20 DAILY MX	MG/L		ONCE/ MONTH	COMP24
	*****	*****		7.0	*****	7.8	(12)	0	01/01	GR
	*****	*****	**** ****	5.8 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB
	*****	*****		*****	< 1.1	< 1.6	(19)	0	03/30	24
	*****	*****	**** ****	*****	10 DAILY AV	20 DAILY MX	MG/L		ONCE/ MONTH	COMP24
	*****	*****		*****	*****	0.0	(25)	0	01/01	GR
	*****	*****	**** ****	*****	*****	0.1 DAILY MX	ML/L		DAILY	GRAB

PERMIT EFFLUENT GROSS VALUE REQUIREMENT SAMPLE MEASUREMENT PERMIT EFFLUENT GROSS VALUE REQUIREMENT SAMPLE MEASUREMENT PERMIT EFFLUENT GROSS VALUE REQUIREMENT

EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	ML/L		DAILY	GRAB	
NITROGEN, TOTAL	SAMPLE	*****	*****		*****	*****	5.2	(19)	0	03/30	24	
(AS N)	MEASUREMENT			****								
00600 1 0 0	PERMIT	*****	*****	****	*****	*****	10			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH		
NITROGEN, AMMONIA	SAMPLE	*****	*****		*****	*****	0.3	(19)	0	03/30	24	
TOTAL (AS N)	MEASUREMENT						0.0		Ů	03/30	24	
00610 1 0 0	PERMIT	*****	*****	****	*****	*****	2			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	CONF24	
NAME/TITLE PRINCIPAL EXECUT	IVE OFFICER	I certify un	der penalty of law th	at this document and	all attachments were	prepared under my	direction or					•
		supervis	on in accordance w	rith a system designed	d to assure that qualified	ed personnel prope	rly gather				Telep	hone
Division Manager		and evaluate the	e information submit	ted. Based on my ind	quiry of the person or p	persons who manag	ge the system, or				631-34	4-4549
Environmental & Waste Mana	agement	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, accurat	e, and complete. I ar	n aware that there are	significant penaltie	s for submitting	Signature	of Prin	cipal Executive	Date S	igned
Typed or Printed		fals	e information, includ	ling the possibliity of f	ine and imprisonment	for knowing violation	ons.	Officer of	or Auth	orized Agent		
Commonts and Explanation of any viol	ations (Potoronco	all attachmon	te horo)									

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

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFBS. SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.

PERMITTEE NAME/ADDRESS (Include NAME USDOE ADDRESS BROOKHAVEN NATIONA	•	ation if Differ	ent)	DISCHARGE M	LLUTANT DISC	EPORT (DMR)		MAJOR	,			
BROOKHAVEN AREA OF				NY0005835		001 M		(SUBR 01))			
UPTON	NY 11973			Permit Number	r	Discharge N	umber	F - FINAL				
FACILITY BROOKHAVEN NATIONA	L LABORATORY			Monitoring				PROCESS	SANI	F & <u>STO</u> RMWTR	RNOFF	
OCATION UPTON	NY 11973			From	То		***	No Discha	rge	****		
ATTN: MICHAEL HOLLAND, GR	OUP MGR				YR MO DAY							
				05 06 01	05 06 30		Note: Read	Instruction		e completing th		_
PARAMETER	\searrow		ANTITY OR LC	-					NO. EX	OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PHOSPHORUS, TOTAL AS P)	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.4	(19)	0	03/30	24	
0665 1 0 0	PERMIT	*****		****		*****	REPORT			ONCE/		
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L		MONTH	COMP24	
CYANIDE, TOTAL	SAMPLE							(28)		-		
AS CN)	MEASUREMENT	*****	*****		*****	*****	< 2.5	(==)	0	03/30	GR	
0720 1 0 0	PERMIT			****			100			TWICE/		
FFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	UG/L		MONTH	GRAB	
OPPER, TOTAL	SAMPLE							(19)				
	MEASUREMENT	*****	*****		*****	*****	0.033	(13)	0	03/30	24	
AS CU) N 1042 1 0 0	PERMIT			****			0.15	-		ONCE/		
	REQUIREMENT	*****	*****	****		*****	DAILY MX	MG/L		MONTH	COMP24	
RON, TOTAL	SAMPLE							(19)				
AS FE)	MEASUREMENT	*****	*****		*****	*****	0.13	(19)	0	03/30	24	
1045 1 0 0	PERMIT			****			0.37			ONCE/		
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L		MONTH	COMP24	
EAD, TOTAL	SAMPLE							(19)		MONTH		
AS PB) See Note 1	MEASUREMENT	*****	*****		*****	*****	0.0014	(19)	0	03/30	24	
1051 1 0 0	PERMIT			****			0.019			ONCE/		
	REQUIREMENT	*****	*****	****	*****	*****		MC/I		MONTH	COMP24	
FFLUENT GROSS VALUE	SAMPLE						DAILY MX	MG/L		MONTH		
- , -	MEASUREMENT	*****	*****		*****	*****	0.012	(19)	0	03/30	24	
AS NI) See Note 1 1067 1 0 0	PERMIT			****			0.11			ONCE/		
	REQUIREMENT	*****	*****	****	*****	*****	-	MG/L		MONTH	COMP24	
FFLUENT GROSS VALUE							DAILY MX			MONTH		
	SAMPLE	*****	*****		*****	*****	0.003	(19)	0	03/30	24	
AS AG) See Note 1	MEASUREMENT			****			0.045					
	PERMIT	*****	*****	****	*****	*****	0.015			ONCE/	COMP24	
FFLUENT GROSS VALUE	REQUIREMENT						DAILY MX	MG/L		MONTH		J
NAME/TITLE PRINCIPAL EXECUT	IVE OFFICER			hat this document and							 .	
Division M				vith a system designed							Telep	
Division Manager				itted. Based on my inc			· · ·				631-34	4-4549
						on submitted is, to						
	Services Division knowledge and belief, tru						-			cipal Executive	Date S	signed
Typed or Printed				ding the possibliity of f	ine and imprisonment	for knowing violation	ons.	Officer of	or Auth	norized Agent		

Comments and Explanation of any violations (Reference all attachments here) QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFBS. SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.

PERMITTEE NAME/ADDRESS (Include NAME U S D O E ADDRESS BROOKHAVEN NATION/	•	ation if Differe	ent)	DISCHARGE N	LLUTANT DISC			TEM (NPDE _MAJOR	S)			
BROOKHAVEN AREA O	FFICE			NY0005835		001 M		(SUBR 01)				
UPTON	NY 11973			Permit Numbe		Discharge N	umber	F - FINAL				
FACILITY BROOKHAVEN NATION	AL LABORATORY			Monitoring						& <u>STO</u> RMWTR	RNOFF	
OCATION UPTON	NY 11973			From	То		***	No Discha	rge	****		
ATTN: MICHAEL HOLLAND, GR	OUP MGR				YR MO DAY							
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			05 06 01	05 06 30		Note: Read	Instruction		e completing th		
DADAMETED		QUA	NTITY OR LC	DADING	QUA	ALITY OR COM	CENTRATIO	N	NO. EX	FREQUENCY	SAMPLE	
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	OF ANALYSIS	TYPE	
INC, TOTAL	SAMPLE			UNITS			MAXIMUM			ANAL 1515		
AS ZN)	MEASUREMENT	*****	*****		*****	*****	0.03	(19)	0	03/30	24	
1092 1 0 0	PERMIT			****			0.1			ONCE/		
FFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L		MONTH	COMP24	
OLUENE	SAMPLE							(28)				
	MEASUREMENT	*****	*****		*****	*****	< 1	(==)	0	03/30	GR	
4010 1 0 0 FFLUENT GROSS VALUE ETHYLENE CHLORIDE 4423 1 0 0 FFLUENT GROSS VALUE	PERMIT	*****	*****	****	*****	*****	5			TWICE/		
	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	UG/L		MONTH	GRAB	
	SAMPLE	*****	*****		*****	*****	_	(28)	•	00/00		
	MEASUREMENT	*****	*****		*****	******	5	(- /	0	03/30	GR	
	PERMIT	*****	*****	****		*****	5			TWICE/	0040	
	REQUIREMENT			****			DAILY MX	UG/L		MONTH	GRAB	
,1,1-TRICHLORO-	SAMPLE	*****	*****		*****	*****		(28)	0	03/30	GR	
THANE	MEASUREMENT						< 1		U		GR	
4506 1 0 0	PERMIT	*****	*****	****	*****	*****	5			TWICE/	GRAB	
FFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		MONTH	GRAD	
LOW, IN CONDUIT OR	SAMPLE	0.46	0.73	(03)	*****	*****	*****		0	99/99	RC	
HRU TREATMENT PLANT	MEASUREMENT								Ů		NO	
0050 1 0 0	PERMIT	REPORT	2.3		*****	*****	*****	****		CONTINU-	RCORDR	
FFLUENT GROSS VALUE	REQUIREMENT	DAILY AV	DAILY MX	MGD				****		OUS		
IERCURY, TOTAL	SAMPLE	*****	*****		*****	*****	0.0002	(19)	0	03/30	24	
AS HG) See Note 1	MEASUREMENT			****			0.0000		-			
	PERMIT	*****	*****	****	*****	*****	0.0008	100		ONCE/	COMP24	
FFLUENT GROSS VALUE	REQUIREMENT						DAILY MX	MG/L		MONTH		
COLIFORM, FECAL	SAMPLE MEASUREMENT	*****	*****		*****	< 2	< 2	(13)	0	03/30	GR	
4055 1 0 0	PERMIT			****		200	400	#/		ONCE/		
FFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	DAILY AV	DAILY MX	100ML		MONTH	GRAB	
		L certify up	der penalty of low t	hat this document and	all attachments were							1
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Division Manager		supervisi	ion in accordance v	with a system designed itted. Based on my ind	d to assure that qualifi	ied personnel prope	erly gather				Telep 631-34	
Environmental & Waste Man Services Division	knowledge and	belief, true, accura	le for gathering the info ate, and complete. I ar	m aware that there are	e significant penaltie	es for submitting	•		cipal Executive	Date S	igned	
Typed or Printed		fals	e information, inclu	ding the possibliity of f	tine and imprisonment	t for knowing violation	ons.	Officer of	or Auth	orized Agent		

Comments and Explanation of any violations (Reference all attachments here) QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFBS. SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.

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

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

ADDRESS BROOKHAVEN NATIO	ONAL LABORATORY			DISCHARGE				MAJOR				
BROOKHAVEN AREA				NY0005835		001 M		(SUBR 01))			
UPTON	NY 11973			Permit Numbe	r	Discharge N	umber	F - FINAL				
FACILITY BROOKHAVEN NATIO	ONAL LABORATORY			Monitoring	Period			PROCESS	SANIT	& STORMWTR	RNOFF	
LOCATION UPTON	NY 11973			From	То		***	No Discha	rge	****		
ATTN: MICHAEL HOLLAND,	GROUP MGR			YR MO DAY	YR MO DAY				0			
				05 06 01			Note: Read	Instructions	s befor	e completing th	is form	
	\sim				1				NO.		SAMPLE	1
PARAMETER	\sim	QU/	ANTITY OR LO	DADING	QUA		NCENTRATIO	N	EX	OF	TYPE	1
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		1
2-BUTANONE	SAMPLE	*****	*****		*****	*****		(28)		00/00		1
	MEASUREMENT	*****	*****		*****	*****	< 5.0	. ,	0	03/30	GR	1
78356 1 0 0	PERMIT	*****	*****	****	*****	*****	50			TWICE/	0040	1
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	UG/L		MONTH	GRAB	1
BOD, 5-DAY PERCENT	SAMPLE	*****	*****			*****	*****	(23)	•	04/00	<u></u>	1
REMOVAL	MEASUREMENT	*****	*****		> 95	*****	*****	. ,	0	01/30	CA	1
B1010 K 0 0	PERMIT	*****	*****	****	85	*****	*****			ONCE/		1
PERCENT REMOVAL	REQUIREMENT			****	MO AV MN			PERCENT		MONTH	CALCTD	1
SOLIDS, SUSPENDED	SAMPLE	*****	*****		. 00	*****	*****	(23)	0	01/30	СА	1
PERCENT REMOVAL	MEASUREMENT				> 99				U	01/30	CA	1
B1011 K 0 0	PERMIT	*****	*****	****	85	*****	*****			ONCE/	CALCTD	1
PERCENT REMOVAL	REQUIREMENT			****	MO AV MN			PERCENT		MONTH	CALCID	1
	SAMPLE											1
	MEASUREMENT											1
	PERMIT											1
	REQUIREMENT											1
	SAMPLE											1
	MEASUREMENT											1
	PERMIT											1
	REQUIREMENT											1
	SAMPLE											
	MEASUREMENT											1
	PERMIT											1
	REQUIREMENT											l
	SAMPLE											1
	MEASUREMENT											1
	PERMIT											1
NAME/TITLE PRINCIPAL EXE	COTIVE OFFICER	· · ·			all attachments were						Telep	hone
Division Manag					d to assure that qualifi						631-344	
Environmental & Waste M					quiry of the person or						031-344	1-4045
Environmental & waste i Services Divisi					ormation, the informati		-	Signature	of Drim	cipal Executive	Data 6	iana
		-			m aware that there are		-				Date S	ignea
Typed or Print	eu	fals	e information, inclu	aing the possibility of	fine and imprisonment	tor knowing violati	ons.	Unicer o	א ת Auth	orized Agent		

Comments and Explanation of any violations (Reference all attachments here) QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFBS. SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.

PERMITTEE NAME/ADDR NAME USDOE ADDRESS BROOKHAV		Facility Name/Loc	ation if Differ	ent)		LLUTANT DISC			TEM (NPDE MAJOR	S)			
BROOKHAV	'EN AREA OFF	ICE			NY0005835		001 Q		(SUBR 01)				
UPTON		NY 11973			Permit Number	r	Discharge N	umber	F - FINAL				
FACILITY BROOKHAV	EN NATIONAL	LABORATORY			Monitoring	Period			PROCESS	SANIT	EFFL & STORM	IWTR	
LOCATION UPTON		NY 11973			From	То		***	No Discha	rge	****		
ATTN: MICHAEL HO	OLLAND, GRO	UP MGR			YR MO DAY	YR MO DAY				-			
					05 04 01	05 06 30		Note: Read	nstructions	s befor	e completing th	is form	_
PARAMETER	र	\searrow		ANTITY OR LO	DADING			NCENTRATION	N	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		$\langle \ $	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
POLYCHLORINATED BIPHENYLS (PCBS)		SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.26	(28)	0	06/90	GR	
39516 1 0 0 See M EFFLUENT GROSS VALU	Note 4 IE	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											
		SAMPLE											
		MEASUREMENT											
		PERMIT											
		REQUIREMENT											
		SAMPLE											
		MEASUREMENT											
		PERMIT											
		REQUIREMENT											
NAME/TITLE PRINCI	PAL EXECUT	VE OFFICER			hat this document and							Telep	hono
	ion Manager	4	and evaluate the	e information subm	with a system designed itted. Based on my ind	quiry of the person or p	persons who mana	ge the system, or				631-34	
Environmental &		gement	-		e for gathering the info				Signature	of Drim	cipal Executive	Data 4	lanod
	ces Division d or Printed		°		ite, and complete. I an		0 1	0				Dates	Signed
Турес	u or Printed		fals	e information, inclu	ding the possibliity of f	ine and imprisonment	tor knowing violation	ons.	Unicer o	n Auth	orized Agent		

Comments and Explanation of any violations (Reference all attachments here) PCB ANALYSIS TO USE EPA METHOD 608 WITH AN MDL GOAL OF 0.065 PPB

PERMITTEE NAME ADDRESS	E NAME/ADDRESS (Include U S D O E BROOKHAVEN NATIONA	AL LABORATORY	ation if Differ	ent)		LLUTANT DISC	EPORT (DMR)	INATION SYS	MAJOR	,			
	BROOKHAVEN AREA OF				NY0005835		002 B		(SUBR 01))			
	UPTON	NY 11973			Permit Numbe		Discharge N	umber	F - FINAL				
FACILITY	BROOKHAVEN NATIONA	AL LABORATORY			Monitoring						HM <u>S(10</u> 02) BLO	WDN	
LOCATION		NY 11973			From	То		***	No Discha	arge	****		
ATTN:	MICHAEL HOLLAND, GR	OUP MGR				YR MO DAY							
					05 06 01	05 06 30		Note: Read	Instruction		e completing th	is form	_
	PARAMETER	\sim		ANTITY OR LC						NO. EX	FREQUENCY OF	SAMPLE TYPE	
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PH		SAMPLE MEASUREMENT	*****	*****		7.9	*****	7.9	(12)	0	01/30	GR	
00400 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	s∪		ONCE/ MONTH	GRAB	
OIL & GREA	ASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.96	(19)	0	01/30	GR	
00556 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB	
-	ONDUIT OR	SAMPLE	*****		(03)	*****	*****	*****					
- , -	TMENT PLANT	MEASUREMENT	*****	0.00066	()	*****	*****	*****		0	05/30	RC	
50050 1 0	0 See Note 3	PERMIT	*****	REPORT		*****	*****	*****			ONCE/		
EFFLUENT	GROSS VALUE	REQUIREMENT		DAILY MX	MGD						MONTH	RCORDR	
		SAMPLE											
		MEASUREMENT											
		PERMIT											
		REQUIREMENT											
		SAMPLE											
		MEASUREMENT											
		PERMIT											
		REQUIREMENT											
		SAMPLE											
		MEASUREMENT			1								
		PERMIT											
		REQUIREMENT											
		SAMPLE											
		MEASUREMENT			4								
		PERMIT											
NAME/	TITLE PRINCIPAL EXECU		Loortife	dor popolity of Journal	hat this document and	all attachmente	propored updet m	direction or					
	THE FRINCIPAL EXECU	IN UFFICER			nat this document and vith a system designed		,					Telep	hone
	Division Manager nvironmental & Waste Man	e information submi	itted. Based on my ind	quiry of the person or	persons who mana	ge the system, or				631-34			
Er	Services Division	agement		, ,	e for gathering the info				Signature	of Drim	ainal Executive	Data 6	lanad
	Typed or Printed		-		te, and complete. I ar ding the possibliity of f			-			cipal Executive orized Agent	Date S	ngneu
Commonto	and Explanation of any vio	Jationa (Potoronaa			uing the possibility of t	ine and imprisonment	TOT KNOWING VIOLATIO	JII5.	Unicer	oi Auti	ionzeu Ayeilt		

Comments and Explanation of any violations (Reference all attachments here) DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE THE ROADWAY THAT IS INSIDE RHIC RING. ONCE STORMWATER COLLECTION SYSTEM IS EXTENDED TO BLDG 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED, DISCHARGE SHOULD BE TO NEW BASIN

	E NAME/ADDRESS (Include	e Facility Name/Loc	ation if Differ	ent)		LLUTANT DISC				:5)			
NAME	USDOE				DISCHARGE N	IONITORING RE	EPORT (DMR)						
ADDRESS	BROOKHAVEN NATIONA								MAJOR				
	BROOKHAVEN AREA OF				NY0005835		002 M	_	(SUBR 01))			
	UPTON	NY 11973			Permit Number		Discharge N	umber	F - FINAL				
FACILITY	BROOKHAVEN NATIONA				Monitoring						DLI <u>NG,P</u> RCP,ET	C (HN)	
LOCATION		NY 11973			From	То		***	No Discha	rge	****		
ATTN:	MICHAEL HOLLAND, GR	OUP MGR			YR MO DAY								
		×			05 06 01	05 06 30		Note: Read	nstruction		e completing th		
	PARAMETER		QUA	NTITY OR LO	DADING	QU/	ALITY OR COM	NCENTRATION	N	NO. EX	FREQUENCY OF	SAMPLE TYPE	
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PH		SAMPLE MEASUREMENT	*****	*****		7.2	*****	8.3	(12)	0	05/30	GR	
00400 1 0	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB	
OIL & GREA		SAMPLE							(19)				
		MEASUREMENT	*****	*****		*****	*****	1.1	(13)	0	01/30	GR	
	GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB	
	ONDUIT OR ATMENT PLANT	SAMPLE MEASUREMENT	0.24	*****	(03)	*****	*****	*****		0	05/30	RC	
50050 1 0		PERMIT REQUIREMENT	REPORT DAILY AV	*****	MGD	*****	*****	*****			ONCE/ MONTH	RCORDR	
LITEOLINI	GROSS VALUE	SAMPLE			MOD						MONTH		
		MEASUREMENT											
		PERMIT											
		REQUIREMENT											
		SAMPLE											
		MEASUREMENT											
		PERMIT											
		REQUIREMENT											
		SAMPLE											
		MEASUREMENT											
		PERMIT REQUIREMENT											
		SAMPLE											
		MEASUREMENT											
		PERMIT			1				1				
		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					
-			,		with a system designed							Telep	hone
	Division Manager		and evaluate the	e information subm	itted. Based on my inc	quiry of the person or	persons who mana	ge the system, or				631-34	4-4549
En	nvironmental & Waste Man	agement	those persons	directly responsibl	le for gathering the info	ormation, the informat	ion submitted is, to	the best of my					
	Services Division	-			ate, and complete. I ar				Signature	of Prin	cipal Executive	Date S	ligned
	Typed or Printed		-		ding the possibliity of f			-			orized Agent		-
Commonte	and Explanation of any vio	lationa (Beference									-		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

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.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME USDOE NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

ADDRESS BROOKHAVEN NATIONA	LABORATORY			DIOONNATOLIA				MAJOR			
BROOKHAVEN AREA OF	FICE			NY0005835		002 Q		(SUBR 01))		
UPTON	NY 11973			Permit Numbe	r	Discharge N	umber	F - FINAL			
FACILITY BROOKHAVEN NATIONA	L LABORATORY			Monitoring	Period			AGS NON	-c coc	LG, PRECP ETC	C (HN)
LOCATION UPTON	NY 11973			From	То	1	***	No Discha	arge	****	
ATTN: MICHAEL HOLLAND, GR	OUP MGR				YR MO DAY						
				05 04 01	05 06 30		Note: Read	Instruction		e completing th	
PARAMETER		QUA	NTITY OR LO	DADING	QUA	LITY OR CO	NCENTRATIO	N	NO. EX	FREQUENCY OF	SAMPLE TYPE
	\checkmark	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 See Note 1 EFFLUENT GROSS VALUE	PERMIT	*****	*****	**** ****	*****	*****	2.0 DAILY MX	MG/L		QTRLY	GRAB
DICHLOROBROMOMETHANE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1.0	(28)	0	01/90	GR
32101 1 0 0 EFFLUENT GROSS VALUE	PERMIT	*****	*****	**** ****	*****	*****	50 DAILY MX	UG/L		QTRLY	GRAB
CHLOROFORM See Note 1	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	*****	*****		*****	*****	< 1	(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	*****	*****		*****	*****	< 0.005	(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							1			
NAME/TITLE PRINCIPAL EXECU	TIVE OFFICER	I certify un	der penalty of law t	hat this document and	all attachments were	prepared under my	/ direction or				

PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction o 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 Services Division Date Signed 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.

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 (Inc NAME USDOE ADDRESS BROOKHAVEN NATIO		ation if Differ	ent)		LLUTANT DISC			TEM (NPDE MAJOR	S)			
BROOKHAVEN AREA				NY0005835		002 R		(SUBR 01))			
UPTON	NY 11973			Permit Numbe		Discharge N	umber	F - FINAL				
FACILITY BROOKHAVEN NATIO				Monitoring						HM <u>S(10</u> 02) BLO	WDN	
LOCATION UPTON	NY 11973			From	То		***	No Discha	rge	****		
ATTN: MICHAEL HOLLAND,	GROUP MGR				YR MO DAY							
				05 04 01	05 06 30		Note: Read	nstruction		e completing th		1
PARAMETER			ANTITY OR LO						NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
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	*****	*****		*****	*****	<0.005	(19)	0	01/90	GR	
85813 1 0 0 EFFLUENT GROSS VALUE	PERMIT	*****	*****	****	*****	*****	0.2 DAILY MX	MG/L		QTRLY	GRAB	
	SAMPLE							MIC/L				
	MEASUREMENT											
	PERMIT											
	REQUIREMENT											
	SAMPLE											
	MEASUREMENT											
	PERMIT											
	REQUIREMENT											
	SAMPLE MEASUREMENT											
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	SAMPLE											
	MEASUREMENT											
	PERMIT											
	REQUIREMENT											
	SAMPLE											
	MEASUREMENT											
	PERMIT											
	REQUIREMENT											J
NAME/TITLE PRINCIPAL EXE	CUTIVE OFFICER			that this document and							Tolon	hone
Division Mana				with a system designed nitted. Based on my ind								4-4549
Environmental & Waste				le for gathering the info			-					
Services Divis				ate, and complete. I ar			-			cipal Executive	Date S	Signed
Typed or Print				uding the possibliity of f	fine and imprisonment	for knowing violation	ons.	Officer of	or Auth	orized Agent		

Comments and Explanation of any violations (Reference all attachments here) DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE THE ROADWAY THAT IS INSIDE RHIC RING. ONCE STORMWATER COLLECTION SYSTEM IS EXTENDED TO BLDG 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED, DISCHARGE SHOULD BE DIRECTED TO THE NEW BASIN

NAME USDOE	-	ation if Differ	onty		ILLUTANT DISC			•	.3)			
ADDRESS BROOKHAVEN NATIONA BROOKHAVEN AREA OF UPTON				NY0005835 Permit Numbe	r	005 M Discharge N	lumber	MAJOR (SUBR 01) F - FINAL)			
FACILITY BROOKHAVEN NATIONA LOCATION UPTON ATTN: MICHAEL HOLLAND, GR	AL LABORATORY NY 11973			Monitoring From							TC (HS)	
,,					05 06 30		Note: Read	Instructions	s befor	e completing th	is form	_
PARAMETER	\searrow		ANTITY OR LO				NCENTRATIO		NO. EX	OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			ANALYSIS		1
РН	SAMPLE MEASUREMENT	*****	*****		7.1	*****	8.3	(12)	0	05/30	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB	
DIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.97	(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 I'HRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.10	*****	(03)	*****	*****	*****		0	05/30	RC	
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	MGD	*****	*****	*****	****		ONCE/ MONTH	RCORDR	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT							1				
	SAMPLE											
	PERMIT							1				
	SAMPLE											
	PERMIT							1				
NAME/TITLE PRINCIPAL EXECU		l certifv un	der penalty of law t	that this document and	all attachments were	prepared under m	v direction or					
Division Manager	ion in accordance	with a system designed itted. Based on my ind	d to assure that qualifi	ed personnel prop	erly gather				Telepl 631-344			
Environmental & Waste Man Services Division		le for gathering the info			,			cipal Executive	Date S	igne		
Typed or Printed Comments and Explanation of any vio				iding the possibliity of	fine and imprisonment	for knowing violati	ons.	Officer of	or Auth	orized Agent		

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

	E NAME/ADDRESS (Include	e Facility Name/Loc	ation if Differ	ent)		LLUTANT DISC			TEM (NPDE	S)			
NAME ADDRESS	U S D O E BROOKHAVEN NATIONA				DISCHARGE N	IONITORING RE	PORT (DMR))	MAJOR				
ADDRE33	BROOKHAVEN AREA OF				NY0005835		005 Q		(SUBR 01)				
	UPTON	NY 11973			Permit Numbe	r	Discharge N	lumber	F - FINAL	,			
FACILITY	BROOKHAVEN NATIONA				Monitoring		Dischargen			א ה דר	OWR BLOWDN		
LOCATION		NY 11973			From	То	1	**:	No Discha		****		
ATTN:	MICHAEL HOLLAND, GR					YR MO DAY			No Discha	inge			
/					05 04 01			Note: Read	Instruction	s befor	e completing th	is form	
	PARAMETER		QUA	ANTITY OR LO			LITY OR CO	NCENTRATIO		NO. EX	FREQUENCY	SAMPLE TYPE]
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	-^	ANALYSIS		
COPPER, T	OTAL	SAMPLE	*****	*****		*****	*****	<0.003	(19)	0	01/90	GR	
(AS CU)		MEASUREMENT								U	01/90	GR	
01042 1 0	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MX	MG/L		QTRLY	GRAB	
	Y-ETHYLIDENE	SAMPLE							(19)				-
		MEASUREMENT	*****	*****		*****	*****	< 0.05	(,	0	01/90	GR	
85812 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	0.5 DAILY MX	MG/L		QTRLY	GRAB	
TOLYTRIAZ	OLE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.005	(19)	0	01/90	GR	
85813 1 0	0	PERMIT	*****	*****	****	*****	*****	0.2			QTRLY	GRAB	
EFFLUENT	GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		QIKLI	GRAD	
		SAMPLE											
		MEASUREMENT											
		PERMIT											
		REQUIREMENT											
		SAMPLE MEASUREMENT											
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		PERMIT											
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NAME/	TITLE PRINCIPAL EXECU				that this document and							Talaa	
	Division Manager				with a system designed								ohone 4-4549
E.	nvironmental & Waste Man	agement			itted. Based on my in le for gathering the info							031-34	++-+343
	Services Division	agement			ate, and complete. I ar			-	Signature	of Prin	cipal Executive	Date	Signed
	Typed or Printed		-		iding the possibliity of t			-			orized Agent	Date	Signed
L	- iypea or i filled		Idis		ioning the possibility of	inc and imprisoriment	Tor Knowing violati	0110.		a. Auti	ionized 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.

PERMITTEE	NAME/ADDRESS (Include	e Facility Name/Loc	ation if Differ	rent)		LLUTANT DISC			TEM (NPDE	ES)			
	BROOKHAVEN NATIONA	L LABORATORY							MAJOR				
	BROOKHAVEN AREA OF				NY0005835		007 M		(SUBR 01)			
	UPTON	NY 11973			Permit Numbe	r	Discharge N	umber	F - FINAL	,			
FACILITY	BROOKHAVEN NATIONA	LABORATORY			Monitoring	Period			WATER T	REATN	IENT PLT BKWS	SH (HX)	
LOCATION	UPTON	NY 11973			From	То		***	No Discha	arge	****	. ,	
ATTN:	MICHAEL HOLLAND, GR	OUP MGR				YR MO DAY							
		<u> </u>			05 06 01	05 06 30		Note: Read	Instruction		e completing th		
	PARAMETER		QU	ANTITY OR LO	DADING		LITY OR CO	NCENTRATIO	N	NO. EX	FREQUENCY OF	SAMPLE TYPE	
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
FLOW RATE	<u> </u>	SAMPLE MEASUREMENT	*****	120000	(07)	*****	*****	*****		0	11/30	IN	
00056 1 0 EFFLUENT	0 GROSS VALUE	PERMIT	*****	REPORT DAILY MX	GPD	*****	*****	*****	**** ****		ONCE/ MONTH	INSTAN	
PH		SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.4	(12)	0	01/30	GR	
00400 1 0) GROSS VALUE	PERMIT	*****	*****	**** ****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB	
LITEOLINI		SAMPLE						MAANNOW			MONTH		
		MEASUREMENT											
		PERMIT											
		REQUIREMENT											
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		MEASUREMENT											
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		SAMPLE MEASUREMENT											
		PERMIT											
		REQUIREMENT											
NAME/	TITLE PRINCIPAL EXECU		I certify ur	der penalty of law t	hat this document and	all attachments were	prepared under my	/ direction or					1
						d to assure that qualifi						Telep	hone
	Division Manager		and evaluate th	e information subm	itted. Based on my in	quiry of the person or	persons who mana	ge the system, or				631-34	4-4549
En	vironmental & Waste Man	agement		, ,	0 0	ormation, the informati		,	_				
	Services Division		~			m aware that there are	o 1	•			cipal Executive	Date S	Signed
Ļ	Typed or Printed		fals	se information, inclu	ding the possibliity of	fine and imprisonment	for knowing violati	ons.	Officer	or Auth	orized Agent		

Comments and Explanation of any violations (Reference all attachments here) SAMPLES TO BE COLLECTED AT EFFLUENT PIPE TO WHICHEVER BASIN IS IN OPERATION AT THE TIME. STANDING WATER IN EITHER BASIN SHALL NOT BE COLLECTED FOR DMR SAMPLING PURPOSES. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

NAME ADDF FACI LOCA ATTN

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

NAME USDOE ADDRESS BROOKHAVEN NATION				DISCHARGE N		EPORT (DMR))	MAJOR				
BROOKHAVEN AREA OF				NY0005835		008 M		(SUBR 01)			
UPTON	NY 11973			Permit Numbe	r	Discharge N	lumber	F - FINAL	,			
FACILITY BROOKHAVEN NATIONA				Monitoring					TR RUI	NOFF WAREHO	USE (HW)	
LOCATION UPTON	NY 11973			From	То		***	No Discha		****	,	
ATTN: MICHAEL HOLLAND, GR	OUP MGR			YR MO DAY	YR MO DAY				-			
				05 06 01	05 06 30		Note: Read	Instruction	s befor	e completing th	is form	_
	\langle	QUA	ANTITY OR LO		014		NCENTRATIO	N	NO.	FREQUENCY	SAMPLE	
PARAMETER	\sim								EX	OF	TYPE	
FLOW RATE	SAMPLE	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	-	ANALYSIS		4
FLOW RATE See Note 2	MEASUREMENT	*****	26400	(07)	*****	*****	*****		0	01/30	IN	
00056 1 0 0	PERMIT		REPORT					****		ONCE/		
EFFLUENT GROSS VALUE	REQUIREMENT	*****	DAILY MX	GPD	*****	*****	*****	****		MONTH	INSTAN	
PH	SAMPLE	*****		0.5		*****		(12)				
	MEASUREMENT	*****	*****		7.4	*****	7.4	l `´	0	01/30	GR	1
00400 1 0 0	PERMIT	*****	*****	****	REPORT	*****	8.5	1		ONCE/	CDAD	
EFFLUENT GROSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SU		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	
1,1-DICHLOROETHYLENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.5	(28)	0	01/30	GR	
34501 1 0 0 EFFLUENT GROSS VALUE	PERMIT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		ONCE/ MONTH	GRAB	
1,1,1-TRICHLORO-	SAMPLE	*****	*****		*****	*****		(28)				
ETHANE	MEASUREMENT	*****	*****		*****	*****	<0.5	(/	0	01/30	GR	1
34506 1 0 0	PERMIT	*****	*****	****	*****	*****	5	1		ONCE/	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		MONTH	GRAD	
	SAMPLE											1
	MEASUREMENT							1				1
	PERMIT											
	REQUIREMENT SAMPLE											4
	MEASUREMENT		1									1
	PERMIT							4				1
	REQUIREMENT											
NAME/TITLE PRINCIPAL EXECU		I certifv un	der penalty of law t	hat this document and	all attachments were	prepared under m	y direction or					1
		with a system designed							Telep	hone		
Division Manager	e information subm	itted. Based on my in	quiry of the person or	persons who mana	age the system, or				631-34	4-4549		
Environmental & Waste Man	agement	those persons	s directly responsibl	le for gathering the infe	ormation, the informat	ion submitted is, to	the best of my					
Services Division		knowledge and	d belief, true, accura	ate, and complete. I ar	m aware that there are	e significant penalti	es for submitting			cipal Executive	Date S	igned
Typed or Printed		fals	se information, inclu	ding the possibliity of	fine and imprisonment	t for knowing violati	ions.	Officer	or 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 A1 THE UPPER RIGHT.) SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

NAME ADDRESS	U S D O E BROOKHAVEN NATIONA	L LABORATORY			DISCHARGE N	IONITORING RE	EPORT (DMR)		MAJOR				
	BROOKHAVEN AREA OFI				NY0005835		008 Q		(SUBR 01))			
	UPTON	NY 11973			Permit Numbe	r	Discharge N	lumber	F - FINAL				
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitoring	Period			SW RUNO	FF FR	OM WAREHOUS	SE AREA	
LOCATION	UPTON	NY 11973			From	То		***	[•] No Discha	arge	****		
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR				YR MO DAY							
			-		05 04 01	05 06 30		Note: Read	Instruction		e completing th		-
	PARAMETER		QUA	ANTITY OR LO	OADING		ALITY OR COI	NCENTRATIO	N	NO. EX	FREQUENCY OF	SAMPLE TYPE	
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
	, DISSOLVED	SAMPLE	*****	*****		*****	*****	<0.07	(19)	0	01/90	GR	
(AS AL)		MEASUREMENT								Ů	01/30	ÖR	
01105 1 0	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	2.0 DAILY MX	MG/L		QTRLY	GRAB	
EFFLUENI	GROSS VALUE	SAMPLE							WG/L				-
		MEASUREMENT											
		PERMIT											
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		MEASUREMENT			_								1
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		MEASUREMENT											
		PERMIT							-				
		REQUIREMENT											
NAME/	TITLE PRINCIPAL EXECUT		l certifv un	der penalty of law	that this document and	all attachments were	prepared under my	y direction or					
					with a system designed							Telep	hone
	Division Manager		and evaluate th	e information subm	nitted. Based on my in	quiry of the person or p	persons who mana	ige the system, or				631-34	4-4549
Er	vironmental & Waste Mana	agement	those persons	s directly responsib	ole for gathering the infe	ormation, the informati	ion submitted is, to	the best of my					
	Services Division		-		ate, and complete. I ar			-			cipal Executive	Date S	Signed
	Typed or Printed		fals	e information, inclu	uding the possibliity of	fine and imprisonment	for knowing violati	ons.	Officer of	or Auth	orized Agent		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

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

	NAME/ADDRESS (Include U S D O E	Facility Name/Loc	ation if Differ	ent)					TEM (NPDE	S)			
NAME ADDRESS	BROOKHAVEN NATIONA	LLABORATORY				IONITORING RE			MAJOR				
	BROOKHAVEN AREA OF				NY0005835		010 M		(SUBR 01)				
	UPTON	NY 11973			Permit Numbe	r	Discharge N	lumber	F - FINAL	, 			
FACILITY	BROOKHAVEN NATIONA				Monitoring				STORMW	TR R O	CENTRAL STE	AM (H)	
LOCATION		NY 11973			From	То	-	***	No Discha		X ****		
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR			YR MO DAY	YR MO DAY				•	 ^		
	-				05 06 01	05 06 30		Note: Read	Instruction	s befor	e completing th	is form	_
	PARAMETER		QUA	ANTITY OR LO	DADING	QUA	LITY OR CO	NCENTRATIO	N	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		\checkmark	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
FLOW RATE	See Note 6	SAMPLE MEASUREMENT	*****		(07)	*****	*****	*****					
00056 1 0 0	0	PERMIT	*****	REPORT		*****	*****	*****	****		ONCE/	INSTAN	
	GROSS VALUE	REQUIREMENT		DAILY MX	GPD				****		MONTH	INSTAN	
PH	See Note 6	SAMPLE MEASUREMENT	*****	*****			*****		(12)				
00400 1 0		PERMIT	*****	*****	**** ****	REPORT	*****	8.5			ONCE/	GRAB	
OIL & GREA		REQUIREMENT SAMPLE			****	MINIMUM		MAXIMUM	SU (40)		MONTH		
UIL & GREA	See Note 6	MEASUREMENT	*****	*****		*****	*****		(19)				
00556 1 0 0	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB	
LITEOLIU		SAMPLE							MO/L		Month		
		MEASUREMENT											
		PERMIT											
		REQUIREMENT											
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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					-
	Division Manager				, 0	d to assure that qualifi quiry of the person or		, .					hone 4-4549
En	vironmental & Waste Mana	agement				ormation, the informati		-					
	Services Division		° .			m aware that there are	• ·				cipal Executive	Date S	Signed
-	Typed or Printed		fals	e information, inclu	ding the possibliity of	fine and imprisonment	for knowing violati	ons.	Officer	or 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 A1 THE UPPER RIGHT.) SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

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

ADDRESS BROOKHAVEN NATIONA				DISCHARGE N	IONITORING RE	EPORT (DMR)		MAJOR				
BROOKHAVEN NATIONA				NY0005835		010 Q		(SUBR 01)	、			
UPTON	NY 11973			Permit Numbe	r	Discharge N	umber	F - FINAL)			
FACILITY BROOKHAVEN NATIONA				Monitoring		Dischargen	uniber			OM CENTRAL S		
LOCATION UPTON	NY 11973			From	То	-	***	No Discha				
ATTN: MICHAEL HOLLAND, GR					YR MO DAY	-		NO DISCHA	arge			
ATTN: MICHAEL HOLLAND, GR					05 06 30		Note: Read	Instruction	s hefor	e completing thi	is form	
	\sim									FREQUENCY	SAMPLE	1
PARAMETER		QUA	NTITY OR LO	DADING	QUA	ALITY OR CO	NCENTRATIO	N	EX	OF	TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	-^	ANALYSIS		
COPPER. DISSOLVED	SAMPLE	*****	*****		*****	*****		(19)				
(AS CU) See Note 1	MEASUREMENT	*****	*****		*****	*****	0.005	(- <i>y</i>	0	01/90	GR	
01042 1 0 0	PERMIT	*****	*****	****	*****	*****	1.0					
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L		QTRLY	GRAB	
LEAD, DISSOLVED	SAMPLE	*****	*****		*****	*****		(19)		04/00	0.0	1
(AS PB)	MEASUREMENT	*****					< 0.003		0	01/90	GR	1
01051 1 0 0	PERMIT	*****	*****	****	*****	*****	0.05			QTRLY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		QIKLT	GRAD	
VANADIUM, DISSOLVED	SAMPLE	*****	*****		*****	*****	<0.009	(19)	0	01/90	GR	
(AS V)	MEASUREMENT								U	01/90	GK	
01087 1 0 0	PERMIT	*****	*****	****	*****	*****	REPORT			QTRLY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		QINEI	ONAD	
ALUMINUM, DISSOLVED	SAMPLE	*****	*****		*****	*****	<0.07	(19)	0	01/90	GR	
(AS AL)	MEASUREMENT									01/00		1
01105 1 0 0	PERMIT	*****	*****	****	*****	*****	2.0			QTRLY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L				1
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	SAMPLE											4
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	REQUIREMENT											
	SAMPLE											1
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	PERMIT			1								
	REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUT		l certifv un	der penalty of law	that this document and	all attachments were	prepared under my	/ direction or					1
					d to assure that qualifi					1	Telep	hone
Division Manager	Division Manager and evaluate the informat						, .				631-34	
	Environmental & Waste Management those persons directly											
Services Division	-			ate, and complete. I ar				Signature	of Prin	cipal Executive	Date S	igned
Typed or Printed				uding the possibliity of						orized Agent		-
	lations (Deference					-				-		

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

IAME USDOE ADDRESS BROOKHAN	/EN NATIONAL LABORATORY			DISCHARGE	IONITORING RE			MAJOR				
BROOKHA	/EN AREA OFFICE			NY0005835		06A M Discharge Number		(SUBR 01)				
UPTON	NY 11973			Permit Number	r			F - FINAL				
ACILITY BROOKHA	EN NATIONAL LABORATORY			Monitoring				LINAC NC	CW, FI	(HT1)		
OCATION UPTON	NY 11973			From To YR MO DAY YR MO DAY			***	No Discha	rge	****		
ATTN: MICHAEL H	OLLAND, GROUP MGR											
				05 06 01	05 06 30			nstructions	s befor	e completing thi	is form	
PARAMETE	PARAMETER			OADING QUAL			N	NO. EX	FREQUENCY OF	SAMPLE TYPE		
		AVERAGE MAXIMUM		UNITS	MINIMUM	AVERAGE MAXIMUM		UNITS		ANALYSIS		l
ЪН	SAMPLE MEASUREMENT	*****	*****		7.2	*****	8.3	(12)	0	05/30	GR	
0400 1 0 0 EFFLUENT GROSS VALU	JE PERMIT	*****	*****	**** ****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB	
DIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.98	(19)	0	01/30	GR	
0556 1 0 0 EFFLUENT GROSS VALU	PERMIT JE REQUIREMENT	*****	*****	**** ****	*****	*****	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB	
LOW, IN CONDUIT OR	SAMPLE NT MEASUREMENT	0.29	*****	(03)	*****	*****	*****		0	05/30	RC	
60050 1 0 1 EFFLUENT GROSS VALU	PERMIT JE REQUIREMENT	REPORT DAILY AV	*****	MGD	*****	*****	*****	**** ****		ONCE/ MONTH	RCORDR	
	SAMPLE MEASUREMENT											
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NAME/TITLE PRINC	IPAL EXECUTIVE OFFICER	L certify up	der penalty of law t	hat this document and	all attachments were	prepared under my	direction or					I.
											Telep	hone
				n accordance with a system designed to assure that qualified personnel properly gather ormation submitted. Based on my inquiry of the person or persons who manage the system, or							631-344	
	& Waste Management			le for gathering the info						1		
	ices Division	-		ate, and complete. I an			-	Signature	of Prin	Date S	igne	
	ed or Printed	-		ding the possibliity of f			0			orized Agent		5

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)					NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)									
NAME	USDOE		DISCHARGE N	MONITORING RE	EPORT (DMR))								
ADDRESS	BROOKHAVEN NATION						1 000 0		MAJOR					
	BROOKHAVEN AREA OF UPTON	NY 11973			NY0005835 06A Q Permit Number Discharge Number			(SUBR 01) F - FINAL)					
FACILITY							Dischargen	umper			/UT4)			
LOCATION	BROOKHAVEN NATIONAL LABORATORY N UPTON NY 11973				Monitoring Period From To *			**:			OOR DNS, SW	(ПТТ)		
ATTN:					YR MO DAY YR MO DAY				*** No Discharge					
Arm.								Note: Read	Instruction	s befor	is form			
[]		\smallsetminus		QUANTITY OR L				LITY OR CONCENTRATIO		NO.	FREQUENCY OF ANALYSIS	SAMPLE]	
	PARAMETER		AVERAGE						EX	TYPE				
1-HYDROX	Y-ETHYLIDENE	SAMPLE			UNITS			MAXIMUM	(19)		ANAL 1515		-	
_		MEASUREMENT	*****	*****		*****	*****	< 0.05	(13)	0	01/90	GR		
85812 1 0		PERMIT	*****	*****	****	*****	*****	0.5			QTRLY	GRAB		
	GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		dinizi	01010		
TOLYTRIAZ	OLE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.005	(19)	0	01/90	GR		
85813 1 0	0	PERMIT	*****	*****	****	*****	*****	0.2			QTRLY	GRAB		
EFFLUENT	GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		GINEI	GRAD		
		SAMPLE MEASUREMENT												
		PERMIT												
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law				that this document and	all attachments were	prepared under m	y direction or							
				with a system designed			,				Telephone			
Division Manager and evaluate the information sub			e information subm	nitted. Based on my in	quiry of the person or	persons who mana	age the system, or				631-34	4-4549		
EI EI	nvironmental & Waste Man	agement			ole for gathering the info			-						
	Services Division		0		ate, and complete. I ar		•	0			cipal Executive	Date S	Signed	
Commonto	Typed or Printed and Explanation of any vio	lationa /Deferance			uding the possibliity of	fine and imprisonment	for knowing violat	ions.	Officer	or Auth	orized Agent			
comments	and Explanation of any vic	nations (Releience	an attachmen	its field)										

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME USDOE ADDRESS BROOKHAVEN NATIONAL LABORATORY					NATIONAL POLLUTANT DISCHARGE ELIMINATION SYST DISCHARGE MONITORING REPORT (DMR)										
	BROOKHAVEN AREA OFFICE UPTON NY 11973)					
	UPTON		Permit Numbe	Discharge N	Discharge Number										
FACILITY	LITY BROOKHAVEN NATIONAL LABORATORY									TOWR	FROM 919 ETC	; (HT2)			
LOCATION	UPTON	NY 11973			From To ***				No Discha	rge	****				
ATTN:	IN: MICHAEL HOLLAND, GROUP MGR					YR MO DAY									
					05 06 01 05 06 30 Note: Read In:					Instructions before completing this form					
	PARAMETER	QUANTITY OR LO		DADING QUAL				N E			SAMPLE TYPE				
			AVERAGE MAXIMUM		UNITS	MINIMUM	AVERAGE MAXIMUM		UNITS		ANALYSIS				
PH		SAMPLE MEASUREMENT	*****	*****		7.7	*****	8.5	(12)	0	05/30	GR			
00400 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	REPORT MINIMUM	*****	9.0 MAXIMUM	s∪		ONCE/ MONTH	GRAB			
OIL & GREA	ASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.97	(19)	0	01/30	GR			
00556 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB			
FLOW, IN C	ONDUIT OR	SAMPLE		*****	(03)	*****	*****	*****		•	05/00		1		
THRU TREA	ATMENT PLANT	MEASUREMENT	0.01	*****	. ,	*****	*****	*****		0	05/30	RC			
50050 1 0	1	PERMIT	REPORT	*****		*****	*****	*****	****		ONCE/				
EFFLUENT	GROSS VALUE	REQUIREMENT	DAILY AV	*****	MGD	*****	*****	*****	****		MONTH	RCORDR			
_		SAMPLE													
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			· · ·	. ,		I all attachments were						Tolon	hone		
Division Manager and evaluate the infor			e information subm	tted. Based on my in		persons who mana	ge the system, or			631-34					
En	nvironmental & Waste Mar			, ,		ormation, the informati			O'ana tu	- (D.:	ain al Fua and		·		
	Services Division		-			m aware that there are		-			cipal Executive	Date S	Signed		
<u>.</u>	Typed or Printed and Explanation of any vio				ding the possibliity of	fine and imprisonment	for knowing violati	ons.	Officer or Authorized Agent						

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)					NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)										
NAME	USDOE		DISCHARGE N	IONITORING RI	EPORT (DMR))									
ADDRESS	BROOKHAVEN NATION				NY0005835				MAJOR (SUBR 01						
	BROOKHAVEN AREA O	NY 11973				NY0005835 06B Q Permit Number Discharge Number									
FACILITY							Discharge	lumber	F - FINAL COOLG T		(UT2)				
LOCATION					Monitoring Period From To ***						****	(112)			
ATTN:					YR MO DAY YR MO DAY					*** No Discharge ****					
									ad Instructions before completing this form						
	PARAMETER		QUANTITY OR L		.OADING QUAL		ALITY OR CO	NCENTRATIO		NO. EX		SAMPLE TYPE]		
	FARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			TIFE			
1-HYDROX	Y-ETHYLIDENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.05	(19)	0	01/90	GR			
85812 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	0.5 DAILY MX	MG/L		QTRLY	GRAB			
TOLYTRIAZ		SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.005	(19)	0	01/90	GR	1		
85813 1 0 FFFI UENT	0 GROSS VALUE	PERMIT	*****	*****	****	*****	*****	0.2 DAILY MX	MG/L		QTRLY	GRAB			
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of								·			.				
			e with a system designed to assure that qualified personnel properly gather mitted. Based on my inquiry of the person or persons who manage the system, or							ohone 4-4549					
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NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.