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

April 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 March 2005

In accordance with our SPDES permit (NY-0005835), enclosed as Attachment I, please find the DMR for the month of March 2005. Severn Trent Laboratories, Inc. (NELAP Certification #11616) performs most of the analyses on SPDES samples, while H2M Labs, Inc. (NELAP Certification #10478) performs the BOD-5, Nitrogen series, and fecal coliform analyses and CHEMTEX Environmental Laboratory, Inc. (NELAP Certification #02077) performs specialty analyses for tolytriazole, hydroxyethilydene diphosphoric acid, and polypropylene glycol monobutyl ether. These laboratories are certified by the New York State Department of Health. Field measured parameters (pH, settleable solids, flow) are recorded and/or measured by BNL. Copies of the analytical reports will be retained in our files and will be made available upon request.

With the exception of two excursions for total nitrogen and total copper at Outfall 001, review of the analytical data shows that all other parameters met their respective SPDES effluent limitations this reporting period. With regard to total nitrogen, the sample collected on March 7, 2005, exhibited a total nitrogen concentration of 13.1 mg/L, which exceeded the permit limit of 10 mg/L. The sample collected on March 11, 2005, from Outfall 001 exhibited a total copper concentration of 0.16 mg/L, which exceeded the permit limit of 0.15 mg/L. 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 March 2005.

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

Sincerely,

Original Signed by G. Goode

George A. Goode Environmental & Waste Management Services Division Manager

GAG/MA:car

Attachment I: Discharge Monitoring Report for March 2005.

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

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

samples collected on 3/7/05, 3/9/05, 3/11/05, 3/23/05, 3/25/05, and 3/28/05 from

Outfall 001 (BNL Use Only).

Attachment IV: Analytical Results from Severn Trent Laboratories and CHEMTEX

Environmental Laboratory, Inc. for samples collected from Outfalls 001A,

001B, 001F, 002, 005, 006A, 006B, 008, and 010 (BNL Use Only).

cc: M. Allocco, w/ all Attachments M. Baldwin, w/ all Attachments

 $M. \ Bebon, \ w/o \ Attachments \\ W. \ Chaloupka, \ w/ \ all \ Attachments$

S. Dierker, w/ all Attachments
G. Goode, w/o Attachments
M. Holland, w/o Attachments

C. Johnson, w/o Attachments

M. Holland, w/o Attachments

R. Lee, w/ all Attachments

E. Lessard, w/ all Attachments D. Lowenstein, w/o Attachments

E. Murphy, w/ all Attachments

V. Radeka, w/ all Attachments

A. Santino, SCDHS, w/ Attachment I R. Sorrentino, NYSDEC, w/ Attachment I

B. Style, w/o Attachments

J. Tarpinian, w/o Attachments

D. Van Duyne, w/ all Attachments J. Zamirowski, TAS, CH, w/ Attachment I

EC62ER.05

Brookhaven National Laboratory SPDES Permit No. NY0005835 Discharge Monitoring Report for March 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 period.
- 6. The total nitrogen concentration did not meet the permit limits for the sample collected on March 7, 2005. Please see Attachment II for the Non-Compliance Report.
- 7. The total copper concentration did not meet the permit limits for the sample collected on March 11, 2005. Please see Attachment II for the Non-Compliance Report.
- 8. BNL personnel collected a compliance sample on January 5, 2005 from Outfall 002B for 1-hydroxy-ethylidene and tolytriazole analyses. It was sent to Chemtex Environmental Laboratory, Inc. in Corpus Christi, Texas. In preparation of this report (after the quarter had ended) the data package was reviewed and it was noticed that "broken" was written next to the Outfall 002 sample on the original Chain-of-Custody by the laboratory. However, this wasn't noted in the case narrative and no one at Brookhaven National Laboratory was notified that the sample bottle was damaged or that another sample needed to be collected. Therefore, no sample results are available. Copies of the original Chain-of-Custody and case narrative are attached.

ATTACHMENT I BROOKHAVEN NATIONAL LABORATORY SPDES PERMIT NO. NY0005835 DISCHARGE MONITORING REPORT FOR MARCH 2005 FOR OUTFALLS NO. 001 – 010

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

NAME USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE
UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973

MICHAEL HOLLAND, GROUP MGR

ATTN:

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

MAJOR

NY	00058	35				001 A	(SUBR 01)
Per	mit N	umber	•			Discharge Number	F - FINAL
	Monit	oring l	Peri	od			ACID/CAUSTIC CLEANG RINSE 5358
	Fro	n		То			*** No Discharge ****
YR	МО	DAY	YR	МО	DAY		
05	01	01	05	03	31	Note: R	ead Instructions before completing this fo

PARAMETER		QUA	ANTITY OR LO		QUA		NCENTRATIO			FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS		
FLOW RATE	SAMPLE MEASUREMENT	1500	*****	(07)	*****	*****	*****		0	03/90	RC	
00056 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	**** GPD	*****	*****				QTRLY	RCORDR	
PH	SAMPLE MEASUREMENT	*****	*****		8.0	*****	8.0	(12)	0	01/90	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		QTRLY	GRAB	
	SAMPLE MEASUREMENT											
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	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					
Division Manager Environmental & Waste Mana	agement	supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or									Teleph 631-344-	
Services Division Typed or Printed	those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting							Signature of Principal Executive			gned	
ryped 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)

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

NAME USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE
UPTON NY 11973

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

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

							MAJOR
NY	00058	35				001 B	(SUBR 01)
Pe	rmit N	umber				Discharge Number	F - FINAL
	Monite	oring l	Perio	od			RINSE FROM CENTRL DEGREASR 49
	Fro	n		То			*** No Discharge
ΥR	МО	DAY	ΥR	МО	DAY		
05	01	01	05	03	31	Note: Rea	d Instructions before completing this form

PARAMETER		QUA	ANTITY OR LO	DADING		•	NCENTRATIO			FREQUENCY	SAMPLE TYPE	
PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	ITPE	!
FLOW RATE	SAMPLE MEASUREMENT	170	*****	(07)	*****	*****	*****		0	01/90	RC	
00056 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	GPD	*****	****		****		QTRLY	RCORDR	
PH	SAMPLE MEASUREMENT	*****	*****		8.5	****	8.5	(12)	0	01/90	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	****	REPORT MAXIMUM	SU		QTRLY	GRAB	
CHROMIUM, TOTAL (AS CR)	SAMPLE MEASUREMENT	*****	*****		*****	*****	6.4	(28)	0	01/90	GR	
01034 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***		*****	REPORT DAILY MX	UG/L		QTRLY	GRAB	
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****		*****	*****	490	(28)	0	01/90	GR	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB	
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****		*****	*****	2050	(28)	0	01/90	GR	
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB	
MANGANESE, TOTAL (AS MN)	SAMPLE MEASUREMENT	*****	*****		*****	*****	33	(28)	0	01/90	GR	
01055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB	
NICKEL, TOTAL (AS NI) See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	13	(28)	0	01/90	GR	
01067 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB	
NAME/TITLE PRINCIPAL EXECU	TIVE OFFICER	I certify un	ider penalty of law t	hat this document and	all attachments were	prepared under my	direction or					·
Division Manager	supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or										hone 4-4549	
Environmental & Waste Man Services Division Typed or Printed	agement	those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Signature of Principal Executive Officer or Authorized Agent								Date S	igned	

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

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

NAME USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE
UPTON NY 11973

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

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

							MAJOR
NY	00058	35				001 B	(SUBR 01)
Per	mit N	umber				Discharge Number	F - FINAL
	Monito	oring I	Perio	od			RINSE FROM CENTRL DEGREASR 498
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PARAMETER		QU	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)	SAMPLE MEASUREMENT	*****	*****		*****	*****	113	(28)	0	01/90	GR	
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB	
BIS (2-ETHYLHEXYL) PHTHALATE	SAMPLE MEASUREMENT	*****	*****		*****	*****	13	(28)	0	01/90	GR	
39100 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB	
DI-N-BUTYL PHTHALATE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 10	(28)	0	01/90	GR	
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	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)			GR	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB	
	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)			GR	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB	
	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)			GR	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB	
NAME/TITLE PRINCIPAL EXECUT	IVE OFFICER	I certify ur	ider penalty of law t	hat this document and	all attachments were	prepared under my	y direction or					
		supervision in accordance with a system designed to assure that qualified personnel properly gather									Telep	
Division Manager		and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or								ļ	631-34	4-4549
Environmental & Waste Mana	agement	those persons directly responsible for gathering the information, the information submitted is, to the best of my										
Services Division							- I -		Date S	Signed		
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)

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

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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)

							WAJOK		
NY	00058	35				001 D	(SUBR 01)		
Per	mit N	umber	,			Discharge Number	F - FINAL		
	Monite	oring l	Perio	od			PHOTOPROCESS	NG RIN	ISE FROM 197B
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(AS AG) See Note 5	MEASUREMENT	*****	*****		*****	*****		(/			GR	ì
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	MEASUREMENT											ì
	PERMIT											ì
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NAME/TITLE PRINCIPAL EXECUT	IVE OFFICER	1 1		nat this document and							T-'	
Division Manager				vith a system designed	•		, ,				Telepi 631-344	
Division Manager Environmental & Waste Mana	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or										1-4549	
Environmental & waste Mana Services Division	igement	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							·			ianod
Typed or Printed	knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.						- -		Date S	ignea		
Typed or Printed	(D			uring the possibility of fi	irie aria imprisonment	JIIS.	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 MANHOLE NEAREST THE BUILDING. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) NAME USDOE DISCHARGE MONITORING REPORT (DMR) **MAJOR** ADDRESS BROOKHAVEN NATIONAL LABORATORY **BROOKHAVEN AREA OFFICE** NY0005835 001 E (SUBR 01) F - FINAL UPTON NY 11973 Permit Number Discharge Number FACILITY **BROOKHAVEN NATIONAL LABORATORY Monitoring Period BOILER BLOWDN FROM 244,405,ETC** LOCATION UPTON NY 11973 From *** No Discharge Τo MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 01 01 05 03 Note: Read Instructions before completing this form NO. FREQUENCY SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER ΕX OF TYPE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** FLOW RATE SAMPLE (07)***** 53 0 01/90 RC MEASUREMENT PERMIT REPORT 00056 1 0 1 ***** ***** **QTRLY RCORDR** EFFLUENT GROSS VALUE REQUIREMENT **DAILY AV GPD** **** SAMPLE (12) ***** ***** ***** 8.0 9.0 01/90 GR MEASUREMENT PERMIT **** REPORT REPORT 00400 1 0 0 ***** ***** ***** QTRLY GRAB **EFFLUENT GROSS VALUE** REQUIREMENT MINIMUM MAXIMUM SU SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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

Signature of Principal Executive Officer or Authorized Agent

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

PERMIT
REQUIREMENT
SAMPLE
MEASUREMENT
PERMIT
REQUIREMENT

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

Telephone

631-344-4549

Date Signed

NAME USDOE

ATTN:

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE
UPTON NY 11973

MICHAEL HOLLAND, GROUP MGR

FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATION UPTON NY 11973

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

								WIAJUK
NYO	00058	35				001 F		(SUBR 01)
Per	mit N	umber	•			Discharge Number	l	F - FINAL
ı	Monito	oring l	Peri	od				COOLING TOWER WTR & BLOWDN 902
	Fron	n		То			***	No Discharge ****
YR	МО	DAY	YR	МО	DAY			
05	01	01	05	0.3	31	Note: R	Read In	structions before completing this form

PARAMETER		QUA	ANTITY OR LO	DADING	QUA	LITY OR COI	NCENTRATIO	N	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
FLOW RATE	SAMPLE MEASUREMENT	3200	*****	(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											
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NAME/TITLE PRINCIPAL EXECUT		I certify un	nder penalty of law	hat this document and	d all attachments were	prepared under my	y direction or					
Division Manager Environmental & Waste Mana	supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or									Telepho 631-344-		
Services Division Typed or Printed	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.						g Signature of Principal Executive			Date Sig	ned	
rypea or r filitea		Idis	oo madamaada, IIICIC	ung the possibility of	ino and imprisoriment	TOT KITOWING VIOLALI	orio.	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 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)

							MAJUR
NY	00058	35				001 M	(SUBR 01)
Pe	rmit N	umber	,			Discharge Number	F - FINAL
	Monite	oring I	Perio	od			PROCESS SANIT & STORMWTR RNOFF
	Fro	m		То		***	* No Discharge ****
ΥR	MO	DAY	ΥR	МО	DAY		
05	03	01	05	03	31	Note: Read	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		
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*****	*****		*****	*****	54	(15)	0	01/01	GR	
00011 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	90 DAILY MX	DEG.F		DAILY	GRAB	
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****		*****	< 2	< 2	(19)	0	03/30	24	
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	10 DAILY AV	20 DAILY MX	MG/L		ONCE/ MONTH	COMP24	
PH	SAMPLE MEASUREMENT	*****	*****		7.2	*****	7.6	(12)	0	01/01	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	5.8 MINIMUM	*****	9.0 MAXIMUM	SU		DAILY	GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	< 1	< 1	(19)	0	02/30	24	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	10 DAILY AV	20 DAILY MX	MG/L		ONCE/ MONTH	COMP24	
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0	(25)	0	01/01	GR	
00545 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	0.1 DAILY MX	ML/L		DAILY	GRAB	
NITROGEN, TOTAL (AS N) See Note 6	SAMPLE MEASUREMENT	*****	*****		*****	*****	13	(19)	1	05/30	24	
00600 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10 DAILY MX	MG/L		ONCE/ MONTH	COMP24	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.3	(19)	0	05/30	24	
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	2 DAILY MX	MG/L		ONCE/ MONTH	COMP24	
NAME/TITLE PRINCIPAL EXECUT	IVE OFFICER	I certify ur	nder penalty of law t	hat this document and	all attachments were	prepared under my	y direction or					
		supervis	sion in accordance	with a system designe	d to assure that qualifi	ed personnel prope	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									631-34	4-4549	
Environmental & Waste Mana	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		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)

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 l	Perio	od			PROCESS SANIT & STORMWTR RNOF
	Fro	n		То			*** No Discharge ****
YR	МО	DAY	ΥR	МО	DAY		
05	0.3	01	05	03	31	Note: Re	ad Instructions before completing this forn

				03 03 01	00 00 01		Note. Nead	instruction.	_	e completing th				
PARAMETER		QUA	ANTITY OR LO	ADING	QUA	LITY OR COM	CENTRATIO	N	NO. EX	FREQUENCY OF	SAMPLE TYPE			
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS				
PHOSPHORUS, TOTAL	SAMPLE	*****	*****		*****	*****	4.0	(19)		00/00		1		
(AS P)	MEASUREMENT						1.6		0	02/30	24			
00665 1 0 0	PERMIT	*****	*****	****	*****	*****	REPORT			ONCE/	0011704	1		
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	COMP24			
CYANIDE, TOTAL	SAMPLE	*****	*****		*****	*****	.5.0	(28)		00/00	O.D.	1		
(AS CN)	MEASUREMENT				*****		< 5.0		0	03/30	GR			
00720 1 0 0	PERMIT	*****	*****	****	*****	*****	100			TWICE/	GRAB	1		
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		MONTH	GRAD			
COPPER, TOTAL	SAMPLE	*****	*****		*****	*****	0.46	(19)	4	06/30	24			
(AS CU) See Note 7	MEASUREMENT						0.16		1	06/30	24			
01042 1 0 0	PERMIT	*****	*****	****		*****	0.15			ONCE/	COMP24	1		
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	COMP24			
IRON, TOTAL	SAMPLE	*****	*****		*****	*****	0.28	(19)	0	06/30	24	1		
(AS FE)	MEASUREMENT						0.28		١	06/30	24			
01045 1 0 0	PERMIT	*****	*****	****	*****	*****	0.37			ONCE/	COMP24			
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	COMP24			
LEAD, TOTAL	SAMPLE	*****	*****		*****	*****	0.0031	(19)	0	06/30	24			
(AS PB)	MEASUREMENT						0.0031		U	00/30	24			
01051 1 0 0	PERMIT	*****	*****	****	*****	*****	0.019			ONCE/	COMP24			
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	COMI 24			
NICKEL, TOTAL	SAMPLE	*****	*****		*****	*****	0.017	(19)	0	06/30	24			
(AS NI) See Note 1	MEASUREMENT						0.017		Ū	00/30	24			
01067 1 0 0	PERMIT	*****	*****	****	*****	*****	0.11			ONCE/	COMP24			
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	COMI 24			
SILVER, TOTAL	SAMPLE	*****	*****		*****	*****	0.0029	(19)	0	06/30	24			
(AS AG) See Note 1	MEASUREMENT										2-7			
01077 1 0 0	PERMIT	*****	*****	****	*****	*****	0.015			ONCE/	COMP24			
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	00Mii 24			
NAME/TITLE PRINCIPAL EXECUT	IVE OFFICER	I certify un	der penalty of law th	hat this document and	all attachments were	prepared under my	direction or							
		supervis	ion in accordance v	vith a system designed	to assure that qualifie	ed personnel prope	rly gather					hone		
Division Manager	9			and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or							631-34	4-4549		
				those persons directly responsible for gathering the information, the information submitted is, to the best of my										
Services Division		knowledge and	belief, true, accura	te, and complete. I an	aware that there are	significant penaltie	s for submitting	_		cipal Executive	Date S	Signed		
Typed or Printed		fals	e information, inclu	ding the possibliity of f	ne and imprisonment	for knowing violation	ons.	Officer of	or Auth	orized Agent	d 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	/0005835 00°					001 M	(SUBR 01)	
Per	rmit Number Di					Discharge Number	F - FINAL	
	Monit	oring I	Period				PROCESS SANIT	& STORMWTR RNOFF
	From To						*** No Discharge	****
ΥR	МО	DAY	ΥR	МО	DAY			
ΛĒ	U3	01	05	U3	31	Note: F	Paad Instructions haford	completing this form

PARAMETER		QUA	ANTITY OR LO	DADING	QUA	N	NO. EX	FREQUENCY OF	SAMPLE TYPE					
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS				
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.05	(19)	0	06/30	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	03/30	GR			
34010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	5 DAILY MX	UG/L		TWICE/ MONTH	GRAB			
METHYLENE CHLORIDE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 2.5	(28)	0	03/30	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	03/30	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	0.28	0.41	(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	06/30	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	hat this document and	all attachments were	prepared under my	y direction or							
		supervis	ion in accordance	with a system designe	d to assure that qualifi	ed personnel prope	erly gather				Telep			
Division Manager		and evaluate the	e information subm	itted. Based on my in	quiry of the person or	persons who mana	ige the system, or				631-34	4-4549		
Environmental & Waste Mana	agement	those persons	directly responsib	e for gathering the infe	ormation, the informat	ion submitted is, to	the best of my							
Services Division		knowledge and	belief, true, accura	ite, 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	ding the possibliity of	fine and imprisonment	for knowing violati	ons.	Officer of	or Auth	orized Agent				

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

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

NAME USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE

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

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

							MAJOR
NY	00058	35				001 M	(SUBR 01)
Per	mit N	umber	•			Discharge Number	F - FINAL
	Monito	oring I	Peri	od			PROCESS SANIT & STORMWTR RNOFF
	Fron	n		То	_	1	*** No Discharge ****
ΥR	МО	DAY	YR	MO	DAY		
05	03	01	05	03	31	Note: Ro	ead Instructions before completing this form

PARAMETER		QU	ANTITY OR LO	DADING	QUA	LITY OR COI	NCENTRATIO	N	NO. EX	X OF	SAMPLE TYPE			
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS				
2-BUTANONE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5.0	(28)	0	03/30	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	*****	*****		> 98	*****	*****	(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	*****	*****		> 99	*****	*****	(23)	0	01/30	CA			
81011 K 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	85 MO AV MN	*****	*****	PERCENT		ONCE/ MONTH	CALCTD			
	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT													
	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT													
	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT													
	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT													
NAME/TITLE PRINCIPAL EXECUT	IVE OFFICER	I certify un	nder penalty of law	that this document and	all attachments were	prepared under my	y direction or							
Division Manager		and evaluate th	e information subm	itted. Based on my in	d to assure that qualified	persons who mana	ige the system, or				Telephone 631-344-4549			
Environmental & Waste Mana Services Division Typed or Printed	agement	knowledge and	d belief, true, accura	ate, and complete. I a	ormation, the informati m aware that there are	significant penaltie	es for submitting	_		cipal Executive				
ryped or Printed		fals	se iriiormation, inclu	iding the possibility of	fine and imprisonment	ioi knowing violati	OHS.	Officer	n Autr	onzeu Agent	Agent			

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

NAME USDOE DISCHARGE MONITORING REPORT (DMR) **MAJOR** ADDRESS BROOKHAVEN NATIONAL LABORATORY **BROOKHAVEN AREA OFFICE** NY0005835 001 Q (SUBR 01) Permit Number F - FINAL NY 11973 Discharge Number FACILITY **BROOKHAVEN NATIONAL LABORATORY Monitoring Period** PROCESS SANIT EFFL & STORMWTR LOCATION UPTON NY 11973 From *** No Discharge MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 01 01 05 03 Note: Read Instructions before completing this form NO. FREQUENCY SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER ΕX OF TYPE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** POLYCHLORINATED SAMPLE (28) ***** 0 < 0.065 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 Telephone supervision in accordance with a system designed to assure that qualified personnel properly gather **Division Manager** 631-344-4549 and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or **Environmental & Waste Management** those persons directly responsible for gathering the information, the information submitted is, to the best of my Services Division Signature of Principal Executive Date Signed knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

Typed or Printed

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) NAME USDOE DISCHARGE MONITORING REPORT (DMR) **MAJOR** ADDRESS BROOKHAVEN NATIONAL LABORATORY **BROOKHAVEN AREA OFFICE** NY0005835 002 B (SUBR 01) F - FINAL NY 11973 Permit Number Discharge Number FACILITY **BROOKHAVEN NATIONAL LABORATORY Monitoring Period** RF(1004) & BRAHMS(1002) BLOWDN LOCATION UPTON NY 11973 From *** No Discharge Τo MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 01 05 03 Note: Read Instructions before completing this form NO. FREQUENCY SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER ΕX OF TYPE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** РΗ SAMPLE (12) ***** 0 7.7 7.7 01/30 GR MEASUREMENT PERMIT REPORT ONCE/ 00400 1 0 0 9.0 ***** **GRAB** EFFLUENT GROSS VALUE REQUIREMENT **** MINIMUM MAXIMUM SU MONTH OIL & GREASE SAMPLE (19) ***** ***** ***** ***** 5.2 01/30 GR MEASUREMENT 00556 1 0 0 PERMIT 15 ONCE/ **** ***** ***** ***** ***** GRAB **EFFLUENT GROSS VALUE** REQUIREMENT **DAILY MX** MG/L MONTH FLOW, IN CONDUIT OR SAMPLE (03) ***** 0.097 ***** ***** ***** 0 05/30 RC THRU TREATMENT PLANT MEASUREMENT 50050 1 0 0 See Note 3 PERMIT REPORT ONCE/ ***** ***** ***** ***** RCORDR EFFLUENT GROSS VALUE REQUIREMENT **DAILY MX** MGD MONTH SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT

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

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

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

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

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

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

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Division Manager

Environmental & Waste Management

Services Division

Typed or Printed

PERMIT REQUIREMENT

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

Telephone

631-344-4549

Date Signed

Signature of Principal Executive

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) NAME USDOE DISCHARGE MONITORING REPORT (DMR) **MAJOR** ADDRESS BROOKHAVEN NATIONAL LABORATORY **BROOKHAVEN AREA OFFICE** NY0005835 002 M (SUBR 01) F - FINAL NY 11973 Permit Number Discharge Number FACILITY **BROOKHAVEN NATIONAL LABORATORY Monitoring Period** AGS NON-C COOLING, PRCP, ETC (HN) LOCATION UPTON NY 11973 From *** No Discharge Τo MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 01 05 03 Note: Read Instructions before completing this form NO. FREQUENCY SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER ΕX OF TYPE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** РΗ SAMPLE (12) ***** 0 7.8 8.2 05/30 GR MEASUREMENT PERMIT REPORT ONCE/ 00400 1 0 0 9.0 ***** **GRAB** EFFLUENT GROSS VALUE REQUIREMENT **** MINIMUM MAXIMUM SU MONTH OIL & GREASE SAMPLE (19) ***** ***** ***** ***** 6.4 01/30 GR MEASUREMENT 00556 1 0 0 PERMIT **** 15 ONCE/ ***** ***** ***** ***** GRAB EFFLUENT GROSS VALUE REQUIREMENT **DAILY MX** MG/L MONTH FLOW, IN CONDUIT OR SAMPLE (03) 0.18 ***** ***** ***** ***** 0 05/30 RC THRU TREATMENT PLANT MEASUREMENT 50050 1 0 1 PERMIT REPORT ONCE/ ***** ***** ***** ***** RCORDR EFFLUENT GROSS VALUE REQUIREMENT DAILY AV MGD MONTH SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT

Environmental & Waste Management those persons dir
Services Division knowledge and be

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Division Manager

Typed or Printed

PERMIT REQUIREMENT

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

Telephone 631-344-4549

Signature of Principal Executive

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.

Date Signed

NAME USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE
UPTON NY 11973

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

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

							WAJUR
NY	00058	35				002 Q	(SUBR 01)
Per	mit N	umber	•			Discharge Number	F - FINAL
	Monite	oring l	Peri	od			AGS NON-C COOLG,PRECP ETC (HN)
	Froi	m		То		**	** No Discharge ****
ΥR	MO	DAY	ΥR	MO	DAY]	
05	01	01	05	03	31	Note: Read	Instructions before completing this form

PARAMETER		QUA	ANTITY OR LO		QUA		NCENTRATIO	NO		NO. FREQUENCY EX OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		l
ALUMINUM, TOTAL	SAMPLE	*****	*****		*****	*****	0.4	(19)	0	01/90	GR	l
(AS AL)	MEASUREMENT						0.4		١ ٠	01/90	GR	l
01105 1 0 1	PERMIT	*****	*****	****	*****	*****	2.0			QTRLY	GRAB	l
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		QIKLI	GRAD	l
DICHLOROBROMOMETHANE	SAMPLE	*****	*****		*****	*****	.4	(28)	0	01/90	GR	l
EFFLUENT	MEASUREMENT						<1		ľ	01/90	GK	l
32101 1 0 0	PERMIT	*****	*****	****	*****	*****	50			QTRLY	GRAB	l
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		QIKLT	GRAB	l
CHLOROFORM	SAMPLE	*****	*****		*****	*****	0.1	(28)	0	01/90	GR	l
See Note 1	MEASUREMENT						0.1		١ ٠	01/90	GR	l
32106 1 0 0	PERMIT	*****	*****	****		*****	7			QTRLY	GRAB	l
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		QIKLT	GRAB	l
1,1,1-TRICHLORO-	SAMPLE	*****	*****		*****	*****	.4	(28)	_	01/90	GR	l
ETHANE	MEASUREMENT						<1		0	01/90	GR	l
34506 1 0 0	PERMIT	*****	*****	****	*****	*****	5			OTDL V	0040	l
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		QTRLY	GRAB	l
1-HYDROXY-ETHYLIDENE	SAMPLE	*****	*****		*****	*****	.0.05	(19)	_	04/00	0.0	l
	MEASUREMENT						< 0.05		0	01/90	GR	l
85812 1 0 0	PERMIT	*****	*****	****	*****	*****	0.5			OTDL V	0040	l
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		QTRLY	GRAB	l
TOLYTRIAZOLE	SAMPLE	*****	*****		*****	*****	0.005	(19)	_	04/00	0.0	l
	MEASUREMENT						< 0.005		0	01/90	GR	l
85813 1 0 0	PERMIT	*****	*****	****	*****	*****	0.2			OTDL V	0040	l
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		QTRLY	GRAB	l
	SAMPLE											
	MEASUREMENT											l
	PERMIT							1				
	REQUIREMENT											
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					
	supervis	sion in accordance v	with a system designed	d to assure that qualifi	ed personnel prope	erly gather				Telep	hone	
Division Manager	and evaluate the	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 Mana	those persons	s directly responsible	le for gathering the info	ormation, the informati								
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	false information, including the possibliity of fine and imprisonment for knowing violations.							Officer or Authorized Agent				
O		-11 -441										

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 Τo MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 01 01 05 03 Note: Read Instructions before completing this form NO. FREQUENCY SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER ΕX OF TYPE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** 1-HYDROXY-ETHYLIDENE SAMPLE (19) ***** GR See Note 8 MEASUREMENT 0.5 85812 1 0 0 PERMIT ***** ***** **QTRLY GRAB** EFFLUENT GROSS VALUE REQUIREMENT **** **DAILY MX** MG/L TOLYTRIAZOLE SAMPLE (19) ***** ***** ***** ***** GR MEASUREMENT See Note 8 85813 1 0 0 0.2 PERMIT **** ***** ***** ***** ***** OTRLY GRAB **EFFLUENT GROSS VALUE** REQUIREMENT **DAILY MX** MG/L SAMPLE MEASUREMENT PERMIT REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or Telephone supervision in accordance with a system designed to assure that qualified personnel properly gather **Division Manager** 631-344-4549 and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or

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

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

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

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.

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: 01 01 05 03 Note: Read Instructions before completing this form NO. FREQUENCY SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER ΕX OF TYPE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** РΗ SAMPLE (12) ***** ***** 0 7.8 8.4 05/30 GR MEASUREMENT PERMIT REPORT 8.5 ONCE/ 00400 1 0 0 ***** **GRAB** EFFLUENT GROSS VALUE REQUIREMENT **** MINIMUM MAXIMUM SU MONTH OIL & GREASE SAMPLE (19) ***** ***** ***** ***** 7.4 01/30 GR MEASUREMENT 00556 1 0 0 PERMIT **** 15 ONCE/ ***** ***** ***** ***** GRAB EFFLUENT GROSS VALUE REQUIREMENT **DAILY MX** MG/L MONTH FLOW, IN CONDUIT OR SAMPLE (03) ***** 0.12 ***** ***** ***** 0 05/30 RC THRU TREATMENT PLANT MEASUREMENT 50050 1 0 1 PERMIT REPORT **** ONCE/ ***** ***** ***** ***** RCORDR EFFLUENT GROSS VALUE REQUIREMENT DAILY AV MGD **** MONTH SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT

Division Manager
Environmental & Waste Management
Services Division
Typed or Printed

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

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Signature of Principal Executive Officer or Authorized Agent

Officer or Authorized Agent

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

REQUIREMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

SEE PERMIT FOR ADDITIONAL NOTES. COMMENTS AND REQUIREMENTS.

Telephone

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) NAME USDOE DISCHARGE MONITORING REPORT (DMR) **MAJOR** ADDRESS BROOKHAVEN NATIONAL LABORATORY **BROOKHAVEN AREA OFFICE** NY0005835 005 Q (SUBR 01) Permit Number F - FINAL NY 11973 Discharge Number FACILITY **BROOKHAVEN NATIONAL LABORATORY Monitoring Period NSLS COOLG TOWR BLOWDN ETC (HS)** LOCATION UPTON NY 11973 From *** No Discharge Τo MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 01 01 05 03 Note: Read Instructions before completing this form NO. FREQUENCY SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER ΕX OF TYPE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** COPPER, TOTAL SAMPLE (19) ***** 0 0.01 01/90 GR (AS CU) 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

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: 01 05 03 Note: Read Instructions before completing this form NO. FREQUENCY SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER ΕX OF TYPE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** FLOW RATE SAMPLE (07)IN 440000 05/30 MEASUREMENT PERMIT REPORT ONCE/ 00056 1 0 0 ***** INSTAN EFFLUENT GROSS VALUE REQUIREMENT **DAILY MX** GPD **** MONTH SAMPLE (12) ***** ***** ***** 7.3 7.3 01/30 GR MEASUREMENT PERMIT **** REPORT ONCE/ 00400 1 0 0 9.0 ***** ***** ***** GRAB **EFFLUENT GROSS VALUE** REQUIREMENT **** MINIMUM MAXIMUM MONTH SU SAMPLE MEASUREMENT PERMIT REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or

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

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

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 **BROOKHAVEN AREA OFFICE**

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

							MAJOR
NY	00058	35				008 M	(SUBR 01)
Per	rmit N	umber	•			Discharge Number	F - FINAL
	Monite	nitoring Period					STORMWTR RUNOFF WAREHOUSE (HW)
	Fro	m		То		*:	** No Discharge ****
YR	MO	DAY	YR	МО	DAY		
05	03	01	05	03	31	Note: Read	Instructions before completing this form

		ì		03 03 01		•				FREQUENCY	SAMPLE		
PARAMETER		QUA	ANTITY OR LO	ADING	QUA	LITY OR COM	ICENTRATION	1	EX	OF	TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS			
FLOW RATE	SAMPLE	*****	86000	(07)	*****	*****	*****		0	01/30	IN		
See Note 2	MEASUREMENT								U		IIN		
00056 1 0 0	PERMIT	*****	REPORT		*****	*****	*****	****		ONCE/	INSTAN		
EFFLUENT GROSS VALUE	REQUIREMENT		DAILY MX	GPD				****		MONTH	into 17th		
PH	SAMPLE	*****	*****		6.8	*****	6.8	(12)	0	01/30	GR		
	MEASUREMENT												
00400 1 0 0	PERMIT	*****	*****	****	REPORT	*****	8.5			ONCE/	GRAB		
EFFLUENT GROSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SU		MONTH			
OIL & GREASE	SAMPLE	*****	*****		*****	*****	6.5	(19)	0	01/30	GR		
20550 4 2 2	MEASUREMENT			****			15			ONOE/			
00556 1 0 0	PERMIT	*****	*****	****	*****	*****		MG/L		ONCE/ MONTH	GRAB		
EFFLUENT GROSS VALUE 1.1-DICHLOROETHYLENE	REQUIREMENT SAMPLE						DAILY MX	(28)		WONTH			
1,1-DICHLORUE I HT LENE	MEASUREMENT	*****	*****		*****	*****	< 5	(20)	0	01/30	GR		
34501 1 0 0	PERMIT			****			5			ONCE/			
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	UG/L		MONTH	GRAB		
1,1,1-TRICHLORO-	SAMPLE							(28)					
ETHANE	MEASUREMENT	*****	*****		*****	*****	< 5	(20)	0	01/30	GR		
34506 1 0 0	PERMIT			****			5			ONCE/			
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	UG/L		MONTH	GRAB		
	SAMPLE									-			
	MEASUREMENT												
	PERMIT												
	REQUIREMENT												
	SAMPLE												
	MEASUREMENT												
	PERMIT												
	REQUIREMENT												
NAME/TITLE PRINCIPAL EXECUT	IVE OFFICER	I certify un	der penalty of law t	nat this document and	all attachments were	prepared under my	direction or						
		supervis	ion in accordance v	vith a system designed	to assure that qualifie	ed personnel prope	rly gather				Telepi		
Division Manager		and evaluate the	e information submi	tted. Based on my inc	uiry of the person or p	persons who mana	ge the system, or				631-344-4549		
Environmental & Waste Mana	ngement		, .	e for gathering the info			•						
Services Division		-		te, and complete. I an			•	_		cipal Executive	Date Si	igned	
Typed or Printed				ding the possibliity of fi	ne and imprisonment	for knowing violation	ons.	Officer or Authorized Agent					

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

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

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: 01 01 05 03 Note: Read Instructions before completing this form NO. FREQUENCY SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER ΕX OF TYPE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** ALUMINUM, DISSOLVED SAMPLE (19) ***** ***** 0 0.2 01/90 GR (AS AL) MEASUREMENT 01105 1 0 0 PERMIT 2.0 ***** QTRLY **GRAB** EFFLUENT GROSS VALUE REQUIREMENT **** **DAILY MX** MG/L SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Division Manager

Environmental & Waste Management

Services Division

Typed or Printed

Telephone

631-344-4549

Date Signed

Signature of Principal Executive

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) NAME USDOE DISCHARGE MONITORING REPORT (DMR) **MAJOR** ADDRESS BROOKHAVEN NATIONAL LABORATORY **BROOKHAVEN AREA OFFICE** NY0005835 010 M (SUBR 01) F - FINAL NY 11973 Permit Number Discharge Number FACILITY **BROOKHAVEN NATIONAL LABORATORY Monitoring Period** STORMWTR R O CENTRAL STEAM (H) LOCATION UPTON NY 11973 From *** No Discharge Τo MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 03 01 05 03 Note: Read Instructions before completing this form NO. FREQUENCY SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER ΕX OF TYPE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** FLOW RATE SAMPLE (07)IN 20000 01/30 See Note 2 MEASUREMENT REPORT ONCE/ 00056 1 0 0 PERMIT ***** INSTAN EFFLUENT GROSS VALUE REQUIREMENT **DAILY MX GPD** **** MONTH SAMPLE (12) ***** ***** ***** 7.4 7.4 01/30 GR MEASUREMENT PERMIT **** REPORT ONCE/ 00400 1 0 0 8.5 ***** ***** ***** GRAB **EFFLUENT GROSS VALUE** REQUIREMENT MINIMUM MAXIMUM MONTH SU OIL & GREASE SAMPLE (19) ***** ***** ***** ***** 6.0 0 01/30 GR MEASUREMENT 00556 1 0 0 PERMIT **** 15 ONCE/ ***** ***** ***** ***** **GRAB** EFFLUENT GROSS VALUE REQUIREMENT **** **DAILY MX** MG/L MONTH SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Division Manager

Environmental & Waste Management

Services Division

Typed or Printed

REQUIREMENT

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Telephone

631-344-4549

Date Signed

Signature of Principal Executive

NAME USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE UPTON NY 11973

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

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

PARAMETER		QUA	ANTITY OR LO	DADING	QUA	ALITY OR COI	NCENTRATIO	EX		FREQUENCY OF	SAMPLE TYPE			
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS				
COPPER, DISSOLVED (AS CU) See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.004	(19)	0	01/90	GR			
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MX	MG/L		QTRLY	GRAB			
LEAD, DISSOLVED (AS PB)	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.003	(19)	0	01/90	GR			
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.05 DAILY MX	MG/L		QTRLY	GRAB			
VANADIUM, DISSOLVED (AS V) See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.004	(19)	0	01/90	GR			
01087 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	*****	*****	REPORT DAILY MX	MG/L		QTRLY	GRAB			
ALUMINUM, DISSOLVED (AS AL)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.1	(19)	0	01/90	GR			
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	2.0 DAILY MX	MG/L		QTRLY	GRAB			
	SAMPLE MEASUREMENT													
	PERMIT													
	REQUIREMENT													
	SAMPLE MEASUREMENT													
	PERMIT REQUIREMENT													
	SAMPLE													
	MEASUREMENT													
	PERMIT													
	REQUIREMENT													
NAME/TITLE PRINCIPAL EXECUT	IVE OFFICER	1			d all attachments were					ļ	-			
Division Manager				, ,	d to assure that qualifi		, ,				Telep 631-34			
_	Division Manager Environmental & Waste Management			and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or							031-34	+-4349		
Services Division	those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting						Signature of Principal Executive			Date S	ianed			
Typed or Printed		1 -		=	fine and imprisonment		_		er or Authorized Agent					
71			,	5 ,		. 3					zou / tgoilt			

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: 03 01 05 03 Note: Read Instructions before completing this form NO. FREQUENCY SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER ΕX OF TYPE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** РΗ SAMPLE (12) ***** ***** 0 7.6 8.5 05/30 GR MEASUREMENT PERMIT REPORT ONCE/ 00400 1 0 0 9.0 ***** **GRAB** EFFLUENT GROSS VALUE REQUIREMENT **** MINIMUM **MAXIMUM** SU MONTH OIL & GREASE SAMPLE (19) ***** ***** ***** ***** 6.3 01/30 GR MEASUREMENT 00556 1 0 0 PERMIT **** 15 ONCE/ ***** ***** ***** ***** GRAB EFFLUENT GROSS VALUE REQUIREMENT **DAILY MX** MG/L MONTH FLOW, IN CONDUIT OR SAMPLE (03) ***** 0.070 ***** ***** ***** 0 05/30 RC THRU TREATMENT PLANT MEASUREMENT 50050 1 0 1 PERMIT REPORT **** ONCE/ ***** ***** ***** ***** RCORDR EFFLUENT GROSS VALUE REQUIREMENT DAILY AV MGD **** MONTH SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or Telephone supervision in accordance with a system designed to assure that qualified personnel properly gather

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

Division Manager

Environmental & Waste Management

Services Division

Typed or Printed

631-344-4549

Date Signed

Signature of Principal Executive

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) NAME USDOE DISCHARGE MONITORING REPORT (DMR) **MAJOR** ADDRESS BROOKHAVEN NATIONAL LABORATORY **BROOKHAVEN AREA OFFICE** NY0005835 06A Q (SUBR 01) Permit Number F - FINAL UPTON NY 11973 Discharge Number FACILITY **BROOKHAVEN NATIONAL LABORATORY Monitoring Period** LINAC NCCW, FLOOR DNS, SW (HT1) LOCATION UPTON NY 11973 From *** No Discharge MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 01 01 05 03 Note: Read Instructions before completing this form NO. FREQUENCY SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER ΕX OF TYPE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** 1-HYDROXY-ETHYLIDENE SAMPLE (19) ***** 0 < 0.05 01/90 GR MEASUREMENT PERMIT 85812 1 0 0 0.5 ***** ***** **QTRLY GRAB** EFFLUENT GROSS VALUE REQUIREMENT **** **DAILY MX** MG/L TOLYTRIAZOLE SAMPLE (19) ***** ***** ***** ***** < 0.005 01/90 GR MEASUREMENT 85813 1 0 0 PERMIT **** 0.2 ***** ***** ***** ***** **QTRLY** GRAB **EFFLUENT GROSS VALUE** REQUIREMENT **DAILY MX** MG/L SAMPLE MEASUREMENT PERMIT REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or Telephone supervision in accordance with a system designed to assure that qualified personnel properly gather

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

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

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

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

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

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

Division Manager

Environmental & Waste Management

Services Division

Typed or Printed

631-344-4549

Date Signed

Signature of Principal Executive

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) NAME USDOE DISCHARGE MONITORING REPORT (DMR) **MAJOR** ADDRESS BROOKHAVEN NATIONAL LABORATORY **BROOKHAVEN AREA OFFICE** NY0005835 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: 03 01 05 03 Note: Read Instructions before completing this form NO. FREQUENCY SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER ΕX OF TYPE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** РΗ SAMPLE (12) ***** ***** 0 7.0 8.4 05/30 GR MEASUREMENT PERMIT REPORT ONCE/ 00400 1 0 0 9.0 ***** **GRAB** EFFLUENT GROSS VALUE REQUIREMENT **** MINIMUM **MAXIMUM** SU MONTH OIL & GREASE SAMPLE (19) ***** ***** ***** ***** 5.7 01/30 GR MEASUREMENT 00556 1 0 0 PERMIT **** 15 ONCE/ ***** ***** ***** ***** GRAB EFFLUENT GROSS VALUE REQUIREMENT **DAILY MX** MG/L MONTH FLOW, IN CONDUIT OR SAMPLE (03) ***** 0.024 ***** ***** ***** 0 05/30 RC THRU TREATMENT PLANT MEASUREMENT 50050 1 0 1 PERMIT REPORT **** ONCE/ ***** ***** ***** ***** RCORDR EFFLUENT GROSS VALUE REQUIREMENT DAILY AV MGD **** MONTH SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

REQUIREMENT

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Division Manager

Environmental & Waste Management

Services Division

Typed or Printed

Telephone

631-344-4549

Date Signed

Signature of Principal Executive

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



New York State Department of Environmental Conservation Division of Water



Report of Noncompliance Event

To: DEC Water Contact R. Sorrentino DEC Region: 1
Report Type:5 Day X Permit Violation Order Violation Anticipated Noncompliance Bypass/Overflow
SECTION 2
SPDES #: NY- 0005835 Facility: US Department of Energy/Brookhaven National Laborate
Date of noncompliance: 3 / 11/ 05 Location (Outfall, Treatment Unit, or Pump Station): 001
Description of noncompliance(s) and cause(s): A 24-hr. composite sample collected on March 11, 2005, from Outfation of the noncompliance of the permit limit of 0.15 mg/L. The composite sample collected on March 23, 2005, had a total copper concentration of 0.046 mg/L.
Has event ceased? (Yes) (No) If so, when? 3/23/05 Was event due to plant upset? (Yes) (No) SPDES limits violated (Yes) (No)
Start date, time of event: 3 /11 / 05, 9 : 50 (AM) PM) End date, time of event: 3 / 23/05, 10 :15 (AM) (PM)
Date, time oral notification made to DEC?/ /;(AM) (PM) DEC Official contacted:
Immediate corrective actions: None. Due to the lag time between sample collection and analysis and receipt of results, no immediate actions were possible.
THE THEORY OF THE PARTY OF THE
BNL has begun an investigation into potential sources of elevated copper concentrations and will look for ways to reduce discharges to the sanitary system.
As part of the investigation into elevated total nitrogen levels, additional samples were collected during the week of March 23. Since all the sampes collected during this period
were within permit limits for total copper, this is being considered a one-time excursion.
SECTION 3 Complete this section if event was a bypass:
Bypass amount: Was prior DEC authorization received for this event? (Yes) (No)
DEC Official contacted: Date of DEC approval: / _ /
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 George A. Goode
Facility Representative: My Morche Title: Division Manager Date: 4/25/05
Phone #: (63) 344 - 4549 Fax #= () -
I Certify under penalty of law that this document and all attachments were

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,

Signature of Principal Executive

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. Sorrentino DEC Region:
Report Type: 5 Day _X_Permit Violation Order Violation Anticipated Noncompliance Bypass/Overflow
SECTION 2
SPDES #: NY- 0005835 Facility: US Department of Energy/Brookhaven National Laborato
Date of noncompliance: 3 / 7 / 05 Location (Outfall, Treatment Unit, or Pump Station): 001
Description of noncompliance(s) and cause(s): A 24-hr. composite sampe collected on March 7, 2005, from Outfall 001 had a total nitrogen concentration of 13.1 mg/L, which exceeds the permit limit of 10 mg/L. The composite sample collected on March 9, 2005, exhibited a total nitrogen concention of 9.3 mg/L.
Has event ceased (Yes) (No) If so, when? 3/9/05 Was event due to plant upset? (Yes) (No) SPDES limits violated (Yes) (No)
Start date, time of event: 3 / 7 / 05, 11:30 (AM) (PM) End date, time of event: 3 / 9 /05 , 10:00 (AM) (PM)
Date, time oral notification made to DEC? / / ,: (AM) (PM) DEC Official contacted:
Immediate corrective actions: None, Due to the lag time between sample collection, analysis, and receipt of results, no immediate actions were possible.
Preventive (long term) corrective actions: The periodic episodes of high nitrogen are being evaluated. Samples collected over the weekend (i.e., Sunday morning to Monday morning) are higher in total nitrogen than weekday samples. Potential contributing factors include reduced flow rates and over oxygenation in the acration tanks, which does not allow denitrofication. (Over)
SECTION 3 Complete this section if event was a bypass:
Bypass amount: Was prior DEC authorization received for this event? (Yes) (No)
DEC Official contacted: Date of DEC approval: //
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
Facility Representative: George A. Gode Title: Division Manager Date: 4 / 25/05
Facility Representative: George A. Gode Title: Division Manager Date: 4 / 25/05 Phone #: (631) 344 - 4549 Fax #: () -
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Signature of Principal Executive Officer or Authorized Agent