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

October 20, 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 September 2005

In accordance with our SPDES permit (NY-0005835), enclosed as Attachment I, please find the DMR for the month of September 2005. General Engineering Laboratories, LLC (ELAP Certification #11501) performs most of the analyses on SPDES samples, while H2M Labs, Inc. (NELAP Certification #10478) performs the BOD-5, Nitrogen series, and fecal coliform analyses and CHEMTEX Environmental Laboratory, Inc. (NELAP Certification #02077) performs specialty analyses for tolytriazole, hydroxyethilydene diphosphonic acid, and polypropylene glycol monobutyl ether. These laboratories are certified by the New York State Department of Health. Field measured parameters (pH, settleable solids, flow) are recorded and/or measured by BNL. Copies of the analytical reports will be retained in our files and will be made available upon request.

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 September 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 September 2005.

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

LLC for samples collected on 9/7/05, 9/9/05, and 9/12/05 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. Bebon, w/o Attachments

S. Dierker, w/ all Attachments

G. Granzen, w/ all Attachments

C. Johnson, w/o Attachments

E. Lessard, w/ all Attachments

E. Murphy, w/ all Attachments

J. Remien, w/ all Attachments

R. Sorrentino, NYSDEC, w/ Attachment I

J. Tarpinian, w/o Attachments

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

W. Chaloupka, w/ all Attachments

G. Goode, w/o Attachments

M. Holland, w/o Attachments

R. Lee, w/ all Attachments

D. Lowenstein, w/o Attachments

V. Radeka, w/ all Attachments

A. Santino, SCDHS, w/ Attachment I

B. Style, w/o Attachments

D. Van Duyne, w/ all Attachments

EC62ER.05

Brookhaven National Laboratory SPDES Permit No. NY0005835 Discharge Monitoring Report for September 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 achieved. Although BNL requested an MDL of $0.065~\mu g/L$, the analytical laboratory incorrectly logged in the PCB samples with a higher MDL than requested for two out of three of the samples collected. Therefore the $0.065~\mu g/L$ MDL for all samples 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 001E during this reporting period.

ATTACHMENT I

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR SEPTEMBER 2005

FOR OUTFALLS NO. 001 – 010

NAME USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE
UPTON NY 11973

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

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

PARAMETER		QUA	ANTITY OR LO	ADING	QUA	LITY OR COM	NCENTRATIO	N	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
FLOW RATE	SAMPLE MEASUREMENT	1600	*****	(07)	*****	****	*****		0	03/90	RC	
00056 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	**** GPD	*****	*****				QTRLY	RCORDR	
PH	SAMPLE	DAILT AV		GPD				(42)				
rn	MEASUREMENT	*****	*****		6.3	*****	6.3	(12)	0	01/90	GR	
00400 1 0 0	PERMIT	*****	*****	****	REPORT	*****	REPORT			QTRLY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SU		411121	911112	
	SAMPLE MEASUREMENT											
	PERMIT											
	REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT											
	REQUIREMENT											
	SAMPLE											
	MEASUREMENT											
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	SAMPLE											
	MEASUREMENT]								
	PERMIT											
	REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT											
	REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUT		I certify un	der penalty of law t	hat this document and	all attachments were	prepared under my	direction or					•
		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								Telep	hone	
Division Manager					designed to assure that qualified personnel properly gather on my inquiry of the person or persons who manage the system,						-	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, accura	te, and complete. I a	m aware that there are	significant penaltie	es for submitting	Signature	of Prin	cipal Executive	Date S	Signed	
Typed or Printed		knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submit false information, including the possibility of fine and imprisonment for knowing violations.						Officer	or Auth	orized Agent		

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

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

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

						, ,	MAJOR
NY	00058	35				001 B	(SUBR 01)
Per	mit N	umber	•			Discharge Number	F - FINAL
	Monit	oring l	Perio	od			RINSE FROM CENTRL DEGREASR 498
	Fro	n		То	_	*:	** No Discharge ****
ΥR	MO	DAY	YR	МО	DAY		
05	07	01	05	09	30	Note: Read	Instructions before completing this form

				03 07 01	03 09 30		Note. Read	instruction.	3 DCTO	e completing ti	113 101111	_
PARAMETER		QUA	ANTITY OR LO	ADING	QUA	LITY OR CON	CENTRATIO	N	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
FLOW RATE	SAMPLE		*****	(07)	*****	*****	*****					1
	MEASUREMENT	80	*****		*****	*****	*****		0	01/90	RC	
00056 1 0 1	PERMIT	REPORT	*****		*****	*****		****				
EFFLUENT GROSS VALUE	REQUIREMENT	DAILY AV	*****	GPD	*****	*****		****		QTRLY	RCORDR	
PH	SAMPLE							(12)		_		1
	MEASUREMENT	*****	*****		7.4	*****	7.4	` ′	0	01/90	GR	
00400 1 0 0	PERMIT			****	REPORT		REPORT					
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	SU		QTRLY	GRAB	
CHROMIUM, TOTAL	SAMPLE							(28)				
(AS CR) See Note 1	MEASUREMENT	*****	*****		*****	*****	5.5	(20)	0	01/90	GR	
01034 1 0 0	PERMIT			****			REPORT					
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****		*****	DAILY MX	UG/L		QTRLY	GRAB	
COPPER, TOTAL	SAMPLE						DAILT WIX	(28)				
(AS CU)	MEASUREMENT	*****	*****		*****	*****	74	(20)	0	01/90	GR	
01042 1 0 0	PERMIT			****			REPORT					
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	UG/L		QTRLY	GRAB	
IRON, TOTAL	SAMPLE						DAILTIVIA					
(AS FE)	MEASUREMENT	*****	*****		*****	*****	160	(28)	0	01/90	GR	
01045 1 0 0				****			REPORT					
	PERMIT	*****	*****	****	*****	*****	_			QTRLY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L				
MANGANESE, TOTAL	SAMPLE	*****	*****		*****	*****	<2	(28)	0	01/90	GR	
(AS MN)	MEASUREMENT											
01055 1 0 0	PERMIT	*****	*****	****	*****	*****	REPORT			QTRLY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L				
NICKEL, TOTAL	SAMPLE	*****	*****		*****	*****	2.5	(28)	0	01/90	GR	
(AS NI) See Note 1	MEASUREMENT											
01067 1 0 0	PERMIT	*****	*****	****	*****	*****	REPORT			QTRLY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		W.11.21	ONTO	
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					
		supervis	ion in accordance v	vith a system designed	to assure that qualifie	ed personnel prope	rly gather					hone
Division Manager		and evaluate the	e information submi	submitted. Based on my inquiry of the person or persons who manage the system, or				stem, or			631-34	4-4549
Environmental & Waste Mana	agement	those persons	directly responsible	e for gathering the info	rmation, the information	on submitted is, to	the best of my					
Services Division		knowledge and	belief, true, accura	te, and complete. I an	n aware that there are	significant penaltie	s for submitting	ng Signature of Principal Executive		Date S	Signed	
Typed or Printed		fals	e information, inclu	ding the possibliity of f	ine and imprisonment	for knowing violation	ons.	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)
Per	mit N	umber				Discharge Number	F - FINAL
	Monito	oring I	Perio	od			RINSE FROM CENTRL DEGREASR 498
	Fron	n		То		**	* No Discharge ****
ΥR	МО	DAY	ΥR	МО	DAY]	
NΕ	07	01	05	na	30	Note: Pead	Instructions before completing this form

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) See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	11.4	(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	*****	*****		*****	*****	3.1	(28)	0	01/90	GR	
39100 1 0 0 See Note 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB	
DI-N-BUTYL PHTHALATE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<10.3	(28)	0	01/90	GR	
39110 1 0 0 EFFLUENT GROSS VALUE	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	
	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 un	nder penalty of law t	that 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								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		knowledge and	d belief, true, accura	ate, and complete. I a	m aware that there are	e significant penalti	es for submitting			cipal Executive	Date S	Signed
Typed or Printed		fals	se information, inclu	iding the possibliity of	fine and imprisonmen	t for knowing violati	ions.	Officer of	or Auth	orized Agent		

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

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

		QUA	ANTITY OR LO	ADING		•	ICENTRATIO		NO.	FREQUENCY	SAMPLE	ı
PARAMETER									EX	OF	TYPE	ì
		AVERAGE	MAXIMUM		MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		ì
FLOW RATE	SAMPLE		*****	(07)	*****	*****	*****				RC	ì
See Note 5	MEASUREMENT											ì
00056 1 0 1	PERMIT	REPORT	*****		*****	*****	*****	****		QTRLY	RCORDR	Ī
EFFLUENT GROSS VALUE	REQUIREMENT	DAILY AV		GPD				****		411.21		ì
PH	SAMPLE	*****	*****			*****		(12)			GR	ì
See Note 5	MEASUREMENT											ì
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EFFLUENT GROSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SU		Z	0.0.2	ì
NITROGEN, TOTAL	SAMPLE	*****	*****		*****	*****		(19)			GR	Ī
(AS N) See Note 5	MEASUREMENT]			J.,	i
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EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		GINLI	GRAD	ì
CYANIDE, TOTAL	SAMPLE	*****	*****		*****	*****		(28)			GR	ì
(AS CN) See Note 5	MEASUREMENT										GK	ì
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EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		QIKLT	GRAD	ì
SILVER, TOTAL	SAMPLE	*****	*****		*****	*****		(28)			GR	ì
(AS AG) See Note 5	MEASUREMENT										GR	ì
01077 1 0 0	PERMIT	*****	*****	****	*****	*****	REPORT			OTDL V	0040	Ī
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	UG/L		QTRLY	GRAB	ì
PHENOLICS, TOTAL	SAMPLE	*****	*****		*****	*****		(28)				Ī
RECOVERABLE See Note 5	MEASUREMENT	*****	*****		*****	*****		, ,			GR	ì
32730 1 0 0	PERMIT	*****	*****	****	*****	*****	REPORT					Ī
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	UG/L		QTRLY	GRAB	Ī
	SAMPLE											ì
	MEASUREMENT											ì
	PERMIT			1								i
	REQUIREMENT											Ī
NAME/TITLE PRINCIPAL EXECUT	IVE OFFICER	I certify un	der penalty of law the	nat this document and	all attachments were	prepared under my	direction or					
	-	1 1				•					Telepi	hone
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, c									631-344	
Environmental & Waste Mana	agement	those persons directly responsible for gathering the information, the information submitted is, to the best of my							· ·			
Services Division	·		, .				•	Signature	of Princ	cipal Executive	Date S	ianed
Typed or Printed		knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. Signature of Principal Executive Officer or Authorized Agent										
Comments and Explanation of any viol	·			anny and possibility of th	o a.iu impilooriillelit	.slowing violatio		0	/ tati	ou / goilt		

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

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

PARAMETER		QUA	ANTITY OR LO		QUA		NCENTRATIO			FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS		
FLOW RATE	SAMPLE		*****	(07)	*****	*****	*****					
See Note 6	MEASUREMENT											
00056 1 0 1	PERMIT	REPORT	*****		*****	*****	*****	****		QTRLY	RCORDR	
EFFLUENT GROSS VALUE	REQUIREMENT	DAILY AV		GPD				****		QIKLI	KCOKDK	
PH	SAMPLE	*****	*****			*****		(12)				
See Note 6	MEASUREMENT											
00400 1 0 0	PERMIT	*****	*****	****	REPORT	*****	REPORT			QTRLY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SU		GINEI	OKAB	
	SAMPLE											
	MEASUREMENT]								
	PERMIT											
	REQUIREMENT											
	SAMPLE											
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	REQUIREMENT SAMPLE											
	MEASUREMENT											
	PERMIT			1								
	REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUT		Leartify up	der penalty of law t	hat this document and	all attachments were	prepared under my	direction or					
HAME THEE I KINGII AL EXECUT	ITE OFFICER	1	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								Teleph	none
Division Manager		1		-	•						631-344	
Environmental & Waste Mana	gement			itted. Based on my inquiry of the person or persons who manage the system, or					0313344	7373		
Services Division	.900	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					=				Date Si	igned
Typed or Printed		-		ding the possibliity of f			=	Officer or Authorized Agent				
Typed of Frinted		- II - 44 I	o miorinadori, Iliciu	any are possibility of I	ino and imprisoriment	O I I I CE I	, Autil	onzeu Agent				

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

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

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

							MAJOR
NY	00058	35				001 F	(SUBR 01)
Per	mit N	umber				Discharge Number	F - FINAL
	Monite	oring I	Perio	od			COOLING TOWER WTR & BLOWDN 902
	Fro	n		То			*** No Discharge ****
ΥR	MO	DAY	ΥR	МО	DAY		
05	07	01	05	ng	30	Note: Re	ad Instructions 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	4000	*****	(07)	*****	*****	*****		0	03/90	RC	
00056 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	GPD	*****	*****	*****	****		QTRLY	RCORDR	
PH	SAMPLE MEASUREMENT	*****	*****	0.5	7.9	****	7.9	(12)	0	01/90	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	****	REPORT MAXIMUM	SU		QTRLY	GRAB	
PROPYLENE GLYCOL MONOBUTYL ETHER	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 500	(28)	0	01/90	GR	
49875 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	UG/L		QTRLY	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
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	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUT	IVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or										
Division Manager Environmental & Waste Mana	agement	and evaluate th	e information subm	itted. Based on my in	signed to assure that qualified personnel properly gather my inquiry of the person or persons who manage the system, or ne information, the information submitted is, to the best of my						Telepl 631-344	
Services Division Typed or Printed	-3	knowledge and	belief, true, accura	ate, and complete. I a	m aware that there are fine and imprisonment	significant penaltie	es for submitting			cipal Executive	Date S	igned
1,7000 01 1 1111100		iais	oomiadon, illoit	and the possibility of	o and imprisoriment	Miowing violati	····	0111001	/ tuti	.czou / gont		

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

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

NAME USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE
UPTON NY 11973

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

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

						, ,	MAJOR
NYO	0058	35				001 M	(SUBR 01)
Per	mit N	umber	•			Discharge Number	F - FINAL
N	/lonite	oring I	Perio	od			PROCESS SANIT & STORMWTR RNOFF
	Fron	n		То			*** No Discharge ****
ΥR	МО	DAY	YR	МО	DAY		
05	09	01	05	09	30	Note: R	ead Instructions before completing this form

				05 09 01	05 09 30		Hoto. Houa	moti dotione		e completing th		
PARAMETER		QUA	NTITY OR LO	ADING	QUA	LITY OR CON	ICENTRATIO	N	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS		
TEMPERATURE, WATER	SAMPLE	*****	*****		*****	*****		(15)		04/04		
DEG. FAHRENHEIT	MEASUREMENT	*****	*****		*****	*****	82		0	01/01	GR	
00011 1 0 0	PERMIT	*****	*****	****	*****	*****	90			DAILY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	DEG.F		DAILT	GRAB	
BOD, 5-DAY	SAMPLE	*****	*****		*****	< 2	< 2	(19)	0	03/30	24	
(20 DEG. C)	MEASUREMENT					< 2	< 2		١ '	03/30	24	
00310 1 0 0	PERMIT	*****	*****	****	*****	10	20			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****		DAILY AV	DAILY MX	MG/L		MONTH	COMP24	
PH	SAMPLE	*****	*****		7.0	*****	7.5	(12)	0	01/01	GR	
	MEASUREMENT				7.0		7.5		١٠	01/01	GK	
00400 1 0 0	PERMIT	*****	*****	****	5.8	*****	9.0			DAILY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SU		DAILT	GRAD	
SOLIDS, TOTAL	SAMPLE	*****	*****		*****	<0.57	<0.59	(19)	0	03/30	24	
SUSPENDED	MEASUREMENT					VO.57	<0.59		Ů	03/30	24	
00530 1 0 0	PERMIT	*****	*****	****	*****	10	20			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****		DAILY AV	DAILY MX	MG/L		MONTH	COMF24	
SOLIDS, SETTLEABLE	SAMPLE	*****	*****		*****	*****	0.0	(25)	0	01/01	GR	
	MEASUREMENT						0.0		Ľ	01/01	OK.	
00545 1 0 0	PERMIT	*****	*****	****	*****	*****	0.1			DAILY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	ML/L		DAILI	GRAD	
NITROGEN, TOTAL	SAMPLE	*****	*****		*****	*****	7.1	(19)	0	03/30	24	
(AS N)	MEASUREMENT						7.1		Ľ	03/30	24	
00600 1 0 0	PERMIT	*****	*****	****	*****	*****	10			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	00IIII 24	
NITROGEN, AMMONIA	SAMPLE	*****	*****		*****	*****	0.1	(19)	0	03/30	24	
TOTAL (AS N)	MEASUREMENT								Ľ		2-7	
00610 1 0 0	PERMIT	*****	*****	****	*****	*****	2			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	00IIII 24	
NAME/TITLE PRINCIPAL EXECUT	IVE OFFICER	I certify und	der penalty of law t	nat this document and	all attachments were	prepared under my	direction or					
		supervisi	ion in accordance v	vith a system designed	to assure that qualified	ed personnel prope	rly gather				Telep	
Division Manager		and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system								631-34	4-4549	
Environmental & Waste Mana	gement	those persons directly responsible for gathering the information, the information submitted is, to the best of my										
Services Division		knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting Signature of Principal Executive Date Signed								igned		
Typed or Printed		false	e information, inclu	ding the possibliity of f	ine and imprisonment	for knowing violation	ons.	Officer of	r Auth	orized Agent		

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

NAME USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE
UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY LOCATION UPTON NY 11973

ATTN: MICHAEL HOLLAND, GROUP MGR

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

PARAMETER		QUA	NTITY OR LO	ADING			NCENTRATIO			FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PHOSPHORUS, TOTAL	SAMPLE	*****	*****		*****	*****	1.4	(19)	0	03/30	24	
(AS P)	MEASUREMENT						1.4		١ '	03/30	24	
00665 1 0 0	PERMIT	*****	*****	****	*****	*****	REPORT			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	COIVIF24	
CYANIDE, TOTAL	SAMPLE	*****	*****		*****	*****	3.7	(28)	0	03/30	GR	
(AS CN) See Note 1	MEASUREMENT						3.7		ľ	03/30	GK	
00720 1 0 0	PERMIT	*****	*****	****	*****	*****	100			TWICE/	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		MONTH	GRAD	
COPPER, TOTAL	SAMPLE	*****	*****		*****	*****	0.020	(19)	0	02/20	24	
(AS CU)	MEASUREMENT						0.039		١ '	03/30	24	
01042 1 0 0	PERMIT	*****	*****	****		*****	0.15			ONCE/	COMPA	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	COMP24	
IRON, TOTAL	SAMPLE	*****	*****		*****	*****	0.11	(19)	0	03/30	0.4	
(AS FE)	MEASUREMENT						0.11		١ '	03/30	24	
01045 1 0 0	PERMIT	*****	*****	****	*****	*****	0.37			ONCE/	OOMBO4	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	COMP24	
LEAD, TOTAL	SAMPLE	*****	*****		*****	*****	0.0011	(19)	0	03/30	24	
(AS PB) See Note 1	MEASUREMENT						0.0011		ľ	03/30	24	
01051 1 0 0	PERMIT	*****	*****	****	*****	*****	0.019			ONCE/	COMPA	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	COMP24	
NICKEL, TOTAL	SAMPLE	*****	*****		*****	*****	0.013	(19)	0	03/30	24	
(AS NI) See Note 1	MEASUREMENT						0.013		١ '	03/30	24	
01067 1 0 0	PERMIT	*****	*****	****	*****	*****	0.11			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	CONIP24	
SILVER, TOTAL	SAMPLE	*****	*****		*****	*****	0.002	(19)	0	03/30	24	
(AS AG) See Note 1	MEASUREMENT						0.002		U	03/30	24	
01077 1 0 0	PERMIT	*****	*****	****	*****	*****	0.015			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	COWIP24	
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 v	vith a system designed	to assure that qualifi	ed personnel prope	erly gather				Telep	hone
Division Manager		and evaluate the	e information subm	itted. Based on my inc	quiry of the person or	persons who mana	ige the system, or				631-34	4-4549
Environmental & Waste Mana	ngement	those persons	directly responsible	e for gathering the info	ormation, the informati	ion submitted is, to	the best of my					
Services Division		knowledge and	belief, true, accura	te, and complete. I an	n aware that there are	significant penaltie	es for submitting	Signature of	of Prin	cipal Executive	Date S	igned
Typed or Printed		fals	e information, inclu	ding the possibliity of f	ine and imprisonment	for knowing violation	ons.	Officer of	r Auth	orized Agent		
\		-11 -441				_	_					_

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

NAME USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE
UPTON NY 11973

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

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

								WAJOR						
	NY(00058	35				001 M (SUBR 01)							
	Per	mit N	umber	•			Discharge Number	F - FINAL						
,	ı	Vionit	oring l	Peri	od			PROCESS SANIT & STORMWTR RNOF						
		Fro	m		То	_	*	*** No Discharge ****						
	ΥR	МО	DAY	ΥR	MO	DAY								
	05 09 01 05 09 30				09	30	Note: Read Instructions before completing this form							

				00 00 0.	00 00					o oomplomig m		_	
PARAMETER		QUA	ANTITY OR LO	DADING	QUALITY OR CONCENTRATION			N	NO. EX	FREQUENCY OF	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS			
ZINC, TOTAL	SAMPLE	*****	*****		*****	*****	0.00	(19)	0	02/20	24	İ	
(AS ZN)	MEASUREMENT						0.06		U	03/30	24	1	
01092 1 0 0	PERMIT	*****	*****	****	*****	*****	0.1			ONCE/	COMP24		
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	COMP24		
TOLUENE	SAMPLE	*****	*****		*****	*****	< 1	(28)	0	03/30	GR	1	
	MEASUREMENT						< 1		ľ	03/30	GK	1	
34010 1 0 0	PERMIT	*****	*****	****	*****	*****	5			TWICE/	GRAB		
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		MONTH	GRAD		
METHYLENE CHLORIDE	SAMPLE	*****	*****		*****	*****	<2	(28)	0	03/30	GR	1	
	MEASUREMENT						\ <u>\</u>			03/30	GK	1	
34423 1 0 0	PERMIT	*****	*****	****		*****	5			TWICE/	GRAB		
EFFLUENT GROSS VALUE	REQUIREMENT			***			DAILY MX	UG/L		MONTH	GRAD		
1,1,1-TRICHLORO-	SAMPLE	*****	*****		*****	*****	<1	(28)	0	03/30	GR	1	
ETHANE	MEASUREMENT						` '		ľ	03/30	GK	1	
34506 1 0 0	PERMIT	*****	*****	****	*****	*****	5			TWICE/	GRAB		
EFFLUENT GROSS VALUE	REQUIREMENT			***			DAILY MX	UG/L		MONTH	GRAD		
FLOW, IN CONDUIT OR	SAMPLE	0.44	0.54	(03)	*****	*****	*****		0	99/99	RC	1	
THRU TREATMENT PLANT	MEASUREMENT	0.44	0.54						ľ	99/99	KC	1	
50050 1 0 0	PERMIT	REPORT	2.3		*****	*****	*****	****		CONTINU-	RCORDR		
EFFLUENT GROSS VALUE	REQUIREMENT	DAILY AV	DAILY MX	MGD				****		ous	KCOKDK		
MERCURY, TOTAL	SAMPLE	*****	*****		*****	*****	<0.0001	(19)	0	03/30	24	1	
(AS HG)	MEASUREMENT						<0.0001		Ū	03/30	24	1	
71900 1 0 0	PERMIT	*****	*****	****	*****	*****	0.0008			ONCE/	COMP24		
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	COMI 24		
COLIFORM, FECAL SAMPLE		*****	*****		*****	< 2	< 2	(13)	0	03/30	GR	1	
GENERAL	MEASUREMENT]							O.C	1	
74055 1 0 0	PERMIT	*****	*****	****	*****	200	400	#/		ONCE/	GRAB		
EFFLUENT GROSS VALUE	REQUIREMENT			****		DAILY AV	DAILY MX	100ML		MONTH	GIVAD		
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			-			
		supervisi	ion in accordance v	with a system designed				Telephon					
Division Manager	and evaluate the	e information subm	itted. Based on my in	:			631-34	4-45					
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							of Prin	Date S	igne		
Typed or Printed		fals	e information, inclu	ding the possibliity of	fine and imprisonment	false information, including the possibility of fine and imprisonment for knowing violations.							

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

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

NAME USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE
UPTON NY 11973

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

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

							WAJON
NY	00058	35				001 M	(SUBR 01)
Per	mit N	umber	r			Discharge Number	F - FINAL
	Monito	oring I	Perio	od			PROCESS SANIT & STORMWTR RNOFF
	Fron	n		То			*** No Discharge ****
ΥR	МО	DAY	YR	МО	DAY		
05	09	01	05	07	30	Note: Rea	d Instructions before completing this form

PARAMETER		QU	ANTITY OR LO	OADING	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY 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	*****	*****		> 92	*****	*****	(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 ur	nder penalty of law	that this document and	d all attachments were	prepared under my	y direction or					
Division Manager	and evaluate th	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								Telephone 631-344-4549		
Environmental & Waste Mana Services Division	agement							Signature of Principal Executive Officer or Authorized Agent			Date Si	gned
Typed or Printed		fals	se information, inclu	uding the possiblifty of	tine and imprisonment	false information, including the possibliity of fine and imprisonment for knowing violations.						

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

DISCHARGE MONITORING REPORT (DMR) **MAJOR** ADDRESS BROOKHAVEN NATIONAL LABORATORY **BROOKHAVEN AREA OFFICE** NY0005835 001 Q (SUBR 01) Permit Number F - FINAL NY 11973 Discharge Number FACILITY **BROOKHAVEN NATIONAL LABORATORY Monitoring Period** PROCESS SANIT EFFL & STORMWTR LOCATION UPTON NY 11973 From *** No Discharge То MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 07 01 05 09 30 Note: Read Instructions before completing this form NO. FREQUENCY SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER ΕX OF TYPE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** POLYCHLORINATED SAMPLE (28) ***** 0 < 0.53 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)

NAME

USDOE

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: 09 01 05 09 30 Note: Read Instructions before completing this form NO. FREQUENCY SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER ΕX OF TYPE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** 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) ***** ***** ***** ***** 6.6 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) ***** 0.0011 ***** ***** ***** 0 04/30 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: 09 01 05 09 30 Note: Read Instructions before completing this form NO. FREQUENCY SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER ΕX OF TYPE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** РΗ SAMPLE (12) ***** 0 7.3 8.1 04/30 GR MEASUREMENT PERMIT REPORT ONCE/ 00400 1 0 0 9.0 ***** ***** **GRAB** EFFLUENT GROSS VALUE REQUIREMENT **** MINIMUM MAXIMUM SU MONTH OIL & GREASE SAMPLE (19) ***** ***** ***** ***** < 0.94 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) 0.041 ***** ***** ***** ***** 0 04/30 RC THRU TREATMENT PLANT MEASUREMENT 50050 1 0 1 PERMIT REPORT ONCE/ ***** ***** ***** ***** RCORDR EFFLUENT GROSS VALUE REQUIREMENT **DAILY AV** MGD MONTH SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT

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 submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting

Typed or Printed

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 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.

Officer or Authorized Agent

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

REQUIREMENT
SAMPLE
MEASUREMENT
PERMIT
REQUIREMENT
SAMPLE
MEASUREMENT
PERMIT

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

Telephone

631-344-4549

Date Signed

NAME USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE
UPTON NY 11973

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

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

							WAJOR		
NY	00058	35				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	n		То		**	** No Discharge ****		
ΥR	MO	DAY	ΥR	MO	DAY]			
05 07 01 05 09 30			30	Note: Read Instructions before completing this form					

	QUA	NTITY OR LO	ADING	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF	SAMPLE TYPE	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
SAMPLE	*****	*****		*****	*****	-0.07	(19)	•	04/00	CD.	
MEASUREMENT						<0.07		U	01/90	GK	
PERMIT	*****	*****	****	*****	*****	2.0			OTPL V	CDAR	
REQUIREMENT			****			DAILY MX	MG/L		QIKLI	GRAD	
SAMPLE	*****	*****		*****	*****	.40	(28)	•	04/00	C.D.	
MEASUREMENT						< 1.0		U	01/90	GK	
PERMIT	*****	*****	****	*****	*****	50			OTDL V	CDAR	
REQUIREMENT			****			DAILY MX	UG/L		QIKLT	GRAB	
SAMPLE	*****	*****		*****	*****	- 1	(28)	_	01/00	CB	
MEASUREMENT						< 1		U	01/90	GK	
PERMIT	*****	*****	****		*****	7			OTPL V	CDAR	
REQUIREMENT			****			DAILY MX	UG/L		QIKLT	GRAB	
SAMPLE	*****	*****		*****	*****	-11	(28)	•	01/00	CB	
MEASUREMENT						< I		U	01/90	GK	
PERMIT	*****	*****	****	*****	*****	5			OTDL V	CDAR	
REQUIREMENT			****			DAILY MX	UG/L		QIKLI	GRAD	
SAMPLE	*****	*****		*****	*****	. O OF	(19)	•	04/00	C.D.	
MEASUREMENT						< 0.05		U	01/90	GK	
PERMIT	*****	*****	****	*****	****	0.5			OTDL V	ODAD	
REQUIREMENT			****			DAILY MX	MG/L		QIKLT	GRAB	
SAMPLE	*****	*****		*****	*****	- 0.00E	(19)	•	04/00	C.D.	
MEASUREMENT						< 0.005		U	01/90	GK	
PERMIT	*****	*****	****	*****	*****	0.2			OTDL V	CDAR	
REQUIREMENT			****			DAILY MX	MG/L		QIKLI	GRAB	
SAMPLE											
MEASUREMENT											
PERMIT											
REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			hat this document and	all attachments were	prepared under my	direction or					·
			vith a system designed	to assure that qualifie	ed personnel prope	rly gather				Telep	hone
	and evaluate the	information submi	tted. Based on my inc	quiry of the person or p	ersons who mana	ge the system, or				631-34	4-4549
gement	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			Signed
	fals	e information, inclu	ding the possibliity of f	ine and imprisonment	for knowing violation	ons.	Officer or Authorized Agent				
1	SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT REQUIREMENT	SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT REQUIREMENT REQUIREMENT VE OFFICER RIGHT REQUIREMENT	AVERAGE MAXIMUM SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT REQUIREMENT IVE OFFICER I certify under penalty of law it supervision in accordance wand evaluate the information submit those persons directly responsible knowledge and belief, true, accurate false information, including the submit of the persons directly responsible knowledge and belief, true, accurate false information, including the submit of the submit	SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT I certify under penalty of law that this document and supervision in accordance with a system designed and evaluate the information submitted. Based on my inc those persons directly responsible for gathering the information submitted. Based on my inc those persons directly responsible for gathering the information, including the possibility of false information including the possibility of false information.	AVERAGE MAXIMUM UNITS SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT PERMIT REQUIREMENT PERMIT PERMIT REQUIREMENT PERMIT PERMIT REQUIREMENT PERMIT	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM SAMPLE MEASUREMENT PERMIT PERMIT PERMIT PERMIT PERMIT PERMIT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE SAMPLE MEASUREMENT SAMPLE SAMPLE MEASUREMENT SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPL	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS SAMPLE MEASUREMENT PERMIT REQUIREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT SAMPLE MEASUREMEN	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS SAMPLE MEASUREMENT	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS SAMPLE MEASUREMENT	AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS SAMPLE MEASUREMENT

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: 07 01 05 09 30 Note: Read Instructions before completing this form NO. FREQUENCY SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER ΕX OF TYPE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** 1-HYDROXY-ETHYLIDENE SAMPLE (19) 0 < 0.05 01/90 GR MEASUREMENT PERMIT 85812 1 0 0 0.5 ***** ***** **QTRLY GRAB** EFFLUENT GROSS VALUE REQUIREMENT **** **DAILY MX** MG/L TOLYTRIAZOLE SAMPLE (19) ***** ***** ***** ***** < 0.005 01/90 GR MEASUREMENT 85813 1 0 0 PERMIT **** 0.2 ***** ***** ***** ***** QTRLY GRAB **EFFLUENT GROSS VALUE** REQUIREMENT **DAILY MX** MG/L SAMPLE MEASUREMENT PERMIT REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or

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

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

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

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

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

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

Division Manager

Environmental & Waste Management

Services Division

Typed or Printed

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

Telephone

631-344-4549

Date Signed

Signature of Principal Executive

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) NAME USDOE DISCHARGE MONITORING REPORT (DMR) **MAJOR** ADDRESS BROOKHAVEN NATIONAL LABORATORY **BROOKHAVEN AREA OFFICE** NY0005835 005 M (SUBR 01) Permit Number F - FINAL UPTON NY 11973 Discharge Number FACILITY **BROOKHAVEN NATIONAL LABORATORY Monitoring Period NSLS COOLING TOWR BLDN ETC (HS)** LOCATION UPTON NY 11973 From *** No Discharge MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 09 01 05 09 Note: Read Instructions before completing this form NO. FREQUENCY SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER ΕX OF TYPE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** РΗ SAMPLE (12) ***** ***** 0 7.5 8.1 04/30 GR MEASUREMENT PERMIT REPORT 8.5 ONCE/ 00400 1 0 0 ***** **GRAB** EFFLUENT GROSS VALUE REQUIREMENT **** MINIMUM MAXIMUM SU MONTH OIL & GREASE SAMPLE (19) ***** ***** ***** ***** < 0.96 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) ***** 0.10 ***** ***** ***** 0 04/30 RC THRU TREATMENT PLANT MEASUREMENT 50050 1 0 1 PERMIT REPORT **** ONCE/ ***** ***** ***** ***** RCORDR EFFLUENT GROSS VALUE REQUIREMENT DAILY AV MGD **** MONTH SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT

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Services Division
Typed or Printed

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

SEE PERMIT FOR ADDITIONAL NOTES. COMMENTS AND REQUIREMENTS.

REQUIREMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Division Manager

Environmental & Waste Management

Telephone

631-344-4549

Date Signed

Signature of Principal Executive

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) NAME USDOE DISCHARGE MONITORING REPORT (DMR) **MAJOR** ADDRESS BROOKHAVEN NATIONAL LABORATORY **BROOKHAVEN AREA OFFICE** NY0005835 005 Q (SUBR 01) Permit Number F - FINAL NY 11973 Discharge Number FACILITY **BROOKHAVEN NATIONAL LABORATORY Monitoring Period NSLS COOLG TOWR BLOWDN ETC (HS)** LOCATION UPTON NY 11973 From *** No Discharge Τo MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 07 01 05 09 30 Note: Read Instructions before completing this form NO. FREQUENCY SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER ΕX OF TYPE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** COPPER, TOTAL SAMPLE (19) 0 0.004 01/90 GR (AS CU) See Note 1 MEASUREMENT PERMIT 01042 1 0 0 1.0 ***** ***** **QTRLY GRAB** EFFLUENT GROSS VALUE REQUIREMENT **** **DAILY MX** MG/L 1-HYDROXY-ETHYLIDENE SAMPLE (19) ***** ***** ***** ***** < 0.05 0 01/90 GR MEASUREMENT PERMIT 0.5 85812 1 0 0 **** ***** ***** ***** ***** OTRLY GRAB EFFLUENT GROSS VALUE REQUIREMENT **** **DAILY MX** MG/L TOLYTRIAZOLE SAMPLE (19) ***** ***** ***** ***** < 0.005 0 01/90 GR MEASUREMENT 85813 1 0 0 PERMIT **** 0.2 ***** ***** ***** ***** QTRLY **GRAB** EFFLUENT GROSS VALUE REQUIREMENT **** **DAILY MX** MG/L SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

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: 09 01 05 09 30 Note: Read Instructions before completing this form NO. FREQUENCY SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER ΕX OF TYPE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** FLOW RATE SAMPLE (07)IN 240000 09/30 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
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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

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
NYO	00058	35				008 M	(SUBR 01)
Per	mit N	umber	•			Discharge Number	F - FINAL
ı	Monito	oring l	Perio	od			STORMWTR RUNOFF WAREHOUSE (HW)
	Fron	n		То	_	**	** No Discharge ****
ΥR	From To				DAY		
05	09	01	05	09	30	Note: Read	Instructions before completing this form

PARAMETER		QUA	ANTITY OR LO	DADING	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
FLOW RATE See Note 2	SAMPLE MEASUREMENT	*****	1000500	(07)	*****	*****	*****		0	01/30	IN	
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	**** ***		ONCE/ MONTH	INSTAN	
РН	SAMPLE MEASUREMENT	*****	*****		7.8	*****	7.8	(12)	0	01/30	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB	
OIL & GREASE See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.4	(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 REQUIREMENT	*****	*****	**** ***	*****	*****	5 DAILY MX	UG/L		ONCE/ MONTH	GRAB	
1,1,1-TRICHLORO- ETHANE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.5	(28)	0	01/30	GR	
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	*****	*****	5 DAILY MX	UG/L		ONCE/ MONTH	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUT	I certify un	der penalty of law t	hat this document and	all attachments were	prepared under my	direction or			_			
Division Manager	1	supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or								Telep 631-34		
Environmental & Waste Mana	agement	those persons	directly responsible	e for gathering the info	ormation, the informati							
Services Division									Signature of Principal Executive			igned
Typed or Printed		fals	e information, inclu	r Auth	norized Agent							

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) NAME USDOE DISCHARGE MONITORING REPORT (DMR) ADDRESS BROOKHAVEN NATIONAL LABORATORY **MAJOR BROOKHAVEN AREA OFFICE** NY0005835 008 Q (SUBR 01) Permit Number Discharge Number F - FINAL UPTON NY 11973 FACILITY **BROOKHAVEN NATIONAL LABORATORY Monitoring Period** SW RUNOFF FROM WAREHOUSE AREA LOCATION UPTON NY 11973 From *** No Discharge Τo MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 07 01 05 09 Note: Read Instructions before completing this form NO. FREQUENCY SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER ΕX OF TYPE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** ALUMINUM, DISSOLVED SAMPLE (19) ***** ***** 0 < 0.07 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
I certify under penalty of law that this document and all attachments were prepared under my direction or

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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: 09 01 05 09 Note: Read Instructions before completing this form NO. FREQUENCY SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER ΕX OF TYPE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** FLOW RATE SAMPLE (07)IN 61900 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) ***** ***** ***** ***** 1.4 0 01/30 GR MEASUREMENT See Note 1 00556 1 0 0 PERMIT **** 15 ONCE/ ***** ***** ***** ***** **GRAB** EFFLUENT GROSS VALUE REQUIREMENT **** **DAILY MX** MG/L MONTH SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or Telephone

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Division Manager

Environmental & Waste Management

Services Division

Typed or Printed

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631-344-4549

Date Signed

Signature of Principal Executive

NAME USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE
UPTON NY 11973

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

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

								MAJOR
NY	′ 0005	83	5				010 Q	(SUBR 01)
Pe	rmit l	٧u	mber				Discharge Number	F - FINAL
	Mon	to	ring F	Perio	od			SW RUNOFF FROM CENTRAL STM (H)
	Fre	om	1		То	_	1	*** No Discharge ****
ΥR	YR MO DAY YR MO				МО	DAY		
05	07	7	01	05	09	30	Note: Rea	ad Instructions before completing this form

PARAMETER		QUA	ANTITY OR LO		QUA			FREQUENCY OF	SAMPLE TYPE			
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
COPPER, DISSOLVED (AS CU) See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.01	(19)	0	01/90	GR	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	1.0 DAILY MX	MG/L		QTRLY	GRAB	
LEAD, DISSOLVED (AS PB) See Note 1	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0008	(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	*****	*****		*****	*****	0.019	(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	*****	*****		*****	*****	<0.07	(19)	0	01/90	GR	
01105 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ***	*****	*****	2.0 DAILY MX	MG/L		QTRLY	GRAB	
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NAME/TITLE PRINCIPAL EXECUT	I certify un	der penalty of law t	hat this document and	all attachments were	prepared under my	y direction or						
Division Manager			I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or								Telep 631-34	
Environmental & Waste Mana	agement	those persons directly responsible for gathering the information, the information submitted is, to the best of my										
Services Division	-g•								Signature of Principal Executive			igned
Typed or Printed		false information, including the possibility of fine and imprisonment for knowing violations.							Officer or Authorized Agent			
O		-11 -441		g and possibility of t	apco.iiiiciit	Omoor of Authorized Agent						

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) NAME USDOE DISCHARGE MONITORING REPORT (DMR) **MAJOR** ADDRESS BROOKHAVEN NATIONAL LABORATORY **BROOKHAVEN AREA OFFICE** NY0005835 06A M (SUBR 01) Permit Number F - FINAL UPTON NY 11973 Discharge Number FACILITY **BROOKHAVEN NATIONAL LABORATORY Monitoring Period** LINAC NCCW, FLOOR DNS,ETC (HT1) LOCATION UPTON NY 11973 From *** No Discharge Τo MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 09 01 05 09 30 Note: Read Instructions before completing this form NO. FREQUENCY SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER ΕX OF TYPE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** РΗ SAMPLE (12) ***** ***** 0 6.8 7.6 04/30 GR MEASUREMENT PERMIT REPORT ONCE/ 00400 1 0 0 9.0 ***** **GRAB** EFFLUENT GROSS VALUE REQUIREMENT **** MINIMUM MAXIMUM SU MONTH OIL & GREASE SAMPLE (19) ***** ***** ***** ***** < 0.94 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) ***** 0.65 ***** ***** ***** 0 04/30 RC THRU TREATMENT PLANT MEASUREMENT 50050 1 0 1 PERMIT REPORT **** ONCE/ ***** ***** ***** ***** RCORDR EFFLUENT GROSS VALUE REQUIREMENT DAILY AV MGD **** MONTH SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT 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)
SEE PERMIT FOR ADDITIONAL NOTES. COMMENTS AND REQUIREMENTS.

Division Manager

Environmental & Waste Management

Services Division

Typed or Printed

Telephone

631-344-4549

Date Signed

Signature of Principal Executive

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) NAME USDOE DISCHARGE MONITORING REPORT (DMR) **MAJOR** ADDRESS BROOKHAVEN NATIONAL LABORATORY **BROOKHAVEN AREA OFFICE** NY0005835 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 Τo MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 07 01 05 09 30 Note: Read Instructions before completing this form NO. FREQUENCY SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER ΕX OF TYPE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** 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

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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

Telephone

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Date Signed

Signature of Principal Executive

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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Division Manager

REQUIREMENT

Telephone

631-344-4549

Date Signed

Signature of Principal Executive

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