

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

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

May 23, 2006

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

Gentlemen:

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

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

for April 2006

In accordance with our SPDES permit (NY-0005835), enclosed as Attachment I, please find the DMR for the month of April 2006. General Engineering Laboratories, LLC (ELAP Certification #11501) performs most of the analyses on SPDES samples, while H2M Labs, Inc. (NELAP Certification #10478) performs the BOD-5, Nitrogen series, and fecal coliform analyses and CHEMTEX Environmental Laboratory, Inc. (NELAP Certification #02077) performs specialty analyses for tolytriazole, hydroxyethilydene diphosphoric acid, and polypropylene glycol monobutyl ether. These laboratories are certified by the New York State Department of Health. Field measured parameters (pH, settleable solids, flow) are recorded and/or measured by BNL. Copies of the analytical reports will be retained in our files and will be made available upon request.

Review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. 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 April 2006.



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,

George A. Goode

Environmental & Waste Management Services

Mr Mode

**Division Manager** 

GAG/JR: car

Attachment I: Discharge Monitoring Report for April 2006.

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

LLC for samples collected on 4/3/06 and 4/5/06 from Outfall 001 (BNL Use

Only).

Attachment III: Analytical Results from General Engineering Laboratories, LLC for samples

collected from Outfalls 002, 002B, 005, 006A, 006B, 008, and 010 (BNL

Use Only).

cc: M. Bebon, w/o Attachments

G. Goode, w/o Attachments

M. Holland, w/o Attachments

C. Kao, w/ all 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. Granzen, w/ all Attachments

C. Johnson, w/o Attachments

R. Lee, w/ all Attachments

D. Lowenstein, w/o Attachments

V. Radeka, w/ all Attachments

A. Santino, SCDHS, w/ Attachment I

B. Style, w/o Attachments

D. Van Duyne, w/ all Attachments

File: EC62ER.06

### Brookhaven National Laboratory SPDES Permit No. NY0005835 Discharge Monitoring Report for April 2006 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.

# ATTACHMENT I BROOKHAVEN NATIONAL LABORATORY SPDES PERMIT NO. NY0005835 DISCHARGE MONITORING REPORT FOR APRIL 2006 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 ATTN: MICHAEL HOLLAND, GROUP MGR

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

							MAJOR
NY	0005	835				001 M	(SUBR 01)
Per	mit N	lum	ber			Discharge Number	F - FINAL
I	Monitoring Period				d		PROCESS SANIT & STORMWTR RNOFF
	Fron	1		То		***	No Discharge ****
YR	MO	DY	YR	МО	DY		
06	04	01	06	04	30	Note: Read	Instructions before completing this form

			00   04 DI	100   04   30		Note. neat	i ilisti uctioi	is before c	ompleting this ic	1111	
PARAMETER		C. // C. C. A. C.	ITITY OR LO	ADING	20.000.000	ALITY OR CO	ONCENTRAT	EX		FREQUENCY OF	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
TEMPERATURE, WATER	SAMPLE	*****	*****		*****	*****	63	(15)	0	01/01	GR
DEG. FAHRENHEIT	MEASUREMENT						05			01/01	art
00011 1 0 0	PERMIT	*****	*****	****	*****	*****	90			DAILY	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT		Par and	****	EN MAL N	BELL T	DAILY MX	DEG.F		DAILI	GIAD
BOD, 5-DAY	SAMPLE	*****	*****		*****	<2	<2	(19)	0	02/30	24
(20 DEG. C)	MEASUREMENT					\2	~2			02/30	24
00310 1 0 0	PERMIT	*****	*****	****	*****	10	20			ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE	REQUIREMENT			****	EL EPENIN	DAILY AV	DAILY MX	MG/L	St. Carrie	ONCE/MONTH	CONT 24
PH	SAMPLE	*****	*****		6.4	*****	6.9	(12)	0	01/01	GR
	MEASUREMENT				0.4		6.9		0	01/01	un .
00400 1 0 0	PERMIT	*****	*****	****	5.8	*****	9.0			DAILY	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SU		DAILY	GRAD
SOLIDS, TOTAL	SAMPLE	*****	*****		*****	0.00	0.40	(19)	_	02/30	0.4
SUSPENDED	MEASUREMENT					0.32	0.43	,	0	02/30	24
00530 1 0 0	PERMIT	*****	*****	****	, *****	10	20		Section.	ONCE MONTH	COMP24
EFFLUENT GROSS VALUE	REQUIREMENT			****	,	DAILY AV	DAILY MX	MG/L		ONCE/MONTH	COMP24
SOLIDS, SETTLEABLE	SAMPLE	*****	*****		*****	*****		(25)	_	04/04	0.0
	MEASUREMENT						0.0		0	01/01	GR
00545 1 0 0	PERMIT	*****	*****	****	*****	*****	0.1		100	DAILY	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT			***			DAILY MX	ML/L		DAILY	GRAD
NITROGEN, TOTAL	SAMPLE	*****	*****		*****	*****	6.4	(19)	_	00/20	0.4
(AS N)	MEASUREMENT						6.1		0	02/30	24
00600 1 0 0	PERMIT	*****	*****	***	*****	*****	10		EP-92	ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE	REQUIREMENT		2000	***			DAILY MX	MG/L		ONCE/MONTH	COMP24
NITROGEN, AMMONIA	SAMPLE	*****	*****		*****	*****	-0.1	(19)	_	00/20	24
TOTAL (AS N)	MEASUREMENT				******		<0.1		0	02/30	24
00610 1 0 0	PERMIT	*****	*****	***	*****	*****	2			ONCE/MONTH	COMP24
EFFLUENT GROSS VALUE	REQUIREMENT			***			DAILY MX	MG/L	11/1/1/2	ONCE/MONTH	COMP24
NAME/TITLE PRINCIPAL EXECU	UTIVE OFFICER	I certify und	er penalty of law th	at this document ar	nd all attachments w	ere prepared unde	r my direction			1	
George A. Goode	e	or supervisio	on in accordance w	ith a system design	ed to assure that qu	alified personnel p	roperly gather	$ $ $\ell$	1010	Mode	Telephor
Division Manage	and evaluate	the information su	bmitted. Based on	my inquiry of the pe	rson or persons wh	no manage the		1/4./	" Woll	631-344-4	
Environmental & Waste Ma	system, or those persons directly responsible for gathering the information, the information submitted is, to the							1 /			
Services Division	best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties										
Typed or Printed		for submitting false information, including the possibility of fine and imprisonment for knowing violations.							Officer or Authorized Agent		
											5/24/

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

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5.

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

ADDRESS BROOKHAVEN NATIONAL LABORATORY

**BROOKHAVEN AREA OFFICE** 

UPTON NY 11973

**BROOKHAVEN NATIONAL LABORATORY** FACILITY

LOCATION UPTON NY 11973 MICHAEL HOLLAND, GROUP MGR ATTN:

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

								MAJOR
	NY00	0058	335				001 M	(SUBR 01)
l	Perm	nit N	lum	ber			Discharge Number	F - FINAL
1	M	onii	orir	ıg P	erio	1		PROCESS SANIT & STORMWTR RNOFF
	F	ron	1		То		***	No Discharge ****
	YR N	MO	DΥ	YR	МО	DΥ		
	06	04	D1	06	04	30	Note: Read	Instructions before completing this form

PARAMETER		QUAN	TITY OR LO	ADING	QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.2	(19)	0	02/30	24	
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****		*****	REPORT DAILY MX	MG/L		ONCE/MONTH	COMP24	
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1.5	(28)	0	02/30	GR	
00720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****		*****	100 DAILY MX	UG/L		TWICE/MONTH	GRAB	
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.035	(19)	0	02/30	24	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****		*****	0.15 DAILY MX	MG/L		ONCE/MONTH	COMP24	
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.15	(19)	0	02/30	24	
01045 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.37 DAILY MX	MG/L		ONCE/MONTH	COMP24	
LEAD, TOTAL (AS PB) See Note #1	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0076	(19)	0	02/30	24	
01051 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.019 DAILY MX	MG/L		ONCE/MONTH	COMP24	
NICKEL, TOTAL (AS NI) See Note #1	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.015	(19)	0	02/30	24	
01067 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.11 DAILY MX	MG/L		ONCE/MONTH	COMP24	
SILVER, TOTAL (AS AG) See Note #1	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0012	(19)	0	02/30	24	
01077 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.015 DAILY MX	MG/L		ONCE/MONTH	COMP24	
NAME/TITLE PRINCIPAL EXECU	TIVE OFFICER	I certify unde	er penalty of law tha	at this document an	d all attachments v	ere prepared under	my direction					
George A. Goode		or supervision in accordance with a system designed to assure that qualified personnel properly gather							1 - 11	1 1	Telepho	ne
Division Manager		and evaluate the information submitted. Based on my inquiry of the person or persons who manage the							7 4	with	631-344-4	549
Environmental & Waste Mar	nagement	system, or those persons directly responsible for gathering the information, the information submitted is, to the										
Services Division		best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties						1 '			Date Sign	
Typed or Printed		for submitting false information, including the possibliity of fine and imprisonment for knowing violations.							r or Author	5/24/	106	

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

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5.

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** NY0005835 001 M (SUBR 01) F - FINAL Permit Number Discharge Number **Monitoring Period** PROCESS SANIT & STORMWTR RNOFF \*\*\* No Discharge From To YR MO DY YR MO DY 06 04 01 06 04 30

Note: Read Instructions before completing this form

PARAMETER			NTITY OR LO			ALITY OR CO		EX OF			SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			ANALYSIS		]
ZINC, TOTAL (AS ZN)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.05	(19)	0	02/30	24	
01092 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.1 DAILY MX	MG/L		ONCE/MONTH	COMP24	
TOLUENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1	(28)	0	02/30	GR	
34010 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		TWICE/MONTH	GRAB	
METHYLENE CHLORIDE	SAMPLE MEASUREMENT	*****	*****		****	*****	<2	(28)	0	02/30	GR	
34423 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		TWICE/MONTH	GRAB	
1,1,1-TRICHLORO- ETHANE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1	(28)	o	02/30	GR	
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	. *****	*****	5 DAILY MX	UG/L		TWICE/MONTH	GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.38	0.51	(03)	*****	*****	*****		0	99/99	RC	
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	2.3 DAILY MX	MGD	*****	*****	*****	****		CONTINUOUS	RCORDR	
MERCURY, TOTAL (AS HG) See Note #1	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.00005	(19)	0	02/30	24	
71900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.0008 DAILY MX	MG/L		ONCE/MONTH	COMP24	
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	****	*****		****	<2	<2	(13)	0	02/30	GR	
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	****	*****	****	*****	200 DAILY AV	400 DAILY MX	#/ 100ML		ONCE/MONTH	GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify und	er penalty of law th	at this document ar	nd all attachments v	vere prepared unde	r my direction	,				
George A. Goode		or supervision	on in accordance w	ith a system design	ed to assure that q	ualified personnel p	roperly gather	1	1 4	Goods	Telep	hone
Division Manager	,	and evaluate	the information su	bmitted. Based on	my inquiry of the p	erson or persons wh	o manage the			/ words	631-34	4-4549
Environmental & Waste Mar	nagement	system, or those persons directly responsible for gathering the information, the information submitted is, to the										
Services Division		best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties							e of Princip		Signed	
Typed or Printed		for submitting false information, including the possibility of fine and imprisonment for knowing violations.							r or Author	5/24	1/06	

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

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PERMITTEE NAME/ADDRESS (Include Fa	lity 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)

PARAMETER		QUANTITY OR LOADING			QUA		NCENTRAT	TION NO.		FREQUENCY	SAMPLE TYPE	
I Allameren		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	1775	
2-BUTANONE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5	(28)	0	02/30	GR	
78356 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	50 DAILY MX	UG/L		TWICE/MONTH	GRAB	
BOD, 5-DAY PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		>98	*****	*****	(23)	0	01/30	CA	
81010 K 0 0 PERCENTREMOVAL	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 EXECU	TIVE OFFICER	I certify unde	er penalty of law that	at this document an	d all attachments we	ere prepared under	my direction					
George A. Goode	or supervisio	n in accordance wi	th a system designe	ed to assure that qu	alified personnel pr	operly gather	11		wile	Telep		
Division Manager	and evaluate	the information sub	omitted. Based on	my inquiry of the per	son or persons wh	o manage the		14/	with	631-34	4-4549	
Environmental & Waste Mai	system, or those persons directly responsible for gathering the information, the information submitted is, to the							,				
Services Division	best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties							Signature of Principal Executive			Signed	
Typed or Printed	for submitting false information, including the possibliity of fine and imprisonment for knowing violations.							Officer or Authorized Agent			/06	

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

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5.

PERMITTEE	NAME/ADDRESS (Include Facility Name/Location if Different)	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (							
NAME	USDOE	DISCHARGE MONITORI	NG REPORT (DMR)						
ADDRESS	BROOKHAVEN NATIONAL LABORATORY			MAJOR					
	BROOKHAVEN AREA OFFICE	NY0005835	002 B	(SUBR 01)					

NY 11973

NY 11973

**BROOKHAVEN NATIONAL LABORATORY** 

MICHAEL HOLLAND, GROUP MGR

MAJOR

NY0005835 002 B (SUBR 01)

Permit Number F - FINAL

Monitoring Period RF (1004) & BRAHMS (1002) BLOWDN

From To

YR MO DY YR MO DY

OS 04 51 05 04 30

Note: Read Instructions before completing this form

				06 04 01	06   04   30	l .	Note: Read	d Instruction	ıs before co	rm		
PARAMETER		QUAN	ITITY OR LO	ADING	QUA	LITY OR CO	NCENTRAT	TION	NO. EX	FREQUENCY	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS		
РН	SAMPLE MEASUREMENT	*****	*****	(07)	7.0	*****	7.0	(12)	0	01/30	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	GPD	REPORT MINIMUM	*****	9.0 MAXIMUM	su		ONCE/MONTH	GRAB	
OIL & GREASE See Note #1	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.1	(19)	0	01/30	GR	
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	0.0003	(03)	*****	*****	*****		0	04/30	RC	
50050 1 0 0 See Note #3 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/MONTH	RCORDR	
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
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	PERMIT REQUIREMENT											
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	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECU	TIVE OFFICER	I certify und	er penalty of law th	at this document an	d all attachments w	ere prepared under	my direction		•			1
George A. Goode		or supervisio	n in accordance w	ith a system designe	ed to assure that qu	alified personnel p	roperly gather	1	7 11	1,00	Telep	hone
Division Manager		and evaluate	the information su	bmitted. Based on	my inquiry of the pe	rson or persons wh	o manage the	MA Morda			631-34	4-4549
Environmental & Waste Mar	nagement	system, or those persons directly responsible for gathering the information, the information submitted is, to the										
Services Division		best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties						Signature of Principal Executive			Date S	
Typed or Printed		for submitting false information, including the possibliity of fine and imprisonment for knowing violations							r or Author	5/24	106	

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

UPTON

FACILITY

ATTN:

LOCATION UPTON

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

PERMITTER	NAME/ADDRESS (Include	e Facility Name/Loc	ation if Differe	ent)	NATIONAL	POLLUTANT	DISCHARG	E ELIMINAT	ION SYSTE	M (NPDES	)		
NAME	USDOE				DISCHARG	E MONITORI	NG REPOR	T (DMR)					
ADDRESS	BROOKHAVEN NATIONA	AL LABORATORY							MAJOR				
	BROOKHAVEN AREA OF	FICE			NY0005835		002 M (SUBR 01)						
	UPTON	NY 11973			Permit Num	ber	Discharge Number F - FINAL						
<b>FACILITY</b>	BROOKHAVEN NATIONA	AL LABORATORY			Monitoring Period				AGS NON-	C COOLNO	A,PRCP,ETC (HN)	r	
LOCATION	UPTON	NY 11973			From	То		***	No Dischar	rge	****		
ATTN:	MICHAEL HOLLAND, GR	OUP MGR			YR MO DY	YR MO DY	1						
					06 04 01	06 04 30	1	Note: Read	Instruction	ns before o	ompleting this fo	orm	
	PARAMETER .		QUAN	QUANTITY OR LO		QUA	LITY OR CO	ONCENTRAT	ION	NO. EX	FREQUENCY	SAMPLE TYPE	
			AVERAGE	MAXIMUM	UNITS	мимими	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS		
PH		SAMPLE MEASUREMENT	*****	****	×	7.2	*****	7.4	(12)	0	04/30	GR	
00400 1 0 EFFLUENT	0 ΓGROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB	
OIL & GRE	EASE See Note #1	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.3	(19)	0	01/30	GR	
00556 1 0	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB	
	CONDUIT OR ATMENT PLANT	SAMPLE MEASUREMENT	0.053	*****	(03)	*****	*****	*****		0	04/30	RC	
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NAME	TITLE PRINCIPAL EXECU	TIVE OFFICER	I certify unde	r penalty of law th	at this document an	d all attachments we	re prepared unde	r my direction					

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)

George A. Goode

**Division Manager** 

**Environmental & Waste Management** 

**Services Division** 

Typed or Printed

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

Telephone

631-344-4549

Date Signed

MA. North

Signature of Principal Executive

ADDRESS	BROOKHAVEN NATIONA	AL LABORATORY			MAJOR										
	BROOKHAVEN AREA OF	NY0005835 005 M				(SUBR 01)									
	UPTON	NY 11973			Permit Num	ber	Discharge	Number	F - FINAL						
<b>FACILITY</b>	BROOKHAVEN NATIONA	AL LABORATORY			Monitori	ng Period			NSLS COC	OLING TOWR BLDN ETC(HS)					
LOCATION	UPTON	NY 11973			From	То	]	***	No Discha	rge	****				
ATTN:	MICHAEL HOLLAND, GR	OUP MGR				YR MO DY									
41					06 04 01	06 04 30		Note: Read	d Instruction	ns before c	ompleting this fo	rm			
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	George A. Goode		or supervision	on in accordance w	ith a system designe	ed to assure that qu	alified personnel p	roperly gather	1	7	Good	Telepi			
	<b>Division Manager</b>		and evaluate	the information su	bmitted. Based on i	my inquiry of the pe	rson or persons wh	o manage the		14.	Lood	631-344			
Er	vironmental & Waste Mar	nagement			esponsible for gather				-						
	Services Division		best of my know	ledge and belief, to	rue, accurate, and co	omplete. I am awar	e that there are sig	nificant penalties	Signatur	re of Princi	pal Executive	Date S			

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)** 

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

Typed or Printed

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

NAME

USDOE

PERMITTEE	NAME/ADDRESS (Includ	e racility Name/Loc	ation if Differ	ent)	NATIONAL	POLLUTANT	DISCHARG	E ELIMINAT	ION SYSTE	M (NPDES)							
NAME (	USDOE				DISCHARGI	E MONITORI	NG REPOR	T (DMR)									
ADDRESS E	BROOKHAVEN NATIONA	AL LABORATORY				MAJOR											
E	BROOKHAVEN AREA OF	FFICE	NY0005835		007 M (SUBR 01)												
Į.	UPTON	NY 11973			Permit Num	ber	Discharge	Number	F - FINAL								
FACILITY E	BROOKHAVEN NATIONA	AL LABORATORY									PLT BKWSH (HX	()					
LOCATION L	UPTON	NY 11973			From	То	1	***	No Dischar		****	•					
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NAME/TI	ITLE PRINCIPAL EXECU	A PROPERTY OF THE PROPERTY OF	I certify unde	er penalty of law the	at this document and	d all attachments w	ere prepared under	r my direction	y.		1						
	George A. Goode		or supervisio	n in accordance wi	th a system designe	ed to assure that qu	alified personnel p	roperly gather	1	214	Money	Telepi 631-344					
	Division Manager		and evaluate	the information sul	omitted. Based on a	my inquiry of the pe	rson or persons wh	no manage the	or supervision in accordance with a system designed to assure that qualified personnel property 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)

**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.

Date Signed

Signature of Principal Executive

PERMITTEE NAME/ADDRESS (IIICIO	e racinty Name/Loc	audii ii Dilleli	em	NATIONAL	POLLUTANT	DISCHARG	IE ELIMINA	IONSTSIE	IN (INPUES	)		
NAME USDOE				DISCHARG	E MONITORI	NG REPORT	Γ (DMR)					
ADDRESS BROOKHAVEN NATIONA	AL LABORATORY							MAJOR				
BROOKHAVEN AREA OF	FICE			NY0005835		008 M		(SUBR 01)				
UPTON	NY 11973			Permit Num	ber	Discharge	Number	F - FINAL				
FACILITY BROOKHAVEN NATIONA	AL LABORATORY			Monitoring Period				STORMWT	WTR RUNOFF WAREHOUSE (HW)			
LOCATION UPTON	NY 11973			From	То	]	***	No Dischar	rge	****		
ATTN: MICHAEL HOLLAND, GR	OUP MGR			YR MO DY	YR MO DY	1						
				06 04 01	06 04 30		Note: Read	d Instruction	ns before c	ompleting this fo	rm	
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George A. Goode		or supervisio	n in accordance w	ith a system designe	ed to assure that qu	alified personnel p	roperly gather	1	1 114	Mole	Telep	
Division Manager		and evaluate	the information su	bmitted. Based on i	my inquiry of the pe	rson or persons wh	o manage the	/	Ular,	Troce	631-34	

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)

**Environmental & Waste Management** 

**Services Division** 

Typed or Printed

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

Date Signed

Signature of Principal Executive

ADDRESS	BROOKHAVEN NATION	AL LABORATORY							MAJOR			
	BROOKHAVEN AREA O	NY0005835 010			010 M (SUBR 01)							
	UPTON	NY 11973			Permit Num	ber	Discharge	Number	F - FINAL			
<b>FACILITY</b>	BROOKHAVEN NATIONA	AL LABORATORY			Monitori	ng Period			STORMWI	R R O CEN	TRAL STEAM (H	)
LOCATION	UPTON	NY 11973			From	То	1	***	No Discha		****	
ATTN:	MICHAEL HOLLAND, GF	ROUP MGR			YR MO DY	YR MO DY	1					
					06 04 01	06 04 30		Note: Read	Instruction	ns before c	ompleting this fo	rm
	PARAMETER		QUAN	ITITY OR LO	DADING	QUA	LITY OR CO	ONCENTRAT	TION	NO. EX	FREQUENCY	SAMPLE TYPE
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS	
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NAME/	TITLE PRINCIPAL EXECU	ITIVE OFFICER	I certify unde	er penalty of law th	at this document an	d all attachments we	ere prepared under	my direction			,	
	George A. Goode					ed to assure that qua			1	2 - 11	Good	Telepho
	<b>Division Manager</b>	-				my inquiry of the per				631-344-4		
En	vironmental & Waste Ma	nagement	system, or those	persons directly re	sponsible for gathe	ring the information,	the information su	bmitted is, to the	/		İ	
	Services Division				1 Wat 1980	omnlete. I am awar			Signatur	e of Princip	al Executive	Date Sig

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)** 

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

Typed or Printed

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

NAME

USDOE

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.

ADDRESS	BROOKHAVEN NATIONA	AL LABORATORY							MAJOR				
	BROOKHAVEN AREA OF	FICE			NY0005835		06A M		(SUBR 01)				
	UPTON	NY 11973			Permit Num	ber	Discharge Number		F - FINAL				
FACILITY	BROOKHAVEN NATIONA	AL LABORATORY	Monitoring Period						LINAC NC	CW, FLOOR	DNS,ETC(HT1)		
LOCATION	UPTON	NY 11973			From	То	1	***	No Dischar	rge	****		
ATTN:	MICHAEL HOLLAND, GR	OUP MGR			YR MO DY	YR MO DY	1	SUBR 01) F - FINAL  LINAC NCCW, FLOOR DNS,ETC(III)  Note: Read Instructions before completing to the substitution of the subst					
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NAME	TITLE PRINCIPAL EXECU	TIVE OFFICER	I certify und	er penalty of law th	at this document an	d all attachments w	ere prepared unde	r my direction			1 0		
	George A. Goode		or supervision	on in accordance w	ith a system design	ed to assure that qu	alified personnel p	roperly gather	In	114	Mond.	Teleph	one
	<b>Division Manager</b>		and evaluate	the information su	bmitted. Based on	my inquiry of the pe	rson or persons wh	no manage the	/	( 61. )	- Town	631-344-	4549
Er	nvironmental & Waste Mar	nagement	system, or those	persons directly re	esponsible for gathe	ring the information	the information su	ubmitted is, to the					
	Services Division		best of my know	best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties  Signature of Principal Executive								Date Sig	gned

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**DISCHARGE MONITORING REPORT (DMR)** 

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

Typed or Printed

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

USDOE

NAME

	BROOKHAVEN AREA OF			NY0005835		06B M		(SUBR 01)				
	UPTON	NY 11973			Permit Num	ber	Discharge	Number	F - FINAL			
<b>FACILITY</b>	BROOKHAVEN NATIONA	L LABORATORY			Monitorii	ng Period			COOLING 1	OWR FRO	M 919 ETC(HT2)	
LOCATION	UPTON	NY 11973			From To		***		No Dischar	ge	****	
ATTN:	MICHAEL HOLLAND, GR	OUP MGR				YR MO DY						
					06 04 01	06 04 30		Note: Read	d Instruction	s before c	ompleting this fo	rm
	PARAMETER		QUAN	ITITY OR LO	DADING	QUA	LITY OR CO	ONCENTRA	ΓΙΟΝ	NO. EX	FREQUENCY OF	SAMPLE TYPE
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NAME/	TITLE PRINCIPAL EXECU		I certify unde	er penalty of law th	at this document and	all attachments we	ere prepared under	my direction				A STATE OF THE PARTY OF THE PAR
	George A. Goode		100		th a system designe		5 5	15.	,		1 1	Telephon
	Division Manager				bmitted. Based on r				M	24.	horde	631-344-45
En	vironmental & Waste Man	agement			sponsible for gather					00101111		
	Services Division			ledge and belief, tr	ue, accurate, and co	mplete. I am awar	Signature	Date Sign				

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

**MAJOR** 

**DISCHARGE MONITORING REPORT (DMR)** 

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

Typed or Printed

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

NAME

USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY