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

BROOKHAVEN
NATIONAL LABORATORY

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

August 21, 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 July 2006

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

14. Monle

**Division Manager** 

GAG/JR: car

Attachment I: Discharge Monitoring Report for July 2006.

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

LLC for samples collected on 7/7/06 and 7/10/06 from Outfall 001 (BNL Use

Only).

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

collected from Outfalls 002, 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 July 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.
- 4. There was no discharge from Outfall 002B during this reporting period.

## ATTACHMENT I BROOKHAVEN NATIONAL LABORATORY SPDES PERMIT NO. NY0005835 DISCHARGE MONITORING REPORT FOR JULY 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
NYO	0005	835				001 M	(SUBR 01)
Per	mit l	lum	ber			Discharge Number	F - FINAL
	Moni	torii	ng P	erio	<b>J</b>		PROCESS SANIT & STORMWTR RNOFF
	Fron	ŋ		То		***	No Discharge ****
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06	07	D1	06	07	31	Note: Read	Instructions before completing this form

PARAMETER			NTITY OR LO			LITY OR CO			NO. EX	FREQUENCY	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			ANALYSIS		
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	****	****		*****	****	81	(15)	0	01/01	GR	
00011 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	90 DAILY MX	DEG.F		DAILY	GRAB	
BOD, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****		*****	<2	<2	(19)	0	02/30	24	
00310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	10 DAILY AV	20 DAILY MX	MG/L		ONCE/MONTH	COMP24	
PH	SAMPLE MEASUREMENT	*****	****		6.5	*****	7.2	(12)	0	01/01	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.8 MINIMUM	*****	9.0 MAXIMUM	su		DAILY	GRAB	
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****	0.89	<1.1	(19)	0	02/30	24	
00530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	10 DAILY AV	20 DAILY MX	MG/L		ONCE/MONTH	COMP24	
SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0	(25)	0	01/01	GR	
00545 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.1 DAILY MX	ML/L		DAILY	GRAB	
NITROGEN, TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	*****	5.9	(19)	0	02/30	24	
00600 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10 DAILY MX	MG/L		ONCE/MONTH	COMP24	
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.1	(19)	0	02/30	24	
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	2 DAILY MX	MG/L		ONCE/MONTH	COMP24	
NAME/TITLE PRINCIPAL EXECU	Leertify und	ier penalty of law tha	at this document and	all attachments we	re prepared under r	ny direction						
George A. Goode	or supervision in accordance with a system designed to assure that qualified personnel properly gather							1	60	Teleph		
Division Manager	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the							74	/ Looke	631-344	-4549	
Environmental & Waste Ma Services Division	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						Qjanat	D-4- 01				
Typed or Printed	1	ue, accurate, and co including the possible	•		-	e of Principer or Author	Date Si タク2と	gned //s/:				
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Comments and Explanation of any violations (Reference all attachments here)

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

APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB'S. 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

 NY0005835
 001 M
 (SUBR 01)

 Permit Number
 Discharge Number
 F - FINAL

Monitoring Period PROCESS SANIT & STORMWTR RNOFF
From To \*\*\* No Discharge \*\*\*\*

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Note: Read Instructions before completing this form

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PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.3	(19)	0	02/30	24	
00665 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	No. 1st.	*****	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	*****	*****		*****	*****	0.037	(19)	0	02/30	24	
01042 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****		*****	0.15 DAILY MX	MG/L	35	ONCE/MONTH	COMP24	
IRON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.17	(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	*****	*****		*****	*****	0.0015	(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	*****	*****		*****	*****	0.017	(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	****	****		****	****	0.0031	(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	Loertify und	der penalty of law th	at this document and	all attachments we	ere prepared under	my direction					
George A. Goode		or supervisi	on in accordance w	th a system designer	d to assure that qua	alified personnel pro	perly gather	1.		1 0	Telep	hone
Division Manager	•	and evaluate	e the information su	bmitted. Based on m	ry inquiry of the per	rson or persons who	manage the	10 16			631-34	4-4549
Environmental & Waste Mar	system, or those	sponsible for gatheri	ing the information.									
Services Division	best of my know	wledge and belief, to	ue, accurate, and co	mplete. I am aware	e that there are sign	ificant penalties				Date S	igned	
Typed or Printed		for submittin	g false information,	including the possible	lity of fine and impr	risonment for knowi	ng violations	Office	r or Authori	ized Agent	8/22/	26
Comments and Explanation of any violation	na (Potoroneo all ettech	\										

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

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

APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB'S. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

NAME USDOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY

**BROOKHAVEN AREA OFFICE** 

UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973 ATTN: MICHAEL HOLLAND, GROUP MGR NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

NY0005835 001 M (SUBR 01)
Permit Number Discharge Number F - FINAL

Monitoring Period PROCESS SANIT & STORMWTR RNOFF

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NAME/TITLE PRINCIPAL EXECU	JTIVE OFFICER	Lourlify under penalty of law that this document and all attachments were prepared under my direction										
George A. Goode	or supervision in accordance with a system designed to assure that qualified personnel properly gather						1	1 10	1 2	Telep	hone	
Division Manager	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the							44.	Sword	631-34	4-4549	
Environmental & Waste Ma	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				
Typed or Printed		for submitting false information, including the possibliity of fine and imprisonment for knowing violations.						Office	Officer or Authorized Agent		Date S 4/22	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.

APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB'S. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

PERMITTEE	NAME/ADDRESS (Includ	ation if Differ	ent)	NATIONAL	POLLUTANT	DISCHARG	E ELIMINAT	TION SYSTE	M (NPDES)			
NAME	USDOE				DISCHARG	E MONITORI	NG REPORT	(DMR)				
ADDRESS	<b>BROOKHAVEN NATION</b>	AL LABORATORY							MAJOR			
	BROOKHAVEN AREA O	FFICE			NY0005835		001 M		(SUBR 01)			
	UPTON	NY 11973			Permit Num	ber	Discharge	Number	F - FINAL			
FACILITY	BROOKHAVEN NATION	AL LABORATORY			Monitori	ng Period			PROCESS	SANIT & ST	ORMWTR RNOI	FF
LOCATION	UPTON	NY 11973			From	То	]	***	No Dischar	rge	****	
ATTN:	MICHAEL HOLLAND, GI	ROUP MGR			YR MO DY	YR MO DY	]					
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02/30 GR E/MONTH **GRAB BOD, 5-DAY PERCENT** SAMPLE (23)\*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* >95 0 01/30 CA REMOVAL MEASUREMENT 81010 K 0 0 PERMIT \*\*\* 85 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* ONCE/MONTH CALCTD PERCENTREMOVAL REQUIREMENT \*\*\* **PERCENT** MO AV MN SOLIDS, SUSPENDED SAMPLE (23)\*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* >99 0 01/30 ÇA PERCENT REMOVAL MEASUREMENT 81011 K 0 0 **PERMIT** \*\*\*\* 85 \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* \*\*\*\*\* ONCE/MONTH CALCTD PERCENT REMOVAL REQUIREMENT \*\*\*\* **PERCENT** MO AV MN SAMPLE MEASUREMENT **PERMIT** REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER If certify under penalty of law that this document and all attachments were prepared under my direction. George A. Goode M4- Gorde Telephone or 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 **Environmental & Waste Management** 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 Signed** Officer or Authorized Agent

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

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

Typed or Printed

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

APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB'S. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  NAME USDOE  ADDRESS RECOKHAVEN NATIONAL LARGEATORY					NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)							
ADDRESS BROOKHAVEN NATIONAL LABORATORY					DISCHARG	E MONITORI	NG REPORT	r (DMR)				
							T		MAJOR			
	BROOKHAVEN AREA OF				NY0005835		002 B		(SUBR 01)			
	UPTON	NY 11973			Permit Num		Discharge	Number	F - FINAL			
-	BROOKHAVEN NATIONA					ng Period					1002) BLOWDN	
LOCATION		NY 11973			From	То		***	No Dischar	ge	X ****	
ATTN:	MICHAEL HOLLAND, GR	OUP MGR				YR MO DY						
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Learning under penalty of law that					if this document and	l all attachments we	re préparéd under r	my direction			l	
George A. Goode or supervision in accordance with				th a system designe	d to assure that qua	lified personnel pro	perly gather		10	1. 0	Telep	
	Division Manager	e the information sub	mitted. Based on m	ny inquiry of the pen	son or persons who	A- Good			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

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.

Date Signed

Signature of Principal Executive

		de Facility Name/Loc		J.11.y			DISCHARG		IONSISIE	.W (INFDES)		
NAME USDOE ADDRESS BROOKHAVEN NATIONAL LABORATORY BROOKHAVEN AREA OFFICE					DISCHARG	E MONITORI	NG REPORT	Γ(DMR)				
ADDRESS	BROOKHAVEN NATION	IAL LABORATORY					-		MAJOR			
	BROOKHAVEN AREA O	FFICE			NY0005835		002 M		(SUBR 01)			
	UPTON	NY 11973			Permit Num	nber	Discharge	Number	F - FINAL			
FACILITY	BROOKHAVEN NATION	AL LABORATORY			Monitori	ng Period					,PR <u>CP,</u> ETC (HN)	
LOCATION	UPTON	NY 11973			From	То		***	No Dischar	rge	****	
ATTN:	MICHAEL HOLLAND, GI	ROUP MGR				YR MO DY						
					06   07 D1	06 07 31		Note: Read	d Instruction		ompleting this fo	
	PARAMETER		QUA	NTITY OR LO	ADING	QUA	ALITY OR CO	ONCENTRAT	TION	NO.	FREQUENCY OF	SAMPLE TYPE
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
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0400 1 0	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
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00556 1 0 EFFLUENT			*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
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			w that this document and all attachments were prepared under my direction				,					
				accordance with a system designed to assure that qualified personnel properly gather information submitted. Based on my inquiry of the person or persons who manage the					Tele			
_	Division Manage		I		bmitted. Based on n					- (77.	/ Work	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

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.

Date Signed

Signature of Principal Executive

ADDRESS	BROOKHAVEN NATIONA	AL LABORATORY							MAJOH			
	BROOKHAVEN AREA OF		NY0005835		005 M		(SUBR 01)					
	UPTON	NY 11973			Permit Num	nber	Discharge	Number	F - FINAL			
FACILITY	BROOKHAVEN NATIONA	AL LABORATORY			Monitori	ng Period	-		NSLS COO	LING TOW	R BLDN ETC(HS	)
LOCATION	UPTON	NY 11973			From	То	1	***	No Dischar		****	•
ATTN:	MICHAEL HOLLAND, GR	OUP MGR			YR MO DY	YR MO DY	1			•	<del></del>	
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			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS	
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EFFLUENT	GROSS VALUE	REQUIREMENT	******	******	****	MINIMUM	******	MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GRE		SAMPLE	*****	*****	1		*****		(19)	_	04/22	
	See Note #1	MEASUREMENT		******	1	*****	******	2.2	``''	0	01/30	GR
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	GROSS VALUE	REQUIREMENT	******	******		******	*****	DAILY MX	MG/L		ONCE/MONTH	GRAB
	CONDUIT OR	SAMPLE			(03)		*****			_	2.1/22	
	ATMENT PLANT	MEASUREMENT	0.27	*****	(55)	*****	*****	*****		0	04/30	RC
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	GROSS VALUE	REQUIREMENT	DAILY AV	*****	MGD	*****	******	******	****		ONCE/MONTH	RCORDR
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NAME/	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER				at this document and	Lall attachments we	re prepared under	my direction				
								-			Teleph	
				the with a system designed to assure that qualified personnel properly gather							631-344	
-				on submitted. Based on my inquiry of the person or persons who manage the city responsible for gathering the information, the information submitted is, to the							33.07	
· · · · · · · · · · · · · · · · · · ·				belief, true, accurate, and complete. I am aware that there are significant penalties							Date Si	
	, ,								Officer or Authorized Agent			8/22/
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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.

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

NAME

USDOE

NAME U S D O E ADDRESS BROOKHAVEN NATIONAL LABORATORY					DISCHARGE MONITORING REPORT (DMR)							
ADDRESS	BROOKHAVEN NATIONA	AL LABORATORY						MAJOR				
	BROOKHAVEN AREA OF	FFICE			NY0005835		007 M		(SUBR 01)			
	UPTON	NY 11973			Permit Nun	nber	Discharge	Number	F - FINAL			
FACILITY	BROOKHAVEN NATIONA	AL LABORATORY			Monitori	ing Period			WATER TE	REATMENT	PLT BKWSH (HX	)
LOCATION	UPTON	NY 11973			From	То	1	***	No Dischar	rge	****	
ATTN:	MICHAEL HOLLAND, GR	OUP MGR			YR MO DY	YR MO DY	]					
					06 07 01	06 07 31	]	Note: Read	d Instruction	ns before co	mpleting this fo	rm
	PARAMETER		QUAI	NTITY OR LO	ADING	QUA	LITY OR CO	ONCENTRA'	TION	NO. EX	FREQUENCY OF	SAMPLE TYPE
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
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PH		SAMPLE MEASUREMENT	*****	*****	<u> </u>	7.3	*****	7.3	(12)	0	01/30	GR
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER (certify under penalty of law that					t this document and	d all attachments we	re prepared under	my direction				
						ance with a system designed to assure that qualified personnel property gather					/ .	Telephone
	Division Manager and evaluate the information					ny inquiry of the per	son or persons who	manage the	$  / \cup$	4.	Grode	631-344-4549

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

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

**Environmental & Waste Management** 

Services Division

Typed or Printed

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

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

NAME	USDOE				DISCHARG	E MONITORI	NG REPORT	T (DMR)				
ADDRESS	BROOKHAVEN NATIONA	AL LABORATORY						·	MAJOR			
	<b>BROOKHAVEN AREA OF</b>	FICE			NY0005835		008 M		(SUBR 01)			
	UPTON	NY 11973			Permit Nun	nber	Discharge	Number	F - FINAL			
FACILITY	<b>BROOKHAVEN NATIONA</b>	AL LABORATORY			Monitori	ng Period			STORMWI	R RUNOFF	WAREHOUSE (	HW)
LOCATION	UPTON	NY 11973			From	То	1	***	No Discha	rge	****	
ATTN:	MICHAEL HOLLAND, GR	OUP MGR			YR MO DY	YR MO DY	1			-		
					06 07 01	06 07 31		Note: Read	d Instructio	ns before c	ompleting this fo	orm
	PARAMETER		QUAI	NTITY OR LO	ADING	QUA	ALITY OR CO	ONCENTRA	TION	NO. EX	FREQUENCY	SAMPLE TYPE
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER i certify under penalty of law that							•	•				
	- · · · · · · · · · · · · · · · · · · ·					nce with a system designed to assure that qualified personnel properly gather				7	/ .	Telephor
1	Division Manager	•	e the information sub	mitted. Based on r	ny inquiry of the per	son or persons who	manage the		Gas !	631-344-454		

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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.

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

Date Signed

Signature of Principal Executive

	NAME/ADDRESS (Includ	le Facility Name/Loc	ent)	NATIONAL I				ION SYSTE	M (NPDES	)		
NAME	USDOE	U LABORATORY			DISCHARGE	E MONITORI	NG REPOR	r (DMR)	144 IOD			
ADDRESS							la.a. 34		MAJOR			
	BROOKHAVEN AREA OF				NY0005835		010 M		(SUBR 01)			
	UPTON	NY 11973			Permit Num		Discharge	Number	F - FINAL			
FACILITY	BROOKHAVEN NATIONA					ng Period	-				TRAL STEAM (H	)
LOCATION		NY 11973			From	To		***	No Dischar	ge		
ATTN:	MICHAEL HOLLAND, GR	OUP MGR			YR MO DY			Notes Dans		b . <b>.</b>		
			1		06 07 b1	06 107 31		Note: Read	instruction	NO.	ompleting this fo	
	PARAMETER	$\times$		NTITY OR LO	ADING	QUA		ONCENTRAT		EX	OF	SAMPLE TYPE
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
FLOW RA	TE See Note #2	SAMPLE MEASUREMENT	*****	3600	(07)	*****	*****	*****		0	01/30	IN
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PH	-	SAMPLE	*****	*****		7.6	*****	7.6	(12)	0	01/30	GR
		MEASUREMENT				7.0		7.0			01/30	un
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EFFLUENT	F GROSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SU		ONCE/WONTH	GHAD
OIL & GRE	ASE See Note #1	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.40	(19)	0	01/30	GR
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NAME	THE PRINCIPAL EXECU	TIVE OFFICER	i cermy und	der 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

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

George A. Goode

**Division Manager** 

**Environmental & Waste Management** 

Services Division

Typed or Printed

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

Telephone

631-344-4549

Date Signed

Mr. Morde

Signature of Principal Executive

NAME USDOE	ME USDOE				DISCHARGE MONITORING REPORT (DMR)								
ADDRESS BROOKHAVEN NATIONA					MAJOR								
BROOKHAVEN AREA OFFICE UPTON NY 11973				NY0005835		06A M		(SUBR 01)					
								F - FINAL					
ACILITY BROOKHAVEN NATIONAL LABORATORY				Monitoring Period				LINAC NCC	W, FLOOP	R DNS,ETC(HT1)			
OCATION UPTON	NY 11973			From To		1	***	No Discharge					
ATTN: MICHAEL HOLLAND, GROUP MGR				YR MO DY YR MO DY		1			•	<del> </del>			
					06 07 31		Note: Read	Instruction	ns before c	ompleting this fo	rm		
PARAMETER		QUA	NTITY OR LO				ONCENTRAT		NO. EX	FREQUENCY	SAMPLE TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS			
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FFLUENT GROSS VALUE	REQUIREMENT	*****	******	****	******	*****	DAILY MX	MG/L		ONCE/MONTH	GRAB		
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HRU TREATMENT PLANT	MEASUREMENT	0.02	*****	(00)	*****	*****	******		0	04/30	RC		
0050 1 0 1	PERMIT	REPORT	*****	1	*****	*****	*****	****					
FFLUENT GROSS VALUE	REQUIREMENT	DAILY AV	******	MGD	*****	******	******	****		ONCE/MONTH	RCORDR		
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER ertify und ir penalty of law the			at this document and	all attachments we	re prepared under	ny directior							
George A. Goode		or supervisi	ion in accordance wi	ith a system designe	d to assure that qua	lified personnel pro	operly gather	1 1/	7 4. 4	Lordo	Telep		
Division Manager		ı		hmitted Based on m					V14-	Morriso	631-34		

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

**Environmental & Waste Management** 

Services Division

Typed or Printed

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

Signature of Principal Executive

NAME	USDOE	DISCHARGE MONITORING REPORT (DMR)											
ADDRESS	DRESS BROOKHAVEN NATIONAL LABORATORY BROOKHAVEN AREA OFFICE								MAJOR				
						NY0005835		06B M					
	UPTON NY 11973				Permit Number		Discharge Number		(SUBR 01) F - FINAL				
FACILITY	ILITY BROOKHAVEN NATIONAL LABORATORY					ng Period			COOLING TOWR FROM 919 ETC(HT2)				
LOCATION	OCATION UPTON NY 11973					То	*** No Discharge ****						
ATTN: MICHAEL HOLLAND, GROUP MGR					YR MO DY YR MO DY					•			
					06 07 01	06 07 31	1	Note: Read	Instruction	ns before co	ompleting this fo	rm	
PARAMETER			OHA	NTITY OR LO	DADING	OUA	LITY OR CONCENTRAT		TION .	NO.	FREQUENCY OF	SAMPLE TYPE	
		$\sim$	GUA	MIIII ON LO	DADING	GOA				EX			
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
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		MEASUREMENT				7.0		,,,,			0-4/00	an	
00400 1 0		PERMIT	*****	*****	***	REPORT	*****	9.0		1 /5 - 1 B	ONCE/MONTH	GRAB	
EFFLUENT	GROSS VALUE	REQUIREMENT	Printer of		***	MINIMUM		MAXIMUM	SU		ONOL/MONTH	UIIAD	
OIL & GRE	ASE	SAMPLE	*****	*****		*****	*****	2.5	(19)	0	01/30	GR	
	See Note #1	MEASUREMENT			1			494,7420			01/00	GI.	
00556 1 0		PERMIT	*****	*****	****	*****	*****	15		100	ONCE/MONTH	GRAB	
	GROSS VALUE	REQUIREMENT			***		No.	DAILY MX	MG/L				
,	CONDUIT OR	SAMPLE	0.06	*****	(03)	*****	*****	*****		0	04/30	RC	
	ATMENT PLANT	MEASUREMENT			_								
50050 1 0	-	PERMIT	REPORT	*****		*****	*****	*****	***		ONCE/MONTH	RCORDR	
EFFLUENT	GROSS VALUE	REQUIREMENT	DAILY AV	REAL PROPERTY.	MGD				***				
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction											
George A. Goode		or supervision in accordance with a system designed to assure that qualified personnel properly gather						111-12-11-				ione	
Division Manager			and evaluate the information submitted. Based on my inquiry of the person or persons who manage the									-4549	
Environmental & Waste Management		system, or those persons directly responsible for gathering the information, the information submitted is, to the						/	/		200 200 100		
Services Division		best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties						Signatur	e of Princip	Date Sig			
Typed or Printed		for submitting false information, including the possibility of fine and imprisonment for knowing violations.						Office	r or Author	8/22/06			

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

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