Environmental and Waste Management Services

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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

June 20, 2006

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

Gentlemen:

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

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

for June 2006

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

My Mode

Division Manager

GAG/JR: car

Attachment I: Discharge Monitoring Report for June 2006.

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

LLC for samples collected on 6/5/06, 6/7/06, and 6/9/06 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

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 June 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. 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.
- 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 002B during this reporting period.

ATTACHMENT I BROOKHAVEN NATIONAL LABORATORY SPDES PERMIT NO. NY0005835 DISCHARGE MONITORING REPORT FOR JUNE 2006 FOR OUTFALLS NO. 001 – 010

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** 001 A (SUBR 01) NY0005835 UPTON Discharge Number F - FINAL NY 11973 Permit Number FACILITY BROOKHAVEN NATIONAL LABORATORY **Monitoring Period** ACID/CAUSTIC CLEANG RINSE 535B LOCATION UPTON NY 11973 *** No Discharge From To ATTN: MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY 06 04 01 06 06 30 Note: Read Instructions before completing this form NO. | FREQUENCY SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER EX OF TYPE AVERAGE IMAXIMUM JUNITS MINIMUM **IAVERAGE IMAXIMUM JUNITS ANALYSIS** FLOW RATE SAMPLE (07) ***** ***** 1700 ***** 0 03/90 RC MEASUREMENT PERMIT REPORT **** 00056 1 0 1 ***** ***** ***** QTRLY RCORDR **EFFLUENT GROSS VALUE** REQUIREMENT DAILY AV GPD SAMPLE (12) ***** ***** ***** 0 5.4 5.4 01/90 GR MEASUREMENT 00400 1 0 0 PERMIT **** REPORT REPORT ***** QTRLY GRAB **** **EFFLUENT GROSS VALUE** REQUIREMENT MINIMUM MAXIMUM SU SAMPLE MEASUREMENT PERMIT REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Loertify under penalty of law that this document and all attachments were prepared under my direction or George A. Goode 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 Date Signed knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting Signature of Principal Executive 25/06 Typed or Printed Officer or Authorized Agent false information, including the possibliity of fine and imprisonment for knowing violations.

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) NAME USDOE **DISCHARGE MONITORING REPORT (DMR)** ADDRESS **BROOKHAVEN NATIONAL LABORATORY** MAJOR **BROOKHAVEN AREA OFFICE** NY0005835 (SUBR 01) UPTON NY 11973 Discharge Number F - FINAL Permit Number **BROOKHAVEN NATIONAL LABORATORY** FACILITY Monitoring Period RINSE FROM CENTRL DEGREASR 498 From To YR MO DAY YR MO DAY LOCATION UPTON NY 11973 *** No Discharge ATTN: MICHAEL HOLLAND, GROUP MGR Note: Read Instructions before completing this form 06 04 01 06 06 30 NO. FREQUENCY SAMPLE QUANTITY OR LOADING QUALITY OR CONCENTRATION **PARAMETER** EX OF TYPE AVERAGE IMAXIMUM JUNITS MINIMUM AVERAGE MAXIMUM UNITS **ANALYSIS** FLOW RATE SAMPLE (07)270 ***** ***** 0 01/90 RC MEASUREMENT 00056 1 0 1 PERMIT REPORT **** ***** ***** ***** QTRLY RCORDR **EFFLUENT GROSS VALUE** REQUIREMENT DAILY AV GPD SAMPLE (12) ***** ***** 7.9 7.9 0 01/90 GR MEASUREMENT 00400 1 0 0 PERMIT **** REPORT REPORT ***** ***** QTRLY GRAB EFFLUENT GROSS VALUE **** REQUIREMENT **MAXIMUM** SU MINIMUM CHROMIUM, TOTAL SAMPLE (28)***** 0 1.8 01/90 GR (AS CR) See Note #1 MEASUREMENT 01034 1 0 0 PERMIT REPORT ***** ***** QTRLY GRAB EFFLUENT GROSS VALUE REQUIREMENT DAILY MX UG/L COPPER, TOTAL SAMPLE (28) ***** 31.1 0 01/90 GR (AS CU) MEASUREMENT 01042 1 0 0 **** PERMIT REPORT ***** QTRLY GRAB EFFLUENT GROSS VALUE REQUIREMENT **** DAILY MX UG/L IRON, TOTAL SAMPLE (28)***** ***** ***** 0 91.5 01/90 GR (AS FE) MEASUREMENT See Note #1 01045 1 0 0 **** PERMIT REPORT ***** ***** QTRLY GRAB EFFLUENT GROSS VALUE **** REQUIREMENT DAILY MX UG/L MANGANESE, TOTAL SAMPLE (28)***** ***** ***** ***** <2 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 (28)***** ***** ***** 0 ***** 2.1 01/90 GR (AS NI) See Note #1 MEASUREMENT 01067 1 0 0 PERMIT **** REPORT

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Licertify 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.

REQUIREMENT

EFFLUENT GROSS VALUE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

George A. Goode

Division Manager

Environmental & Waste Management

Services Division

Typed or Printed

Telephone

631-344-4549

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QTRLY

Signature of Principal Executive

Officer or Authorized Agent

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DAILY MX

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

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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

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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 (SUBR 01) UPTON NY 11973 Permit Number Discharge Number F - FINAL FACILITY **BROOKHAVEN NATIONAL LABORATORY** BOILER BLOWDN FROM 244,405,ETC Monitoring Period LOCATION UPTON NY 11973 *** No Discharge From To MICHAEL HOLLAND, GROUP MGR YR MO DAY YR MO DAY ATTN: 06 04 01 06 06 30 Note: Read Instructions before completing this form NO. FREQUENCY SAMPLE **QUANTITY OR LOADING QUALITY OR CONCENTRATION PARAMETER** EX OF TYPE AVERAGE MAXIMUM JUNITS MINIMUM AVERAGE MAXIMUM TUNITS **ANALYSIS** FLOW RATE SAMPLE (07)***** ***** 0 RC 15/90 MEASUREMENT PERMIT REPORT **** 00056 1 0 1 ***** ***** ***** QTRLY RCORDR EFFLUENT GROSS VALUE REQUIREMENT. DAILY AV **** GPD SAMPLE (12)***** 0 8.5 9.5 15/90 GR MEASUREMENT 00400 1 0 0 PERMIT **** REPORT REPORT ***** ***** QTRLY GRAB EFFLUENT GROSS VALUE REQUIREMENT **** MINIMUM MAXIMUM SU SAMPLE MEASUREMENT PERMIT REQUIREMENT 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 George A. Goode supervision in accordance with a system designed to assure that qualified personnel properly gather MA. Kond Telephone **Division Manager** 631-344-4549

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

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Environmental & Waste Management

Services Division

Typed or Printed

Date Signed

07/25/06

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Officer or Authorized Agent

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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)

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OR HOLDING TANKS PRIOR TO DISCHARGE TO SEWER COLLECTION SYSTEM. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

USDOE NAME

ATTN:

ADDRESS BROOKHAVEN NATIONAL LABORATORY

BROOKHAVEN AREA OFFICE UPTON NY 11973

FACILITY **BROOKHAVEN NATIONAL LABORATORY** LOCATION UPTON NY 11973 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 PROCESS SANIT & STORMWTR RNOFF Monitoring Period *** No Discharge From YR MO DAY YR MO DAY 06 06 01 06 06 30 Note: Read Instructions before completing this form

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NAME/TITLE PRINCIPAL EXECUT		Leertify un	der penalty of law t	hat this document an	d all attachments were	prepared under my	direction or			Λ		
George A. Goode		supervis	sion in accordance	with a system designe	ed to assure that qualit	ted personnel propi	erly gather	1	1.1	16-0	Telep	hone
Division Manager		and evaluate th	e information subm	etted. Based on my ii	rquiry of the person or	persons who mana	ige the system, or	/	17	1 wode	631-34	4-4549
Environmental & Waste Man	agement	those persons	s directly responsib	le for gathering the in	formation, the informa	tion submitted is, to	the best of my					
Services Division		knowledge and	belief, true, accura	ate, and complete. I a	m aware that there are	e significant penaltic	es for submitting			cipal Executive		igned
Typed or Printed		fals	e information, inclu	iding the possibliity of	fine and imprisonmer	nt for knowing violat	ions.	Officer of	or Auth	orized Agent	07/35	/O6

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) USDOE DISCHARGE MONITORING REPORT (DMR) ADDRESS BROOKHAVEN NATIONAL LABORATORY MAJOR **BROOKHAVEN AREA OFFICE** NY0005835 1001 M (SUBR 01) LIPTON NY 11973 Permit Number Discharge Number F - FINAL **BROOKHAVEN NATIONAL LABORATORY** PROCESS SANIT & STORMWTR RNOFF FACILITY Monitoring Period UPTON *** No Discharge LOCATION NY 11973 To From YR MO DAY YR MO DAY MICHAEL HOLLAND, GROUP MGR ATTN: 06 06 D1 06 06 30 Note: Read Instructions before completing this form NO. FREQUENCY QUANTITY OR LOADING QUALITY OR CONCENTRATION **PARAMETER** OF AVERAGE MAXIMUM **JUNITS** MINIMUM AVERAGE **IMAXIMUM JUNITS ANALYSIS** PHOSPHORUS, TOTAL SAMPLE (19) ***** 1.8 0 03/30 (ASP) MEASUREMENT 00665 1 0 0 PERMIT **** REPORT ONCE/ ***** REQUIREMENT **EFFLUENT GROSS VALUE** DAILY MX MG/L MONTH CYANIDE, TOTAL SAMPLE (28) ***** ***** ***** ***** <1.5 0 03/30 (AS CN) MEASUREMENT 00720 1 0 0 PERMIT **** 100 TWICE/ ***** ***** ***** **** EFFLUENT GROSS VALUE REQUIREMENT DAILY MX UG/L MONTH COPPER, TOTAL SAMPLE (19) ***** ***** ***** ***** 0.044 03/30 (AS CU) MEASUREMENT 01042 1 0 0 ONCE/ PERMIT **** 0.15 ***** ***** ***** **** EFFLUENT GROSS VALUE REQUIREMENT DAILY MX MG/L MONTH IRON, TOTAL SAMPLE (19) ***** ***** ***** ***** 0.21 03/30 (AS FE) MEASUREMENT 01045 1 0 0 PERMIT **** 0.37 ONCE/ ***** ***** ***** ***** EFFLUENT GROSS VALUE REQUIREMENT DAILY MX MG/L MONTH

01077 1 0 0 **** PERMIT ***** ***** ***** ***** **EFFLUENT GROSS VALUE** REQUIREMENT **** DAILY MX NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or George A. Goode supervision in accordance with a system designed to assure that qualified personnel properly gather **Division Manager** and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or **Environmental & Waste Management** those persons directly responsible for gathering the information, the information submitted is, to the best of my Services Division knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting Typed or Printed false information, including the possibliity of fine and imprisonment for knowing violations.

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03/30

ONCE/

MONTH

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Telephone 631-344-4549

Signature of Principal Executive Officer or Authorized Agent

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Date Signed 07/25/66

SAMPLE

TYPE

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COMP24

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

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

PERMIT

REQUIREMENT

SAMPLE

MEASUREMENT

LEAD, TOTAL

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01067 1 0 0

SILVER, TOTAL

NICKEL, TOTAL

EFFLUENT GROSS VALUE

EFFLUENT GROSS VALUE

See Note #1

See Note #1

See Note #1

(AS PB)

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NAME USDOE				DISCHARGE M	MONITORING RE	PORT (DMR)					
ADDRESS BROOKHAVEN NATION	NAL LABORATORY							MAJOR			
BROOKHAVEN AREA				NY0005835		001 M		(SUBR 01))		
UPTON	NY 11973			Permit Numbe	r	Discharge N	umber	F - FINAL			
FACILITY BROOKHAVEN NATION	NAL LABORATORY			Monitoring	Period					& STORMWTR	RNOFF
LOCATION UPTON	NY 11973			From	То]	***	No Discha	arge	***	
ATTN: MICHAEL HOLLAND, G	ROUP MGR				YR MO DAY]					
				06 06 01	06 06 30		Note: Read	Instruction		e completing th	
BARAMETER		QUA	ANTITY OR LO	ADING	QUA	ALITY OR CON	CENTRATION	V	NO.	FREQUENCY	SAMPLE TYPE
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George A. Good					d to assure that qualif			1		1. 0	Teleph
Division Manage					auity of the person or			100	14	- Wille	631-344-

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.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

Division Manager

Environmental & Waste Management

Services Division

Typed or Printed

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

Date Signed

Signature of Principal Executive

Officer or Authorized Agent

NAME	USDOE				DISCHARGE N	MONITORING RE	PORT (DMR)			,			
ADDRESS	BROOKHAVEN NATIONA								MAJOR				
	BROOKHAVEN AREA OF				NY0005835		001 M		(SUBR 01)				
= 4 OU 1=1/	UPTON	NY 11973			Permit Numbe		Discharge N	lumber	F - FINAL				
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	Services Division knowledge and belief, true,										cipal Executive	Date S	Signed
	Typed or Printed false information, in ments and Explanation of any violations (Reference all attachments here)					fine and imprisonment	t for knowing violat	tions.	Officer o	r Auth	orized Agent	07/25	-/06
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APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFBS. SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.

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

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	nd Explanation of any viol												

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

NAME USDOE DISCHARGE MONITORING REPORT (DMR) ADDRESS **BROOKHAVEN NATIONAL LABORATORY** MAJOR **BROOKHAVEN AREA OFFICE** 002 B NY0005835 (SUBR 01) UPTON Discharge Number F - FINAL NY 11973 Permit Number FACILITY **BROOKHAVEN NATIONAL LABORATORY** RF(1004) & BRAHMS(1002) BLOWDN Monitoring Period LOCATION UPTON *** No Discharge NY 11973 From MICHAEL HOLLAND, GROUP MGR ATTN: YR MO DAY YR MO DAY 06 06 D1 06 06 30 Note: Read Instructions before completing this form NO. | FREQUENCY | **QUANTITY OR LOADING** QUALITY OR CONCENTRATION PARAMETER EX OF TYPE AVERAGE MAXIMUM UNITS MINIMUM AVERAGE | MAXIMUM | UNITS **ANALYSIS** PH SAMPLE (12) ***** ***** ***** GR See Note #6 MEASUREMENT PERMIT 00400 1 0 0 **** REPORT 9.0 ONCE/ ***** ***** GRAB *** EFFLUENT GROSS VALUE REQUIREMENT MINIMUM MAXIMUM SU MONTH OIL & GREASE SAMPLE (19) ***** ***** ***** ***** GR See Note #6 MEASUREMENT 00556 1 0 0 PERMIT **** 15 ONCE/ ***** ***** ***** ***** GRAB **** EFFLUENT GROSS VALUE REQUIREMENT DAILY MX MG/L MONTH FLOW, IN CONDUIT OR SAMPLE (03) ***** ***** ***** ***** RC THRU TREATMENT PLANT MEASUREMENT 50050 1 0 0 See Note #6 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 PERMIT REQUIREMENT

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

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

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

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

Telephone

631-344-4549

Date Signed

07/25/06

Signature of Principal Executive

Officer or Authorized Agent

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

George A. Goode

Division Manager

Environmental & Waste Management

Services Division

Typed or Printed

	ME/ADDRESS (Include	Facility Name/Loc	cation if Differ	rent)		LLUTANT DISC			TEM (NPDE	S)			
	D O E DOKHAVEN NATIONA	LIABODATODY			DISCHARGE N	ONITORING RE	PORT (DMR)		MAJOR				
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ADDRESS BROOKHAVEN NATIONA	AL LABORATORY				6			MAJOR				
BROOKHAVEN AREA OF	FFICE			NY0005835		002 Q		(SUBR 01)			
UPTON	NY 11973			Permit Numbe	r	Discharge N	umber	F - FINAL				
FACILITY BROOKHAVEN NATIONA	AL LABORATORY			Monitoring	Period					LG,PRECP ETC	(HN)	
LOCATION UPTON	NY 11973			From	То	1	***	No Discha	arge	****		
ATTN: MICHAEL HOLLAND, GF	ROUP MGR			YR MO DAY	YR MO DAY	1						
				06 04 01	06 06 30		Note: Read	Instruction		e completing thi	s form	
		OII	ANTITY OR LO	CADING	OU	ALITY OR CON	ICENTRATIO	M	NO.	FREQUENCY	SAMPLE	
PARAMETER	\rightarrow	QU		DADING	QUA	ALITY ON CON	CENTRATIO		EX	OF	TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
ALUMINUM, TOTAL	SAMPLE	*****	*****		*****	*****	<0.07	(19)	0	01/90	GR	
(AS AL)	MEASUREMENT	0.000,000,000			181	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<0.07			01/90	un	
01105 1 0 1	PERMIT	*****	*****	****	*****	*****	2.0			QTRLY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT	Carlo Carlo		****		1	DAILY MX	MG/L		GINLI	UNAD	
DICHLOROBROMOMETHANE	SAMPLE	*****	*****		*****	*****	0.32	(28)	0	01/90	GR	
EFFLUENT See Note #1	MEASUREMENT							_		01/30	un	
32101 1 0 0	PERMIT	*****	*****	****	*****	*****	50		1	QTRLY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L	100	411121	Citize	
CHLOROFORM	SAMPLE	*****	*****		*****	*****	<1	(28)	0	01/90	GR	
	MEASUREMENT							1		0.1100		
32106 1 0 0	PERMIT	*****	*****	****		*****	7			QTRLY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****	SECTION AND ADDRESS OF		DAILY MX	UG/L	1000			
1,1,1-TRICHLORO-	SAMPLE	*****	*****		*****	*****	<1	(28)	0	01/90	GR	
ETHANE	MEASUREMENT						1000	1		01/00	G.,,	
34506 1 0 0	PERMIT	*****	*****	****	*****	*****	5			QTRLY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****	E-1936-1-1936-1		DAILY MX	UG/L				
1-HYDROXY-ETHYLIDENE	SAMPLE	*****	*****		*****	*****	<0.05	(19)	0	01/90	GR	
	MEASUREMENT						1000000	4	_			
85812 1 0 0	PERMIT	*****	*****	****	*****	*****	0.5			QTRLY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L				
TOLYTRIAZOLE	SAMPLE	*****	*****		*****	*****	< 0.005	(19)	0	01/90	GR	
	MEASUREMENT			****				-				
85813 1 0 0	PERMIT	*****	*****	****	*****	*****	0.2	MC/I		QTRLY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT				THE RESERVE		DAILY MX	MG/L				
	SAMPLE											
	MEASUREMENT			-				-				
	PERMIT								200			
NAME/TITLE PRINCIPAL EXECU	REQUIREMENT	1 47	de la cris	the stable of a second stable	d all attenders and	proposed under	direction or	-				
NAME/III LE PRINCIPAL EXECU	TIVE OFFICER			that this document and				1		/	Teleph	one
George A. Goode				with a system designe nitted. Based on my in				IM	14	Swele	631-344	
								/	VJ.	/ water	031-344	-4343
Environmental & Waste Mar Services Division				ole for gathering the inf			,	Signature	of Drin	cipal Executive	Date Si	aned
Typed or Printed				ate, and complete. I a						orized Agent	07/25	
Comments and Explanation of any view	olations (Poterones			uding the possibliity of	nne and imprisonmen	it for knowing violati	ions.	Onicer	OI AUUI	onzeu Agent	-1/0)	100
NO ADDITIONAL WATER TREATMEN				APPROVAL S	EE DERMIT FOR	ADDITIONAL	NOTES COL	MMENTS A	ND REC	HIREMENTS		
SAMPLING TO BE DOWNSTREAM OF										ZOMENTO.		
MINIFERNATIO DE DOWNSTREAM OF	WHERE EXISTING	DISCHARGE	MILVES ANTILL	COOLING TOW	LH BLOWDOWN	TI NOW STAN	DETECTOR.					

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

NAME

USDOE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

NAME	USDOE	,			DISCHARGE M	IONITORING RI	EPORT (DMR)	MATION 010	· Liii (itti DE	.0)			
ADDRESS	BROOKHAVEN NATIONA	L LABORATORY				(8)			MAJOR				
	BROOKHAVEN AREA OF	FICE			NY0005835		002 R		(SUBR 01)			
	UPTON	NY 11973			Permit Number	r	Discharge N	umber	F - FINAL				
FACILITY	BROOKHAVEN NATIONA				Monitoring						HMS(1002) BLO	WDN	
	UPTON	NY 11973			From	То		***	No Discha	arge	***		
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR			YR MO DAY		1				A 120 124		
					06 04 01	06 06 30		Note: Head	Instruction	NO.	re completing th	SAMPLE	
	PARAMETER		QU	ANTITY OR LO	DADING	QUA	ALITY OR CON	ICENTRATION	V	EX.	OF	TYPE	
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1 -^	ANALYSIS	IIIE	
1-HYDROXY	-ETHYLIDENE	SAMPLE	*****	*****	-	*****	*****		(19)				
		MEASUREMENT						<0.05	1	0	01/90	GR	
85812 1 0		PERMIT	*****	*****	****	*****	*****	0.5	1	1915-18	QTRLY	GRAB	
	GROSS VALUE	REQUIREMENT			****	Market Mark	1	DAILY MX	MG/L		GINLI	GRAD	
TOLYTRIAZ	DLE	SAMPLE	*****	*****		*****	*****	<0.005	(19)	0	01/90	GR	
85813 1 0 (n	MEASUREMENT PERMIT			****			0.2	-		35,310,3		
	GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L	13 33	QTRLY	GRAB	
		SAMPLE			-			DAIL! WA	WIGH				
1		MEASUREMENT											
		PERMIT	100,250,00		1			MINISTER STATE	1	1021/21			
		REQUIREMENT								THE REAL PROPERTY.			
		SAMPLE											
		MEASUREMENT			1								
		PERMIT REQUIREMENT								1300			
		SAMPLE		The Part of the Pa					-				
		MEASUREMENT		1									
		PERMIT			1				1				
		REQUIREMENT		1 1 1 1 1 1 1 1 1 1						12200			
		SAMPLE											
		MEASUREMENT											
		PERMIT											
		REQUIREMENT SAMPLE		A COLUMN TO SERVICE						10000			
		MEASUREMENT											
		PERMIT			-				1				
		REQUIREMENT			1								
NAME/	TITLE PRINCIPAL EXECUT		I certify u	nder penalty of law t	hat this document and	all attachments were	prepared under my	direction or					
	George A. Goode		supervi	sion in accordance	with a system designed	d to assure that qualif	ied personnel prope	erly gather	1	7	1- 1	Telep	none
	Division Manager		he information subm	itted. Based on my inc	quiry of the person or	persons who manag	ge the system, or	/	914	- / Zvoele	631-344	1-4549	
En	vironmental & Waste Mana	agement	those person	s directly responsib	e for gathering the info	ormation, the informat	ion submitted is, to		/	6	1		
	Services Division				te, and complete. I an			and the same of th			cipal Executive	Date S	
	Typed or Printed		fal	se information, inclu	ding the possibliity of f	line and imprisonmen	t for knowing violation	ons.	Officer	or Auth	orized Agent	07/25	-106

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

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

NAME	USDOE				DISCHARGE N	ONITORING RE	PORT (DMR))	(,			
ADDRESS	BROOKHAVEN NATIONA								MAJOR				
	BROOKHAVEN AREA OF				NY0005835		005 M		(SUBR 01))			
FACILITY	UPTON	NY 11973			Permit Numbe		Discharge N	lumber	F - FINAL			_ 0	
FACILITY LOCATION	BROOKHAVEN NATIONAL UPTON	NY 11973			Monitoring		-	***			TOWR BLDN ET	C (HS)	
ATTN:	MICHAEL HOLLAND, GRO				From	To YR MO DAY	-		No Discha	arge	****		
AL IN.	MICHAEL HOLLAND, GHO	JOF WIGH				06 06 30	1	Note: Read	Instruction	e hefor	e completing th	ie form	
					or many respect	100000		160070001-000			FREQUENCY	SAMPLE	
	PARAMETER	\rightarrow	QUA	ANTITY OR LO	DADING	QUA	ALITY OR COI	NCENTRATIO	N	EX	OF	TYPE	
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
PH		SAMPLE	*****	*****		7.3	*****	8.4	(12)	0	04/30	GR	
00400 1 0	9	MEASUREMENT PERMIT				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				_		- un	
	GROSS VALUE	REQUIREMENT	*****	*****	****	REPORT	*****	8.5	CII	3977	ONCE/	GRAB	
OIL & GREA		SAMPLE				MINIMUM		MAXIMUM	(19)		MONTH		
	See Note #1	MEASUREMENT	*****	*****		*****	*****	1.8	(13)	0	01/30	GR	
00556 1 0	0	PERMIT	*****	*****	****	*****	*****	15	1	07.00	ONCE/		
	GROSS VALUE	REQUIREMENT			****		-	DAILY MX	MG/L	1900	MONTH	GRAB	
FLOW, IN CO		SAMPLE	0.24	*****	(03)	*****	*****	*****	3	0	04/30	RC	
	TMENT PLANT	MEASUREMENT			1				****		75 FEEDS	no	
50050 1 0	GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	MGD	*****	*****	*****	****	100	ONCE/	RCORDR	
EFFECENT	SHOSS VALUE	SAMPLE	DAILT AV		MGD	Name of the State				100000	MONTH		
		MEASUREMENT						1					
		PERMIT			1	12 12 17 2 17 17			1	1000		270 700	
		REQUIREMENT				STATE OF THE PARTY				13333			
18		SAMPLE											
		MEASUREMENT							1				
		PERMIT REQUIREMENT		STATE OF THE PARTY			DESTRUCTION OF THE PARTY OF THE						
		SAMPLE							-				
1		MEASUREMENT										- 1	
		PERMIT		CONTRACTOR OF THE PARTY.	1	MAN AND AND AND AND AND AND AND AND AND A			1				
		REQUIREMENT											
		SAMPLE											
		MEASUREMENT							1				
		PERMIT REQUIREMENT											
NAME/	TITI E PRINCIPAL EXECUT	IVE OFFICER	Locatify	des e e e e le control de la control	hat this decomposit and	all attachments was	and the second second	, discostina as	_				
IVANIE	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George A. Goode				hat this document and with a system designed	and the same of th			/		/	Teleph	hone
	Division Manager			itted. Based on my inc			-	1	UM	Loode	631-344		
En	Environmental & Waste Management those p				le for gathering the info	The state of the s	Control Control	,	/	0.)	nouse		
	Services Division			A contract to the contract to	ite, and complete. I ar			And the state of t			cipal Executive	Date Si	
	Typed or Printed				ding the possibliity of	fine and imprisonment	t for knowing violat	ions.	Officer of	or Auth	orized Agent	07/25	106
Comments a	and Explanation of any viol	ations (Reference	all attachmen	its here)								,	
SEE PERMII	FOR ADDITIONAL NOTES	, COMMENTS AND	REQUIREME	INIS.									

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

ADDRESS	BROOKHAVEN NATIONA	L LABORATORY							MAJOR				
	BROOKHAVEN AREA OF	FICE			NY0005835		005 Q		(SUBR 01))			
	UPTON	NY 11973			Permit Numbe	r	Discharge N	umber	F - FINAL				
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitoring						OWR BLOWDN E	TC (HS)	
LOCATION	UPTON	NY 11973			From	То]	AA	No Discha	arge	***		
ATTN:	MICHAEL HOLLAND, GR	OUP MGR				YR MO DAY							
					06 04 01	06 06 30		Note: Read	Instruction		e completing th		
	PARAMETER		QU	ANTITY OR LO	DADING	QUA	ALITY OR CO	NCENTRATIO	N	NO.	FREQUENCY OF	SAMPLE TYPE	
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS		
(AS CU)	See Note #1	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.004	(19)	0	01/90	GR	
01042 1 0	0	PERMIT	*****	*****	****	*****	*****	1.0	1	- 200	QTRLY	GRAB	
	GROSS VALUE	REQUIREMENT			****		1	DAILY MX	MG/L		WINLT	GNAD	
1-HYDROXY	-ETHYLIDENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.05	(19)	0	01/90	GR	
85812 1 0 (EFFLUENT (0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.5 DAILY MX	MG/L		QTRLY	GRAB	
TOLYTRIAZ		SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.005	(19)	0	01/90	GR	
85813 1 0 (0 GROSS VALUE	PERMIT	*****	*****	****	*****	*****	0.2 DAILY MX	MG/L		QTRLY	GRAB	
LITEOLITY	GITOGO VALUE	SAMPLE			_			D7412.1 11174					
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		REQUIREMENT			,		100000000000000000000000000000000000000			13530			
		SAMPLE									-		
		MEASUREMENT							J				
		PERMIT		100 March 100	1	100000000000000000000000000000000000000			1				
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		SAMPLE					1						
		MEASUREMENT			1				4				
1		PERMIT	185 (1) 183			(A)				3333	THE PARTY OF		
		REQUIREMENT SAMPLE		LESS LOSS CO.	_	DESCRIPTION OF THE PERSON OF T			-				
		MEASUREMENT		1	1	1	i .	1	1	1			
		PERMIT			-				1	200			
		REQUIREMENT		78 May 1971									
NAME/	TITLE PRINCIPAL EXECUT		L certify ur	der penalty of law	that this document and	d all attachments were	prepared under m	v direction or					
	George A. Goode		4			ed to assure that qualif			1	_	/	Telepho	one
	Division Manager		and evaluate th	ne information subm	nitted. Based on my in	nquiry of the person or	persons who mana	age the system, or	1	GI	7- Looks	631-344-	4549
En	vironmental & Waste Man	agement	those person	s directly responsib	le for gathering the in	formation, the informa	tion submitted is, to	the best of my		1		-	
	Services Division					m aware that there are					cipal Executive	Date Sig	ned
	Typed or Printed				uding the possibliity of	fine and imprisonmen	it for knowing violat	tions.	Officer	or Auth	orized Agent	07/25/	106
	and Explanation of any vio												
NO ADDITIO	NAL WATER TREATMENT	CHEMICAL ADDIT	IVES W/O PR	RIOR NYSDEC	APPROVAL. S	EE PERMIT FOR	RADDITIONAL	L NOTES, CO	MMENTS A	ND RE	QUIREMENTS.		

DISCHARGE MONITORING REPORT (DMR)

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

NAME

USDOE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME U S D O E ADDRESS BROOKHAVEN NATIONAL LABORATORY				rent)	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) MAJOR										
ADDITESS	BROOKHAVEN AREA OF				NY0005835		007 M		(SUBR 01)						
	UPTON	NY 11973			Permit Numbe		Discharge N	lumber	F - FINAL)					
FACILITY	BROOKHAVEN NATIONAL		-		Monitoring		Discharge	aumber		DEATE	ENT DI T DICINO	11 (11)			
LOCATION		NY 11973			From	To	-	***	** No Discharge ****						
ATTN:	MICHAEL HOLLAND, GRO					YR MO DAY				irge					
ATTIN.	MICHAEL HOLLAND, GHO	JOP WIGH			06 06 D1	06 06 30	-	Note: Dood	Instruction	o bofor	a aamalatina th	in farm			
										NO.	e completing th	SAMPLE	1		
	PARAMETER			ANTITY OR LO	DADING	QUA		NCENTRATIO	N	EX.	OF	TYPE			
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS				
FLOW RATE		SAMPLE MEASUREMENT	*****	200000	(07)	*****	*****	*****		0	13/30	IN]		
00056 1 0 (EFFLUENT (O GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	****	3136	ONCE/ MONTH	INSTAN	1		
PH		SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.4	(12)	0	01/30	GR	1		
00400 1 0	0	PERMIT	*****	******	****	REPORT	*****	9.0	1		ONCE/	00.0	1		
EFFLUENT (GROSS VALUE	REQUIREMENT			****	MINIMUM	*******	MAXIMUM	SU		MONTH	GRAB	1		
	У.	SAMPLE MEASUREMENT											1		
		PERMIT			-				-						
		REQUIREMENT		The second second	l	No. of the last				1000			l		
		SAMPLE							_				1		
		MEASUREMENT							1	1					
		PERMIT		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 .	40 15 17 LOCAL		The second	1	1191111			1		
		REQUIREMENT			_ ^										
7.		SAMPLE											1		
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		PERMIT			1		14.13		1						
		REQUIREMENT SAMPLE	Landson St.		_	COLUMN TO THE			_	100					
		MEASUREMENT					l		1						
		PERMIT			1				1						
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		PERMIT	1000000		1		Call of Call		1				1		
		REQUIREMENT													
NAME/	TITLE PRINCIPAL EXECUT	IVE OFFICER	I certify un	nder penalty of law t	hat this document and	all attachments were	prepared under my	y direction or	1						
	George A. Goode		with a system designe			, 0	M	2 h	- Swale	Telep					
Division Manager and evaluate the information sub									/	17	, pour	631-34	4-4549		
En	Environmental & Waste Management those persons directly responsi												laned		
											Signature of Principal Executive Date Signed Officer or Authorized Agent				
Comments a	and Explanation of any viol	ations (Reference	nts here)	any are possibility of	mio and impriorimen	tion allowing violal	uono.	O IIIOO (, Auti	onzeu Agent	01/00	100			

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

NAME USDOE			DISCHARGE MONITORING REPORT (DMR)									
ADDRESS BROOKHAVEN NATIONAL								MAJOR				
BROOKHAVEN AREA OF				NY0005835		008 M		(SUBR 01)			
UPTON	NY 11973			Permit Numbe	***	Discharge No	umber	F - FINAL				
FACILITY BROOKHAVEN NATIONAL				Monitoring						NOFF WAREHO	USE (HW)	
LOCATION UPTON	NY 11973			From	То	,	***	No Discha	arge	***		
ATTN: MICHAEL HOLLAND, GRO	OUP MGR				YR MO DAY	4						
				06 06 01	06 06 30		Note: Read	Instruction		re completing th		ř.
PARAMETER		QUA	ANTITY OR LO	ADING	QUA	ALITY OR CON	ICENTRATIO	N	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS	30 10 10 100	
FLOW RATE See Note #2	SAMPLE MEASUREMENT	*****	140000	(07)	*****	*****	*****		0	01/30	. IN	
00056 1 0 0	PERMIT	*****	REPORT	1	*****	*****	*****	****		ONCE/	INIOTANI	
EFFLUENT GROSS VALUE	REQUIREMENT		DAILY MX	GPD		1		****	1000	MONTH	INSTAN	
PH	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.4	(12)	0	01/30	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU	13.39	ONCE/ MONTH	GRAB	
OIL & GREASE	SAMPLE		A STATE OF THE PARTY OF THE PAR	AMM	TO ARRIVE DAVISOR STORY		WAXIWUW	(19)	15.74	MONTH		
	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	1904000444			esta sitraggi	2003/199000		(28)				
,,, =:=::==::==::=	MEASUREMENT	*****	*****		*****	*****	<1	(20)	0	01/30	GR	
34501 1 0 0	PERMIT	*****	*****	****	*****	*****	5	1		ONCE/		
EFFLUENT GROSS VALUE	REQUIREMENT			***			DAILY MX	UG/L	3	MONTH	GRAB	
1,1,1-TRICHLORO-	SAMPLE	*****	*****		*****	*****		(28)	0	04/00	O.D.	
ETHANE	MEASUREMENT						<1	,	0	01/30	GR	
34506 1 0 0	PERMIT	*****	*****	****	*****	*****	5	1	1000	ONCE/	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT		Charles Barts	***			DAILY MX	UG/L		MONTH	GRAD	
	SAMPLE											
	MEASUREMENT											
_	PERMIT							1	200			
	REQUIREMENT											
	SAMPLE											
	MEASUREMENT]				
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUT		I certify und	der penalty of law th	nat this document and	all attachments were	prepared under my	direction or	,		,		
George A. Goode	supervision in accordance with a system designed to assure that qualified personnel properly gather							1.1	1 1	Telepi	none	
Division Manager				and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system,						1200do	631-344	
Environmental & Waste Mana			e for gathering the infe				/	1				
Services Division				to and complete. Lar				Signature	of Prin	cinal Executive	Date S	aned

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

Typed or Printed

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

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

Officer or Authorized Agent

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME USDOE				rent)	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)									
ADDRESS	BROOKHAVEN NATIONA	L LABORATORY					, , , , , ,		MAJOR					
	BROOKHAVEN AREA OF	100 percentage			NY0005835		008 Q		(SUBR 01)				
	UPTON	NY 11973			Permit Numbe		Discharge N	umber	F - FINAL					
FACILITY	BROOKHAVEN NATIONA				Monitoring			202	SW RUNOFF FROM WAREHOUSE AREA					
LOCATION ATTN:		NY 11973			From	To	-	***	* No Discharge ****					
ATTN:	MICHAEL HOLLAND, GR	OUP MGH				YR MO DAY 06 06 30	4	Note: Dood	Instruction	a bafan		in farms		
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NAME	TITLE PRINCIPAL EXECUT	REQUIREMENT												
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The Control of Control									or Mr. Awrde			631-34		
					ibmitted. Based on my inquiry of the person or persons who manage the system, or sible for gathering the information, the information submitted is, to the best of my					631-344-454				
Services Division knowledge and belief, true, accur								Signature of Principal Executive Date Signed						
	Typed or Printed		fals	e information, inclu	ation, including the possibility of fine and imprisonment for knowing violations. Officer or Authorized Agent 07/25/									
Comments a	and Explanation of any vio	lations (Reference	all attachmer	nts here)										

ADDRESS	USDOE BROOKHAVEN NATIONAL	LABORATORY	DISCHARGE MONITORING REPORT (DMR)							MAJOR					
	BROOKHAVEN AREA OF				NY0005835		010 M		(SUBR 01)					
	UPTON	NY 11973			Permit Numbe	r	Discharge N	lumber	F - FINAL						
FACILITY	BROOKHAVEN NATIONAL				Monitoring				STORMW	TRRO	CENTRAL STEA	AM (H)			
LOCATION		NY 11973			From	То]	***	No Discha	arge	****				
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR				YR MO DAY									
					06 06 01	06 06 30		Note: Read	Instruction		e completing th				
	PARAMETER		QU	ANTITY OR LO	DADING	QUA	LITY OR CO	NCENTRATION	N	NO. EX	FREQUENCY	SAMPLE TYPE			
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS				
FLOW RATE	See Note #3	SAMPLE MEASUREMENT	*****	37500	(07)	*****	*****	*****		0	01/30	IN			
00056 1 0		PERMIT	White Street	REPORT	1				****		ONCE/				
EFFLUENT	GROSS VALUE	REQUIREMENT	*****	DAILY MX	GPD	*****	*****	*****	****		MONTH	INSTAN			
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OIL & GREA		SAMPLE	*****	*****		*****	*****		(19)						
		MEASUREMENT		******				1.2		0	01/30	GR			
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NAME/	TITLE PRINCIPAL EXECUT		L certify ur	oder penalty of law t	hat this document and	all attachments were	prepared under my	direction or							
	George A. Goode		the second of the second		d to assure that qualifi			1		/	Teleph	none			
	Division Manager		A		,	quiry of the person or	A 150		10	74	- Gran	631-344			
En	vironmental & 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, accura	te, and complete. I ar	m aware that there are	significant penaltie	es for submitting			ipal Executive	Date Sig	gnęd		
	Typed or Printed	false information, including the possibility of fine and imprisonment for knowing violations.							Officer or Authorized Agent 07/25/						

NAME USDOE	,	,	DISCHARGE MONITORING REPORT (DMR)									
ADDRESS BROOKHAVEN NATIONA	L LABORATORY					, , ,		MAJOR				
BROOKHAVEN AREA OF	FICE			NY0005835		010 Q		(SUBR 01)			
UPTON	NY 11973			Permit Numbe		Discharge N	lumber	F - FINAL				
FACILITY BROOKHAVEN NATIONAL				Monitoring						OM CENTRAL S	TM (H)	
LOCATION UPTON	NY 11973			From	То	1	***	No Discha	arge	***		
ATTN: MICHAEL HOLLAND, GRO	OUP MGR				YR MO DAY	1						
				06 04 01	06 06 30					e completing th		1
PARAMETER		QU	ANTITY OR LO	DADING	QUA	ALITY OR COL	NCENTRATIO	N	NO.	OF	SAMPLE TYPE	
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ALUMINUM, DISSOLVED	SAMPLE	*****			******	*****		(19)	-			
(AS AL)	MEASUREMENT			1	******		<0.7	1	0	01/90	GR	
01106 1 0 0	PERMIT	*****	*****	****	*****	*****	2.0	1		QTRLY	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		WIRLT	GRAB	
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	MEASUREMENT											
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	SAMPLE							_	25,13			
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NAME/TITLE PRINCIPAL EXECUT	IVE OFFICER			hat this document and				1		,		
George A. Goode		with a system designed			100	10	14	1. 1	Telep			
Division Manager		itted. Based on my in							631-34	4-4549		
				sible for gathering the information, the information submitted is, to the best of my								ianod
				curate, and complete. I am aware that there are significant penalties for submitting including the possibility of fine and imprisonment for knowing violations.				Signature of Principal Executive Date Signed Officer or Authorized Agent				
Comments and Explanation of any viol		ung the possibility of	and imprisoring	io. Allowing violat	TOTAL .	Officer of Authorized Agent 0//15/06						

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

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

PERMITTEE NAME/ADDRESS (Include NAME USDOE	rent)	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)											
ADDRESS BROOKHAVEN NATIONAL	L LABORATORY			DISCHARGE	JONITORING RE	EPONT (DININ)		MAJOR					
BROOKHAVEN AREA OF				NY0005835		06A M		(SUBR 01)				
UPTON	NY 11973			Permit Numbe	er	Discharge N	umber	F - FINAL					
FACILITY BROOKHAVEN NATIONAL	L LABORATORY			Monitoring	Period			LINAC NCCW, FLOOR DNS,ETC (HT1)					
LOCATION UPTON	NY 11973			From	То	1	**	** No Discharge ****					
ATTN: MICHAEL HOLLAND, GRO	OUP MGR			YR MO DAY	YR MO DAY	1							
				06 06 01	06 06 30	1	Note: Read	Instruction	s befor	e completing th	is form		
		OUA	NTITY OR LO	DADING	OU	ALITY OR COM	UCENTRATIO	N	NO.	FREQUENCY	SAMPLE	1	
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OIL & GREASE	SAMPLE	E8 10.83 M		22.22	MINIMUM	1	MAXIMUM	(19)		MONTH		4	
	MEASUREMENT	*****	*****		*****	*****	1.7	(19)	0	01/30	GR	1	
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EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L	333	MONTH	GRAB	1	
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THRU TREATMENT PLANT	MEASUREMENT	0.06	*****	(/	*****	******	*****		0	04/30	RC		
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EFFLUENT GROSS VALUE	DAILY AV	******	MGD	******		*******	****		MONTH	RCORDR	1		
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	REQUIREMENT					WINDS OF THE PARTY			97.5-			1	
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NAME/TITLE PRINCIPAL EXECUT	der penalty of law t	hat this document and	all attachments were	prepared under my	direction or			1 1					
George A. Goode	ion in accordance	with a system designe	d to assure that qualif	ied personnel prope	erly gather	1	7 11	1.		hone			
Division Manager	e information subm	itted. Based on my in	quiry of the person or	persons who mana	ige the system, or	/	4 4.	/ wall	631-34	4-4549			
Environmental & Waste Mana			ormation, the informat										
Services Division		curate, and complete. I am aware that there are significant penalties for submitting							Date S	Signed			
Typed or Printed false information, incl Comments and Explanation of any violations (Reference all attachments here)				cluding the possibliity of fine and imprisonment for knowing violations.					Officer or Authorized Agent 7/25/06				
											,		
SEE PERMIT FOR ADDITIONAL NOTES	, COMMENTS AND	REQUIREME	INIS.										

PERMITTEE NAME/ADDRESS (Incli	rent)	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)											
NAME USDOE	NAL LABORATORY			DISCHARGE N	MONITORING RE	PORT (DMR)	Vi						
ADDRESS BROOKHAVEN NATIO								MAJOR					
BROOKHAVEN AREA UPTON				NY0005835	_	06A Q		(SUBR 01)				
	NY 11973			Permit Numbe		Discharge N	umber	F - FINAL					
FACILITY BROOKHAVEN NATIO LOCATION UPTON	NY 11973			Monitoring		-	***	LINAC NCCW, FLOOR DNS, SW (HT1) *** No Discharge ****					
ATTN: MICHAEL HOLLAND,				From	YR MO DAY	1		NO DISCH	arge				
ATTN. MICHAEL HOLLAND,	anour widh			06 04 01	06 06 30	1	Note: Bood	notruction	o bofor	e completing th	la fauna		
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	MEASUREMENT						< 0.005		0	01/90	GR		
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NAME/TITLE PRINCIPAL EXEC				all attachments were			1		/				
George A. Good Division Manage			The second secon	d to assure that qualified			M	11	16-1	Telep			
Environmental & Waste M					quiry of the person or p			/	17	1 woods	631-34	4-4549	
Services Division					ormation, the informati			Cianatura	of Dring	inal Evacutiva	Dot- C	ianad	
Typed or Printe		curate, and complete. I am aware that there are significant penalties for submitting including the possibility of fine and imprisonment for knowing violations.					Signature of Principal Executive Date Signed Officer or Authorized Agent						
Comments and Explanation of any		rung the possibility of	inie and imprisoriment	I TO A NOWING VIOLAT	IOTIO.	Officer (J. Autil	Onzeu Agent	-//2	10%			
NO ADDITIONAL WATER TREATME				APPROVAL									
SEE PERMIT FOR ADDITIONAL NOT													

July 18th

PERMITTEE NAME/ADDRESS (Include	rent)	NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)											
NAME USDOE ADDRESS BROOKHAVEN NATIONA	AL LABORATORY			DISCHARGE N	IONITORING RE	EPORT (DMR)		MAJOR					
BROOKHAVEN AREA OF				NY0005835		06B M		(SUBR 01	\				
UPTON	NY 11973			Permit Numbe	r	Discharge N	umber	F - FINAL	,				
FACILITY BROOKHAVEN NATIONA				Monitoring		Discharge it	umber	COOLING TOWR FROM 919 ETC (HT2)					
LOCATION UPTON	NY 11973			From	То	1	***	No Discha		****	(1112)		
ATTN: MICHAEL HOLLAND, GR	OUP MGR				YR MO DAY	1		5.00	90				
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		OUA	NTITY OR LO	DADING	OU	ALITY OR COM			NO.	FREQUENCY	SAMPLE	1	
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OIL & GREASE	REQUIREMENT SAMPLE				MINIMUM	1	MAXIMUM	SU		MONTH		4	
See Note #1	MEASUREMENT	*****	*****	1	*****	*****	1.3	(19)	0	01/30	GR		
00556 1 0 0	PERMIT			****			15	1		ONCE/		-	
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L	183	MONTH	GRAB		
FLOW, IN CONDUIT OR	SAMPLE	0.07	*****	(03)	*****	*****	*****		0	04/30	RC	1	
THRU TREATMENT PLANT	MEASUREMENT	V	-		3			_	U	20 21 21 21	HC		
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NAME/TITLE PRINCIPAL EXECUT	. (5) (5	hat this document and		4		1	1	/					
George A. Goode		with a system designed				N	(4	15-1	Telep				
Division Manager		itted. Based on my in		•		/	/	1 coods	631-34	4-4549			
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Services Division Typed or Printed		rurate, and complete. I am aware that there are significant penalties for submitting including the possibility of fine and imprisonment for knowing violations.											
Typed or Printed false information.				ding the possibility of	ime and imprisonmen	t for knowing violati	ions.	Officer	or Auth	onzed Agent	07/2	106	
SEE PERMIT FOR ADDITIONAL NOTES													

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different) NAME USDOE ADDRESS BROOKHAVEN NATIONAL LABORATORY					NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR) MAJOR									
	BROOKHAVEN AREA OF				NY0005835 Permit Numbe	r	06B Q Discharge N	umber	(SUBR 01) F - FINAL)				
FACILITY	BROOKHAVEN NATIONAL	Marie Committee			Monitoring		g		COOLG TOWRS FROM 919 ETC (HT2)					
LOCATION	UPTON	NY 11973			From	То	1	***	** No Discharge ****					
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR				YR MO DAY]					•		
			,		06 04 01	06 06 30	· .	Note: Read	Instruction		e completing th			
	PARAMETER			ANTITY OR LO				CENTRATION		EX.	OF	SAMPLE TYPE		
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	-	ANALYSIS			
1-HYDROXY	-ETHYLIDENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.05	(19)	0	01/90	GR		
85812 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.5 DAILY MX	MG/L		QTRLY	GRAB		
TOLYTRIAZ	OLE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.005	(19)	0	01/90	GR		
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NAME/	TITLE PRINCIPAL EXECUT	nder penalty of law	that this document and	all attachments were	prepared under m	y direction or	,		1					
George A. Goode supervision in accordance					The second secon							Teleph		
-	Division Manager				nitted. Based on my in								4549	
Environmental & Waste Management those persons directly responsit												Date Sig	aned	
	Services Division knowledge and belief, true Typed or Printed false informati				ate, and complete. I all uding the possibliity of				Officer		07/25	106		

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Comments and Explanation of any violations (Reference all attachments here)
NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL.
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.