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

April 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 March 2006

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

Robert J. Lee for

George A. Goode Environmental & Waste Management Services Division Manager

GAG/JR: car

Attachment I: Discharge Monitoring Report for March 2006.

- Attachment II: Analytical Results from H2M Labs Inc. and General Engineering Laboratories, LLC for samples collected on 3/6/06, 3/8/06, and 3/10/06 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 March 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. There was no discharge from Outfall 008 and during this reporting period.
- 3. There was no discharge from Outfall 010 and during this reporting period.
- 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 MARCH 2006

FOR OUTFALLS NO. 001 – 010

NAME USDOE ADDF FACII LOCA ATTN

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

ADDRESS	BROOKHAVEN NATIONA	L LABORATORY							MAJOR				
	BROOKHAVEN AREA OF	FICE			NY0005835		001 A		(SUBR 01)				
	UPTON	NY 11973			Permit Number	r	Discharge N	umber	F - FINAL				
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitoring	Period			ACID/CAU	STIC C	LEANG RINSE	535B	
LOCATION	UPTON	NY 11973			From	То		***	No Discha		****		
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					with a system designed	d to assure that qualifi	ed personnel prope	rly gather				Telep	ohone
					nitted. Based on my inc	quiry of the person or	persons who mana	ge the system, or				631-34	4-454
Er	nvironmental & Waste Mana	s directly responsib	le for gathering the info	ormation, the informati	on submitted is, to	the best of my							
	Services Division		knowledge and	belief, true, accura	ate, and complete. I ar	n aware that there are	significant penaltie	es for submitting	Signature o	of Prine	cipal Executive	Date S	Signed
	Typed or Printed	fals	e information, inclu	uding the possibliity of f	ine and imprisonment	for knowing violation	ons.	Officer of	or Auth	orized Agent			

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

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

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

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ADDRESS BROOKHAVEN NATION						-		MAJOR				
BROOKHAVEN AREA OF				NY0005835		001 B		(SUBR 01)	<i>,</i>			
UPTON	NY 11973			Permit Number	r	Discharge N	lumber	F - FINAL				
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LOCATION UPTON	NY 11973			From	То		***	No Discha	arge	****		
ATTN: MICHAEL HOLLAND, GR	OUP MGR			YR MO DAY	YR MO DAY							
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NAME/TITLE PRINCIPAL EXECU		L certify up	der penalty of law	that this document and	all attachments were	prepared under m		00/2				
George A. Goode			with a system designed			-				Telep	hone	
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Environmental & Waste Man			-							031-34		
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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

USDOE NAME ADD FAC LOC ATTI

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

	USDUL				DISCHARGE								
ADDRESS	BROOKHAVEN NATIONA	L LABORATORY							MAJOR				
	BROOKHAVEN AREA OF	FICE			NY0005835		001 B		(SUBR 01))			
	UPTON	NY 11973			Permit Numbe	r	Discharge N	lumber	F - FINAL				
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitoring	Period			RINSE FR	ом се	NTRL DEGREA	SR 498	
LOCATION	UPTON	NY 11973			From	То		***	No Discha	rge	****		
ATTN:	MICHAEL HOLLAND, GR	OUP MGR			YR MO DAY	YR MO DAY				-			
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Comments and Explanation of any violations (Reference all attachments here)

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

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

				DISCHARGE								
ADDRESS BROOKHAVEN NATIONA	L LABORATORY							MAJOR				
BROOKHAVEN AREA OF	FICE			NY0005835		001 D		(SUBR 01))			
UPTON	NY 11973			Permit Numbe	r	Discharge N	lumber	F - FINAL				
FACILITY BROOKHAVEN NATIONA	L LABORATORY			Monitoring	Period			РНОТОР	ROCES	SNG RINSE FRO	OM 197B	
LOCATION UPTON	NY 11973			From	То	-	**:	* No Discha		X ****		
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	MEASUREMENT											
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Comments and Explanation of any violations (Reference all attachments here)

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL. SAMPLES TO BE COLLECTED FROM MANHOLE NEAREST THE BUILDING. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

NAME	USDOE				DISCHARGE N	IONITORING RE	PORT (DMR))					
ADDRESS	BROOKHAVEN NATIONA	L LABORATORY							MAJOR				
	BROOKHAVEN AREA OF	FICE			NY0005835		001 E		(SUBR 01))			
	UPTON	NY 11973			Permit Numbe	r	Discharge N	lumber	F - FINAL				
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitoring	Period			BOILER B	LOWD	N FROM 244,40	5,ETC	
LOCATION	UPTON	NY 11973			From	То	1	***	No Discha	irge	****		
ATTN:	MICHAEL HOLLAND, GR	OUP MGR			YR MO DAY	YR MO DAY	1						
					06 1 01	06 3 31		Note: Read	Instruction	s befor	e completing th	is form	_
		\searrow	QU	ANTITY OR LO	DADING	QUA	LITY OR CO	NCENTRATIO	N	NO.	FREQUENCY	SAMPLE	
	PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX	OF ANALYSIS	TYPE	
FLOW RATE	E	SAMPLE			(07)								
	-	MEASUREMENT	70	*****	(01)	*****	*****	*****		0	29/90	RC	
00056 1 0	1	PERMIT	REPORT	*****		*****	*****	*****	****				
EFFLUENT	GROSS VALUE	REQUIREMENT	DAILY AV	*****	GPD	*****		*****	****		QTRLY	RCORDR	
PH		SAMPLE	*****	*****		9.0	*****	9.5	(12)	0	29/90	GR	
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Comments and Explanation of any violations (Reference all attachments here)

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

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

NAME	USDOE	
ADDRESS	BROOKHAVEN NATIONA	L LABORATORY
	BROOKHAVEN AREA OF	FICE
	UPTON	NY 11973
FACILITY	BROOKHAVEN NATIONA	L LABORATORY
LOCATION	UPTON	NY 11973
ATTN:	MICHAEL HOLLAND, GR	OUP MGR

PARAMETER

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			Fro	m		То	_	1	***	No Discha	rge	****	
		YR	MO	DAY	YR	MO	DAY						
		06	1	01	06	3	31		Note: Read	nstructions	befor	e completing th	is form
0114	NTITY OR LO		NG				0114			J	NO.	FREQUENCY	SAMPLE
Q07			10				Q07				EX	OF	TYPE
AVERAGE	MAXIMUM	UNI	TS		MIN	IMUN	1	AVERAGE	MAXIMUM	UNITS		ANALYSIS	
2600	*****		(07))		****	*	*****	*****		0	03/90	RC

	\sim \sim	///EIU/IOE		00				00		7.1.7.121010	
FLOW RATE	SAMPLE MEASUREMENT	2600	*****	(07)	*****	*****	*****		0	03/90	RC
00056 1 0 1	PERMIT	REPORT	*****		*****	*****	*****	****		QTRLY	RCORDR
EFFLUENT GROSS VALUE	REQUIREMENT	DAILY AV		GPD				****		QIRLY	RCORDR
PH	SAMPLE	*****	*****		6.3	*****	6.3	(12)	0	01/90	GR
	MEASUREMENT				0.5				v	01/30	ÖK
00400 1 0 0	PERMIT	*****	*****	****	REPORT	*****	REPORT			QTRLY	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SU		GINET	OKAB
PROPYLENE GLYCOL	SAMPLE	*****	*****		*****	*****	<500	(28)	0	01/90	GR
MONOBUTYL ETHER	MEASUREMENT								Ŭ	01/30	ÖK
49875 1 0 0	PERMIT	*****	*****	****	*****	*****	REPORT			QTRLY	GRAB
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		GINEI	ORAD
	SAMPLE										
	MEASUREMENT										
	PERMIT										
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	PERMIT										
	REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUT	I IVE OFFICER	· · · ·		hat this document and		• • • •					 .
George A. Goode				vith a system designed	•		, .				Telep
Division Manager				itted. Based on my ind							631-34
Environmental & Waste Man	agement			e for gathering the info				Ciamatura	of Duin		Det: (
Services Division		-		te, and complete. I ar			-	-		cipal Executive	Date S
Typed or Printed		fals	e information, inclu	ding the possibliity of f	tine and imprisonment	tor knowing violation	ons.	Unicer of	or Auth	orized Agent	

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

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

USDOE NAME ADDF FACI LOC ATTN

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

	ISDOE				DISCHARGE M	IONITORING RE	PORT (DMR)						
	ROOKHAVEN NATIONA								MAJOR				
	ROOKHAVEN AREA OF				NY0005835		001 M		(SUBR 01))			
U	IPTON	NY 11973			Permit Number	r	Discharge N	umber	F - FINAL				
	ROOKHAVEN NATIONA	L LABORATORY			Monitoring						& <u>STO</u> RMWTR	RNOFF	
LOCATION U	IPTON	NY 11973			From	То		***	No Discha	arge	****		
ATTN: M	NCHAEL HOLLAND, GRO	OUP MGR			YR MO DAY								
					06 03 01	06 03 31		Note: Read	Instruction	s befor	e completing th	is form	
		\searrow	QU	ANTITY OR LO	OADING	QUA	LITY OR CON		N	NO.	FREQUENCY	SAMPLE	
P/	ARAMETER			-						EX	OF	TYPE	
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
TEMPERATUR	,	SAMPLE	*****	*****		*****	*****	55	(15)	0	01/01	GR	
DEG. FAHREN	HEIT	MEASUREMENT											
00011 1 0 0		PERMIT	*****	*****	****	*****	*****	90			DAILY	GRAB	
EFFLUENT GR	OSS VALUE	REQUIREMENT			****			DAILY MX	DEG.F				
BOD, 5-DAY		SAMPLE	*****	*****		*****	< 2	< 2	(19)	0	03/30	24	
(20 DEG. C)		MEASUREMENT			4					Ľ			
00310 1 0 0		PERMIT	*****	*****	****	*****	10	20			ONCE/	COMP24	
EFFLUENT GR	LUENT GROSS VALUE	REQUIREMENT			****		DAILY AV	DAILY MX	MG/L		MONTH	001111 24	
PH		SAMPLE	*****	*****		6.2	*****	6.8	(12)	0	01/01	GR	
		MEASUREMENT				0.2		0.0		v	01/01	GK	
00400 1 0 0		PERMIT	*****	*****	****	5.8	*****	9.0			DAILY	GRAB	
EFFLUENT GR	OSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SU		DAILI	GRAD	
SOLIDS, TOTA	L	SAMPLE	*****	*****		*****	<2	<3	(19)	0	03/30	24	
SUSPENDED		MEASUREMENT					~2	< 3		v	03/30	24	
00530 1 0 0		PERMIT	*****	*****	****	*****	10	20			ONCE/	COMP24	
EFFLUENT GR	OSS VALUE	REQUIREMENT			****		DAILY AV	DAILY MX	MG/L		MONTH	COWF24	
SOLIDS, SETTI	LEABLE	SAMPLE	*****	*****		*****	*****	0.0	(25)	0	01/01	GR	
		MEASUREMENT						0.0		0	01/01	GR	
00545 1 0 0		PERMIT	*****	*****	****	*****	*****	0.1				CDAD	
EFFLUENT GR	OSS VALUE	REQUIREMENT			****			DAILY MX	ML/L		DAILY	GRAB	
NITROGEN, TO	DTAL	SAMPLE	*****	*****		*****	*****		(19)		02/20	24	
(ASN)		MEASUREMENT						9		0	03/30	24	
00600 1 0 0		PERMIT	*****	*****	****	*****	*****	10			ONCE/	001100	
EFFLUENT GR	OSS VALUE	REQUIREMENT	*****		****			DAILY MX	MG/L		MONTH	COMP24	
NITROGEN, AN	MMONIA	SAMPLE	*****	*****		*****	*****		(19)		00/00		
TOTAL (AS N)		MEASUREMENT	*****			*****	*****	2		0	03/30	24	
00610 1 0 0		PERMIT	*****	*****	****	*****	*****	2			ONCE/	0.01/	
EFFLUENT GR	OSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L		MONTH	COMP24	
	TLE PRINCIPAL EXECUT	IVE OFFICER	I certify un	der penalty of law	that this document and	all attachments were	prepared under my	direction or					
	George A. Goode				with a system designed							Telep	hone
	_				nitted. Based on my ind	-						631-34	
					ble for gathering the info								
Services Division					ate, and complete. I an				Signature	of Prin	cipal Executive	Date S	Sianed
	Typed or Printed	-		uding the possibliity of f				-		orized Agent		J	
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												

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.

Page 1

USDOE NAME ADD FAC LOC ATT

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

ADDRESS BROOKHAVEN NATIONA	L LABORATORY							MAJOR				
BROOKHAVEN AREA OF	FICE			NY0005835		001 M		(SUBR 01))			
UPTON	NY 11973			Permit Number	,	Discharge N	lumber	F - FINAL				
FACILITY BROOKHAVEN NATIONA				Monitoring						& STORMWTR	RNOFF	
LOCATION UPTON	NY 11973			From	То		***	No Discha		****		
ATTN: MICHAEL HOLLAND, GRO				YR MO DAY				No Bioone	. go			
					06 03 31	1	Note: Read	Instruction	s hefor	e completing th	is form	
	\sim	1							NO.	FREQUENCY	SAMPLE	
PARAMETER		QU	ANTITY OR LO	OADING	QUA	LITY OR CO	NCENTRATIO	N	EX	OF	TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	-^	ANALYSIS		
PHOSPHORUS, TOTAL	SAMPLE				_			(19)		7.117.121010		
(AS P)	MEASUREMENT	*****	*****		*****	*****	1.4	(13)	0	03/30	24	
00665 1 0 0	PERMIT			****			REPORT			ONCE/		
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L		MONTH	COMP24	
CYANIDE, TOTAL	SAMPLE							(28)		MONTH		
(AS CN)	MEASUREMENT	*****	*****		*****	*****	<2.5	(20)	0	03/30	GR	
00720 1 0 0	PERMIT			****			100			TWICE/		
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	UG/L		MONTH	GRAB	
COPPER, TOTAL	SAMPLE											
	-	*****	*****		*****	*****	0.062	(19)	0	03/30	24	
AS CU)	MEASUREMENT			****			0.45					
	PERMIT	*****	*****	****		*****	0.15	10/		ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT						DAILY MX	MG/L		MONTH		
RON, TOTAL	SAMPLE	*****	*****		*****	*****	0.31	(19)	0	03/30	24	
AS FE)	MEASUREMENT			****								
01045 1 0 0	PERMIT	*****	*****	****	*****	*****	0.37			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH		
LEAD, TOTAL	SAMPLE	*****	*****		*****	*****	0.0018	(19)	0	03/30	24	
AS PB) See Note #1	MEASUREMENT											
01051 1 0 0	PERMIT	*****	*****	****	*****	*****	0.019			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH		
NICKEL, TOTAL	SAMPLE	*****	*****		*****	*****	0.015	(19)	0	03/30	24	
(AS NI) See Note #1	MEASUREMENT			4					_		-	
01067 1 0 0	PERMIT	*****	*****	****	*****	*****	0.11			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH		
SILVER, TOTAL	SAMPLE	*****	*****		*****	*****	0.0011	(19)	0	03/30	24	
(AS AG) See Note #1	MEASUREMENT		L	4					Ľ			
01077 1 0 0	PERMIT	*****	*****	****	*****	*****	0.015			ONCE/	COMP24	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	50mi 24	
NAME/TITLE PRINCIPAL EXECUT	IVE OFFICER	I certify ur	nder penalty of law	that this document and	all attachments were	prepared under my	y direction or					
George A. Goode		supervis	sion in accordance	with a system designed	to assure that qualifie	ed personnel prope	erly gather				Telep	hone
Division Manager		and evaluate th	e information subm	nitted. Based on my inc	quiry of the person or p	persons who mana	ige the system, or				631-34	4-4549
Environmental & Waste Mana	those person	s directly responsib	le for gathering the info	ormation, the information	on submitted is, to	the best of my						
Services Division	knowledge and	d belief, true, accura	ate, and complete. I an	n aware that there are	significant penaltie	es for submitting	Signature	of Prin	cipal Executive	Date S	igned	
Typed or Printed		fals	se information, inclu	uding the possibliity of f	ine and imprisonment	for knowing violati	ons.	Officer	or Auth	orized Agent		
	(

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.

USDOE NAME ADDF FACI LOC ATTN

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

	00000				DISCHARGEN								
	BROOKHAVEN NATIONA								MAJOR				
	BROOKHAVEN AREA OF				NY0005835		001 M		(SUBR 01))			
I	UPTON	NY 11973			Permit Number	r	Discharge N	umber	F - FINAL				
FACILITY I	BROOKHAVEN NATIONA	AL LABORATORY			Monitoring	Period			PROCESS	SANI	۲ & <u>STO</u> RMWTR	RNOFF	
LOCATION	UPTON	NY 11973			From	То		***	No Discha	arge	****		
ATTN: I	MICHAEL HOLLAND, GR	OUP MGR			YR MO DAY	YR MO DAY							
					06 03 01	06 03 31		Note: Read	Instruction	s befor	e completing th	is form	-
F	PARAMETER	\sum	QUA	ANTITY OR LO	DADING	QUA	LITY OR COM	CENTRATIO	N	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		\checkmark	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
ZINC, TOTAL		SAMPLE	*****	*****		*****	*****	0.00	(19)	0	02/20	24	
AS ZN)		MEASUREMENT						0.08		0	03/30	24	
01092 1 0 0		PERMIT	*****	*****	****	*****	*****	0.1			ONCE/	COMP24	
EFFLUENT GI	ROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	COMP24	
OLUENE		SAMPLE	*****	*****		*****	*****	<1	(28)	0	03/30	GR	
		MEASUREMENT						<1		U U	03/30	GR	
34010 1 0 0		PERMIT	*****	*****	****	*****	*****	5			TWICE/	GRAB	
EFFLUENT GI	LUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		MONTH	GRAD	
METHYLENE	CHLORIDE	SAMPLE	*****	*****		*****	*****		(28)	0	03/30	GR	
		MEASUREMENT						<2			03/30	GR	
4423 1 0 0		PERMIT	*****	*****	****		*****	5			TWICE/	CDAD	
EFFLUENT GI	ROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		MONTH	GRAB	
,1,1-TRICHLO	ORO-	SAMPLE	*****	*****		*****	*****		(28)	0	02/20	GR	
ETHANE		MEASUREMENT						<1			03/30	GR	
84506 1 0 0		PERMIT	*****	*****	****	*****	*****	5			TWICE/	GRAB	
EFFLUENT GI	ROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		MONTH	GRAD	
FLOW, IN COI	NDUIT OR	SAMPLE	0.35	0.38	(03)	*****	*****	*****		0	99/99	RC	
THRU TREAT	MENT PLANT	MEASUREMENT	0.35	0.30							99/99	RC	
50050 1 0 0		PERMIT	REPORT	2.3		*****	*****	*****	****		CONTINU-		
EFFLUENT GI	ROSS VALUE	REQUIREMENT	DAILY AV	DAILY MX	MGD				****		OUS	RCORDR	
MERCURY, TO	OTAL	SAMPLE	*****	*****		*****	*****	0.0001	(19)	0	03/30	24	
AS HG)	See Note #1	MEASUREMENT						0.0001		U	03/30	24	
71900 1 0 0		PERMIT	*****	*****	****	*****	*****	0.0008			ONCE/	COMP24	
EFFLUENT GI	ROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	CONF24	
COLIFORM, F	ECAL	SAMPLE	*****	*****		*****	<2	<2	(13)	0	03/30	GR	
GENERAL		MEASUREMENT					<2	<2		<u> </u>	03/30	GR	
74055 1 0 0		PERMIT	*****	*****	****	*****	200	400	#/		ONCE/	GRAB	
EFFLUENT G	ROSS VALUE	REQUIREMENT			****		DAILY AV	DAILY MX	100ML		MONTH	GRAD	
NAME/T	ITLE PRINCIPAL EXECU	TIVE OFFICER	I certify un	der penalty of law t	that this document and	all attachments were	prepared under my	direction or					
	George A. Goode		supervis	ion in accordance	with a system designed	d to assure that qualifie	ed personnel prope	rly gather				Telep	hone
	Division Manager		and evaluate the	e information subm	nitted. Based on my inc	quiry of the person or p	persons who mana	ge the system, or				631-34	4-4549
Env	Environmental & Waste Management		those persons	s directly responsib	le for gathering the info	ormation, the information	on submitted is, to	the best of my					
	Services Division			I belief, true, accura	ate, and complete. I ar	n aware that there are	significant penaltie	s for submitting	Signature	of Prin	cipal Executive	Date S	igned
	Typed or Printed		fals	e information, inclu	uding the possibliity of f	ine and imprisonment	for knowing violation	ons.	Officer	or Auth	orized Agent		
-	••						-		-		-		

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.

USDOE NAME ADD FAC LOC ATTI

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

NAME USDO	E				DISCHARGE M	IONITORING RE	PORT (DINK)						
ADDRESS BROOKH	HAVEN NATIONAL	L LABORATORY							MAJOR				
BROOKH	HAVEN AREA OFF	FICE			NY0005835		001 M		(SUBR 01)				
UPTON		NY 11973			Permit Number	r	Discharge N	umber	, F - FINAL				
FACILITY BROOKH	HAVEN NATIONAL	L LABORATORY			Monitoring	Period			PROCESS	SANI	F & STORMWTR	RNOFF	
LOCATION UPTON		NY 11973			From	То	1	***	No Discha	rge	****		
ATTN: MICHAEI	L HOLLAND, GRO	OUP MGR			YR MO DAY	YR MO DAY				•			
						06 03 31		Note: Read	Instructions	s befor	re completing th	is form	
										NO.	FREQUENCY	SAMPLE	I
PARAME	TER	\sim	QU	ANTITY OR LO	DADING	QUA	LITY OR CO	NCENTRATIO	N	EX	OF	TYPE	
		$\langle \rangle$	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS		1
2-BUTANONE		SAMPLE	*****	*****		*****	*****	-	(28)				
		MEASUREMENT	*****	*****		*****	*****	<5	. ,	0	03/30	GR	
78356 1 0 0		PERMIT	*****	*****	****	*****	*****	50			TWICE/	00.15	
EFFLUENT GROSS VA	ALUE	REQUIREMENT			****			DAILY MX	UG/L		MONTH	GRAB	
BOD, 5-DAY PERCEN	Т	SAMPLE	*****	*****		. 04	*****	*****	(23)	_	01/20	64	1
REMOVAL		MEASUREMENT				>94				0	01/30	CA	1
81010 K 0 0	10 K 0 0		*****	*****	****	85	*****	*****	1		ONCE/	CALOTE	
PERCENT REMOVAL	CENT REMOVAL IDS, SUSPENDED	REQUIREMENT	*****		****	MO AV MN			PERCENT		MONTH	CALCTD	
SOLIDS, SUSPENDED	LIDS, SUSPENDED		*****	*****		. 07	*****	*****	(23)	0	01/30	CA	
PERCENT REMOVAL						>97				0	01/30	CA	
81011 K 0 0		PERMIT	*****	*****	****	85	*****	*****			ONCE/	CALCTD	
PERCENT REMOVAL		REQUIREMENT			****	MO AV MN			PERCENT		MONTH	CALCID	
		SAMPLE											
		MEASUREMENT											
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		PERMIT											1
		REQUIREMENT											
		SAMPLE											1
		MEASUREMENT			4								1
		PERMIT											
		REQUIREMENT											
	INCIPAL EXECUT		-		that this document and								
	eorge A. Goode		-		with a system designed	-						•	phone
	ivision Manager				nitted. Based on my inc							631-34	4-454
	Environmental & Waste Management				le for gathering the info								
	ervices Division		=		ate, and complete. I an			-	-		cipal Executive	Date S	Signed
<u> </u>	yped or Printed		fals	se information, inclu	uding the possibliity of f	fine and imprisonment	for knowing violati	ons.	Officer of	or Auth	norized Agent		

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

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NAME	USDOE	
ADDRESS	BROOKHAVEN NA	TIONAL LABORATORY
	BROOKHAVEN AR	EA OFFICE
	UPTON	NY 11973
FACILITY	BROOKHAVEN NA	TIONAL LABORATORY
LOCATION	UPTON	NY 11973
ATTN:	MICHAEL HOLLAN	D. GROUP MGR

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

ADDRESS	BROOKHAVEN NATIONA	L LABORATORY					. ,		MAJOR				
	BROOKHAVEN AREA OF	FICE			NY0005835		001 Q		(SUBR 01)				
	UPTON	NY 11973			Permit Number	r	Discharge N	lumber	F - FINAL				
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitoring	Period			PROCESS	SANIT	EFFL & STORM	IWTR	
LOCATION	UPTON	NY 11973			From	То		***	No Discha	rge	****		
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR			YR MO DAY	YR MO DAY				-			
					06 1 01	06 3 31		Note: Read	Instruction	s befor	e completing th	is form	
	PARAMETER	\searrow	QUA	ANTITY OR LO	DADING	QUA		NCENTRATIO	N	NO. EX	FREQUENCY OF	SAMPLE TYPE]
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
POLYCHLO	RINATED	SAMPLE	*****			*****			(28)	_			
BIPHENYLS		MEASUREMENT	*****	*****		*****	*****	<0.06	x - 7	0	03/90	GR	
39516 1 0	. ,	PERMIT	*****	*****	****	*****	*****	REPORT					
	GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	UG/L		QTRLY	GRAB	
		SAMPLE											
		MEASUREMENT											
		PERMIT											
		REQUIREMENT											
	MEA												
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		REQUIREMENT											
NAME	TITLE PRINCIPAL EXECUT	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								•	ohone
-				e information subm	ation submitted. Based on my inquiry of the person or persons who manage the system, or							631-34	4-4549
Er	nvironmental & Waste Mana	agement	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										Signed
	Typed or Printed		fals	e information, inclu	ding the possibliity of f	ine and imprisonment	ons.	Officer of	or Auth	orized Agent			

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

PCB ANALYSIS TO USE EPA METHOD 608 WITH AN MDL GOAL OF 0.065 PPB

NAME USDOE AI E L Δ

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

ADDRESS BROOKHAVEN NATIONAL	LABORATORY					, ,		MAJOR				
BROOKHAVEN AREA OFF	ICE			NY0005835		002 B		(SUBR 01)				
UPTON	NY 11973			Permit Number		Discharge N	umber	F - FINAL				
FACILITY BROOKHAVEN NATIONAL	LABORATORY			Monitoring	Period			RF(1004) 8		HMS(1002) BLO	WDN	
LOCATION UPTON	NY 11973			From	То	1	***	No Discha		X ****		
ATTN: MICHAEL HOLLAND, GRO	UP MGR			YR MO DAY	YR MO DAY				-	~		
				06 03 01	06 03 31	1	Note: Read	Instructions	s befor	e completing th	is form	
PARAMETER	\searrow	QUA	ANTITY OR LC	DADING	QUA		CENTRATION	N	NO. EX	FREQUENCY	SAMPLE TYPE	
	\nearrow	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS		
PH See Note #6	SAMPLE MEASUREMENT	*****	*****			*****		(12)			GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB	
OIL & GREASE See Note #6	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			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	*****		(03)	*****	*****	*****				RC	
50050 1 0 0 See Note #6 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****			ONCE/ MONTH	RCORDR	
	SAMPLE											
	MEASUREMENT											
	PERMIT							1				
	REQUIREMENT											
	SAMPLE											
	MEASUREMENT											
	PERMIT											
	REQUIREMENT											
	SAMPLE											
	MEASUREMENT											
	PERMIT											
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	SAMPLE											
	MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUT		1		hand the second second			disco di scono di					_
George A. Goode	IVE OFFICER	-		hat this document and							Tolon	hone
•				vith a system designed	-						•	4-4549
Division Manager Environmental & Waste Management		and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, o those persons directly responsible for gathering the information, the information submitted is, to the best of my									031-34	
Services Division	gomont		, ,	te, and complete. I an			,	Signature	of Prine	cipal Executive	Date S	Signed
Typed or Printed				ding the possibliity of f				U		orized Agent	Date	
1,900 0.1111100		Idia	·	ang the possibility of t	no and imprisonment	.o						

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.

NAME USDOE ADD FAC LOC ATTI

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

ADDRESS BROOKHAVEN NATIONA	LLABORATORY			DISCHARGE				MAJOR				
BROOKHAVEN AREA OF				NY0005835		002 M		(SUBR 01)	`			
UPTON	NY 11973			Permit Numbe	r	Discharge N	umber	F - FINAL	,			
FACILITY BROOKHAVEN NATIONA				Monitoring					-0.00	DLING,PRCP,ET	C (HN)	
LOCATION UPTON	NY 11973			From	То		**:	* No Discha		****	0 (1114)	
ATTN: MICHAEL HOLLAND, GR					YR MO DAY							
······································				06 03 01	06 03 31		Note: Read	Instruction	s befor	e completing th	is form	
PARAMETER	\searrow	QU	ANTITY OR L				NCENTRATIO		NO. EX	FREQUENCY	SAMPLE TYPE]
	\checkmark	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
РН	SAMPLE MEASUREMENT	*****	*****		7.3	*****	8.2	(12)	0	04/30	GR	
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB	
OIL & GREASE See Note #1	SAMPLE MEASUREMENT	*****	*****		*****	*****	2.3	(19)	0	01/30	GR	1
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB	1
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.08	*****	(03)	*****	*****	*****		0	04/30	RC	1
50050 1 0 1 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	MGD	*****	*****	*****	1		ONCE/ MONTH	RCORDR	1
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT							1				1
NAME/TITLE PRINCIPAL EXECUT		I certify ur	nder penalty of law	that this document and	all attachments were	prepared under my	/ direction or					4
George A. Goode supervision in				alty of law that this document and all attachments were prepared under my direction or coordance with a system designed to assure that qualified personnel properly gather ation submitted. Based on my inquiry of the person or persons who manage the system, or					or			ohone 4-4549
Environmental & Waste Man Services Division			ble for gathering the info ate, and complete. I ar			-	Signature	of Prin	cipal Executive	Date S	Signed	
Typed or Printed		fal	se information, incl	uding the possibliity of f	fine and imprisonment	for knowing violati	ons.	Officer	or Auth	orized Agent		

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

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

USDOE NAME ADD FAC LOC ATT

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

NAME USDUE												
ADDRESS BROOKHAVEN NATIONA	AL LABORATORY							MAJOR				
BROOKHAVEN AREA OF				NY0005835		002 Q		(SUBR 01))			
UPTON	NY 11973			Permit Numbe	r	Discharge N	umber	F - FINAL				
FACILITY BROOKHAVEN NATIONA	AL LABORATORY			Monitoring	Period			AGS NON	-c coc	DLG <u>,PR</u> ECP ETC	C (HN)	
LOCATION UPTON	NY 11973			From	То]	***	' No Discha	irge	****		
ATTN: MICHAEL HOLLAND, GR	OUP MGR			YR MO DAY	YR MO DAY							
				06 1 01	06 3 31		Note: Read	Instruction	s befor	e completing th	is form	_
PARAMETER		QU	ANTITY OR L	OADING	QUA		NCENTRATIO	N	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
ALUMINUM, TOTAL	SAMPLE				-			(19)				
(AS AL)	MEASUREMENT	*****	*****		*****	*****	<0.07	(,	0	01/90	GR	
01105 1 0 1	PERMIT	*****	*****	****		*****	2.0	1				1
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L		QTRLY	GRAB	
DICHLOROBROMOMETHANE	SAMPLE	*****	*****		*****	*****		(28)				1
EFFLUENT See Note #1	MEASUREMENT	*****	*****		*****	*****	0.54	()	0	01/90	GR	
32101 1 0 0	PERMIT			****			50	1				1
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	UG/L		QTRLY	GRAB	
CHLOROFORM	SAMPLE	*****	*****		*****	*****		(28)				1
	MEASUREMENT		*****		*****	*****	2	,	0	01/90	GR	
32106 1 0 0	PERMIT	*****	*****	****		*****	7	1				1
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****		*****	DAILY MX	UG/L		QTRLY	GRAB	
1,1,1-TRICHLORO-	SAMPLE	*****	*****		*****	*****		(28)	_	04/00	0.0	1
ETHANE	MEASUREMENT	*****	*****		*****	*****	<1	. ,	0	01/90	GR	
34506 1 0 0	PERMIT	*****	*****	****	*****	*****	5				0040	1
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	UG/L		QTRLY	GRAB	
1-HYDROXY-ETHYLIDENE	SAMPLE	*****	*****		*****	*****	-0.0E	(19)	0	04/00	C.P.	1
	MEASUREMENT						<0.05		0	01/90	GR	
85812 1 0 0	PERMIT	*****	*****	****	*****	*****	0.5	1			CDAD	1
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		QTRLY	GRAB	
TOLYTRIAZOLE	SAMPLE	*****	*****		*****	*****	<0.005	(19)	0	01/00	CP	1
	MEASUREMENT						<0.005			01/90	GR	
85813 1 0 0	PERMIT	*****	*****	****	*****	*****	0.2	1		QTRLY	GRAB	1
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		GIRLY	GRAB	
	SAMPLE											1
	MEASUREMENT											
	PERMIT											1
	REQUIREMENT											
NAME/TITLE PRINCIPAL EXECU	TIVE OFFICER	I certify ur	nder penalty of law	that this document and	all attachments were	prepared under my	/ direction or					-
		supervision in accordance with a system designed to assure that qualified personnel properly gather									Telep	hone
George A. Goode		and evaluate th	ne information subn	nitted. Based on my inc	quiry of the person or p	persons who mana	ge the system, or				631-34	4-4549
Environmental & Waste Management		those person	s directly responsit	ole for gathering the info	ormation, the informati	on submitted is, to	the best of my	іу				
Services Division		knowledge and	d belief, true, accur	ate, and complete. I ar	m aware that there are	significant penaltie	es for submitting					
Typed or Printed		false information, including the possibility of fine and imprisonment for knowing violations. Officer or Authorized Agent										
Comments and Evalenation of accorde	lations (Deference		oto horo)									

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

NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS. SAMPLING TO BE DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH COOLING TOWER BLOWDOWN FROM STAR DETECTOR.

USDOE NAME ADD FAC LOC ATT

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

ADDRESS	BROOKHAVEN NATIONA	L LABORATORY							MAJOR				
	BROOKHAVEN AREA OF	FICE			NY0005835		002 R		(SUBR 01)				
	UPTON	NY 11973			Permit Numbe	r	Discharge N	umber	F - FINAL				
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitoring	Period			RF(1004) 8		HMS(1002) BLO	WDN	
LOCATION	UPTON	NY 11973			From	То		***	No Discha		****		
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR			YR MO DAY	YR MO DAY				3			
	,				06 1 01	06 3 31		Note: Read	Instructions	s befor	e completing th	is form	
		\sim	İ							NO.	FREQUENCY	SAMPLE	
	PARAMETER	\sim	QU	ANTITY OR LO	DADING	QUA	LITY OR CON	CENTRATIO	N	EX	OF	TYPE	
		$\langle \ \rangle$	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
1-HYDROXY	-ETHYLIDENE	SAMPLE	*****	*****		*****	*****		(19)	_			
_		MEASUREMENT	*****	*****		*****	*****	<0.05	(- /	0	01/90	GR	
85812 1 0	0	PERMIT	*****	*****	****	*****	*****	0.5					
	GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L		QTRLY	GRAB	
TOLYTRIAZ		SAMPLE							(19)				
		MEASUREMENT	*****	*****		*****	*****	<0.005	(,	0	01/90	GR	
85813 1 0	0	PERMIT			****			0.2					
	GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L		QTRLY	GRAB	
	SAMPLE												
	MEAS												
		PERMIT REQUIREMENT											
		SAMPLE											
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		PERMIT		1	1								
		REQUIREMENT											
		SAMPLE		1	1								
		MEASUREMENT											
		PERMIT											
		REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		l certify un	der penalty of law t	hat this document and	all attachments were	direction or							
											Teler	ohone	
			ance with a system designed to assure that qualified personnel properly gather submitted. Based on my inquiry of the person or persons who manage the system, o							•	4-4549		
			submitted. Based on my inquiry of the person or persons who manage the system, o possible for gathering the information, the information submitted is, to the best of my										
				sponsible for gamering the information, the information submitted is, to the best of my e, accurate, and complete. I am aware that there are significant penalties for submitting							Date 9	Signed	
	Typed or Printed			false information, including the possibility of fine and imprisonment for knowing violations.								J	
	.,,		raite										

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 ADD FAC LOC ATT

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

	00000				DISCHARGE								
ADDRESS	BROOKHAVEN NATIONA	L LABORATORY							MAJOR				
	BROOKHAVEN AREA OF	FICE			NY0005835		005 M		(SUBR 01))			
	UPTON	NY 11973			Permit Numbe	r	Discharge N	umber	F - FINAL				
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitoring	Period			NSLS CO	OLING	TOWR BLDN ET	C (HS)	
LOCATION	UPTON	NY 11973			From	То		***	* No Discha		****	、 ,	
ATTN:	MICHAEL HOLLAND, GR	OUP MGR			YR MO DAY	YR MO DAY				5			
					06 03 01	06 03 31		Note: Read	Instruction	s befor	e completing th	is form	
	PARAMETER	\searrow	QU	ANTITY OR L	OADING	QUA		CENTRATIO	N	NO. EX	FREQUENCY	SAMPLE TYPE	
	PARAMETER		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	- ⁻		TIPE	
PH		SAMPLE			01113			MAXIMON	(12)		ANALISIS		1
• • •		MEASUREMENT	*****	*****		7.3	*****	8.0	(12)	0	04/30	GR	
00400 1 0 (0	PERMIT			****	REPORT		8.5			ONCE/		
	GROSS VALUE	REQUIREMENT	*****	*****	****	MINIMUM	*****	MAXIMUM	sυ		MONTH	GRAB	
OIL & GREA		SAMPLE							(19)				1
	See Note #1	MEASUREMENT	*****	*****		*****	*****	1.4	(,	0	01/30	GR	
00556 1 0 (PERMIT			****			15	1		ONCE/		
	GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L		MONTH	GRAB	
	ONDUIT OR	SAMPLE		*****	(03)	*****	*****	*****					1
,	TMENT PLANT	MEASUREMENT	0.21	*****	()	*****	*****	*****		0	04/30	RC	
50050 1 0		PERMIT	REPORT	*****		*****	*****	*****	****		ONCE/		
EFFLUENT (GROSS VALUE	REQUIREMENT	DAILY AV	*****	MGD	*****	*****	*****	****		MONTH	RCORDR	
		SAMPLE											1
		MEASUREMENT											
		PERMIT											
		REQUIREMENT											
		SAMPLE											1
		MEASUREMENT											
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		REQUIREMENT											
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		REQUIREMENT											
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		MEASUREMENT			_								
		PERMIT											
		REQUIREMENT											
NAME/	TITLE PRINCIPAL EXECUT				that this document and								
• • • • • • • • • • • • • • • • • • •			sion in accordance	with a system designed	d to assure that qualifie	ed personnel prope	erly gather				•	phone	
Division Manager and evaluate the information					-							631-34	4-4549
_					responsible for gathering the information, the information submitted is, to the best of my								
	Services Division				ate, and complete. I ar		-	-	-		cipal Executive	Date S	Signed
	Typed or Printed		fals	se information, incl	uding the possibliity of	fine and imprisonment	for knowing violati	ons.	Officer	or Auth	orized Agent		

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.

NAME USDOE ADDI FAC LOC ATT

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	Period			NSLS CO	DLG TO	WR BLOWDN	ETC (HS)	
LOCATION	UPTON	NY 11973			From	То		***	No Discha	rge	****		
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR			YR MO DAY	YR MO DAY				-			
					06 1 01	06 3 31	1	Note: Read	Instruction	s befor	e completing th	is form	
	PARAMETER	\sum	QU	ANTITY OR LO	DADING	QUA	LITY OR CO	NCENTRATIO	N	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		\checkmark	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
COPPER, TO	DTAL	SAMPLE	*****	*****		*****	*****	<0.003	(19)	0	01/90	GR	
(AS CU)		MEASUREMENT								U	01/90	GK	
01042 1 0	0	PERMIT	*****	*****	****	*****	*****	1.0			QTRLY	GRAB	
EFFLUENT	GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		GINET	ORAD	
1-HYDROXY	-ETHYLIDENE	SAMPLE	*****	*****		*****	*****	< 0.05	(19)	0	01/90	GR	
		MEASUREMENT									01/00	0.0	
85812 1 0		PERMIT	*****	*****	****	*****	*****	0.5			QTRLY	GRAB	
	GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L			0.0.0	
TOLYTRIAZ	OLE	SAMPLE	*****	*****		*****	*****	< 0.005	(19)	0	01/90	GR	
	MEASUREME										01/00	0.0	
85813 1 0		PERMIT	*****	*****	****	*****	*****	0.2			QTRLY	GRAB	
EFFLUENT	GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L			0.0.2	
		SAMPLE											
		MEASUREMENT											4
		PERMIT											
		REQUIREMENT											
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		SAMPLE											
		MEASUREMENT											4
		PERMIT											
		REQUIREMENT											
		SAMPLE											
		MEASUREMENT											-
		PERMIT											
REQUIREMENT													
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law													
				ance with a system designed to assure that qualified personnel properly gather								phone	
-					submitted. Based on my inquiry of the person or persons who manage the system, or						631-34	14-4549	
Er	vironmental & Waste Mana	agement	those persons directly responsible for gathering the information, the information submitted is, to the best of my									0	
	Services Division			knowledge and belief, true, accurate, and complete. I am aware that								Dates	Signed
	Typed or Printed		fals	se information, inclu	iding the possibliity of	fine and imprisonment	for knowing violati	ons.	Utticer of	or Auth	orized Agent		

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.

AVERAGE

SAMPLE

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

NAME	USDOE	
ADDRESS	BROOKHAVEN NATIONA	L LABORATORY
	BROOKHAVEN AREA OF	FICE
	UPTON	NY 11973
FACILITY	BROOKHAVEN NATIONA	L LABORATORY
LOCATION	UPTON	NY 11973
ATTN:	MICHAEL HOLLAND, GR	OUP MGR

PARAMETER

FLOW RATE

										MAJOR					
		06 03 01 06 03 DR LOADING						007 M		(SUBR 01)					
		Per	mit N	umber				Discharge N	umber	F - FINAL					
	I	I	Monit	oring l	Perio	bd				WATER TH	REATM	ENT PLT BKWS	SH (HX)		
			Fro	m		То	-		***	No Discha	rge	****			
		YR	MO	DAY	YR	МО	DAY								
		06	03	01	06	03	31		Note: Read	e completing th	is form				
0114		וחאו	NG				0114	LITY OR CON	N	NO.	FREQUENCY	SAMPLE			
QUA			10				QUA				EX	OF	TYPE		
GE	MAXIMUM	UNI	TS		ΜIN	IIMUN		AVERAGE	MAXIMUM	UNITS		ANALYSIS			
*	200000		(07))		*****	*** ***** ****** 0 16/30 IN								
*	REPORT					*****	*	*****	*****	****		ONCE/	INSTAN		
	DAILY MX		GPI)						****		MONTH	INSTAN		

***** 2 MEASUREMENT PERMIT R 00056 1 0 0 ***** EFFLUENT GROSS VALUE REQUIREMENT DA PH SAMPLE (12) ***** ***** ***** 01/30 6.7 6.7 0 GR MEASUREMENT PERMIT **** REPORT ONCE/ 00400 1 0 0 9.0 ***** ***** ***** GRAB EFFLUENT GROSS VALUE REQUIREMENT **** MINIMUM MAXIMUM MONTH SU SAMPLE MEASUREMENT PERMIT REQUIREMENT NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my direction or 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 Signature of Principal Executive Date Signed knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting 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)

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

USDOE NAME ADDR FACIL LOCA ATTN:

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

NAME USDOE				DISCHARGE N	IONITORING RE	PORT (DMR))					
ADDRESS BROOKHAVEN NATIONA								MAJOR				
BROOKHAVEN AREA OF	FFICE			NY0005835		008 M		(SUBR 01)			
UPTON	NY 11973			Permit Numbe	r	Discharge N	lumber	F - FINAL				
FACILITY BROOKHAVEN NATIONA	AL LABORATORY			Monitoring				STORMW	TR RUI	NOFF WAREHOU	JSE (HW)	
LOCATION UPTON	NY 11973			From	То		***	No Discha	arge	X ****		
ATTN: MICHAEL HOLLAND, GR	OUP MGR			YR MO DAY	YR MO DAY							
				06 03 01	06 03 31		Note: Read	Instruction	s befor	e completing the	is form	-
	\sim	014	ANTITY OR LO		014		NCENTRATIO	N	NO.	FREQUENCY	SAMPLE	1
PARAMETER	\sim								EX	OF	TYPE	1
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		1
FLOW RATE	SAMPLE	*****		(07)	*****	*****	*****				IN	1
See Note #2	MEASUREMENT							****				i i
	PERMIT	*****	REPORT		*****	*****	*****	****		ONCE/	INSTAN	1
EFFLUENT GROSS VALUE	REQUIREMENT		DAILY MX	GPD						MONTH		1
PH See Nets #2	SAMPLE	*****	*****			*****		(12)			GR	1
See Note #2	MEASUREMENT			****	REPORT		8.5	-		ONCE/		1
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	MINIMUM	*****	8.5 MAXIMUM	eu		MONTH	GRAB	i i
OIL & GREASE	SAMPLE						MAXIMUM	SU (19)		MONTH		1
See Note #2	MEASUREMENT	*****	*****		*****	*****		(19)			GR	1
00556 1 0 0	PERMIT			****			15			ONCE/		1
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	MG/L		MONTH	GRAB	i i
1,1-DICHLOROETHYLENE	SAMPLE							(28)		MONTH		1
See Note #2	MEASUREMENT	*****	*****		*****	*****		(20)			GR	1
34501 1 0 0	PERMIT			****			5			ONCE/		l I
EFFLUENT GROSS VALUE	REQUIREMENT	*****	*****	****	*****	*****	DAILY MX	UG/L		MONTH	GRAB	1
1,1,1-TRICHLORO-	SAMPLE							(28)				1
ETHANE See Note #2	MEASUREMENT	*****	*****		*****	*****		(==)			GR	1
34506 1 0 0	PERMIT	*****	*****	****	*****	*****	5			ONCE/		1
EFFLUENT GROSS VALUE	REQUIREMENT	*****	******	****	*****	*****	DAILY MX	UG/L		MONTH	GRAB	1
	SAMPLE											1
	MEASUREMENT											1
	PERMIT			1								1
	REQUIREMENT											1
	SAMPLE											1
	MEASUREMENT											i i
	PERMIT											1
	REQUIREMENT											i i
NAME/TITLE PRINCIPAL EXECU	TIVE OFFICER	I certify un	ider penalty of law t	that this document and	all attachments were	prepared under m	y direction or					
George A. Goode	supervision in accordance with a system designed to assure that qualified personnel properly gather								ĺ	Telep	hone	
Division Manager	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or									631-34	4-4549	
Environmental & Waste Man	agement	those persons directly responsible for gathering the information, the information submitted is, to the best of my							лу			
Services Division		knowledge and	l belief, true, accura	ate, and complete. I ar	m aware that there are	e significant penalti	es for submitting	Signature	ignature of Principal Executive Date Signed			
Typed or Printed		fals	se information, inclu	iding the possibliity of	fine and imprisonment	for knowing violati	ions.	Officer or Authorized Agent				

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

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

NAME USDOE ADDF FACI LOC ATT

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

ADDRESS	BROOKHAVEN NATIONA	L LABORATORY							MAJOR				
	BROOKHAVEN AREA OF	FICE			NY0005835		008 Q		(SUBR 01))			
	UPTON	NY 11973			Permit Number	r	Discharge N	umber	F - FINAL				
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitoring	Period			SW RUNO	FF FRG	OM WAREHOUS	E AREA	
LOCATION	UPTON	NY 11973			From	То		***	No Discha	rge	****		
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR			YR MO DAY	YR MO DAY							
					06 1 01	06 3 31		Note: Read	Instruction	s befor	e completing th	is form	_
	PARAMETER	\searrow	QUA	ANTITY OR LO	DADING	QUA		NCENTRATIO	N	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		\checkmark	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
	, DISSOLVED	SAMPLE	*****	*****		*****	*****	<0.07	(19)	0	01/90	GR	
(AS AL)	_	MEASUREMENT											
01106 1 0		PERMIT	*****	*****	****	*****	*****	2.0			QTRLY	GRAB	
EFFLUENI	GROSS VALUE							DAILY MX	MG/L				
		SAMPLE MEASUREMENT											
		PERMIT											
		REQUIREMENT											
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		SAMPLE											
		MEASUREMENT											
		PERMIT			1				1				1
		REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			I certify under penalty of law that this document and all attachments were prepared under my direction or										4
George A. Goode			supervision in accordance with a system designed to assure that qualified personnel properly gather									Telep	hone
	Division Manager		and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or								631-34	4-4549	
Er	nvironmental & Waste Mana	agement	those persons directly responsible for gathering the information, the information submitted is, to the best of my						ny				
	Services Division		knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting						itting Signature of Principal Executive			Date S	Signed
	Typed or Printed		fals	e information, inclu	iding the possibliity of f	ine and imprisonment	for knowing violati	ons.	Officer or Authorized Agent				

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

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

	ing											
			DISCHARGE MONITORING REPORT (DMR)									
ADDRESS BROOKHAVEN NATION						040.15		MAJOR				
BROOKHAVEN AREA OF	FICE NY 11973			NY0005835	_	010 M		(SUBR 01)				
			Permit Number		Discharge N	lumber	F - FINAL					
FACILITY BROOKHAVEN NATIONA				Monitoring		4	1.1.1.1.			CENTRAL STE	AM (H)	
	NY 11973			From	To		***	No Discha	irge	X ****		
ATTN: MICHAEL HOLLAND, GR	OUP MGR			YR MO DAY YR MO DAY						is form		
		i		06 03 01	06 03 31		Note: Read	Instruction	-	e completing th FREQUENCY		
PARAMETER	$\left \right\rangle$							EX		OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
FLOW RATE	SAMPLE	*****		(07)	*****	*****	*****				IN	
See Note #3	MEASUREMENT											
00056 1 0 0	PERMIT	*****	REPORT		*****	*****	*****	****		ONCE/	INSTAN	
EFFLUENT GROSS VALUE	REQUIREMENT		DAILY MX	GPD				****		MONTH		
PH	SAMPLE	*****	*****			*****		(12)			GR	
See Note #3	MEASUREMENT											
	PERMIT	*****	*****	****	REPORT	*****	8.5			ONCE/	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SU		MONTH		
DIL & GREASE	SAMPLE	*****	*****		*****	*****		(19)			GR	
See Note #3	MEASUREMENT											
00556 1 0 0	PERMIT	*****	*****	****	*****	*****	15			ONCE/	GRAB	
EFFLUENT GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	-	
	SAMPLE											
	MEASUREMENT											
	PERMIT											
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	MEASUREMENT			4								
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	SAMPLE				1		1		1			
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				hat this document and							Talanh	
-				vith a system designed							Teleph	
Division Manager and evaluate the informati				-							631-344-	4349
Environmental & Waste Man	agement	-		e for gathering the info				Signature	of Drin	cipal Executive	Data Ci	aned
Services Division Typed or Printed		-		te, and complete. I ar			-	-		Date Sig	Juea	
I yped or Printed				ding the possibliity of f	rine and imprisonment	tor knowing violati	ons.	Unicer	or Auth	orized Agent		

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

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

Page 1

NAME USDOE ADI FA LO AT

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

ADDRESS BROOKHAVEN NA	ATIONAL LABORATORY							MAJOR				
BROOKHAVEN AF	REA OFFICE			NY0005835		010 Q		(SUBR 01)				
UPTON	NY 11973			Permit Numbe	r	Discharge N	F - FINAL					
FACILITY BROOKHAVEN NA	ATIONAL LABORATORY			Monitoring Period				SW RUNOFF FROM CENTRAL STM (H)				
LOCATION UPTON	NY 11973			From	To *** N			No Discha		.,		
ATTN: MICHAEL HOLLAN	ND, GROUP MGR			YR MO DAY	YR MO DAY				-			
				06 1 01	06 3 31		Note: Read	is form				
PARAMETER		QUANTITY OR L		DADING	QUALITY OR CONCENTRATION			N	NO. EX	FREQUENCY OF	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
COPPER, DISSOLVED	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.003	(19)	0	01/90	GR	
01040 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	1.0 DAILY MX	MG/L		QTRLY	GRAB	
LEAD, DISSOLVED	SAMPLE Note #1 MEASUREMENT	*****	*****		*****	*****	0.0008	(19)	0	01/90	GR	
01049 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.05 DAILY MX	MG/L		QTRLY	GRAB	
VANADIUM, DISSOLVED (AS V) See Note	SAMPLE	*****	*****		*****	*****	0.006	(19)	0	01/90	GR	
01085 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY MX	MG/L		QTRLY	GRAB	
ALUMINUM, DISSOLVED (AS AL) See Note	SAMPLE	*****	*****		*****	*****	0.2	(19)	0	01/90	GR	
01106 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	2.0 DAILY MX	MG/L		QTRLY	GRAB	
	SAMPLE MEASUREMENT											
	PERMIT											
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	PERMIT REQUIREMENT							1				
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	REQUIREMENT											
			der penalty of law	that this document and	all attachments were	prepared under my	/ direction or					8
George A. Goode				with a system designed							Telep	hone
Division Ma				itted. Based on my ind								4-4549
				le for gathering the info								
Services Di	vision			ate, and complete. I ar			-	Signature	of Princ	cipal Executive	Date S	Bigned
Typed or P	rinted	-		uding the possibliity of f			-	Officer of	or Auth	orized Agent		-
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Comments and Explanation of any violations (Reference all attachments here)

NAME USDOE ADD FAC LOC ATT

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

NAME	USDUE				DISCHARGE									
ADDRESS	BROOKHAVEN NATIONA	AL LABORATORY							MAJOR					
BROOKHAVEN ARE		FICE	NY0005835		06A M		(SUBR 01))						
	UPTON	NY 11973			Permit Numbe	r	Discharge Number		F - FINAL					
FACILITY	BROOKHAVEN NATIONA	AL LABORATORY			Monitoring	Period			LINAC NC	CW, FL	OOR DNS,ETC	(HT1)		
LOCATION	UPTON	NY 11973			From	То		***	' No Discha	arge	****			
ATTN:	MICHAEL HOLLAND, GR	OUP MGR				YR MO DAY								
					06 03 01 06 03 31 Note: Read I					Instructions before completing this features of the second				
	PARAMETER		QU/		QUANTITY OR LOADING		QUALITY OR CONCENTRATION			N NO. F		SAMPLE TYPE		
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		ĺ	
РН		SAMPLE	*****	*****			*****		(12)				ĺ	
		MEASUREMENT	*****	*****		7.5	*****	8.1	. ,	0	04/30	GR	Í	
00400 1 0	0	PERMIT	*****	*****	****	REPORT	*****	9.0	1		ONCE/	CRAD	1	
EFFLUENT	GROSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SU		MONTH	GRAB	1	
OIL & GREA	ASE	SAMPLE	*****	*****		*****	*****	<0.99	(19)	0	01/30	GR	Í	
		MEASUREMENT						<0.99		U	01/30	GR		
00556 1 0	0	PERMIT	*****	*****	****	*****	*****	15			ONCE/	GRAB	1	
EFFLUENT	GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L		MONTH	GRAB		
FLOW, IN CO	ONDUIT OR	SAMPLE	0.03	*****	(03)	*****	*****	*****		0	04/30	RC		
THRU TREA	ATMENT PLANT	MEASUREMENT	0.00							Ů		NO		
50050 1 0 ⁻	1	PERMIT	REPORT	*****		*****	*****	*****	****		ONCE/	RCORDR		
EFFLUENT	GROSS VALUE	REQUIREMENT	DAILY AV		MGD				****		MONTH	ROOKER		
		SAMPLE												
		MEASUREMENT											1	
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		REQUIREMENT												
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		PERMIT REQUIREMENT											1	
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		MEASUREMENT						1					1	
		PERMIT												
		REQUIREMENT											1	
NAMF/	TITLE PRINCIPAL EXECUT		L certify un	der penalty of law	that this document and	all attachments were	prepared under my	v direction or					i	
	George A. Goode				with a system designed							Telen	hone	
	Division Manager		-		nitted. Based on my in	-						631-34		
Er	nvironmental & Waste Man	agement			ble for gathering the info									
	Services Division				ate, and complete. I a			-	Signature	of Prin	cipal Executive	Date S	signed	
	Typed or Printed		-		uding the possibliity of			-	-		orized Agent		5	
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Comments and Explanation of any violations (Reference all attachments here)

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.

NAME USDOE ADD FAC LOC ATT

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

ADDRESS	BROOKHAVEN NATIONA	L LABORATORY							MAJOR					
BROOKHAVEN AREA OFFICE					NY0005835		06A Q		(SUBR 01)					
	UPTON	NY 11973			Permit Number	r	Discharge Number F - FINA			- FINAL				
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitoring	Period			LINAC NC	CW, FL	OOR DNS, SW	(HT1)		
LOCATION	UPTON	NY 11973			From	То	*** No Discharge ***					. ,		
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR			YR MO DAY	YR MO DAY				-				
					06 1 01	06 3 31		Note: Read	Instructions	s befor	e completing th	is form		
	PARAMETER			QUANTITY OR L		QUA	CENTRATIO	ENTRATION		FREQUENCY OF	SAMPLE TYPE			
		\checkmark	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	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		
85813 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2 DAILY MX	MG/L		QTRLY	GRAB		
		SAMPLE MEASUREMENT												
		PERMIT REQUIREMENT												
		SAMPLE MEASUREMENT												
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					hat this document and							- .		
George A. Goode supervision in accordar												ohone		
				itted. Based on my inc							631-34	4-4049		
Er	Services Division	agement		those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting							cipal Executive	Date	Signed	
	Typed or Printed		-		ite, and complete. I an Iding the possibliity of f			-	-		orized Agent	Dates	Nglieu	
ryped or Printed			Taia		ang the possibility of t				1 0111001 0		eou /igoin			

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

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

NAME USDOE ADDF FACII LOCA ATTN

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

ADDRESS	BROOKHAVEN NATIONA	L LABORATORY									MAJOR					
BROOKHAVEN AREA OFFICE					NY0005835	NY0005835 (06B M		(SUBR 01)						
	UPTON NY 11973				Permit Number	r	Discharge Number		F - FINAL							
FACILITY	ACILITY BROOKHAVEN NATIONAL LABORATORY					Monitoring Period				COOLING TOWR FROM 919 ETC (HT2)						
LOCATION	TION UPTON NY 11973									** No Discharge ****						
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR			YR MO DAY	YR MO DAY										
					06 03 01	06 03 31		Note: Read	Instructions	s befor	e completing th	is form	_			
	PARAMETER		QUA	ANTITY OR LO				N NO. EX		FREQUENCY OF	SAMPLE TYPE					
		\checkmark	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS					
PH		SAMPLE MEASUREMENT	*****	*****		7.3	*****	7.6	(12)	0	04/30	GR				
00400 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB				
OIL & GREA	ASE See Note #1	SAMPLE MEASUREMENT	*****	*****		*****	*****	4.02	(19)	0	01/30	GR	1			
00556 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB				
FLOW, IN C THRU TREA	ONDUIT OR ATMENT PLANT	SAMPLE MEASUREMENT	0.66	*****	(03)	*****	*****	*****		0	04/30	RC				
50050 1 0	1	PERMIT	REPORT	*****		*****	*****	*****	****		ONCE/	000000				
EFFLUENT	GROSS VALUE	REQUIREMENT	DAILY AV		MGD				****		MONTH	RCORDR				
		SAMPLE MEASUREMENT														
		PERMIT REQUIREMENT														
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		PERMIT REQUIREMENT														
		SAMPLE														
		MEASUREMENT														
		PERMIT														
REQUIREMENT																
NAME/	TITLE PRINCIPAL EXECUT	IVE OFFICER			hat this document and							.				
	George A. Goode				with a system designed								hone			
Division Manager			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										4-4549			
Er	nvironmental & Waste Mana	igement		, ,	0 0				Signature	of Drin	ninal Executive	Data	Signod			
Services Division Typed or Printed			-		ate, and complete. I an Iding the possibliity of f		Signature of Principal Executive Officer or Authorized Agent			Date Signed						

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.

NAME USDOE ADD FAC LOC ATTI

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

ADDRESS	BROOKHAVEN NATIONA	L LABORATORY							MAJOR				
BROOKHAVEN AREA OFFICE			NY0005835				06B Q	(SUBR 01)					
	UPTON	NY 11973			Permit Number		Discharge Number F - FIN		F - FINAL	- FINAL			
FACILITY	BROOKHAVEN NATIONA	BROOKHAVEN NATIONAL LABORATORY					COOLG TOWRS FROM 919 ETC (H					(HT2)	
LOCATION	UPTON	NY 11973			From	То	1	***	No Discha	rge	****		
ATTN:	MICHAEL HOLLAND, GRO	OUP MGR			YR MO DAY	YR MO DAY	1						
					06 1 01	06 3 31		Note: Read	Instructions	s befor	e completing th	is form	_
	PARAMETER		QU	QUANTITY OR LC		QUALITY OR CONCENTRATION		I NO. EX		FREQUENCY OF	SAMPLE TYPE		
		\angle	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
1-HYDROX)	/-ETHYLIDENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.05	(19)	0	01/90	GR	
	GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.5 DAILY MX	MG/L		QTRLY	GRAB	
TOLYTRIAZ	OLE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.005	(19)	0	01/90	GR	
85813 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.2 DAILY MX	MG/L		QTRLY	GRAB	
		SAMPLE MEASUREMENT											
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		PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			I certify un	ider penalty of law t	hat this document and	all attachments were	prepared under my	direction or					•
_	George A. Goode Division Manager		and evaluate th	e information subm	with a system designed itted. Based on my ind	quiry of the person or p	persons who mana	ge the system, or					hone 4-4549
			se persons directly responsible for gathering the information, the information submitted is, to the best of my						<u></u>				
	Services Division		-		ite, and complete. I an			-	-		cipal Executive	Date S	Signed
Typed or Printed			fals	se information, inclu	ding the possibliity of f	ine and imprisonment	for knowing violation	ons.	Officer of	or Auth	orized Agent		

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.