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

June 19, 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 May 2006

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

Review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. Collection and analysis of these samples are performed in accordance with the BNL Quality Assurance (QA) program that specifies the standard operating procedures for collection and analysis of samples, QA data requirements, validation of contractor analytical data, and QA inspections performed periodically on contractor laboratories. All QA data, data validation reports, contractor laboratory assessment and audit reports are available upon request. Based on this information, we believe the values reported on the DMR are representative of the effluent from BNL during the month of May 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,

MA Morde

George A. Goode Environmental & Waste Management Services Division Manager

GAG/JR: car

Attachment I: Discharge Monitoring Report for May 2006.

Attachment II: Analytical Results from H2M Labs Inc. and General Engineering Laboratories, LLC for samples collected on 5/5/06 and 5/8/06 from Outfall 001 (BNL Use Only).

Attachment III: Analytical Results from General Engineering Laboratories, LLC for samples collected from Outfalls 002, 002B, 005, 006A, 006B, 008, and 010 (BNL Use Only).

- cc: M. Bebon, w/o Attachments
 G. Goode, w/o Attachments
 M. Holland, w/o Attachments
 C. Kao, w/ all Attachments
 E. Lessard, w/ all Attachments
 E. Murphy, w/ all Attachments
 J. Remien, w/ all Attachments
 R. Sorrentino, NYSDEC, w/ Attachment I
 J. Tarpinian, w/o Attachments
 J. Zamirowski, TAS, CH, w/ Attachment I
- W. Chaloupka, w/ all Attachments
- G. Granzen, w/ all Attachments
- C. Johnson, w/o Attachments
- R. Lee, w/ all Attachments
- D. Lowenstein, w/o Attachments
- V. Radeka, w/ all Attachments
- A. Santino, SCDHS, w/ Attachment I
- B. Style, w/o Attachments
- D. Van Duyne, w/ all Attachments

File: EC62ER.06

Brookhaven National Laboratory SPDES Permit No. NY0005835 Discharge Monitoring Report for May 2006 Discharge Monitoring Report Notes:

- 1. The reported concentration is estimated at less than the method detection limit but greater than the instrument detection limit.
- 2. Flow is estimated based upon an instantaneous flow measurement and the assumption that flow continued for the entire day (i.e., 1,440 minutes).
- 3. Since flow records are maintained on a weekly or monthly basis, the flow rate provided is the daily average.

ATTACHMENT I

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR MAY 2006

FOR OUTFALLS NO. 001 - 010

USDOE NAME

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 Num	ıber	Discharge	Number	F - FINAL				
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitori	ng Period			PROCESS	SANIT & ST	ORMWTR RNO	=F	
LOCATION	UPTON	NY 11973			From	То	1	***	No Dischar	ge	****		
ATTN:	MICHAEL HOLLAND, GR	OUP MGR			YR MO DY	YR MO DY	1			-			
					06 05 D1	06 05 31	1	Note: Read	d Instructior	s before co	ompleting this fo	rm	
	PARAMETER	\searrow								NO. EX	FREQUENCY OF	SAMPLE TYPE	
		$\langle \rangle$	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			ANALYSIS		
	TURE, WATER	SAMPLE	*****	*****		*****	*****	72	(15)	0	01/01	GR	
DEG. FAHI		MEASUREMENT			1								
00011 1 0		PERMIT	*****	*****	****	*****	*****	90			DAILY	GRAB	
	GROSS VALUE	REQUIREMENT			****			DAILY MX	1				
BOD, 5-DA		SAMPLE	*****	*****		*****	<2	<2	(19)	0	02/30	24	
(20 DEG. C	•	MEASUREMENT			1						01,00		
00310 1 0		PERMIT	*****	*****	****	*****	10	20			ONCE/MONTH	COMP24	
	GROSS VALUE	REQUIREMENT			****		DAILY AV	DAILY MX	MG/L				
РН		SAMPLE	*****	*****		6.5	*****	7.1	(12)	0	01/01	GR	
		MEASUREMENT			1								
00400 1 0		PERMIT	*****	*****	****	5.8	*****	9.0			DAILY	GRAB	
	GROSS VALUE	REQUIREMENT			****	MINIMUM		MAXIMUM	SU				
SOLIDS, T		SAMPLE	*****	*****		*****	0.95	1.3	(19)	0	02/30	24	
SUSPEND		MEASUREMENT			1						<u> </u>		
00530 1 0		PERMIT	*****	*****	****	. *****	10	20			ONCE/MONTH	COMP24	
	GROSS VALUE	REQUIREMENT			****		DAILY AV	DAILY MX	MG/L				
SOLIDS, S	ETTLEABLE	SAMPLE	*****	*****		*****	*****	0.0	(25)	0	01/01	GR	
	_	MEASUREMENT			1								
00545 1 0		PERMIT	*****	*****	****	*****	*****	0.1			DAILY	GRAB	
	GROSS VALUE	REQUIREMENT			****			DAILY MX	ML/L				
NITROGEN	I, TOTAL	SAMPLE	*****	*****		*****	*****	6.4	(19)	o	02/30	24	
(AS N)		MEASUREMENT											
00600 1 0	-	PERMIT	*****	*****	****	*****	*****	10			ONCE/MONTH	COMP24	
	GROSS VALUE	REQUIREMENT			****			DAILY MX	MG/L				
	I, AMMONIA	SAMPLE	*****	*****		*****	*****	<0.1	(19)	0	02/30	24	
TOTAL (AS		MEASUREMENT			****			<u> </u>			├ ────		
00610 1 0		PERMIT	*****	*****	****	*****	*****	2			ONCE/MONTH	COMP24	
	GROSS VALUE			L				DAILY MX	MG/L		I		
NAME/	TITLE PRINCIPAL EXECU		1	terpenalty of law that								T _1	.
	George A. Goode			on in accordance wit					1	1	1 n	Telep	
_	Division Manager			the information sub				-	1	54.	book	631-34	4-4549
Er	vironmental & Waste Mar	•		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									
	Services Division		1						1 5	•		Date S	
1	Typed or Printed		for submittin	g false information, i	ncluding the possibl	iity of fine and impris	sonment for knowin	ng violations.	i Office	r or Author	ized Agent	DILO	106

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

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

NAME USDOE

ADDRESS BROOKHAVEN NATIONAL LA

FACILITY BROOKHAVEN NATIONAL L

LOCATION UPTON NY

ATTN: MICHAEL HOLLAND, GROU

PHOSPHORUS, TOTAL

EFFLUENT GROSS VALUE

(AS P)

(AS CN)

00665 1 0 0

00720 1 0 0

01042 1 0 0

IRON, TOTAL (AS FE)

01045 1 0 0

LEAD. TOTAL (AS PB)

01051 1 0 0

NICKEL, TOTAL (AS NI)

SILVER, TOTAL (AS AG)

01067 1 0 0

01077 1 0 0

CYANIDE, TOTAL

COPPER, TOTAL (AS CU)

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

RESS BROOKHAVEN NATIO	NAL LABORATORY							MAJOR					
BROOKHAVEN AREA	OFFICE			NY0005835		001 M		(SUBR 01)					
UPTON	NY 11973			Permit Num	ber	Discharge	Number	F - FINAL					
LITY BROOKHAVEN NATIO	NAL LABORATORY			Monitori	ng Period	Ť		PROCESS	SANIT & S		F		
ATION UPTON	NY 11973			From	To	1	***	No Dischar		****			
N: MICHAEL HOLLAND, G					YR MO DY	1							
					06 05 31	1	Note: Bear	Instruction	Instructions before completing this form				
		1			1				NO.	FREQUENCY			
PARAMETER		QUA	NTITY OR LO	ADING	QUA	LITY OR CO	ONCENTRAT	ION	EX	OF	TYPE		
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVEBAGE	MAXIMUM			ANALYSIS			
SPHORUS, TOTAL	SAMPLE	1	1		1			(19)					
P)	MEASUREMENT	*****	*****		*****	*****	1.6	(,	0	02/30	24		
5100	PERMIT		<u> </u>	****			REPORT						
LUENT GROSS VALUE	REQUIREMENT	*****	*****	****		*****	DAILY MX	MG/L		ONCE/MONTH	COMP24		
NIDE, TOTAL	SAMPLE						DALET MA	(28)					
CN)	MEASUREMENT	*****	*****	1	*****	*****	<1.5	(20)	0	02/30	GR		
0 1 0 0	PERMIT			****		l	100						
LUENT GROSS VALUE	REQUIREMENT	*****	*****	****		*****				TWICE/MONTH	GRAB		
PER, TOTAL	SAMPLE						DAILY MX	UG/L					
,	MEASUREMENT	*****	*****		*****	*****	0.045	(19)	0	02/30	24		
CU) 2 1 0 0	PERMIT			****			0.15						
UENT GROSS VALUE	REQUIREMENT	*****	*****	****		******	0.15	MG/L		ONCE/MONTH	COMP24		
I, TOTAL	SAMPLE						DAILY MX						
	MEASUREMENT	*****	*****		*****	*****	0.22	(19)	0	02/30	24		
FE) 5 1 0 0	PERMIT			****			0.37						
LUENT GROSS VALUE		*****	*****	****	. *****	*****				ONCE/MONTH	COMP24		
							DAILY MX	MG/L		<u> </u>			
D, TOTAL	SAMPLE	*****	*****		*****	*****	0.0013	(19)	0	02/30	24		
PB) See Note #1	MEASUREMENT PERMIT			****			0.010						
		*****	******	****	*****	*****	0.019			ONCE/MONTH	COMP24		
UENT GROSS VALUE	REQUIREMENT						DAILY MX	MG/L					
	SAMPLE	*****	*****	1	*****	*****	0.016	(19)	0	02/30	24		
NI) See Note #1	MEASUREMENT			****									
	PERMIT	*****	*****	****	*****	*****	0.11			ONCE/MONTH	COMP24		
UENT GROSS VALUE	REQUIREMENT						DAILY MX	MG/L					
ER, TOTAL	SAMPLE	*****	*****		*****	*****	0.0016	(19)	0	02/30	24		
AG) See Note #1	MEASUREMENT			ł									
7 1 0 0	PERMIT	*****	*****	****	*****	*****	0.015			ONCE/MONTH	COMP24		
UENT GROSS VALUE	REQUIREMENT						DAILY MX	MG/L		ļļ			
NAME/TITLE PRINCIPAL EXEC		1	der penalty of law tha										
George A. Good		or supervis	ion in accordance wit	h a system designed	d to assure that qual	lified personnel pro	operly gather			1	Teleph		
Division Manage			e the information sub				-	m	nA,	hood	631-344	-4549	
Environmental & Waste M	•		e persons directly rea		-			/					
Services Division		best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties										gned	
Typed or Printed	for submittin	ng false information, i	ncluding the possibl	iity of fine and impris	sonment for knowi	ng violations.	Office	r or Author	6/20/1	56			

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

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

NAME USDOE

ZINC, TOTAL (AS ZN) 01092 1 0 0

TOLUENE

34010 1 0 0

34423 1 0 0

50050 1 0 0

71900 1 0 0

(AS HG)

ETHANE 34506 1 0 0

ADDRESS BROOKHAVEN NATIONAL

UPTON **BROOKHAVEN NATIONAL** FACILITY

LOCATION UPTON

ATTN: MICHAEL HOLLAND, GRO

EFFLUENT GROSS VALUE

EFFLUENT GROSS VALUE METHYLENE CHLORIDE

EFFLUENT GROSS VALUE 1,1,1-TRICHLORO-

EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT

EFFLUENT GROSS VALUE MERCURY, TOTAL

EFFLUENT GROSS VALUE COLIFORM, FECAL GENERAL 74055 1 0 0

EFFLUENT GROSS VALUE

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

RESS	BROOKHAVEN NATIONA	L LABORATORY						· /	MAJOR				
	BROOKHAVEN AREA OF	FICE			NY0005835		001 M		(SUBR 01)				
	UPTON	NY 11973			Permit Num	nber	Discharge	Number	F - FINAL				
ILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitori	ng Period			PROCESS	SANIT & S	FORMWTR RNO	=F	
ATION	UPTON	NY 11973			From	То		***	No Dischar		****		
N:	MICHAEL HOLLAND, GR	OUP MGR			YR MO DY	YR MO DY				•			
						06 05 31		Note: Read	d Instruction	s before c	ompleting this fo	rm	
	PARAMETER	\searrow	QUAN	NTITY OR LO	ADING	QUA	LITY OR CO	NCENTRA	ΓΙΟΝ	NO. EX	FREQUENCY	SAMPLE TYPE	
		$\langle \rangle$	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
C, TOTA ZN)	AL.	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.08	(19)	0	02/30	24	
92 1 0 LUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.1 DAILY MX	MG/L		ONCE/MONTH	COMP24	
UENE		SAMPLE MEASUREMENT	*****	*****		*****	*****	<1	(28)	0	02/30	GR	
10 1 0 LUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	*****	*****	5 ⁻ DAILY MX	UG/L		TWICE/MONTH	GRAB	
HYLEN	IE CHLORIDE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<2	(28)	0	02/30	GR	
23 1 0 LUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		TWICE/MONTH	GRAB	
1-TRICH	ILORO-	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1	(28)	0	02/30	GR	
06 1 0 LUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5 DAILY MX	UG/L		TWICE/MONTH	GRAB	
,	ONDUIT OR ATMENT PLANT	SAMPLE MEASUREMENT	0.33	0.46	(03)	*****	*****	*****		0	99/99	RC	
50 1 0 LUENT	0 GROSS VALUE	PERMIT REQUIREMENT	REPORT	2.3 DAILY MX	MGD	*****	*****	*****	**** ****		CONTINUOUS	RCORDR	
RCURY, HG)	TOTAL See Note #1	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0001	(19)	0	02/30	24	
00 1 0 LUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.0008 DAILY MX	MG/L		ONCE/MONTH	COMP24	
IFORM	, FECAL	SAMPLE MEASUREMENT	*****	*****		*****	<2	<2	(13)	0	02/30	GR	
55 1 0 LUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	200 DAILY AV	400 DAILY MX	#/ 100ML		ONCE/MONTH	GRAB	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George A. Goode			1 .			all attachments wer d to assure that qual		-			1	Telephone	
En	Division Manager vironmental & Waste Man	agement	1			ny inquiry of the pers ing the information, t	•	•	M	-A.	Morch	631-34	4-4549
Services Division		best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties									Date S		
	Typed or Printed		for submitting	g false information, i	ncluding the possibl	liity of fine and impris	sonment for knowir	na violations	Office	r or Author	ized Agent	· 6/20/	06

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

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

USDOE

NAME

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 Num	nber	Discharge	Number	F - FINAL				
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitori	ng Period	PROC			PROCESS SANIT & STORMWTR RNOFF			
LOCATION	UPTON	NY 11973			From	То	1	***	No Dischar		****		
ATTN:	MICHAEL HOLLAND, GR	OUP MGR			YR MO DY	YR MO DY				-			
		_			06 05 D1	06 05 31	1	Note: Read	d Instruction	s before co	ompleting this fo	rm	
	PARAMETER	\searrow		NTITY OR LO	ADING	QUA		ONCENTRA		NO. EX	FREQUENCY OF	SAMPLE TYPE	
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			ANALYSIS		
2-BUTANO	DNE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5	(28)	0	02/30	GR	
78356 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	50 DAILY MX	UG/L		TWICE/MONTH	GRAB	
and the second se	Y PERCENT	SAMPLE MEASUREMENT	*****	*****		>94	*****	*****	(23)	0	01/30	СА	
81010 K C	0 0	PERMIT REQUIREMENT	*****	*****	****	85 MO AV MN	*****	*****	PERCENT		ONCE/MONTH	CALCTD	
	USPENDED	SAMPLE MEASUREMENT	*****	*****		>97	*****	*****	(23)	0	01/30	CA	
PERCENT B1011 K 0 PERCENT	0	PERMIT	*****	*****	****	85 MO AV MN	*****	*****	PERCENT		ONCE/MONTH	CALCTD	
, Engent		SAMPLE							rentent				
		MEASUREMENT											
		PERMIT			1				1				
		REQUIREMENT											
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		REQUIREMENT											
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		MEASUREMENT											
		PERMIT				185335000		29533		10800			
		REQUIREMENT	B. L. March							- Jakin B	THE ALL STREET		
NAME/	TITLE PRINCIPAL EXECU	TIVE OFFICER	I certify un	der penalty of law that	at this document and	all attachments we	re prepared under	my direction				× 4	
	George A. Goode		or supervis	sion in accordance wi	th a system designe	d to assure that qua	lified personnel pro	operly gather			1 1	Telep	
	Division Manager		and evaluate the information submitted. Based on my inquiry of the person or persons who manage the							My 4 horde			
Er	ivironmental & Waste Management system, or those perso			e persons directly re	sponsible for gatheri	ing the information,	the information sub	mitted is, to the					
	Services Division	-				true, accurate, and complete. I am aware that there are significant penalties				Signature of Principal Executive			
	Typed or Printed		for submittin	ng false information i	including the possibl	liity of fine and impri	sooment for knowi	na violations	Officer or Authorized Agent			Date Signed	

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

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

NAME USDOE

ADDRESS	BROOKHAVEN NATIONAL LABORATOR
	BROOKHAVEN AREA OFFICE

FACILITY	BROOKHAVEN NATIONAL	LABORATORY

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

ADDRESS	BROOKHAVEN NATIONA	L LABORATORY							MAJOR				
	BROOKHAVEN AREA OF	FICE			NY0005835		002 B		(SUBR 01)				
	UPTON	NY 11973			Permit Num	nber	Discharge I	Number	F - FINAL				
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitori	ng Period			RF (1004) 8		(1002) BLOWDN		
LOCATION		NY 11973			From	То	***		No Discharge		****		
ATTN:	MICHAEL HOLLAND, GR				YR MO DY	YR MO DY	1			5			
	·····, ···,				06 05 D1		1	Note: Read	Instruction	ns before co	ompleting this fo	orm	
		\smallsetminus	0.114						NO		FREQUENCY		1
	PARAMETER	\mid \times	QUA	NTITY OR LO	ADING	QUA	LITY OR CO	INCENTRAL	ION	ЕХ	OF	ТҮРЕ	1
		$\langle \ \rangle$	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS		
PH		SAMPLE	*****	*****	(07)		*****		(12)				
		MEASUREMENT	*****	******		8.4	*****	8.4	. ,	0	01/30	GR	1
00400 1 0	0	PERMIT	*****	*****	1	REPORT	*****	9.0					
EFFLUENT	GROSS VALUE	REQUIREMENT	*****	******	GPD	MINIMUM	******	махімим	SU		ONCE/MONTH	GRAB	
OIL & GRE		SAMPLE	*****	*****		*****	*****		(19)				1
I	See Note #1	MEASUREMENT		******			******	1.3	, ,	0	01/30	GR	
00556 1 0		PERMIT	*****	*****	****	*****	*****	15					
EFFLUENT	GROSS VALUE	REQUIREMENT	*****		****		******	DAILY MX	MG/L		ONCE/MONTH	GRAB	1
	CONDUIT OR	SAMPLE	*****		(03)	*****	*****	*****					
THRU TRE	ATMENT PLANT	MEASUREMENT		0.0004		*****				0	04/30	RC	
50050 1 0	0 See Note #3	PERMIT	*****	REPORT	1	*****	*****	*****	****				
	GROSS VALUE	REQUIREMENT		DAILY MX	MGD		******	******	****		ONCE/MONTH	RCORDR	
		SAMPLE											
		MEASUREMENT											1
		PERMIT			1								
		REQUIREMENT											l i
		SAMPLE											1
		MEASUREMENT											1
		PERMIT			1								1
		REQUIREMENT											1
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		REQUIREMENT											
		SAMPLE											l i
		MEASUREMENT											1
		PERMIT]								1
		REQUIREMENT											1
NAME/	TITLE PRINCIPAL EXECU	TIVE OFFICER	I certify un	derpenaity of law tha	at this document and	all attachments we	e prepared under r	ny direction					
	George A. Goode		or supervisi	ion in accordance wi	th a system designe	d to assure that qua	lified personnel pro	perly gather			1	Telep	hone
	Division Manager		and evaluat	e the information sub	ornitted. Based on m	ny inquiry of the pers	on or persons who	manage the		MA.	hoole	631-34	4-4549
Environmental & Waste Management sy			system, or thos	e persons directly re-	sponsible for gatheri	ng the information,							
Services Division			best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties										Signed
	Typed or Printed		for submittin	ng false information, i	including the possibl	iity of fine and impri	sonment for knowir	ng violations	Officer or Authorized Agent			6/20/06	

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

DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE ROADWAY THAT IS INSIDE RHIC RING. ONCE STORMWATER COLLECTION SYSTEM IS EXTENDED TO

NAME USDOE

ADDRESS	BROOKHAVEN NATIONAL LABORATOR

	UFION	111 119/3
FACILITY	BROOKHAVEN NATIO	ONAL LABORATOR

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

ADDRESS	BROOKHAVEN NATIONA	LABORATORY							MAJOR				
	BROOKHAVEN AREA OF	FICE			NY0005835		002 M		(SUBR 01)				
	UPTON	NY 11973			Permit Num	ber	Discharge	Number	F - FINAL				
FACILITY	BROOKHAVEN NATIONA	L LABORATORY			Monitori	ng Period			AGS NON-C COOLNG, PRCP, ETC (HN)				
LOCATION	UPTON	NY 11973			From	То	1	***	No Discharge				
ATTN:	MICHAEL HOLLAND, GR	OUP MGR			YR MO DY	YR MO DY	1			•			
					06 05 D1		1	Note: Read	Instruction	ns before co	mpleting this fo	orm	
	PARAMETER	\searrow	QUA	NTITY OR LO	ADING	QUA	LITY OR CO			NO. EX	FREQUENCY		
	BROOKHAVEN AREA (UPTON CILITY BROOKHAVEN NATION OCATION UPTON TN: MICHAEL HOLLAND, C PARAMETER 1 400 1 0 0 FLUENT GROSS VALUE L & GREASE See Note #1 556 1 0 0 FLUENT GROSS VALUE OW, IN CONDUIT OR IRU TREATMENT PLANT 050 1 0 1	$\langle \ \rangle$	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS		
РН		SAMPLE MEASUREMENT	*****	*****		6.6	*****	8.1	(12)	0	04/30	GR	
00400 1 0 EFFLUENT		PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB	
OIL & GRE		SAMPLE MEASUREMENT	*****	*****		*****	*****	1.6	(19)	0	01/30	GR	
EFFLUENT	GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 [°] DAILY MX	MG/L		ONCE/MONTH	GRAB	
		SAMPLE MEASUREMENT	0.4	*****	(03)	*****	*****	*****		0	04/30	RC	
1.1.1	DIL & GREASE See Note #1 10556 1 0 0 EFFLUENT GROSS VALUE HRU TREATMENT PLANT 10050 1 0 1 EFFLUENT GROSS VALUE	PERMIT	REPORT	*****		*****	******	*****	****		ONCE/MONTH	RCORDR	
EFFLUENT	GROSS VALUE	REQUIREMENT	DAILY AV		MGD				****		CITCE/MONTH	noonbii	
EFFLUENT		SAMPLE MEASUREMENT PERMIT			-								
		REQUIREMENT											
		SAMPLE											
		MEASUREMENT											
		PERMIT			1								
		REQUIREMENT											
		SAMPLE								1			
		MEASUREMENT											
		PERMIT REQUIREMENT			1								
		SAMPLE											
		MEASUREMENT											
		PERMIT			1								
		REQUIREMENT											
NAME/	TITLE PRINCIPAL EXECU	TIVE OFFICER	I certify und	ler penalty of law that	at this document and	all attachments we	re prepared under r	ny direction					
	George A. Goode		or supervisi	on in accordance wit	h a system designed	d to assure that qual	lified personnel pro	perly gather			1 0	Telep	
	Division Manager		and evaluate	and evaluate the information submitted. Based on my inquiry of the person or persons who manage the						Mas hook			
En	vironmental & Waste Mar	nagement		system, or those persons directly responsible for gathering the information, the information submitted is, to the							e / (0)/ 4000		
	Services Division		best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties						atties Signature of Principal Executive			Date S	
	Typed or Printed				ncluding the possibl				Office	6/20/06			

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 LOCATION DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH THE COOLING TOWER BLOWDOWN FROM THE STAR DETECTOR.

NAME

USDOE

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

ADDRESS	BROOKHAVEN NATIONA	L LABORATORY							MAJOR				
	BROOKHAVEN AREA OF	FICE			NY0005835		005 M		(SUBR 01)				
	UPTON	NY 11973			Permit Num	iber	Discharge Number		F - FINAL				
FACILITY	BROOKHAVEN NATIONA	LABORATORY			Monitori	ng Period			NSLS COOLING TOWR BLDN ETC(HS)				
LOCATION	UPTON	NY 11973			From	To	1	*** No Discharge					
ATTN:	MICHAEL HOLLAND, GR	OUP MGR			YR MO DY	YR MO DY	1			-			
					06 05 D1	06 05 31	1	Note: Read	Instruction	s before co	ompleting this fo	orm	
	PARAMETER	\searrow	QUANTITY OR LO		ADING	QUA	LITY OR CO	LITY OR CONCENTRAT		NO. EX	FREQUENCY OF	SAMPLE TYPE	
		$\langle \rangle$	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			ANALYSIS		
РН		SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.6	(12)	0	04/30	GR	
00400 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB	
OIL & GRE	ASE See Note #1	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.7	(19)	0	01/30	GR	
00556 1 0 EFFLUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB	
,	CONDUIT OR ATMENT PLANT	SAMPLE MEASUREMENT	0.47	*****	(03)	*****	*****	*****		0	04/30	RC	
50050 1 0	1	PERMIT	REPORT	*****	1	*****	*****	*****	****				
	GROSS VALUE	REQUIREMENT	DAILY AV		MGD				****		ONCE/MONTH	RCORDR	
		SAMPLE MEASUREMENT											
		PERMIT REQUIREMENT											
		SAMPLE MEASUREMENT											
		PERMIT REQUIREMENT											
		SAMPLE MEASUREMENT											
		PERMIT REQUIREMENT											
		SAMPLE MEASUREMENT											
		PERMIT REQUIREMENT			1								
NAME/	TITLE PRINCIPAL EXECU		I certify un	derpenalty of law that	t this document and	all attachments we	re prepared under r	ny direction			· · · · · · · · · · · · · · · · · · ·		
	George A. Goode Division Manager		or supervisi	ion in accordance wit e the information sub	h a system designed	d to assure that qua	lified personnel pro	perly gather	N	LA.	hord	- Telepho 631-344-	
Er	vironmental & Waste Mar	nagement		e persons directly res									
					of, true, accurate, and complete. I am aware that there are significant penalties					Signature of Principal Executive			gned
	Typed or Printed		for submittin	ig false information, i	including the possibliity of fine and imprisonment for knowing violations.				Officer or Authorized Agent			6/20/	66

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.

FLOW RATE

00056 1 0 0

00400 1 0 0

PH

ADDRESS BROOKHAVEN NATIONAL LAB

LOCATION	UPTON	NY	11973
LUCATION	UFION	IN T	113

ATTN: MICHAEL HOLLAND, GROUP

EFFLUENT GROSS VALUE

EFFLUENT GROSS VALUE

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

RESS	BROOKHAVEN NATIONA	L LABORATORY						• •	MAJOR				
	BROOKHAVEN AREA OFFICE				NY0005835		007 M		(SUBR 01)				
					Permit Num		Discharge Number F - FIN						
ILITY	BROOKHAVEN NATIONA	L LABORATORY				ng Period			WATER TR	EATMENT	PLT <u>BK</u> WSH (H)	0	
	UPTON	NY 11973			From	To	1		No Dischar		****		
N:	MICHAEL HOLLAND, GR					YR MO DY	1			3-			
						06 05 31		Note: Read	Instruction	s before c	ompleting this fo	orm	
	PARAMETER	\searrow	QUA			1		ONCENTRAT		NO. EX	FREQUENCY OF		
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
W RA1	ΓE	SAMPLE MEASUREMENT	*****	240000	(07)	*****	*****	*****		0	17/30	IN	
56 1 0 LUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****			ONCE/MONTH	INSTAN	
-		SAMPLE MEASUREMENT	*****	*****		6.8	*****	6.8	(12)	0	01/30	GR	
00 1 0 LUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	**** ****	REPORT	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB	
		SAMPLE											
		MEASUREMENT											
		PERMIT			1		1						
		REQUIREMENT											
		SAMPLE											
		MEASUREMENT											
		PERMIT			1								
		REQUIREMENT											
		SAMPLE											
		MEASUREMENT											
		PERMIT			1								
		REQUIREMENT											
		SAMPLE											
		MEASUREMENT											
		PERMIT											
		REQUIREMENT											
		SAMPLE											
		MEASUREMENT											
		PERMIT										7	
		REQUIREMENT											
NAME/	TITLE PRINCIPAL EXECU	TIVE OFFICER	I certify unc	ler penalty of law tha	t this document and	d all attachments we	re prepared under	my direction					
	George A. Goode		or supervisi	on in accordance with	n a system designe	d to assure that qua	lified personnel pro	operly gather				Teleph	one
	Division Manager		and evaluate	the information sub	mitted. Based on m	ny inquiry of the pers	son or persons who	manage the	ma had			631-344	4549
En	vironmental & Waste Man	agement		e persons directly res	•				/				
	Services Division		best of my know	wledge and belief, tru	e, accurate, and co	mplete, i am aware	that there are sign	ificant penalties	Signature of Principal Executive			Date Sig	gned
	Typed or Printed		for submitting	g false information, ir	ncluding the possibl	liity of fine and impri	sonment for knowi	Officer or Authorized Agent			6/20/	66	

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.

NAME USDOE

FLOW RATE

00056 1 0 0

00400 1 0 0

00556 1 0 0

34501 1 0 0

ETHANE 34506 1 0 0

OIL & GREASE

PH

ADDRESS BROOKHAVEN NATIONA **BROOKHAVEN AREA OF**

FACILITY BROOKHAVEN NATIONA

LOCATION UPTON

ATTN: MICHAEL HOLLAND, GRO

EFFLUENT GROSS VALUE

EFFLUENT GROSS VALUE

EFFLUENT GROSS VALUE 1.1-DICHLOROETHYLENE

EFFLUENT GROSS VALUE 1.1.1-TRICHLORO-

EFFLUENT GROSS VALUE

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

RESS BROOKHAVEN N	ATIONAL	LABORATORY	MAJOR										
BROOKHAVEN A	REA OFFI	CE			NY0005835 008 M				(SUBR 01)				
UPTON	N	Y 11973			Permit Number Discharge Nun			Number	F - FINAL				
ILITY BROOKHAVEN N	ATIONAL	ATIONAL LABORATORY				ng Period			STORMWTR RUNOFF WAREHOUSE (HW)				
ATION UPTON	N	Y 11973			From	To	1		No Dischar		****	,	
N: MICHAEL HOLLA	AND. GROU	JP MGR				YR MO DY	1			3-			
	,					06 05 31		Note: Read	I Instruction	ns before co	ompleting this fo	rm	
PARAMETER		\searrow	QUAI	NTITY OR LO			LITY OR CO	NCENTRAT		NO. EX	FREQUENCY		
		$\langle \ \rangle$	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		ANALYSIS		
W RATE See Note #2	N	SAMPLE IEASUREMENT	*****	2220000	(07)	*****	*****	*****		0	01/30	IN	
56 1 0 0 LUENT GROSS VALUE	E F	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	****		ONCE/MONTH	INSTAN	
	N	SAMPLE IEASUREMENT	*****	*****		7.5	*****	7.5	(12)	0	01/30	GR	
00 1 0 0 LUENT GROSS VALUE	EF		*****	*****	****	REPORT MINIMUM	*****	8.5 [°] MAXIMUM	SU		ONCE/MONTH	GRAB	
& GREASE		SAMPLE IEASUREMENT	*****	*****		*****	*****	1.8	(19)	0	01/30	GR	
56 1 0 0 LUENT GROSS VALUE	= -		*****	*****	**** ****		*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB	
DICHLOROETHYLENE		SAMPLE IEASUREMENT	*****	*****		*****	*****	<1	(28)	0	01/30	GR	
01 1 0 0 LUENT GROSS VALUE	: F		*****	*****	**** ****	. *****	*****	5 DAILY MX	UG/L		ONCE/MONTH	GRAB	
I-TRICHLORO-	N	SAMPLE IEASUREMENT	*****	*****		*****	*****	<1	(28)	0	01/30	GR	
06 1 0 0 LUENT GROSS VALUE	: F		*****	*****	****	*****	*****	5 DAILY MX	UG/L		ONCE/MONTH	GRAB	
	N	SAMPLE IEASUREMENT											
	F	PERMIT REQUIREMENT											
	N	SAMPLE IEASUREMENT											
	F												
NAME/TITLE PRINCIPAL	EXECUTIV	E OFFICER	I certify und	ler penalty of law tha	t this document and	all attachments wer	e prepared under r	ny direction					
George A. Division M	lanager		or supervisi	on in accordance wit the information sub	h a system designed	d to assure that qua	lified personnel pro	perly gather	M.A. Month			Telepl 631-344	
Environmental & Wa	aste Manag	gement		e persons directly res		-			the				
Services [Division		best of my know	wledge and belief, tru	e, accurate, and co	mplete. I am aware	that there are sign	ificant penalties	Signatur	e of Princip	al Executive	Date Si	
Typed or F	Printed		for submittin	g false information, i	ncluding the possibl	iity of fine and impri	sonment for knowi	ng violations.	Office	cer 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.

USDOE NAME

FLOW RATE

00056 1 0 0

00400 1 0 0

OIL & GREASE

00556 1 0 0

PH

ADDRESS	BROOKHAVEN NATIONAL LABORATORY							
	BROOKHAVEN	I AREA OFFICI	1					
	UPTON	NY	11973					

FACILITY BROOKHAVEN NAT LOCATION UPTON

ATTN: MICHAEL HOLLAND

EFFLUENT GROSS VALUE

EFFLUENT GROSS VALUE

EFFLUENT GROSS VALUE

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

RESS BROOKHAVEN	NATIONAL LABORATORY	MAJOR										
BROOKHAVEN	AREA OFFICE			NY0005835 010 M				(SUBR 01)				
UPTON	NY 11973			Permit Num	Discharge Number F - FINAL							
ILITY BROOKHAVEN I	NATIONAL LABORATORY							STORMWT		TRAL STEAM (H	D	
ATION UPTON	NY 11973			From	То	1	***	No Dischar		****	,	
N: MICHAEL HOLL	AND, GROUP MGR			YR MO DY	YR MO DY	1						
				06 05 01	06 05 31		Note: Read	d Instruction	s before co	ompleting this fo	orm	
PARAMETER		QUAI	NTITY OR LO	ADING	QUA	LITY OR CO	NCENTRA	ΓΙΟΝ	NO. EX	FREQUENCY	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	ΜΑΧΙΜΗΜ	UNITS		ANALYSIS	1166	
W RATE	SAMPLE			(07)								
See Note #		*****	207500		*****	*****	*****		0	01/30	IN	
56 1 0 0	PERMIT	*****	REPORT	1				****				
LUENT GROSS VALU	-	*****	DAILY MX	GPD	*****	*****	*****	****		ONCE/MONTH	INSTAN	
	SAMPLE	*****			<u> </u>			(12)	_			
	MEASUREMENT	*****	*****		7.4	*****	7.4	(··-,	0	01/30	GR	
00100	PERMIT	*****	*****	****	REPORT	*****	8.5	1 1			0.0.1.5	
LUENT GROSS VALU	E REQUIREMENT	*****	*****	****		******	MAXIMUM	su		ONCE/MONTH	GRAB	
& GREASE	SAMPLE	*****	*****		*****	*****		(19)	<u> </u>	04/00	0.0	
See Note #1	1 MEASUREMENT						1.4		0	01/30	GR	
56100	PERMIT	*****	*****	****	*****	*****	15	1		ONOF MONTH	0.0.4.0	
LUENT GROSS VALU	E REQUIREMENT			****			DAILY MX	MG/L		ONCE/MONTH	GRAB	
	SAMPLE											
	MEASUREMENT											
	PERMIT			1				1 [
	REQUIREMENT											
	SAMPLE											
	MEASUREMENT] [
	PERMIT			1								
	REQUIREMENT											
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	MEASUREMENT							ļl				
	PERMIT											
	REQUIREMENT											
	SAMPLE											
	MEASUREMENT										I	
	PERMIT											
	REQUIREMENT											
NAME/TITLE PRINCIPAL		I certify und	ter penalty of law tha	t this document and	all attachments wer	e prepared under r	ny direction					
George A		or supervisi	on in accordance wit	h a system designed	d to assure that qua	ified personnel pro	perly gather	1	^ .	1 1	Telep	
Division I	-	and evaluate	e the information sub	mitted. Based on m	y inquiry of the pers	on or persons who	manage the		(A)	Mord	631-34	
Environmental & W	-		e persons directly res		-			/				
Services			wledge and belief, tru		-			Signature of Principal Executive			Date S	
Typed or	r Printed	for submittin	g false information, i	ncluding the possibl	iity of fine and impri	sonment for knowir	ng violations.	Officer	ized Agent	6/20/		

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

PH

00400 1 0 0

OIL & GREASE

00556 1 0 0

50050 1 0 1

PARAMETER

EFFLUENT GROSS VALUE

EFFLUENT GROSS VALUE

THRU TREATMENT PLANT

EFFLUENT GROSS VALUE

FLOW, IN CONDUIT OR

ADDRESS	BROOKHAVEN NATIO	ONAL LABORATORY						
	BROOKHAVEN AREA OFFICE							
	UPTON	NY 11973						
FACILITY	BROOKHAVEN NATIO	ONAL LABORATORY						
LOCATION	UPTON	NY 11973						
ATTN:	MICHAEL HOLLAND,	GROUP MGR						

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

VEN NATIONAL LABORATORY			MAJOR									
VEN AREA OFFICE			NY0005835 06A M				(SUBR 01)					
	NY 11973			Permit Num	ber	Discharge	Number	F - FINAL				
VEN NATIONAL LABORATORY		Monitori	ng Period		LINAC NCCW, FLOOR DNS,ETC(HT1)							
	NY 11973			From	То	1	***	No Dischar	ge	****		
HOLLAND, GRO	OUP MGR			YR MO DY	YR MO DY	1						
				06 05 01	06 05 31	1	Note: Read	Instruction	ns before c	ompleting this fo	rm	
R	\searrow	QUA	NTITY OR LO	ADING	QUA	LITY OR CO	ONCENTRAT	ION	NO. EX	FREQUENCY	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	1	ANALYSIS		
	SAMPLE MEASUREMENT	*****	*****		7.4	*****	7.8	(12)	0	04/30	GR	
ALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB	
See Note #1	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.5	(19)	0	01/30	GR	
ALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB	
DR PLANT	SAMPLE MEASUREMENT	0.06	*****	(03)	*****	*****	*****		0	04/30	RC	
ALUE	PERMIT REQUIREMENT	REPORT DAILY AV	*****	MGD	*****	*****	*****	**** ****		ONCE/MONTH	RCORDR	
	SAMPLE											
~	MEASUREMENT											
	PERMIT											
	REQUIREMENT					1111						
	SAMPLE			-								
	MEASUREMENT			- 14								
	PERMIT			1	CONTRACTOR OF					Service and the		
	REQUIREMENT		A MARINE AND				S. C. G. C. S.					
	SAMPLE											
	MEASUREMENT											
	PERMIT		States and the	1 .							Let a series	
	REQUIREMENT											
	SAMPLE											
	MEASUREMENT											
	PERMIT										and the state	
	REQUIREMENT											
CIPAL EXECUT	TIVE OFFICER	I certify une	der penalty of law tha	at this document and	all attachments we	re prepared under	my direction					
orge A. Goode		or supervisi	ion in accordance wit	th a system designed	d to assure that qua	lified personnel pro	operly gather	1		1	Teleph	one
sion Manager		and evaluat	e the information sub	omitted. Based on m	ny inquiry of the pers	son or persons who	manage the	K	631-344	-4549		
I & Waste Man	agement	system, or thos	e persons directly res	sponsible for gatheri	ng the information,	the information sub	omitted is, to the	Min hood 6				
vices Division		best of my kno	wledge and belief, tru	ue, accurate, and co	mplete. I am aware	that there are sign	ificant penalties	Signature of Principal Executive Date Sig				
yped or Printed for submitting false informatio		ng false information, i	including the possibl	sonment for knowi	ng violations.	Office	6/20/06					

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER George A. Goode **Division Manager Environmental & Waste Management** Services Division

Typed or Printed

SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.

NAME USDOE

PH

00400 1 0 0

OIL & GREASE

00556 1 0 0

50050 1 0 1

ADDRESS BROOKHAVEN NATIONAL LABORATO

	BROOKHAVEN AREA	OFFICE
	UPTON	NY 11973
FACILITY	BROOKHAVEN NATIO	

AULTI	DITOORTATENTATI	CHAL LADONATONT	
OCATION	UPTON	NY 11973	
ATTNI.	MICHAEL HOLLAND	CROUR MCR	

ATTN: MICHAEL HOLLAND, GROUP MGR

EFFLUENT GROSS VALUE

EFFLUENT GROSS VALUE

THRU TREATMENT PLANT

EFFLUENT GROSS VALUE

FLOW, IN CONDUIT OR

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

RESS	BROOKHAVEN NATIONAL LABORATORY				MAJOR							
	BROOKHAVEN AREA OFFICE				NY0005835 06B M			(SUBR 01)				
	UPTON NY 11973			Permit Number				F - FINAL				
ILITY	Y BROOKHAVEN NATIONAL LABORATORY				Monitori	ng Period	COOLING TOWR FROM 919 ETC(HT2)					
ATION	ON UPTON NY 11973				From	То	*** No Discharge					
N:	MICHAEL HOLLAND, GR	OUP MGR			YR MO DY	YR MO DY						
						06 05 31	1	Note: Read	Instruction	ns before c	ompleting this fo	rm
	PARAMETER	\bigtriangledown	QUA	NTITY OR LO			LITY OR CO	ONCENTRAT	NO		FREQUENCY	SAMPLE TYPE
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVEBAGE	MAXIMUM	UNITS	1 -	ANALYSIS	
		SAMPLE MEASUREMENT	*****	*****		6.7	*****	8.1	(12)	0	04/30	GR
00 1 0 LUENT	0 GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
& GRE		SAMPLE MEASUREMENT	*****	*****		*****	*****	1.8	(19)	0	01/30	GR
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NAME/TITLE PRINCIPAL EXECUTIVE OFFICER			I certify under penalty of law that this document and all attachments were prepared under my direction						- A			
George A. Goode Division Manager			or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the						My 14 Mooke			Telephor 631-344-45
Environmental & Waste Management			system, or those persons directly responsible for gathering the information, the information submitted is, to the									
Services Division			best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties						Signature of Principal Executive			Date Sign
Typed or Printed			for submitting false information, including the possibliity of fine and imprisonment for knowing violations.						Officer or Authorized Agent			6/20/0

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

SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS.