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for the U.S. Department of Energy

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May 22, 2000

Mr. George J. Malosh  
Brookhaven Group Manager  
U. S. Department of Energy  
Brookhaven Group  
Upton, NY 11973

Dear Mr. Malosh:

**SUBJECT: NPDES - Discharge Monitoring Report (DMR) for April 2000**  
**REFERENCE: Letter from Scott Mallette to K. Brog dated May 2, 2000**

Included as Attachment I, please find the DMR for the month of April 2000. Chemical analyses for the reported parameters are conducted by a NYS Department of Health certified contractor laboratory. Copies of the analytical reports are contained in Attachments II, and III. Field measured parameters (pH, settleable solids, flow) are recorded and/or measured by either the Plant Engineering Division, Sewage Treatment Plant (STP) Operators or Environmental Services Division, Field Sampling Team.

With the exception of a single excursion for the calculated percent removal of suspended solids for Outfall 001, review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. Please note that for the majority of the Outfalls, flow measurements are conducted either weekly or monthly; consequently, a daily maximum flow rate cannot be reported. All flow values reported for Outfalls 002, 003, 004, 005, 006A, and 006B are, therefore, daily averages.

Collection and analysis of these samples are performed in accordance with the guidelines of the BNL Quality Assurance (QA) program. These guidelines include the routine calibration of instruments, standard operating procedures for collection and analysis of samples, use of standard methods of analysis, and validation of the contractor analytical data by the BNL analytical services laboratory. All samples are collected by BNL personnel. A QA inspection is performed periodically on contractor laboratories. The QA documentation is available from the Environmental Services Division (ESD) and Plant Engineering (PE) Divisions. Based on this information, we believe the values reported on the DMR are representative of the effluent from the BNL during the month of April 2000.

Please sign each page of the DMR where indicated and transmit the DMR and associated attachments to the New York State Department of Environmental Conservation and the Suffolk County Department of Health Services no later than May 28, 2000.

OFFICIAL USE ONLY  
DO NOT REPRODUCE

94202

If there are any questions regarding the information contained on the DMR or the analytical data packages, please do not hesitate to contact R. Lee (ESD) at extension 3148 or M. Allocco (ESD) at extension 3166.



Sincerely,

E.A. Zimmerman, CEP, REM, CEA, CESM  
Division Manager

- EAF/MA:rt
- Attachment I: Discharge Monitoring Report for April 2000,
- Attachment II: Analytical Results from H2M Labs for samples collected on 4/3/00 and 4/6/00 from Outfall 001,
- Attachment III: Analytical Results from H2M Labs for samples collected from Outfalls 002, 003, 005, 006A, 006B, 007, 008, and 010,
- Attachment IV: Non-Compliance Report for April SPDES Permit Excursion.

- cc: K. Brog w/o attachments
- W. Chaloupka w/attachments
- G. Granzen w/o attachments
- M. Hart w/o attachments
- C. Johnson w/o attachments
- D. Van Duyne w/attachments
- R. Lee w/attachments
- E. Lessard w/o attachments
- D. Lowenstein w/o attachments
- E. Murphy w/attachments
- S. Ozaki w/o attachments
- W. Reeside w/o attachments
- L. Ross w/attachments
- R. Travis w/attachments

EC4220.00

**ATTACHMENT I**

**BROOKHAVEN NATIONAL LABORATORY**

**SPDES PERMIT NO. NY0005835**

**DISCHARGE MONITORING REPORT FOR APRIL 2000**

**FOR OUTFALLS NO. 001 - 010**

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 ME. U S D O E

ADDRESS: BROOKHAVEN NATIONAL LABORATORY  
 53 BELL AVE, BLDG 464  
 UPTON NY 11973

CITY: BROOKHAVEN NATIONAL LABORATORY  
 LOCATION: UPTON NY 11973  
 TTN: GEORGE MALOSH, GROUP MGR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (17-19)

NY0005835  
 PERMIT NUMBER  
 0014  
 DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	04	01	00	04	30

MAJOR (SUBR 01)  
 F - FINAL  
 PROCESS SANIT & STORMWTR RNOFF  
 \*\*\* NO DISCHARGE \*\*\*  
 NOTE: Read instructions before completing this form.

FORM APPROVAL  
 OMB No. 2040-0004  
 Approval expires 05-31-98

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only) (48-53)			QUANTITY OR CONCENTRATION (4 Card Only) (38-45)			UNITS	NO. EX. ANALYSIS (62-63) (64-68)	FREQUENCY OF ANALYSIS (69-70)	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE, WATER EG. FAHRENHEIT	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	( 15 )	0	Daily	GRAB
0011 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DAILY MX	0	Daily	GRAB
00, 5-DAY (20 DEG. C)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	( 19 )	0	2/MO	COMP24
0310 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DAILY MX	0	ONCE/MONTH	COMP24
0400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	( 12 )	0	Cont. 2/collected	GRAB
0530 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DAILY MX	0	Daily	GRAB
0545 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	( 25 )	0	2/MO	COMP24
0600 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DAILY MX	0	DAILY	GRAB
0610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	( 19 )	0	2/MO	COMP24
0620 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DAILY MX	0	ONCE/MONTH	COMP24
0630 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	( 19 )	0	2/MO	COMP24
0640 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DAILY MX	0	DAILY	GRAB
0650 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	( 19 )	0	2/MO	COMP24
0660 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DAILY MX	0	ONCE/MONTH	COMP24
0670 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	( 19 )	0	2/MO	COMP24
0680 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DAILY MX	0	DAILY	GRAB
0690 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	( 19 )	0	2/MO	COMP24
0700 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DAILY MX	0	ONCE/MONTH	COMP24
0710 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	( 19 )	0	2/MO	COMP24
0720 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DAILY MX	0	DAILY	GRAB
0730 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	( 19 )	0	2/MO	COMP24
0740 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DAILY MX	0	ONCE/MONTH	COMP24
0750 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	( 19 )	0	2/MO	COMP24
0760 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DAILY MX	0	DAILY	GRAB
0770 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	( 19 )	0	2/MO	COMP24
0780 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DAILY MX	0	ONCE/MONTH	COMP24
0790 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	( 19 )	0	2/MO	COMP24
0800 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DAILY MX	0	DAILY	GRAB
0810 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	( 19 )	0	2/MO	COMP24
0820 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DAILY MX	0	ONCE/MONTH	COMP24
0830 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	( 19 )	0	2/MO	COMP24
0840 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DAILY MX	0	DAILY	GRAB
0850 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	( 19 )	0	2/MO	COMP24
0860 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DAILY MX	0	ONCE/MONTH	COMP24
0870 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	( 19 )	0	2/MO	COMP24
0880 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DAILY MX	0	DAILY	GRAB
0890 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	( 19 )	0	2/MO	COMP24
0900 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DAILY MX	0	ONCE/MONTH	COMP24
0910 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	( 19 )	0	2/MO	COMP24
0920 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DAILY MX	0	DAILY	GRAB
0930 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	( 19 )	0	2/MO	COMP24
0940 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DAILY MX	0	ONCE/MONTH	COMP24
0950 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	( 19 )	0	2/MO	COMP24
0960 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DAILY MX	0	DAILY	GRAB
0970 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	( 19 )	0	2/MO	COMP24
0980 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DAILY MX	0	ONCE/MONTH	COMP24
0990 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	( 19 )	0	2/MO	COMP24
1000 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	DAILY MX	0	DAILY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER: Mr. George Malosh, Group Manager

TELEPHONE: 631 344-3424

DATE: [Blank]

AREA CODE: 631

NUMBER: 344-3424

YEAR: [Blank]

MO: [Blank]

DAY: [Blank]

PERMIT FOR ADDITIONAL NOTES AND REQUIREMENTS (REPLACES EPA FORM 1-40 WHICH MAY NOT BE USED)

QUANTITIES AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL

NOT LIMITED TO USDOE ORDER 5400.5.

PERMIT FOR ADDITIONAL NOTES AND REQUIREMENTS (REPLACES EPA FORM 1-40 WHICH MAY NOT BE USED)

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NOT LIMITED TO USDOE ORDER 5400.5.

PERMIT FOR ADDITIONAL NOTES AND REQUIREMENTS (REPLACES EPA FORM 1-40 WHICH MAY NOT BE USED)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(17-19)

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)  
ME U S D O E  
DRESSBROOKHAVEN NATIONAL LABORATORY  
53 BELL AVE, BLDG 464  
UPTON  
CITY BROOKHAVEN NATIONAL LABORATORY  
UPTON  
NY 11973  
NY 11973  
ATTN: GEORGE MALUSH, GROUP MGR

MAJOR (SUBR 01)  
F - FINAL  
PROCESS SANIT & STOKMWR RNOFF

NY0005835  
PERMIT NUMBER  
001 M  
DISCHARGE NUMBER

MONITORING PERIOD  
YEAR MO DAY TO YEAR MO DAY  
00 04 01 00 04 30

\*\*\* NO DISCHARGE \*\*\*  
NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (54-61)			QUANTITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS			
PHOSPHORUS, TOTAL (AS P)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	2/MO ONCE/ MONTH	COMP24	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO ONCE/ MONTH	COMP24	
PHOSPHORUS, TOTAL (AS CM)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	2/MO ONCE/ MONTH	GRAB	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO ONCE/ MONTH	GRAB	
COPPER, TOTAL (AS CU)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	2/MO ONCE/ MONTH	COMP24	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO ONCE/ MONTH	COMP24	
IRON, TOTAL (AS FE)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	2/MO ONCE/ MONTH	COMP24	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO ONCE/ MONTH	COMP24	
LEAD, TOTAL (AS PB)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	2/MO ONCE/ MONTH	COMP24	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO ONCE/ MONTH	COMP24	
NICKEL, TOTAL (AS NI)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	2/MO ONCE/ MONTH	COMP24	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO ONCE/ MONTH	COMP24	
SILVER, TOTAL (AS AG)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	2/MO ONCE/ MONTH	COMP24	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO ONCE/ MONTH	COMP24	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Mr. George Malosh  
Group Manager  
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
631 344-3424  
AREA CODE NUMBER

TELEPHONE DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS OF ANY REGULATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO USDOE ORDER 5400.5.

MAJOR (SUBR 01)  
F -- FINAL

DISCHARGE MONITORING REPORT (DMR) (17-19)  
001 M  
DISCHARGE NUMBER

NY0005035  
PERMIT NUMBER

NAME U S D O E  
ADDRESS BROOKHAVEN NATIONAL LABORATORY  
53 BELL AVE, BLDG 464  
UPTON  
FACILITY BROOKHAVEN NATIONAL LABORATORY  
LOCATION UPTON  
ATTN: GEORGE MALOSH, GROUP MGR

NY 11973  
NY 11973

MONITORING PERIOD  
YEAR MO DAY YEAR MO DAY  
00 04 01 00 04 30

\*\*\* NB DISCHARGE 1-1 \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (54-61)			QUANTITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPL TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (46-53)	UNITS (46-53)	AVERAGE (46-53)	MAXIMUM (46-53)	UNITS (46-53)			
ZINC, TOTAL (AS ZN)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	2/MO	GRAB	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP2	
TOLUENE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO	GRAB	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	TWICE/MONTH	GRAB	
METHYLENE CHLORIDE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO	GRAB	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	TWICE/MONTH	GRAB	
1,1,1-TRICHLOROETHANE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO	GRAB	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	TWICE/MONTH	GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.51	1.7	(03)	*****	*****	0	CONTINUOUS	RECORDERS	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	DAILY MX	MGD	*****	*****	0	CONTINUOUS	RECORDERS	
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO	COMP2	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP2	
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO	GRAB	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	ONCE/MONTH	GRAB	

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE I AM AWARE THAT THERE ARE SIGNIFICANT ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Mr. George Malosh  
Group Manager  
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
631 344-3424  
TELEPHONE  
AREA CODE NUMBER  
YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE IMCL BUT NOT LIMITED TO USDOE ORDER 5400.5.  
SEE PERMIT FOR ADDITIONAL NOTES GRABMENTS AND QUALITY CONTROL (REPLACES EPA FORM 1-40 WHICH MAY NOT BE USED)  
EPA Form 3320-1 (08-95) Previous editions may not be used.

SEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 U S D O E  
 BROOKHAVEN NATIONAL LABORATORY  
 53 BELL AVE, BLDG 464  
 UPTON  
 BROOKHAVEN NATIONAL LABORATORY  
 NY 11973  
 UPTON  
 GEORGE MALOSH, GROUP MGR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (17-19)  
 NY0005835  
 PERMIT NUMBER  
 001 M  
 DISCHARGE NUMBER

Form Approved.  
 OMB No. 2049-0004  
 Approval expires 05-31-98  
 MAJOR (SUBR 01)  
 F - FINAL  
 PROCESS SANIT & STORMWTR RNOFF

MONITORING PERIOD  
 YEAR MO DAY YEAR MO DAY  
 FROM 07 04 01 TO 09 04 30  
 (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)  
 \*\*\* NO DISCHARGE \*\*\*  
 NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	QUANTITY OR LOADING (54-57)			QUANTITY OR CONCENTRATION (54-57)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE (46-53)	MAXIMUM (46-53)	UNITS (46-53)	MINIMUM (46-53)	AVERAGE (46-53)	MAXIMUM (46-53)			
TANINE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	2/MO	GRAB
GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	2/MO	GRAB
5-DAY PERCENT	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	2/MO	GRAB
VAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	2/MO	GRAB
ENTREMOVAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	2/MO	GRAB
DS, SUSPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	2/MO	GRAB
ENTREMOVAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	2/MO	GRAB
Note 4	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	2/MO	GRAB

TITLE PRINCIPAL EXECUTIVE OFFICER  
 Signature: George Malosh  
 Group Manager  
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 631 344-3424  
 AREA CODE NUMBER

TELEPHONE DATE

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

MENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 VIOLATIONS OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL



MAJOR  
(SU8R 01)  
F - FINAL

NY0005835  
PERMIT NUMBER

002 A  
DISCHARGE NUMBER

MONITORING PERIOD  
YEAR MO DAY TO YEAR MO DAY  
00 04 01 TO 00 04 30

DISCHARGE MONITORING REPORT (DMR)  
ADDRESS: BROOKHAVEN NATIONAL LABORATORY  
53 BELL AVE, BLDG 464  
UPTON NY 11973  
OPERATION: BROOKHAVEN NATIONAL LABORATORY  
UPTON NY 11973  
ATTN: GEORGE MALOSH, GROUP MGR

BRAMS(1002) & PHOBUS(1010) CI

\*\*\* NO DISCHARGE  \*\*\*  
NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
H	*****	*****	*****	*****	*****	( 12 )			
0400 I 0 0 FFLUENT GROSS VALUE OIL & GREASE	*****	*****	*****	REPORT MINIMUM	*****	9.0 MAXIMUM SU	ONCE / MONTH	GRAB	
0556 I 0 0 FFLUENT GROSS VALUE FLOW, IN CONDUIT OR HRU TREATMENT PLANT	*****	*****	*****	*****	*****	15 DAILY MX MG/L	ONCE / MONTH	GRAB	
0050 I 0 0 FFLUENT GROSS VALUE	*****	No Discharge ( 03 )	*****	*****	*****	*****	ONCE / MONTH	RCOGR	
See Note 1	*****	REPORT DAILY MX MGD	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
**Mr. George Malosh  
Group Manager**

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
**631 344-3424**

TELEPHONE  
**631 344-3424**

DATE

TYPED OR PRINTED

AREA CODE NUMBER YEAR MO DAY

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1316. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

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 SH COLLECTION SYS IS EXTENDED TO 1010, THE PHOBUS DETECTOR'S C T B SHOULD SEE ATTACHED NOTES. OUTFALL #002 & BRAMS CI SHOULD BE DIRECTED TO NEW DISCHARGE BASIN. NO TBT CHEMS WITHOUT PRIOR DEC APPROVAL.  
PA Form 3320-1 (08-95) Previous editions may not be used.

01265/000415-22555  
PAGE 1 OF



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

U S D O E

BROOKHAVEN NATIONAL LABORATORY

53 BELL AVE, BLDG 464

UPTON

NY 11973

BROOKHAVEN NATIONAL LABORATORY

UPTON

NY 11973

GEORGE MALOSH, GROUP MGR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(17-19)

NY0005835

PERMIT NUMBER

002 B

DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
00	04	01	00	04	30

FROM

(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

MAJOR  
(SUBR 01)  
F - FINAL

RF(1004) COOLING TOWER BLOWDN

\*\*\* NO DISCHARGE [X] \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	(3 Card Only) QUANTITY OR LOADING (54-61)		QUANTITY OR CONCENTRATION (46-53)		NO. OF ANALYSIS (62-63)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE		
1 0 0 ENT GROSS VALUE GREASE	*****	*****	REPORT MINIMUM *****	*****	ONCE/ MONTH	GRAB
1 0 0 ENT GROSS VALUE IN CONDUIT OR TREATMENT PLANT	*****	*****	*****	*****	ONCE/ MONTH	GRAB
1 0 0 ENT GROSS VALUE	*****	REPORT DAILY MX MGD	*****	*****	ONCE/ MONTH	RCORDR
note 1						

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 39 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TITLE PRINCIPAL EXECUTIVE OFFICER  
George Malosh  
Group Manager  
TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
631 344-3424  
AREA CODE NUMBER  
YEAR MO DAY

STATE AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

LARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE ROADWAY THAT IS INSIDE RHIC RING. ONCE WATER COLLECTION SYSTEM IS EXTENDED TO BLDG 1010 & A NEW RECHARGE IS ATTACHED TO BLDG 1010, DISCHARGE

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR) (17-19)

MAJOR (SUJR 01)  
F - FINAL  
AGS NON-C COOLING, PRCP, ETC (HN)

NY0005835 PERMIT NUMBER  
002 M DISCHARGE NUMBER

MONITORING PERIOD  
YEAR MO DAY YEAR MO DAY  
00 04 01 00 04 30

FROM (20-21) (22-23) (24-25) TO (26-27) (28-29) (30-31)

NAME U S O E  
ADDRESS BROOKHAVEN NATIONAL LABORATORY  
53 BELL AVE., BLDG. 464  
UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY  
LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

\*\*\* NO DISCHARGE \*\*\*  
NOTE: Read Instructions before completing this form.

PARAMETER (68-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (46-53)				QUANTITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM			
PH		*****	*****	*****	*****	*****	*****	*****	*****	0	4/MO	GRAB
00400 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	REPORT MINIMUM	*****	7.4	*****	7.6	0	4/MO	GRAB
00550 OIL & GREASE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	MAXIMUM SU	0	ONCE/MONTH	GRAB
00550 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	< 5.0	0	1/MO	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	DAILY MX	0	ONCE/MONTH	GRAB
50050 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	0.17	*****	*****	*****	*****	*****	*****	0	4/MO	RCORC
See Note 2		*****	REPORT DAILY MX	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	RCORC
		*****		*****	*****	*****	*****	*****	*****			
		*****		*****	*****	*****	*****	*****	*****			
		*****		*****	*****	*****	*****	*****	*****			
		*****		*****	*****	*****	*****	*****	*****			
		*****		*****	*****	*****	*****	*****	*****			
		*****		*****	*****	*****	*****	*****	*****			
		*****		*****	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Mr. George Malosh  
Group Manager

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
631 344-3424

DATE

AREA CODE NUMBER YEAR MO DAY

Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(17-19)

PLANT NAME/ADDRESS (include Facility Name/Location if Different)  
U S D O E  
SSBROOKHAVEN NATIONAL LABORATORY  
53 BELL AVE, BLDG 664  
UPTON  
NY 11973  
BROOKHAVEN NATIONAL LABORATORY  
UPTON  
NY 11973  
GEORGE MALOSH, GROUP MGR

NY0005335 PERMIT NUMBER  
003 M DISCHARGE NUMBER

MONITORING PERIOD  
YEAR MO DAY YEAR MO DAY  
00 04 01 00 04 30  
FROM TO

MAJOR (SUBR 01)  
F - FINAL  
HFRK & AGS NON-C COUL, ETC (HO)

\*\*\* NO DISCHARGE \*\*\*  
NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	QUANTITY OR LOADING (54-61)			QUANTITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (24-29)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (24-29)			
(X) SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	4/MO	GRAB
001000 LUENT GROSS VALUE & GREASE	*****	*****	*****	REPORT MINIMUM *****	*****	*****	0	ONCE/MONTH	GRAB
561000 LUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	1/MO	GRAB
IN CONDUIT OR TREATMENT PLANT	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	GRAB
501000 LUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	4/MO	RCORDR
see Note 2	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	RCORDR

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
Mr. George Malosh  
Group Manager  
TELEPHONE 631 344-3424  
AREA CODE NUMBER

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

MAJOR (SUBR 01)  
F -- FINAL  
MRR NON-CONTACT COOLG WTR (HP)

\*\*\* NO DISCHARGE \*\*\*  
NOTE: Read instructions before completing this form.

DISCHARGE MONITORING REPORT (DMR) (17-19)

NY0005335 PERMIT NUMBER

004 M DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
00	04	01	00	04	30

FROM (20-21) (22-23) (24-25) TO (26-27) (28-29) (30-31)

NAME U S D O E  
ADDRESS BROOKHAVEN NATIONAL LABORATORY  
53 BELL AVE, BLDG 464  
UPTON NY 11973  
LOCATION BROOKHAVEN NATIONAL LABORATORY  
UPTON NY 11973  
ATTN: GEORGE MALOSH, GROUP MGR

PARAMETER (32-37)	(3 Card Only) QUANTITY OR LOADING (54-61)		(4 Card Only) QUANTITY OR CONCENTRATION (54-61)		UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE (46-53)	MAXIMUM (54-61)	MINIMUM (38-45)	AVERAGE (46-53)				
PH	*****	*****	7.4	*****	(12)	0	1/MO	GRAB
EFFLUENT GROSS VALUE	*****	*****	REPORT MINIMUM	0.5 MAXIMUM	SU	ONCE/MONTH	ONCE/MONTH	GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLANT	*****	0.01	*****	*****	*****	0	1/MO	RECORD
EFFLUENT GROSS VALUE	*****	REPORT DAILY MX	*****	*****	*****	ONCE/MONTH	ONCE/MONTH	RECORD
See Note 2								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. George Malosh  
Group Manager

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

631 344-3424

TELEPHONE

DATE

YEAR MO DAY

AREA CODE NUMBER

631 344-3424

See attached notes. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.) 01270/000415-2255

See permit for additional notes, comments & requirements

Previous editions may not be used.

Page 1 of 1



E NAME/ADDRESS (include Facility Name/Location if Different)

U S O O E  
 BROOKHAVEN NATIONAL LABORATORY  
 53 BELL AVE, BLDG 464  
 UPTON  
 BROOKHAVEN NATIONAL LABORATORY  
 UPTON  
 GEORGE MALOSH, GROUP MGR

NY 11973  
 NY 11973

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 (17-19)

NY0005835  
 PERMIT NUMBER

005 M  
 DISCHARGE NUMBER

MONITORING PERIOD  
 YEAR MO DAY TO YEAR MO DAY  
 00 04 01 TO 00 04 30

MAJOR (SUBR 01)  
 F - FINAL  
 NSLS COOLING TWR BLDG ETC(HS)

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read instructions before completing this form.

Form Approved  
 OMB No. 2040-0004  
 Approval expires 05-31-98

PARAMETER (32-37)	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (64-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE *****	MAXIMUM *****	UNITS	MINIMUM *****	AVERAGE *****	MAXIMUM *****			
1 0 0 GROSS VALUE GREASE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	4/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	***	REPORT MINIMUM *****	8.5 MAXIMUM SU		ONCE/MONTH	GRAB
1 0 0 GROSS VALUE IN CONDUIT OR TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	15 DAILY MAX		ONCE/MONTH	GRAB
1 0 0 GROSS VALUE	SAMPLE MEASUREMENT	*****	0.40	*****	*****	*****	0	4/MO	RECORD
	PERMIT REQUIREMENT	*****	*****	(03)	*****	*****		ONCE/MONTH	RECORD
e 2	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								
	SAMPLE MEASUREMENT								
	PERMIT REQUIREMENT								
I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)									
TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE		DATE		
G. George Malosh Group Manager					631 344-3424				
TYPED OR PRINTED		AREA CODE		NUMBER		YEAR		MO DAY	
		631		344-3424					

NOTES AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

DISCHARGE MONITORING REPORT (DMM) (1/75-19)  
 APPROVAL EXPIRES 05-31-98

MAJOR (SUBR 01)  
 F - FINAL  
 WATER TREATMENT PLT BKWSH (HX)

DISCHARGE MONITORING REPORT (DMM) (1/75-19)  
 APPROVAL EXPIRES 05-31-98

NY0005335  
 PERMIT NUMBER

007 M  
 DISCHARGE NUMBER

MONITORING PERIOD  
 YEAR MO DAY YEAR MO DAY  
 00 04 01 00 04 30

PARAMETER (32-37)	QUANTITY OR LOADING (54-61)			QUANTITY OR CONCENTRATION (54-61)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE (46-53)	MAXIMUM (46-53)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	MINIMUM (38-45)				
LDW RATE	*****	320,000	*****	*****	*****	*****	( 07 )	0	13 / MO	INSTAN
0056 EFFLUENT GROSS VALUE	*****	REPORT DAILY MX	*****	*****	*****	*****	( 12 )	0	ONCE / MONTH	INSTAN
0400 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	0	1 / MO	GRAB
IRON, TOTAL (AS FE)	*****	*****	*****	*****	*****	*****	*****	0	ONCE / MONTH	GRAB
1045 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	0	1 / MO	GRAB
IRON, DISSOLVED (AS FE)	*****	*****	*****	*****	*****	*****	*****	0	ONCE / MONTH	GRAB
1046 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	0	ONCE / MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Mr. George Malosh  
 Group Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 631 344-3424

DATE

AREA CODE NUMBER YEAR MO DAY

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 SAMPLES TO BE COLLECTED AT EFFLUENT PIPE TO WHICH EVER BASIN IS IN OPERATION AT THE TIME. STANDING WATER IN EITHER BASIN SHALL NOT BE COLLECTED FOR DMH SAMPLING PURPOSES.  
 SEE PERMIT FOR ADDITIONAL NOTES. COMMENTS & REQUIREMENTS (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PA Form 3320-1 (08-95) Previous editions may not be used.

See attached notes. 01272/000415-2255

PAGE 1 OF



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

NAME U S D O E

ADDRESS 3 BROOKHAVEN NATIONAL LABORATORY  
53 BELL AVE, BLDG 464  
UPTON NY 11973

FACILITY 3 BROOKHAVEN NATIONAL LABORATORY  
LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)  
(17-19)

NY0005335 PERMIT NUMBER  
003 M DISCHARGE NUMBER

MONITORING PERIOD  
YEAR MO DAY TO YEAR MO DAY  
00 03 01 TO 00 04 30

Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-98

MAJOR (SUBR 01)  
F - FINAL  
STORMWTR RUNOFF WAREHOUSE (HW)

\*\*\* NO DISCHARGE \*\*\*  
NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	QUANTITY OR LOADING (54-61) (3 Card Only) (46-53)			QUANTITY OR CONCENTRATION (54-61) (4 Card Only) (38-45)			AVERAGE (46-53)	MINIMUM (38-45)	UNITS (07)	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLING TYPE (69-7)
	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (07)	MINIMUM (38-45)	MAXIMUM (54-61)	UNITS (07)						
FLOW RATE See Note 3#		115,300	(07)									
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT MEASUREMENT	REPORT DAILY MX	*****	*****	*****	*****	*****	*****	*****	0	ONCE / MONTH	Inst
PH	SAMPLE MEASUREMENT	*****	*****	7.9	*****	*****	*****	*****	*****	0	1/MO	Grab
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT MEASUREMENT	*****	*****	REPORT MINIMUM	*****	*****	*****	*****	*****	0	ONCE / MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE / MONTH	GRAB
1,1-DICHLOROETHYLENE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	0	1/MO	GRAB
34501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE / MONTH	GRAB
1,1,1-TRICHLOROETHANE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE / MONTH	GRAB
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE / MONTH	gral

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Mr. George Malosh Group Manager	631 344-3424	
TYPED OR PRINTED	AREA NUMBER	YEAR MO D
	631	

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

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 & REQUIREMENTS. See attached notes.

MAJOR (SUBR 01)  
F - FINAL  
STORMWTR R U CENTRAL STEAM (H)

NY0005835  
PERMIT NUMBER

DISCHARGE NUMBER  
010 M

MONITORING PERIOD  
YEAR MO DAY TO YEAR MO DAY  
00 04 01 TO 00 04 30

NY 11973  
FROM NY 11973  
NY GEORGE MALOSH, GROUP MGR

\*\*\* NO DISCHARGE 1 1 \*\*\*  
NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	QUANTITY OR LOADING (54-61)			QUANTITY OR CONCENTRATION (54-61)			NO. OF ANALYSIS EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE (46-53)	MINIMUM (38-45)	MAXIMUM (46-53)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (46-53)			
IN RATE	*****	*****	*****	*****	*****	*****	0	1/MO	INSTAN
See Note 3	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	INSTAN
56 1 0 0	*****	*****	*****	*****	*****	*****	0	1/MO	GRAB
LUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	GRAB
00 1 0 0	*****	*****	*****	*****	*****	*****	0	1/MO	GRAB
LUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	GRAB
GREASE	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	GRAB
56 1 0 0	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	GRAB
LUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	GRAB

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or minimum imprisonment of between 6 months and 5 years.)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Mr. George Malosh  
Group Manager  
TYPED OR PRINTED

TELEPHONE  
631 344-3424

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

U S O O E  
 ESSBROOKHAVEN NATIONAL LABORATORY  
 53 BELL AVE, BLDG 464  
 UPTON  
 CITY BROOKHAVEN NATIONAL LABORATORY  
 UPTON  
 NY 11973  
 NY 11973  
 NAME: GEORGE MALOSH, GROUP MGR

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

NY0005835 PERMIT NUMBER  
 06A M DISCHARGE NUMBER

MONITORING PERIOD  
 YEAR MO DAY YEAR MO DAY  
 FROM 00 04 01 TO 00 04 30

Form Approved.  
 OMB No. 2040-0004  
 Approval expires 05-31-98

MAJOR (SUBR 01)  
 F - FINAL  
 LINAC NCCW, FLOOR DNS, ETC(H11)

\*\*\* NO DISCHARGE \*\*\*

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT REQUIREMENT	(3 Card Only) QUANTITY OR LOADING (54-61)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
400 FLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	7.2	8.1	( 12 )	0	4/MO	GRAB
400 L & GREASE	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	REPORT MINIMUM	MAXIMUM	SU ( 19 )	ONCE/MONTH	GRAB	
556 FLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	0	1/MO	GRAB
556 IN CONDUIT OR RU TREATMENT PLANT	SAMPLE MEASUREMENT REQUIREMENT	*****	*****	*****	*****	DAILY MX	MG/L	ONCE/MONTH	GRAB	
050 FLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	0.04	*****	*****	*****	*****	0	4/MO	RCORDR
See Note 2	SAMPLE MEASUREMENT REQUIREMENT	*****	REPORT DAILY MX	*****	*****	*****	*****	ONCE/MONTH	RCORDR	
	SAMPLE MEASUREMENT REQUIREMENT									
	SAMPLE MEASUREMENT REQUIREMENT									
	SAMPLE MEASUREMENT REQUIREMENT									
	SAMPLE MEASUREMENT REQUIREMENT									
	SAMPLE MEASUREMENT REQUIREMENT									
	SAMPLE MEASUREMENT REQUIREMENT									
	SAMPLE MEASUREMENT REQUIREMENT									
	SAMPLE MEASUREMENT REQUIREMENT									
	SAMPLE MEASUREMENT REQUIREMENT									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE			DATE		
Mr. George Malosh Group Manager		TYPED OR PRINTED			631 344-3424					
					AREA CODE NUMBER			YEAR MO DAY		

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

STATEMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

See attached notes.

MAJOR  
(SUBR 01)  
F - FINAL

DISCHARGE MONITORING REPORT (DMR)  
(17-19)  
06B 0  
DISCHARGE NUMBER

NY0005035  
PERMIT NUMBER

U S O F  
ESSBROOKHAVEN NATIONAL LABORATORY  
53 BELL AVE, BLDG 464  
UPTON  
NY 11973

COOLING TOWER FROM 919 ETC(HI2)

MONITORING PERIOD  
YEAR MO DAY YEAR MO DAY  
00 04 01 00 04 30  
FROM NY 11973

NY 11973  
NY 11973  
N: GEORGE MALOSH, GROUP MGR

\*\*\* NO DISCHARGE \*\*\*  
NOTE: Read instructions before completing this form.

PARAMETER (62-37)	QUANTITY OR LOADING (54-61)			QUANTITY OR CONCENTRATION (54-61)			NO. FREQUENCY EX OF (62-63) ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE (46-53)	MAXIMUM (38-45)	UNITS	AVERAGE (46-53)	MAXIMUM (38-45)	UNITS		
001000 LUENT GROSS VALUE & GREASE	*****	7.4	( 12 )	*****	7.5	( 12 )	0	GRAB
001000 LUENT GROSS VALUE	*****	REPORT MINIMUM	*****	*****	MAXIMUM	SU ( 19 )	ONCE/ MONTH	GRAB
001000 IN CONDUIT OR TREATMENT PLANT	*****	*****	*****	*****	< 5.0	*****	ONCE/ MONTH	GRAB
001000 LUENT GROSS VALUE	*****	0.15	( 0.3 )	*****	DAILY MAX *****	MG/L *****	ONCE/ MONTH	RCORDR
See Note 3	*****	REPORT DAILY MAX MGD	*****	*****	*****	*****	ONCE/ MONTH	RCORDR
	*****			*****				
	*****			*****				
	*****			*****				
	*****			*****				
	*****			*****				
	*****			*****				
	*****			*****				
	*****			*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Mr. George Malosh  
Group Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
631 344-3424

DATE

AREA CODE NUMBER YEAR MO DAY

01 76 / 0004 15 - 22 55

See attached notes.

(REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

Form 3320-1 (08-95) Previous editions may not be used.

PAGE 1 OF

**Brookhaven National Laboratory**  
**SPDES Permit No. NY0005835**  
**Discharge Monitoring Report for March 2000**  
Discharge Monitoring Report Notes:

1. There was no discharge from Outfalls 002A and 002B during this reporting period.
2. Since flow records are maintained on a weekly or monthly basis, the flow rate provided is the daily average.
3. Flow is estimated based upon an instantaneous flow measurement and the assumption that flow continued for the entire day (i.e., 1,440 minutes).
4. The calculated percent removal of suspended solids was below the performance criteria of 85 percent. Please see Attachment IV for a description of this excursion.