

BROOKHAVEN
NATIONAL LABORATORY

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

www.bnl.gov

September 22, 2000

Mr. Frank Crescenzo
Acting Brookhaven Group Manager
U. S. Department of Energy
Brookhaven Group
Upton, NY 11973

Dear Mr. Crescenzo:

SUBJECT: NPDES - Discharge Monitoring Report (DMR) for August 2000
REFERENCE: Letter from Scott Mallette to K. Brog dated August 30, 2000

Included as Attachment I, please find the DMR for the month of August 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.

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 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.

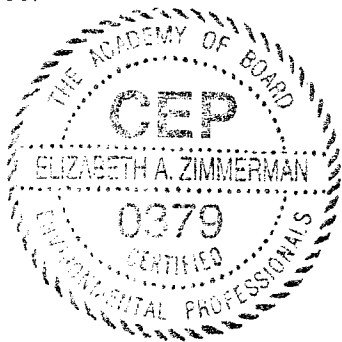
In follow-up to the permit excursions experienced in May (zinc) and June (iron and perchloroethylene) an investigation report has been prepared and is included as Attachment IV. This investigation included a review of facility operations, chemical use records, and discussions with senior Department/Division managers and staff.

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 August 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 September 28, 2000.

September 22, 2000

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 August 2000,

Attachment II: Analytical Results from H2M Labs for samples collected on 8/3/00 and 8/7/00 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: Excursion Update Report.

- 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

EC62EC.00

ATTACHMENT I
BROOKHAVEN NATIONAL LABORATORY
SPDES PERMIT NO. NY0005835
DISCHARGE MONITORING REPORT FOR AUGUST 2000
FOR OUTFALLS NO. 001 – 010

Brookhaven National Laboratory
SPDES Permit No. NY0005835
Discharge Monitoring Report for August 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 reported concentration is estimated at less than the method detection limit but greater than the instrument detection limit.

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

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

MAJOR (SUBR 01)
F - FINAL
PROCESS SANIT & STORMWTR R

NY0005835 PERMIT NUMBER
001 M DISCHARGE NUMBER
MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
00 08 01 TO 00 08 31

*** NO DISCHARGE ***
NOTE: Read instructions before completing this

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS
	AVERAGE	MAXIMUM	UNITS	MEASUREMENT	MINIMUM	AVERAGE	MAXIMUM	UNITS		
TEMPERATURE, WATER	*****	*****	*****	SAMPLE MEASUREMENT	*****	*****	*****	(15)	0	DAILY
DEG. F	*****	*****	*****	PERMIT REQUIREMENT	*****	*****	*****	DAILY MAX DEG. F	0	DAILY
EFFLUENT GROSS VALUE	*****	*****	*****	PERMIT REQUIREMENT	*****	*****	*****	(19)	0	2/MO
BOD, 5-DAY (20 DEG. C)	*****	*****	*****	SAMPLE MEASUREMENT	*****	*****	*****	DAILY MAX MG/L	0	ONCE/MONTH
EFFLUENT GROSS VALUE	*****	*****	*****	PERMIT REQUIREMENT	*****	*****	*****	(12)	0	CONTINUING RECORD DAILY
TSS	*****	*****	*****	SAMPLE MEASUREMENT	*****	*****	*****	(19)	0	2/MO
EFFLUENT GROSS VALUE	*****	*****	*****	PERMIT REQUIREMENT	*****	*****	*****	(25)	0	DAILY
SOLIDS, TOTAL SUSPENDED	*****	*****	*****	SAMPLE MEASUREMENT	*****	*****	*****	DAILY MAX MG/L	0	ONCE/MONTH
EFFLUENT GROSS VALUE	*****	*****	*****	PERMIT REQUIREMENT	*****	*****	*****	(19)	0	2/MO
SOLIDS, SETTLEABLE	*****	*****	*****	SAMPLE MEASUREMENT	*****	*****	*****	(19)	0	ONCE/MONTH
EFFLUENT GROSS VALUE	*****	*****	*****	PERMIT REQUIREMENT	*****	*****	*****	(19)	0	ONCE/MONTH
NITROGEN, TOTAL (AS N)	*****	*****	*****	SAMPLE MEASUREMENT	*****	*****	*****	(19)	0	ONCE/MONTH
EFFLUENT GROSS VALUE	*****	*****	*****	PERMIT REQUIREMENT	*****	*****	*****	(19)	0	ONCE/MONTH
NITROGEN, AMMONIA TOTAL (AS N)	*****	*****	*****	SAMPLE MEASUREMENT	*****	*****	*****	(19)	0	ONCE/MONTH
EFFLUENT GROSS VALUE	*****	*****	*****	PERMIT REQUIREMENT	*****	*****	*****	(19)	0	ONCE/MONTH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Mr. Frank Crescenzo
 Group Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 631-344-3424

AREA CODE NUMBER YEAR MONTH

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE I BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SF

NAME U S D 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

NY 005835
 PERMIT NUMBER
 DISCHARGE NUMBER 001 M
 MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 00 08 01 00 08 31

MAJOR (SUBR 01)
 F - FINAL
 PROCESS SANIT & STORMWTR RN
 *** NO DISCHARGE ***
 NOTE: Read Instructions before completing this to

PARAMETER	QUANTITY OR LOADING		QUANTITY OR CONCENTRATION				NO. FREQUENCY OF EX ANALYSIS	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM		UNITS
PHOSPHORUS, TOTAL (AS P)	*****	*****	***	*****	*****	1.0	(19)	
EFFLUENT GROSS VALUE	*****	*****	***	*****	*****	<10	MG/L	
CYANIDE, TOTAL (AS CN)	*****	*****	***	*****	*****	0.04	UG/L	
EFFLUENT GROSS VALUE	*****	*****	***	*****	*****	0.07	MG/L	
COPPER, TOTAL (AS CU)	*****	*****	***	*****	*****	0.001	MG/L	
EFFLUENT GROSS VALUE	*****	*****	***	*****	*****	0.006	MG/L	
LEAD, TOTAL See Note #4 (AS PB)	*****	*****	***	*****	*****	0.002	MG/L	
EFFLUENT GROSS VALUE	*****	*****	***	*****	*****	0.015	MG/L	
NICKEL, TOTAL See Note #4 (AS NI)	*****	*****	***	*****	*****	0.002	MG/L	
EFFLUENT GROSS VALUE	*****	*****	***	*****	*****	0.015	MG/L	
SILVER, TOTAL See Note #4 (AS AG)	*****	*****	***	*****	*****	0.002	MG/L	
EFFLUENT GROSS VALUE	*****	*****	***	*****	*****	0.015	MG/L	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Mr. Frank Crescenzo Group Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE 631-344-3424	
TYPED OR PRINTED							AREA CODE NUMBER YEAR MC	

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 and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE I BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GM VIA EXFILTR FROM SF
 SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

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

NY 005835
PERMIT NUMBER
0.01 M
DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
FROM 00 08 01 TO 00 08 31

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS
	AVERAGE	MAXIMUM	MINIMUM	UNITS	AVERAGE	MAXIMUM	MINIMUM	UNITS		
ZINC, TOTAL (AS ZN)	*****	*****	*****	*****	*****	0.05	*****	(19)	0	2/MO
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX	*****	MG/L	ONCE/MONTH	
TOLUENE	*****	*****	*****	*****	*****	<1	*****	(28)	0	2/MO
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX	*****	UG/L	TWICE/MONTH	
METHYLENE CHLORIDE	*****	*****	*****	*****	*****	<1	*****	(28)	0	2/MO
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX	*****	UG/L	TWICE/MONTH	
1,1,1-TRICHLOROETHANE	*****	*****	*****	*****	*****	<1	*****	(28)	0	2/MO
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX	*****	UG/L	TWICE/MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.6	0.8	(03)	*****	*****	*****	*****	UG/L	0	CONTINUOUS
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	0	RECORD
MERCURY, TOTAL (AS HG)	*****	*****	*****	*****	*****	<0.0001	*****	*****	0	CONTINUOUS
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0.0008	*****	*****	0	ONCE/MONTH
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX	*****	MG/L	0	2/MO
COLIFORM, FECAL GENERAL	*****	*****	*****	*****	*****	3	*****	(13)	0	2/MO
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	200	*****	MG/L	0	ONCE/MONTH
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Mr. Frank Crescenzo Group Manager				DAILY AV DAILY HX 100ML				TELEPHONE 631-344-3424	
DATE					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE NUMBER YEAR MO	

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 and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE IN BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILTR FROM SFB

MAJOR (SUBR 01) PROCESS SANIT & STORMWTR RN

DISCHARGE MONITORING REPORT (DMR) NY0005835 PERMIT NUMBER 001 M DISCHARGE NUMBER

FACILITY BROOKHAVEN NATIONAL LABORATORY UPTON NY 11973 ATTN: GEORGE HALOSH, GROUP MGR

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

Table with columns: PARAMETER, QUANTITY OR LOADING (AVERAGE, MAXIMUM, UNITS), QUANTITY OR CONCENTRATION (AVERAGE, MAXIMUM, UNITS), NO. EX, FREQUENCY OF ANALYSIS. Rows include 2-BUTANONE, EFFLUENT GROSS VALUE, COD, 5-DAY PERCENT REMOVAL, BIOTOXICITY, SOLIDS, SUSPENDED PERCENT REMOVAL, BIOTOXICITY PERCENT REMOVAL.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mr. Frank Crescenzo Group Manager. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT. TELEPHONE 631-344-3424.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE I BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILTR FROM SF

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

DISCHARGE MONITORING REPORT (DMR)

OMB No. 2041

NY0005835 PERMIT NUMBER
 0.02 A DISCHARGE NUMBER

MAJOR (SUBR 01)
 F - FINAL
 BRAHMS (1002) & PHOBOS (10

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 FROM 00 08 01 TO 00 08 31

*** NO DISCHARGE ***
 NOTE: Read instructions before completing

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. OF EX	FREQ. OF ANAL
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	*****	*****	**	*****	*****	*****	(12)			
00556 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	**	*****	*****	*****	(19)			
50050 1 0 0 EFFLUENT GROSS VALUE	*****	*****	(03)	*****	*****	*****	MG/L			
See Note #1										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Frank Crescenzo
Group Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 631-344-3424

AREA CODE NUMBER YEAR

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.
 COLLECTION SYS IS EXTENDED TO 1010, THE PHOBOS DETECTOR'S C T B SHOULD BE DIRECTED TO OUTFALL #0
 BRAHMS C T B SHOULD BE DIRECTED TO NEW RECHARGE BASIN. NO TRT CHEMS WITHOUT PRIOR APPROVAL.

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

PERMIT NUMBER NY0005835
 DISCHARGE NUMBER 002 B
 MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 00 08 01 TO 00 08 31

MAJOR (SUBR 01)
 F - FINAL
 RP (1004) COOLING TOWER BLO

*** NO DISCHARGE ***
 NOTE: Read Instructions before completing this

PARAMETER	QUANTITY OR LOADING						QUANTITY OR CONCENTRATION						NO. EX	FREQUENCY OF ANALYSIS
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH														
EFFLUENT GROSS VALUE	*****	*****	***	*****	*****	***	REPORT MINIMUM	*****	*****	*****	9.0 MAXIMUM	(12)	ONCE/MONTH	
OIL & GREASE	*****	*****	***	*****	*****	***	*****	*****	*****	*****	*****	(19)	ONCE/MONTH	
EFFLUENT GROSS VALUE	*****	*****	***	*****	*****	***	*****	*****	*****	*****	*****	MG/L	ONCE/MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	(03)	*****	*****	***	No Discharge	*****	*****	*****	*****	*****	ONCE/MONTH	
EFFLUENT GROSS VALUE	*****	*****	MGD	*****	*****	***	REPORT DAILY, NY	*****	*****	*****	*****	*****	ONCE/MONTH	
See Note #1														

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 and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Frank Crescenzo
 Group Manager
 TYPED OR PRINTED

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

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. STORMWATER COLLECTION SYSTEM IS EXTENDED TO BLDG 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED, DISCHARGE TO NEW BASIN.
 THIS IS A 4 PART FORM PAGE

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

NY 11973

NY 0005835
PERMIT NUMBER

002 M
DISCHARGE NUMBER

MONITORING PERIOD			
YEAR	MO	DAY	TO
00	08	01	08
FROM	YEAR	MO	DAY
	00	08	31

MAJOR (SUBR 01)
F - FINAL
AGS NON-C COOLNG, PRCP, ETC

*** NO DISCHARGE ***
NOTE: Read Instructions before completing this

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM		
EFFLUENT GROSS VALUE	*****	*****	*****	7.4	*****	7.6	(12)	*****	0	4/MO
OIL & GREASE	*****	*****	*****	*****	*****	*****	*****	*****	0	1/MO
EFFLUENT GROSS VALUE	*****	*****	*****	0.2	*****	*****	*****	*****	0	4/MO
FLOW, IN CONDUIT OR TANK TREATMENT PLANT	*****	*****	*****	*****	*****	*****	*****	*****	0	4/MO
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	0	4/MO
See Note #2	*****	*****	*****	*****	*****	*****	*****	*****	0	4/MO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DA
Mr. Frank Crescenzo Group Manager	631-344-3424	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER YEAR
		MI

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 MIX

MAJOR (SUBR 01)
 F - FINAL
 HFBR & AGS NON-C COOL, ETC
 *** NO DISCHARGE ***
 NOTE: Read Instructions before completing this

NY0005835 PERMIT NUMBER
 003 M DISCHARGE NUMBER
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 FROM 00 08 01 TO 00 08 31

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

PARAMETER	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			UNITS
00400 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT	*****	*****	7.4	*****	7.9	(12)	0 4/MO	
	PERMIT REQUIREMENT	*****	*****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU	ONCE/MONTE	
00556 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	*****	*****	6.1	(19)	0 1/MO	
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY NY	MG/L	ONCE/MONTE	
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	0.25	*****	*****	*****	0 4/MO	
	PERMIT REQUIREMENT	*****	*****	REPORT DAILY, NY	*****	*****	*****	ONCE/MONTE	
See Note #2	SAMPLE MEASUREMENT	*****	(03)	*****	*****	*****	*****	*****	
	PERMIT REQUIREMENT	*****	MGD	*****	*****	*****	*****	*****	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	
Mr. Frank Crescenzo Group Manager	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT							AREA CODE	NUMBER
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)							TELEPHONE		YEAR
							631-344-3424		
							631-344-3424		

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 and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME USDOE
 ADDRESS BROOKHAVEN NATIONAL LABORATORY
 53 BELL AVE, BLDG 464
 UPTON
 FACILITY BROOKHAVEN NATIONAL LABORATORY
 LOCATION UPTON
 NY 11973
 ATTN: GEORGE MALOSH, GROUP MGR

NY0005835
 PERMIT NUMBER

0048
 DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 FROM 00 08 01 TO 00 08 31

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

*** NO DISCHARGE ***
 NOTE: Read Instructions before completing

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. FRE EX
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	UNITS	
PH	SAMPLE MEASUREMENT	*****			*****	6.4	(12)		0 1
	PERMIT REQUIREMENT	*****	***	REPORT MINIMUM	*****	8.5	SU	ONC MC	
	SAMPLE MEASUREMENT	*****	(03)	*****	*****	*****	*****	0 1	ONC MC
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	0.1		*****	*****	*****		
	PERMIT REQUIREMENT	*****	REPORT DAILY BY MGD		*****	*****	*****		
	SAMPLE MEASUREMENT	*****			*****	*****	*****		
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****			*****	*****	*****		
	PERMIT REQUIREMENT	*****			*****	*****	*****		
	SAMPLE MEASUREMENT	*****			*****	*****	*****		
See Note #2	SAMPLE MEASUREMENT	*****			*****	*****	*****		
	PERMIT REQUIREMENT	*****			*****	*****	*****		
	SAMPLE MEASUREMENT	*****			*****	*****	*****		
	SAMPLE MEASUREMENT	*****			*****	*****	*****		
	PERMIT REQUIREMENT	*****			*****	*****	*****		
	SAMPLE MEASUREMENT	*****			*****	*****	*****		
	SAMPLE MEASUREMENT	*****			*****	*****	*****		
	PERMIT REQUIREMENT	*****			*****	*****	*****		
	SAMPLE MEASUREMENT	*****			*****	*****	*****		

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Frank Crescenzo
 Group Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 631-344-3424

AREA CODE NUMBER
 AREA CODE NUMBER

YEA
 YEA

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 and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

MAJOR (SUBR 01)
 F - FINAL
 NLS COOLING TWR BLDN ETC

NY0005835 PERMIT NUMBER
 0054 DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 00 08 01 TO 00 08 31

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

PARAMETER	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM		
PH	*****	*****		7.2	*****	8.5	(12)	0 4/MO
00400 1 0 0	*****	*****	*****	REPORT MINIMUM	*****	8.5	SU	ONCE/MONTH
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	MAXIMUM		
OIL & GREASE	*****	*****	*****	*****	*****	7.5	(19)	0 1/MO
00556 1 0 0	*****	*****	*****	*****	*****	0.15	MG/L	ONCE/MONTH
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY		
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	0.2	(03)	*****	*****	*****	*****	0 4/MO
50050 1 0 0	*****	*****	*****	*****	*****	*****	*****	ONCE/MONTH
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	
See Note #2	*****	*****	*****	*****	*****	*****	*****	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Mr. Frank Crescenzo Group Manager			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			TELEPHONE	DA
TYPED OR PRINTED							631-344-3424	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)							AREA CODE	YEAR
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS							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 0005835 PERMIT NUMBER
 DISCHARGE NUMBER 008 M
 NY 11973 FROM 00 08 01 TO 00 08 31
 MONITORING PERIOD
 MAJOR (SUBR 01) F - FINAL
 STORMWTR RUNOFF WAREHOUSE

*** NO DISCHARGE ***
 NOTE: Read Instructions before completing

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. EX	FREQU. OF ANALY
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	***	760	(07)	***	***	***	***	***	0	1/M
See Note 3	***	REPORT DAILY MX	GPD	***	***	***	***	***	ONCE MON	
00056 1 0 0	***	***	***	***	***	***	***	***	ONCE MON	
EFFLUENT GROSS VALUE	***	***	***	***	***	***	***	***	ONCE MON	
PH	***	***	***	7.1	7.1	(12)	***	***	ONCE MON	
00400 1 0 0	***	***	***	REPORT MINIMUM	9.5	SU	***	***	ONCE MON	
EFFLUENT GROSS VALUE	***	***	***	***	5.2	(19)	***	***	ONCE MON	
OIL & GREASE	***	***	***	***	***	***	***	***	ONCE MON	
00556 1 0 0	***	***	***	***	15	MG/L	***	***	ONCE MON	
EFFLUENT GROSS VALUE	***	***	***	***	DAILY MX	(28)	***	***	ONCE MON	
1,1-DICHLOROETHYLENE	***	***	***	***	< 1	UG/L	***	***	ONCE MON	
34501 1 0 0	***	***	***	***	5	UG/L	***	***	ONCE MON	
EFFLUENT GROSS VALUE	***	***	***	***	DAILY MX	(28)	***	***	ONCE MON	
1,1,1-TRICHLOROETHANE	***	***	***	***	< 1	UG/L	***	***	ONCE MON	
34506 1 0 0	***	***	***	***	5	UG/L	***	***	ONCE MON	
EFFLUENT GROSS VALUE	***	***	***	***	DAILY MX	UG/L	***	***	ONCE MON	

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 and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Mr. Frank Crescenzo
 Group Manager
 TYPED OR PRINTED

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

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 THE "NO DISCHARGE" BOX AT THE UPPER RIGHT.) SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREM

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

NY0005835
 PERMIT NUMBER

010
 DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 FROM 00 08 01 TO 00 08 31

MAJOR
 (SUBR 01)
 F - FINAL
 STORMWTR R O CENTRAL STE

*** NO DISCHARGE before completing
 NOTE: Read Instructions before completing

PARAMETER	QUANTITY OR LOADING		QUANTITY OR CONCENTRATION		NO. OF EX. ANAL.
	AVERAGE	MAXIMUM	MINIMUM	MAXIMUM	
FLOW RATE See Note #3	*****	258	(07)	*****	0 1/M
EFFLUENT GROSS VALUE	*****	REPORT DAILY, NY GPD	*****	*****	ONCE MON
PH	*****	*****	*****	(12)	0 1/M
EFFLUENT GROSS VALUE	*****	REPORT DAILY, NY GPD	*****	*****	ONCE MON
OIL & GREASE	*****	*****	*****	7.5	0 1/M
EFFLUENT GROSS VALUE	*****	*****	*****	*****	ONCE MON
	*****	*****	*****	5.7	0 1/M
	*****	*****	*****	*****	ONCE MON
	*****	*****	*****	DAILY, NY MG/L	0 1/M

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Mr. Frank Crescenzo
 Group Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 631-344-3424

TYPED OR PRINTED

AREA CODE NUMBER YEAR

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PARAMETERS EXCEPT FOR FLOW TO BE SAMPLED MONTHLY DURING STORM EVENT. (IF NO DISCHARGE, ENTER "X")

ADDRESS BROOKHAVEN NATIONAL LABORATORY
 53 BELL AVE, BLDG 464
 UPTON
 FACILITY BROOKHAVEN NATIONAL LABORATORY
 LOCATION UPTON NY 11973
 ATTN: GEORGE MALOSH, GROUP MGR

NY 0005835
 PERMIT NUMBER

06A M
 DISCHARGE NUMBER

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

*** NO DISCHARGE ***
 NOTE: Read Instructions before completing th

NO. FREQUEN
 EX OF
 ANALYS

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. EX
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		
PH	*****	*****		7.3	*****	8.1	(12)	0	4/MO
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	***	REPORT MINIMUM	*****	9.0 MAXIMUM	SU	0	ONCE MONTH
OIL & GREASE	*****	*****	***	*****	*****	<5	(19)	0	1/MO
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	***	*****	*****	15 DAILY MX	MG/L	0	ONCE MONTH
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	0.1	(03)	*****	*****	*****	***	0	4/MO
50050 1 0 0 EFFLUENT GROSS VALUE	*****	REPORT DAILY MX	MGD	*****	*****	*****	***	0	ONCE MONTH
See Note #2									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Frank Crescenzo
Group Manager
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
631-344-3424

AREA CODE NUMBER YEAR

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

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

NY 005835
PERMIT NUMBER

MONITORING PERIOD

YEAR **00** MO **08** DAY **01** TO YEAR **00** MO **08** DAY **31**

MAJOR
(SUBB 01)
F - FINAL

COOLING TOWER FROM 919 E1

*** NO DISCHARGE ***
NOTE: Read Instructions before completing

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQ. ANAL
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM		
PH		*****	*****		7.0	*****	7.4	(12)	0 4/1
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	REPORT MINIMUM	*****	9.0 MAXIMUM	SU	ONCE MON
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	<5	(19)	0 1/1
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	***	*****	*****	15 DAILY MX	MG/L	ONCE MON
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	***	0 4/1
	SAMPLE MEASUREMENT	*****	*****	(03)	*****	*****	*****	***	ONCE MON
See Note #2	PERMIT REQUIREMENT	*****	*****	REPORT DAILY MX MGD	*****	*****	*****	***	ONCE MON
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	***	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	***	
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	***	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	***	
	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	***	
	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	***	

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NAME/TITLE Mr. Frank Crescenzo Group Manager	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 631-344-3424	AREA CODE 631	NUMBER 3424	YEAR
TYPED OR PRINTED					

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

