



February 23, 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)**  
**REFERENCE: Letter from Scott Mallette to K. Brog dated January 27, 2000**

Included as Attachment I, please find the DMR for the month of January 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. 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 fecal coliform discharged via 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. A description of the fecal coliform excursion is provided in Attachment IV.

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 January 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 February 28, 2000.

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

Yours truly,



E.A. Zimmerman, CEP, REM  
Division Manager

EAF/RJL:rt  
Attachment I: Discharge Monitoring Report for January 2000,  
Attachment II: Analytical Results from H2M Labs for samples collected on 1/6/00, and 1/10/00 from Outfall 001,  
Attachment III: Analytical Results from H2M Labs for samples collected from Outfalls 002, 003, 004, 005, 006A, 006B, & 008  
Attachment IV: Non-Compliance Report for January SPDES Permit Excursions

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  
K. Johnson w/attachment  
R. Lee w/attachment  
E. Lessard w/o attachments  
D. Lowenstein w/o attachments  
E. Murphy w/attachments  
S. Ozaki w/o attachments  
D. Ports w/attachments  
W. Reeside w/o attachments  
L. Ross w/attachments

EC4220.00

**ATTACHMENT I**  
**BROOKHAVEN NATIONAL LABORATORY**  
**SPDES PERMIT NO. NY0005835**  
**DISCHARGE MONITORING REPORT FOR JANUARY 2000**  
**FOR OUTFALLS NO. 001 - 010**

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

1. The reported concentration is estimated at less than the method detection limit but greater than the instrument detection limit.
3. There was no discharge from Outfalls 002A, 002B and 007 during this reporting period.
4. Since flow records are maintained on a weekly or monthly basis, the flow rate provided is the daily average.
5. The concentration of coliform in the sample collected on 1/6/00 (900 MPN/100 ml) exceeds the maximum concentration limitation of 400 MPN/100 ml. Please see Attachment IV for a description of this excursion.

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

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  
FACILITY BROOKHAVEN NATIONAL LABORATORY  
LOCATION UPTON  
ATTN: GEORGE MALOSH, GROUP MGR

NY0005835  
PERMIT NUMBER

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

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

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

PARAMETER (32-37)	SAMPLE MEASUREMENT REQUIREMENT	QUANTITY OR LOADING (46-53)			QUANTITY OR CONCENTRATION (54-61)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
TEMPERATURE, WATER	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	( 15 )	0	5/7	grab	
DEG. FAHRENHEIT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	DEG.F		DAILY	GRAB	
00011 1 0 0		*****	*****	*****	*****	*****					
EFFLUENT GROSS VALUE		*****	*****	*****	*****	*****	( 19 )	0	2/mo	COMP	
000 5-DAY	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			ONCE/	MONTH	
(20 DEG. C)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	MG/L		CONC.	RECORD	
00310 1 0 0		*****	*****	*****	*****	*****	( 12 )	0	5/7	grab	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			DAILY	GRAB	
PH	PERMIT REQUIREMENT	*****	*****	*****	*****	*****					
00400 1 0 0		*****	*****	*****	*****	*****	SU	0	2/mo	COMP	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	( 19 )	0	ONCE/	MONTH	
SOLIDS, TOTAL	PERMIT REQUIREMENT	*****	*****	*****	*****	*****					
SUSPENDED		*****	*****	*****	*****	*****					
00530 1 0 0		*****	*****	*****	*****	*****	MG/L	0	5/7	grab	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	( 25 )	0	DAILY	GRAB	
SOLIDS, SETTLEABLE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****					
00545 1 0 0		*****	*****	*****	*****	*****	ML/L	0	2/mo	COMP	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	( 19 )	0	ONCE/	MONTH	
NITROGEN, TOTAL	PERMIT REQUIREMENT	*****	*****	*****	*****	*****					
(AS N)		*****	*****	*****	*****	*****					
00600 1 0 1		*****	*****	*****	*****	*****	MG/L	0	2/mo	COMP	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	( 19 )	0	ONCE/	MONTH	
NITROGEN, AMMONIA	PERMIT REQUIREMENT	*****	*****	*****	*****	*****					
TOTAL (AS N)		*****	*****	*****	*****	*****					
00610 1 0 0		*****	*****	*****	*****	*****	MG/L	0	2/mo	COMP	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	( 19 )	0	ONCE/	MONTH	
	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.)

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
631 344-3424

AREA CODE NUMBER  
MO DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCLUDE BUT NOT LIMITED TO USDOE ORDER 5400.5.

see attached notes

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

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  
ATTN: GEORGE MALOSH, GROUP MGR

NY0005835  
PERMIT NUMBER

001 M  
DISCHARGE NUMBER

MONITORING PERIOD  
YEAR MO DAY YEAR MO DAY  
FROM 00 01 01 TO 00 01 31  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

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

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

PARAMETER (32-37)	SAMPLE TYPE (69-70)	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	QUANTITY OR CONCENTRATION (54-61)			QUANTITY OR CONCENTRATION (46-53)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
				AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
PHOSPHORUS, TOTAL (AS P)	24 hr comp	0	2/mo	*****	0.94	( 19)	*****	*****	*****	0	2/mo	24 hr comp
00655 1 0 1	REPORT			*****	REPORT DAILY MX	MG/L	*****	*****	*****			
EFFLUENT GROSS VALUE				*****			*****	*****	*****			
CYANIDE, TOTAL (AS CN)	24 hr grab	0	2/mo	*****	<10	( 28)	*****	*****	*****	0	2/mo	24 hr grab
00720 1 0 0	REPORT			*****	100 DAILY MX	UG/L	*****	*****	*****			
EFFLUENT GROSS VALUE				*****			*****	*****	*****			
COPPER, TOTAL (AS CU)	24 hr comp	0	2/mo	*****	.04	( 19)	*****	*****	*****	0	2/mo	24 hr comp
01042 1 0 0	REPORT			*****	0.15 DAILY MX	MG/L	*****	*****	*****			
EFFLUENT GROSS VALUE				*****			*****	*****	*****			
IRON, TOTAL (AS FE)	24 hr comp	0	2/mo	*****	0.19	( 19)	*****	*****	*****	0	2/mo	24 hr comp
01045 1 0 0	REPORT			*****	0.37 DAILY MX	MG/L	*****	*****	*****			
EFFLUENT GROSS VALUE				*****			*****	*****	*****			
LEAD, TOTAL (AS PB)	24 hr comp	0	2/mo	*****	0.005	( 19)	*****	*****	*****	0	2/mo	24 hr comp
01051 1 0 0	REPORT			*****	0.019 DAILY MX	MG/L	*****	*****	*****			
EFFLUENT GROSS VALUE				*****			*****	*****	*****			
NICKEL, TOTAL (see note (AS NI) 1)	24 hr comp	0	2/mo	*****	0.004	( 19)	*****	*****	*****	0	2/mo	24 hr comp
01067 1 0 0	REPORT			*****	0.11 DAILY MX	MG/L	*****	*****	*****			
EFFLUENT GROSS VALUE				*****			*****	*****	*****			
SILVER, TOTAL (see note (AS AG) 1)	24 hr comp	0	2/mo	*****	0.004	( 19)	*****	*****	*****	0	2/mo	24 hr comp
01077 1 0 0	REPORT			*****	0.015 DAILY MX	MG/L	*****	*****	*****			
EFFLUENT GROSS VALUE				*****			*****	*****	*****			
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE		DATE		
Mr. George J. Malosh Group Manager								631 344-3424				
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. § 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)  
QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5.  
ADDITIONAL NOTES: COMMENTS AND REQUIREMENTS MAY NOT BE USED

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

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

PERMIT NUMBER  
NY00005835

DISCHARGE NUMBER  
001 H

MONITORING PERIOD

FROM (20-21) (22-23) (24-25) TO (26-27) (28-29) (30-31)  
YEAR MO DAY YEAR MO DAY  
00 01 01 00 01 31

Form Approved.  
OMB No. 2040-0004  
Approval expires 05-31-92

MAJOR (SUBR 01)  
F - FINAL

PROCESS SANIT & STORMWTR RNOFF

\*\*\* NO DISCHARGE I-1 \*\*\*

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)	SAMPLING TYPE (69-70)
	AVERAGE (46-53)	MAXIMUM (54-55)	UNITS (56-57)	AVERAGE (46-53)	MAXIMUM (54-55)	UNITS (56-57)			
ZINC, TOTAL (AS ZN)	*****	*****	*****	*****	0.03	( 19)	0	2/mo	24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	DAILY MX	MG/L	0	ONCE/MONTH	CON
TOLUENE	*****	*****	*****	*****	<1	( 28)	0	2/mo	gr
34010 1 0 1	*****	*****	*****	*****	DAILY MX	UG/L	0	ONCE/MONTH	gr
EFFLUENT GROSS VALUE	*****	*****	*****	*****	<1	( 28)	0	2/mo	gr
METHYLENE CHLORIDE	*****	*****	*****	*****	DAILY MX	UG/L	0	ONCE/MONTH	gr
34423 1 0 1	*****	*****	*****	*****	<1	( 28)	0	2/mo	gr
EFFLUENT GROSS VALUE	*****	*****	*****	*****	DAILY MX	UG/L	0	ONCE/MONTH	gr
1,1,1-TRICHLORO-ETHANE	*****	*****	*****	*****	<1	( 28)	0	2/mo	gr
34506 1 0 1	*****	*****	*****	*****	DAILY MX	UG/L	0	ONCE/MONTH	gr
EFFLUENT GROSS VALUE	*****	*****	*****	*****	<1	( 28)	0	2/mo	gr
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	*****	*****	DAILY MX	UG/L	0	ONCE/MONTH	continuous
50050 1 0 1	*****	0.483	*****	*****	*****	*****	0	CONTINUOUS	recorder
EFFLUENT GROSS VALUE	*****	DAILY AV	*****	*****	*****	*****	0	CONTINUOUS	DOUS
MERCURY, TOTAL (AS HG) (SEE NOTE 1)	*****	0.670	*****	*****	*****	( 19)	0	2/mo	24
EFFLUENT GROSS VALUE	*****	DAILY MX	*****	*****	*****	*****	0	ONCE/MONTH	com
71900 1 0 1	*****	*****	*****	*****	0.0002	( 13)	0	2/mo	gr
EFFLUENT GROSS VALUE	*****	DAILY AV	*****	*****	0.0008	MG/L	0	ONCE/MONTH	gr
COLIFORM, FECAL GENERAL (see note 4)	*****	*****	*****	*****	900	( 13)	1	2/mo	gr
74055 1 0 0	*****	*****	*****	*****	451	*****	1	ONCE/MONTH	gr
EFFLUENT GROSS VALUE	*****	DAILY AV	*****	*****	200	100ML	0	ONCE/MONTH	gr

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
631 344-3424

DATE

AREA CODE NUMBER YEAR MO DA  
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 INCLUDE BUT NOT LIMITED TO USDOE ORDER 5400.5.  
SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS

see attached notes



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

001 H  
 DISCHARGE NUMBER

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

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

MAJOR  
 (SUBR 01)  
 F - FINAL

PROCESS SANIT & STORMWTR RNOFF

\*\*\* 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	UNITS	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM			
2-BUTANONE	*****	*****	*****	*****	*****	( 28 )	0	2/mo	grab
78356 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MG UG/L	0	2/mo	grab
BOD, 5-DAY PERCENT REMOVAL	*****	*****	*****	> 92	*****	*****	0	2/mo	calc
81010 K 0 2 PERCENT REMOVAL	*****	*****	*****	HD AV MN	*****	PER-CENT	0	2/mo	calc
SOLIDS, SUSPENDED PERCENT REMOVAL	*****	*****	*****	> 90	*****	PER-CENT	0	2/mo	calc
81011 K 0 2 PERCENT REMOVAL	*****	*****	*****	HD AV MN	*****	PER-CENT	0	2/mo	calc
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. George J. Malosh  
 Group Manager  
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 631 344-3424

DATE  
 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.)

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 SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS  
 (b)(6) ARE FOR PERMIT-40 WHICH MAY NOT BE USED.)



AME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY  
53 BELL AVE, BLDG 464  
UPTON

NY 11973  
ACILITY BROOKHAVEN NATIONAL LABORATORY  
OCATION UPTON  
NY 11973

ATTN: GEORGE MALDOSH, GROUP MGR

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

NY0005835  
PERMIT NUMBER

002 A  
DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
00	01	01	00	01	31

FROM (20-21) (22-23) (24-25)

(26-27) (28-29) (30-31)

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

MAJOR  
(SUBR 01)  
F - FINAL

BRAHMS(1002) & PHOBOS(1010) CT

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

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (54-57)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
10400	FFLUENT GROSS VALUE	*****	*****	*****	REPORT MINIMUM	*****	*****	*****	ONCE/MONTH	GRAB
10556	FFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	ONCE/MONTH	GRAB
10556	LOW, IN CONDUIT OR HRU, TREATMENT PLANT	*****	*****	*****	*****	*****	*****	*****	ONCE/MONTH	GRAB
10550	FFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	ONCE/MONTH	GRAB
(see note 2)										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Mr. George J. Malosh Group Manager	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE  631 344-3424	DATE
	TYPED OR PRINTED		AREA CODE NUMBER 631 344-3424	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. § 1318. (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 SW COLLECTION SYS IS EXTENDED TO 1010, THE PHOBOS DETECTOR'S C T B SHOULD BE DIRECTED TO OUTFALL #002 &

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

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

NY0005835  
PERMIT NUMBER

002 B  
DISCHARGE NUMBER

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

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

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 (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)			UNITS	NO. FREQUENCY OF ANALYSIS (62-69)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
00400 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	*****	*****	*****	*****	*****	*****	( 12 )	ONCE / MONTH	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	*****	*****	*****	*****	SU ( 19 )	ONCE / MONTH	GRAB
00050 1 0 0 EFFLUENT GROSS VALUE (see note 2)	*****	*****	*****	*****	*****	*****	MG/L	ONCE / MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Mr. George J. 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)  
DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE ROADWAY THAT IS INSIDE RHIC RING. ONCE STORMWATER COLLECTION SYSTEM IS EXTENDED TO BLDG 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED, DISCHARGE SHOULD BE TO NEW BASIN. See attached notes

PERMITTEE NAME/ADDRESS (Include Facility Name, Location if Different)  
 NAME **U S O E**  
 ADDRESS **BROOKHAVEN NATIONAL LABORATORY**  
**53 BELL AVE, BLDG 464**  
**UPTON**  
 FACILITY **BROOKHAVEN NATIONAL LABORATORY**  
 LOCATION **UPTON**  
 ATTN: **GEORGE MALOSH, GROUP MGR**

PERMIT NUMBER  
**NY0005835**

DISCHARGE NUMBER  
**002 H**

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

FROM (20-21) (22-23) (24-25) (26-27) (28-29) (30-31)  
**00 01 01 TO 00 01 31**

MAJOR (SUBR 01)  
**F - FINAL**

AGS NON-C COOLING, PRCP, ETC (HN)

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

PARAMETER (32-37)	QUANTITY OR LOADING (3 Card Only) (46-53)			QUANTITY OR CONCENTRATION (4 Card Only) (36-45)			NO. FREQUENCY OF ANALYSIS (62-63)			SAMPLE TYPE (69-70)
	AVERAGE (54-57)	MAXIMUM (54-57)	UNITS (54-57)	MINIMUM (54-57)	AVERAGE (54-57)	MAXIMUM (54-57)	UNITS (54-57)	EX (62-63)	(64-68)	
PH	*****	*****	*****	*****	*****	*****	( 12 )	0	4/mo	grab
00400 1 0 1 EFFLUENT GROSS VALUE	*****	*****	*****	7.60	7.93	MAXIMUM	SU	0	ONCE/MONTH	GRAB
DIL & GREASE	*****	*****	*****	*****	*****	*****	( 19 )	0	1/mo	grab
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	<5.0	DAILY MX	MG/L	0	ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	( 03 )	*****	*****	*****	*****	0	4/mo	recor
50050 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	GRAB
(see note 3)	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	GRAB

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
**631 344-3424**

DATE

YEAR MO DAY  
**93 02 20**

AREA CODE NUMBER YEAR MO DAY  
**631 344-3424**

TYPED OR PRINTED

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 REACTOR  
 (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)

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 HGR

NY 11973  
NY 11973

NY0005835  
PERMIT NUMBER

003 H  
DISCHARGE NUMBER

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

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

QUANTITY OR CONCENTRATION (54-61)

QUANTITY OR CONCENTRATION (54-61)

NO. EX (62-63)

FREQUENCY OF ANALYSIS (64-68)

SAMPLE TYPE (69-70)

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	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
PH	*****	*****		7.72	8.18	( 12 )	0	4	MO
00400 1 0 1 EFFLUENT GROSS VALUE	*****	*****	*****	REPORT MINIMUM	9.0 MAXIMUM	SU	0	ONCE/MONTH	GRAB
DIL & GREASE	*****	*****	*****	*****	< 5.0	( 19 )	0	1/mo	grab
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	15 DAILY MAX	MG/L	0	ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	0.71	*****	*****	*****	*****	0	1/mo	reco
50050 1 0 0 EFFLUENT GROSS VALUE	*****	REPORT DAILY MAX	*****	*****	*****	*****	0	ONCE/MONTH	RECORD
(see note 3)									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
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.)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
TELEPHONE  
DATE  
AREA CODE  
NUMBER  
YEAR  
MO  
D

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



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  
 FACILITY BROOKHAVEN NATIONAL LABORATORY  
 LOCATION UPTON  
 ATTN: GEORGE MALOSH, GROUP MGR

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

Form Approved.  
 OMB No. 2040-0004  
 Approval expires 05-31-88

NY0005835  
 PERMIT NUMBER

004 H  
 DISCHARGE NUMBER

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

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

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (54-61)				(4 Card Only) 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			
		(46-53)	(54-61)	(54-61)	(38-45)	(46-53)	(54-61)	(54-61)	(38-45)			
PH	SAMPLE MEASUREMENT	*****	*****		6.50	*****		6.50	( 12 )	0	1/mo	gr
00400 1 0 0 EFFLUENT GROSS VALUE FLOH, IN CONDUIT DR THRU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	*****	8.5 MAXIMUM	SU	0	ONCE/ MONTH	CRAB
50050 1 0 0 EFFLUENT GROSS VALUE  (see note 3)	PERMIT REQUIREMENT	*****	*****	( 03 )	0.15	*****	*****	*****	****	0	1/mo	reco
	SAMPLE MEASUREMENT				REPORT DAILY MAX MGD				****			
	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											

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

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.)

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

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

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

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

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

NY0005835  
PERMIT NUMBER

005 M  
DISCHARGE NUMBER

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

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

PARAMETER (92-37)	(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUANTITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	*****	*****	*****	6.82	*****	*****	0	4/mo	grab
00400 EFFLUENT GROSS VALUE	*****	*****	*****	REPORT MINIMUM	*****	*****	0	ONCE/MONTH	GRAB
00400 OIL & GREASE	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	GRAB
00556 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	GRAB
00556 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	GRAB
00556 FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	GRAB
50050 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	GRAB
(see note 3)	*****	*****	*****	*****	*****	*****	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, BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT POSSIBILITIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1318. (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 J. Malosh  
Group Manager

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

TELEPHONE DATE

AREA CODE NUMBER YEAR MO DAY

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



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

NY0005835 PERMIT NUMBER  
007 M DISCHARGE NUMBER

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

NY 11973  
NY 11973  
NY 11973

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	(3 Card Only) QUANTITY OR LOADING (54-61)			(4 Card Only) 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 (07)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
FLOW RATE	SAMPLE MEASUREMENT	*****	No Discharge	(07)	*****	*****				
00056 1 0 0	PERMIT REQUIREMENT	*****	REPORT DAILY MX GPD	*****	*****	*****		ONCE/MONTH		
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
00400 1 0 1	PERMIT REQUIREMENT	*****	*****	*****	REPORT MINIMUM	9.0 MAXIMUM	SU	ONCE/MONTH		
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
IRON, TOTAL (AS FE)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
01045 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
IRON, DISSOLVED (AS FE)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
01046 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
(see note 2)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****				

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
631 344-3424

DATE

AREA CODE NUMBER  
631 344-3424

YEAR MO DA

TYPED OR PRINTED

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  
STORMWTR RUNOFF WAREHOUSE (HW)

NY0005835  
PERMIT NUMBER

008 M  
DISCHARGE NUMBER

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

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

PARAMETER (32-37)	QUANTITY OR LOADING (54-61)		QUANTITY OR CONCENTRATION (54-61)		UNITS	NO. EX (62-69)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE (46-53)	MAXIMUM (54-61)	MINIMUM (38-45)	AVERAGE (46-53)				
FLOW RATE	*****	*****	*****	*****	*****	0	ONCE/MONTH	INST
00056 EFFLUENT GROSS VALUE	*****	16.032 DAILY MX	*****	*****	*****	0	ONCE/MONTH	grab
PH	*****	*****	7.35 REPORT MINIMUM	*****	*****	0	ONCE/MONTH	grab
00400 EFFLUENT GROSS VALUE	*****	*****	*****	*****	SU (19)	0	ONCE/MONTH	grab
BTL & GREASE	*****	*****	*****	*****	<5	0	ONCE/MONTH	grab
00556 EFFLUENT GROSS VALUE	*****	*****	*****	*****	DAILY MX MG/L (28)	0	ONCE/MONTH	grab
1,1-DICHLOROETHYLENE	*****	*****	*****	*****	<1	0	ONCE/MONTH	grab
34501 EFFLUENT GROSS VALUE	*****	*****	*****	*****	DAILY MX UG/L (28)	0	ONCE/MONTH	grab
1,1,1-TRICHLOROETHANE	*****	*****	*****	*****	<1	0	ONCE/MONTH	grab
34506 EFFLUENT GROSS VALUE	*****	*****	*****	*****	DAILY MX UG/L	0	ONCE/MONTH	grab

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

631 344-3424

TELEPHONE

DATE

AREA CODE NUMBER YEAR MO D

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.  
THE "NO DISCHARGE" BOX AT THE UPPER RIGHT.

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

ATTN: GEORGE MALOSH, GROUP MGR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(17-19)

NY0005835  
PERMIT NUMBER

010 H  
DISCHARGE NUMBER

MONITORING PERIOD

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

YEAR	MO	DAY	YEAR	MO	DAY
00	01	01	00	01	31

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

MAJOR (SUBR 01)  
F - FINAL

STORMWTR R O CENTRAL STEAM (H)

\*\*\* NO DISCHARGE I-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 (64-66)	SAMPL TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (07)	MINIMUM (36-45)	AVERAGE (46-53)	MAXIMUM (54-61)			
FLOW RATE		*****	5,149	( 07 )	*****	*****	*****	0	1/mo	Inst
00056 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX GPD	*****	*****	*****	*****	0	ONCE/MONTH	INST
PH	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	*****	0	1/mo	grab
00400 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	REPORT MINIMUM	*****	*****	0	ONCE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****	*****	7.8	*****	*****	0	1/mo	grab
00556 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	GRAB
	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. George J. Malosh  
Group Manager

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

631 344-3424

AREA CODE NUMBER

TELEPHONE

DATE

YEAR MO DAY

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" IN THE "NO DISCHARGE" BOX AT THE UPPER RIGHT). SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME J S 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  
LINAC NCCW, FLOOR DNS, EIC(H11)

MONITORING PERIOD  
YEAR MO DAY YEAR MO DAY  
FROM 00 01 01 TO 00 01 31  
DISCHARGE NUMBER  
06A M

NY 11973  
NY 11973  
NY 11973  
GROUP MGR

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

PARAMETER (32-37)	QUANTITY OR LOADING (46-53)			QUANTITY OR CONCENTRATION (54-61)			NO. OF EX (62-65)	FREQUENCY OF ANALYSIS (64-66)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
P11 EFFLUENT GROSS VALUE	*****	*****	*****	7.86	*****	(12)	0	4/mo	grab
	*****	*****	*****	REPORT MINIMUM	*****	MAXIMUM 9.0	0	ONCE/MONTH	grab
OIL & GREASE	*****	*****	*****	*****	*****	(19)	0	1/mo	grab
	*****	*****	*****	*****	*****	<5	0	ONCE/MONTH	grab
00556 EFFLUENT GROSS VALUE	*****	*****	*****	0.28	*****	DAILY HX MG/L	0	4/mo	recon
	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	recon
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	*****	*****	*****	*****	0	4/mo	recon
	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	recon
50050 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	4/mo	recon
	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	recon
MEASUREMENT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	4/mo	recon
	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	recon
MEASUREMENT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	4/mo	recon
	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	recon
MEASUREMENT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	4/mo	recon
	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	recon
MEASUREMENT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	4/mo	recon
	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	recon
MEASUREMENT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	4/mo	recon
	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	recon
MEASUREMENT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	4/mo	recon
	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	recon
<p>(3 Card Only) (4 Card Only)</p> <p>SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: <b>631 344-3424</b></p> <p>NAME/TITLE: <b>Mr. George J. Malosh, Group Manager</b></p>									
<p>TELEPHONE: _____ DATE: _____</p> <p>AREA CODE: _____ NUMBER: _____ YEAR: _____ MO: _____ DA: _____</p>									
<p>COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)</p> <p>SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS</p>									

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, BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. 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.)



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

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

NY0005835  
PERMIT NUMBER

NY 11973  
NY 11973

06B H  
DISCHARGE NUMBER

NY 11973  
NY 11973

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

NY 11973  
NY 11973

MAJOR (SUBR 01)  
F - FINAL  
COOLING TOWER FROM 919 ETC(HI2)

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

NY 11973  
NY 11973

PARAMETER (32-37)	QUANTITY OR LOADING (54-61)			QUANTITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-69)	SAMPLE TYPE (69-70)
	AVERAGE (46-53)	MAXIMUM (46-53)	UNITS (46-53)	MINIMUM (46-53)	AVERAGE (46-53)	MAXIMUM (46-53)			
PH	*****	*****	*****	8.14	8.35	( 12 )	0	4/mo	grab
00400 1 0 1 EFFLUENT GROSS VALUE	*****	*****	*****	REPORT MINIMUM	9.0 MAXIMUM	SU	0	ONCE/MONTH	GRAB
OIL & GREASE	*****	*****	*****	*****	75	( 19 )	0	1/mo	grab
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	DAILY MX	MG/L	0	ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	*****	*****	*****	*****	0	4/mo	RECORD
50050 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	REPORT DAILY MX	*****	*****	0	ONCE/MONTH	RECORD
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
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SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Mr. George J. 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 (Reference all attachments here)  
SITE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS