

BROOKHAVEN
NATIONAL LABORATORY

Building 535A
P.O. Box 5000
Upton, NY 11973-5000
Phone 631 344-4225
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zimmerman@bnl.gov

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

www.bnl.gov

August 21, 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 July 2000
REFERENCE: Letter from Scott Mallette to K. Brog dated July 31, 2000

Included as Attachment I, please find the DMR for the month of July 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 one excursion for the oil and grease concentration for Outfall 008, review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. With regard to the oil and grease excursion, a sample collected on July 19, 2000 exhibited an oil and grease concentration of 17.3 mg/L. This value exceeded the SPDES permit limit of 15 mg/L. A Noncompliance Report has been prepared and included as Attachment IV. 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.

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 July 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 August 30, 2000.

August 21, 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:rn
Attachment I: Discharge Monitoring Report for July 2000,

Attachment II: Analytical Results from H2M Labs for samples collected on 7/10/00 and 7/13/00 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 August SPDES Permit Excursion at Outfall 008.

- 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

Brookhaven National Laboratory
SPDES Permit No. NY0005835
Discharge Monitoring Report for July 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 oil and grease concentration was above the performance criteria of 15 mg/L for the sample collected on 7/19/00. Please see Attachment IV for a description of this excursion.

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

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

DISCHARGE MONITORING REPORT (DMR)
 NY 0005835
 PERMIT NUMBER
 001 M
 DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 00 07 01 TO 00 07 31

MAJOR (SUBR 01)
 PROCESS SANIT & STORMWTR RNOFF

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

PARAMETER	QUANTITY OR LOADING			Quality of Concentration			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB
TEMPERATURE, F	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB
FLOWENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	2/MO	COMP24
5-DAY (20 DEG. C)	*****	*****	*****	*****	*****	*****	0	ONCE/MO	COMP24
FLOWENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	CONTINUOUS	RECORDR
FLOWENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB
SOLIDS, TOTAL	*****	*****	*****	*****	*****	*****	0	2/MO	COMP24
SOLIDS, SETTLEABLE	*****	*****	*****	*****	*****	*****	0	ONCE/MO	COMP24
FLOWENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB
FLOWENT GROSS VALUE (AS N)	*****	*****	*****	*****	*****	*****	0	2/MO	COMP24
FLOWENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	ONCE/MO	COMP24
FLOWENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	2/MO	COMP24
FLOWENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	ONCE/MO	COMP24

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 Mr. F. Crescenzo
 Group Manager

TELEPHONE
 631-344-3424

DATE

AREA CODE NUMBER
 631-344-3424

YEAR MO DAY

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

NOTES COMMENTS AND REQUIREMENTS

APPLICABLE CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL
 UP NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILTRATION FROM SFB'S.

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

PARAMETER	QUANTITY OR LOADING				Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	1.1	(19)	ONCE/MONTH	COMP24
FLUENT GROSS VALUE ANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	<10	(28)	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	100	UG/L	TWICE/MONTH	GRAB
FLUENT GROSS VALUE PPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0.04	(19)	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0.15	MG/L	ONCE/MONTH	COMP24
FLUENT GROSS VALUE ON, TOTAL (AS FE)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0.09	(19)	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0.37	MG/L	ONCE/MONTH	COMP24
FLUENT GROSS VALUE P, TOTAL (AS PB)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	<0.002	(19)	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0.019	MG/L	ONCE/MONTH	COMP24
FLUENT GROSS VALUE MEL, TOTAL (AS NI)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0.005	(19)	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0.11	MG/L	ONCE/MONTH	COMP24
FLUENT GROSS VALUE VER, TOTAL (AS AG)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0.002	(19)	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0.015	MG/L	ONCE/MONTH	COMP24

Signature of Principal Executive Officer: Ir. F. Crescenzo
Group Manager

Signature of Principal Executive Officer: _____
OFFICER OR AUTHORIZED AGENT

Telephone: _____

Area Code: _____ Number: _____

Date: _____

Year: _____ Month: _____ Day: _____

STATEMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 VIOLATIONS OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL
 U NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILTR FROM SFB'S.
 (Rev 3/99) Previous editions may be used.

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

NY0005835 PERMIT NUMBER
 001 M DISCHARGE NUMBER
 MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 00 07 01 TO 00 07 31

PROCESS SANIT & STORMWTR RNOFF
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM			
1010 TOTAL AS ZR)	*****	*****		*****	*****	(19)	*****	0.06	0	2/MO	COMP24
1092 FLOUENT GROSS VALUE	*****	*****	*****	*****	*****	MG/L	*****	DAILY MX	0	ONCE/MONTH	COMP24
1093 FLOUENT GROSS VALUE	*****	*****	*****	*****	*****	(28)	*****	<1	0	2/MO	GRAB
1010 FLOUENT GROSS VALUE	*****	*****	*****	*****	*****	UG/L	*****	DAILY MX	1	TWICE/MONTH	GRAB
1011 ETHYLENE CHLORIDE	*****	*****	*****	*****	*****	(28)	*****	<1	0	2/MO	GRAB
1423 FLOUENT GROSS VALUE	*****	*****	*****	*****	*****	UG/L	*****	DAILY MX	0	TWICE/MONTH	GRAB
1424 FLOUENT GROSS VALUE	*****	*****	*****	*****	*****	(28)	*****	<1	0	2/MO	GRAB
1506 FLOUENT GROSS VALUE	*****	*****	*****	*****	*****	UG/L	*****	DAILY MX	0	TWICE/MONTH	GRAB
1507 FLOUENT GROSS VALUE	*****	*****	*****	*****	*****	(03)	*****	<1	0	2/MO	GRAB
1508 FLOUENT GROSS VALUE	*****	*****	*****	*****	*****	UG/L	*****	DAILY MX	0	TWICE/MONTH	GRAB
1509 FLOUENT GROSS VALUE	*****	*****	*****	*****	*****	(19)	*****	0.0002	0	2/MO	COMP24
1510 FLOUENT GROSS VALUE	*****	*****	*****	*****	*****	MG/L	*****	0.0008	0	ONCE/MONTH	COMP24
1511 FLOUENT GROSS VALUE	*****	*****	*****	*****	*****	(13)	*****	DAILY MX	0	2/MO	GRAB
1512 FLOUENT GROSS VALUE	*****	*****	*****	*****	*****	100ML	*****	<2	0	ONCE/MONTH	GRAB
1513 FLOUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX	*****	DAILY MX	0	2/MO	GRAB

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: **Mr. F. Crescenzo**
Group Manager
 TYPED OR PRINTED

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

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

Form 3320-1 (Rev. 1/95) PREVIOUS EDITIONS MAY BE USED.

01220/00 This is a 4-part form. PAGE 3 OF

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

NY0005835
 PERMIT NUMBER

001 M
 DISCHARGE NUMBER

MONITORING PERIOD
 FROM YEAR 00 MO 07 DAY 01 TO YEAR 00 MO 07 DAY 31

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

PARAMETER	QUANTITY OR LOADING				Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	UNITS			
MEASUREMENT	*****	*****	UNITS	*****	*****	*****	(28)	0	2/MO	GRAB	
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	50	0	2/MO	GRAB	
MEASUREMENT	*****	*****	*****	>94	*****	*****	DAILY MX	0	2/MO	GRAB	
PERMIT REQUIREMENT	*****	*****	*****	MO AV MN	*****	*****	*****	0	2/MO	GRAB	
MEASUREMENT	*****	*****	*****	>98	*****	*****	*****	0	2/MO	GRAB	
PERMIT REQUIREMENT	*****	*****	*****	85	*****	*****	*****	0	2/MO	GRAB	
MEASUREMENT	*****	*****	*****	MO AV MN	*****	*****	*****	0	2/MO	GRAB	
PERMIT REQUIREMENT	*****	*****	*****	85	*****	*****	*****	0	2/MO	GRAB	
MEASUREMENT	*****	*****	*****	MO AV MN	*****	*****	*****	0	2/MO	GRAB	
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	2/MO	GRAB	
MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	2/MO	GRAB	
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	2/MO	GRAB	
MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	2/MO	GRAB	
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	2/MO	GRAB	

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. F. Crescenzo
 Group Manager
 TYPED OR PRINTED

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 SAMPLES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL
 BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILTR FROM SFB'S.
 Form 5320-1 (Rev 3/99) PREVIOUS EDITIONS MAY BE USED

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

NY 11973
 NY 11973

NY 0005835 PERMIT NUMBER
 002 A DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 00 07 01 00 07 31

FROM

MAJUK (SUBR 01) F - FINAL BRAHMS (1002) & PHOBOS (1010) CT

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

PARAMETER	QUANTITY OR LOADING		Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLING TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	REPORT MINIMUM *****	*****			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	9.0 MAXIMUM *****	ONCE / MONTH	GRAB	
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY MX *****	ONCE / MONTH	GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
See Note 1	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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE		DATE			
Mr. F. Crescenzo Group Manager		[Signature]		631-344-3424					
TYPED OR PRINTED		AREA CODE		NUMBER		YEAR		MO DA	

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)

DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE ROADWAY THAT IS INSIDE RHIC RING. ONCE SM COLLECTION SYS IS EXTENDED TO 1010, THE PHOBOS DETECTOR'S C T B SHOULD BE DIRECTED TO OUTFALL #002 & PA Form 3320-1 (Rev 3/99) PREVIOUS EDITIONS MAY BE USED. NO TRT CHENS WITHOUT PRIOR DEC APPROVAL. PAGE 1 OF 1
 01222/0005835 4-PAGE FORM

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

NY0005835
 PERMIT NUMBER

002 R
 DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 00 07 01 TO 00 07 31

MAJOR (SUBR 01)
 F - FINAL
 RF (1004) COOLING TOWER BLOWDN
 *** NO DISCHARGE [X] ***
 NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			Quality or Concentration			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
0400 I 0 0 EFFLUENT GROSS VALUE	*****	*****	***	REPORT MINIMUM *****	*****	9.0 MAXIMUM	(12)	ONCE / MONTH	GRAB
0556 I 0 0 EFFLUENT GROSS VALUE	*****	*****	***	*****	*****	15 DAILY MX	(19)	ONCE / MONTH	GRAB
0650 I 0 0 EFFLUENT GROSS VALUE	*****	*****	(03)	*****	*****	*****	*****	ONCE / MONTH	RECORD
See Note 1									

ME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Mr. F. Crescenzo
 Group Manager
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 603 344-3424

DATE

AREA CODE NUMBER YEAR MO DAY

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

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

Form 5320-1 (Rev 3/99) Previous editions may be used.

01227/0 This is a 4-part form. PAGE 1 OF 1

FORM 3320-1 (Rev 3/99) PREVIOUS EDITIONS MAY BE USED
 DISCHARGE MONITORING REPORT (DMR)
 MAJOR (SUBR 01)
 F - FINAL
 AGS NON-C COOLNG, PRCP, ETC (HN)
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

NY0005835
 PERMIT NUMBER
 002 M
 DISCHARGE NUMBER

MONITORING PERIOD
 YEAR 00 MO 07 DAY 01 TO YEAR 00 MO 07 DAY 31

FROM NY 11973
 NY 11973
 ATTN: GEORGE MALOSH, GROUP MGR

PARAMETER	QUANTITY OR LOADING			Quality or Concentration			NO. EX	FREQUENCY OF ANALYSIS	SAMP TYP
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	7.6	*****	8.1	0	4/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	REPORT MINIMUM	*****	9.0	0	ONCE/MONTH	GRAB
00556 1 0 0 FLOW, IN CONDUIT OR TREATMENT PLANT	*****	*****	*****	*****	*****	<5	0	ONCE/MONTH	GRAB
00550 1 0 0 EFFLUENT GROSS VALUE	*****	0.2	(03)	*****	*****	DAILY MAX	0	ONCE/MONTH	RECORD
See Note 2	*****	REPORT DAILY MAX	MGD	*****	*****	*****	0	ONCE/MONTH	RECORD

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 ensure 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. F. Crescenzo
 Group Manager
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 631 344-3124
 TELEPHONE
 DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.
 APPLYING FOR THIS OUTFALL SHALL BE CONDUCTED AT A LOCATION DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES
 A FORM 3320-1 (Rev 3/99) PREVIOUS EDITIONS MAY BE USED

0500E
 BROOKHAVEN NATIONAL LABORATORY
 53 BELL AVE, BLDG 464
 UPTON
 ACILITY BROOKHAVEN NATIONAL LABORATORY
 UPTON
 NY 11973
 NY 11973
 TPN: GEORGE MALOSH, GROUP MGR

NY0005835
 PERMIT NUMBER

003 M
 DISCHARGE NUMBER

MONITORING PERIOD			
YEAR	MO	DAY	
00	07	01	TO
			YEAR
			MO
			DAY
			07
			31

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

PARAMETER	QUANTITY OR LOADING				Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
0400 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	7.6	7.7	(12)		0	4/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	REPORT MINIMUM	9.0	SU			ONCE/MONTH	GRAB
0555 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<5	(19)		0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY MX	MG/L			ONCE/MONTH	GRAB
0050 WWTW TREATMENT PLANT EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	0.3	(03)	*****	*****	*****		0	4/MO	RECORD
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****			ONCE/MONTH	RECORD
See Note 2	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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								TELEPHONE		DATE	
Mr. F. Crescenzo Group Manager								603 344-3424			
TYPED OR PRINTED								AREA CODE	NUMBER	YEAR	MO DAY
								603	344-3424		
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS											

DISCHARGE MONITORING REPORT (DMR)
 MAJOR (SUBR 01)
 F - FINAL
 MRR NON-CONTACT COOLG WTR (HP)
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

DISCHARGE NUMBER	004 M
PERMIT NUMBER	NY0005835

MONITORING PERIOD			
YEAR	MO	DAY	TO
00	07	01	00
YEAR	MO	DAY	TO
00	07	31	00

MEUSDOE
 DRESSBROOKHAVEN NATIONAL LABORATORY
 53 BELL AVE., BLDG 464
 UPTON NY 11973
 CITYBROOKHAVEN NATIONAL LABORATORY
 UPTON NY 11973
 IN: GEORGE MALOSH, GROUP MGR

PARAMETER	QUANTITY OR LOADING				Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM			
400 1 0 0 FLOUENT GROSS VALUE	*****	*****	***	6.1	*****	6.1	(12)	6.1	0	1/MO	GRAB
	*****	*****	***	REPORT MINIMUM	*****	8.5 MAXIMUM	SU	*****	0	ONCE/MONTH	GRAB
050 1 0 0 FLOUENT GROSS VALUE	*****	0.2	(03)	*****	*****	*****	*****	*****	0	1/MO	RCORDR
	*****	REPORT DAILY MAX	MGD	*****	*****	*****	*****	*****	0	ONCE/MONTH	RCORDR
See Note 2	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
ME/TITLE PRINCIPAL EXECUTIVE OFFICER	Mr. F. Crescenzo Group Manager				TELEPHONE				DATE		
TYPED OR PRINTED	Mr. F. Crescenzo Group Manager				603 344-3424				YEAR MO DAY		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	Mr. F. Crescenzo Group Manager				AREA CODE NUMBER				YEAR MO DAY		

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.

PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

NAME: U S O C E
 ADDRESS: BROOKHAVEN NATIONAL LABORATORY, 53 BELL AVE, BLDG 454, UPTON, NY 11973
 FACILITY: BROOKHAVEN NATIONAL LABORATORY, UPTON, NY 11973
 LOCATION: UPTON, NY 11973
 PERSON: GEORGE MALOSH, GROUP MGR

NY0005835 PERMIT NUMBER
 0054 DISCHARGE NUMBER

MONITORING PERIOD
 YEAR 00 MO 07 DAY 01 TO YEAR 00 MO 07 DAY 31

NSLS COOLING TOWER BLDN ETC (HS)
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			Quality or Concentration			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
0400 EFFLUENT GROSS VALUE	***	***	***	7.2	***	7.6	0	4/MO	GRAB
0400 EFFLUENT GROSS VALUE	***	***	***	REPORT MINIMUM	***	8.5	0	ONCE/MO	GRAB
0556 EFFLUENT GROSS VALUE	***	***	***	***	***	<5	0	1/MO	GRAB
0600 EFFLUENT GROSS VALUE	***	0.3	(03)	***	***	DAILY MAX	0	ONCE/MO	GRAB
0700 EFFLUENT GROSS VALUE	***	REPORT DAILY MAX	MGD	***	***	***	0	4/MO	RECORD
See Note 2									

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: **Mr. F. Crescenzo**
 Group Manager
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 601 344-3424
 AREA CODE: 601
 NUMBER: 344-3424

DATE:

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 NO REPORT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

Form 3320-1 (Rev 3/99) Previous editions may be used.

Address: 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

NY0005835
 PERMIT NUMBER

007 M
 DISCHARGE NUMBER

MONITORING PERIOD			
YEAR	MO	DAY	
00	07	01	
FROM	YEAR	MO	DAY
	00	07	31

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

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

PARAMETER	QUANTITY OR LOADING				Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE See Note 2	*****	560,000	(07)		*****	*****			0	15/MO	INSTAN
EFFLUENT GROSS VALUE	*****	REPORT DAILY MX	GPD		*****	*****			0	ONCE/MO	INSTAN
CON, TOTAL	*****	*****	*****		7.0	7.0	(12)		0	1/MO	GRAB
(AS FE)	*****	*****	*****		REPORT MINIMUM	9.0	SU		0	ONCE/MO	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****		*****	151,000	(28)		0	1/MO	GRAB
CON, DISSOLVED	*****	*****	*****		*****	REPORT DAILY MX	UG/L		0	ONCE/MO	GRAB
(AS FE)	*****	*****	*****		*****	310	(28)		0	1/MO	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****		*****	REPORT DAILY MX	UG/L		0	ONCE/MO	GRAB
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 6031 244-3424
 AREA CODE NUMBER

TELEPHONE
 DATE
 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 SAMPLES TO BE COLLECTED AT EFFLUENT PIPE TO WHICHEVER BASIN IS IN OPERATION AT THE TIME. STANDING WATER IN EITHER BASIN SHALL NOT BE COLLECTED FOR DMR SAMPLING PURPOSES.
 COMMENTS & REQUIREMENTS

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

NY0005835
 PERMIT NUMBER

008 M
 DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 00 07 01 TO 00 07 31

DISCHARGE MONITORING REPORT (DMR)
 NY0005835
 PERMIT NUMBER
 008 M
 DISCHARGE NUMBER
 MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 00 07 01 TO 00 07 31

PARAMETER	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING			Quality or Concentration			NO. EX	FREQUENCY OF ANALYSIS	SAMPLI TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW RATE See Note 3	SAMPLE MEASUREMENT PERMIT REQUIREMENT	13,500	REPORT DAILY MX GPD	(07)	7.9	7.9	(12)	0	1/MO	INSTAN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY MX GPD			REPORT MINIMUM	8.5		0	1/MO	INSTAN
OIL & GREASE See Note 4	SAMPLE MEASUREMENT PERMIT REQUIREMENT					17.3	SU (19)	1	1/MO	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					15	MG/L (28)	0	1/MO	GRAB
1,1-DICHLOROETHYLENE	SAMPLE MEASUREMENT PERMIT REQUIREMENT					<1	UG/L (28)	0	1/MO	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					5	UG/L (28)	0	1/MO	GRAB
1,1-TRICHLOROETHANE	SAMPLE MEASUREMENT PERMIT REQUIREMENT					<1	UG/L (28)	0	1/MO	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT					5	UG/L (28)	0	1/MO	GRAB
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT PERMIT REQUIREMENT									

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. F. Crescenzo
 Group Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE DATE

631 344-3424

AREA CODE NUMBER

YEAR MO DAY

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.

THIS IS A 4-PART FORM PAGE - OF

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

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

PERMIT NUMBER: NY0005835
 DISCHARGE NUMBER: 0100
 MONITORING PERIOD: FROM 00/07/01 TO 00/07/31

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

PARAMETER	QUANTITY OR LOADING			Quality or Concentration			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
See Note 3	*****	2,150	(07)	*****	*****	*****	0	1/MO	INSTAN
FLOUENT GROSS VALUE	*****	REPORT DAILY MX GPD	*****	*****	*****	*****	0	ONCE/MONTH	INSTAN
FLOUENT GROSS VALUE	*****	*****	*****	7.2	7.2	(12)	0	1/MO	GRAB
GREASE	*****	*****	*****	REPORT MINIMUM	8.5	SU	0	ONCE/MONTH	GRAB
FLOUENT GROSS VALUE	*****	*****	*****	*****	<5	(19)	0	1/MO	GRAB
				*****	DAILY MX	MG/L	0	ONCE/MONTH	GRAB

ME/TITLE PRINCIPAL EXECUTIVE OFFICER: Mr. F. Crescenzo, Group Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]

TELEPHONE: 081 344-3424

DATE: []

AREA CODE: 081

NUMBER: 344-3424

YEAR: []

MO: []

DAY: []

PERMITS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

STATEMENT: SAMPLES 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

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

DISCHARGE MONITORING REPORT (DMR)
 NY0005835
 PERMIT NUMBER

06A M
 DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 00 07 01 TO 00 07 31

MAJOR (SUBR 01)
 F - FINAL
 LINAC NCCW, FLOOR DNS, ETC (HT1)
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			Quality or Concentration			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	8.0	*****	(12)	4/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	REPORT MINIMUM	*****	*****	ONCE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	(19)	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	0.04	(03)	*****	*****	MG/L	4/MO	RCORD
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	ONCE/MONTH	RCORD
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****
See Note 2	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. F. Crescenzo
 Group Manager
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 TELEPHONE
 681 344-3424
 AREA CODE NUMBER
 DATE

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 NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

DISCHARGE MONITORING REPORT (DMR)

NY0005835
PERMIT NUMBER

068 M
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	07	01	00	07	31

COOLING TOWER FROM 919 ETC (HT2)

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			Quality or Concentration			NO. EX	FREQUENCY OF ANALYSIS	SAMPL TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	*****	*****		7.3	*****	(12)	0	4/MO	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	REPORT MINIMUM	*****			ONCE/MO	GRAB
OIL & GREASE	*****	*****	*****	*****	*****			ONCE/MO	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****		0	ONCE/MO	GRAB
FLOW, IN CONDUIT OR TUBU TREATMENT PLANT	*****	0.3	(03)	*****	*****	MG/L	0	ONCE/MO	GRAB
EFFLUENT GROSS VALUE	*****	REPORT DAILY MX	MGD	*****	*****	*****	0	ONCE/MO	RECORD
See Note 2	MEASUREMENT								RECORD
	PERMIT REQUIREMENT								RECORD
	MEASUREMENT								
	PERMIT REQUIREMENT								
	MEASUREMENT								
	PERMIT REQUIREMENT								
	MEASUREMENT								
	PERMIT REQUIREMENT								
	MEASUREMENT								
	PERMIT REQUIREMENT								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
Mr. F. Crescenzo Group Manager	631 244-3424		
TYPED OR PRINTED	AREA CODE	NUMBER	YEAR MO DAY
	631	244-3424	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER
		631	244-3424

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

954 Form 3300-1 (Dec 3/09) Previous editions are obsolete.

ATTACHMENT II
BROOKHAVEN NATIONAL LABORATORY
SPDES PERMIT NO. NY0005835
DISCHARGE MONITORING REPORT FOR JULY 2000
ANALYTICAL RESULTS FROM H2M LABS, INC.
FOR REGULATORY COMPLIANCE SAMPLES COLLECTED
7/10/00 AND 7/13/00
FROM OUTFALL 001