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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

June 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) for May 2000
REFERENCE: Letter from Scott Mallette to K. Brog dated June 12, 2000

Included as Attachment I, please find the DMR for the month of May 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 two excursions for the total zinc concentration for Outfall 001, review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. With regard to zinc, samples collected on May 4, 2000, and May 8, 2000, exhibited zinc concentrations of 0.127 mg/L and 0.148 mg/L respectively. These values exceed the SPDES permit limit of 0.100 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 either weekly or monthly; consequently, a daily maximum flow rate cannot be reported. All flow values reported for Outfalls 002, 003, 004, 005, 006A, and 006B are, therefore, daily averages.

Collection and analysis of these samples are performed in accordance with the guidelines of the BNL Quality Assurance (QA) program. These guidelines include the routine calibration of instruments, standard operating procedures for collection and analysis of samples, use of standard methods of analysis, and validation of the contractor analytical data by the BNL analytical services laboratory. All samples are collected by BNL personnel. A QA inspection is performed periodically on contractor laboratories. The QA documentation is available from the Environmental Services Division (ESD) and Plant Engineering (PE) Divisions. Based on this information, we believe the values reported on the DMR are representative of the effluent from the BNL during the month of May 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 June 30, 2000.

Zimmerman to Malosh

-2-

June 23, 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. Allococo (ESD) at extension 3166.



Sincerely,

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

EAF/MA:rt

- Attachment I: Discharge Monitoring Report for May 2000,
- Attachment II: Analytical Results from H2M Labs for samples collected on 5/4/00 and 5/8/00 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 May SPDES Permit Excursion, Table I - Zinc Concentrations for BNL Outfall 001 and STP Influent, and Figure I - Zinc Concentration Trends for BNL Outfall 001 and STP Influent.

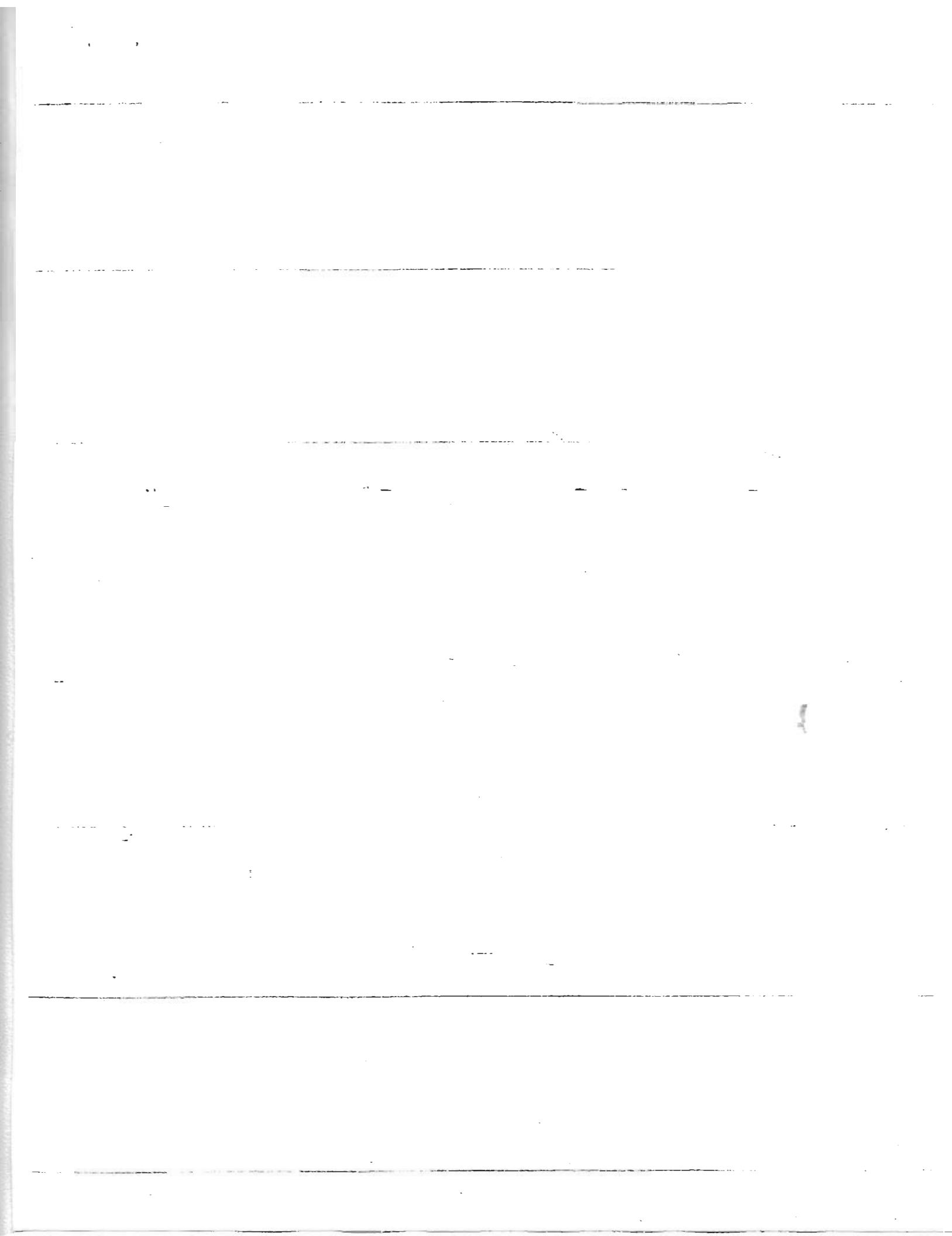
cc: K. Brog w/o attachments
W. Chaloupka w/attachments
G. Granzen w/o attachments
M. Hart w/o attachments
C. Johnson w/o attachments
D. Van Duyne w/attachments
R. Lee w/attachments
E. Lessard w/o attachments
D. Lowenstein w/o attachments
E. Murphy w/attachments
S. Ozaki w/o attachments
W. Reeside w/o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

EC4220.00

Brookhaven National Laboratory
SPDES Permit No. NY0005835
Discharge Monitoring Report for May 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 total zinc concentration was below the performance criteria of 0.1 mg/L for samples collected on 5/4/00 and 5/8/00. Please see Attachment IV for a description of this excursion. Table I details the zinc concentrations from March through June 2000, for Outfall 001 and STP Influent. Figure I presents the trends for zinc concentration at Outfall 001 and the STP Influent for the same time period.

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



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

Form Approved.
OMB No. 2040-0004NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)NAME U S D O E
ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE., BLDG 464

UTOPTON

FACILITY BROOKHAVEN NATIONAL LABORATORY
NY 11973LOCATION UPTON
ATTN: GEORGE MALOSH, GROUP MGRNY 00005835
DISCHARGE NUMBER
PERMIT NUMBER001 N
DISCHARGE NUMBER
MONITORING PERIOD
YEAR MO DAY
00 05 01
TO 00 05 31
FROMMAJOR
F - FINAL

PROCESS SANIT & STORMWTR RNOFF

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

QUANTITY OR LOADING

PARAMETER	QUANTITY OR CONCENTRATION						NO. EX	FREQUENCY	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER DEG. FAHRENHEIT	SAMPLE MEASUREMENT	*****	*****	*****	*****	70	(15)	0	DAILY GRAB
00011 1 0 0 EFFLUENT GROSS VALUE FUD, 5-DAY (20 DEG. C)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	(19)	0	2/MO COMP24
00310 1 0 0 EFFLUENT GROSS VALUE PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	(12)	0	DAILY GRAB
00400 1 0 0 EFFLUENT GROSS VALUE SOLIDS, TOTAL SUSPENDED	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	(19)	0	2/MO COMP24
00530 1 0 0 EFFLUENT GROSS VALUE SOLIDS, SETTLEABLE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	(25)	0	DAILY GRAB
00545 1 0 0 EFFLUENT GROSS VALUE NITROGEN, TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	(19)	0	2/MO COMP24
00600 1 0 0 EFFLUENT GROSS VALUE NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	(19)	0	2/MO COMP24
00610 1 0 0 EFFLUENT GROSS VALUE REQUIREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	(19)	0	2/MO COMP24

TELEPHONE
DATE
31-344-4324AREA NUMBER
CODE

YEAR MO DAY

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

QUANTITIES OR CONCENTRATIONS OF RADIODICTIVITY 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 EXFILT FROM SFB'S. SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

THIS IS A 4-PART FORM PAGE OF

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. George Malosh
Group Manager
Group Manager or PrintedSIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

Form Approved.

OMB No. 2040-000

NAME U S DOE

ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE., BLDG 464

OPTION

FACILITY BROOKHAVEN NATIONAL LABORATORY
NY 11973

LOCATION/OPTION

NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

NYQ005835

DISCHARGE NUMBER

PERMIT NUMBER

YEAR 00 FROM 00 MO 05 TO 01 DAY 05 MO 05 DAY 31

MONITORING PERIOD

PROCESS SANIT 6 STORMWTR R1

(SUBR 01)

P - FINAL

NO DISCHARGE

NOTE: Read Instructions before completing this form

NATIONAL POLLUTANT DISCHARGE MONITORING REPORT (DMR)		MAJOR	
DISCHARGE NUMBER		(SUBR 01)	
PERMIT NUMBER		P - FINAL	
YEAR 00 FROM 00 MO 05 TO 01 DAY 05 MO 05 DAY 31		PROCESS SANIT 6 STORMWTR R1	
NO DISCHARGE		NOTE: Read Instructions before completing this form	

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	1.5	(19)	0 2/MO
00665 1 0 0 EFFLUENT GROSS VALUE REQUIREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
CYANIDE, TOTAL (AS CN)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
00120 1 0 0 EFFLUENT GROSS VALUE REQUIREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
COPPER, TOTAL (AS CU)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
01042 1 0 0 EFFLUENT GROSS VALUE REQUIREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
IRON, TOTAL (AS FB)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
01045 1 0 0 EFFLUENT GROSS VALUE REQUIREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
LEAD, TOTAL (AS PB)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
01051 1 0 0 EFFLUENT GROSS VALUE REQUIREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
NICKEL, TOTAL (AS NI)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
01067 1 0 0 EFFLUENT GROSS VALUE REQUIREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
SILVER, TOTAL (AS AG)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****			
01077 1 0 0 EFFLUENT GROSS VALUE REQUIREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****			
TYPED OR PRINTED										

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

QUANTITIES OR CONCENTRATIONS OF RADIONACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE IF BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO SW VIA EXPILT FROM S

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. George Malosh
Group ManagerSIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT
631-344-3424AREA CODE NUMBER
TELEPHONE DAYEAR
MONTH

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

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

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR
FACILITY BROOKHAVEN NATIONAL LABORATORYNATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (IDMR)Form Approved.
OMB No. 2040-0004NY0005835
PERMIT NUMBER001-H
DISCHARGE NUMBER(SUBR 01)
F- FINALMAJOR
PROCESS SANIT & STORMWTR R/HOP

** NO DISCHARGE ! ! !

*** Read Instructions before completing this form.

NOTE:

MONITORING PERIOD

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

QUANTITY OR CONCENTRATION

NO. FREQUENCY
EX OF
ANALYSIS

PARAMETER	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION		
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM
ZINC. TOTAL (AS ZN) See Note 4	SAMPLE	*****	*****	*****	*****	0.15
01092 1 0 0 EFFLUENT GROSS VALUE REQUIREMENT	MEASUREMENT	*****	*****	*****	*****	0.15
TOLUENE	SAMPLE	*****	*****	*****	*****	<1
34010 1 0 0 EFFLUENT GROSS VALUE REQUIREMENT	MEASUREMENT	*****	*****	*****	*****	<1
METHYLENE CHLORIDE	SAMPLE	*****	*****	*****	*****	<1
34423 1 0 0 EFFLUENT GROSS VALUE REQUIREMENT	PERMIT SAMPLE	*****	*****	*****	*****	<1
1,1,1-TRICHLORO- ETHANE	MEASUREMENT	*****	*****	*****	*****	<1
34506 1 0 0 EFFLUENT GROSS VALUE REQUIREMENT	PERMIT SAMPLE	*****	*****	*****	*****	<1
FLOW, IN CONDUIT OR THRU TREATMENT PLANT MEASUREMENT	0.6	1.9	(0.3)	*****	*****	*****
50050 1 0 0 EFFLUENT GROSS VALUE REQUIREMENT	PERMIT SAMPLE	*****	*****	*****	*****	<2
MERCURY, TOTAL (AS HG)	MEASUREMENT	*****	*****	*****	*****	0.0001
11900 1 0 0 EFFLUENT GROSS VALUE REQUIREMENT	PERMIT SAMPLE	*****	*****	*****	*****	<2
COLIFORM, FECAL GENERAL	MEASUREMENT	*****	*****	*****	*****	*****
74055 1 0 0 EFFLUENT GROSS VALUE REQUIREMENT	PERMIT SAMPLE	*****	*****	*****	*****	<2

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mr. George Malosh Group Manager	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.
TYPED OR PRINTED Comments and Explanation of Any Violations (Reference all attachments here)	TELEPHONE 631-344-3424

Comments and Explanations of Any Violations (Reference all attachments here)

Quantities or Concentrations of Radioactivity in Effluent are subject to requirements of the USDOE INC. BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXILT FROM SFB.

Signature of Principal Executive Officer or Authorized Agent

Area Number Year Mo Date

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

Form Approved.
OMB No. 2040-0004

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELLEVUE, BLDG 464
UPTONFACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)**NY0005835**
PERMIT NUMBER**001-A**
DISCHARGE NUMBERMONITORING PERIOD
YEAR MO DAY
FROM 00 05 31
TO 01 05 31*** NO DISCHARGE |
NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYP
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
2-BUTANONE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	< 5	(28)	O	2/MO
EFLUENT GROSS VALUE REQUIREMENT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
BOD. 5-DAY PERCENT REMOVAL:	SAMPLE MEASUREMENT	*****	*****	*****	> 97	*****	*****	*****	(23)	O	1/MO
S1010 K. 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
SOLID. SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****	*****	> 98	*****	*****	*****	(23)	O	1/MO
S1011 K. 0 0 PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
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	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
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	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER TYPED OR PRINTED	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. Mr. George Malosh Group Manager	COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA NUMBER	631-344-3424 YEAR CODE	TELEPHONE DATE

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INC. BUT NOT LIMITED TO USDOE ORDER 5400.5 - APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILE FROM SFBI'S COMMENTS AND ADDITIONAL NOTES - COMMENTS AND REQUESTS

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

Form Approved,
OMB No. 2040-004NATIONAL 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
 LOCATION UPTON NY 11973
 ATTN: GEORGE MALOSH, GROUP MGR

NY00058351					
PERMIT NUMBER					
MONITORING PERIOD					
YEAR <u>00</u>	MO <u>05</u>	DAY <u>01</u>	YEAR <u>00</u>	MO <u>05</u>	DAY <u>31</u>
FROM		TO			

MAJOR
 (SUBR 01)
 P - FINAL
 BRAHES (1002) & PHOBOS (1010) CT

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

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	(12)	*****	*****	*****
00400 1 0 0 EFFLUENT GROSS VALUE REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	(19)	*****	*****	*****
O0556 1 0 0 EFFLUENT GROSS VALUE REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	(03)	*****	*****	*****
FLOW, IN CONDUIT OR THRU TREATMENT PLANT MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
S0550 1 0 0 EFFLUENT GROSS VALUE REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
See Note 1	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER									DATE	TELEPHONE	
Mr. George Malosh Group Manager											
TYPED OR PRINTED											
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 6 BRAHES C.T B SHOULD BE DIRECTED TO NEW RECHARGE BASIN. NO RECHARGE BASIN.											
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.											
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 631-344-3424 AREA NUMBER CODE											

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

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

OPTION
LOCATION UPTON
ATTN: GEORGE MALOSH, GROUP EGR

Form Approved,
OMB No. 2040-0004

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

NY0005835
PERMIT NUMBER

002-B
DISCHARGE NUMBER

(SUBR 01)
F - FINAL

RF (1004) COOKING TOWER BLDG 1010
***** NO DISCHARGE *****

FACILITY BROOKHAVEN NATIONAL LABORATORY

NY 11973

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

Form Approved.
OMB No. 2040-0004NATIONAL 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

LOCATION UPTON
FACILITY BROOKHAVEN NATIONAL LABORATORY
NY 11973

ATTN: GEORGE MALOSH, GROUP MGR.

NY0005835
PERMIT NUMBER003 N
DISCHARGE NUMBERMONITORING PERIOD
YEAR 00 TO 00
MO 05 TO 01
DAY 05 TO 01
FROM NY 11973MAJOR
(SUBR 01)

P - FINAL

HFBR & AGS. NON-C COOL. ETC (HO)
*** NO DISCHARGE ***
NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE			
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM						
PHT	SAMPLE MEASUREMENT	*****	UNITS	7.3	*****	7.8	(12)	0	4/MO GRAB			
00400 1 0 0 EFFLUENT GROSS VALUE REQUIREMENT	PERMIT	*****		*****	*****	*****						
OIL & GREASE	SAMPLE MEASUREMENT	*****	UNITS	*****	*****	*****						
00556 1 0 0 EFFLUENT GROSS VALUE REQUIREMENT	PERMIT	*****		*****	*****	*****						
FLOW, IN CONDUIT OR THRU TREATMENT PLANT MEASUREMENT	SAMPLE	0.86	(03)	*****	*****	*****						
50050 1 0 0 EFFLUENT GROSS VALUE REQUIREMENT	PERMIT	*****	UNITS	*****	*****	*****						
See Note 2	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
	SAMPLE MEASUREMENT											
	PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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.								TELEPHONE	DATE		
Mr. George Malosh Group Manager									631-344-3424			
TYPED OR PRINTED									SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)									AREA NUMBER	YEAR	MO	DAY
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS									CODE			

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

Form Approved.

OMB No. 2040-0004

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

NY0005835
PERMIT NUMBER

MAJOR
(SUBR 01)
F - FINAL

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

NAME U S D O E

ADDRESS 53 BELL AVE., BLDG 464

UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

MONITORING PERIOD

YEAR 00 FROM 00

MO 05 TO 00

DAY 01

MO 05

DAY 05

YEAR 31

WATER TREATMENT PLT BKWSH (HX)

** NO DISCHARGE

NOTE: Read Instructions before completing this form.

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TITLE/NAME/AUDIT/SS (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
 NY 11973
 LOCATION UPTON NY 11973
 ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835	008 M
DISCHARGE NUMBER	

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
FROM	00	05	TO	00	31

**# NO DISCHARGE

NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING						QUANTITY OR CONCENTRATION					
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MAXIMUM	UNITS	MAXIMUM	UNITS	SAMPLE TYPE
FLOW RATE See Note 3 00056 1 0 0 EFFLUENT GROSS VALUE PH	SAMPLE MEASUREMENT PERMIT REQUIREMENT	98,570	(07)	*****	*****	*****	*****	*****	*****	*****	*****	0 /MO INST
00400 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	7.2	*****	*****	*****	*****	7.2	(12)	0	1/MO	GRAB	
00556 1 0 0 EFFLUENT GROSS VALUE 1,1-DICHLOROETHYLENE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	ONCE/ MONTH
34501 1 0 0 EFFLUENT GROSS VALUE 1,1,1-TRICHLOROETHANE	SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	ONCE/ MONTH
34506 1 0 0 EFFLUENT GROSS VALUE SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	DAILY NY UG/L
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mr. George Malosh Group Manager TYPED OR PRINTED	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" I the "no discharge" box at the upper right.) See permit for additional notes, comments & requirements.	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.	TELEPHONE	DATE								
			631-344-3424									
			AREA NUMBER	YEAR MO DAY								

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

Form Approved.
OMB No. 2040-0004

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

ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE., BLDG 464
UPTON NY 11973
FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973
ATTN: GEORGE MAJOSH GROUP MC9

INTRODUCTION

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

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