

April 20, 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 March 2000
REFERENCE: Letter from Scott Mallette to K. Brog dated March 28, 2000

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

Review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. Please note that for the majority of the Outfalls, flow measurements are conducted either weekly or monthly; consequently, a daily maximum flow rate cannot be reported. All flow values reported for Outfalls 001A, 001B, 001D, 001E, 001F, 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 March 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 April 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 or M. Allocco (ESD) at extension 3166.

Sincerely,



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

- EAF/MA:rt
Attachment I: Discharge Monitoring Report for March 2000,
- Attachment II: Analytical Results from H2M Labs for samples collected on 3/13/00, 3/15/00 and 3/17/00 from Outfall 001,
- Attachment III: Analytical Results from H2M Labs for samples collected from Outfalls 001A, 001B, 001D, 001F, 002, 003, 004, 005, 006A, 006B, 008, and 010,
- Attachment IV: Analytical Results from CHEMTEX, Inc. for samples collected from Outfalls 001F, 002, 003, 005, 006A, and 006B.

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



EC4220.00

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

Brookhaven National Laboratory
SPDES Permit No. NY0005835
Discharge Monitoring Report for March 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.
2. There was no discharge from Outfalls 002A, 002B, 002R and 007 during this reporting period.
3. Since flow records are maintained on a weekly or monthly basis, the flow rate provided is the daily average.
4. PCBs were not detected in these samples at a method detection limit of 0.65 ppb per congener. Total PCBs have been reported as less than the individual detection limit.
5. Flow is estimated based upon an instantaneous flow measurement and the assumption that flow continued for the entire day (i.e., 1,440 minutes).
6. Photographic rinse waters discharged from Building 197B, are generated by three individual photo-processors. Wastewater samples are collected from each processor and analyzed separately. Table I summarizes the individual result. The maximum concentration and total average flow have been reported in the DMR.

Location	Flow	pH	Total Nitrogen	Cyanide	Silver	Phenolics
1-93B	14 GPD	---	---	---	---	---
1-86B	257 GPD	7.6 SU	0.66 mg/L	< 10.0 µg/L	< 60 µg/L	< 5 µg/L
1-93A	999 GPD	7.5 SU	0.80 mg/L	< 10.0 µg/L	53 µg/L	< 5 µg/L
Total Flow	1270 GPD					

Note: Processor 1-93B is new installed. Data available is for the flow rate only.

ADDRESS: BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464

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

NY 11973
NY 11973

NY0005835
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
00 03 01 TO 00 03 31

MAJOR (SU8R 01)
F - FINAL

ACID/AUSTIC CLEANING RINSE 535B

*** NO DISCHARGE 1-1 ***

NOTE: Read Instructions before completing this form.

PARAMETER	QUANTITY OR LOADING		QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLING TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW RATE (See Note 3)	*****	1735	(07)	*****	*****	*****	0	QTRLY	RCORDI
00056 1 0 0 EFFLUENT GROSS VALUE	*****	REPORT DAILY MX *****	*****	*****	*****	*****	0	QTRLY	RCORDI
PH	*****	*****	GPD	*****	*****	*****	0	QTRLY	RCORDI
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	QTRLY	GRAB
BIS (2-ETHYLHEXYL) PHTHALATE	*****	*****	*****	*****	*****	*****	0	QTRLY	GRAB
39100 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	QTRLY	GRAB
DI-N-BUTYL PHTHALATE	*****	*****	*****	*****	*****	*****	0	QTRLY	GRAB
39110 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	QTRLY	GRAB

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 631 344-3424

DATE

AREA CODE NUMBER YEAR MO DA

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

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION SYSTEM

SEE PERMIT FOR ADDITIONAL NOTES. COMMENTS AND REQUIREMENTS

MAJOR (SUBR 01)
F - FINAL
RINSE FROM CENTRL DEGREASR 4:

NY0005835
PERMIT NUMBER

001 3
DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
00	03	01	00	03	31

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

ATTN: GEORGE MALOSH, GROUP MGR

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

PARAMETER	QUANTITY OR LOADING		QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	UNIT
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE			
FLOW RATE (Sec Note 3)	*****	*****	(07)	*****	*****	0	QTRLY	RCC
EFFLUENT GROSS VALUE	*****	REPORT DAILY MX 108	*****	*****	*****	0	QTRLY	RCC
PH	*****	*****	*****	4.4	*****	0	QTRLY	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0	QTRLY	GRA
CHROMIUM, TOTAL (AS CR)	*****	*****	*****	*****	*****	0	QTRLY	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0	QTRLY	GRA
COPPER, TOTAL (AS CU)	*****	*****	*****	*****	*****	0	QTRLY	GRA
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0	QTRLY	GRA
IRON, TOTAL (AS FE)	*****	*****	*****	*****	*****	0	QTRLY	GRA
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0	QTRLY	GRA
MANGANESE, TOTAL (AS MN)	*****	*****	*****	*****	*****	0	QTRLY	GRA
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0	QTRLY	GRA
NICKEL, TOTAL (AS NI)	*****	*****	*****	*****	*****	0	QTRLY	GRA
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	0	QTRLY	GRA

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
631-344-3424

DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
SAMPLES TO BE COLLECTED FROM DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION SYSTEM
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

PERMIT NUMBER NY0005835
 DISCHARGE NUMBER 001 B

MAJOR (SUBR 01)
 F - FINAL
 RINSE FROM CENTRL DEGREASR 4

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

MONITORING PERIOD
 FROM YEAR 00 MO 03 DAY 01 TO YEAR 00 MO 03 DAY 31

*** NO DISCHARGE 1 ***

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			
ZINC, TOTAL (AS ZN)	*****	*****	*****	*****	*****	26.1	(28)	0	QTRLY	GR
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	REPORT DAILY MX	UG/L	0	QTRLY	GRA
1,2-DICHLOROETHANE	*****	*****	*****	*****	*****	<1	(28)	0	QTRLY	GR
32103 1 0 0	*****	*****	*****	*****	*****	REPORT DAILY MX	UG/L	0	QTRLY	GRA
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	1.0	(28)	0	QTRLY	GRA
CHLOROFORM	*****	*****	*****	*****	*****	REPORT DAILY MX	UG/L	0	QTRLY	GRA
32106 1 0 0	*****	*****	*****	*****	*****	REPORT DAILY MX	UG/L	0	QTRLY	GRA
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	<1	(28)	0	QTRLY	GRA
1,1,1-TRICHLOROETHANE	*****	*****	*****	*****	*****	REPORT DAILY MX	UG/L	0	QTRLY	GRA
34506 1 0 0	*****	*****	*****	*****	*****	REPORT DAILY MX	UG/L	0	QTRLY	GRA
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	<1	(28)	0	QTRLY	GRA
BROMODICHLOROMETHANE	*****	*****	*****	*****	*****	REPORT DAILY MX	UG/L	0	QTRLY	GRA
EFFLUENT	*****	*****	*****	*****	*****	4	(28)	0	QTRLY	GRA
38693 1 0 0	*****	*****	*****	*****	*****	REPORT DAILY MX	UG/L	0	QTRLY	GRA
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	<10	(28)	0	QTRLY	GRA
BIS (2-ETHYLHEXYL) PHTHALATE (See Note 1)	*****	*****	*****	*****	*****	REPORT DAILY MX	UG/L	0	QTRLY	GRA
39100 1 0 0	*****	*****	*****	*****	*****	<10	(28)	0	QTRLY	GRA
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	REPORT DAILY MX	UG/L	0	QTRLY	GRA
DI-N-BUTYL PHTHALATE	*****	*****	*****	*****	*****	REPORT DAILY MX	UG/L	0	QTRLY	GRA
39110 1 0 0	*****	*****	*****	*****	*****	REPORT DAILY MX	UG/L	0	QTRLY	GRA
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	<10	(28)	0	QTRLY	GRA

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER 631-344-3424

DATE

AREA CODE NUMBER YEAR MO

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

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
 SAMPLES TO BE COLLECTED FROM DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION
 SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

MAJOR
(SUBR 01)
F - FINAL

NY0005835
PERMIT NUMBER

001 B
DISCHARGE NUMBER

RINSE FROM CENTRL DEGREASR 498

*** NO DISCHARGE 1-1 ***

NOTE: Read instructions before completing this form.

MONITORING PERIOD		YEAR		MO		DAY	
FROM	TO	00	00	03	03	01	31

NY 11973
NY 11973
ATTN: GEORGE MALOSH, GROUP MGR

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	UNITS			
TETRACHLOROETHYLENE	*****	*****	*****	*****	*****	*****	(29)	0	QTRLY	GRAB	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	REPORT DAILY MX UG/L	0	QTRLY	GRAB	
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
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SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. George Malosh

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
631-344-3424

DATE

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

NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL

SAMPLES TO BE COLLECTED FROM DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION SYS

PERMIT FOR ADDITIONAL NOTES? COMMENTS AND REQUIREMENTS

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

NAME U S O U E

ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464
UPTON

NY 11973

ACTIVITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON

NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

NY0005835
PERMIT NUMBER

0010
DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
00	03	01	00	03	31

MAJOR (SUBR 01)
F - FINAL

PHOTOPROCESSING RINSE FROM 1978

*** NO DISCHARGE 1-1 ***

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			
LOW RATE (See note 3, 6)	*****	1270	(07)	*****	*****	*****	0	QTRLY	ICORD
0055 FFLUENT GROSS VALUE	*****	REPORT DAILY MX	*****	*****	*****	*****	0	QTRLY	ICORD
H (See note 6)	*****	*****	*****	*****	*****	*****	0	QTRLY	ICORD
0400 FFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	QTRLY	GRAB
ITROGEN, TOTAL (See note 6)	*****	*****	*****	*****	*****	*****	0	QTRLY	GRAB
0600 FFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	QTRLY	GRAB
YANIDE, TOTAL (See note 6)	*****	*****	*****	*****	*****	*****	0	QTRLY	GRAB
0720 FFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	QTRLY	GRAB
ILVER, TOTAL (See note 6)	*****	*****	*****	*****	*****	*****	0	QTRLY	GRAB
1077 FFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	QTRLY	GRAB
RENOLICS, RECOVERABLE (See note 6)	*****	*****	*****	*****	*****	*****	0	QTRLY	GRAB
2730 FFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
George Malosh
Group Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 631-344-3424

DATE

AREA CODE NUMBER MO DAY

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

CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL

IMPLES TO BE COLLECTED FROM MANHOLE NEAREST THE BUILDING

PERMIT FOR ADDITIONAL NOTES? COMMENTS AND REQUIREMENTS

DISCHARGE MONITORING REPORT (DMR)

U S U O E
 DRESSBROOKHAVEN NATIONAL LABORATORY
 53 BELL AVE, BLDG 464
 UPTON
 MILITARY BROOKHAVEN NATIONAL LABORATORY
 UPTON
 NY 11973
 NY 11973
 ATTN: GEORGE MALOSH, GROUP MGR

NY0005835
 PERMIT NUMBER

001 E
 DISCHARGE NUMBER

MONITORING PERIOD
 FROM 00 03 01 TO 00 03 31
 YEAR MO DAY TO YEAR MO DAY

MAJOR (SUBR 01)
 F - FINAL
 BOILER BLOWDN FROM 244,405,ETC

*** NO DISCHARGE I-1 ***
 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	MINIMUM			
FLOW RATE (see note 3)	*****	200	(07)	*****	*****	*****	*****	*****	0	QTRLY	RCORDR
EFFLUENT GROSS VALUE	*****	REPORT DAILY MX	GPD	*****	*****	*****	*****	*****	0	QTRLY	RCORDR
1400 I O O	*****	*****	*****	9.0	10.0	(12)	*****	*****	0	QTRLY	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	REPORT MINIMUM	REPORT MAXIMUM	SU	*****	*****	0	QTRLY	GRAB
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
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SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 631-344-3424

DATE

AREA CODE NUMBER
 631-344-3424

YEAR MO DAY

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.

CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
 SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCHARGE TO SEWER COLL SYS
 PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

012837000318-1025 PART FORM PAGE 1 OF 1

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**

NY 11973
 NY 11973

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 MAJOR
 (SUBR 01)
 F - FINAL
 COOLING TOWER WTR & BLOWDN 902

PERMIT NUMBER
NY0005835
 DISCHARGE NUMBER
001 E

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
00 03 01 TO 00 03 31

*** 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	UNITS				
FLDN RATE (see note 3)	*****	2508	(07)	*****	*****				0	QTRLY	RCPRDR
00056 1 0 0 EFFLUENT GROSS VALUE	*****	REPORT DAILY MX GPD		*****	*****				0	QTRLY	RCORDR
PH	*****	*****		8.8	8.8	(12)			0	QTRLY	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****		REPORT MINIMUM	REPORT MAXIMUM	SU			0	QTRLY	GRAB
PROPYLENE GLYCOL	*****	*****		*****	<500	(28)			0	QTRLY	GRAB
MONOBUTYL ETHER	*****	*****		*****	REPORT DAILY MX	UG/L			0	QTRLY	GRAB
49875 1 0 0 EFFLUENT GROSS VALUE	*****	*****		*****							
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
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PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											

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

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

TELEPHONE DATE

PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 NO CHANGES OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL
 SAMPLES TO BE COLLECTED FROM A DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCHARGE TO SEWER COLL SYS

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

PERMIT NUMBER **NY0005335**
 DISCHARGE NUMBER **001 M**

MONITORING PERIOD
 FROM YEAR **00** MO **03** DAY **01**
 TO YEAR **00** MO **03** DAY **31**

Form Approved
 OMB No. 2040-0004
MAJOR (SUBR 01)
F - FINAL
PROCESS SANIT & STORMWTR RNOFF
 *** 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			
TEMPERATURE, WATER	*****	*****	*****	*****	*****	*****	0	Daily	GRAB
DEG. FAHRENHEIT	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB
00011 1 0 0	*****	*****	*****	*****	*****	*****	0	3/mo	comp24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	ONCE/ MONTH	COMP24
BOD, 5-DAY	*****	*****	*****	*****	*****	*****	0	Daily	GRAB
(20 DEG. C)	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB
00310 1 0 0	*****	*****	*****	*****	*****	*****	0	3/Mo	COMP24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB
PH	*****	*****	*****	*****	*****	*****	0	ONCE/ MONTH	COMP24
00400 1 0 0	*****	*****	*****	*****	*****	*****	0	Daily	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB
SOLIDS, TOTAL	*****	*****	*****	*****	*****	*****	0	3/Mo	COMP24
SUSPENDED	*****	*****	*****	*****	*****	*****	0	ONCE/ MONTH	COMP24
00530 1 0 0	*****	*****	*****	*****	*****	*****	0	Daily	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB
SOLIDS, SETTLEABLE	*****	*****	*****	*****	*****	*****	0	3/Mo	COMP24
00545 1 0 0	*****	*****	*****	*****	*****	*****	0	ONCE/ MONTH	COMP24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB
NITROGEN, TOTAL	*****	*****	*****	*****	*****	*****	0	3/Mo	COMP24
(AS N)	*****	*****	*****	*****	*****	*****	0	ONCE/ MONTH	COMP24
00600 1 0 0	*****	*****	*****	*****	*****	*****	0	Daily	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	3/Mo	COMP24
NITROGEN, AMMONIA	*****	*****	*****	*****	*****	*****	0	ONCE/ MONTH	COMP24
TOTAL (AS N)	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB
00610 1 0 0	*****	*****	*****	*****	*****	*****	0	3/Mo	COMP24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	ONCE/ MONTH	COMP24

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
 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)
 QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL
 BUT NOT LIMITED TO USDOE ORDER 5400.5.
 ADDITIONAL NOTICES COMMENTS AND REQUIREMENTS
 EPA Form 3320-1 (REV 3/89) Previous editions may be used. THIS IS A 4-PART FORM PAGE 1 OF 1

MAJOR
(SUBR 01)
F - FINAL

PROCESS SANIT & STORMWTR RNOFF

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

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

NY0005835
DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
FROM 00 03 01 TO 00 03 31

PERMIT NUMBER

BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464
UPTON

NY 11973
BROOKHAVEN NATIONAL LABORATORY
UPTON
NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

PARAMETER	QUANTITY OR LOADING		QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
PHOSPHORUS, TOTAL (AS P)	*****	*****	*****	*****	*****	1.1	(19)	0	3/Mo	Comp24
FFLUENT GROSS VALUE	*****	*****	*****	*****	*****	REPORT DAILY MX	MG/L	0	ONCE/MONTH	COMP24
AMMONIA, TOTAL (AS NH3)	*****	*****	*****	*****	*****	<10.0	(28)	0	3/Mo	GRAB
AMMONIA, TOTAL (AS NH3)	*****	*****	*****	*****	*****	100 DAILY MX	UG/L	0	TWICE/MONTH	GRAB
AMMONIA, TOTAL (AS NH3)	*****	*****	*****	*****	*****	0.04	(19)	0	3/Mo	comp24
AMMONIA, TOTAL (AS NH3)	*****	*****	*****	*****	*****	0.15 DAILY MX	MG/L	0	ONCE/MONTH	COMP24
AMMONIA, TOTAL (AS NH3)	*****	*****	*****	*****	*****	0.16	(19)	0	3/Mo	Comp24
AMMONIA, TOTAL (AS NH3)	*****	*****	*****	*****	*****	0.37 DAILY MX	MG/L	0	ONCE/MONTH	COMP24
AMMONIA, TOTAL (AS NH3)	*****	*****	*****	*****	*****	<0.002	(19)	0	3/Mo	comp24
AMMONIA, TOTAL (AS NH3)	*****	*****	*****	*****	*****	0.019 DAILY MX	MG/L	0	ONCE/MONTH	COMP24
AMMONIA, TOTAL (AS NH3)	*****	*****	*****	*****	*****	0.003	(19)	0	3/Mo	Comp24
AMMONIA, TOTAL (AS NH3)	*****	*****	*****	*****	*****	0.11 DAILY MX	MG/L	0	ONCE/MONTH	COMP24
AMMONIA, TOTAL (AS NH3)	*****	*****	*****	*****	*****	0.003	(19)	0	3/Mo	Comp24
AMMONIA, TOTAL (AS NH3)	*****	*****	*****	*****	*****	0.015 DAILY MX	MG/L	0	ONCE/MONTH	COMP24

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
631-344-3424

DATE

AREA CODE NUMBER YEAR MO DAY

TYPED OR PRINTED

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

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

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

001 M
 DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
00	03	01	00	03	31

FROM

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

*** NO DISCHARGE 1-1 ***
 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			
ZINC, TOTAL (AS ZN)	*****	*****	*****	*****	*****	(19)	0	3/Mo	COMP24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX MG/L	0	ONCE/MONTH	COMP24
TOLUENE	*****	*****	*****	*****	*****	<1	0	3/Mo	GRAB
34010 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX UG/L	0	TWICE/MONTH	GRAB
METHYLENE CHLORIDE	*****	*****	*****	*****	*****	<1	0	3/Mo	GRAB
34423 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX UG/L	0	TWICE/MONTH	GRAB
1,1,1-TRICHLORO-ETHANE	*****	*****	*****	*****	*****	<1	0	3/Mo	GRAB
34506 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX UG/L	0	TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	0.53	1.5	(03)	*****	*****	DAILY MX UG/L	0	Continuous	RCORDER
50050 1 0 0 EFFLUENT GROSS VALUE	REPORT DAILY AV	2.3 DAILY MX MGD	*****	*****	*****	*****	0	CONTINUOUS	RCORDER
MERCURY, TOTAL (AS HG)	*****	*****	*****	*****	*****	<2	0	3/Mo	Comp24
71900 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX MG/L	0	ONCE/MONTH	COMP24
COLIFORM, FECAL GENERAL	*****	*****	*****	*****	*****	<2	0	3/Mo	GRAB
74055 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX 100ML	0	ONCE/MONTH	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. George 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)

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5.

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS
 EPA Form 3320-1 (REV 3/79) Previous editions may be used.

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

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

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

NY0005835 PERMIT NUMBER
001 M DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
FROM 00 03 01 TO 00 03 31

NO. FREQUENCY OF ANALYSIS
EX 0 3/MO
TWICE/MONTH
0 3/MO
ONCE/MONTH
0 3/MO
ONCE/MONTH

QUANTITY OR CONCENTRATION
UNITS (23)
MAXIMUM < 1
AVERAGE *****
MINIMUM *****

QUANTITY OR LOADING
AVERAGE *****
MAXIMUM *****
MINIMUM *****

PARAMETER	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
2-BUTANONE			*****	*****		*****	*****	< 1	(23)	0	3/MO	GRAB
78356 1 0 0			*****	*****		*****	*****	DAILY MX	UG/L		TWICE/MONTH	GRAB
EFFLUENT GROSS VALUE			*****	*****		*****	*****	*****	PER-CENT		ONCE/MONTH	CALC
BOD, 5-DAY PERCENT REMOVAL			*****	*****		*****	*****	*****	PER-CENT		ONCE/MONTH	CALC
B1010 K 0 0			*****	*****		*****	*****	*****	PER-CENT		ONCE/MONTH	CALC
SOLIDS, SUSPENDED PERCENT REMOVAL			*****	*****		*****	*****	*****	PER-CENT		ONCE/MONTH	CALC
B1011 K 0 0			*****	*****		*****	*****	*****	PER-CENT		ONCE/MONTH	CALC
PERCENTREMOVAL			*****	*****		*****	*****	*****	PER-CENT		ONCE/MONTH	CALC
SAMPLE MEASUREMENT			*****	*****		*****	*****	*****	PER-CENT		ONCE/MONTH	CALC
PERMIT REQUIREMENT			*****	*****		*****	*****	*****	PER-CENT		ONCE/MONTH	CALC
SAMPLE MEASUREMENT			*****	*****		*****	*****	*****	PER-CENT		ONCE/MONTH	CALC
PERMIT REQUIREMENT			*****	*****		*****	*****	*****	PER-CENT		ONCE/MONTH	CALC
SAMPLE MEASUREMENT			*****	*****		*****	*****	*****	PER-CENT		ONCE/MONTH	CALC
PERMIT REQUIREMENT			*****	*****		*****	*****	*****	PER-CENT		ONCE/MONTH	CALC
SAMPLE MEASUREMENT			*****	*****		*****	*****	*****	PER-CENT		ONCE/MONTH	CALC
PERMIT REQUIREMENT			*****	*****		*****	*****	*****	PER-CENT		ONCE/MONTH	CALC
SAMPLE MEASUREMENT			*****	*****		*****	*****	*****	PER-CENT		ONCE/MONTH	CALC
PERMIT REQUIREMENT			*****	*****		*****	*****	*****	PER-CENT		ONCE/MONTH	CALC

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 631-344-3424

DATE

AREA CODE NUMBER YEAR MO DAY

TYPED OR PRINTED

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

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 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

DISCHARGE MONITORING REPORT (DMR)

NY0005835
 PERMIT NUMBER

001 G
 DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 FROM 00 03 01 TO 00 03 31

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

UNID NO. 204U-0004

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	PERMIT	MINIMUM	AVERAGE	MAXIMUM	UNITS			
POLYCHLORINATED BIPHENYLS (PCBS)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 0.065	(28)	0	3/MO	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT DAILY MX UG/L			GIRLY GRAB		
(See Note 4)	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

TELEPHONE

DATE

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

631-344-3424
 AREA CODE NUMBER

Mr. George Malosh
 Group Manager

TYPED OR PRINTED

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

PCB ANALYSIS TO USE EPA METHOD 608 WITH AN MDL GOAL OF 0.065 PPB

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

THIS IS A 4-PART FORM PAGE 1 OF 1

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 U S O O E
 BROOKHAVEN NATIONAL LABORATORY
 53 BELL AVE, BLDG 464
 UPTON
 BROOKHAVEN NATIONAL LABORATORY
 UPTON
 NY 11973
 NY 11973

NY0005335
 PERMIT NUMBER

002 A
 DISCHARGE NUMBER

MONITORING PERIOD			
YEAR	MO	DAY	TO
00	03	01	03
YEAR	MO	DAY	TO
00	03	31	31

MAJOR (SUBR 01)
 F - FINAL
 BRAHMS(1002) & PHOBDS(1010) CT

*** NO DISCHARGE IX-1 ***
 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	MINIMUM			
OIL & GREASE	*****	*****	*****	*****	*****	*****	(12)	*****	ONCE/ MONTH	GRAB	
	*****	*****	*****	*****	*****	*****	(19)	*****	ONCE/ MONTH	GRAB	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	15	*****	ONCE/ MONTH	GRAB	
	*****	*****	*****	*****	*****	*****	DAILY MX	*****	ONCE/ MONTH	RCORDR	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	No Discharge	(03)	*****	*****	*****	*****	*****	ONCE/ MONTH	*****	
	*****	*****	*****	*****	*****	*****	DAILY MX	*****	ONCE/ MONTH	*****	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	ONCE/ MONTH	*****	
	*****	*****	*****	*****	*****	*****	*****	*****	ONCE/ MONTH	*****	

(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 PRINCIPAL EXECUTIVE OFFICER
 Mr. George Malosh
 Group Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 631-344-3424

DATE

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 DUFFALL #002 & ...

DISCHARGE MONITORING REPORT (DMR)

MAJOR
(SUBR 01)
F - FINAL

002 B
DISCHARGE NUMBER

NY0005835
PERMIT NUMBER

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY

FROM 00 03 01 TO 00 03 31

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

CITY: BROOKHAVEN NATIONAL LABORATORY
UPTON
NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

RF(1004) COOLING TOWER BLOWDN

*** 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	UNITS							
1 SAMPLE MEASUREMENT PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	(12)							
0400 EFFLUENT GROSS VALUE OIL & GREASE	*****	*****	*****	REPORT MINIMUM *****	*****	9.0 MAXIMUM	SU (19)	ONCE/MONTH	GRAB					
0556 EFFLUENT GROSS VALUE FLOW IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	*****	No Discharge (03)	*****	15 DAILY MAX	MG/L *****	ONCE/MONTH	GRAB					
0050 EFFLUENT GROSS VALUE (See Note 2)	*****	REPORT DAILY MAX	MGD	*****	*****	*****	*****	ONCE/MONTH	RCORDR					
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 Malosh Group Manager TYPED OR PRINTED											TELEPHONE 631-344-3424 AREA NUMBER		DATE YEAR MO DAY	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Mr. George Malosh Group Manager											TELEPHONE 631-344-3424 AREA NUMBER		DATE 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.

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

DISCHARGE MAY BE DIRECTED TO SURROUNDING LGW 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

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

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

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

NY0005835
 PERMIT NUMBER

002 M
 DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 00 03 01 TO 00 03 31

*** 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	UNITS	MINIMUM			
0400 FFLUENT GROSS VALUE	*****	*****	*****	7.6	*****	8.2	(12)	*****	0	4/MO	GRAB
0400 FFLUENT GROSS VALUE	*****	*****	*****	REPORT MINIMUM	*****	9.0	SU	*****	0	ONCE/MONTH	GRAB
0556 FFLUENT GROSS VALUE	*****	*****	*****	*****	*****	< 5	(19)	*****	0	1/MO	GRAB
LOW IN CONDUIT OR HRU TREATMENT PLANT	*****	*****	*****	*****	*****	15	MG/L	*****	0	ONCE/MONTH	GRAB
0050 FFLUENT GROSS VALUE	*****	0.19	(03)	*****	*****	DAILY MX	*****	*****	0	4/MO	RCORDR
(See Note 3)	*****	REPORT DAILY MX	MGD	*****	*****	*****	*****	*****	0	ONCE/MONTH	RCORDR
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 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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

631-344-3424
 AREA CODE NUMBER

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 DETECTOR.

01292/0003111-2024 PART FORM PAGE 1 OF 1

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

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

NY0005835
 PERMIT NUMBER

0026
 DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 FROM 00 03 01 TO 00 03 31

MAJOR (SUBR 01)
 F - FINAL
 AGS NON-C COOLG, PRECP ETC(HN)

Form Approved.
 OMB No. 2040-0004

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

PARAMETER	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLING TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
CHLOROFORM	*****	*****	*****	*****	*****	(28)	0	QTRLY	GRAB
32106 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX UG/L	0	QTRLY	GRAB
1,1,1-TRICHLOROETHANE	*****	*****	*****	*****	*****	(28)	0	QTRLY	GRAB
34506 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX UG/L	0	QTRLY	GRAB
BROMODICHLOROMETHANE	*****	*****	*****	*****	*****	(28)	0	QTRLY	GRAB
38693 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX UG/L	0	QTRLY	GRAB
1-HYDROXY-ETHYLIDENE	*****	*****	*****	*****	*****	(19)	0	QTRLY	GRAB
85812 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX MG/L	0	QTRLY	GRAB
TOLYTRIAZOLE	*****	*****	*****	*****	*****	(19)	0	QTRLY	GRAB
85813 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX MG/L	0	QTRLY	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE		DATE
	Mr. George Malosh Group Manager		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631-344-3424		
	AREA CODE	NUMBER	YEAR MO DAY
TYPED OR PRINTED	631-344-3424		

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

NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL
 SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS
 SAMPLING TO BE CONDUCTED AT THE FOLLOWING LOCATION: WHERE EXISTING DISCHARGE MIXES WITH COOLING TOWER BLENDING FROM STAR DETAIL

PERMITTEE NAME/ADDRESS (Include Facility Name, Location if Different)
 NAME U S U E
 ADDRESS BROOKHAVEN NATIONAL LABORATORY
 53 BELL AVE, BLDG 464
 UPTON
 FACILITY 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
 002 R DISCHARGE NUMBER

MAJOR (SUBR 01)
 F - FINAL
 RF (1004) COOLING TOWER BLDGDN
 *** NO DISCHARGE ***
 NOTE: Read Instructions before completing this form.

NY 11973
 NY 11973

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
1-HYDROXY-ETHYLIDENE	*****	*****	*****	*****	*****	*****	(19)				
EFFLUENT GROSS VALUE	*****	*****	*****	*****	0.5 DAILY MX	MG/L			QTRLY	GRAB	
POLYTRIAZOLE	*****	*****	*****	*****	*****	*****	(19)				
EFFLUENT GROSS VALUE	*****	*****	*****	*****	0.2 DAILY MX	MG/L			QTRLY	GRAB	
(See Note 2)											

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 TYPED OR PRINTED

TELEPHONE
 631-344-3424

DATE
 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE THE ROADWAY THAT IS INSIDE THE RHIC RING.
 ONCE THE STORMWATER COLLECTION SYSTEM IS EXTENDED TO 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED,
 DISCHARGE SHOULD BE DIRECTED TO THE NEW BASIN.

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

NY0005835
PERMIT NUMBER

003 M
DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY
00 03 01

FROM YEAR MO DAY TO YEAR MO DAY
11 1973 00 03 31
11 1973 00 03 31

MAJOR (SUPP 01)
F - FINAL
HFBR & AGS NON-C COOL, ETC (HO)
*** NO DISCHARGE 1 1 ***
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	MINIMUM			
PH	*****	*****	*****	7.1	*****	8.1	(12)	*****	0	4/MO	GRAB
00400 EFFLUENT GROSS VALUE	*****	*****	*****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU	*****	0	ONCE/MONTH	GRAB
00556 OIL & GREASE	*****	*****	*****	*****	*****	< 5	(19)	*****	0	1/MO	GRAB
00556 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	15 DAILY MX	MG/L	*****	0	ONCE/MONTH	GRAB
FLOW IN CONDUIT OR THRU TREATMENT PLANT	*****	1.1	(03)	*****	*****	*****	*****	*****	0	4/MO	RCORDR
50050 EFFLUENT GROSS VALUE	*****	REPORT DAILY MX	MGD	*****	*****	*****	*****	*****	0	ONCE/MONTH	RCORDR
(See Note 3)											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. George 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 AND REQUIREMENTS

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

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

MAJOR (SUBR 01)
F - FINAL
HEOR & AGS NON-C COOL ETC (HO)

NY0005835
PERMIT NUMBER

003 Q
DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
00 03 01 TO 00 03 31

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

*** NO DISCHARGE I-1 ***
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				
ZINC, TOTAL (AS ZN)	*****	*****	*****	*****	*****	0.003	(19)	0	QTRLY	GRAB	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX	MG/L	0	QTRLY	GRAB	
1,1,1-TRICHLOROETHANE	*****	*****	*****	*****	*****	< 1		0	QTRLY	GRAB	
34506	*****	*****	*****	*****	*****	DAILY MX	UG/L	0	QTRLY	GRAB	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	< 0.005	(19)	0	QTRLY	GRAB	
2,2DIBROMO-3-NITRILOPROPIONAMIDE	*****	*****	*****	*****	*****	DAILY MX	MG/L	0	QTRLY	GRAB	
76993	*****	*****	*****	*****	*****	< 0.05	(19)	0	QTRLY	GRAB	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX	MG/L	0	QTRLY	GRAB	
1-HYDROXY-ETHYLIDENE	*****	*****	*****	*****	*****	< 0.05		0	QTRLY	GRAB	
85812	*****	*****	*****	*****	*****	DAILY MX	MG/L	0	QTRLY	GRAB	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	< 0.005	(17)	0	QTRLY	GRAB	
TOLYTRIAZOLE	*****	*****	*****	*****	*****	DAILY MX	MG/L	0	QTRLY	GRAB	
85813	*****	*****	*****	*****	*****	< 0.2		0	QTRLY	GRAB	
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX	MG/L	0	QTRLY	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. George Malosh
Group Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
631-344-3424

DATE

AREA CODE NUMBER YEAR MO DAY

631-344-3424

TYPED OR PRINTED

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

NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL

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**

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

DISCHARGE NUMBER **004 H**
 PERMIT NUMBER **NY0005835**

MONITORING PERIOD
 YEAR **00** MO **03** DAY **01** TO YEAR **00** MO **03** DAY **31**

***** 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	UNITS	MINIMUM			
PH	*****	*****		7.5	*****		7.5	*****	0	1/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	***	REPORT MINIMUM	*****	***	8.5 MAXIMUM	*****	0	ONCE/MONTH	GRAB
50050 1 0 0 EFFLUENT GROSS VALUE	*****	0.001	(03)	*****	*****	***	*****	*****	0	1/MO	RCORDE
(See Note 3)	*****	REPORT DAILY MX	MGD	*****	*****	***	*****	*****	0	ONCE/MONTH	RCORDE
SAMPLE MEASUREMENT PERMIT REQUIREMENT											
SAMPLE MEASUREMENT PERMIT REQUIREMENT											
SAMPLE MEASUREMENT PERMIT REQUIREMENT											
SAMPLE MEASUREMENT PERMIT REQUIREMENT											
SAMPLE MEASUREMENT PERMIT REQUIREMENT											
SAMPLE MEASUREMENT PERMIT REQUIREMENT											
SAMPLE MEASUREMENT PERMIT REQUIREMENT											
SAMPLE MEASUREMENT PERMIT REQUIREMENT											

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER **631-344-3424** DATE

AREA CODE NUMBER YEAR MO DAY

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

Form Approved.
 OMB No. 2040-0004

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

NY0005835 PERMIT NUMBER
 0040 DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 FROM 00 03 01 TO 00 03 31

*** NO DISCHARGE 1-1 ***
 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				
1,1-DICHLOROETHYLENE	*****	*****	*****	*****	*****	<1	(2B)	0	QTRLY	GRAB	
34501 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX	UG/L	0	QTRLY	GRAB	
1,1,1-TRICHLOROETHANE	*****	*****	*****	*****	*****	<1	(2B)	0	QTRLY	GRAB	
34506 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX	UG/L	0	QTRLY	GRAB	
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											

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
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 631-344-3424
 AREA CODE NUMBER
 DATE
 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 NO ADDITIONAL WATER TREATMENT CHEMICALS W/O PRIOR NYSDEC APPROVAL
 SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

U S O B E
 DRESSBROOKHAVEN NATIONAL LABORATORY
 53 BELL AVE, BLDG 464
 UPTON NY 11973
 CITY: BROOKHAVEN NATIONAL LABORATORY
 LOCATION: UPTON NY 11973
 ATTN: GEORGE MALOSH, GROUP MGR

NY0005835
 PERMIT NUMBER

005 M
 DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 00 03 01 TO 00 03 31

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

*** NO DISCHARGE 111 ***
 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	MINIMUM	AVERAGE	MAXIMUM	UNITS				
H	*****	*****	*****	7.6	*****	8.1	(12)		*****	8.1	(12)		0	4/MO	GRAB
0400 FFLUENT GROSS VALUE	*****	*****	*****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		*****	8.5 MAXIMUM			0	ONCE/MONTH	GRAB
0556 OIL & GREASE	*****	*****	*****	*****	*****	< 5			*****	< 5			0	1/MO	GRAB
0556 FFLUENT GROSS VALUE	*****	*****	*****	*****	*****	15	DAILY MX		*****	15	DAILY MX		0	ONCE/MONTH	GRAB
0556 FLOW IN CONDUIT OR	*****	*****	*****	*****	*****	0.32	(03)		*****	*****			0	4/MO	RCORDR
0556 THROUGH TREATMENT PLANT	*****	*****	*****	*****	*****	REPORT			*****	*****			0	ONCE/MONTH	RCORDR
0556 FFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX	MGD		*****	*****			0	ONCE/MONTH	RCORDR
(See Note 3)															

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

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

TELEPHONE: 631-344-3424

DATE:

AREA CODE: 631 NUMBER: 344-3424

YEAR: MO: DAY:

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

TYPED OR PRINTED:

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

DISCHARGE MONITORING REPORT (DMR)
HY0005835
PERMIT NUMBER

MAJOR
(SUPER 01)
F - FINAL

OMB No. 2040-0004
WATER TREATMENT PLT BKWSH (HX)

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
00 03 01 TO 00 03 31

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

PARAMETER	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQ. OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW RATE	*****	No Discharge	(07)	*****	*****	*****			
00056 EFFLUENT PH	*****	REPORT DAILY MX	GPD	*****	*****	*****	ONCE / MONTH		
00400 EFFLUENT IRON, TOTAL (AS FE)	*****	*****	*****	*****	*****	9.0 MAXIMUM SU	ONCE / MONTH		
01045 EFFLUENT IRON, DISSOLVED (AS FE)	*****	*****	*****	*****	*****	REPORT DAILY MX UG/L	ONCE / MONTH		
01046 EFFLUENT IRON, DISSOLVED (AS FE)	*****	*****	*****	*****	*****	REPORT DAILY MX UG/L	ONCE / MONTH		
(See Note 2)									

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE 631-344-3424

DATE

AREA CODE NUMBER YEAR MO D

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)
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.
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

THIS IS A 4-PART FORM PAGE 1 OF 1
01301/000310-2025

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
 NY 11973
 NY 11973
 ATTN: GEORGE MALOSH, GROUP MGR

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

Form Approved.
 OMB No. 2040-0004

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

NY0005835 PERMIT NUMBER
 008 H DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 00 03 01 00 03 31

*** 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	UNITS	MINIMUM			
FLOW RATE (See Note 5)	*****	43,900	(07)	*****	*****	*****	*****	*****	0	1/MO	INSTAN
00056 EFFLUENT GROSS VALUE	*****	REPORT DAILY MX	GPD	*****	*****	*****	*****	*****	0	ONCE/MONTH	INSTAN
PH	*****	*****	*****	*****	*****	*****	*****	*****	0	1/MO	GRAB
00400 EFFLUENT GROSS VALUE	*****	REPORT DAILY MX	SU	REPORT MINIMUM	*****	*****	*****	*****	0	ONCE/MONTH	GRAB
OIL & GREASE	*****	*****	*****	*****	*****	*****	*****	*****	0	1/MO	GRAB
00556 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	GRAB
1,1-DICHLOROETHYLENE	*****	*****	*****	*****	*****	*****	*****	*****	0	1/MO	GRAB
34501 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	GRAB
1,1-TRICHLOROETHANE	*****	*****	*****	*****	*****	*****	*****	*****	0	1/MO	GRAB
34505 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	GRAB

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER
 631-344-3424

DATE

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

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

ADDRESS **BROOKHAVEN NATIONAL LABORATORY**
53 BELL AVE, BLDG 464

FACILITY **UPTON NY 11973**
 LOCATION **BROOKHAVEN NATIONAL LABORATORY NY 11973**

ATTN: **GEORGE MALOSH, GROUP MGR**

NATIONAL POLLUTANT DISCHARGE EXAMINATION VOLUNTARY PROGRAM
 DISCHARGE MONITORING REPORT (DMR)

OMB No. 2040-0004

MAJOR
 (SUBR 01)
 F - FINAL

STORMWTR R O CENTRAL STEAM (H)

*** NO DISCHARGE [] ***

NOTE: Read Instructions before completing this form.

NY0005835	010 M
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD			
YEAR	MO	DAY	TO
00	03	01	00
FROM	YEAR	MO	DAY
	00	03	31

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE (See Note 5)	*****	30,500	(07)	*****	*****	*****	*****		0	1/MO	INSTAN
EFFLUENT GROSS VALUE	*****	REPORT DAILY MX	*****	*****	*****	*****	*****		ONCE/MONTH	ONCE/MONTH	INSTAN
PH	*****	*****	*****	*****	6.3	6.3	(12)		0	1/MO	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	REPORT MINIMUM	8.5	SU		ONCE/MONTH	ONCE/MONTH	GRAB
OIL & GREASE	*****	*****	*****	*****	*****	2.5	(19)		0	1/MO	Grab
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	15	DAILY MX	MG/L	ONCE/MONTH	ONCE/MONTH	GRAB
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	TELEPHONE	DATE
Mr. George Malosh Group Manager	631-344-3424	
TYPED OR PRINTED	AREA CODE	YEAR
	NUMBER	MO
		DAY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

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)

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)

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

06A M
DISCHARGE NUMBER

NY 11973
NY 11973
GROUP MGR

MAJOR (SUBR 01)
F - FINAL
LINAC NCCCH, FLOOR DNS, ETC(HT1)

*** 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	UNITS			
PH	*****	*****			7.7	*****	8.2	(12)	0	1/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	*****	*****	*****		REPORT MINIMUM	*****	9.0 MAXIMUM	SU	0	ONCE/ MONTH	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	*****	*****		*****	*****	<5 DAILY MX	(19)	0	1/MO	GRAB
50050 1 0 0 EFFLUENT GROSS VALUE (See Note 3)	*****	*****	*****	(03)	*****	*****	*****	MG/L	0	ONCE/ MONTH	GRAB
SAMPLE MEASUREMENT	*****	0.18	*****		*****	*****	*****	*****	0	4/MO	RCORDR
PERMIT REQUIREMENT	*****	REPORT DAILY MX	*****	MGD	*****	*****	*****	*****	0	ONCE/ MONTH	RCORDR
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mr. George Malosh Group Manager											
TYPED OR PRINTED											
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS											
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 631-344-3424											
TELEPHONE DATE											
AREA CODE NUMBER YEAR MO DAY											

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

PERMIT NUMBER: NY00005835
 DISCHARGE NUMBER: 06A Q
 MONITORING PERIOD: YEAR 00 MO 03 DAY 01 TO YEAR 00 MO 03 DAY 31

NOTE: Read instructions before completing this form.

*** NO DISCHARGE 1-1 ***

PARAMETER	QUANTITY OR LOADING				QUANTITY OR CONCENTRATION				NO. EX	FREQ. OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
35812 1 0 0 EFFLUENT GROSS VALUE POLYTRIAZOLE	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 0.05	(19)	0	QTRLY	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY MX 0.5	MG/L	0	QTRLY	GRAB	
35813 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.06	(19)	0	QTRLY	GRAB	
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY MX 0.2	MG/L	0	QTRLY	GRAB	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
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	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER										TELEPHONE	DATE
Mr. George Malosh Group Manager										631-344-3424	
TYPED OR PRINTED										AREA CODE NUMBER	YEAR MO DAY
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT											

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)

NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL
 SEE PERMIT FOR ADDITIONAL NOTES, COMMENT 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

PERMIT NUMBER
 NY0005835

DISCHARGE NUMBER
 068 M

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
00	03	01	00	03	31

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

*** 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			
PH	SAMPLE MEASUREMENT	*****	*****	8.1	*****	8.4	0	4/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	REPORT MINIMUM	*****	9.0 MAXIMUM	ONCE/MONTH	ONCE/MONTH	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT	*****	*****	*****	*****	4.5	0	4/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY MX	ONCE/MONTH	ONCE/MONTH	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE FLOW IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	0.18	*****	*****	*****	0	4/MO	RCORD
	PERMIT REQUIREMENT	*****	REPORT DAILY MX MGD	*****	*****	*****	ONCE/MONTH	ONCE/MONTH	RCORD
(See Note 3)	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			TELEPHONE		DATE		
Mr. George Malosh Group Manager		[Signature]			631-344-3424				
TYPED OR PRINTED		AREA CODE			NUMBER		YEAR		MO
					631-344-3424				DA

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

ERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 NAME U S O B 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 NY0005835
 DISCHARGE NUMBER 068 S
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 00 03 01 00 03 31
 FROM TO

Form Approved.
 OMB No. 2040-0004
 MAJOR (SUBR 01)
 F - FINAL
 COOLG TOWERS FROM 919 ETC (HT2)
 *** NO DISCHARGE 1-1 ***
 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	MINIMUM			
-HYDROXY-ETHYLIDENE	*****	*****	*****	*****	*****	<0.05	*****	(19)	0	QTRLY	GRAB
15812 1 0 0 PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.5 DAILY MX	*****	MG/L (19)	0	QTRLY	GRAB
15813 1 0 0 PERMIT REQUIREMENT	*****	*****	*****	*****	*****	<0.005 DAILY MX	*****	MG/L (19)	0	QTRLY	GRAB
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
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SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											
SAMPLE MEASUREMENT											
PERMIT REQUIREMENT											

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 631-344-3424
 AREA CODE NUMBER
 DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL
 SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS