

Environmental Services Division

Building 535A
P.O. Box 5000
Upton, NY 11973-5000
Phone 631 344-4225
Fax 631 344-5812
zimmerman@bnl.gov

BROOKHAVEN
NATIONAL LABORATORY

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

www.bnl.gov

May 22, 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 April 2000
REFERENCE: Letter from Scott Mallette to K. Brog dated May 2, 2000

Included as Attachment I, please find the DMR for the month of April 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 a single excursion for the calculated percent removal of suspended solids for Outfall 001, review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. Please note that for the majority of the Outfalls, flow measurements are conducted either weekly or monthly; consequently, a daily maximum flow rate cannot be reported. All flow values reported for Outfalls 002, 003, 004, 005, 006A, and 006B are, therefore, daily averages.

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 April 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 May 28, 2000.

OFFICIAL COPY
DO NOT DESTROY

94202

If there are any questions regarding the information contained on the DMR or the analytical data packages, please do not hesitate to contact R. Lee (ESD) at extension 3148 or M. Allocco (ESD) at extension 3166.



Sincerely,

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

- EAF/MA:rt
- Attachment I: Discharge Monitoring Report for April 2000,
- Attachment II: Analytical Results from H2M Labs for samples collected on 4/3/00 and 4/6/00 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 April SPDES Permit Excursion.

- 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 APRIL 2000

FOR OUTFALLS NO. 001 - 010

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

ME. U S D O E
 ADDRESS: BROOKHAVEN NATIONAL LABORATORY
 53 BELL AVE, BLDG 464
 UPTON NY 11973

CULTY: BROOKHAVEN NATIONAL LABORATORY
 LOCATION: UPTON NY 11973
 TTN: GEORGE MALOSH, GROUP MGR

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

NY0005835
 PERMIT NUMBER
 0014
 DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	04	01	00	04	30

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

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (3 Card Only)			QUANTITY OR CONCENTRATION (4 Card Only)			UNITS	NO. EX. ANALYSIS (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (48-53)	MAXIMUM (54-61)	UNITS	MINIMUM (58-65)	AVERAGE (46-53)	MAXIMUM (54-61)				
TEMPERATURE, WATER	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB
EG. FAHRENHEIT	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB
0011 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	2/MO	COMP24
FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB
DD, 5-DAY (20 DEG. C)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	2/MO	COMP24
0310 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB
FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB
H	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	2/MO	COMP24
0400 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB
FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB
OLDS, TOTAL	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	2/MO	COMP24
USPENDED	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB
0530 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	2/MO	COMP24
FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB
OLDS, SETTLEABLE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	2/MO	COMP24
0545 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB
FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	2/MO	COMP24
FFLUENT, TOTAL (AS N)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	2/MO	COMP24
0600 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	DAILY	GRAB
FFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	2/MO	COMP24
FFLUENT, AMMONIA	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	2/MO	COMP24
TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	0	2/MO	COMP24
0510 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	2/MO	COMP24
FFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	0	2/MO	COMP24

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED THEREON I BELIEVE THE INFORMATION IS TRUE AND CORRECT. I HAVE REVIEWED THE INFORMATION AND BELIEVE THE SIGNATURE AND TITLE OF THE PERSON WHO HAS SIGNED THE INFORMATION IS TRUE AND CORRECT. I HAVE REVIEWED THE INFORMATION AND BELIEVE THE SIGNATURE AND TITLE OF THE PERSON WHO HAS SIGNED THE INFORMATION IS TRUE AND CORRECT. I HAVE REVIEWED THE INFORMATION AND BELIEVE THE SIGNATURE AND TITLE OF THE PERSON WHO HAS SIGNED THE INFORMATION IS TRUE AND CORRECT.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 TELEPHONE NUMBER
 DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5.
 PERMIT FOR ADDITIONAL NOTES AND REQUIREMENTS (REPLACES EPA FORM 1-40 WHICH MAY NOT BE USED)
 See attached notes.
 PA Form 3320-1 (09-95) Previous editions may not be used.

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

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)
ME U S D O E
DRESSBROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464
UPTON
CITY BROOKHAVEN NATIONAL LABORATORY
UPTON
NY 11973
NY 11973
ATTN: GEORGE MALUSH, GROUP MGR

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

NY0005835
PERMIT NUMBER
001 M
DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
00 04 01 00 04 30

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

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (54-61)			QUANTITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS			
PHOSPHORUS, TOTAL (AS P)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	2/MO ONCE/ MONTH	COMP24	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO ONCE/ MONTH	COMP24	
PHOSPHORUS, TOTAL (AS CM)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	2/MO ONCE/ MONTH	GRAB	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO ONCE/ MONTH	GRAB	
COPPER, TOTAL (AS CU)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	2/MO ONCE/ MONTH	COMP24	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO ONCE/ MONTH	COMP24	
IRON, TOTAL (AS FE)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	2/MO ONCE/ MONTH	COMP24	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO ONCE/ MONTH	COMP24	
LEAD, TOTAL (AS PB)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	2/MO ONCE/ MONTH	COMP24	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO ONCE/ MONTH	COMP24	
NICKEL, TOTAL (AS NI)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	2/MO ONCE/ MONTH	COMP24	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO ONCE/ MONTH	COMP24	
SILVER, TOTAL (AS AG)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	2/MO ONCE/ MONTH	COMP24	
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO ONCE/ MONTH	COMP24	

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS OF ANY REGULATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO USDOE ORDER 5400.5.

MAJOR (SUBR 01)
F -- FINAL

DISCHARGE MONITORING REPORT (DMR) (17-19)
001 M
DISCHARGE NUMBER

NY0005035
PERMIT NUMBER

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

NY 11973
NY 11973

MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
00 04 01 00 04 30

*** NB DISCHARGE 1-1 ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT	QUANTITY OR LOADING (54-61)			QUANTITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPL TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (46-53)	UNITS	AVERAGE (46-53)	MAXIMUM (46-53)	UNITS			
ZINC, TOTAL (AS ZN)	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	2/MO	GRAB	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP2	
TOLUENE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO	GRAB	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	TWICE/MONTH	GRAB	
METHYLENE CHLORIDE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO	GRAB	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	TWICE/MONTH	GRAB	
1,1,1-TRICHLOROETHANE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO	GRAB	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	TWICE/MONTH	GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	0.51	1.7	(03)	*****	*****	0	CONTINUOUS	RECORDERS	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	REPORT DAILY AV	DAILY MX	MGD	*****	*****	0	CONTINUOUS	RECORDERS	
MERCURY, TOTAL (AS HG)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO	COMP2	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP2	
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	2/MO	GRAB	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	ONCE/MONTH	GRAB	

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE I AM AWARE THAT THERE ARE SIGNIFICANT ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
631 344-3424
TELEPHONE
AREA CODE NUMBER
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 IMCL BUT NOT LIMITED TO USDOE ORDER 5400.5.
SEE PERMIT FOR ADDITIONAL NOTES GRANTS AND REGULATORY (REPLACES EPA FORM 1-40 WHICH MAY NOT BE USED.)
Previous editions may not be used.

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

U S D O E

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

NY 11973

NY 11973

GEORGE MALOSH, GROUP MGR

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

(2-16)

NY0005835

PERMIT NUMBER

001 M
DISCHARGE NUMBER

MONITORING PERIOD

YEAR MO DAY YEAR MO DAY
07 04 01 74 30 30

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

TO

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

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

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	QUANTITY OR LOADING (54-57)			QUANTITY OR CONCENTRATION (54-57)			NO. EX (62-63)	FREQ OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TANINE	*****	*****	*****	*****	*****	*****	0	2/MO	GRAB
61000	*****	*****	*****	*****	*****	*****	0	2/MO	GRAB
5-DAY PERCENT	*****	*****	*****	*****	*****	*****	0	2/MO	GRAB
VAL	*****	*****	*****	*****	*****	*****	0	2/MO	CALC
0K00	*****	*****	*****	*****	*****	*****	0	2/MO	CALC
ENTREMOVAL	*****	*****	*****	*****	*****	*****	0	2/MO	CALC
DS, SUSPENDED	*****	*****	*****	*****	*****	*****	0	2/MO	CALC
ENTREMOVAL	*****	*****	*****	*****	*****	*****	0	2/MO	CALC
1K00	*****	*****	*****	*****	*****	*****	0	2/MO	CALC
ENTREMOVAL	*****	*****	*****	*****	*****	*****	0	2/MO	CALC
e Note 4	*****	*****	*****	*****	*****	*****	1	2/MO	CALC

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

TITILE PRINCIPAL EXECUTIVE OFFICER
George Malosh
Group Manager

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

VIOLATIONS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
VIOLATIONS OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL

MAJOR
(SU8R 01)
F - FINAL

NY0005835
PERMIT NUMBER

002 A
DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
00 04 01 TO 00 04 30

DISCHARGE MONITORING REPORT (DMR)
ADDRESS: BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464
UPTON NY 11973
ATTN: GEORGE MALOSH, GROUP MGR

PHOBUS(1010) & PHOBUS(1010) CI

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	(3 Card Only) (46-53) QUANTITY OR LOADING (54-61)			(4 Card Only) (38-45) QUANTITY OR CONCENTRATION (54-61)			NO. OF ANALYSIS (64-68)	FREQUENCY OF ANALYSIS (69-70)	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
0400 I 0 0 EFFLUENT GROSS VALUE OIL & GREASE	*****	*****	*****	REPORT MINIMUM *****	*****	9.0 MAXIMUM SU	ONCE / MONTH	GRAB	
0556 I 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR TRU TREATMENT PLANT	*****	*****	*****	*****	*****	15 DAILY MX MG/L	ONCE / MONTH	GRAB	
0050 I 0 0 EFFLUENT GROSS VALUE	*****	No Discharge (03)	*****	*****	*****	*****	ONCE / MONTH	RECORD	
See Note 1									

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1316. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

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

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
631 344-3424

DATE

AREA CODE NUMBER YEAR MO DAY

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 SH COLLECTION SYS IS EXTENDED TO 1010, THE PHOBUS DETECTOR'S C T B SHOULD SEE ATTACHED NOTES. OUTFALL #002 & PHOBUS C T B SHOULD BE DIRECTED TO NEW DISCHARGE BASIN. NO TRT CHEMS WITHOUT PRIOR DEC APPROVAL. (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED)

PA Form 3320-1 (08-95) Previous editions may not be used.

01265/000415-22555

PAGE 1 OF

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

U S D O E

BROOKHAVEN NATIONAL LABORATORY

53 BELL AVE, BLDG 464

UPTON

NY 11973

BROOKHAVEN NATIONAL LABORATORY

UPTON

NY 11973

GEORGE MALOSH, GROUP MGR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

(17-19)

NY0005835

PERMIT NUMBER

002 B

DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
00	04	01	00	04	30

FROM

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

PARAMETER (32-37)

(3 Card Only) QUANTITY OR LOADING (54-61)

(4 Card Only) QUANTITY OR CONCENTRATION (54-61)

QUANTITY OR CONCENTRATION (46-53)

NO. FREQUENCY OF ANALYSIS (64-69)

SAMPLE TYPE (69-70)

PARAMETER (32-37)	QUANTITY OR LOADING (54-61)		QUANTITY OR CONCENTRATION (46-53)		QUANTITY OR CONCENTRATION (54-61)		NO. FREQUENCY OF ANALYSIS (64-69)	SAMPLE TYPE (69-70)
	AVERAGE (46-53)	MAXIMUM (54-61)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS		
1 0 0	*****	*****	*****	*****	*****	(12)	ONCE / MONTH	GRAB
ENT GROSS VALUE GREASE	*****	*****	*****	*****	*****	SU	ONCE / MONTH	GRAB
1 0 0	*****	*****	*****	*****	*****	(19)	ONCE / MONTH	GRAB
ENT GROSS VALUE IN CONDUIT OR TREATMENT PLANT	*****	*****	*****	*****	*****	MG/L	ONCE / MONTH	GRAB
1 0 0	*****	*****	*****	*****	*****	*****	ONCE / MONTH	RECORD
ENT GROSS VALUE	*****	*****	*****	*****	*****	*****	ONCE / MONTH	RECORD

TELEPHONE: 631 344-3424

DATE: _____

AREA CODE: _____ NUMBER: _____

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: _____

TYPED OR PRINTED: _____

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 39 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

NOTE: Read Instructions before completing this form.

*** NO DISCHARGE ***

MAJOR (SUBR 01) F - FINAL RF(1004) COOLING TOWER BLOWDN

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

WATER COLLECTION SYSTEM IS EXTENDED TO BLDG 1010 & A NEW RECHARGE IS ATTACHED TO BLDG 1010. DISCHARGE

NAME U S 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 (SUJR 01) F - FINAL AGS NON-C COOLING, PRCP, ETC (HN)

PERMIT NUMBER NY0005835 DISCHARGE NUMBER 002 M

MONITORING PERIOD FROM 00 U4 U1 TO 00 U4 U30

*** NO DISCHARGE I - 1 ***

NOTE: Read Instructions before completing this form.

Table with columns: PARAMETER (68-77), QUANTITY OR LOADING (46-53), QUANTITY OR CONCENTRATION (54-61), NO. EX (62-63), FREQUENCY OF ANALYSIS (64-68), SAMPLE TYPE (69-70). Includes rows for pH, Effluent Gross Value, Oil & Grease, Flow, In-Conduit or Thru Treatment Plant, and Effluent Gross Value.

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 23 U.S.C. § 1318. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. George Malosh Group Manager

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

631 344-3424

DATE

YEAR MO DAY

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.

SAMPLING FOR THIS QUALITY SHALL BE CONDUCTED AT A LOCATION DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH THE COOLING WATER BLOWDOWN FROM THE STAR REACTOR. See attached notes.

U S D O E
 SSBROOKHAVEN NATIONAL LABORATORY
 53 BELL AVE, BLDG 664
 UPTON NY 11973
 BROOKHAVEN NATIONAL LABORATORY
 UPTON NY 11973
 GEORGE MALOSH, GROUP MGR

NY0005335 PERMIT NUMBER

003 M DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 FROM 00 04 01 TO 00 04 30

MAJOR (SUBR 01)
 F - FINAL
 HFRK & AGS NON-C COUL, ETC (HO)

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

PARAMETER (32-37)	QUANTITY OR LOADING (54-61)			QUANTITY OR CONCENTRATION (54-61)			NO. FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (24-29)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (24-29)		
00 1 0 0 LUENT GROSS VALUE & GREASE	SAMPLE MEASUREMENT	*****	*****	*****	7.4	(12)	0 4/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	REPORT MINIMUM	9.0 MAXIMUM	SU	ONCE/MONTH	GRAB
56 1 0 0 LUENT GROSS VALUE IN CONDUIT OR TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	*****	< 5.0	(19)	0 1/MO	GRAB
	PERMIT REQUIREMENT	*****	1.01	*****	DAILY MX *****	MG/L	ONCE/MONTH	GRAB
50 1 0 0 LUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0 4/MO	RCORDR
	PERMIT REQUIREMENT	*****	REPORT DAILY MX MGD	*****	*****	*****	ONCE/MONTH	RCORDR
see Note 2	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 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

STATEMENTS AND EXPLANATION OF ANY VIOLATIONS (reference all attachments here)
 PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS
 See attached notes.

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

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

DISCHARGE MONITORING REPORT (DMR) (17-19)
004 M
DISCHARGE NUMBER

NY0005335
PERMIT NUMBER

MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
00 04 01 00 04 30

FROM NY 11973
NY 11973

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

PARAMETER (32-37)	QUANTITY OR LOADING (46-53)		QUANTITY OR CONCENTRATION (54-61)		NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE			
PH	*****	*****	7.4	*****	0	1/MO	GRAB
	*****	*****	REPORT MINIMUM	0.5 MAXIMUM	ONCE/MONTH	ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE THRU TREATMENT PLANT	*****	0.01	*****	*****	0	1/MO	RECORD
	*****	REPORT DAILY MX	*****	*****	ONCE/MONTH	ONCE/MONTH	RECORD
See Note 2							

(3 Card Only) (46-53) (38-45) (46-53) (54-61)

TELEPHONE DATE

631 344-3424

631 344-3424

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Mr. George Malosh
Group Manager

TYPED OR PRINTED

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. George Malosh
Group Manager

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)

REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.

See attached notes.

01270/000415-2255

PAGE 1 OF

E 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
 GEORGE MALOSH, GROUP MGR

NY 11973
 NY 11973

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

NY0005835
 PERMIT NUMBER

005 M
 DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 00 04 01 TO 00 04 30

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

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

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

PARAMETER (32-37)	(3 Card Only) (46-53)			(4 Card Only) (38-45)			QUANTITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)	
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	AVERAGE	MAXIMUM				UNITS
1 0 0 GROSS VALUE GREASE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	6.9	*****	7.8	(12)	0	4/MO GRAB	
	PERMIT REQUIREMENT	*****	*****	***	REPORT MINIMUM	*****	*****	*****	8.5 MAXIMUM	SU	1	ONCE/MONTH GRAB	
1 0 0 GROSS VALUE IN CONDUIT OR TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	15	(19)	0	1/MO GRAB	
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	*****	DAILY MAX	MG/L	1	ONCE/MONTH GRAB	
1 0 0 GROSS VALUE	SAMPLE MEASUREMENT	*****	0.40	*****	*****	*****	*****	*****	*****	*****	0	4/MO RECORD	
	PERMIT REQUIREMENT	*****	*****	(03)	REPORT DAILY MAX	*****	*****	*****	*****	*****	1	ONCE/MONTH RECORD	
e 2	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
	SAMPLE MEASUREMENT												
	PERMIT REQUIREMENT												
TITLE PRINCIPAL EXECUTIVE OFFICER										TELEPHONE		DATE	
G. George Malosh Group Manager										631 344-3424			
TYPED OR PRINTED										AREA CODE NUMBER		YEAR MO DAY	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT										631 344-3424			

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

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

DISCHARGE MONITORING REPORT (DMM) (1/7/79)
 Approval expires 05-31-98

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

DISCHARGE MONITORING REPORT (DMM) (1/7/79)
 NY0005335 PERMIT NUMBER
 007 M DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 00 04 01 00 04 30

FROM NY 11973
 TO NY 11973

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

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

PARAMETER (32-37)	QUANTITY OR LOADING (54-61)			QUANTITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE (46-53)	MAXIMUM (46-53)	UNITS (46-53)	AVERAGE (46-53)	MAXIMUM (46-53)	UNITS (46-53)			
LDW RATE	*****	320,000	(07)	*****	*****	*****	0	13 / MO	INSTAN
0056 EFFLUENT GROSS VALUE	*****	REPORT DAILY MX	SPO	*****	*****	*****	0	ONCE / MONTH	INSTAN
0400 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	1 / MO	GRAB
RON, TOTAL (AS FE)	*****	*****	*****	*****	*****	*****	0	ONCE / MONTH	GRAB
1045 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	ONCE / MONTH	GRAB
RON, DISSOLVED (AS FE)	*****	*****	*****	*****	*****	*****	0	ONCE / MONTH	GRAB
1046 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

AREA CODE NUMBER YEAR MO DAY

631 344-3424

TYPED OR PRINTED

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

SEE PERMIT FOR ADDITIONAL NOTES. COMMENTS & REQUIREMENTS (REPLACES EPA FORM T-40 WHICH MAY NOT BE USED.)

PA Form 3320-1 (08-95) Previous editions may not be used.

See attached notes.

01272/000415-2255

PAGE 1 OF

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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)
 (17-19)
 NY0005335 PERMIT NUMBER
 003 M DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 00 04 01 TO 00 04 30

Form Approved.
 OMB No. 2040-0004
 Approval expires 05-31-98
 MAJOR (SUBR 01)
 F - FINAL
 STORMWTR RUNOFF WAREHOUSE (HW)

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

PARAMETER (32-37)	QUANTITY OR LOADING (54-61)			QUANTITY OR CONCENTRATION (54-61)			NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLING TYPE (69-7)
	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (54-61)			
FLOW RATE See Note 3#	*****	115,300	(07)	*****	*****	*****	0	1/MO	Grab
EFFLUENT GROSS VALUE	*****	REPORT DAILY MX	GPD	*****	*****	*****	0	ONCE/MONTH	Inst
PH	*****	*****	*****	*****	7.9	(12)	0	1/MO	Grab
EFFLUENT GROSS VALUE	*****	*****	*****	*****	REPORT MINIMUM	8.5	0	ONCE/MONTH	Grab
OIL & GREASE	*****	*****	*****	*****	*****	< 5.0	0	1/MO	Grab
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX	0	ONCE/MONTH	Grab
1,1-DICHLOROETHYLENE	*****	*****	*****	*****	*****	(28)	0	1/MO	Grab
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX	0	ONCE/MONTH	Grab
1,1,1-TRICHLOROETHANE	*****	*****	*****	*****	*****	(28)	0	1/MO	grab
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX	0	ONCE/MONTH	Grab
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									
SAMPLE MEASUREMENT									
PERMIT REQUIREMENT									

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN, AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. § 1001 AND 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 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 D

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. See attached notes.

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

NY0005835
PERMIT NUMBER

DISCHARGE NUMBER
010 M

UNIT NAME/ADDRESS (include Facility Name/Location if Different)
USSD 0 E
BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464
UPTON
BROOKHAVEN NATIONAL LABORATORY
UPTON
NY 11973
NY 11973
GEORGE MALOSH, GROUP MGR

MONITORING PERIOD
YEAR MO DAY TO YEAR MO DAY
00 04 01 TO 00 04 30

FROM (20-21) (22-29) (24-29) (26-27) (28-29) (30-31)
NOTE: Read Instructions before completing this form.

PARAMETER (32-37)	QUANTITY OR LOADING (54-61)			QUANTITY OR CONCENTRATION (54-61)			NO. OF EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
	AVERAGE (46-53)	MINIMUM (38-45)	MAXIMUM (46-53)	MINIMUM (38-45)	AVERAGE (46-53)	MAXIMUM (46-53)			
IN RATE See Note 3 56 1 0 0	SAMPLE MEASUREMENT	60,000	*****	*****	*****	*****	0	1/MO	INSTAN
	PERMIT REQUIREMENT	REPORT DAILY MX	*****	*****	*****	*****	0	ONCE/MONTH	INSTAN
LUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	7.4	*****	*****	*****	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	REPORT MINIMUM	*****	*****	*****	0	ONCE/MONTH	GRAB
00 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	ONCE/MONTH	GRAB
56 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	ONCE/MONTH	GRAB

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

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NUMBER
 631 344-3424

DATE
 YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 PARAMETERS EXCEPT FOR FLOW TO BE SAMPLED MONTHLY DURING STORM EVENT. (IF NO DISCHARGE, ENTER "X" IN THE NO DISCHARGE BOX AT THE UPPER RIGHT). SEE PERMIT FOR ADDITIONAL NOTES ATTACHED TO PERMIT.

Brookhaven National Laboratory
SPDES Permit No. NY0005835
Discharge Monitoring Report for March 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 calculated percent removal of suspended solids was below the performance criteria of 85 percent. Please see Attachment IV for a description of this excursion.