

BROOKHAVEN
NATIONAL LABORATORY

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

www.bnl.gov

December 19, 2000

Mr. Frank Crescenzo
Acting Brookhaven Group Manager
U. S. Department of Energy
Brookhaven Group
Upton, NY 11973

Dear Mr. Crescenzo:

SUBJECT: NPDES - Discharge Monitoring Report (DMR) for November 2000
REFERENCE: Letter from Scott Mallette to L. Cunniff dated November 27, 2000

Included as Attachment I, please find the DMR for the month of November 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 the Plant Engineering Division, Sewage Treatment Plant Operators or the 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 weekly or monthly; consequently, a daily maximum flow rate cannot be reported. All flow values reported for Outfalls 001, 002, 003, 004, 005, 006A, and 006B are, therefore, daily averages. Collection and analysis of the SPDES permit samples are performed in accordance with the guidelines of the BNL Quality Assurance 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. Brookhaven National Laboratory personnel collected all samples. A Quality Assurance inspection is performed periodically on contractor laboratories. The Quality Assurance documentation is available from the Environmental Services Division and Plant Engineering Divisions.

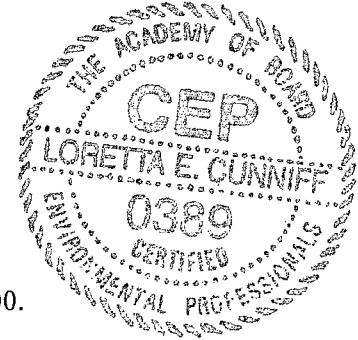
Based on this information, we believe the values reported on the DMR are representative of the effluent from the BNL during the month of November 2000.

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 December 28, 2000.

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

Sincerely,

L. E. Cunniff, CEP
Division Manager



LEC/MA:pvg

Attachment I: Discharge Monitoring Report for November 2000.

Attachment II: Analytical Results from H2M Labs for samples collected on 11/6/00 and 11/8/00 from Outfall 001.

Attachment III: Analytical Results from H2M Labs for samples collected from Outfalls 001, 002, 003, 005, 006A, 006B, 007, 008, and 010.

- cc: M. Allocco w/attachments
- W. Chaloupka w/attachments
- G. Granzen w/o attachments
- M. Hart w/o attachments
- J. Higbie w/attachments
- C. Johnson w/o 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
- T. Sheridan w/o attachments
- R. Travis w/attachments
- D. Van Duyne w/attachments

EC62ER.00

Brookhaven National Laboratory
SPDES Permit No. NY0005835
Discharge Monitoring Report for November 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 and 002B 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. In early September the flow monitoring equipment sustained electrical damage due to a lightening strike. The estimated flow was obtained using a standard Parshall Flume Discharge Table and weekly measurements of head height. A replacement flow meter has been ordered and will be installed as soon as it is received (estimate 4-6 weeks).
5. The calculated BOD percent removal is actually between 83 and 100 percent. The 5-day BOD analytical results for the samples collected on 11/6/00 and 11/8/00 were below the analytical detection limit and therefore the actual percent removal cannot be precisely determined.
6. Flow is estimated based upon an instantaneous flow measurement and the assumption that flow continued for the entire day (i.e., 1,440 minutes).

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

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**

NY0005835
 PERMIT NUMBER

001 M
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	11	01		00	11	30

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPL TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS				
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0		*****	*****		*****	*****		61	(15)	0	DAILY	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****		90			DAILY	GRAB
BOD, 5-DAY (20 DEG. C) 00310 1 0 0		*****	*****		*****	< 2		< 2	(19)	0	2/MO	COMP2
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	10		20			ONCE/MONTH	COMP2
PH 00400 1 0 0		*****	*****		6.1	*****		6.9	(12)	0	CONTINUOUS	RCORDR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.8	*****		9.0			DAILY	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0		*****	*****		*****	< 4		< 4	(19)	0	2/MO	COMP2
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	10		20			ONCE/MONTH	COMP2
SOLIDS, SETTLABLE 00545 1 0 0		*****	*****		*****	*****		0.0	(25)	0	DAILY	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****		0.1			DAILY	GRAB
NITROGEN, TOTAL (AS N) 00590 1 0 0		*****	*****		*****	*****		6.4	(19)	0	2/MO	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****		10			ONCE/MONTH	COMP2
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0		*****	*****		*****	*****		0.1	(19)	0	2/MO	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****		2			ONCE/MONTH	COMP2

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Mr. Frank Crescenzo
 Group Manager
 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.

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)
 QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXPILT FROM SFB'S.
 EPA Form 3320-1 (Rev 1/99) Previous editions may be used. This is a 4-part form. PAGE 1 OF

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

MAJOR (SUBR 01)
FINAL
PROCESS SANIT & STORMWTR RNOFF

001 M
DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY
00 11 01 TO 00 11 30

NY0005835
PERMIT NUMBER

FROM 00 11 01 TO 00 11 30

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

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

PARAMETER	QUANTITY OR LOADING			Quality or Concentration			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PHOSPHORUS, TOTAL (AS P)	*****	*****	*****	*****	*****	*****	0	2/MO	COMP24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP24
CYANIDE, TOTAL (AS CN)	*****	*****	*****	*****	*****	*****	0	2/MO	GRAB
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	TWICE/MONTH	GRAB
COPPER, TOTAL (AS CU)	*****	*****	*****	*****	*****	*****	0	2/MO	COMP24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP24
IRON, TOTAL (AS FE)	*****	*****	*****	*****	*****	*****	0	2/MO	COMP24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP24
LEAD, TOTAL (AS PB)	*****	*****	*****	*****	*****	*****	0	2/MO	COMP24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP24
NICKEL, TOTAL See (AS NI) Note 1	*****	*****	*****	*****	*****	*****	0	2/MO	COMP24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP24
SILVER, TOTAL See (AS AG) Note 1	*****	*****	*****	*****	*****	*****	0	2/MO	COMP24
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	0	ONCE/MONTH	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Frank Crescenzo
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)
QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL. BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXILT FROM SFB'S.

PA Form 5320-1 (Rev 3/99) PREVIOUS EDITIONS MAY BE USED

This is a 4-part form. PAGE 1 OF 4

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

NY0005835
 PERMIT NUMBER

001 M
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	11	01		00	11	30

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

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ZINC, TOTAL (AS Z.) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.1	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.1			ONCE/MONTH	COMP24
TOLUENE 34010 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1	(28)	0	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	5			TWICE/MONTH	GRAB
ETHYLENE CHLORIDE 44023 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1	(28)	0	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	5			TWICE/MONTH	GRAB
1,1,1-TRICHLOROETHANE 34506 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1	(28)	0	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	5			TWICE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.7	0.8	(03)	*****	*****	*****		0	CONTINUOUS	RECORDR
	PERMIT REQUIREMENT	REPORT DAILY AV	2.3 DAILY MX	MGD	*****	*****	*****			CONTINUOUS	RECORDR
MERCURY, TOTAL (AS HG) 71900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.0001	(.19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.0008			ONCE/MONTH	COMP24
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	3	4	(13)	0	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	200	400 #/100ML			ONCE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Mr. Frank Crescenzo
 Group Manager
 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.

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)

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (FD/foreign))

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)

NY0005835

PERMIT NUMBER

001 M

DISCHARGE NUMBER

MAJOR

(SUBR 01)

F - FINAL

PROCESS SANIT & STORMWTR RNOFF

MONITORING PERIOD

FROM	YEAR	MO	DAY	TO	YEAR	MO	DAY
	00	11	01		00	11	30

*** NO DISCHARGE [] ***

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
2- BUTANONE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1	(28)	0	2/MO	GRAB
78356 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	50	DAILY		ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		> 83	*****	*****	(23)	0	2/MO	CALCTD
800, 5-DAY PERCENT REMOVAL See Note 5	PERMIT REQUIREMENT	*****	*****	***	85	*****	*****	PER-CENT		ONCE/MONTH	CALCTD
B1010 K 0 0	SAMPLE MEASUREMENT	*****	*****		> 89	*****	*****	(23)	0	2/MO	CALCTD
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	***	85	*****	*****	PER-CENT		ONCE/MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****								
B1011 R 0 0	PERMIT REQUIREMENT	*****	*****	***							
PERCENT REMOVAL	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Frank Crescenzo
Group Manager
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.

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)

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXPILT FROM SPB'S.

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 POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

NY0005835
 PERMIT NUMBER

002 1
 DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	TO	YEAR	MO	DAY
00	11	01		00	11	30

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

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

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	REPORT MINIMUM	*****	9.0	SU		ONCE/ MONTH	GRAB
OIL & GREASE		*****	*****		*****	*****		(19)			
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	15	DAILY MX		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	No Discharge	(03)	*****	*****	*****				
5005 1 0 0 EFFLUENT GROSS VALUE		*****	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/ MONTH	RECORD
See Note 2											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mr. Frank Crescenzo Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE 631-344-3424	DATE		
			AREA CODE	NUMBER	YEAR
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

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

DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE ROADWAY THAT IS INSIDE RHIC RING. ONCE SW COLLECTION SYSTEM EXTENDED TO 1010, THE PHOBOS DETECTOR'S C T B SHOULD BE DIRECTED TO OUTFALL #002 & PHOBOS. IT SHOULD BE DIRECTED TO NEW RECHARGE BASIN. NO TRICHENS WITHOUT PRIOR DPC APPROVAL.

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

This is a 4-part form. PAGE 1 OF 1

01253/001110-1034

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (F/D)) (Ifrent)

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)

NY0005835
PERMIT NUMBER

002 B
DISCHARGE NUMBER

MAJOR
(SUBR 01)

F - FINAL

RF (1004) COOLING TOWER BLOWDN

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
00	11	01		00	11	30

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	50		ONCE/MONTH	GRAB
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MAX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	No Discharge	(03)	*****	*****	*****				
	PERMIT REQUIREMENT	*****	REPORT DAILY MAX	MGD	*****	*****	*****	****		ONCE/MONTH	RECORD
See Note 2	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Frank Crescenzo
group Manager

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

631-344-3424

DATE

AREA CODE

NUMBER

YEAR

MO

DAY

TYPED OR PRINTED

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

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

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

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

NY0005835
 PERMIT NUMBER

002 N
 DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	11	01	00	11	30

FROM

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

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		6.3	*****	7.3	(12)	0	5/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	REPORT MINIMUM	*****	9.0	SU		ONCE/MONTH	GRAB
OIL & GREASE		** ***	*****		*****	*****	< 5	(19)	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*** **	*****	***	*****	*****	15	DAILY MX		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		** ***	0.4	(03)	*****	*****	*****		0	5/MO	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*** **	REPORT DAILY MX	MGD	*****	*****	*****	***		ONCE/MONTH	RCORDR
See Note 3	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Mr. Frank Crescenzo
 Group Manager
 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.

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)
 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.

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464

UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835

PERMIT NUMBER

003 M

DISCHARGE NUMBER

MAJOR

(SUBR 01)

F - FINAL

HFBR & AGS NON-C COOL, ETC (HO)

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
00	11	01	00	11	30

FROM

TO

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		6.5	*****	7.6	(12)	0	5/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE		*****	*****		*****	*****	< 5	(19)	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	0.2	(03)	*****	*****	*****		0	5/MO	RCORDR.
00050 1 0 0 EFFLUENT GROSS VALUE		*****	REPORT DAILY MX	MGD	*****	*****	*****	***		ONCE/ MONTH	RCORDR.
See Note 3											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Frank Crescenzo
Group Manager
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.

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)
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY

53 BELL AVE, BLDG 464

UPTON

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)

NY0005835

PERMIT NUMBER

004 M

DISCHARGE NUMBER

MAJOR

(SUBR 01)

F - FINAL

MRR NON-CONTACT COOLG WTR (HP)

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
00	11	01	00	11	30

FROM

TO

*** NO DISCHARGE [] ***

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		5.9	*****	5.9	(12)	0	1/MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	REPORT MINIMUM	*****	8.5			ONCE/MONTH	GRAB
EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	0.05	(03)	*****	*****	*****		0	1/MO	RCORDR
50050 1 0 0	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	***		ONCE/MONTH	RCORDR
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

Mr. Frank Crescenzo
Group Manager

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

631-344-3424

DATE

AREA CODE

NUMBER

YEAR

MO

DAY

TYPED OR PRINTED

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

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

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

NY0005835
 PERMIT NUMBER

005 M
 DISCHARGE NUMBER

MAJOR (SUBR 01)
 F - FINAL
 NSLS COOLING TOWER BLDN ETC (HS)

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	11	01	00	11	30

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

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.3	*****	7.5	(12)	0	5/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5	(-19)	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	0.4	(03)	*****	*****	*****		0	5/MO	RCORDR
50050 1 0 0 EFFLUENT GROSS VALU	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	***		ONCE/MONTH	RCORDR
See Note 3	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mr. Frank Crescenzo Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE		
		631-344-3424		YEAR	MO	DAY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY

53 BELL AVE, BLDG 464

UPTON

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)

NY0005835

PERMIT NUMBER

007 M

DISCHARGE NUMBER

MAJOR

(SUBR 01)

F - FINAL

WATER TREATMENT PLT BKWSH (HX)

MONITORING PERIOD

FROM YEAR 00 MO 11 DAY 01 TO YEAR 00 MO 11 DAY 30

*** NO DISCHARGE [] ***

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE See Note 3 00056 1 0 0	SAMPLE MEASUREMENT	*****	320,000	(07)	*****	*****	*****		0	13/MO	INSTAN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	***		ONCE/MONTH	INSTAN
PH	SAMPLE MEASUREMENT	*****	*****		7.1	*****	7.1	(12)	0	1/MO	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT MINIMUM	*****	*****	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
IRON, TOTAL (AS FE) 01045 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	366,000	(28)	0	1/MO	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	UG/L	*****	*****	*****			ONCE/MONTH	GRAB
IRON, DISSOLVED (AS FE) 01046 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	1360 1.36	(28)	0	1/MO	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	UG/L	*****	*****	*****			ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Frank Crescenzo
Group Manager
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.

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)
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.

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

NAME U S D O R

ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLD: 454

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)

NY0005835
PERMIT NUMBER

008 M
DISCHARGE NUMBER

MAJOR (SUBR 01)

F - FINAL

STORMWTR RUNOFF WAREHOUSE (HW)

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	11	01	00	11	30

FROM

TO

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE		*****	51,404	(07)	*****	*****	*****		0	1/MO	INSTAN
See Note 6 00056 1 0 0 EFFLUENT GROSS VALUE		*****	REPORT	DAILY MAX GPD	*****	*****	*****	***		ONCE/MONTH	INSTAN
PH		*****	*****			*****	*****	(12)	0	1/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	6.4	*****	8.5	SU		ONCE/MONTH	GRAB
OIL & GREASE		*****	*****		*****	*****	< 5	(19)	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	15	DAILY MAX		ONCE/MONTH	GRAB
1,1-DICHLOROETHYLENE		*****	*****		*****	*****	< 1	(28)	0	1/MO	GRAB
34501 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	5	DAILY MAX		ONCE/MONTH	GRAB
1,1,1-TRICHLOROETHANE		*****	*****		*****	*****	< 1	(28)	0	1/MO	GRAB
34506 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	5	DAILY MAX		ONCE/MONTH	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Frank Crescenzo
Group Manager
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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

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

NY0005835

PERMIT NUMBER

010 M

DISCHARGE NUMBER

MAJOR (SUBR 01)

F - FINAL

STORMWTR R O CENTRAL STEAM (H)

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
00	11	01	00	11	30

FROM

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE	SAMPLE MEASUREMENT	*****	17,974	(07)	*****	*****	*****		0	1/MO	INSTAN
See Note 6 00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	***		ONCE/MONTH	INSTAN
PH	SAMPLE MEASUREMENT	*****	*****		6.6	*****	6.6	(12)	0	1/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5	(19)	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Frank Crescenzo
Group Manager
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.

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)
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

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

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

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

NY0005835
 PERMIT NUMBER

06A M
 DISCHARGE NUMBER

MAJOR (SU01)
 F - FINAL
 LINE (UCCW, FLOOR DNS, ETC (HT1))

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	11	01	00	11	30

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

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.6	*****	7.2	(12)	0	5/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5	(19)	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MAX	MG/L		ONCE/MONTH	GRAB
FLOW, IN COU. OR TREATMENT PLANT 00000 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	** **	0.002	(03)	*****	*****	*****		0	5/MO	RCORDR
	PERMIT REQUIREMENT	*****	REPORT DAILY MAX	MGD	*****	*****	*****	*****		ONCE/MONTH	RCORDR
See Note 3	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mr. Frank Crescenzo Group Manager	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE 631-344-3424	DATE		
			AREA CODE	NUMBER	YEAR
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				

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

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

NY0005835 PERMIT NUMBER
 06B M DISCHARGE NUMBER

MAJOR (SUBR 01)
 F - FINAL
 COOLING TOWER FROM 919 ETC (HT2)

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
00	11	01	TO	00	11	30

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

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		6.8	*****	7.5	(12)	0	5/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	REPORT MINIMUM	*****	9.0	SU		ONCE/MONTH	GRAB
OIL & GREASE		*****	*****		*****	*****	< 5	(19)	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	15	DAILY MAX		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	E 0.07	(03)	*****	*****	*****		0	5/MO	INSTAN
00050 1 0 0 EFFLUENT GROSS VALUE		*****	REPORT DAILY MAX	MGD	*****	*****	*****	***		ONCE/MONTH	RECORDE
See Note 4											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Mr. Frank Crescenzo Group Manager 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.	TELEPHONE 631-344-3424	DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR

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