

Environmental Services Division

BROOKHAVEN
NATIONAL LABORATORY

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

www.bnl.gov

November 20, 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 October 2000
REFERENCE: Letter from Scott Mallette to E. A. Zimmerman dated October 27, 2000

Included as Attachment I, please find the DMR for the month of October 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.

With the exception of one excursion for the pH at Outfall 003, review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. With regard to the pH excursion, a sample collected on October 20, 2000 exhibited a pH of 10.1 SU. This value exceeded the SPDES permit limit of 9.0 SU. A Noncompliance Report has been prepared and included as Attachment IV. Please note that for the majority of the Outfalls, flow measurements are conducted weekly or monthly; consequently, a daily maximum flow rate cannot be reported. All flow values reported for Outfalls 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 October 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 October 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 R. Lee at extension 3148 or M. Allocco at extension 3166.

Sincerely,



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

EAF/MA:rt

- Attachment I: Discharge Monitoring Report for October 2000.
- Attachment II: Analytical Results from H2M Labs for samples collected on 10/5/00 and 10/9/00 from Outfall 001.
- Attachment III: Analytical Results from H2M Labs for samples collected from Outfalls 001, 002, 003, 004, 005, 006A, 006B, and 007.
- Attachment IV: Non-Compliance Report for October SPDES Permit Excursion at Outfall 003.

cc: T. Sheridan 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
J. Higbie w/attachments
M. Allocco w/attachments

EC62ER.00

Brookhaven National Laboratory
SPDES Permit No. NY0005835
Discharge Monitoring Report for October 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, 008, and 010 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 lightning 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 pH concentration was above the performance criteria of 9.0 SU for the grab sample collected on 10/20/00. Please see Attachment IV for a description of this excursion.

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if Different))
 NAME 0 3 0 0 E
 ADDRESS 3000 BAYVIEW NATIONAL LABORATORY
 53 BELL AVE, BLDG 454
 9101
 NY 11973

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

PERMIT NUMBER NY0005835
 DISCHARGE NUMBER 001 M

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 FROM 00 10 01 TO 00 10 31

LOCATION SUPERVISOR NY 11973
 NAME: 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 | UNITS | | | | |
| TEMPERATURE, WATER | *** | *** | *** | *** | *** | *** | *** | 68 | 0 | DAILY | GRAB |
| PH, WATER | *** | *** | *** | *** | *** | *** | *** | 9.0 | 0 | DAILY | GRAB |
| PH, 5-DAY | *** | *** | *** | *** | *** | *** | *** | <2 | 0 | 2/MO | COMP24 |
| PH, 30-DAY | *** | *** | *** | *** | *** | *** | *** | 20 | 0 | ONCE/MO | COMP24 |
| PH, 90-DAY | *** | *** | *** | *** | *** | *** | *** | 6.9 | 0 | CONTINUOUS | RECORD |
| PH, 180-DAY | *** | *** | *** | *** | *** | *** | *** | 9.0 | 0 | DAILY | GRAB |
| PH, 360-DAY | *** | *** | *** | *** | *** | *** | *** | <4 | 0 | 2/MO | COMP24 |
| PH, 720-DAY | *** | *** | *** | *** | *** | *** | *** | 10 | 0 | ONCE/MO | COMP24 |
| PH, 1440-DAY | *** | *** | *** | *** | *** | *** | *** | 0.0 | 0 | DAILY | GRAB |
| PH, 2880-DAY | *** | *** | *** | *** | *** | *** | *** | 0.1 | 0 | DAILY | GRAB |
| PH, 5760-DAY | *** | *** | *** | *** | *** | *** | *** | 6.2 | 0 | 2/MO | COMP24 |
| PH, 11520-DAY | *** | *** | *** | *** | *** | *** | *** | 10 | 0 | ONCE/MO | COMP24 |
| PH, 23040-DAY | *** | *** | *** | *** | *** | *** | *** | 0.4 | 0 | 2/MO | COMP24 |
| PH, 46080-DAY | *** | *** | *** | *** | *** | *** | *** | 2 | 0 | ONCE/MO | 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. F. Crescenzo
 Group Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 631-344-3424

AREA CODE NUMBER
 MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL
 APPROX 15% OF STEP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFR'S.

THIS IS A PART FORM PAGE

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if Different))
 NAME 0 0 0 0 E
 ADDRESS 350 KRAVEMER NATIONAL LABORATORY
 53 BELL AVE, BLDG 454
 UPTON
 NY 11973
 FACILITY 350 KRAVEMER NATIONAL LABORATORY
 LOCATION UPTON NY 11973
 ATTN: GEORGE MALOSH, GROUP MGR

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

N.Y.0005835
 PERMIT NUMBER
 0.01 M
 DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 00 10 01 00 10 31

| PARAMETER | QUANTITY OR LOADING | | Quality or Concentration | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | |
|-----------------------------|---------------------|---------|--------------------------|---------|---------|-----------------|--------|-----------------------|-------------|--------|
| | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | | UNITS |
| PHOSPHORUS, TOTAL (AS P) | ***** | ***** | ***** | ***** | ***** | 0.98 | (19) | 0 | 2/MO | COMP24 |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | REPORT DAILY MX | MG/L | 0 | ONCE/MONTH | COMP24 |
| FLUORIDE, TOTAL (AS CN) | ***** | ***** | ***** | ***** | ***** | <10 | (28) | 0 | 2/MO | GRAB |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 100 DAILY MX | UG/L | 0 | TWICE/MONTH | GRAB |
| ARSENIC, TOTAL (AS AS) | ***** | ***** | ***** | ***** | ***** | 0.05 | (19) | 0 | 2/MO | COMP24 |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 0.15 DAILY MX | MG/L | 0 | ONCE/MONTH | COMP24 |
| LEAD, TOTAL (AS PB) | ***** | ***** | ***** | ***** | ***** | 0.12 | (1) | 0 | 2/MO | COMP24 |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 0.37 DAILY MX | MG/L | 0 | ONCE/MONTH | COMP24 |
| COPPER, TOTAL | ***** | ***** | ***** | ***** | ***** | <0.0014 | (19) | 0 | 2/MO | COMP24 |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 0.019 DAILY MX | MG/L | 0 | ONCE/MONTH | COMP24 |
| IRON, TOTAL See Note #1 | ***** | ***** | ***** | ***** | ***** | 0.01 | (19) | 0 | 2/MO | COMP24 |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 0.11 DAILY MX | MG/L | 0 | ONCE/MONTH | COMP24 |
| CHLORIDE, TOTAL See Note #1 | ***** | ***** | ***** | ***** | ***** | 0.002 | (19) | 0 | 2/MO | COMP24 |
| PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 0.015 DAILY MX | MG/L | 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. F. Crescenzo
 Group Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 TELEPHONE
 631-344-3424

TYPED OR PRINTED
 COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 VIOLATIONS OF CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL... APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA FYFILT FROM SFR'S.

DATE
 YEAR MO DAY
 83 01 10

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

NAME 0 5 0 0 E
 ADDRESS BROOKHAVEN NATIONAL LABORATORY
 53 BELL AVE, BLDG 464
 UPTON NY 11973
 FACILITY BROOKHAVEN NATIONAL LABORATORY
 LOCATION UPTON NY 11973
 AFIN: GEORGE MALOSH, GROUP MGR

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

NY0005835 PERMIT NUMBER
 001 M DISCHARGE NUMBER
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 FROM 00 10 01 TO 00 10 31

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

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

| PARAMETER | SAMPLE MEASUREMENT | QUANTITY OR LOADING | | | Quality or Concentration | | | NO. EX | FREQUENCY OF ANALYSIS | SAMP TYPE |
|---------------------------------|--------------------|---------------------|---------|-------|--------------------------|-----------------|---------|--------|-----------------------|-----------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| BIC, TOTAL (AS ZB) | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 0.08 | (19) | 0 | 2/MO | COMP2 |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | DAILY MX | MG/L | 0 | ONCE/MONTH | COMP2 |
| CHLORINE | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | <1 | (28) | 0 | 2/MO | GRAB |
| 10000 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | DAILY MX | UG/L | 0 | TWICE/MONTH | GRAB |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | <1 | (28) | 0 | 2/MO | GRAB |
| 10000 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | DAILY MX | UG/L | 0 | TWICE/MONTH | GRAB |
| 1,1,1-TRICHLOROETHANE | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | <1 | (28) | 0 | 2/MO | GRAB |
| 10000 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | DAILY MX | UG/L | 0 | TWICE/MONTH | GRAB |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | 0.9 | (03) | 0 | CONTINUOUS | RECORD |
| FLOW, TO CONDUMP OR TREAT PLANT | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | REPORT DAILY AV | MGD | 0 | CONTINUOUS | RECORD |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | <0.0001 | (19) | 0 | 2/MO | COMP2 |
| 10000 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 0.0008 | MG/L | 0 | ONCE/MONTH | COMP2 |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | <2 | (13) | 0 | 2/MO | GRAB |
| 10000 | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | 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. F. Crescenzo
 Group Manager
 TYPED OR PRINTED

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

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

NAME 0 5 0 0 E
 ADDRESS BROOKHAVEN NATIONAL LABORATORY
 53 BELL AVE, BLDG 464
 UPTON
 CITY BROOKHAVEN NATIONAL LABORATORY
 NY 11973
 LOCATION UPTON
 NY 11973
 TYP: GEORGE MALOSH, GROUP MGR

NY 0005835
 PERMIT NUMBER

001 M
 DISCHARGE NUMBER

MONITORING PERIOD

| | | | | | |
|------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 00 | 10 | 01 | 00 | 10 | 31 |

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

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

| PARAMETER | QUANTITY OR LOADING | | | | Quality or Concentration | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------|---------|---------|-------------|--------------------------|---------|-------|--|--------|-----------------------|-------------|
| | AVERAGE | MAXIMUM | MINIMUM | UNITS | AVERAGE | MAXIMUM | UNITS | UNITS | | | |
| BIOLOGICAL OXYGEN DEMAND VALUE | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | 0 | 2/MO | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | 0 | TWICE/MONTH | GRAB |
| 5-DAY PERCENT REMOVAL | SAMPLE MEASUREMENT | ***** | ***** | 795 | ***** | ***** | ***** | ***** | 0 | 2/MO | CALCTD |
| | PERMIT REQUIREMENT | ***** | ***** | MO AV MN 85 | ***** | ***** | ***** | ***** | 0 | ONCE/MONTH | CALCTD |
| SUSPENDED SOLIDS REMOVAL | SAMPLE MEASUREMENT | ***** | ***** | 798 | ***** | ***** | ***** | ***** | 0 | 2/MO | CALCTD |
| | PERMIT REQUIREMENT | ***** | ***** | MO AV MN 85 | ***** | ***** | ***** | ***** | 0 | ONCE/MONTH | CALCTD |
| SUSPENDED SOLIDS REMOVAL | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | | |
| SUSPENDED SOLIDS REMOVAL | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | | |
| SUSPENDED SOLIDS REMOVAL | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | | |
| SUSPENDED SOLIDS REMOVAL | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | | |
| SUSPENDED SOLIDS REMOVAL | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | | |
| SUSPENDED SOLIDS REMOVAL | 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 persons or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | | | | | | | | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | | | | | | TELEPHONE | | DATE | |
| Mr. F. Crescenzo Group Manager | | | | | | | | 631-344-3424 | | | |
| TYPED OR PRINTED | | | | | | | | SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | AREA CODE NUMBER | |
| | | | | | | | | 631-344-3424 | | YEAR MO DAY | |

VIOLATIONS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL
 APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILTRATION FROM SFB'S.

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

NAME 0 5 P O B
 ADDRESS BROOKHAVEN NATIONAL LABORATORY
 53 BELL AVE, BLDG 464
 OPTON NY 11973
 FACILITY BROOKHAVEN NATIONAL LABORATORY
 LOCATION OPTON NY 11973
 EPP: GEORGE WALOSH, GROUP MGR

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

NY 0005835 PERMIT NUMBER
 002 A DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 FROM 00 10 01 TO 00 10 31

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

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

| PARAMETER | QUANTITY OR LOADING | | | | Quality or Concentration | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--------------------|---------------------|------------------|-------|----------------|--------------------------|--------------|---------|-------|------------|-----------------------|-------------|
| | AVERAGE | MAXIMUM | UNITS | MINIMUM | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| SAMPLE MEASUREMENT | ***** | ***** | | | | | | | | | |
| PERMIT REQUIREMENT | ***** | ***** | *** | REPORT MINIMUM | ***** | 9.0 MAXIMUM | (12) | | | | |
| SAMPLE MEASUREMENT | ***** | ***** | *** | ***** | ***** | ***** | (19) | | ONCE/MONTH | GRAB | |
| PERMIT REQUIREMENT | ***** | ***** | *** | ***** | ***** | 15 DAILY MAX | MG/L | | ONCE/MONTH | GRAB | |
| SAMPLE MEASUREMENT | ***** | No Discharge | (03) | ***** | ***** | ***** | ***** | | | | |
| PERMIT REQUIREMENT | ***** | REPORT DAILY MAX | MGD | ***** | ***** | ***** | ***** | | ONCE/MONTH | RECORDR | |
| SAMPLE MEASUREMENT | | | | | | | | | | | |
| PERMIT REQUIREMENT | | | | | | | | | | | |
| SAMPLE MEASUREMENT | | | | | | | | | | | |
| PERMIT REQUIREMENT | | | | | | | | | | | |
| SAMPLE MEASUREMENT | | | | | | | | | | | |
| PERMIT REQUIREMENT | | | | | | | | | | | |
| SAMPLE MEASUREMENT | | | | | | | | | | | |
| PERMIT REQUIREMENT | | | | | | | | | | | |

See Note #2

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 631-344-3424

DATE

AREA CODE NUMBER
 631-344-3424

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 SW COLLECTION SYS IS EXTENDED TO 1010, THE PHOBOS DETECTOR'S C T B SHOULD BE DIRECTED TO OUTFALL #002 &

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

002 B
 DISCHARGE NUMBER

MONITORING PERIOD

| | | | | | |
|------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 00 | 10 | 01 | 00 | 10 | 31 |

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

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

| PARAMETER | QUANTITY OR LOADING | | | Quality or Concentration | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLING TYPE |
|--|---------------------|---------|-------|--------------------------|---------|---------|--------------|-----------------------|---------------|
| | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | | ***** | | | | |
| | PERMIT REQUIREMENT | ***** | ***** | REPORT MINIMUM | ***** | 9.0 | (12) | ONCE / MONTH | |
| APPROX GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | MAXIMUM | (19) | ONCE / MONTH | |
| | PERMIT REQUIREMENT | ***** | ***** | | ***** | 15 | MG/L | ONCE / MONTH | |
| APPROX GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | | ***** | DAILY | ***** | ONCE / MONTH | |
| | PERMIT REQUIREMENT | ***** | ***** | No Discharge | ***** | ***** | ***** | ONCE / MONTH | |
| FLOOR, 1B COMPUT OR | SAMPLE MEASUREMENT | ***** | ***** | (03) | ***** | ***** | ***** | | |
| | PERMIT REQUIREMENT | ***** | ***** | REPORT | ***** | ***** | ***** | | |
| TRHD TREATMENT PLANT | SAMPLE MEASUREMENT | ***** | ***** | DAILY | ***** | ***** | ***** | | |
| | PERMIT REQUIREMENT | ***** | ***** | MGD | ***** | ***** | ***** | | |
| APPROX GROSS VALUE | SAMPLE MEASUREMENT | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | |
| See Note #2 | SAMPLE MEASUREMENT | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | |
| | SAMPLE MEASUREMENT | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | SAMPLE MEASUREMENT | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | |
| Mr. F. Crescenzo Group Manager | SAMPLE MEASUREMENT | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | |
| TYPED OR PRINTED | SAMPLE MEASUREMENT | | | | | | | | |
| | PERMIT REQUIREMENT | | | | | | | | |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | | | | TELEPHONE | DATE | |
| | | | | | | | 631-344-3424 | | |
| AREA CODE | | | | | | | NUMBER | YEAR | MO |
| | | | | | | | | | |

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

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

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

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
 APP: GEORGE MALOSH, GROUP MGR

NY 0005835
 PERMIT NUMBER

002 K
 DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 FROM 00 10 01 TO 00 10 31

MAJOR (SUBR 01)
 P - FINAL

AGS NON-C COOLING, PRCP, ETC (HN)

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

| PARAMETER | QUANTITY OR LOADING | | | Quality or Concentration | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------|---------|-------|--------------------------|---------|----------|-------|--------|-----------------------|-------------|
| | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | ***** | ***** | ***** | 7.1 | ***** | 7.6 | (12) | 0 | 5/MO | GRAB |
| 00400 1 0 0 EFFLUENT GROSS VALUE | ***** | ***** | ***** | REPORT MINIMUM | ***** | 9.0 | SU | 0 | ONCE/MONTH | GRAB |
| 011 5 GREASE | ***** | ***** | ***** | ***** | ***** | <5 | (19) | 0 | 1/MO | GRAB |
| 00550 1 0 0 EFFLUENT GROSS VALUE | ***** | ***** | ***** | ***** | ***** | 15 | NG/L | 0 | ONCE/MONTH | GRAB |
| FLOW, 12 CONDUIT OR TUBO LEAKAGE PLANT | ***** | 0.3 | (03) | ***** | ***** | DAILY MX | ***** | 0 | 5/MO | RCOR |
| 00050 1 0 0 EFFLUENT GROSS VALUE | ***** | ***** | ***** | REPORT MINIMUM | ***** | ***** | ***** | 0 | ONCE/MONTH | RCOR |
| 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. F. Crescenzo
 Group Manager

TYPED OR PRINTED

TELEPHONE
 631-344-3424

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE NUMBER

DATE

YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.
 SPECIFIC FOR THIS OUTFALL SHALL BE CONDUCTED AT A LOCATION DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES
 EPA Form 3320-1 (Rev 5/99) Previous editions may be used.

53 BELL AVE, BLDG 464

NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

APPN: THOMAS MALOSH, GROUP MGR

PERMIT NUMBER

| MONITORING PERIOD | | | |
|-------------------|----|-----|-----|
| YEAR | MO | DAY | DAY |
| 00 | 10 | 01 | 31 |

FROM

NY 11973

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

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

| PARAMETER | QUANTITY OR LOADING | | | Quality or Concentration | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|--|---------------------|---------|-------|--------------------------|--------------------|-----------|--------|-----------------------|-------------|
| | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| PH See Note #5 00100 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | (12) | 5/MO | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | 7.1 REPORT MINIMUM | 10.1 | | ONCE/MONTH | GRAB |
| PH See Note #5 00050 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | (19) | 1/MO | GRAB |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | <5 | | ONCE/MONTH | GRAB |
| PH See Note #3 00050 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | MG/L | 5/MO | RECORD |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | 0.4 | DAILY MAX | | ONCE/MONTH | RECORD |

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. F. Crescenzo
Group Manager

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

631-344-3424

DATE

YEAR MO DAY

AREA CODE NUMBER

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

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

01280/0011919 4-part form. PAGE 1 OF 1

EPA Form 3320-1 (Rev 3/99) 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 0 0 0 0
 ADDRESS BROOKHAVEN NATIONAL LABORATORY
 53 BELL AVE, BLDG 464
 BEFOR
 FACILITY BROOKHAVEN NATIONAL LABORATORY
 LOCATION BEFOR
 NY 11973
 NY 11973
 APPL: GEORGE MALOSH, GROUP MGR

PERMIT NUMBER
 NY0005835

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 00 10 01 00 10 31

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

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

| PARAMETER | QUANTITY OR LOADING | | | Quality or Concentration | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLI TYPE |
|-------------------------------------|---------------------|---------|----------------------|--------------------------|----------------|-------------|--------|-----------------------|-------------|
| | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| 00400 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | *** | *** | *** | 6.3 | *** | 0 | 1/MO | GRAB |
| | PERMIT REQUIREMENT | *** | *** | *** | REPORT MINIMUM | 8.5 MAXIMUM | 0 | ONCE/MONTH | GRAB |
| 00050 1 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | *** | 0.1 | (03) | *** | *** | 0 | 1/MO | RCOR |
| | PERMIT REQUIREMENT | *** | REPORT DAILY MAX MGD | *** | *** | *** | 0 | ONCE/MONTH | RCOR |
| See Note #3 | 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. F. Crescenzo
 Group Manager

TYPED OR PRINTED

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

DATE

TELEPHONE
 631-344-3424

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AREA CODE NUMBER YEAR MO D/

NAME U S O J 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

005 M
DISCHARGE NUMBER

MAJOR (SUBR 01)
F - FINAL

WLS COOLING TWR BLDN ETC (HS)

| MONITORING PERIOD | | | |
|-------------------|----|-----|----------|
| YEAR | MO | DAY | TO |
| 00 | 10 | 01 | 00 10 31 |

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

| PARAMETER | QUANTITY OR LOADING | | | | Quality or Concentration | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLI TYPE |
|---------------------------------------|---------------------|---------|------------------|---------|--------------------------|--------------|--------|---------|--------|-----------------------|-------------|
| | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | MINIMUM | | | |
| 00000 1 0 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | *** | *** | *** | 6.6 | 7.3 | (12) | *** | 0 | 5/MO | GRAB |
| | PERMIT REQUIREMENT | *** | *** | *** | REPORT MINIMUM | 8.5 MAXIMUM | 50 | *** | 0 | ONCE/MONTH | GRAB |
| 00000 1 0 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | *** | *** | *** | *** | <5 | (19) | *** | 0 | 1/MO | GRAB |
| | PERMIT REQUIREMENT | *** | *** | *** | *** | 15 DAILY MAX | MG/L | *** | 0 | ONCE/MONTH | GRAB |
| 00000 1 0 0 0 EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | *** | 0.4 | (03) | *** | *** | *** | *** | 0 | 5/MO | RCORD |
| | PERMIT REQUIREMENT | *** | REPORT DAILY MAX | MGD | *** | *** | *** | *** | 0 | ONCE/MONTH | RCORD |
| See Note #3 | SAMPLE MEASUREMENT | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** |
| | PERMIT REQUIREMENT | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** |
| | SAMPLE MEASUREMENT | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** |
| | PERMIT REQUIREMENT | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** |
| | SAMPLE MEASUREMENT | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** |
| | PERMIT REQUIREMENT | *** | *** | *** | *** | *** | *** | *** | *** | *** | *** |

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

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

NAME 0 3 2 0 3
 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
 007 N DISCHARGE NUMBER

MONITORING PERIOD

| | | | | | |
|------|----|-----|------|----|-----|
| YEAR | MO | DAY | YEAR | MO | DAY |
| 00 | 10 | 01 | 00 | 10 | 31 |

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

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

| PARAMETER | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPL TYPE |
|----------------------|---------------------|------------------|--------|--------------------------|------------------|---------|--------|-----------------------|------------|
| | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| FLOW RATE | ***** | 104,516 | (07) | ***** | ***** | ***** | 0 | 22/MO | INSTA |
| See Note #3 | ***** | REPORT DAILY MAX | GPD | ***** | ***** | ***** | 0 | ONCE/MO | INSTA |
| EFFLUENT GROSS VALUE | ***** | ***** | ***** | 7.2 | 7.2 | (12) | 0 | 1/MO | GRAB |
| EFFLUENT GROSS VALUE | ***** | ***** | ***** | REPORT MINIMUM | 9.0 | SU | 0 | ONCE/MO | GRAB |
| EFFLUENT GROSS VALUE | ***** | ***** | ***** | ***** | 80,500 | (28) | 0 | 1/MO | GRAB |
| EFFLUENT GROSS VALUE | ***** | ***** | ***** | ***** | REPORT DAILY MAX | UG/L | 0 | ONCE/MO | GRAB |
| EFFLUENT GROSS VALUE | ***** | ***** | ***** | ***** | 423 | (28) | 0 | 1/MO | GRAB |
| EFFLUENT GROSS VALUE | ***** | ***** | ***** | ***** | REPORT DAILY MAX | UG/L | 0 | ONCE/MO | GRAB |
| EFFLUENT GROSS VALUE | ***** | ***** | ***** | ***** | ***** | ***** | 0 | ONCE/MO | GRAB |
| EFFLUENT GROSS VALUE | ***** | ***** | ***** | ***** | ***** | ***** | 0 | ONCE/MO | GRAB |
| EFFLUENT GROSS VALUE | ***** | ***** | ***** | ***** | ***** | ***** | 0 | ONCE/MO | GRAB |
| EFFLUENT GROSS VALUE | ***** | ***** | ***** | ***** | ***** | ***** | 0 | ONCE/MO | GRAB |
| EFFLUENT GROSS VALUE | ***** | ***** | ***** | ***** | ***** | ***** | 0 | ONCE/MO | GRAB |

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
 631-344-3424

DATE

AREA CODE NUMBER
 YEAR MO DA

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

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

COLLECTED AT EFFLUENT PIPE TO WHICHEVER BASIN IS IN OPERATION AT THE TIME. STANDING WATER IN ALL BASINS SHALL NOT BE COLLECTED FOR DMR SAMPLING PURPOSES.

NAME U 5 D O F
 ADDRESS BROOKHAVEN NATIONAL LABORATORY
 53 BELL AVE, BLDG 464
 UPTON
 FACILITY BROOKHAVEN NATIONAL LABORATORY
 LOCATION UPTON NY 11973
 ATTN: GEORGE HALOSH, GROUP MGR

NY 0005835
 PERMIT NUMBER
 008 M
 DISCHARGE NUMBER
 MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 00 10 01 00 10 31

MAJOR (SUBR 01)
 F - FINAL
 STORMWTR RUNOFF WAREHOUSE (HW)
 *** NO DISCHARGE [X] ***
 NOTE: Read instructions before completing this form.

| PARAMETER | QUANTITY OR LOADING | | | | Quality or Concentration | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLI TYPE |
|-----------------------|---------------------|--------------|--------|---------|--------------------------|---------|-------|-------|--------|-----------------------|-------------|
| | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | | |
| FLOW RATE | ***** | No Discharge | (07) | ***** | ***** | ***** | ***** | ***** | | | |
| 0006 1 0 0 | ***** | REPORT | | ***** | ***** | ***** | ***** | ***** | | | |
| EFFLUENT GROSS VALUE | ***** | DAILY MX GPD | | ***** | ***** | ***** | ***** | ***** | | | |
| 0040 1 0 0 | ***** | ***** | | ***** | ***** | ***** | ***** | ***** | | | |
| EFFLUENT GROSS VALUE | ***** | ***** | | ***** | ***** | ***** | ***** | ***** | | | |
| 0000 1 0 0 | ***** | ***** | | ***** | ***** | ***** | ***** | ***** | | | |
| EFFLUENT GROSS VALUE | ***** | ***** | | ***** | ***** | ***** | ***** | ***** | | | |
| 1,1-DICHLOROBENZENE | ***** | ***** | | ***** | ***** | ***** | ***** | ***** | | | |
| 0000 1 0 0 | ***** | ***** | | ***** | ***** | ***** | ***** | ***** | | | |
| EFFLUENT GROSS VALUE | ***** | ***** | | ***** | ***** | ***** | ***** | ***** | | | |
| 1,1,1-TRICHLOROETHANE | ***** | ***** | | ***** | ***** | ***** | ***** | ***** | | | |
| 0000 1 0 0 | ***** | ***** | | ***** | ***** | ***** | ***** | ***** | | | |
| EFFLUENT GROSS VALUE | ***** | ***** | | ***** | ***** | ***** | ***** | ***** | | | |
| See Note #2 | | | | | | | | | | | |

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 SAMPLES 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 / *State Facility Name/Location (if Diffrent)*
 NAME D S D O E
 ADDRESS BROOKHAVEN NATIONAL LABORATORY
 54 HELL AVE, BLDG 464
 UPTON
 NY 11973
 FACILITY BROOKHAVEN NATIONAL LABORATORY
 LOCATION UPTON NY 11973
 APEN: GEORGE MALOSH, GROUP MGR

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

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

NY0005835 PERMIT NUMBER
 010 M DISCHARGE NUMBER

MONITORING PERIOD
 YEAR MO DAY TO YEAR MO DAY
 00 10 01 TO 00 10 31

FROM 11973

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

| PARAMETER | QUALITY OR CONCENTRATION | QUANTITY OR LOADING | | | QUALITY OR CONCENTRATION | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE |
|----------------------|--------------------------|---------------------|---------------------|------------|--------------------------|---------|-------------|--------------|-----------------------|-------------|
| | | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | | | |
| FLOW RATE | SAMPLE MEASUREMENT | ***** | | UNITS (07) | ***** | | | | | |
| 00050 | PERMIT REQUIREMENT | ***** | No Discharge REPORT | | ***** | | | | | |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | DAILY MX GPD | | ***** | | | ONCE / MONTH | | INSTA |
| 00400 | PERMIT REQUIREMENT | ***** | | | ***** | | 8.5 MAXIMUM | ONCE / MONTH | | GRAB |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | | | ***** | | | | | |
| 00550 | PERMIT REQUIREMENT | ***** | | | ***** | | 15 DAILY MX | ONCE / MONTH | | GRAB |
| EFFLUENT GROSS VALUE | SAMPLE MEASUREMENT | ***** | | | ***** | | | | | |
| See Note #2 | 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. F. Crescenzo
 Group Manager

TYPED OR PRINTED

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

PERMITTEE EXCEPT FOR FLOW TO BE SAMPLED MONTHLY DURING STORM EVENT. (IF NO DISCHARGE, ENTER "X" IN THE NEW DISCHARGE BOX AT THE UPPER RIGHT). SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
 TELEPHONE
 631-344-3424

DATE
 YEAR MO DAY
 00 10 31

AREA CODE NUMBER
 631-344-3424

PAGE 1 OF 1

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

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

MAJOR (SUBR 01)
P - FINAL
LINAC MCCW, FLOOR DNS, ETC (HT1)

NY0005835
PERMIT NUMBER
06A M
DISCHARGE NUMBER

MONITORING PERIOD
YEAR MO DAY
00 10 01 TO 00 10 31

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

| PARAMETER | QUANTITY OR LOADING | | | | Quality or Concentration | | | | NO. EX | FREQUENCY OF ANALYSIS | SAMPLE TYPE | | |
|---|---------------------|---------|-------|---------|--------------------------|---------|-----------|-------|--------|-----------------------|-------------|--------|--|
| | AVERAGE | MAXIMUM | UNITS | MINIMUM | AVERAGE | MAXIMUM | UNITS | UNITS | | | | | |
| PH | SAMPLE MEASUREMENT | ***** | ***** | ***** | 7.0 | ***** | (12) | ***** | 0 | 5/MO | GRAB | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | REPORT MINIMUM | ***** | 9.0 | ***** | 0 | ONCE/MONTH | GRAB | | |
| TOTAL DISSOLVED SOLIDS | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | <5 | ***** | 0 | 1/MO | GRAB | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | 15 | ***** | 0 | ONCE/MONTH | GRAB | | |
| COPPER | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | DAILY MGD | ***** | 0 | 5/MO | RCORDR | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | 0.0004 | ***** | ***** | ***** | 0 | ONCE/MONTH | RCORDR | | |
| See Note #3 | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | |
| | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | |
| | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | |
| | SAMPLE MEASUREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | |
| | PERMIT REQUIREMENT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | ***** | | |
| I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. | | | | | | | | | | | | | |
| NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | | | | | | | | | | TELEPHONE | | DATE | |
| Mr. F. Crescenzo Group Manager | | | | | | | | | | 631-344-3424 | | | |
| TYPED OR PRINTED | | | | | | | | | | AREA NUMBER | | MO DAY | |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | | | | | | | 631-344-3424 | | | |

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

NAME: U 0 0 0
 ADDRESS: BROOKHAVEN NATIONAL LABORATORY, 53 BELL AVE, BLDG 464, UPTON
 FACILITY: BROOKHAVEN NATIONAL LABORATORY, NY 11973
 LOCATION: UPTON, NY 11973
 ATTN: GEORGE MALOSH, GROUP MGR

DISCHARGE MONITORING REPORT (DMR) NY 0005835 PERMIT NUMBER: 06B M DISCHARGE NUMBER: 06B M
 MAJOR (SUBR 01) F - FINAL
 COOLING TOWER FROM 919 ETC (HT2)
 MONITORING PERIOD: YEAR 00 MO 10 DAY 01 TO YEAR 00 MO 10 DAY 31
 *** 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 | MINIMUM | AVERAGE | MAXIMUM | UNITS | | | |
| PH | ***** | ***** | ***** | 6.8 | ***** | 7.4 | (12) | 0 | 5/MO | GRAB | |
| APPELLURE GROSS VALUE | ***** | ***** | ***** | REPORT MINIMUM | ***** | 9.0 | ***** | 0 | ONCE/MONTH | GRAB | |
| WEL F GRASS | ***** | ***** | ***** | ***** | ***** | <5 | ***** | 0 | 1/MO | GRAB | |
| APPELLURE GROSS VALUE | ***** | ***** | ***** | ***** | ***** | DAILY MAX | ***** | 0 | ONCE/MONTH | GRAB | |
| COOL, 14 CONDUIT OR | ***** | ***** | ***** | ***** | ***** | ***** | ***** | 0 | 5/MO | INSTAN | |
| COOL TOWER EFF PLANT | ***** | ***** | ***** | ***** | ***** | ***** | ***** | 0 | ONCE/MONTH | RECORDR | |
| APPELLURE GROSS VALUE | ***** | ***** | ***** | ***** | ***** | ***** | ***** | 0 | ONCE/MONTH | RECORDR | |
| See Note #4 | | | | | | | | | | | |
| <p>NAME/TITLE: PRINCIPAL EXECUTIVE OFFICER MR. F. Crescenzo Group Manager</p> <p>TYPED OR PRINTED</p> | | | | | | | | | | | |
| <p>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.</p> | | | | | | | | | | | |
| SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT | | | | | | | | | | TELEPHONE | |
| | | | | | | | | | | 631-344-3424 | |
| | | | | | | | | | | DATE | |
| | | | | | | | | | | YEAR MO DAY | |
| | | | | | | | | | | AREA CODE NUMBER | |
| | | | | | | | | | | YEAR MO DAY | |

ATTACHMENT II

BROOKHAVEN NATIONAL LABORATORY

SPDES PERMIT NO. NY0005835

DISCHARGE MONITORING REPORT FOR OCTOBER 2000

ANALYTICAL RESULTS FROM H2M LABS, INC.

FOR REGULATORY COMPLIANCE SAMPLES COLLECTED

10/5/00 AND 10/9/00

FROM OUTFALL 001