

**BROOKHAVEN**  
NATIONAL LABORATORY

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

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

www.bnl.gov

October 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 September 2000**  
**REFERENCE: Letter from Scott Mallette to K. Brog dated September 26, 2000**

Included as Attachment I, please find the DMR for the month of September 2000. Chemical analyses for the reported parameters are conducted by a NYS Department of Health certified contractor laboratory. Copies of the analytical reports are contained in Attachments II, and III. Field measured parameters (pH, settleable solids, flow) are recorded and/or measured by either the Plant Engineering Division, Sewage Treatment Plant 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 either weekly or monthly; consequently, a daily maximum flow rate cannot be reported. All flow values reported for Outfalls 001A, 001B, 001D, 001E, 001F, 002, 003, 004, 005, 006A, and 006B are, therefore, daily averages. Collection and analysis of 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 September 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 September 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 September 2000.
- Attachment II: Analytical Results from H2M Labs for samples collected on 9/6/00, 9/8/00 and 9/11/00 from Outfall 001.
- Attachment III: Analytical Results from H2M Labs for samples collected from Outfalls 001A, 001B, 001D, 002, 003, 004, 005, 006A, 006B, 007, 008, and 010.
- Attachment IV: Analytical Results from CHEMTEX, Inc. for samples collected from Outfalls 001F, 002, 003, 005, 006A, and 006B.

- 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



EC62ER.00

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

**Brookhaven National Laboratory**  
**SPDES Permit No. NY0005835**  
**Discharge Monitoring Report for September 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 001E, 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. PCBs were not detected in these samples at a method detection limit of 0.65 ppb per congener. Total PCBs have been reported as less than the individual detection limit.
5. Flow is estimated based upon an instantaneous flow measurement and the assumption that flow continued for the entire day (i.e., 1,440 minutes).
6. Photographic rinse waters discharged from Building 197B, are generated by three individual photo-processors. Wastewater samples are collected from each processor and analyzed separately. Table I summarizes the individual results. The maximum concentration and total average flow have been reported in the DMR.

Location	Flow	pH	Total Nitrogen	Cyanide	Silver <sup>a</sup>	Phenolics
1-93B	58 GPD	7.2 SU	41.8 mg/L	< 10.0 µg/L	1390 µg/L	< 5 µg/L
1-86B	80 GPD	---	---	---	2.9 µg/L and 3350 µg/L	---
1-93A	835 GPD	7.9 SU	1.31 mg/L	< 10.0 µg/L	16.9 µg/L	< 5 µg/L
<b>Total Flow</b>	973 GPD					

Notes:

- a. The 1-86B processor was initially installed without access to the discharge. Samples for silver analysis were collected to assess processor operations. Full analysis of samples will begin in the fourth quarter. The first value is for the second rinse of the processor whereas the second value is for the final rinse.
7. In early September the flow monitoring equipment sustained electrical damage due to a lightning strike. The estimated flow was obtained by projecting out any data received before the lightning strike. A replacement flow meter has been ordered and will be installed as soon as it is received (estimate 6-8 weeks).
8. The analytical laboratory indicated that the analyte concentration detected was an estimated value.
9. The analytical laboratory indicated that the analyte was also detected in the associated laboratory blank.

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

PERMIT NUMBER: NY0005835  
DISCHARGE NUMBER: 001 A

MONITORING PERIOD:  
YEAR: 00 MO: 07 DAY: 01 TO YEAR: 00 MO: 09 DAY: 30

ADDRESS: 33 HELL AVE, BLDG 464  
UPON  
FACILITY: BROOKHAVEN NATIONAL LABORATORY  
LOCATION: UPTON  
NY 11973

ACTV: GEORGE MALOSH, GROUP MGR

MAJOR (SUBR 01)  
F - FINAL  
ACID/CAUSTIC CLEAN RINSE

NO DISCHARGE  
NOTE: Read Instructions before completing this

PARAMETER	QUANTITY OR LOADING				Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	UNITS		
Flow Rate See Note #3	1,243	REPORT DAILY MAX	(07)	7.6	REPORT MINIMUM	7.6	SU	0	QTRLY	
Effluent Gross Value								0	QTRLY	
Effluent Gross Value								0	QTRLY	
Effluent Gross Value								0	QTRLY	
Effluent Gross Value								0	QTRLY	
Effluent Gross Value								0	QTRLY	
Effluent Gross Value								0	QTRLY	
Effluent Gross Value								0	QTRLY	

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

DA: [ ]

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

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (Differnet))

NAME 0500E  
 ADDRESS BROOKHAVEN NATIONAL LABORATORY  
 53 BELL AVE, BLDG 454  
 UPTON  
 FACILITY BROOKHAVEN NATIONAL LABORATORY  
 LOCATION UPTON NY 11973  
 A PIN: GEORGE MALOSH, GROUP MGR

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

NY 0005835 PERMIT NUMBER  
 001 R DISCHARGE NUMBER

MONITORING PERIOD  
 YEAR MO DAY TO YEAR MO DAY  
 FROM 00 07 01 TO 00 09 30

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

NO DISCHARGE  
 NOTE: Read instructions before completing this

PARAMETER	QUANTITY OR LOADING			Quality of Concentration			NO. EX	FREQUENCY OF ANALYSIS
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM		
FLOW RATE	247	(07)	GPD	7.4	7.4	( 12)	0	QTRLY
See Note #3 00056 1 0 0 EFFLUENT GROSS VALUE	REPORT DAILY MX	***		REPORT MINIMUM	***		0	QTRLY
00400 1 0 0 EFFLUENT GROSS VALUE	***	***		***	***		0	QTRLY
01034 1 0 0 EFFLUENT GROSS VALUE	***	***		***	***		0	QTRLY
00058, TOTAL (AS CR)	***	***		***	***		0	QTRLY
01042 1 0 0 EFFLUENT GROSS VALUE	***	***		***	***		0	QTRLY
01045 1 0 0 EFFLUENT GROSS VALUE	***	***		***	***		0	QTRLY
01055 1 0 0 EFFLUENT GROSS VALUE	***	***		***	***		0	QTRLY
01067 1 0 0 EFFLUENT GROSS VALUE	***	***		***	***		0	QTRLY

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  
 Mr. F. Crescenzo  
 Group Manager  
 TYPED OR PRINTED

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

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

NO ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYSDEC APPROVAL  
 FROM DEDICATED DRAIN OR FROM HOLDING TANKS PRIOR TO DISCH TO SEWER COLLECTION

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 B  
DISCHARGE NUMBER

MONITORING PERIOD  
YEAR MO DAY TO YEAR MO DAY  
00 07 01 00 09 30

RINSE FROM CENTRL DEGREASER  
\*\*\*NO DISCHARGE\*\*\*  
NOTE: Read instructions before completing this

PARAMETER	QUANTITY OR LOADING			Quality or Concentration			NO. EX	FREQUENCY OF ANALYSIS
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM		
ZINC, TOTAL (AS Zn)	*****	*****		*****	*****	185	0	QTRLY
EFFLUENT GROSS VALUE	*****	*****	***	*****	*****	REPORT DAILY MX		QTRLY
1,2-DICHLOROBETHANE	*****	*****	***	*****	*****	<1	0	QTRLY
EFFLUENT GROSS VALUE	*****	*****	***	*****	*****	REPORT DAILY MX		QTRLY
1,1,1-TRICHLOROETHANE	*****	*****	***	*****	*****	<1	0	QTRLY
EFFLUENT GROSS VALUE	*****	*****	***	*****	*****	REPORT DAILY MX		QTRLY
1,1,1-TRICHLOROETHANE	*****	*****	***	*****	*****	<1	0	QTRLY
EFFLUENT GROSS VALUE	*****	*****	***	*****	*****	REPORT DAILY MX		QTRLY
1,1,1-TRICHLOROETHANE	*****	*****	***	*****	*****	<1	0	QTRLY
EFFLUENT GROSS VALUE	*****	*****	***	*****	*****	REPORT DAILY MX		QTRLY
1,1,1-TRICHLOROETHANE	*****	*****	***	*****	*****	<10	0	QTRLY
EFFLUENT GROSS VALUE	*****	*****	***	*****	*****	REPORT DAILY MX		QTRLY
1,1,1-TRICHLOROETHANE	*****	*****	***	*****	*****	<10	0	QTRLY
EFFLUENT GROSS VALUE	*****	*****	***	*****	*****	REPORT DAILY MX		QTRLY

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 YEAR MO

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

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

NY0005835 PERMIT NUMBER  
001 R DISCHARGE NUMBER

MONITORING PERIOD  
YEAR MO DAY TO YEAR MO DAY  
00 07 01 TO 00 09 30

MAJOR (SUBR 01)  
F - FINAL  
RINSE FROM CENTRL DEGREASR 49

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if different))  
NAME 8 3 0 0 0  
ADDRESS 600 CHAVEN NATIONAL LABORATORY  
53 WELLS AVE, BLDG 454  
URBAN NY 11973  
FACILITY PROCEED HAVE NATIONAL LABORATORY  
LOCATION URBAN NY 11973  
APPR: GEORGE MALOSH, GROUP MGR

PARAMETER	QUANTITY OR LOADING				Quality of Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLING METHOD
	AVERAGE	MAXIMUM	UNITS	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PHTHALATE DIETHYLENE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	( 28)	0	QTRLY	GRA
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	REPORT DAILY MX UG/L				
SULFIDE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****					
SULFIDE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****					
SULFIDE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****					
SULFIDE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****					
SULFIDE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****					
SULFIDE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****					
SULFIDE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****					
SULFIDE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****					
SULFIDE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****					
SULFIDE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****					
SULFIDE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****					

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
631-344-3424

DATE  
YEAR MO

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

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



NAME 4 5 0 7 6  
 ADDRESS BROOKHAVEN NATIONAL LABORATORY  
 53 CULLS AVE, BLDG 464  
 UPTON  
 FACILITY BROOKHAVEN NATIONAL LABORATORY  
 LOCATION UPTON  
 NY 11973  
 ATTN: GEORGE MALOSH, GROUP MGR

MAJOR (SUBR 01)  
 F - FINAL  
 PHOTOPROCESSING RINSE FROM

NY0005835  
 PERMIT NUMBER

0.01 D  
 DISCHARGE NUMBER

MONITORING PERIOD  
 YEAR MO DAY TO YEAR MO DAY  
 00 07 01 TO 00 09 30

\*\*\* NO DISCHARGE \*\*\*  
 NOTE: Read instructions before completing the

PARAMETER	QUANTITY OR LOADING				Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS
	AVERAGE	MAXIMUM	UNITS	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS		
See Note #3 EFFLUENT GROSS VALUE	***	973	( 07 )	***	***	***	***	0	QTRLY	
See Note #6 EFFLUENT GROSS VALUE	***	REPORT DAILY MAX	GPD	***	7.2	7.9	( 12 )	0	QTRLY	
See Note #4 #6 EFFLUENT GROSS VALUE	***	***	***	***	REPORT MINIMUM	REPORT MAXIMUM	SU	0	QTRLY	
See Note #4 #6 EFFLUENT GROSS VALUE	***	***	***	***	***	41.8	( 19 )	0	QTRLY	
See Note #4 #6 EFFLUENT GROSS VALUE	***	***	***	***	***	REPORT DAILY MAX	MG/L	0	QTRLY	
See Note #4 #6 EFFLUENT GROSS VALUE	***	***	***	***	***	<10	( 28 )	0	QTRLY	
See Note #4 #6 EFFLUENT GROSS VALUE	***	***	***	***	***	REPORT DAILY MAX	UG/L	0	QTRLY	
See Note #4 #6 EFFLUENT GROSS VALUE	***	***	***	***	***	3350	( 28 )	0	QTRLY	
See Note #4 #6 EFFLUENT GROSS VALUE	***	***	***	***	***	REPORT DAILY MAX	UG/L	0	QTRLY	
See Note #4 #6 EFFLUENT GROSS VALUE	***	***	***	***	***	<5	( 28 )	0	QTRLY	
See Note #4 #6 EFFLUENT GROSS VALUE	***	***	***	***	***	REPORT DAILY MAX	UG/L	0	QTRLY	

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  
 631-344-3424

DA  
 YEAR

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

NO VIOLATIONS OR ADDITIONS OF CHEMICALS TO COOLING OR BOILER WATER W/O PRIOR NYDEC APPROVAL  
 SAMPLES TO BE COLLECTED FROM MANHOLE NEAREST THE BUILDING

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

NY 11973  
 NY 11973

PERMIT NUMBER  
 NY 0005835

DISCHARGE NUMBER  
 001 F

MAJOR (SUBR 01)  
 F - FINAL  
 BOILER BLOWDN FROM 244,40

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

MONITORING PERIOD  
 YEAR 00 MO 07 DAY 01 TO YEAR 00 MO 09 DAY 30

NO DISCHARGE  
 Read instructions before completing th

QUALITY OR CONCENTRATION

QUANTITY OR LOADING

PARAMETER

PARAMETER	SAMPLE MEASUREMENT		PERMIT REQUIREMENT		AVERAGE		MAXIMUM		NO DISCHARGE		REPORT		BALL BY		GPD		UNITS		MINIMUM		AVERAGE		MAXIMUM		UNITS		NO EX		FREQUENCY OF ANALYSIS	
	MEASUREMENT	PERMIT REQUIREMENT	MEASUREMENT	PERMIT REQUIREMENT	MEASUREMENT	PERMIT REQUIREMENT	MEASUREMENT	PERMIT REQUIREMENT	MEASUREMENT	PERMIT REQUIREMENT	MEASUREMENT	PERMIT REQUIREMENT	MEASUREMENT	PERMIT REQUIREMENT	MEASUREMENT	PERMIT REQUIREMENT	MEASUREMENT	PERMIT REQUIREMENT	MEASUREMENT	PERMIT REQUIREMENT	MEASUREMENT	PERMIT REQUIREMENT	MEASUREMENT	PERMIT REQUIREMENT	MEASUREMENT	PERMIT REQUIREMENT	MEASUREMENT	PERMIT REQUIREMENT	MEASUREMENT	PERMIT REQUIREMENT
FLOW RATE																														
00056 1 0 0																														
EFFLUENT GROSS VALUE																														
PH																														
00400 1 0 0																														
EFFLUENT GROSS VALUE																														
See Note #2																														

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure 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  
 631-344-3424  
 AREA CODE NUMBER

TELEPHONE

YEAR

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (V.D. Form))

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

PERMIT NUMBER NY0005835  
 DISCHARGE NUMBER 001 F

MONITORING PERIOD  
 FROM YEAR 00 MO 07 DAY 01 TO YEAR 00 MO 09 DAY 30

MAJOR (SUBR 01)  
 F - FINAL  
 COOLING TOWER WTR & BLOWDN

\*\*\* NO DISCHARGE \*\*\*  
 NOTE: Read instructions before completing this

PARAMETER	QUANTITY OR LOADING			Quality or Concentration			NO. EX	FREQUENCY OF ANALYSIS
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM		
See Note #3 EFFLUENT GROSS VALUE	3,275	REPORT DAILY MAX GPD	( 07 )	REPORT MINIMUM	8.2	( 12 )	0	QTRLY
EFFLUENT GROSS VALUE	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX	REPORT MINIMUM	REPORT MAXIMUM	REPORT MAXIMUM	0	QTRLY
EFFLUENT GROSS VALUE	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX	REPORT MINIMUM	REPORT MAXIMUM	REPORT MAXIMUM	0	QTRLY
EFFLUENT GROSS VALUE	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX	REPORT MINIMUM	REPORT MAXIMUM	REPORT MAXIMUM	0	QTRLY
EFFLUENT GROSS VALUE	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX	REPORT MINIMUM	REPORT MAXIMUM	REPORT MAXIMUM	0	QTRLY
EFFLUENT GROSS VALUE	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX	REPORT MINIMUM	REPORT MAXIMUM	REPORT MAXIMUM	0	QTRLY
EFFLUENT GROSS VALUE	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX	REPORT MINIMUM	REPORT MAXIMUM	REPORT MAXIMUM	0	QTRLY
EFFLUENT GROSS VALUE	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX	REPORT MINIMUM	REPORT MAXIMUM	REPORT MAXIMUM	0	QTRLY
EFFLUENT GROSS VALUE	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX	REPORT MINIMUM	REPORT MAXIMUM	REPORT MAXIMUM	0	QTRLY
EFFLUENT GROSS VALUE	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX	REPORT MINIMUM	REPORT MAXIMUM	REPORT MAXIMUM	0	QTRLY
EFFLUENT GROSS VALUE	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX	REPORT MINIMUM	REPORT MAXIMUM	REPORT MAXIMUM	0	QTRLY
EFFLUENT GROSS VALUE	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX	REPORT MINIMUM	REPORT MAXIMUM	REPORT MAXIMUM	0	QTRLY
EFFLUENT GROSS VALUE	REPORT DAILY MAX	REPORT DAILY MAX	REPORT DAILY MAX	REPORT MINIMUM	REPORT MAXIMUM	REPORT MAXIMUM	0	QTRLY

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 CODE NUMBER

YEAR MO

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

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

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (Differen))  
 NAME 9 5 0 0 8  
 ADDRESS BROOKHAVEN NATIONAL LABORATORY  
 53 BELL AVE, BLDG 454  
 UPTON  
 NY 11973  
 FACILITY BROOKHAVEN NATIONAL LABORATORY  
 LOCATION UPTON NY 11973  
 APTN: GEORGE MALOSH, GROUP MGR

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

NY 0005835  
 PERMIT NUMBER  
 0.01 M  
 DISCHARGE NUMBER

MONITORING PERIOD		QUALITY OF CONCENTRATION		QUANTITY OR LOADING		FREQUENCY OF ANALYSIS	
YEAR	MO	DAY	MINIMUM	AVERAGE	MAXIMUM	UNITS	NO. EX
00	09	01	*****	*****	*****	(15)	0
00	09	30	*****	*****	*****	DEG.F	0
00	09	30	*****	*****	*****	(19)	0
00	09	30	*****	*****	*****	MG/L	0
00	09	30	*****	*****	*****	(12)	0
00	09	30	*****	*****	*****	SU	0
00	09	30	*****	*****	*****	(19)	0
00	09	30	*****	*****	*****	MG/L	0
00	09	30	*****	*****	*****	(25)	0
00	09	30	*****	*****	*****	ML/L	0
00	09	30	*****	*****	*****	(19)	0
00	09	30	*****	*****	*****	MG/L	0
00	09	30	*****	*****	*****	(19)	0
00	09	30	*****	*****	*****	MG/L	0

PARAMETER	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	FREQUENCY OF ANALYSIS
TEMPERATURE, WATER	*****	*****	*****	*****	*****	*****	(15)	DAILY
DEG. FAHRENHEIT	*****	*****	*****	*****	*****	*****	DEG.F	DAILY
0011 1 0 0	*****	*****	*****	*****	*****	*****	(19)	3/MO
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	MG/L	ONCE/MONTH
300, 5-DAY	*****	*****	*****	*****	*****	*****	(12)	DAILY
(20 DEG. C)	*****	*****	*****	*****	*****	*****	SU	DAILY
00310 1 0 0	*****	*****	*****	*****	*****	*****	(19)	3/MO
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	MG/L	ONCE/MONTH
PH	*****	*****	*****	*****	*****	*****	(12)	DAILY
00409 1 0 0	*****	*****	*****	*****	*****	*****	(19)	3/MO
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	MG/L	ONCE/MONTH
00503 1 0 0	*****	*****	*****	*****	*****	*****	(25)	DAILY
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	ML/L	DAILY
00545 1 0 0	*****	*****	*****	*****	*****	*****	(19)	3/MO
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	MG/L	ONCE/MONTH
00600 1 0 0	*****	*****	*****	*****	*****	*****	(19)	3/MO
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	MG/L	ONCE/MONTH
00610 1 0 0	*****	*****	*****	*****	*****	*****	(19)	3/MO
EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	MG/L	ONCE/MONTH

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

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE  
 BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM :

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (U/D/Other))

NAME 0 5 0 0 E

ADDRESS BROOKHAVEN NATIONAL LABORATORY  
53 HELL AVE, BLDG 464  
BETH

FACILITY BROOKHAVEN NATIONAL LABORATORY  
LOCATION: BETH

APP: GEORGE MALOSH, GROUP MGR

NY 11973  
NY 11973

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

NY0005835  
PERMIT NUMBER

001 M  
DISCHARGE NUMBER

MONITORING PERIOD

FROM YEAR 00 MO 09 DAY 01 TO YEAR 00 MO 09 DAY 30

MAJOR

(SUBR 01)

F - FINAL

PROCESS SANIT & STORMWTR R

\*\*\* NO DISCHARGE | \*\*\*

NOTE: Read instructions before completing this

PARAMETER	SAMPLE MEASUREMENT	PERMIT REQUIREMENT	QUANTITY OR LOADING			Quality or Concentration			NO. EX	FREQUENCY OF ANALYSIS
			AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM		
SUBSTRATES, TOTAL (AS P)	MEASUREMENT		*****	*****		*****	*****		0	3/MO
	PERMIT REQUIREMENT		*****	*****	***	*****	*****	REPORT DAILY MX	( 19)	MG/L
EFFLUENT GROSS VALUE	MEASUREMENT		*****	*****	***	*****	*****	<10	0	3/MO
	PERMIT REQUIREMENT		*****	*****	***	*****	*****	100 DAILY MX	( 28)	MG/L
CYANIDE, TOTAL (AS CN)	MEASUREMENT		*****	*****	***	*****	*****	0.04	0	WICE/MONTH
	PERMIT REQUIREMENT		*****	*****	***	*****	*****	0.15 DAILY MX	( 19)	MG/L
COPPER, TOTAL (AS CU)	MEASUREMENT		*****	*****	***	*****	*****	0.09	0	3/MO
	PERMIT REQUIREMENT		*****	*****	***	*****	*****	0.37 DAILY MX	( 19)	MG/L
LEAD, TOTAL (AS PB) #1	MEASUREMENT		*****	*****	***	*****	*****	< 0.001	0	3/MO
	PERMIT REQUIREMENT		*****	*****	***	*****	*****	0.019 DAILY MX	( 19)	MG/L
ZINC, TOTAL (AS ZN) #1	MEASUREMENT		*****	*****	***	*****	*****	0.004	0	3/MO
	PERMIT REQUIREMENT		*****	*****	***	*****	*****	0.11 DAILY MX	( 19)	MG/L
SELENIUM, TOTAL (AS SE) #1	MEASUREMENT		*****	*****	***	*****	*****	0.002	0	3/MO
	PERMIT REQUIREMENT		*****	*****	***	*****	*****	0.015 DAILY MX	( 19)	MG/L

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

631-344-3424

TELEPHONE

AREA CODE

NUMBER

YEAR

MO

DATE

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

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE IN BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GH VIA EXFILTR FROM SFE  
EPA Form 330-1 (2-7-76)



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

MAJOR  
(SUBR 01)  
P - FINAL  
PROCESS SANIT & STORHWTR R

NY0005835  
PERMIT NUMBER

0.01 M  
DISCHARGE NUMBER

MONITORING PERIOD			
YEAR	MO	DAY	TO
00	09	01	30

NY 11973  
NY 11973  
NY 11973

APPR: GEORGE MALOSH, GROUP MGR

PARAMETER	QUANTITY OR LOADING				Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM		
319C, TOTAL (AS ZN)	***	***	***	***	***	0.04	( 19)	***	0	3/MO
EFFLUENT GROSS VALUE	***	***	***	***	***	DAILY MX	MG/L	***	0	ONCE/MONTH
POLYBENE	***	***	***	***	***	<1	( 28)	***	0	3/MO
34010 1 0 0	***	***	***	***	***	DAILY MX	UG/L	***	0	TWICE/MONTH
EFFLUENT GROSS VALUE	***	***	***	***	***	<1	( 28)	***	0	3/MO
ETHYLENE CHLORIDE	***	***	***	***	***	DAILY MX	UG/L	***	0	TWICE/MONTH
34423 1 0 0	***	***	***	***	***	<1	( 28)	***	0	3/MO
EFFLUENT GROSS VALUE	***	***	***	***	***	DAILY MX	UG/L	***	0	TWICE/MONTH
1,1,1-TRICHLORO-ETHANE	***	***	***	***	***	<1	( 28)	***	0	3/MO
34506 1 0 0	***	***	***	***	***	DAILY MX	UG/L	***	0	TWICE/MONTH
EFFLUENT GROSS VALUE	***	***	***	***	***	<1	( 28)	***	0	3/MO
LEAD, IN COUPLER OR PERO, TREATMENT PLANT	***	***	***	***	***	DAILY MX	UG/L	***	0	TWICE/MONTH
50050 1 0 0	***	***	***	***	***	<1	( 28)	***	0	3/MO
EFFLUENT GROSS VALUE	***	***	***	***	***	DAILY MX	UG/L	***	0	TWICE/MONTH
MERCURY, TOTAL (AS HG) See Note #1	***	***	***	***	***	0.0001	( 19)	***	0	3/MO
71700 1 0 0	***	***	***	***	***	0.0001	MG/L	***	0	ONCE/MONTH
EFFLUENT GROSS VALUE	***	***	***	***	***	DAILY MX	MG/L	***	0	3/MO
COLLIFORM, FECAL	***	***	***	***	***	30	( 13)	***	0	ONCE/MONTH
34964	***	***	***	***	***	400	/	***	0	ONCE/MONTH
74055 1 0 0	***	***	***	***	***	DAILY AV	100ML	***	0	ONCE/MONTH
EFFLUENT GROSS VALUE	***	***	***	***	***	DAILY MX	100ML	***	0	ONCE/MONTH

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

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 ensure 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)  
 QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE  
 ORDER NUMBER LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM



NAME 0 5 0 0 6  
 ADDRESS 3400 HAVEN NATIONAL LABORATORY  
 53 BELL AVE, BLDG 464  
 UPTON NY 11973  
 FACILITY BROOKHAVEN NATIONAL LABORATORY  
 LOCATION UPTON NY 11973  
 ATTN: GEORGE MALOSH, GROUP MGR

MAJOR (SUBR 01)  
 F - FINAL  
 PROCESS SANIT EFFL & STORM  
 \*\*\* NO DISCHARGE \*\*\*  
 NOTE: Read Instructions before completing this

NY0005835	0010
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD			
YEAR	MO	DAY	
00	07	01	
FROM	YEAR	MO	DAY
	00	09	30

PARAMETER	QUANTITY OR LOADING			Quality or Concentration			NO. EX.	FREQUENCY OF ANALYSIS
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM		
POLYCHLORINATED BIPHENYLS (PCBS)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 0.065	0	QTRLY
	PERMIT REQUIREMENT	*****	*****	*****	*****	REPORT DAILY BY UG/L		
	SAMPLE MEASUREMENT							
See Note #4	PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							
	SAMPLE MEASUREMENT							
	PERMIT REQUIREMENT							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE	DA
Mr. F. Crescenzo Group Manager			631-344-3424	
TYPED OR PRINTED	AREA CODE	NUMBER	YEAR	MI

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 ensure 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.



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

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 NY0005835 PERMIT NUMBER  
 002 A DISCHARGE NUMBER  
 MONITORING PERIOD  
 YEAR MO DAY YEAR MO DAY  
 FROM 00 09 01 TO 00 09 30

MAJOR (SUBR 01)  
 F - FINAL  
 BRAHMS (1002) & PHOBOS (1010)  
 \*\*\* NO DISCHARGE \*\*\*  
 NOTE: Read instructions before completing this report

PARAMETER	QUANTITY OR LOADING				Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	***	REPORT MINIMUM	*****	9.0 MAXIMUM	( 12)			ONCE/MONTH
00500 1 0 0 EFFLUENT GROSS VALUE	*****	*****	***	*****	*****	15 DAILY MAX	( 19)			ONCE/MONTH
00600 1 0 0 EFFLUENT GROSS VALUE	*****	*****	***	*****	*****	*****	MG/L			ONCE/MONTH
00700 1 0 0 EFFLUENT GROSS VALUE	*****	*****	***	*****	*****	*****	*****			ONCE/MONTH
00800 1 0 0 EFFLUENT GROSS VALUE	*****	*****	***	*****	*****	*****	*****			ONCE/MONTH
00900 1 0 0 EFFLUENT GROSS VALUE	*****	*****	***	*****	*****	*****	*****			ONCE/MONTH
See Note #2			( 03)	No Discharge REPORT DAILY MAX MGD						

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

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
 631-344-3424

AREA CODE NUMBER YEAR M  
 TELEPHONE NUMBER YEAR M

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 VIOLATION 578 IS DIRECTED TO SURROUNDING LOW LYING AREA INSIDE ROADWAY THAT IS INSIDE RHIC RING. ON COLLECTION 578 IS EXCEEDED TO 1010. THE PHOBOS DETECTOR'S C T B SHOULD BE DIRECTED TO OUTFALL #002

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

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

NY0005835  
PERMIT NUMBER

002 B  
DISCHARGE NUMBER

MONITORING PERIOD  
YEAR MO DAY  
FROM 00 09 01 TO 00 09 30

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

\*\*\*NO DISCHARGE\*\*\*  
NOTE: Read instructions before completing this

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality of Concentration			NO. EX	FREQUENCY OF ANALYSIS
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM		
00400 1 0 0	EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	(-12)	ONCE/MONTH
00556 1 0 0	EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	(-19)	ONCE/MONTH
00000 1 0 0	FLOW, IN CONDUIT OR TREATMENT PLANT	*****	*****	*****	*****	*****	*****	MG/L	ONCE/MONTH
00000 1 0 0	EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	ONCE/MONTH
See Note #2		*****	*****	*****	*****	*****	*****		

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
631-344-3424

AREA CODE NUMBER YEAR MO

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. ON  
DISCHARGE COLLECTION SYSTEM IS EXTENDED TO BLDG 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED, DISC

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME 0 5 D O S

ADDRESS BROOKHAVEN NATIONAL LABORATORY  
 53 HILL AVE, BLDG 464  
 UPTON

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

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

NY0005835 PERMIT NUMBER  
 0.02 M DISCHARGE NUMBER

MONITORING PERIOD  
 YEAR MO DAY YEAR MO DAY  
 FROM 00 09 01 TO 00 09 30

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

\*\*\* NO DISCHARGE \*\*\*  
 NOTE: Read instructions before completing this

PARAMETER	QUANTITY OR LOADING			Quality or Concentration			NO. EX	FREQUENCY OF ANALYSIS
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM		
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	7.4	*****	7.6	( 12)	0 5/MO
00506 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	REPORT MINIMUM	*****	9.0 MAXIMUM	SD	ONCE/MONTH
00506 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	< 5.0	( 19)	0 1/MO
00500 1 0 0 FLOW, IN CONDUIT OR PIPING COMPONENT PLANT	*****	0.3	( 03)	*****	*****	15 DAILY MAX	MG/L	ONCE/MONTH
00050 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	*****	*****	*****	*****	0 5/MO
See Note #3	*****	*****	*****	*****	*****	*****	*****	ONCE/MONTH
	*****	*****	*****	*****	*****	*****	*****	*****
	*****	*****	*****	*****	*****	*****	*****	*****
	*****	*****	*****	*****	*****	*****	*****	*****
	*****	*****	*****	*****	*****	*****	*****	*****
	*****	*****	*****	*****	*****	*****	*****	*****
	*****	*****	*****	*****	*****	*****	*****	*****
	*****	*****	*****	*****	*****	*****	*****	*****
	*****	*****	*****	*****	*****	*****	*****	*****
	*****	*****	*****	*****	*****	*****	*****	*****

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

TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

631-344-3424

TELEPHONE

AREA CODE NUMBER

DATE

YEAR MO DAY

00 09 01

00 09 30

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 SEE PAGE FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.  
 SAMPLE FOR THIS OUTFALL SHALL BE CONDUCTED AT A LOCATION DOWNSTREAM OF WHERE EXISTING DISCHARGE MIX

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if different))  
NAME U 5 0 0 E  
ADDRESS BROOKHAVEN NATIONAL LABORATORY  
53 BELL AVE, BLDG 464  
UPTON  
NY 11973

NY0005835  
PERMIT NUMBER  
0020  
DISCHARGE NUMBER

MONITORING PERIOD  
YEAR MO DAY  
FROM 00 07 01 TO 00 09 30

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

NOTE: Read instructions before completing this form

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

PARAMETER	QUANTITY OR LOADING				Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS
	AVERAGE	MAXIMUM	MINIMUM	UNITS	AVERAGE	MAXIMUM	UNITS	UNITS		
CHLOROFORM	*****	*****	*****	*****	*****	< 1	( 28)	0	QTRLY	
DIFFERENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX	UG/L	0	QTRLY	
1,1,1-TRICHLOROETHANE	*****	*****	*****	*****	*****	< 1	( 28)	0	QTRLY	
ETHANE	*****	*****	*****	*****	*****	DAILY MX	UG/L	0	QTRLY	
34506 1 0 0	*****	*****	*****	*****	*****	< 1	( 28)	0	QTRLY	
DIFFERENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX	UG/L	0	QTRLY	
BROMOCHLOROMETHANE	*****	*****	*****	*****	*****	< 1	( 28)	0	QTRLY	
PERFLUOR	*****	*****	*****	*****	*****	DAILY MX	UG/L	0	QTRLY	
34693 1 0 0	*****	*****	*****	*****	*****	< 0.05	( 19)	0	QTRLY	
DIFFERENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX	MG/L	0	QTRLY	
1-HYDROXY-ETHYLENE	*****	*****	*****	*****	*****	< 0.005	( 19)	0	QTRLY	
35012 1 0 0	*****	*****	*****	*****	*****	< 0.5	MG/L	0	QTRLY	
DIFFERENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX	MG/L	0	QTRLY	
TOLUENE	*****	*****	*****	*****	*****	< 0.005	( 19)	0	QTRLY	
35013 1 0 0	*****	*****	*****	*****	*****	< 0.2	MG/L	0	QTRLY	
DIFFERENT GROSS VALUE	*****	*****	*****	*****	*****	DAILY MX	MG/L	0	QTRLY	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.									
Mr. Frank Crescenzo Group Manager	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				TELEPHONE				DA	
TYPED OR PRINTED	631-344-3424				AREA CODE				YEAR	

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

NO ADDITIONAL WATER TREATMENT CHEMICAL ADDITIVES W/O PRIOR NYSDEC APPROVAL  
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS  
FOR COOLING TOWERS WITH COOLING TOWER BLOWDOWN FROM STAB-D

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (if different))  
 NAME 45635 E  
 ADDRESS BROOKHAVEN NATIONAL LABORATORY  
 53 BILL AVENUE, BLDG 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  
 002 R  
 DISCHARGE NUMBER

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

MONITORING PERIOD  
 YEAR MO DAY YEAR MO DAY  
 FROM 00 07 01 TO 00 09 30

\*\*\* NO DISCHARGE \*\*\*  
 NOTE: Read instructions before completing this

PARAMETER	QUANTITY OR LOADING		Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE	MAXIMUM	UNITS		
1-44 MERV-FIBERGLASS	SAMPLE MEASUREMENT	*****	*****	*****	*****	( 19)	DAILY	
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.5 DAILY MAX MG/L		
2-513 1 0 0	SAMPLE MEASUREMENT	*****	*****	*****	*****	( 19)	DAILY	
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.2 DAILY MAX MG/L		
See Note #2	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  
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 TELEPHONE  
 631-344-3424  
 AREA CODE NUMBER  
 YEAR MO

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 REMOVED TO SURROUNDING LOW LYING AREA INSIDE THE ROADWAY THAT IS INSIDE THE RHIC R  
 AREA FOR TREATMENT COLLECTION SYSTEM IS EXTENDED TO 1010 E A NEW RECHARGE BASIN IS CONSTRUCTED

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME 0 5 0 0 2  
 ADDRESS 0 5 0 0 2 NATIONAL LABORATORY  
 53 DELL AVE, BLDG 764  
 05009  
 FACILITY ADDRESS NATIONAL LABORATORY NY 11973  
 LOCATION NY 11973  
 ATTN: GEORGE MALOSH, GROUP MGR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 NY0005835 PERMIT NUMBER  
 0.03 M DISCHARGE NUMBER  
 MAJOR (SUBR 01)  
 F - FINAL  
 HFBR & AGS NON-C COOL, ETC (I)

MONITORING PERIOD  
 FROM 00 09 01 TO 00 09 30  
 YEAR MO DAY YEAR MO DAY

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

PARAMETER	QUANTITY OR LOADING			Quality or Concentration			NO. EX	FREQUENCY OF ANALYSIS
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM		
PH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	5/MO
	PERMIT REQUIREMENT	*****	*****	*****	7.2	7.6	( 12)	
FIELD MEASUREMENT VALUE	SAMPLE MEASUREMENT	*****	*****	*****	REPORT MINIMUM	9.0 MAXIMUM	0	1/MO
	PERMIT REQUIREMENT	*****	*****	*****	*****	< 5	( 19)	1/MO
FIELD MEASUREMENT VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	15	0	5/MO
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY MAX	0	5/MO
FIELD MEASUREMENT VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	5/MO
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	5/MO
See Note #3	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	5/MO
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	5/MO
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	5/MO
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	5/MO
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	5/MO
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	5/MO
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	5/MO
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	5/MO
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	5/MO
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0	5/MO
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER								
Mi. F. Crescenzo Group Manager								
TYPED OR PRINTED								
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)								
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.							SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
TELEPHONE							631-344-3424	
DATE							YEAR MO	
AREA CODE							NUMBER	



PERMITTEE NAME/ADDRESS (Include Facility Name/Location (Differant))

NAME 43 D 9  
 ADDRESS 35 BROOKHAVEN NATIONAL LABORATORY  
 53 BULL AVENUE, BLDG 454  
 UPTOWN  
 NY 11973  
 FACILITY BROOKHAVEN NATIONAL LABORATORY  
 LOCATION UPTOWN NY 11973  
 ATTY: GEORGE HALOSH, GROUP MGR

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

PERMIT NUMBER NY0005835  
 DISCHARGE NUMBER 0030

MONITORING PERIOD

FROM 00 07 01 TO 00 09 30  
 YEAR MO DAY YEAR MO DAY

MAJOR (SUBR 01)  
 F - FINAL  
 HFBR \$ AGS NON-C COOL ETC

\*\*\* NO DISCHARGE \*\*\*  
 NOTE: Read instructions before completing this

PARAMETER	QUANTITY OR LOADING				Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	UNITS		
MEASUREMENT	*****	*****	*****	*****	*****	0.004	( 19)	0	QTRLY	
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5.0	DAILY MX MG/L	0	QTRLY	
MEASUREMENT	*****	*****	*****	*****	*****	< 1	( 28)	0	QTRLY	
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5	DAILY MX UG/L	0	QTRLY	
MEASUREMENT	*****	*****	*****	*****	*****	< 0.005	( 19)	0	QTRLY	
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.5	DAILY MX MG/L	0	QTRLY	
MEASUREMENT	*****	*****	*****	*****	*****	< 0.05	( 19)	0	QTRLY	
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.5	DAILY MX MG/L	0	QTRLY	
MEASUREMENT	*****	*****	*****	*****	*****	< 0.005	( 19)	0	QTRLY	
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.2	DAILY MX MG/L	0	QTRLY	
MEASUREMENT	*****	*****	*****	*****	*****					
PERMIT REQUIREMENT	*****	*****	*****	*****	*****					
MEASUREMENT	*****	*****	*****	*****	*****					
PERMIT REQUIREMENT	*****	*****	*****	*****	*****					

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 CODE NUMBER YEAR

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 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)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location V/D if permit)  
NAME U S O O K

ADDRESS BROOKHAVEN NATIONAL LABORATORY  
53 BULL AVENUE, BLDG 454  
SUPTOR

FACILITY BROOKHAVEN NATIONAL LABORATORY  
LOCATION SUPTOR  
NY 11973

ATTN: GEORGE BALOSH, GROUP MGR

NY 005835  
PERMIT NUMBER

004 M  
DISCHARGE NUMBER

MONITORING PERIOD  
FROM 00 09 01 TO 00 09 30  
YEAR MO DAY YEAR MO DAY

MAJOR (SUBR 01)  
F - FINAL  
MRR NON-CONTACT COOLG WT.

\*\*\* NO DISCHARGE \*\*\*  
NOTE: Read instructions before completing

PARAMETER	QUANTITY OR LOADING		Quality or Concentration				NO. OF EX	FREQUE OF ANALY
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM		
00100 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****			*****	6.8	0	1/MO
	PERMIT REQUIREMENT	*****	REPORT MINIMUM		*****	8.5		1/MO
00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	0.1		*****	*****	0	1/MO
	PERMIT REQUIREMENT	*****	REPORT DAILY IN MGD		*****	*****		1/MO
See Note #3	SAMPLE MEASUREMENT	*****			*****	*****		1/MO
	PERMIT REQUIREMENT	*****			*****	*****		1/MO
	SAMPLE MEASUREMENT	*****			*****	*****		1/MO
	PERMIT REQUIREMENT	*****			*****	*****		1/MO
	SAMPLE MEASUREMENT	*****			*****	*****		1/MO
	PERMIT REQUIREMENT	*****			*****	*****		1/MO
	SAMPLE MEASUREMENT	*****			*****	*****		1/MO
	PERMIT REQUIREMENT	*****			*****	*****		1/MO
	SAMPLE MEASUREMENT	*****			*****	*****		1/MO
	PERMIT REQUIREMENT	*****			*****	*****		1/MO

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
Mr. F. 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 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.

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

TELEPHONE  
631-344-3424  
AREA CODE NUMBER  
631-344-3424

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
YEAR MONTH DAY



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

NAME 0 5 0 0 5

ADDRESS BROOKHAVEN NATIONAL LABORATORY  
53 HILL AVE, BLDG 464  
02603

FACILITY BROOKHAVEN NATIONAL LABORATORY NY 11973

LOCATION JETON NY 11973

APP: GEORGE BALOSH, GROUP MGR

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

NY0005835  
PERMIT NUMBER

0040  
DISCHARGE NUMBER

MONITORING PERIOD			
YEAR	MO	DAY	DAY
00	07	01	30
TO	00	09	30

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

\*\*\* NO DISCHARGE \*\*\*  
NOTE: Read instructions before completing this

PARAMETER	QUANTITY OR LOADING				Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM		
L, 1-1-ETHYLENE DIOSPHYLENE	*****	*****	*****	*****	*****	< 1	( 28)	*****	0	QTRLY
34501 1 0 0	*****	*****	*****	*****	*****	< 1	DAILY MX	*****	0	QTRLY
APPELLANT GROSS VALUE	*****	*****	*****	*****	*****	< 1	DAILY MX	*****	0	QTRLY
L, 1-1-TRICHLORO-	*****	*****	*****	*****	*****	< 1	DAILY MX	*****	0	QTRLY
ETHANE	*****	*****	*****	*****	*****	< 1	DAILY MX	*****	0	QTRLY
34506 1 0 0	*****	*****	*****	*****	*****	< 1	DAILY MX	*****	0	QTRLY
APPELLANT GROSS VALUE	*****	*****	*****	*****	*****	< 1	DAILY MX	*****	0	QTRLY
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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE  
631-344-3424

AREA CODE NUMBER YEAR M

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

NO ADDITIONAL TREATMENT CHEMICALS W/O PRIOR NYSDEC APPROVAL  
NO ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (D/From))  
 NAME 9 3 0 0 3  
 ADDRESS BROOKHAVEN NATIONAL LABORATORY  
 53 SELL AVE, BLDG 464  
 UPTON  
 NY 11973  
 FACILITY BROOKHAVEN NATIONAL LABORATORY  
 LOCATION UPTON NY 11973  
 APTN: GEORGE MALOSH, GROUP MGR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 MAJOR (SUBR 01)  
 F - FINAL  
 NLS COOLING TOWER BLDN ET

PERMIT NUMBER: NY0005835  
 DISCHARGE NUMBER: 005 M  
 MONITORING PERIOD:  
 FROM YEAR 00 MO 09 DAY 01 TO YEAR 00 MO 09 DAY 30  
 \*\*\* NO DISCHARGE \*\*\*  
 NOTE: Read Instructions before completing it

PARAMETER	QUANTITY OR LOADING			Quality or Concentration			NO. EX	FREQUENCY OF ANALYSIS
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM		
SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.3	( 12)	5/MO
PERMIT REQUIREMENT	*****	*****	*****	REPORT MINIMUM	*****	8.5 MAXIMUM	SO	(NCE/MON)
SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	<5	( 19)	1/MO
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MAX	MG/L	(NCE/MON)
SAMPLE MEASUREMENT	*****	0.1	( 03)	*****	*****	*****	*****	5/MO
PERMIT REQUIREMENT	*****	REPORT DAILY MAX	MGD	*****	*****	*****	*****	(NCE/MON)
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

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

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

NAME U S P P F

ADDRESS BROOKHAVEN NATIONAL LABORATORY  
53 BELL AVE, BLDG 464  
06208

FACILITY BROOKHAVEN NATIONAL LABORATORY  
LOCATION J1105  
NY 11973  
ATTN: GEORGE WALOSH, GROUP MGR

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

NY 0005835  
PERMIT NUMBER

0.05 Q  
DISCHARGE NUMBER

MAJOR (SUBR 01)

F - FINAL

NLS COOLG TORR BLOWDN

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
00	07	01	00	09	30

\*\*\* NO DISCHARGE \*\*\*  
NOTE: Read Instructions before completing

PARAMETER	QUANTITY OR LOADING			Quality or Concentration			NO. EX	FREQ	ANA
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
COOPER, TOTAL (AS CO)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	QTR	
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.005	( 19)		
SULFUR DIOXIDE	SAMPLE MEASUREMENT	*****	*****	*****	*****	DAILY MK		QTR	
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.05	( 19)		
SULFUR DIOXIDE	SAMPLE MEASUREMENT	*****	*****	*****	*****	DAILY MK		QTR	
	PERMIT REQUIREMENT	*****	*****	*****	*****	0.5	( 19)		
SULFUR DIOXIDE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<0.005		QTR	
	PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY MK		QTR	
SULFUR DIOXIDE	SAMPLE MEASUREMENT	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****				
SULFUR DIOXIDE	SAMPLE MEASUREMENT	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****				
SULFUR DIOXIDE	SAMPLE MEASUREMENT	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****				
SULFUR DIOXIDE	SAMPLE MEASUREMENT	*****	*****	*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****	*****				

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

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

Mr. F. 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.

NAME: 9 3 0 0 0  
 ADDRESS: 1000 NATIONAL LABORATORY, BLDG 454  
 CITY: BELL AVE, BLDG 454  
 STATE: NY 11973  
 FACILITY: BROOKHAVEN NATIONAL LABORATORY  
 LOCATION: BPTON  
 APTN: GEORGE MALOSH, GROUP MGR

NY 0005835  
 DISCHARGE NUMBER: 007 M  
 PERMIT NUMBER: 000901  
 MONITORING PERIOD: YEAR 00 MO 09 DAY 01 TO YEAR 00 MO 09 DAY 30

MAJOR (SUBR 01)  
 F - FINAL  
 WATER TREATMENT PLT BKWHSH  
 \*\*\* NO DISCHARGE \*\*\*  
 NOTE: Read instructions before completing this form

PARAMETER	QUANTITY OR LOADING			Quality or Concentration			NO. EX	FREQUENCY OF ANALYSIS
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM		
FLOW RATE	***	280,000	( 07)	***	***	***	0	13/MO
See Note #3	***	REPORT	***	***	***	***	0	INCE/MONTH
EFFLUENT GROSS VALUE	***	DAILY MX	GPD	***	***	***	0	1/MO
PH	***	***	***	7.5	***	7.5	0	INCE/MONTH
00400 1 0 0	***	***	***	REPORT	***	9.0	0	INCE/MONTH
EFFLUENT GROSS VALUE	***	***	***	MINIMUM	***	MAXIMUM	0	1/MO
TAN, TOTAL (AS FE)	***	***	***	***	***	255,000	0	INCE/MONTH
01005 1 0 0	***	***	***	***	***	REPORT	0	INCE/MONTH
EFFLUENT GROSS VALUE	***	***	***	***	***	DAILY MX	0	INCE/MONTH
TDS, DISSOLVED (AS FE)	***	***	***	***	***	733	0	INCE/MONTH
01005 1 0 0	***	***	***	***	***	REPORT	0	INCE/MONTH
EFFLUENT GROSS VALUE	***	***	***	***	***	DAILY MX	0	INCE/MONTH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		TELEPHONE	
Mr. F. Crescenzo Group Manager		631-344-3424	
TYPED OR PRINTED		AREA CODE	
		NUMBER	
		YEAR	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 ALL SAMPLES COLLECTED AT EFFLUENT PIPE TO WHICHEVER BASIN IS IN OPERATION AT THE TIME. STANDING  
 CONCENTRATIONS SHALL NOT BE COLLECTED FOR DMR SAMPLING PURPOSES.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location (If Different))  
 NAME 0 5 5 0 E  
 ADDRESS 800 HAWKEYE NATIONAL LABORATORY  
 38 DELL AVE, BLDG 464  
 ALBANY, NY 11973  
 FACILITY BROOKHAVEN NATIONAL LABORATORY  
 LOCATION ALBANY NY 11973  
 APT: GEORGE MALOSH, GROUP 4GR

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)  
 NY0005835  
 PERMIT NUMBER  
 008 M  
 DISCHARGE NUMBER

MAJOR (SUBR 01)  
 F - FINAL  
 STORMWTR RUNOFF WAREHOUS

MONITORING PERIOD  
 YEAR MO DAY YEAR MO DAY  
 FROM 00 09 01 TO 00 09 30

\*\*\* NO DISCHARGE \*\*\*  
 NOTE: Read instructions before completing

PARAMETER	QUANTITY OR LOADING				Quality or Concentration				NO. EX	FREQUE OF ANALY
	AVERAGE	MAXIMUM	UNITS		MINIMUM	AVERAGE	MAXIMUM	UNITS		
Flow Rate	***	20,086	( 07 )		***	***	***		0	1/MO
See Note #5	***	REPORT			***	***	***			
PERMIT REQUIREMENT	***	DAILY MAX	GPD		***	***	***			
SAMPLE MEASUREMENT	***	***			***	***	***			
PERMIT REQUIREMENT	***	***			7.4	7.4	( 12 )		0	1/MO
SAMPLE MEASUREMENT	***	***			REPORT	3.5				
PERMIT REQUIREMENT	***	***			MINIMUM	MAXIMUM	SU			
SAMPLE MEASUREMENT	***	***			***	***	( 19 )		0	1/MO
PERMIT REQUIREMENT	***	***			***	< 5				
SAMPLE MEASUREMENT	***	***			***	15	MG/L			
PERMIT REQUIREMENT	***	***			***	DAILY MAX	( 28 )		0	1/MO
SAMPLE MEASUREMENT	***	***			***	***				
PERMIT REQUIREMENT	***	***			***	< 1				
SAMPLE MEASUREMENT	***	***			***	5	UG/L			
PERMIT REQUIREMENT	***	***			***	DAILY MAX	( 20 )		0	1/MO
SAMPLE MEASUREMENT	***	***			***	***				
PERMIT REQUIREMENT	***	***			***	< 1				
SAMPLE MEASUREMENT	***	***			***	5	UG/L			
PERMIT REQUIREMENT	***	***			***	DAILY MAX				

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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 YEAR

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

NAME: B I O R  
 ADDRESS: BROOKHAVEN NATIONAL LABORATORY, 53 HELL AVE, BLDG 454, UPTON, NY 11973  
 FACILITY: BROOKHAVEN NATIONAL LABORATORY, NY 11973  
 LOCATION: UPTON, NY 11973  
 APTR: GEORGE MALOSH, GROUP MGR

NY0005835  
 PERMIT NUMBER

010 M  
 DISCHARGE NUMBER

MONITORING PERIOD  
 YEAR MO DAY YEAR MO DAY  
 FROM 00 09 01 TO 00 09 30

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

\*\*\* NO DISCHARGE \*\*\*  
 NOTE: Read instructions before completing th

PARAMETER	QUANTITY OR LOADING			Quality or Concentration			NO. EX	FREQUENCY OF ANALYSIS
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM		
SAMPLE MEASUREMENT	*****	2,520	( 07 )	*****	*****	*****	0	1/MO
PERMIT REQUIREMENT	*****	REPORT DAILY MX GPD	*****	*****	*****	*****		ONCE/MONT
SAMPLE MEASUREMENT	*****	*****	*****	7.2	7.2	( 12 )	0	1/MO
PERMIT REQUIREMENT	*****	*****	*****	REPORT MINIMUM	8.5 MAXIMUM	SU	0	ONCE/MONT
SAMPLE MEASUREMENT	*****	*****	*****	*****	< 5	( 19 )	0	1/MO
PERMIT REQUIREMENT	*****	*****	*****	*****	DAILY MX	MG/L		ONCE/MONT
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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE: 631-344-3424

AREA CODE NUMBER YEAR

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



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

NAME 0 5 E 3 E

ADDRESS 3000 JAVEN NATIONAL LABORATORY  
53 BELL AVE, BLDG 464  
UPPER

FACILITY BROOKHAVEN NATIONAL LABORATORY NY 11973

LOCATION UPPER NATIONAL LABORATORY NY 11973

APPLIC: GEORGE MALOSH, GROUP MGR

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

NY0005835  
PERMIT NUMBER

06A M  
DISCHARGE NUMBER

MONITORING PERIOD  
FROM 00 09 01 TO 00 09 30  
YEAR MO DAY YEAR MO DAY

MAJOR (SUBR 01)  
F - FINAL  
LINAC NCCW, FLOOR DMS, ETC

\*\*\* NO DISCHARGE \*\*\*  
NOTE: Read Instructions before completing this report

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	MINIMUM		
00000 1 0 0 REPORT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	7.4	7.6	( 12)	0	5/MO	
	PERMIT REQUIREMENT	*****	*****	*****	REPORT MINIMUM	9.0 MAXIMUM	SU	0	INCE/MONT	
00000 1 0 0 REPORT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	<5	( 19)	0	1/MO	
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY MAX	MG/L	0	INCE/MONT	
00000 1 0 0 REPORT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	5/MO	
	PERMIT REQUIREMENT	*****	*****	*****	REPORT DAILY MAX	*****	*****	0	INCE/MONT	
See Note #3	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	5/MO	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	INCE/MONT	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	5/MO	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	INCE/MONT	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	5/MO	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	INCE/MONT	
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	5/MO	
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	INCE/MONT	
<p>NAME/TITLE PRINCIPAL EXECUTIVE OFFICER</p> <p>Mr. F. Crescenzo Group Manager</p> <p>TYPED OR PRINTED</p>										
<p>Signature of Principal Executive Officer or Authorized Agent</p> <p>631-344-3424</p> <p>TELEPHONE</p> <p>AREA CODE NUMBER</p> <p>YEAR</p>										
<p>Comments and Explanation of Any Violations (Reference all attachments here)</p>										

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.

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

NAME: 4 5 0 0 0  
 ADDRESS: BROOKHAVEN NATIONAL LABORATORY, 53 BELL AVE, BLDG 464, UPTON  
 NY 11973  
 FACILITY: BROOKHAVEN NATIONAL LABORATORY  
 LOCATION: UPTON  
 ATTN: GEORGE MALOSH, GROUP MGR

DISCHARGE NUMBER: 06A 0  
 PERMIT NUMBER: NY0005835

MONITORING PERIOD  
 FROM: YEAR 00, MO 07, DAY 01  
 TO: YEAR 00, MO 09, DAY 30

QUALITY OF CONCENTRATION  
 MINIMUM: \*\*\*\*\*  
 AVERAGE: \*\*\*\*\*  
 MAXIMUM: \*\*\*\*\*

PARAMETER: I-HYDROXY-STYLLIDENE  
 MEASUREMENT: SAMPLE  
 PERMIT REQUIREMENT: 0  
 MEASUREMENT: POLYTRIAZOLE  
 PERMIT REQUIREMENT: 0  
 MEASUREMENT: GROSS VALUE

PARAMETER	QUANTITY OR LOADING				UNITS	QUALITY OF CONCENTRATION		NO. EX	FREQUENCY OF ANALYSIS
	AVERAGE	MAXIMUM	MINIMUM	AVERAGE		MAXIMUM	UNITS		
I-HYDROXY-STYLLIDENE	*****	*****	*****	*****	(19)	<.05	QTRLY	0	QTRLY
POLYTRIAZOLE	*****	*****	*****	*****	MG/L	DAILY MAX	QTRLY	0	QTRLY
GROSS VALUE	*****	*****	*****	*****	(19)	<0.005	QTRLY	0	QTRLY
GROSS VALUE	*****	*****	*****	*****	MG/L	DAILY MAX	QTRLY	0	QTRLY
MEASUREMENT									
PERMIT REQUIREMENT									
MEASUREMENT									
PERMIT REQUIREMENT									
MEASUREMENT									
PERMIT REQUIREMENT									
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PERMIT REQUIREMENT									
MEASUREMENT									
PERMIT REQUIREMENT									
MEASUREMENT									
PERMIT REQUIREMENT									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Mr. F. Crescenzo								
GROUP MANAGER	Group Manager								
TYPED OR PRINTED									
TELEPHONE	631-344-3424								
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT									
AREA CODE									
NUMBER									
YEAR									

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



NAME J S D B  
 ADDRESS BROOKHAVEN NATIONAL LABORATORY  
 53 HELL AVE, BLDG 464  
 UPTON  
 FACILITY BROOKHAVEN NATIONAL LABORATORY  
 LOCATION UPTON  
 ATTN: GEORGE MALOSH, GROUP MGR

NY 11973  
 NY 11973

DISCHARGE MONITORING REPORT (DMR)  
 NY 0005835  
 PERMIT NUMBER  
 068 M  
 DISCHARGE NUMBER

MONITORING PERIOD  
 YEAR MO DAY TO YEAR MO DAY  
 00 09 01 TO 00 09 30

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

\*\*\* NO DISCHARGE \*\*\*  
 NOTE: Read instructions before completing this report

PARAMETER	QUANTITY OR LOADING			Quality or Concentration			NO. EX	FREQUENCY OF ANALYSIS
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM		
PH	***	***		7.1	***	7.5	( 12)	0 5/MO
00400 1 0 0	***	***	***	REPORT MINIMUM	***	1.0 MAXIMUM	SU	ONCE/MONTH
00500 1 0 0	***	***	***	***	***	< 5	( 19)	ONCE/MONTH
00550 1 0 0	***	***	***	***	***	15 DAILY MAX	MG/L	ONCE/MONTH
00600 1 0 0	***	***	( 03)	***	***	***	***	ONCE/MONTH
00650 1 0 0	***	***	MGD	REPORT DAILY MAX	***	***	***	ONCE/MONTH
00700 1 0 0	***	***			***			
00750 1 0 0	***	***			***			
00800 1 0 0	***	***			***			
00850 1 0 0	***	***			***			
00900 1 0 0	***	***			***			
00950 1 0 0	***	***			***			
01000 1 0 0	***	***			***			
01050 1 0 0	***	***			***			
01100 1 0 0	***	***			***			
01150 1 0 0	***	***			***			
01200 1 0 0	***	***			***			
01250 1 0 0	***	***			***			
01300 1 0 0	***	***			***			
01350 1 0 0	***	***			***			
01400 1 0 0	***	***			***			
01450 1 0 0	***	***			***			
01500 1 0 0	***	***			***			
01550 1 0 0	***	***			***			
01600 1 0 0	***	***			***			
01650 1 0 0	***	***			***			
01700 1 0 0	***	***			***			
01750 1 0 0	***	***			***			
01800 1 0 0	***	***			***			
01850 1 0 0	***	***			***			
01900 1 0 0	***	***			***			
01950 1 0 0	***	***			***			
02000 1 0 0	***	***			***			

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

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

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

LAJDR  
(SUBH 01)  
F - FINAL  
COOLG TOWRS FROM 919 ET

NY0005835  
PERMIT NUMBER

06B 0  
DISCHARGE NUMBER

MONITORING PERIOD  
YEAR MO DAY  
00 07 01 TO 00 09 30

\*\*\* NO DISCHARGE \*\*\*  
NOTE: Read instructions before completing

PERMITTEE NAME/ADDRESS (includes Facility Name/Location (Differentials))  
NAME  
ADDRESS  
43 BELL AVE., BLDG 464  
UPPER  
FACILITY GROORHAVEN NATIONAL LABORATORY  
LOCATION: UPTON  
ATTN: GEORGE MALOSH, GROUP MGR  
NY 11973  
NY 11973

PARAMETER	QUANTITY OR LOADING		Quality or Concentration			NO. EX	FREQ. ANAL.
	AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE		
1-HYDROXY-BETHYLIDENE	*****	*****	*****	*****	*****	0	QTI
PERMIT REQUIREMENT	*****	*****	*****	*****	*****		
2-PHENYLANTHRAQUINONE	*****	*****	*****	*****	*****	0	QTI
PERMIT REQUIREMENT	*****	*****	*****	*****	*****		
3-PHENYLANTHRAQUINONE	*****	*****	*****	*****	*****	0	QTI
PERMIT REQUIREMENT	*****	*****	*****	*****	*****		
4-PHENYLANTHRAQUINONE	*****	*****	*****	*****	*****	0	QTI
PERMIT REQUIREMENT	*****	*****	*****	*****	*****		
5-PHENYLANTHRAQUINONE	*****	*****	*****	*****	*****	0	QTI
PERMIT REQUIREMENT	*****	*****	*****	*****	*****		
6-PHENYLANTHRAQUINONE	*****	*****	*****	*****	*****	0	QTI
PERMIT REQUIREMENT	*****	*****	*****	*****	*****		
7-PHENYLANTHRAQUINONE	*****	*****	*****	*****	*****	0	QTI
PERMIT REQUIREMENT	*****	*****	*****	*****	*****		
8-PHENYLANTHRAQUINONE	*****	*****	*****	*****	*****	0	QTI
PERMIT REQUIREMENT	*****	*****	*****	*****	*****		
9-PHENYLANTHRAQUINONE	*****	*****	*****	*****	*****	0	QTI
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

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
I have reviewed all water treatment chemical additives w/o prior NYSDEC approval  
I have reviewed all water treatment chemical additives w/o prior NYSDEC approval