

Environmental Services Division

BROOKHAVEN
NATIONAL LABORATORY

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Upton, NY 11973-5000
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managed by Brookhaven Science Associates
for the U.S. Department of Energy

www.bnl.gov

May 16, 2001

Mr. Michael Holland
Brookhaven Area Manager
U. S. Department of Energy
Brookhaven Group
Upton, NY 11973

Dear Mr. Holland:

SUBJECT: NPDES - Discharge Monitoring Report (DMR) for April 2001
REFERENCE: Letter from Robert Desmarais to Cunniff dated May 1, 2001

Included as Attachment I, please find the DMR for the month of April 2001. 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.

All parameters met their respective SPDES effluent limitations this reporting period. Please note that for the majority of the Outfalls, flow measurements are conducted weekly or monthly; consequently, a daily maximum flow rate cannot be reported. All flow values reported for Outfalls 001, 002, 003, 004, 005, 006A, and 006B are, therefore, daily averages. Collection and analysis of the SPDES permit samples are performed in accordance with the guidelines of the BNL Quality Assurance program. These guidelines include the routine calibration of instruments, standard operating procedures for collection and analysis of samples, use of standard methods of analysis, and validation of the contractor analytical data by the BNL analytical services laboratory. Brookhaven National Laboratory personnel collected all samples. A Quality Assurance inspection is performed periodically on contractor laboratories. The Quality Assurance documentation is available from the Environmental Services Division and Plant Engineering Divisions. Based on this information, we believe the values reported on the DMR are representative of the effluent from the BNL during the month of April 2001.

Please sign each page of the DMR where indicated and transmit the DMR and associated attachments to the New York State Department of Environmental Conservation and the Suffolk County Department of Health Services no later than May 28, 2001. 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,


Lori Cunniff, CEP
Division Manager

LEC/MA:pvg

Attachment I: Discharge Monitoring Report for April 2001.

Attachment II: Analytical Results from H2M Labs for samples collected on 4/2/01 and 4/5/01 from Outfall 001.

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

cc:	M. Allocco	w/attachments	W. Chaloupka	w/attachments
	L. Cunniff	w/o attachments	G. Granzen	w/o attachments
	J. Higbie	w/attachments	C. Johnson	w/o attachments
	S. Krinsky	w/o attachments	R. Lee	w/attachments
	E. Lessard	w/o attachments	D. Lowenstein	w/o attachments
	E. Murphy	w/attachments	A. Queirolo	w/o attachments
	T. Sheridan	w/o attachments	R. Travis	w/attachments
	D. Van Duyne	w/attachments		

EC62ER.01

Brookhaven National Laboratory
SPDES Permit No. NY0005835
Discharge Monitoring Report for April 2001
Discharge Monitoring Report Notes:

1. The reported concentration is estimated at less than the method detection limit but greater than the instrument detection limit.
2. There was no discharge from Outfalls 002A and 002B during this reporting period.
3. Since flow records are maintained on a weekly or monthly basis, the flow rate provided is the daily average.
4. Flow is estimated based upon an instantaneous flow measurement and the assumption that flow continued for the entire day (i.e., 1,440 minutes).

ATTACHMENT I
BROOKHAVEN NATIONAL LABORATORY
SPDES PERMIT NO. NY0005835
DISCHARGE MONITORING REPORT FOR APRIL 2001
FOR OUTFALLS NO. 001 – 010

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

NY0005815	DOI N
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
FROM	TO
YEAR MO DAY	YEAR MO DAY
01 04 01	01 04 30

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	63	(15)	0 5/7	GRAB
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		<2	<2		(19)	0 2/MO	COMP24
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		5.9	6.4		(12)	0 5/7	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		<4	<4		(19)	0 2/MO	COMP24
SOLIDS, SETTLEABLE 00545 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		0.0	0.0		(25)	0 5/7	GRAB
NITROGEN, TOTAL (AS N) 00600 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.4	6.4		(19)	0 2/MO	COMP24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		0.4	0.4		(19)	0 2/MO	COMP24

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.	TELEPHONE	DATE
Mr. Michael Holland Area Group Manager		631 344-3424	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER
			YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB'S.
 SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS
 EPA Form 3320-1 (REV 3/99) Previous editions may be used. THIS IS A 4-PART FORM PAGE OF

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

PERMIT NUMBER **NY0005435**
DISCHARGE NUMBER **001 M**

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

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0		*****	*****		*****	*****	1.1	(19)	0	2/MO	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****				ONCE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN) 00720 1 0 0		*****	*****		*****	*****	<10	(28)	0	2/MO	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****				ONCE/ MONTH	COMP24
COPPER, TOTAL (AS CU) 01042 1 0 0		*****	*****		*****	*****	0.03	(19)	0	2/MO	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****				ONCE/ MONTH	COMP24
IRON, TOTAL (AS FE) 01045 1 0 0		*****	*****		*****	*****	0.17	(19)	0	2/MO	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****				ONCE/ MONTH	COMP24
LEAD, TOTAL (AS PB) See Note 1 01051 1 0 0		*****	*****		*****	*****	0.003	(19)	0	2/MO	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****				ONCE/ MONTH	COMP24
NICKEL, TOTAL (AS NI) See Note 1 01067 1 0 0		*****	*****		*****	*****	0.004	(19)	0	2/MO	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****				ONCE/ MONTH	COMP24
SILVER, TOTAL (AS AG) See Note 1 01077 1 0 0		*****	*****		*****	*****	0.002	(19)	0	2/MO	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****				ONCE/ MONTH	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Michael Holland
Area Group Manager

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB'S.
~~SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS~~
EPA Form 3320-1 (REV 3/99) Previous editions may be used.

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

NY0005835	001 H
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MO DAY	YEAR MO DAY
FROM 01 04 01	TO 01 04 30

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

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
ZINC, TOTAL (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.06	(19)	0	2/MO	COMP2
	PERMIT REQUIREMENT	*****	*****		*****	*****		MG/L			COMP2
TOLUENE 34010 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<2	(28)	0	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****		UG/L			GRAB
METHYLENE CHLORIDE 34423 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5	(28)	0	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****		UG/L			GRAB
1,1,1-TRICHLORO-ETHANE 34506 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5	(28)	0	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****		UG/L			GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.4	0.6	(03)	*****	*****			0	CONTINUOUS	RCORDR
	PERMIT REQUIREMENT	DAILY	DAILY	MGD	*****	*****					CONTINUED
MERCURY, TOTAL (AS HG) 71900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<0.0001	(19)	0	2/MO	COMP2
	PERMIT REQUIREMENT	*****	*****		*****	*****		MG/L			COMP2
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<2	(13)	0	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****		*****	*****		100ML			GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Michael Holland
 Area Group Manager
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 54005. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFB'S.
SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS

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

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

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

ATTN: **GEORGE MALOSH, GROUP MGR**

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

Form Approved.
 OMB No. 2040-0004

NY 0005835
 PERMIT NUMBER

001 M
 DISCHARGE NUMBER

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

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

NO DISCHARGE
 NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
2-BUTANONE	78356 1 0 0	*****	*****		*****	*****	<1		0	2/MO	GRAB
EFFLUENT GROSS VALUE							UG/L				
BOD, 5-DAY PERCENT REMOVAL	81010 K 0 0	*****	*****		>97	*****	*****		0	2/MO	CALCTD
PERCENT REMOVAL							PERCENT				
SOLIDS, SUSPENDED PERCENT REMOVAL	81011 K 0 0	*****	*****		>95	*****	*****		0	2/MO	CALCTD
PERCENT REMOVAL							PERCENT				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Michael Holland
 Area Group Manager

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **631 344-3424**
 DATE

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

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE INCL BUT NOT LIMITED TO USDOE ORDER 5400.5. APPROX 15% OF STP DISCHARGE CAN BE TO GW VIA EXFILTR FROM SFB'S. SEE PERMIT FOR ADDITIONAL NOTES COMMENTS AND REQUIREMENTS

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

NY 0005835			002 A		
PERMIT NUMBER			DISCHARGE NUMBER		
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	04	01	01	04	30

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

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

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	00400 1 0 0	*****	*****	---	---	---	---	12	ONCE/30 DAY	CG
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	---	---	---	---	---	---	---	---	---
OIL & GREASE	00556 1 0 0	*****	*****	---	---	---	---	19	ONCE/30 DAY	MG/L
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	---	---	---	---	---	---	---	---	---
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	50050 1 0 0	*****	No Discharge	(03)	---	---	---	---	ONCE/30 DAY	MGD
EFFLUENT GROSS VALUE	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	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE		
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER

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 & BRAHMS C T B SHOULD BE DIRECTED TO NEW RECHARGE BASIN. NO TRT CHEMS WITHOUT PRIOR DEC APPROVAL

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

NY0005835	002 B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
YEAR MO DAY	YEAR MO DAY
01 04 01	01 04 30

MAJOR (SUBR 01)
FINAL
REF (1004) COOLING TOWER BLOWDN
NO DISCHARGE
NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH		*****	*****							
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***						
OIL & GREASE		*****	*****		*****	*****				
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***						
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	No Discharge	(03)	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT		DAILY 10 MGD							
See Note 2	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

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.	TELEPHONE	DATE
Mr. Michael Holland Area Group Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	631 344-3424
TYPED OR PRINTED		AREA CODE	NUMBER YEAR MO DAY

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

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

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

Form Approved
 OMB No. 2040-0004

ADDRESS **BROOKHAVEN NATIONAL LABORATORY**
53 BELL AVE, BLDG 464
UPTON NY 11973
 FACILITY LOCATION **BROOKHAVEN NATIONAL LABORATORY**
UPTON NY 11973
 ATTN: **GEORGE HALOSH, GROUP MGR**

NY0005835
 PERMIT NUMBER

002 M
 DISCHARGE NUMBER

MONITORING PERIOD

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

MAJOR (SUBR 01)
FINAL
ABS NON-C COOLING, PRCP, ETC (HN)
***** NO DISCHARGE *****
 NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
PH	00400 1 0 0	*****	*****	(03)	*****	*****	8.3	0	5/MO	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	ONCE/MO	RECORD
OIL & GREASE	00556 1 0 0	*****	*****	(19)	*****	*****	<5	0	1/MO	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	ONCE/MO	RECORD
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	50050 1 0 0	*****	0.04	(03)	*****	*****	*****	0	5/MO	RECORD
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	ONCE/MO	RECORD
See Note 3	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	ONCE/MO	RECORD
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	ONCE/MO	RECORD
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	ONCE/MO	RECORD
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	ONCE/MO	RECORD
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	ONCE/MO	RECORD
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	ONCE/MO	RECORD
	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0	ONCE/MO	RECORD
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0	ONCE/MO	RECORD

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Michael Holland
Area Group Manager

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **631 344-3424**

DATE

AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS.
SAMPLING FOR THIS OUTFALL SHALL BE CONDUCTED AT A LOCATION DOWNSTREAM OF WHERE EXISTING DISCHARGE MIXES WITH THE COOLING TOWER BLOWDOWN FROM THE STAR DETECTOR.

ADDRESS **BROOKHAVEN NATIONAL LABORATORY**
53 BELL AVE, BLDG 464
 FACILITY **UPTON** NY **11973**
 LOCATION **BROOKHAVEN NATIONAL LABORATORY**
UPTON NY **11973**
 ATTN: **GEORGE HALOSH, GROUP MGR**

NY 0005835
 PERMIT NUMBER

003 M
 DISCHARGE NUMBER

MONITORING PERIOD
 FROM **01 04 01** TO **01 04 30**

MAJOR (SUBR 01)
F - FINAL
HFBR & AGS NON-C COOL, ETC (HO)
***** NO DISCHARGE *****
 NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	00400 1 0 0	*****	*****		6.4	*****	7.6	(12)	0	5/MO	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***							
OIL & GREASE	00556 1 0 0	*****	*****		*****	*****	450	(19)	0	1/MO	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***							
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	50050 1 0 0	*****	0.2	(03)	*****	*****	*****		0	5/MO	RCORDR
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD							
See Note 3	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Michael Holland
 Area Group Manager
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

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

NY0005835
PERMIT NUMBER
004 M
DISCHARGE NUMBER

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

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

NO DISCHARGE
NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		6.2	*****	6.2	(12)	0	1/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***				SU		ONCE/MO	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	0.004	(03)	*****	*****	*****		0	1/MO	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT		DAILY	MGD						ONCE/MO	RCORDR
See Note 3	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Michael Holland
Area Group Manager
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
631 344-3424
DATE
YEAR MO DAY

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

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

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

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

NY 0005835
 PERMIT NUMBER

105 A
 DISCHARGE NUMBER

MONITORING PERIOD

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

FROM TO

MAJOR (SUBR 01)
 FINAL
 NSLS COOLING TOWER BLEND ETC (HS)

Form Approved
 OMB No. 2040-0004

NO DISCHARGE
 NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	00400 1 0 0	*****	*****		8.3	*****	8.0	(12)	0	5/MO	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****					SU		ONCE/MONTH	GRAB
OIL & GREASE	00556 1 0 0	*****	*****			*****	*****	(19)	0	1/MO	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****					MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	50050 1 0 0	*****	0.2	(03)	*****	*****	*****		0	5/MO	RECORD
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD					0	ONCE/MONTH	RECORD
See Note 3	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Michael Holland
Area Group Manager
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE **631 344-3424**

DATE

AREA CODE NUMBER YEAR MO DAY

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

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)
 JAME US DOE
 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)
 NY9005835
 PERMIT NUMBER
 007 M
 DISCHARGE NUMBER
 MONITORING PERIOD
 FROM 01 04 01 TO 01 04 30

MAJOR (SUBR 01)
 FINAL
 WATER TREATMENT PLT BKWSH (HX)
 *** NO DISCHARGE ***
 NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE See Note 3 00056 1 0 0	SAMPLE MEASUREMENT	*****	560,000	(07)	*****	*****	*****		0	20/MO	INSTAN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****		GPD	*****	*****	*****		0	ONCE/MO	INSTAN
PH	SAMPLE MEASUREMENT	*****	*****		7.3	*****	7.3	(12)	0	1/MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	SU	0	ONCE/MO	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	*****		0	ONCE/MO	GRAB
IRON, TOTAL (AS FE) 01045 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	81.900	(28)	0	1/MO	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	*****	UG/L	0	ONCE/MO	GRAB
IRON, DISSOLVED (AS FE) 01046 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	118	(28)	0	1/MO	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****		*****	*****	DAILY MAX	UG/L	0	ONCE/MO	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
 Mr. Michael Holland
 Area Group Manager
 TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
 SAMPLES TO BE COLLECTED AT EFFLUENT PIPE TO WHICHEVER BASIN IS IN OPERATION AT THE TIME. STANDING WATER IN EITHER BASIN SHALL NOT BE COLLECTED FOR DMR SAMPLING PURPOSES.
 SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

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

NY0005835
PERMIT NUMBER

008 M
DISCHARGE NUMBER

MAJOR **(SUBR 01)**
FINAL
STORMWTR RUNOFF WAREHOUSE (HW)

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

NO DISCHARGE
NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE See Note 4 00056 1 0 0		*****	143156	(07)	*****	*****	*****		0	1/MO	INSTAN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			GPD							
PH		*****	*****		7.4	*****	7.2	(12)	0	1/MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT			***							
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			****							
OIL & GREASE		*****	*****		*****	*****	0.1	(19)	0	1/MO	GRAB
00556 1 0 0	PERMIT REQUIREMENT			***							
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			****							
1,1-DICHLOROETHYLENE		*****	*****		*****	*****	0.2	(28)	0	1/MO	GRAB
34501 1 0 0	PERMIT REQUIREMENT			***							
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			****							
1,1,1-TRICHLOROETHANE		*****	*****		*****	*****	0.3	(28)	0	1/MO	GRAB
34506 1 0 0	PERMIT REQUIREMENT			***							
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			****							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Michael Holland
Area Group Manager
TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

NAME **USDOE**
 ADDRESS **BROOKHAVEN NATIONAL LABORATORY**
53 BELL AVE, BLDG 464
UPTON NY 11973
BROOKHAVEN NATIONAL LABORATORY
UPTON NY 11973
 ATTN: **GEORGE MALUSH, GROUP MGR**

HYDRO 15831
 PERMIT NUMBER

0104
 DISCHARGE NUMBER

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
FROM 01	04	01	TO 01	04	30

MAJOR (SUBR 01)
FINAL
STORMWTR R O CENTRAL STEAM (H)
NO DISCHARGE
 NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM			
FLOW RATE See Note 4 00056 1 0 0		*****	11.788	(07)	*****	*****	*****	0	1/MO	INSTAN
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****		CPD					ONCE / MONTH	
pH	SAMPLE MEASUREMENT	*****	*****		7.3	7.3	(12)	0	1/MO	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****							ONCE / MONTH	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	(19)	0	1/MO	GRAB
OIL & GREASE	PERMIT REQUIREMENT	*****							ONCE / MONTH	GRAB
00556 1 0 0	SAMPLE MEASUREMENT	*****	*****							
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****								
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									
	SAMPLE MEASUREMENT									
	PERMIT REQUIREMENT									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Michael Holland
Area Group Manager
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
631 344-3424
 DATE

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

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

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

NY0005835
 PERMIT NUMBER
06A M
 DISCHARGE NUMBER
 MONITORING PERIOD
 YEAR MO DAY YEAR MO DAY
 FROM 01 04 01 TO 01 04 30

MAJOR (SUBR 01)
F - FINAL
LINAC NCCW, FLOOR DNS, ETC (HT1)
 *** NO DISCHARGE ***
 NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				
PH		*****	*****								
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***						5/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****							1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			***						ONCE/MONTH	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	0:08	(03)						5/MO	RECORD
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT			MGD						ONCE/MONTH	RECORD
See Note 3	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Michael Holland
Area Group Manager
 TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE
631 344-3424
 DATE
 YEAR MO DAY

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

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

068 M
DISCHARGE NUMBER

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

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

NO DISCHARGE

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			QUANTITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM				UNITS
0400 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		7.3	*****	7.8	(12)	0	5/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	***				SU		ONCE/MONTH	GRAB
0556 1 0 0 EFFLUENT GROSS VALUE LOW, IN CONDUIT OR HRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5	(19)	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	***				MG/L		ONCE/MONTH	GRAB
0050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	0.3	(03)	*****	*****	*****		0	5/MO	RCORDR
	PERMIT REQUIREMENT	*****	REPORT DAILY	MGD	*****	*****	*****		***	ONCE/MONTH	RCORDR
See Note 3	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

ATTACHMENT II
BROOKHAVEN NATIONAL LABORATORY
SPDES PERMIT NO. NY0005835
DISCHARGE MONITORING REPORT FOR APRIL 2001
ANALYTICAL RESULTS FROM H2M LABS, INC.
FOR REGULATORY COMPLIANCE SAMPLES COLLECTED
4/2/01 AND 4/5/01
FROM OUTFALL 001