

BROOKHAVEN
NATIONAL LABORATORY

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for the U.S. Department of Energy

www.bnl.gov

March 1, 2001

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

Dear Mr. Holland:

SUBJECT: NPDES - Discharge Monitoring Report (DMR) for January 2001
REFERENCE: Letter from Robert Desmarais to Cunniff dated February 14, 2001

Included as Attachment I, please find the DMR for the month of January 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 either the Plant Engineering Division, Sewage Treatment Plant Operators or the Environmental Services Division, Field Sampling Team.

With the exception of two excursions for the total zinc concentration for Outfall 001, review of the analytical data shows that all parameters met their respective SPDES effluent limitations this reporting period. With regard to zinc, samples collected on January 8, 2001, and January 11, 2001, exhibited zinc concentrations of 0.101 mg/L and 0.143 mg/L respectively. These values exceed the SPDES permit limit of 0.100 mg/L. A Noncompliance Report has been prepared and included as Attachment IV. Please note that for the majority of the Outfalls, flow measurements are conducted weekly or monthly; consequently, a daily maximum flow rate cannot be reported. All flow values reported for Outfalls 002, 003, 004, 005, 006A, 006B, and 007 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 January 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 March 12, 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,

L. Cunniff, CEP
Division Manager



LEC/MA:pvg

- Attachment I: Discharge Monitoring Report for January 2001.
- Attachment II: Analytical Results from H2M Labs for samples collected on 01/08/01, and 01/10/01 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: Non-Compliance Report for January SPDES Permit Excursion at Outfall 001.

- | | | | | |
|-----|--------------|-----------------|---------------|-----------------|
| 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

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

Brookhaven National Laboratory
SPDES Permit No. NY0005835
Discharge Monitoring Report for January 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).
5. In early September the flow monitoring equipment sustained electrical damage due to a lightning strike. The estimated flow was obtained using a standard Parshall Flume Discharge Table and weekly measurements of head height. The replacement flow meter was received and was installed on February 23, 2001.
6. The total zinc concentration was above the SPDES limit of 0.1 mg/L for samples collected on 01/8/01 and 01/10/01. Please see Attachment IV for a description of this excursion.
7. The BOD 5-day analytical results for Outfall 001 on January 8, 2001 were 9 mg/L whereas the duplicate sample results for the same day were < 2 mg/L. Therefore the average of the two analytical results was used in the calculation of the % BOD removal for Outfall 001.

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

NAME U S D O E

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

FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973

ATTN: GEORGE HALOSH, GROUP MGR

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

NY0005935
PERMIT NUMBER

001 M
DISCHARGE NUMBER

MAJOR (SUBR 01)
F - FINAL
PROCESS SANIT & STOREWTR KNOFF

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

*** NO DISCHARGE 1-01-73 ***
NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	55	(15)	0	5/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****				1/1	GRAB
BOD, 5-DAY (20 DEG. C) 00310 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	4	9	(19)	0	2/MO	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	DAILY	20			1/1	COMP24
PH	SAMPLE MEASUREMENT	*****	*****		6.6	*****	7.2	(12)	0	5/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	5.0	*****	7.0			1/1	GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	<4	<4	(19)	0	2/MO	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	DAILY	20			1/1	COMP24
SOLIDS, SETTLEABLE 00545 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.0	(25)	0	5/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	1.1			1/1	GRAB
NITROGEN, TOTAL (AS N) 00600 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	6.3	(19)	0	2/MO	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	10			1/1	COMP24
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.7	(19)	0	2/MO	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****				1/1	COMP24

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

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

TYPED OR PRINTED

EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DEFECT TO REQUIREMENTS OF THE DSDOT INCL

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

NAME **U S D O E**

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53 BELL AVE, BLDG 464
UPTON**

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

ATTN: **GEORGE HALOSH, GROUP MGR**

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

NY0005835
PERMIT NUMBER

001 H
DISCHARGE NUMBER

MAJOR

(SUBR 01)

F - FINAL

PROCESS **SANIT & STORMWTR PROFF**

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

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PHOSPHORUS, TOTAL (AS P) 00665 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	0.9	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	***	*****	*****				1/CE/ MONTH	COMP24
CYANIDE, TOTAL (AS CN) 00720 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	<10	(.28)	0	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****				1/CE/ MONTH	GRAB
COPPER, TOTAL (AS CU) 01042 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	0.04	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	***	*****	*****				1/CE/ MONTH	COMP24
IRON, TOTAL (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	0.22	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	***	*****	*****				1/CE/ MONTH	COMP24
LEAD, TOTAL (AS PB) 01051 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	<0.001	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	***	*****	*****				1/CE/ MONTH	COMP24
NICKEL, TOTAL (AS NI) 01967 1 0 0 EFFLUENT GROSS VALUE	See Note 1	*****	*****	***	*****	*****	0.004	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	***	*****	*****				1/CE/ MONTH	COMP24
SILVER, TOTAL (AS AG) 01077 1 0 0 EFFLUENT GROSS VALUE	See Note 1	*****	*****	***	*****	*****	0.002	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	***	*****	*****				1/CE/ MONTH	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Michael Holland
Area Office 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 5400.5. APPROX 15% OF SFP DISCHARGE CAN BE TO GW VIA EXFILT FROM SFP'S.

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NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464

UPTON

NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON

NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

810005635
PERMIT NUMBER

001 N
DISCHARGE NUMBER

MAJOR

(SUBR 01)

F - FINAL

PROCESS SANIT & STORMWTR RNOFF

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

*** NO DISCHARGE [] ***

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BINC, TOTAL See Note 6 (AS ZN) 01092 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.14	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	***						1/CE/ MONTH	COMP24
TOLUENE 04010 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1	(20)	0	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	***						1/CE/ MONTH	GRAB
DIETHYLENE CHLORIDE 04423 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1	(28)	0	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	***						1/CE/ MONTH	GRAB
1,1,1-TRICHLOROETHANE 04506 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1	(26)	0	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	***						1/CE/ MONTH	GRAB
FLOW, IN CONDUIT OR PFRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.5	0.6	(03)	*****	*****	*****		0	CONTINUOUS	RCORDR
	PERMIT REQUIREMENT	REPORT DAILY AT	3.3 DAILY OR	MGD						1/CE/ MONTH	CONDE
MERCURY, TOTAL (AS HG) 71900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.0001	(19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	***			0.0003			1/CE/ MONTH	COMP24
COLIFORM, FECAL GENERAL 74055 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	90	130	(13)	0	2/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	***		200	400	/		1/CE/ MONTH	GRAB
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 Office Manager							631 344-3424		YEAR	MO	DAY
TYPED OR PRINTED					SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DAY

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

QUANTITIES OR CONCENTRATIONS OF RADIOACTIVITY IN EFFLUENT ARE SUBJECT TO REQUIREMENTS OF THE USDOE REGULATIONS. DISCHARGES OF RADIOACTIVE MATERIALS ARE SUBJECT TO THE REGULATIONS OF THE USDOE. DISCHARGES OF SOLID WASTE ARE SUBJECT TO THE REGULATIONS OF THE USDOE.

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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**

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

NY0005835
PERMIT NUMBER

001 H
DISCHARGE NUMBER

MAJOR

(SUBR 01)

F - FINAL

PROCESS SANIT & STORMWTR RNOFF

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	01	01	01	01	31

FROM

TO

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
2-BUTANONE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1	(20)	0	2/MO	GRAB
78356 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***				UG/L		1/CE/ MONTH	GRAB
BOD, 5-DAY PERCENT REMOVAL See Note 7	SAMPLE MEASUREMENT	*****	*****		>88	*****	*****	(23)	0	2/MO	CALCTD
01010 K 0 0 PERCENTREMOVAL	PERMIT REQUIREMENT	*****	*****	***	05	*****	*****	ER-CENT		1/CE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		>94	*****	*****	(23)	0	2/MO	CALCTD
01011 K 0 0 PERCENTREMOVAL	PERMIT REQUIREMENT	*****	*****	***	05	*****	*****	ER-CENT		1/CE/ MONTH	CALCTD
	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 Office Manager
TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

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

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY

53 BELL AVE, BLDG 464

UPTON

NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON

NY 11973

ATTN: GEORGE MALOSH, GROUP 458

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

NY0005835
PERMIT NUMBER

002 A
DISCHARGE NUMBER

MAJOR

(SUBR 01)

F - FINAL

PARAMS (1002) & PHOBOS (1010) CT

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

*** NO DISCHARGE | X | ***

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****			*****		(12)			
00400 1 0 0 EFFLUENT GROSS VALUE OIL & GREASE	SAMPLE MEASUREMENT	*****	*****			*****		(19)			
	PERMIT REQUIREMENT	*****	*****	*** ***	REPORT LIMITS	*****		SU		ONCE/ MONTH	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	*** ***	*****	*****		NG/L		ONCE/ MONTH	GRAB
	PERMIT REQUIREMENT	*****	*****	*** ***	*****	*****		15		ONCE/ MONTH	GRAB
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	NO DISCHARGE	(03)	*****	*****		*****			
	PERMIT REQUIREMENT	*****	REPORT DAILY MK	MGD	*****	*****		*** ***		ONCE/ MONTH	CORDR
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. Michael Holland
Area Office Manager

TYPED OR PRINTED

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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

631 344-3424

AREA CODE

NUMBER

DATE

YEAR MO DAY

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

DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE ROADWAY THAT IS INSIDE RHIC RING. ONCE SW COLLECTION SYS IS EXTENDED TO 1010, THE PHOBOS DETECTOR'S C T B SHOULD BE DIRECTED TO OUTFALL #002 &

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

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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

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

NY0005835
PERMIT NUMBER

002 B
DISCHARGE NUMBER

MAJOR
(SUBR 01)

F - FINAL

RF (1004) COOLING TOWER BLOWDN

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

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.7 MA	*****	7.6 MA	(12)	0	4/MO MA	GRAB
	PERMIT REQUIREMENT	*****	*****	***	REPORT REQUIRED	*****	*****	50		1/MO MONTH	GRAB
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	15 MA	(19)	0	1/MO MA	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	MG/L		1/MO MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 00050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	NO DISCHARGE	(03)	*****	*****	*****				
	PERMIT REQUIREMENT	*****	REPORT DAILY	MGD	*****	*****	*****	***		1/MO MONTH	CORDR
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. Michael Holland
Area Office 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)

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

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY

53 BELL AVE, BLDG 464

UPTON

NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON

NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835

PERMIT NUMBER

002 M

DISCHARGE NUMBER

MAJOR

(SUBR 01)

F - FINAL

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

MONITORING PERIOD

YEAR	MO	DAY	YEAR	MO	DAY
01	01	01	01	01	31

FROM

TO

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH		*****	*****		6.7	*****	7.6	(12)	0	4/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	*****	SU		ICE/ MONTH	GRAB
OIL & GREASE		*****	*****		*****	*****	< 5	(19)	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****	*****	MG/L		ICE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	0.1	(03)	*****	*****	*****		0	4/MO	RCOHR
00050 1 0 0 EFFLUENT GROSS VALUE		*****	REPORT DAILY MX	MGD	*****	*****	*****	***		ICE/ MONTH	RCOHR
See Note 3											

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Mr. Michael Holland
Area Office Manager

TYPED OR PRINTED

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

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

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 WASTEWATER FROM THE...

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

NAME U S D O E

ADDRESS BROOKHAVEN NATIONAL LABORATORY

53 BELL AVE, BLDG 464

UPTON

NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON

NY 11973

ATTN: GEORGE HALOSH, GROUP MGR

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

NY0005235

PERMIT NUMBER

003 M

DISCHARGE NUMBER

MAJOR

(SUFR 01)

F - FINAL

WFR 9 AGS NON-C COOL, ETC (NO)

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

FROM

TO

*** NO DISCHARGE [] ***

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		6.6	*****	7.6	(12)	0	4/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	REPORT MINIMUM	*****	*****	SU		1/CE/ MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5	(19)	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	MG/L		1/CE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	0.2	(03)	*****	*****	*****		0	4/MO	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY	MGD	*****	*****	*****	***		1/CE/ MONTH	CORDE
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 Office 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)

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

NY0005035
PERMIT NUMBER

000 M
DISCHARGE NUMBER

MAJOR (SUBR 01)
P - FINAL
WRR NON-CONTACT COOLG WTR (NP)

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

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

PARAMETER	SAMPLE MEASUREMENT / PERMIT REQUIREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PH	SAMPLE MEASUREMENT	*****	*****		5.8	*****	5.8	(12)	0	1/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR FURU TREATMENT PLANT	PERMIT REQUIREMENT	*****	*****	*** ***	REPORT LIMITED	*****	*****	SU		ONCE/ MONTH	GRAB
50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	0.005	(03)	*****	*****	*****		0	1/MO	RCORDR
	PERMIT REQUIREMENT	*****	REPORT DAILY MAX MGD		*****	*****	*****	*** ****		ONCE/ MONTH	RCORDR
See Note 3	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
Mr. Michael Holland
Area Office 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)
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS

ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464

NY0005835
PERMIT NUMBER

005 M
DISCHARGE NUMBER

MAJOR (SUBR 01)
F - FINAL
MSLS COOLING TOWER BLDN ETC (MS)

UPTON NY 11973
FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973

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

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

ATTN: GEORGE WALOSH, GROUP MGR

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLI TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE DIL & GREASE	SAMPLE MEASUREMENT	*****	*****		6.7	*****	8.1	(12)	0	4/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	*****	0	1/MO	GRAB
00555 1 0 0 EFFLUENT GROSS VALUE FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	0.2	(03)	*****	*****	*****	*****	0	4/MO	RECORDR
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	*****	0	4/MO	RECORDS
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 Office 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)

AME 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 SALOSH, GROUP HGR

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

NY0005835
PERMIT NUMBER

007 N
DISCHARGE NUMBER

MAJOR
(SUFR 01)
P - FINAL

WATER TREATMENT PLT BRNSH (HK)

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

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

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
LOW RATE See Note 3		*****	320,000	(07)	*****	*****	*****		0	21/MO	INSTAN
0055 1 0 0 EFFLUENT GROSS VALUE		*****	ALIGHT DAILY HK GPD		*****			***		1/12	INSTAN
H		*****	*****		7.3	*****	7.3	(12)	0	1/MO	GRAB
0490 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	FEEDAT MINIMUM	*****		SU		1/12	GRAB
RON, TOTAL (AS FE)		*****	*****		*****	*****	140,000	(26)	0	1/MO	GRAB
1045 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****		MG/L		1/12	GRAB
RON, DISSOLVED (AS FE)		*****	*****		*****	*****	1260	(26)	0	1/MO	GRAB
1046 1 0 0 EFFLUENT GROSS VALUE		*****	*****	***	*****	*****		MG/L		1/12	GRAB

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

NAME: U.S. DEPT. OF ENVIRONMENTAL PROTECTION
 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

NY0005935
 PERMIT NUMBER

000 M
 DISCHARGE NUMBER

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

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

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMI TYP
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW RATE See Note 4	SAMPLE MEASUREMENT	*****	5,215	(07)	*****	*****	*****		0	1/MO	INST
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY SIX GPD					***		ONCE/MO	INST
PH	SAMPLE MEASUREMENT	*****	*****		7.8	*****	7.8		0	1/MO	GRAI
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	REPORT MINIMUM	*****	*****	50		ONCE/MO	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5		0	1/MO	GRAI
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	MG/L		ONCE/MO	GRAB
1,1-DICHLOROETHYLENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1		0	1/MO	GRAI
34501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	MG/L		ONCE/MO	GRAB
1,1,1-TRICHLOROETHANE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<1		0	1/MO	GRAI
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	MG/L		ONCE/MO	GRAB
	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		
		631 344-3424				
Mr. Michael Holland Area Office Manager	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	D
TYPED OR PRINTED						

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.

MITTEE NAME/ADDRESS (Include Facility Name/ Location if D(farm))

IE 0500E

RESS BROOKHAVEN NATIONAL LABORATORY

53 BELL AVE, BLDG 454

UPTON

NY 11973

ILITY BROOKHAVEN NATIONAL LABORATORY

ATION UPTON

NY 11973

EN: GEORGE BALOSH, GROUP MGR

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

NY0005835
PERMIT NUMBER

010 M
DISCHARGE NUMBER

MAJOR (SUBR 01)
F - FINAL

STOREFR R O CENTRAL STEAM (H)

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

FROM

*** NO DISCHARGE ***

NOTE: Read instructions before completing this form.

PARAMETER	X	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
SW RATE See Note 4	SAMPLE MEASUREMENT	*****	45,780	(07)	*****	*****	*****		0	1/MO	INSTAN
056 1 0 0 FLOENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MAX EPD		*****	*****	*****	***		1/MO	INSTAN
400 1 0 0 FLOENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		6.9	*****	6.9	(12)	0	1/MO	GRAB
400 1 0 0 FLOENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	REPORT MINIMUM	*****	*****	SD		1/MO	GRAB
L & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	<5	(19)	0	1/MO	GRAB
556 1 0 0 FLOENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	MG/L		1/MO	GRAB
	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 Office 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 FLOE TO BE SAMPLED MONTHLY DURING STORE EVENT. (IF NO DISCHARGE, ENTER "X" IN THE "NO DISCHARGE" BOX AT THE UPPER RIGHT). SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

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

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

W70005935
PERMIT NUMBER

06A H
DISCHARGE NUMBER

MAJOR (SUBR 01)
P - FINAL
LINAC MCCS, FLOOR DNS, ETC (BT1)

FACILITY BROOKHAVEN NATIONAL LABORATORY
LOCATION UPTON NY 11973

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

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

ATTN: GEORGE BALOSH, GROUP MGR

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	7.1	*****	8.0	(12)	0	4/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***	*****	*****	< 5	(19)	0	1/MO	GRAB
00050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	0.04	(03)	*****	*****	*****	*****	0	4/MO	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 Office 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)
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS AND REQUIREMENTS

NAME U S D O S

ADDRESS BROOKHAVEN NATIONAL LABORATORY
53 BELL AVE, BLDG 464

NY0005835
PERMIT NUMBER

068 2
DISCHARGE NUMBER

MAJOR (SUBR 01)
F - FINAL

UPTON NY 11973

FACILITY BROOKHAVEN NATIONAL LABORATORY

LOCATION UPTON NY 11973

ATTN: GEORGE HALOSH, GROUP MGR

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

COOLING TONR FROM 919 ETC (HT2)

*** NO DISCHARGE [] ***

NOTE: Read instructions before completing this form.

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			Quality or Concentration				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
00400 1 0 0 EFFLUENT GROSS VALUE	*****	*****			6.9	*****	7.5	(12)	0	4/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	SU		1CE/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	*****	*****			*****	*****	<5	(19)	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	NG/L		1CE/MO	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	*****	E0.09	(.03)		*****	*****	*****		0	4/MO	INSTAN
50050 1 0 0 EFFLUENT GROSS VALUE	*****	*****	*****	***	*****	*****	*****	***		1CE/MO	CORDR
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	***		1CE/MO	CORDR
See Note 3,5	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 Office 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)
SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & REQUIREMENTS