

M. Allocco

Environmental Services Division

Building 535A  
P.O. Box 5000  
Upton, NY 11973-5000  
Phone 631 344-8370  
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**BROOKHAVEN**  
NATIONAL LABORATORY

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

www.bnl.gov

August 10, 2001

Mr. Robert Desmarais  
Director, Project Management Division  
U. S. Department of Energy  
Brookhaven Group  
Upton, NY 11973

Dear Mr. Desmarais:

**SUBJECT: NPDES - Discharge Monitoring Report (DMR) for July 2001**  
**REFERENCE: Letter from Robert Desmarais to Cunniff dated July 30, 2001**

Included as Attachment I, please find the DMR for the month of July 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. Attachment IV contains the final Outfall 001 zinc excursions investigation report.

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 002, 003, 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 July 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 August 28, 2001. If there are any questions

August 10, 2001

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:cr

- Attachment I: Discharge Monitoring Report for July 2001.
- Attachment II: Analytical Results from H2M Labs for samples collected on 7/3/01 and 7/9/01 from Outfall 001.
- Attachment III: Analytical Results from H2M Labs for samples collected from Outfalls 002, 003, 005, 006A, 006B, 007, 008, and 010.
- Attachment IV: BNL Outfall 001 Final Zinc Excursions Investigation Report

- |     |              |                 |               |                 |
|-----|--------------|-----------------|---------------|-----------------|
| 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 July 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. In May Outfalls 002A and 002B were connected to the stormwater collection systems and no longer discharge locally. The cooling water discharge from Bldg. 1002 (002A) is now directed to Outfall 002B located at Building 1004. The cooling water discharge from Bldg. 1010 is now directed to Outfall 002 (HN). A SPDES permit modification package is being prepared to reflect this change.
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. The Environmental Services Division was notified in early June that the cooling water discharge from the Brookhaven Medical Research Reactor would be terminated due to the permanent shutdown of the facility. A SPDES permit modification package is being prepared to reflect this change.
6. The matrix spike and duplicate analyses were not within control limits.
7. The reported value is estimated because of the presence of interference.

**ATTACHMENT I**  
**BROOKHAVEN NATIONAL LABORATORY**  
**SPDES PERMIT NO. NY0005835**  
**DISCHARGE MONITORING REPORT FOR JULY 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**

**NY0005835**  
PERMIT NUMBER

**068 M**  
DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
FROM <b>01</b>	<b>07</b>	<b>01</b>	TO <b>01</b>	<b>07</b>	<b>31</b>

**\*\*\* 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			
PH	SAMPLE MEASUREMENT	*****	*****		7.3	*****	7.5	( 12)	0	5/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0	MAXIMUM SU		ONCE/ MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5	( 19)	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15	DAILY MX MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	0.4	( 03)	*****	*****	*****		0	5/MO	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/ MONTH	RCORDR
See Note 3	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	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			
Mr. Michael Holland Area Group Manager			631-344-3424				
TYPED OR PRINTED			AREA CODE	NUMBER	YEAR	MO	DAY

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

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**

**NY0005835**  
PERMIT NUMBER

**06A M**  
DISCHARGE NUMBER

**MAJOR (SUBR 01)**  
**F - FINAL**  
**LINAC NCCW, FLOOR DNS, ETC (HT1)**

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	07	01	TO	01	07	31

**\*\*\* NO DISCHARGE 1-1 \*\*\***  
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			
PH	SAMPLE MEASUREMENT	*****	*****		7.5	*****	7.8	( 12 )	0	5/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5	( 19 )	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	0.04	( 03 )	*****	*****	*****		0	5/MO	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/MONTH	RCORDR
See Note 3	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Mr. Michael Holland</b> 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 <b>631-344-3424</b>	DATE			
			AREA CODE	NUMBER	YEAR	MO
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

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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**

**NY0005835**  
PERMIT NUMBER

**010 M**  
DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	07	01	01	07	31

**\*\*\* NO DISCHARGE 1-1 \*\*\***  
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 4	SAMPLE MEASUREMENT	*****	21,995	( 07 )	*****	*****	*****		0	1/MO	INSTAN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	GPD	*****	*****	*****	****		ONCE/MONTH	INSTAN
PH	SAMPLE MEASUREMENT	*****	*****		7.0	*****	7.0	( 12 )	0	1/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5	( 19 )	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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 **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

**008 M**  
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	07	01	TO	01	07	31

**\*\*\* 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 4	SAMPLE MEASUREMENT	*****	4,718	( 07)	*****	*****	*****		0	1/MO	INSTAN
00056 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT	DAILY MX 6PD	*****	*****	*****	****		ONCE/ MONTH	INSTAN
PH	SAMPLE MEASUREMENT	*****	*****		6.8	*****	6.8	( 12)	0	1/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT	*****	8.5	MAXIMUM	SU	ONCE/ GRAB	MONTH
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5	( 19)	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15	DAILY MX	MG/L	ONCE/ GRAB	MONTH
1,1-DICHLOROETHYLENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1	( 28)	0	1/MO	GRAB
34501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5	DAILY MX	UG/L	ONCE/ GRAB	MONTH
1,1,1-TRICHLORO-ETHANE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 1	( 28)	0	1/MO	GRAB
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5	DAILY MX	UG/L	ONCE/ GRAB	MONTH
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

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

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

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



NAME

U S D O E

ADDRESS

BROOKHAVEN NATIONAL LABORATORY  
53 BELL AVE, BLDG 464

FACILITY

UPTON NY 11973

LOCATION

BROOKHAVEN NATIONAL LABORATORY  
UPTON NY 11973

ATTN: GEORGE MALOSH, GROUP MGR

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

NY0005835  
PERMIT NUMBER

007 M  
DISCHARGE NUMBER

Form Approved.  
OMB No. 2040-0004

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	07	01		01	07	31

\*\*\* 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			
FLOW RATE See Note 3 00056 1 0 0 EFFLUENT GROSS VALUE PH	SAMPLE MEASUREMENT	*****	240,000	( 07 )	*****	*****	*****		0	18/MO	INSTAN
	PERMIT REQUIREMENT	*****	REPORT DAILY HX	GPD	*****	*****	*****	****		ONCE/	INSTA
	SAMPLE MEASUREMENT	*****	*****		6.7	*****	6.7	( 12 )	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0	MAXIMUM		ONCE/	GRAB
IRON, TOTAL See Note 6 (AS FE) 01045 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	103,000	( 28 )	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY HX	UG/L		ONCE/	GRAB
IRON, DISSOLVED See Note (AS FE) 6 01046 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	41	( 28 )	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT DAILY HX	UG/L		ONCE/	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

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

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

**MAJOR (SUBR 01)**  
**F - FINAL**  
**NSLS COOLING TWR BLDG ETC(HS)**

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**

**NY0005835**  
PERMIT NUMBER

**005 M**  
DISCHARGE NUMBER

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
01	07	01	TO	01	07	31

**\*\*\* 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			
PH	SAMPLE MEASUREMENT	*****	*****		7.1	*****	8.5	( 12 )	0	5/MO	GRAB
00400 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	8.5 MAXIMUM	SU		ONCE/ MONTH	GRAB
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5	( 19 )	0	1/MO	GRAB
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/ MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	0.2	( 03 )	*****	*****	*****		0	5/MO	RCORDR
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/ MONTH	RCORDR
See Note 3	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Mr. Michael Holland</b> 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 <b>631-344-3424</b>	DATE			
			AREA CODE	NUMBER	YEAR	MO
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

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

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

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

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**

**NY0005835**  
PERMIT NUMBER

**004 M**  
DISCHARGE NUMBER

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	07	01	01	07	31

FROM

TO

**\*\*\* NO DISCHARGE ix \*\*\***

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			
PH		*****	*****			*****		( 12 )			
00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****			*****					
	PERMIT REQUIREMENT	*****	*****	***	REPORT MINIMUM	*****	8.5			ONCE/ GRAB	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	No Discharge	( 03 )	*****	*****	*****	SU		MONTH	
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	***		ONCE/ RCORDR	
See Note 5	SAMPLE MEASUREMENT									MONTH	
	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 Group Manager

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
**SEE PERMIT FOR ADDITIONAL NOTES, COMMENTS & 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**  
FACILITY **UPTON** NY **11973**  
LOCATION **BROOKHAVEN NATIONAL LABORATORY**  
**UPTON** NY **11973**  
ATTN: **GEORGE MALOSH, GROUP MGR**

**NY0005835**  
PERMIT NUMBER

**003 M**  
DISCHARGE NUMBER

**MAJOR (SUBR 01)**  
**F - FINAL**  
**HFBR & AGS NON-C COOL, ETC (HD)**

MONITORING PERIOD

FROM YEAR **01** MO **07** DAY **01** TO YEAR **01** MO **07** DAY **31**

**\*\*\* 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			
<b>PH</b>		*****	*****		6.7	*****	7.9	( 12)	0	5/MO	GRAB
<b>00400 1 0 0</b> <b>EFFLUENT GROSS VALUE</b>	PERMIT REQUIREMENT	*****	*****	****	<b>REPORT MINIMUM</b>	*****	<b>9.0 MAXIMUM</b>	<b>SU</b>		<b>ONCE/ MONTH</b>	<b>GRAB</b>
<b>OIL &amp; GREASE</b>	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5	( 19)	0	1/MO	GRAB
<b>00556 1 0 0</b> <b>EFFLUENT GROSS VALUE</b>	PERMIT REQUIREMENT	*****	*****	****	*****	*****	<b>15 DAILY MX</b>	<b>MG/L</b>		<b>ONCE/ MONTH</b>	<b>GRAB</b>
<b>FLOW, IN CONDUIT OR THRU TREATMENT PLANT</b>	SAMPLE MEASUREMENT	*****	0.5	( 03)	*****	*****	*****		0	1/MO	RCORDR
<b>50050 1 0 0</b> <b>EFFLUENT GROSS VALUE</b>	PERMIT REQUIREMENT	*****	<b>REPORT DAILY MX</b>	<b>MGD</b>	*****	*****	*****	****		<b>ONCE/ MONTH</b>	<b>RCORDR</b>
<b>See Note 3</b>	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			
<b>Mr. Michael Holland</b> <b>Area Group Manager</b>			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	<b>631-344-3424</b>		
TYPED OR PRINTED		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

**002 M**  
DISCHARGE NUMBER

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

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
01	07	01	01	07	31

FROM

TO

**\*\*\* 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 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		7.2	*****	8.4	( 12)	0	5/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/MONTH	GRAB
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5	( 19)	0	1/MO	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/MONTH	GRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE See Note 3	SAMPLE MEASUREMENT	*****	0.03	( 03)	*****	*****	*****		0	5/MO	RCORDR
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/MONTH	RCORDR
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Mr. Michael Holland</b> 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		DATE		
		631-344-3424		YEAR	MO	DAY
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	YEAR	MO	DAY

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

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

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

**NY0005835**  
 PERMIT NUMBER

**002 B**  
 DISCHARGE NUMBER

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

MONITORING PERIOD							
YEAR	MO	DAY	YEAR	MO	DAY		
FROM	01	07	01	TO	01	07	31

**\*\*\* NO DISCHARGE [XX] \*\*\***  
 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			
PH		*****	*****			*****		( 12 )			
00400 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ GRAB MONTH	
OIL & GREASE		*****	*****		*****	*****		( 19 )			
00556 1 0 0 EFFLUENT GROSS VALUE		*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/ GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		*****	No Discharge	( 03 )	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE		*****	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/ RECORD MONTH	
See Note 2											

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			
<b>Mr. Michael Holland</b> <b>Area Group Manager</b>		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	<b>631-344-3424</b>			
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 RHIC RING. ONCE STORMWATER COLLECTION SYSTEM IS EXTENDED TO BLDG 1010 & A NEW RECHARGE BASIN IS CONSTRUCTED, DISCHARGE SHOULD BE TO NEW BASIN.**

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**

**NY0005835**  
PERMIT NUMBER

**002 A**  
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	07	01		01	07	31

FROM

TO

**\*\*\* NO DISCHARGE [XX] \*\*\***  
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			
PH 00400 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****			*****		( 12)			
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	9.0 MAXIMUM	SU		ONCE/ GRAB MONTH	
OIL & GREASE 00556 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****		( 19)			
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	15 DAILY MX	MG/L		ONCE/ GRAB MONTH	
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	No Discharge	( 03)	*****	*****	*****				
	PERMIT REQUIREMENT	*****	REPORT DAILY MX	MGD	*****	*****	*****	****		ONCE/ RECORD MONTH	
See Note 2	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Mr. Michael Holland</b> <b>Area Group Manager</b>	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 <b>631-344-3424</b>	DATE			
			AREA CODE	NUMBER	YEAR	MO
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT					

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
**DISCHARGE MAY BE DIRECTED TO SURROUNDING LOW LYING AREA INSIDE ROADWAY THAT IS INSIDE RHIC RING. ONCE SW COLLECTION 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**  
FACILITY **UPTON NY 11973**  
LOCATION **BROOKHAVEN NATIONAL LABORATORY**  
**UPTON NY 11973**  
ATTN: **GEORGE MALOSH, GROUP MGR**

**NY0005835**  
PERMIT NUMBER

**001 M**  
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	YEAR	MO	DAY	
FROM	01	07	TO	01	07	31

**\*\*\* 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			
<b>2-BUTANONE</b>	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 5	( 28)	0	2/MO	GRAB
<b>78356 1 0 0</b>	PERMIT REQUIREMENT	*****	*****	****	*****	*****	50			TWICE/MO	GRAB
<b>EFFLUENT GROSS VALUE</b>							DAILY MX	UG/L			
<b>BOD, 5-DAY PERCENT REMOVAL</b>	SAMPLE MEASUREMENT	*****	*****		> 94	*****	*****	( 23)	0	1/MO	CALCTD
<b>81010 K 0 0</b>	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PER-CENT		ONCE/MO	CALCTD
<b>PERCENTREMOVAL</b>					MO AV MN						
<b>SOLIDS, SUSPENDED PERCENT REMOVAL</b>	SAMPLE MEASUREMENT	*****	*****		> 99	*****	*****	( 23)	0	1/MO	CALCTD
<b>81011 K 0 0</b>	PERMIT REQUIREMENT	*****	*****	****	85	*****	*****	PER-CENT		ONCE/MO	CALCTD
<b>PERCENTREMOVAL</b>					MO AV MN						
	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	YEAR	MO
TYPED OR PRINTED		AREA CODE	NUMBER		

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 4 OF 4



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

**NY0005835**  
 PERMIT NUMBER

**001 M**  
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	07	01	TO	01	07	31

**\*\*\* 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			
ZINC, TOTAL (AS ZN)		*****	*****		*****	*****	0.03	( 19)	0	2/MO	COMP24
01092 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.1			ONCE/ MONTH	COMP24
EFFLUENT GROSS VALUE							DAILY MX	MG/L			
TOLUENE		*****	*****		*****	*****	< 1	( 28)	0	2/MO	GRAB
34010 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5			TWICE/ GRAB MONTH	
EFFLUENT GROSS VALUE							DAILY MX	UG/L			
METHYLENE CHLORIDE		*****	*****		*****	*****	< 1	( 28)	0	2/MO	GRAB
34423 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5			TWICE/ GRAB MONTH	
EFFLUENT GROSS VALUE							DAILY MX	UG/L			
1,1,1-TRICHLORO-ETHANE		*****	*****		*****	*****	< 1	( 28)	0	2/MO	GRAB
34506 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	5			TWICE/ GRAB MONTH	
EFFLUENT GROSS VALUE							DAILY MX	UG/L			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT		0.5	0.6	( 03)	*****	*****	*****		0	Continuous	RCORDR
50050 1 0 0	PERMIT REQUIREMENT	REPORT	2.3		*****	*****	*****	****		CONTINRCORDR	UOUS
EFFLUENT GROSS VALUE		DAILY AV	DAILY MX	HGD							
MERCURY, TOTAL (AS HG)		*****	*****		*****	*****	0.0001	( 19)	0	2/MO	COMP24
71900 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.0008			ONCE/ MONTH	COMP24
EFFLUENT GROSS VALUE							DAILY MX	MG/L			
COLIFORM, FECAL GENERAL		*****	*****		*****	*****	< 2	< 2	0	2/MO	GRAB
74055 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	200	400 #/		ONCE/ GRAB MONTH	
EFFLUENT GROSS VALUE							DAILY AV	DAILY MX			

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	YEAR	MO
TYPED OR PRINTED		AREA CODE	NUMBER		

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**

ADDRESS **USDOE**  
**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

**001 M**  
 DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	07	01		01	07	31

**\*\*\* 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			
<b>PHOSPHORUS, TOTAL (AS P)</b> 00665 1 0 0 <b>EFFLUENT GROSS VALUE</b>	SAMPLE MEASUREMENT	*****	*****		*****	*****	1.3	( 19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	REPORT DAILY MX	MG/L		ONCE/MONTH	COMP24
<b>CYANIDE, TOTAL (AS CN)</b> 00720 1 0 0 <b>EFFLUENT GROSS VALUE</b>	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 10	( 28)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	100 DAILY MX	UG/L		TWICE/GRAB MONTH	COMP24
<b>COPPER, TOTAL (AS CU)</b> 01042 1 0 0 <b>EFFLUENT GROSS VALUE</b>	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.04	( 19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.15 DAILY MX	MG/L		ONCE/MONTH	COMP24
<b>IRON, TOTAL (AS FE)</b> See Note 7 01045 1 0 0 <b>EFFLUENT GROSS VALUE</b>	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.21	( 19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.37 DAILY MX	MG/L		ONCE/MONTH	COMP24
<b>LEAD, TOTAL (AS PB)</b> 01051 1 0 0 <b>EFFLUENT GROSS VALUE</b>	SAMPLE MEASUREMENT	*****	*****		*****	*****	< 0.002	( 19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.019 DAILY MX	MG/L		ONCE/MONTH	COMP24
<b>NICKEL, TOTAL (AS NI)</b> See Note 1 01067 1 0 0 <b>EFFLUENT GROSS VALUE</b>	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.004	( 19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.11 DAILY MX	MG/L		ONCE/MONTH	COMP24
<b>SILVER, TOTAL (AS AG)</b> See Note 1 01077 1 0 0 <b>EFFLUENT GROSS VALUE</b>	SAMPLE MEASUREMENT	*****	*****		*****	*****	0.003	( 19)	0	2/MO	COMP24
	PERMIT REQUIREMENT	*****	*****	***	*****	*****	0.015 DAILY MX	MG/L		ONCE/MONTH	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Mr. Michael Holland</b> 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE <b>631-344-3424</b>	DATE		
TYPED OR PRINTED		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**

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**

**NY0005835**  
PERMIT NUMBER

**001 M**  
DISCHARGE NUMBER

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

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
01	07	01		01	07	31

**\*\*\* 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				
TEMPERATURE, WATER DEG. FAHRENHEIT 00011 1 0 0		*****	*****		*****	*****		79	( 15)	0	5/7	Grab
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****		90				DAILY GRAB
BOD, 5-DAY (20 DEG. C) 00310 1 0 0		*****	*****		*****	<2		<2	( 19)	0	2/MO	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	10		20				ONCE/ MONTH
PH 00400 1 0 0		*****	*****		6.1	*****		6.6	( 12)	0	Continuous RECORD	
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	5.8	*****		9.0				DAILY GRAB
SOLIDS, TOTAL SUSPENDED 00530 1 0 0		*****	*****		*****	<4		<4	( 19)	0	2/MO	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	10		20				ONCE/ MONTH
SOLIDS, SETTLEABLE 00545 1 0 0		*****	*****		*****	*****		0.0	( 25)	0	5/7	GRAB
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****		0.1				DAILY GRAB
NITROGEN, TOTAL (AS N) 00600 1 0 0		*****	*****		*****	*****		6.1	( 19)	0	2/MO	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****		10				ONCE/ MONTH
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 0 0		*****	*****		*****	*****		<0.1	( 19)	0	2/MO	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****		2				ONCE/ MONTH

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER <b>Mr. Michael Holland</b> 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.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE <b>631-344-3424</b>	DATE	
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